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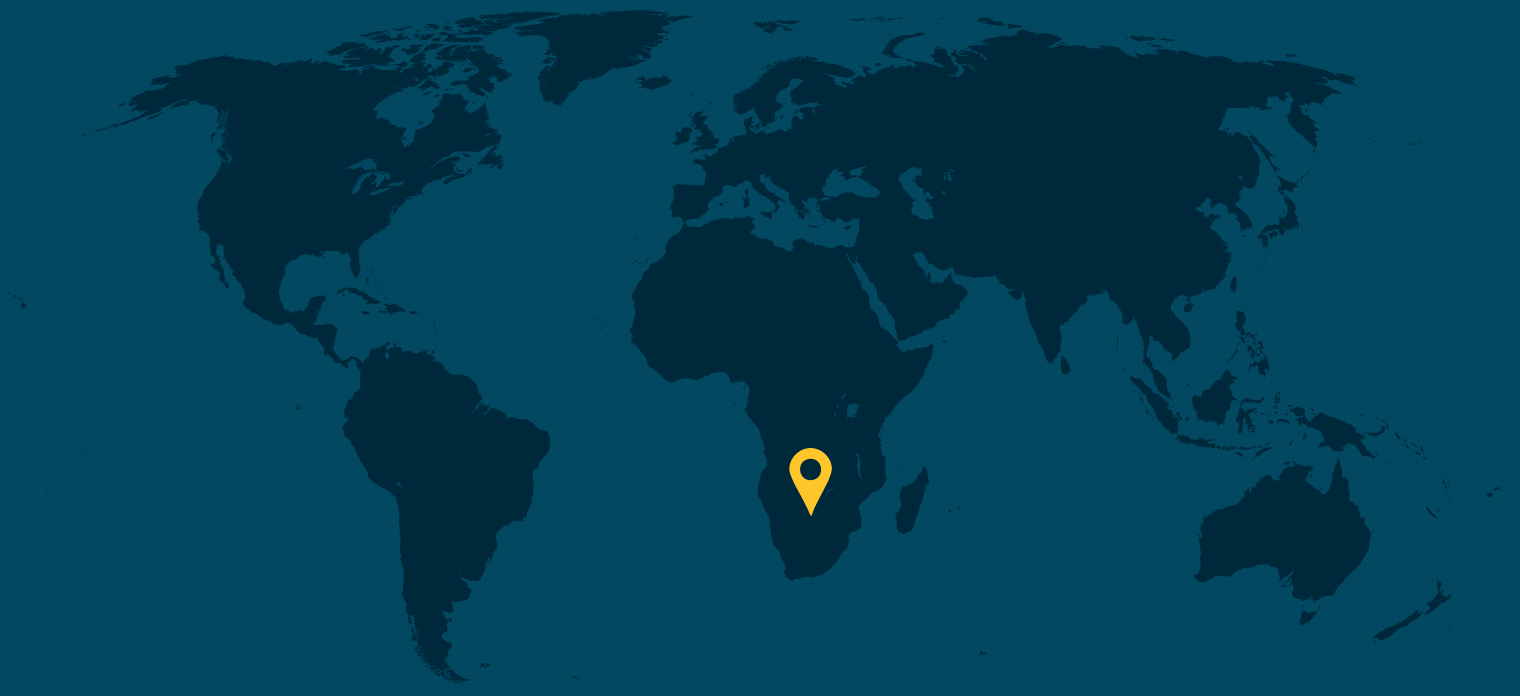
BOTSWANA

Global Disability Fund

Situational Analysis on the Rights of Persons with Disabilities in Botswana

Country Brief



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Disclaimer:

This brief was prepared by the UN Global Disability Fund (GDF) Technical Secretariat. It summarizes the key findings from the full Situational Analysis report and does not necessarily reflect the position of the GDF.

Acronyms and Abbreviations

Acronym	Full Form
ASB	Albinism Society of Botswana
BABPS	Botswana Association of the Blind and Partially Sighted
BCD	Botswana Council for Disability
BOFOD	Botswana Federation of the Disabled
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BOSPED	Botswana Society for the Physically Disabled
BSD	Botswana Society for the Deaf
CBR	Community-Based Rehabilitation
CCA	Common Country Analysis
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DCO	National Coordinating Office on Disability
DRR	Disaster Risk Reduction
GDF	Global Disability Fund (former UNPRPD)
IDA	International Disability Alliance
M&E	Monitoring and Evaluation
MLGRD	Ministry of Local Government and Rural Development
NDP	National Development Plan
OHCHR	Office of the High Commissioner for Human Rights
OPDs	Organizations of Persons with Disabilities
PCI	Project Concern International
SDGs	Sustainable Development Goals
SECD	Special Education and Curriculum Development
SOGIESC	Sexual Orientation, Gender Identity/Expression, and Sex Characteristics
TNDP	Transitional National Development Plan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNSDCF	UN Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
WCAG	Web Content Accessibility Guidelines
WG SS	Washington Group Short Set
WHO	World Health Organization

1.0 BACKGROUND

The United Nations Global Disability Fund - GDF (former UNPRPD) is a global initiative supporting countries to implement their commitments as outlined in the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). Under its Strategic and Operational Framework 2020-2025, around 50 countries have been supported to carry out Situational Analyses of the rights of persons with disabilities.

