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Global Disability Fund

Situational Analysis on the Rights of Persons with Disabilities in Botswana

Country Full Report

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Disclaimer: The data and analyses presented in the report are based on the situational analysis conducted at the country level and were drafted by participating UN agencies, with the support of international and national consultants. GDF has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of GDF.

Acronyms and Abbreviations

ASB	Albinism Society of Botswana
BABPS	Botswana Association for the Blind and Partially Sighted
BCD	Botswana Council for Disability
BIDPA	Botswana Institute for Development Policy Analysis
BOAD	Botswana Organization for Albinism and Deafness
BOFOD	Botswana Federation of the Disabled
BOSPED	Botswana Society for the Physically Disabled
BSD	Botswana Society for the Deaf
CCA	Common Country Analysis
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DEWS	Disaster Early Warning Systems
DPP	Disaster Preparedness Programs
DRR	Disaster Risk Reduction
GDF	Global Disability Fund
GOPS	Government Office for People with Special Needs
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
KILC	Kanye Independent Living Centre
LEMSO	Lesedi Self-Help Organization
LILC	Lobatse Independent Living Centre
NDC	National Disability Council
DCO	National Disability Coordination Office
NDMO	National Disaster Management Office
TNDP	Transitional National Development Plan
NPC	National Planning Commission
NSO	National Strategy Office
OHCHR	Office of the High Commissioner for Human Rights
OPDs	Organizations of persons with disabilities
PASOBO	Pan African Support Organization for People with Albinism in Botswana
SAFOD	Southern Africa Federation of the Disabled
SDGs	Sustainable Development Goals
SECD	Social and Community Development.
SOGIESC	Sexual Orientation, Gender Identity, or Expression and Sex Characteristics.
SPSS	Statistical Package for the Social Sciences
SRHR	Sexual and Reproductive Health and Rights
TAPA	Tshimologo Association of People of Albinism
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UN-RCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation, and Hygiene
WG-SS	Washington Group Short Set questions
WHO	World Health Organization

Executive Summary

Introduction and Background

This situational analysis assesses how effective the Botswana laws, system, structures, policies and programmes are in fulfilling the rights of persons with disabilities as outlined by the Convention on the Rights of Persons with Disabilities (CRPD). The analysis aims to inform future policymaking and programme development to enhance the inclusion and protection of persons with disabilities in Botswana.

Historically, persons with disabilities have faced marginalization due to social, cultural, attitudinal, and physical barriers. Over the years, the country has made significant efforts in addressing these issues through legislative and policy advancements. This includes the National Policy on Care for People with Disabilities, Inclusive Education Policy, and amendments to the Employment Act. In July 2021, Botswana ratified the CRPD, further committing to aligning national laws with international standards. The recent enactment of the Persons with Disability Act in December 2024 further demonstrates continued efforts to abolish discriminatory laws and promote inclusivity.

Despite the progress made, challenges remain, including limited access to education, healthcare, and employment. This analysis highlights the need for both targeted interventions and adjustments in mainstream programmes as well as comprehensive revisions in systems and policies. This is essential to guarantee that persons with disabilities are fully supported and ensure that we leave no one behind.

Purpose: The analysis followed the Guidelines on Conducting Situational Analyses, provided by GDF.

Objectives: The purpose of this situational analysis is to understand:

- the main bottlenecks in policies, systems, structures and practices hindering CRPD implementation and disability inclusive SDGs,
- opportunities to influence ongoing national processes or programmes,
- identify the most catalytic and urgent reform measures, and
- who the key stakeholders are and what capacities they may need to improve on.

The UNCT will use the findings to design programme interventions that will support catalytic changes needed to implement the CRPD in practice in collaboration with the relevant stakeholders.

Methodology

The analysis targeted persons with disabilities aged 18 and above in selected areas based on prevalence: Francistown, Gaborone, Ghanzi, Kanye, Lobatse, Mahalapye and Serowe.