The analysis aims to:

- Inform UN programming and serve as a baseline for interventions.
- Identify gaps in disability inclusion across national policies and programs.
- Strengthen collaboration between the UNCT, government, OPDs, and civil society.
- Provide a tool for advocacy and capacity building for OPDs and development actors

In Botswana, the Situational Analysis was carried out between August 2024 and February 2025. It provides a comprehensive assessment of the country's disability landscape, identifying progress and key challenges in CRPD implementation. The study used a mixed-method approach, including:

- Review of national policies, strategies, plans, and reports.
- A structured questionnaire using the Washington Group Short Set (WG-SS) was translated into Setswana and administered across seven locations: Ghanzi, Mahalapye, Francistown, Serowe, Gaborone, Kanye, and Lobatse. A total of 90 individuals with different disabilities, aged 18 and above, responded.
- Interviews with representatives from government ministries, UN agencies, and organizations of persons with disabilities.
- Validation sessions to ensure the accuracy of findings and provide additional insight.

2.0 INTRODUCTION TO DISABILITY CONTEXT IN BOTSWANA

According to the 2011 census, 2.9% of Botswana's population lives with a disability—a figure widely seen as underestimated due to outdated definitions of disability and limited data tools. The estimated more accurate figure would be around 15%.

Botswana has made significant strides in developing its legal and policy framework in recent years. The ratification of CRPD in 2021 and the enactment of the Persons with Disabilities Act in 2024, are important steps in aligning the national legal framework with the CRPD. However, enforcement is still weak, and older laws like the Mental Disorders Act remain outdated. Cultural stigma, low public awareness, inaccessible infrastructure, and barriers to justice persist. Most survey respondents report exclusion from community life and lack of knowledge about their rights.

Challenges include outdated legal frameworks, limited enforcement mechanisms, low awareness, weak coordination among stakeholders, and insufficient participation of OPDs. Disability is still largely viewed through a welfare lens, with limited systemic investment in rights-based inclusion.

3.0 FINDINGS

3.1 STAKEHOLDER COORDINATION MECHANISMS

Government and its Coordination Mechanisms

The Government established a **Disability Coordinating Office (DCO)** in 2010 with a mandate to develop and coordinate the implementation of policies, programmes and strategies aimed at empowering persons with disabilities as well as guide and support the government and its structures. This was institutionalised through the Persons with Disability Act of 2024. The DCO is situated in the Ministry for State President and plays a critical role in strategic planning and monitoring, ensuring that all ministries work towards common disability inclusion goals. The office, however, has limited human resources with only three staff which hinders their ability to implement and sustain initiatives.
The Act also provides for the **National Disability Council (NDC)** which is tasked with monitoring the development and operation of disability inclusive standards and oversee the implementation of such policies, programmes and strategies. The Council which is made up of 8 Government sector leadership and six representatives from CSOs representing persons with disabilities, women and children, human rights activists and an OPD. The Council is expected to be operational from 2025 once members have been nominated and all regulations of the Act finalized.

The primary government bodies responsible for disability issues in Botswana include:

- ***Ministry of Local Government and Traditional Affairs:*** This ministry oversees social welfare programs, including disability grants, services and support. It is responsible for policy development and coordination at the national level. It works through local district committees to address disability-related issues at the local level, ensuring grassroots participation and alignment with national disability policies.
- ***Ministry of Health:*** Focuses on healthcare services for persons with disabilities, emphasizing medical and rehabilitative care.
- ***Ministry of Labour and Home Affairs:*** Manages employment policies and vocational training programs aimed at enhancing job opportunities for persons with disabilities.
- ***Ministry of Child Welfare and Basic Education:*** Plays a pivotal role in upholding the rights of persons with disabilities, ensuring their access to quality education and skills development. This is aligned with national and international commitments to inclusive education and the protection of the rights of persons with disabilities.

Botswana's ***local government structures*** are crucial in implementing national disability policies at the community level, with the Ministry of Local Government and Traditional Affairs overseeing this process. They provide direct services to persons with disabilities and facilitate local coordination efforts. District Commissioners (DCs) represent the central government at the local level, coordinating with local government structures, through social workers, ensuring accountability, and facilitating public consultations. Local governments face major resource and capacity constraints, leading to inconsistent implementation. Planning is often top-down, and local authorities have limited discretion or funding for disability initiatives. Coordination across sectors remains weak, especially between the central and local levels.

While Botswana has established comprehensive policies and structures aimed at disability inclusion reforms, there are still areas of improvement, such as:

- Fragmented and overlapping responsibilities among ministries and agencies, hamper effectiveness. Without clearer roles and mandates and strong inter-agency cooperation, DCO faces difficulty in coordinating resources and services.
- The human rights perspective is also lacking, with a medical model focusing on disability rather than addressing the broader socio-economic and political rights of persons with disabilities.
- Resource allocation is often inadequate, hindering the full implementation of programs and services. There is also a shortage of trained personnel dedicated to disability issues across various ministries, impacting on the quality and reach of services.

- There are weaknesses in engagement with OPDs, such as limited participation, tokenism, and lack of capacity-building initiatives.

Organisations of persons with disabilities (OPDs)

Botswana Federation of the Disabled (BOFOD) is the national umbrella body representing persons with disabilities. It comprises 18 member organizations that span across 23 of 28 districts, including:

- Botswana Network for Mental Health (BNMH)
- Botswana Society for the Deaf (BSD)
- Botswana Association of the Blind and Partially Sighted (BABPS)
- Botswana Society for the Physically Disabled (BOSPED)
- Albinism Society of Botswana (ASB)

BOFOD is renowned for their awareness raising, providing information, advocacy efforts, which focus on promoting disability rights and inclusion. They lobby for policy changes, raise awareness about disability issues. However, the coalition suffers from governance, coordination, and representational challenges. It does not systematically consult its member organizations, which limits its legitimacy and effectiveness in national dialogue.

OPDs represent different disability constituencies and many of them are both service providers and advocacy organisations. However, they often lack institutional capacity and stable funding to engage effectively in national dialogues and service delivery. OPDs have diverse priorities and are often under-resourced. Many operate informally or depend on volunteerism and donor funding. While they serve as vital community-level actors for advocacy and service delivery, their involvement in policy processes is often tokenistic.

The participation of women, youth, and marginalized disability groups (e.g., persons with psychosocial or intellectual disabilities) in OPD leadership and programming is minimal. This undermines the inclusivity of the disability movement itself. Internal competition among OPDs and the absence of strategic alliances further weaken their collective voice.

Civil society organizations (CSOs)

The Botswana Council for the Disabled (BCD) serves as a link between the government and the disability community. It includes 31 OPDs and CSOs providing services to persons with disabilities. It advises government and stakeholders on policy and program issues. However, its mandate, authority, and budget remain limited, weakening its coordination role and its independence. Recent attempts to revitalize its function have faced bureaucratic and capacity-related challenges. There is an urgent need for a national mechanism to align efforts across ministries, local governments, and civil society stakeholders.

In addition to the OPDs, Botswana has several civil society organizations (CSOs) that provide mainstream or specific services to persons with disabilities, and/or support to persons with disabilities or advocating for their rights including healthcare, education, vocational training, and psychosocial support. For example,

- Parents of Children with Disabilities Association – Provides family and caregiver support for children with disabilities.
- Centre for Youth with Disabilities Trust - Empowerment of youth with disabilities through training, advocacy, and inclusion.
- Botswana Red Cross – Supports community-based rehabilitation through centres and mobile outreach.
- Project Concern International (PCI) - inclusive community programming that occasionally partners with OPDs.

- Brave Hearts Special Needs Association - One of the few CSOs working specifically with children with intellectual and psychosocial disabilities.
- Community Connections Botswana - Grassroot CSO that provides inclusive education support, family counselling, and community awareness.
- BONELA - Focusses on the legal and ethical dimensions of inclusion; engages in strategic litigation and policy advocacy involving persons with disabilities.
- Ditshwanelo - integrates disability in its broader human rights advocacy work.

While providing important services to persons with disabilities, many CSOs operate in silos and compete with OPDs for funding. Cooperation with OPDs is sporadic.

UN agencies and international organisations

UN agencies in Botswana have increasingly mainstreamed disability inclusion in their programming, guided by the UN Disability Inclusion Strategy. Notable initiatives have been taken by UNDP (United Nations Development Programme), UNICEF (United Nations Children's Fund), UNFPA (United Nations Population Fund), WHO (World Health Organization), UNAIDS (Joint United Nations Programme on HIV/AIDS) and OHCHR (Office of the High Commissioner for Human Rights). However, many agencies lack dedicated disability focal points or staff trained in disability rights. Coordination between agencies on disability programming is ad hoc, and engagement with OPDs remains limited to consultation rather than co-design or co-implementation.

International development partners provide technical and financial assistance for specific initiatives, such as inclusive education or economic empowerment. Yet their priorities are not always aligned with national frameworks, and their support often bypasses OPDs due to perceived capacity limitations. A more structured platform for aligning donor support with national disability goals and strengthening OPD engagement is needed. The most prominent supporters are USAID (United States Agency for International Development), which focuses on economic inclusion and improving livelihoods and the International Disability Alliance (IDA), which provides capacity-building support to OPDs for advocacy and policy engagement. The withdrawal of USAID funding is a concern.

3.2 PRECONDITIONS FOR DISABILITY INCLUSION

A critical element of the GDF (UNPRPD) strategy is its focus on the essential preconditions for disability inclusion to advance the CRPD. The following findings focus on the five preconditions.

EQUALITY AND NON-DISCRIMINATION

The legislative and policy context in Botswana has made significant strides in developing a legislative and policy framework to protect the rights of persons with disabilities, aligning more closely with the CRPD, ratified in 2021. The revised National Policy on Disability (2021) provide a foundational vision for promoting inclusion. Another landmark step forward is the enactment of the Persons with Disabilities Act (2024), which establishes a comprehensive rights-based legal framework and sector-specific obligations, aiming at compliance with the CRPD. Also, amendments to the Building Control Act (2020) on accessibility requirements, provisions related to anti-discrimination in the Employment Act, and promotion of inclusive healthcare in the Public Health Act (2013) show political commitment.