Data was collected through Civil Society Organizations (CSOs) affiliated with Botswana Federation of the Disabled (BOFOD), with persons with disabilities as data collectors. A structured survey questionnaire was translated into Setswana and pre-tested for clarity and appropriateness. The analysis exclusion criteria included those who declined to respond or were institutionalized. The data was processed using Statistical Package for Social Sciences

(SPSS), with open-ended questions coded for qualitative analysis. The overall response rate was 129%, indicating high participation from persons with disabilities.

Key Findings

While progress has been made in advancing disability inclusion, ensuring equal rights and non–discrimination in Botswana, there remains significant gaps. Public infrastructure and services are not fully accessible. Mainstream services lack inclusivity, hindering access to essential services. Financial allocations for disability inclusion are insufficient and lack proper tracking mechanisms. Governance structures and accountability mechanisms need strengthening to better support disability inclusion efforts.

An overall analysis of key gaps and opportunities in disability inclusion in Botswana reveals shortcomings in policy implementation, accessibility, inclusive service provision, budgeting and stakeholder coordination.

Immediate actions for disability inclusion in Botswana are needed in several areas:

1. Legal and policy reforms are needed to amend the Constitution and align national laws with the CRPD, ensuring they reflect the needs of persons with disabilities.
2. Strengthening organizations of persons with disabilities (OPDs) through capacity-building and financial support will enhance their roles and responsibilities.
3. Enhancing data collection by integrating disability questions into national censuses and surveys is essential for informed policymaking.
4. Improving accessibility requires developing and enforcing comprehensive standards, alongside conducting a national audit to remove existing barriers.
5. Improving inclusive services including training service providers and developing integrated service delivery models to cater to the specific needs of persons with disabilities, thereby ensuring their well-being and full participation in society.

While OPDs are recognized as key stakeholders, their decision-making roles are limited and they face resource and capacity-building challenges. Efforts exist to include diverse disability groups, but marginalized populations such as women, children, rural residents and SOGIESC (Sexual Orientation, Gender Identity, and Expression, and Sex Characteristics) persons with disabilities remain underrepresented. This lack of representation is compounded by insufficient data, advocacy, limited policy influence, and intersectional discrimination. This highlights the need for targeted interventions and greater involvement of persons with disabilities and their representative organizations in decision-making processes to ensure comprehensive inclusion.

Disability inclusion in broader development, humanitarian, and emergency contexts remains inadequate. National development plans do not sufficiently integrate disability inclusion, and persons with disabilities are often excluded from disaster preparedness and response plans. The impacts of climate change disproportionately affect persons with disabilities, yet they are frequently overlooked in adaptation strategies. The COVID-19 pandemic has further exacerbated existing inequalities, creating challenges for persons with disabilities in accessing health services and support.

Key Recommendations for UNCT Action

1. **Strengthen Ombudsman as a National Human Rights Institution:** Legislature to empower the Office of the Ombudsman to ensure it has sufficient autonomy and funding to promote and protect human rights effectively.
2. **Align National Laws with CRPD:** Support the Ministry of Justice and the National Disability Coordination Office (DCO) to align national laws with the CRPD, enhancing the legal framework for disability rights.
3. **Enhance OPD Participation in Policy and Decision-Making:** Assist OPDs and DCO in establishing formal mechanisms for meaningful engagement in policymaking.
4. **Improve Disability-Disaggregated Data Collection:** Aid Statistics Botswana and DCO in integrating disability-specific modules into national surveys and data systems.
5. **Enhance Research and Development:** Support academic institutions and research organizations in conducting studies and developing evidence-based policies for improving the welfare of persons with disabilities.
6. **Develop and Enforce National Accessibility Standards:** Help the Ministry of Transport and Public Works and DCO to create and enforce comprehensive national accessibility standards.
7. **Strengthen Inclusive Service Provision:** Work with the Ministry of Health and Wellness, Ministry of Education and Skills Development, and social service providers to implement training programmes and enhance inclusive services.
8. **Promote Gender Equality and Inclusion of Marginalized Groups:** Assist relevant ministries and DCO in implementing programmes that empower women with disabilities and other marginalized groups.
9. **Increase and Track Budget Allocations for Disability Inclusion:** Support the Ministry of Finance and DCO in introducing disability markers in national budgets and developing budget tracking mechanisms.
10. **Ensure Disability-Inclusive Disaster Preparedness and Response:** Aid the National Disaster Management Office and humanitarian agencies in creating disability-inclusive disaster preparedness plans and involving OPDs in emergency response.
11. **Capacitate Communities on Disability Rights:** Support the Ministry of Local Government and Rural Development, and CSOs in implementing awareness campaigns and training programmes on disability rights and inclusion.
12. **Ensure Timely assessments for Early Intervention:** Support the Ministry of Health and Ministry of Education and Skills Development to scale up centers and train professionals for timely assessments and interventions.

Chapter 1: Background

Purpose of Situational Analysis

Botswana acceded to the Convention on the Rights of Persons with Disabilities (CRPD) in 2021. To support the process to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities and result in real changes in their lives, the Government of Botswana through the Coordinating Office for People with Disabilities, the United Nations Country Team (UNCT) and organization of persons with disabilities BOFOD and the CSO coalition Botswana Council for Disability (BCD), collaborated to support the Government on delivering on their CRPD obligations. The purpose of this Situational Analysis is to understand:

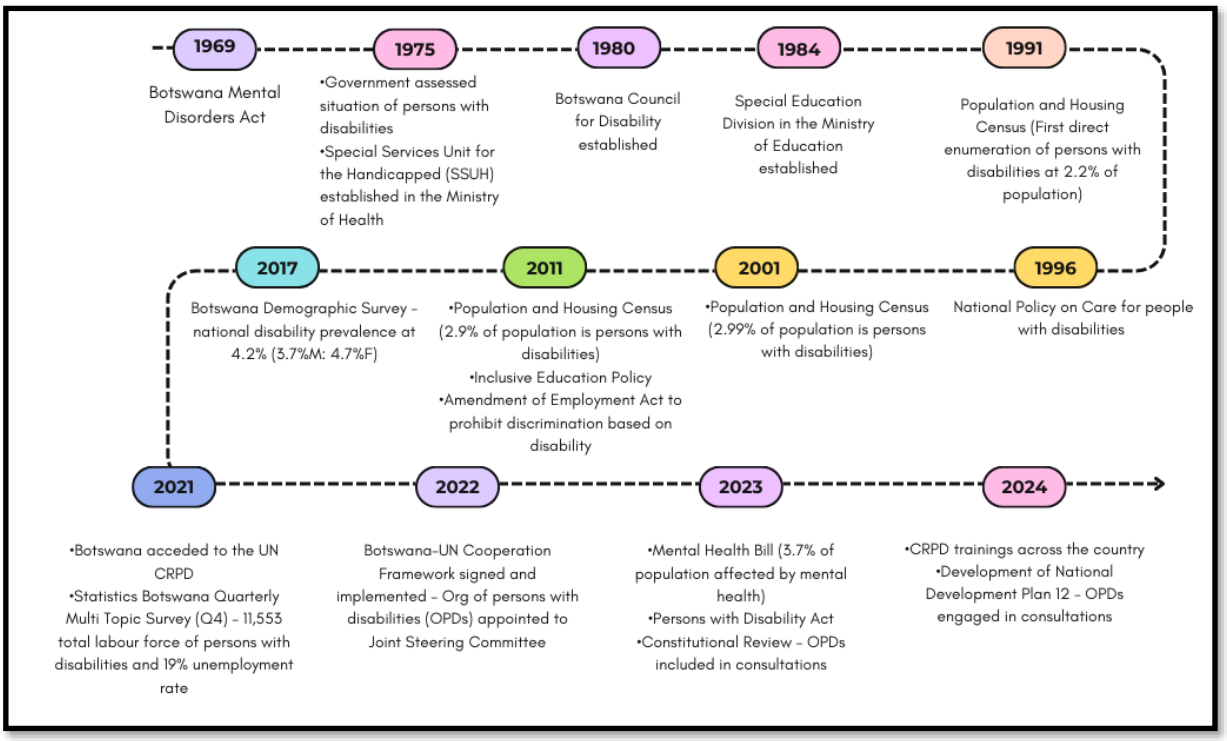
- the main bottlenecks in policies, systems, structures and practices hindering CRPD implementation,
- opportunities to influence ongoing national processes or programmes,
- identify the most catalytic and urgent reform measures, and
- understand who the key stakeholders are and what capacities they may need to improve on.