While these legislative improvements are commendable, implementation is slow and uneven. The Mental health legislation remains outdated, with the Mental Disorders Act (1969) focusing on institutionalization. The 2021 policy revision calls for deinstitutionalization and community-based mental health support, but progress has been limited. Ongoing reform is needed to align laws with CRPD principles and ensure the full participation of persons with disabilities in all areas of life.

Stigma and discrimination are prevalent, especially for persons with intellectual and psychosocial disabilities and women. Deep-rooted societal attitudes perpetuate stereotypes and discrimination, particularly in social, educational, and employment settings. Survey data reveal that 55.6% of survey respondents believe that society is not making sufficient progress toward equality. Furthermore, 72.2% of respondents reported feeling excluded due to negative community actions or attitudes, such as hate speech or cultural myths.

Awareness of rights among persons with disabilities remains low, with 64.4% of survey respondents unaware of the CRPD. Only 52.2% of respondents knew where to go if their rights were violated, with the most significant knowledge gaps among individuals with more severe disabilities. Economic barriers are also a significant factor: 78.9% of respondents reported being unable to afford legal fees.

Public awareness of disability rights is also limited, especially in rural and underserved areas. Nearly 68% of participants expressed feeling excluded from community activities, with exclusion particularly affecting women, older individuals, and those with severe disabilities.

Key findings

Despite recent legislative advances demonstrating political commitment, gaps remain in aligning Botswana's legal and policy frameworks. This is particularly evident in areas such as legal capacity and sector-specific reforms. The implementation of disability-inclusive policies is hindered by resource constraints, weak enforcement mechanisms, and persistent societal attitudes. These challenges slow the progress towards achieving full inclusion and equality for persons with disabilities.

Despite legal provisions, discrimination against persons with disabilities continues across employment, education, and health sectors. Barriers such as social stigma, resource constraints, and inadequate training contribute to the ongoing marginalization of persons with disabilities.

Efforts to bridge these gaps must prioritize strengthening enforcement mechanisms and ensuring that all sectors are equipped to meet the needs of persons with disabilities.

INCLUSIVE SERVICE DELIVERY

Disability assessment and referral services

The assessment systems in Botswana face several challenges that hinder effectiveness and inclusivity.

- Disability assessment is carried out by multiple sectors with varying criteria. For instance, educational analysis differs significantly from those used for social welfare or healthcare. There is no standardized framework aligning these criteria with CRPD principles, leading to inconsistent outcomes.
- Current assessment practices primarily adopt a medical model of disability, focusing on impairments rather than barriers created by the environment or societal structures. This approach marginalizes individuals whose disabilities are less visible, such as intellectual, psychosocial, or sensory disabilities.
- Assessment centres are concentrated in urban areas, making it difficult for persons in rural and remote communities to access these services. Financial and transportation challenges further exacerbate these accessibility issues.
- Many individuals, particularly in rural areas, are unaware of the analysis processes or their rights to access these services.

Thus, the processes can be complex, involving multiple steps and requiring extensive documentation, which can pose barriers for many individuals. The recently enacted Persons with disabilities Act of 2024

aims to address these challenges by ensuring a more standardized and rights-based approach to disability assessment and referral.

Disability support services

In 2024, the Disability Cash Allowance was increased by P100 per month per beneficiary bringing the new total to P550 per month, signalling progress in financial support for persons with disabilities. Also, the Ministry of Local Government and Rural Development received the third-largest recurrent budget allocation (P1.26 billion), with over half directed to districts and local councils, supporting them to provide community level inclusive social services. While these reforms are welcome, and provide basic financial relief, access is hindered by bureaucracy and poor outreach.

Rehabilitation services are limited outside urban areas and lack staffing and infrastructure. Community-Based Rehabilitation (CBR) is available through Botswana Red Cross centres and a mobile clinic, offering physiotherapy and vocational training. Still, institutional care remains dominant despite a policy shift toward community-based support. Current institutional models face overcrowding and funding shortages, with services often falling short of CRPD standards.

Mainstream services

Social protection

Botswana's broader social protection measures, such as old age and destitute allowances, include disability considerations, reflecting government efforts toward inclusive development.

Health

Botswana's healthcare system has made legislative progress (e.g., *Public Health Act, 2013*), but implementation is uneven, and accessibility gaps still persist:

- The current dilapidated state of the facilities at the Sbrana psychiatric hospital is very concerning. There is a lack of psychiatrists, and the safety, dignity and minimum quality of care/support cannot be maintained. Provision of psychosocial care in the community is of outmost importance, to replace the current institutionalisation.
- 70% of facilities lack ramps or accessible pathways. Accessible toilets and examination tables exist in only 15% of surveyed facilities.
- There's a lack of sign language interpreters and accessible information.
- Fewer than 25% of healthcare workers have training in disability-inclusive care.
- Only 20% of people who need devices like wheelchairs or hearing aids have access to such assistive devices; rural areas are especially underserved.
- Community health services reach only 30% of the rural population due to funding and staff shortages.
- Only 64.4% of respondents make their own healthcare decisions, with autonomy varying by gender, education, and severity of disability.

Education

Botswana's Inclusive Education Policy (2011) and National Development Plan 11 (2017–2023) establish a strong policy foundation for integrating children with disabilities into mainstream education. Despite these frameworks, implementation remains uneven, resulting in substantial exclusion and inequality. Current provisions include:

- 22 government primary schools have special education resource units.
- 7 centres support students with visual impairments.
- 4 schools cater to deaf/hearing-impaired children.
- 9 early stimulation centres assist children with developmental challenges.

- Secondary-level support is limited, with only a few schools offering specialized units.

Key challenges noted include:

- Only 35% of children with disabilities aged 5–17 are in school vs. 87% of non-disabled peers. Dropout rates for children with disabilities are nearly double, often due to poor accessibility and lack of support.
- Only 20% of schools have basic accessibility features like ramps and adapted toilets. Fewer than 5% of Early Childhood Development programs are equipped to accommodate children with disabilities, affecting early learning and inclusion.
- Fewer than 10% of teachers are trained in inclusive education. Most lack the tools to support learners with intellectual or sensory disabilities.
- Corporal punishment is administered for boys and girls and children with disabilities due to their difficulties. This is still lawful in schools in Botswana under the Education Act (1967).
- Braille books and assistive devices are available in less than 30% of relevant schools. Classrooms lack sign language interpreters, limiting access for deaf students.

Employment and livelihood

Botswana has introduced employment equity policies and supported targeted skills development initiatives. However, these efforts are undermined by a lack of strong enforcement mechanisms and limited implementation. Persons with disabilities in Botswana still face significant barriers to employment, leading to widespread economic exclusion and underrepresentation in the formal workforce. According to the 2022 Census, only 1.3% of the employed population are persons with disabilities. The unemployment rate among women with disabilities is estimated at 65%, compared to 50% for men with disabilities and 20% for the general population. Due to limited opportunities in formal employment, many persons with disabilities work in the informal sector, where jobs are insecure and lack benefits. Key barriers include:

- Prevailing stereotypes among employers hinder hiring.
- Weak enforcement of anti-discrimination laws allows discriminatory practices to persist.
- Most workplaces lack basic accessibility features (e.g., ramps, elevators, adaptive technologies).
- Few vocational training programs are tailored for persons with disabilities, leaving many without the skills required for formal employment.

Key findings

While Botswana has laid strong policy foundations, inclusive service delivery across health, education, employment, and social protection requires significant enhancement to ensure full participation and empowerment of persons with disabilities. Service gaps persist due to complex administrative procedures, uneven geographic access, and inconsistent disability assessments. Many support services are underfunded, leaving critical needs unmet. There is a clear need to shift from institutional to community-based models in line with global best practices.

ACCESSIBILITY

Botswana has taken legal steps toward improving accessibility for persons with disabilities, including the enactment of the *Persons with Disabilities Act (2024)* and amendments to the *Building Control Act (2020)*. These laws promote accessibility and are important steps in aligning the national legal framework with the CRPD. The *National Disability Policy (2021)* also emphasizes universal accessibility. However, implementation gaps persist, especially regarding the retrofitting of older buildings and ensuring compliance with universal design principles.

Despite policy advancements, physical environments remain largely inaccessible. Over 70% of public buildings—including schools, clinics, and government offices—are not fully accessible. In rural areas, lack of ramps, elevators, and accessible toilets is widespread. Health facilities often lack accessible equipment and sign language interpreters. Only 20% of those who need assistive devices, such as wheelchairs and hearing aids, can afford them. Recreational spaces such as parks and sports facilities frequently exclude persons with disabilities.

Many persons with disabilities face difficulties accessing basic needs such as shelter, food, and other necessities. 33.7% of respondents report challenges in accessing shelter and clothing. 44.6% report difficulties accessing food, with older and less-educated participants most affected. Nearly half of respondents believe they do not have equal access to land and struggle with inaccessible WASH facilities and barriers to education.

Botswana's public transport system is also facing challenges with accessibility. Less than 10% of public buses are accessible as vehicles lack lifts or ramps, and operators are not trained. Financial barriers, lack of escort services, and inadequate infrastructure are significant challenges to mobility.

While contributions from the Coordinating Office on Disability (DCO), Special Education and Curriculum Development (SECD), Botswana Association of the Blind and Partially Sighted (BABPS), and Botswana Federation of the Disabled (BOFOD) are recognized, their outreach remains limited. Digital exclusion remains significant, with less than 15% of government websites meeting accessibility standards (WCAG). Most public and private websites are not compatible with screen readers or lack accessible features like simple language or text resizing. Media broadcasts rarely offer sign language interpretation or Easy-to-Read formats. Public awareness campaigns often exclude persons with disabilities due to inaccessible formats. Only 10% of COVID-19 announcements included sign language interpretation. Public health and media communications lack braille, large print, or simplified language.

Key findings

Despite commendable legal advancements, significant accessibility gaps remain such as:

- Widespread physical, infrastructural, and digital inaccessibility; limited assistive technology and inclusive communication.
- Inaccessible public transport systems severely limit mobility.
- Financial constraints and insufficient infrastructure hinder access to housing, food, land, and public services. Many respondents express a strong wish for stable housing and self-sufficiency.

CRPD-COMPLIANT BUDGETING AND FINANCIAL MANAGEMENT

Disability-inclusive budgeting in Botswana has seen some positive developments, especially in the 2024 budget which includes a notable commitment to social protection and reducing inequality. The Disability Cash Allowance was increased 22 % and the Ministry of Local Government and Traditional Affairs received the third-largest recurrent budget allocation (P1.26 billion), with over half directed to districts and local councils, supporting them to provide community level inclusive social services. It remains to be seen to what extent parsons with disabilities will benefit from this allocation. Despite these commitments, budgets are still far from meeting CRPD requirements. Several systemic weaknesses remain:

- Disability-specific funding is often bundled with allocations for other vulnerable groups (e.g., women, children, elderly), making it difficult to track spending directly benefiting persons with disabilities.
- National and local financial reports do not disaggregate expenditures by disability, limiting impact assessments and transparency.

- Dedicated funds for disability rights and services remain minimal across sectors, especially in health, education, and infrastructure.
- Disability needs are not consistently incorporated into financial planning processes, risking misallocation or ineffective programming.
- Organisations of Persons with Disabilities (OPDs) are largely excluded from budget formulation and monitoring, reducing the relevance and responsiveness of funding decisions.
- Monitoring and evaluation systems lack disability-relevant indicators, impeding accountability.

Key findings

Botswana's 2024 budget makes progress by increasing direct financial support through the Disability Allowance and reflecting a general commitment to social protection. However, the absence of disability-disaggregated data, limited stakeholder participation (especially OPDs), and weak monitoring mechanisms hinder effective implementation.

ACCOUNTABILITY AND GOVERNANCE

Inclusive evidence and data gathering systems

Reliable and disaggregated data is essential for planning, budgeting, and monitoring disability inclusion. Botswana's current systems are fragmented and insufficient for effective evidence-based decision-making. Key gaps include:

- Botswana's national statistics do not integrate CRPD or SDG indicators, making international compliance tracking difficult.
- Data is often aggregated under broad categories like social welfare, masking disability-specific trends. Although the 2022 Census used the Washington Group Short Set (WG SS), it did not sufficiently capture psychosocial disabilities and lacks a comprehensive analysis.
- Even when data is available, it is not shared publicly or presented in accessible formats for persons with disabilities or OPDs. Development of digital platforms for streamlined, transparent, and accessible data collection and dissemination is needed.
- Data is collected separately by different ministries (Health, Education, Local Government), with limited coordination or interoperability. Rural districts, in particular, struggle with capacity to collect and report quality data.

National accountability mechanisms

Botswana has established multiple formal mechanisms to oversee the implementation of human rights, including the rights of persons with disabilities, which provides a basis for accountability. However, these mechanisms have limited capacity and mandate to monitor and enforce the Convention on the Rights of Persons with Disabilities (CRPD).

- *Office of the Ombudsman* was officially designated as Botswana's National Human Rights Institution (NHRI) in 2023. The Office monitors general human rights compliance but is not compliant with the Paris Principles and has had limited engagement with disability-specific issues. Its mandate should be expanded to include CRPD compliance, disability-related expenditure tracking, and program evaluation.
- Parliamentary Committees, especially *the Committee on Social Development*, is tasked with reviewing national policies and budgets, including those affecting persons with disabilities. Yet, disability awareness and technical capacity remain low, limiting their effectiveness in advancing disability rights.
- *Organizations of Persons with Disabilities (OPDs) such as BOFOD* serve as informal watchdogs and advocates but are not systematically included in formal accountability frameworks. Their participation is often ad hoc, and they face resource and capacity constraints. Other Civil Society

Organizations (CSOs) support accountability by independently reviewing policies, pushing for reform, and ensuring marginalized voices are heard.

- *Local Governments* are increasingly responsible for implementing national policies, but often lack the tools, training, and awareness needed to effectively include disability in budgeting and reporting.

Key findings

Botswana has formal oversight structures, but limited capacity and integration of disability-specific mandates constrain their effectiveness. There is a need to strengthen the mandate and technical capacity of the Ombudsman and parliamentary committees to track disability-specific outcomes and CRPD compliance. Presently there is no Independent Monitoring Mechanism fulfilling CRPD requirements.

OPDs are underrepresented in accountability processes, and civil society support remains fragmented. There is a need to institutionalize OPD participation in all accountability mechanisms, including data validation and policy monitoring.

Data systems lack coordination, comprehensiveness, and accessibility, impeding evidence-based policymaking. There is a need to establish a centralized, disability-disaggregated data system aligned with CRPD and SDG frameworks.

3.3 CROSS-CUTTING APPROACHES: GENDER, PARTICIPATION, INEQUALITIES

The GDF (UNPRPD) has adopted three cross-cutting approaches to be applied across its work to ensure full and meaningful participation of all persons with disabilities.

PARTICIPATION

In Botswana, OPDs are increasingly recognized as stakeholders. They have been engaged in processes such as the draft National Policy on Disaster Risk Management, the UN-Botswana Cooperation Framework (2022–2026) and are members of structures linked to the National Development Plan 12 (NDP-12). However, their engagement is often advisory and ad hoc, without institutionalized participation in policy processes. Participation is often project-based and unsustainable, limiting long-term policy influence. Key barriers include insufficient funding, limited capacity to engage in policy dialogue, lack of recognition by government entities and inaccessible meeting formats and venues. OPDs need structural support, including sustained funding, training, and formal roles in policymaking and implementation.

GENDER EQUALITY

Women and girls with disabilities face systemic exclusion across education, health, employment, and protection sectors.

- Only 30% of girls with disabilities (aged 6–16) attend school, compared to 40% of boys with disabilities and 85% of children without disabilities. Inaccessible infrastructure, stigma, and lack of inclusive materials are key barriers.
- Fewer than 20% of health facilities are equipped to serve women with disabilities, especially for reproductive health. Maternal mortality is high (175.5 per 100,000), but data is not disaggregated by disability.
- The unemployment rate for women with disabilities is 65%, compared to 50% for men with disabilities and 20% for the general population. Discrimination and lack of vocational training are major constraints.

- 45% of women with disabilities reported experiencing some form of GBV, nearly double the rate for women without disabilities (25%). However, services like the Botswana GBV Prevention and Support Centre do not disaggregate usage data by disability, limiting responsiveness.
- There is a **lack of data** on SOGIESC (Sexual Orientation, Gender Identity/Expression, and Sex Characteristics) persons with disabilities, which contributes to their marginalisation and invisibility in advocacy and policymaking.

INEQUALITIES

Botswana's disability movement strives for inclusivity, but certain groups remain underrepresented and are often overlooked in advocacy and service provision such as deafblind persons, those with multiple disabilities, persons with intellectual or psychosocial disabilities and persons with albinism. Persons with disabilities who are also women, non-nationals, ethnic minorities, Indigenous Peoples, LGBTQ+ individuals, older adults, or people living with HIV face intersectional discrimination and compounded vulnerabilities. OPDs and CSOs lack resources and technical capacity to effectively advocate for these populations.

The lack of voice and data on these groups hampers policy responses. National statistics do not disaggregate by disability subgroup, leading to invisibility in planning and budgeting. Data partnerships that promote a human rights-based approach to data, with entities like the Office of the Ombudsman and Statistics Botswana, are needed to improve coverage and inform policy.

3.4 DISABILITY INCLUSION IN BROADER DEVELOPMENT, HUMANITARIAN AND EMERGENCY CONTEXTS

Botswana has taken initial steps to mainstream disability inclusion in national development, disaster risk management, climate change, and emergency response frameworks. However, implementation gaps, limited data, and weak stakeholder engagement—particularly with OPDs—constrain the full realization of inclusive outcomes.

National Development Plans

The Botswana's strategic documents—Vision 2036 and the second Transitional National Development Plan (TNDP)—form the blueprint for national development. While these frameworks acknowledge disability inclusion and identify rehabilitation services as a priority, they lack detailed goals, indicators, or targets specific to persons with disabilities. This undermines efforts to track impact or guide inclusive policy implementation.

The NDP 11 Key Performance Indicator Framework included some disability-inclusive indicators under the "Enhanced Social Wellbeing" outcome. However, the Data Management Stream of the National M&E System did not disaggregate by disability, making progress difficult to quantify. Similarly, budget allocations for disability-related services are not transparent or trackable, and no dedicated disability budget line exists across most ministries.

On the international development cooperation front, progress has been more tangible. The Comprehensive Common Country Analysis (CCA) and the UN Sustainable Development Cooperation Framework (UNSDCF) 2022–2026 have embedded disability inclusion. Disability CSOs and OPDs are members of Results Groups and the National UN Joint Steering Committee, shaping priorities and monitoring progress. These platforms now include disability-disaggregated indicators, tracked through annual reviews and reports. In 2024, a Vulnerability Risk Analysis provided a critical baseline for monitoring the inclusion of persons with disabilities in national and UN-supported initiatives.

Disaster risk reduction and humanitarian action

Botswana has taken steps to mainstream disability into its disaster risk reduction (DRR) policies. The National Policy on Disaster Risk Management (2021) and the Botswana DRR Strategy emphasize inclusive planning and recognize the unique vulnerabilities of persons with disabilities. Despite these policy-level commitments, implementation remains weak:

- 75% of respondents were unaware of any disaster preparedness initiatives or early warning systems in their communities—demonstrating a disconnect between national plans and grassroots awareness or participation.
- Data collection in disaster contexts lacks disability-disaggregated information, resulting in underrepresentation of persons with disabilities in emergency interventions.
- DRR frameworks have no specific indicators or targets for disability inclusion, undermining accountability.

OPDs are engaged in an advisory capacity but often excluded from actual design, planning, and implementation of DRR strategies. Their community knowledge and lived experience remain underutilized in shaping practical response and preparedness plans.

Covid-19

The COVID-19 pandemic exposed and exacerbated pre-existing inequalities for persons with disabilities in emergency preparedness and response. Persons with disabilities did not get timely and accessible information. Limited access to healthcare and essential supplies increased socio-economic vulnerability due to loss of income and essential service disruptions. OPDs played a crucial support role—disseminating accessible information, advocating for inclusive measures, and providing direct assistance. However, their involvement in government-led planning and decision-making was limited.

The National Disability Coordinating Office's role on the COVID-19 Taskforce was a positive development, helping integrate disability into some recovery planning. But overall, the response highlighted the need for stronger institutional frameworks to protect persons with disabilities in future health crises.

Climate change

The Botswana's Climate Change Policy (2021) promotes inclusive development and emphasizes resilience among vulnerable groups, including persons with disabilities. However, this inclusion is largely rhetorical. Disability is mentioned only in relation to gender-based vulnerability and not as a distinct area of focus. Key gaps in climate planning include:

- No disability-specific provisions or implementation guidelines in climate action plans.
- Absence of disability-disaggregated data, which prevents evidence-based adaptation strategies.
- Minimal engagement of OPDs, despite their unique perspectives on how climate change impacts mobility, health, and access to resources.

As Botswana faces increasing climate threats—including droughts, extreme heat, and flooding—these gaps risk further marginalizing persons with disabilities in resilience and mitigation efforts.

4.0 CONCLUSIONS

Botswana has taken commendable steps toward disability inclusion—most notably through the passage of the *Persons with Disabilities Act (2024)* — demonstrating political commitment to the implementation of the CRPD. However, the implementation of laws and policies remain uneven, and gaps are noted in enforcement mechanisms, availability of data, inclusive service delivery, and participation. The recent

Constitution amendment bill, which aimed at strengthening non-discrimination aspects, is yet to be passed. Key gaps include:

- Some laws remain outdated and misaligned with CRPD standards, especially in anti-discrimination, accessibility, and supported decision-making. A medical model still dominates both policy and practice, and there is limited training for policymakers on rights-based approaches.
- OPDs face structural exclusion from policy processes and are often limited to advisory roles without formalized influence. Resource constraints, project-based funding, and lack of capacity-building limit their ability to engage consistently and meaningfully.
- Widespread physical, informational, and communication barriers persist in public spaces, transport, and digital services. Accessibility standards exist but are poorly enforced, with limited budgets and accountability mechanisms. Health, education, and social services remain fragmented and under-resourced, often failing to accommodate persons with disabilities. Service providers frequently lack training in disability-sensitive practices, and referral systems are inconsistent or absent.
- Women with disabilities, intersecting identities (e.g., LGBTQ+, ethnic minorities, older adults), as well as persons with intellectual and psychosocial disabilities face intersectional discrimination and underrepresentation in OPDs and in advocacy and policymaking fora. Policies seldom address intersectionality, and targeted programming is rare.
- Disability inclusion is not adequately prioritized in national and local budgets, and dedicated funding mechanisms are lacking. Budget tracking is weak, and reporting on disability-related expenditures is rare.
- Accountability bodies (e.g., the Ombudsman, Parliamentary Committees) face capacity constraints and lack the tools to track disability rights effectively. The national statistics system is not aligned to CRPD indicators, limiting comparability and progress tracking. Disability-disaggregated data is insufficient, both in scope and quality. There is no standard framework for integrating CRPD-aligned indicators, hampering monitoring and service design.

The UNCT and its partners are well-positioned to support Botswana in scaling up efforts to embed CRPD principles into all aspects of national governance, development, and humanitarian systems. Leveraging partnerships, building institutional capacity, and resourcing inclusive programs will be critical to ensuring that no one is left behind. Key recommendations include:

1. **Strengthen Legal and Policy Frameworks**. Support the full CRPD alignment of national laws and regulations. Promote tax incentives for inclusive employment and accessible business practices. Assist in training public officials, legal professionals, and OPDs on CRPD implementation and implementation of the *Disability Act*. Ratify the ICESCR. Adopt a comprehensive definition of discrimination. Support the setting set-up of an Independent Monitoring Mechanism (IMM) in line with Article 33(2) of the CRPD.
2. **Improve Disability-Disaggregated Data and Indicators**. Collaborate with Statistics Botswana and the National Planning Commission to:
    - Integrate disability in the NDP 12 Key Performance Indicator Framework.
    - Develop accessible data platforms and tools for CRPD-aligned reporting.
    - Support research partnerships to build evidence on disability inclusion.
    - Adopt a HRBA to data

3. **Mainstream Inclusive Service Provision**. Assist sector ministries in operationalizing the Disability Act, with policy reform and institutional frameworks. Support development of an integrated assessment and referral system across health, education, and social protection. Promote inclusive infrastructure development and accessible transport and ICT services. Advocate for vocational training and skills development targeted at persons with disabilities.
4. **Support Community-Level Awareness and Inclusion**. Partner with local government, OPDs, and CSOs to:
    - Launch nationwide awareness campaigns on disability rights.
    - Empower village development committees and household structures to include persons with disabilities in local planning.
    - Disseminate accessible educational materials and build local referral and preparedness networks.

www.globaldisabilityfund.org