The UNCT will use the findings to design programme interventions that will support catalytic changes needed to implement the CRPD in practice in collaboration with the relevant stakeholders.

Introduction to Disability in Botswana

Botswana, like many countries, faces the challenge of ensuring the rights and inclusion of persons with disabilities. Understanding the situation of persons with disabilities in Botswana requires a comprehensive look at historical milestones, key statistics, and the evolution of disability rights in alignment with international frameworks such as the Convention on the Rights of Persons with disabilities (CRPD).

Figure 1: History on the rights, laws and policies of persons with disabilities in Botswana



Historically, persons with disabilities in Botswana have experienced marginalization and limited access to opportunities. Persons with disabilities have faced numerous challenges, including discrimination, exclusion from education, training and employment, influenced by social, cultural and attitudinal barriers.

Over the past few decades, considerable efforts have been made to improve the rights and lives of persons with disabilities in Botswana (Figure 1).

In July 2021, Botswana acceded to the United Nations Convention on the Rights of Persons with disabilities (CRPD). The ratification of the CRPD by Botswana marked a milestone in the country's commitment to disability rights. The ratification of the CRPD was followed by the Botswana Parliament approving the Revised National Policy of Disability with the objective of improving service delivery to persons with disabilities. These initiatives resulted in the development of a disability framework comprising of the Disability Policy and Disability Act. The Persons with Disability Act was passed in December 2023 and assented on January 30, 2024.

Regionally, Botswana is a member of the African Union and adheres to the African Charter on Human and Peoples' Rights, which includes provisions for the protection of individuals with disabilities. Despite these advancements, there are still steps to be taken.

Key Statistical Information:

According to the 2022 Population and Housing Census conducted by Statistics Botswana, approximately 4.5% of the population, or 108,000 individuals, are persons with disabilities. Botswana's data collection efforts are aligned with international best practices, using the Washington Group set of questions, focusing on integrating disability-related questions into existing household surveys. This approach helps in gathering detailed and nuanced information

about the lives of persons with disabilities, which is essential for developing effective policies and services (WHO)[1] (World Bank)[2].

The prevalence of disabilities is nearly equal between males and females. Disability increases with age, with higher rates observed among older age groups. A significant proportion of individuals with disabilities reside in rural areas, reflecting broader population distribution patterns.

The most reported types of disabilities in Botswana include:

- **Visual Impairment:** Accounts for approximately 40.7% of reported disabilities.
- **Hearing Impairment:** Represents about 17% of cases.
- **Speech Impairment:** Constitutes around 9.9% of reported disabilities.
- **Mobility Impairments:** Including impairments of legs (11.7%) and arms (6.3%).
- **Intellectual Disabilities:** Approximately 3.3% of reported cases.
- **Mental Health Disorders:** Account for about 7.8% of reported disabilities. The latest publication from Statistics Botswana on Outpatient psychosocial disabilities (2019) lists Schizophrenia, Schizotypal and delusional disorders as the most common at 55.1% followed by Mood (Affective) impairments as the second most common comprising 16.7%. Episodic and paroxysmal impairments were third with 8.3% of all consultations. These are most common among males (50.8%), mostly above 25 years of age (52.8%).

Summary:

Botswana has made strides in advancing disability rights, including ratifying the CRPD and enacting policies and legislation to promote inclusion. However, implementation gaps remain, necessitating targeted interventions. Historical marginalization and limited opportunities for persons with disabilities have been influenced by social, cultural, and attitudinal barriers. Efforts to address these challenges led to the establishment of support services and the adoption of policies and legislation, culminating in the ratification of the CRPD in 2021.

Botswana has made legislative and policy advancements, including the adoption of the Inclusive Education Policy and the Persons with Disability Act. Initiatives such as social protection programmes and affirmative action aim to create a more inclusive society.

Data collection efforts have improved, providing insights into disability prevalence rates, types of disabilities, and labour force participation. Despite progress, challenges such as limited data availability and disparities in disability rates persist, underscoring the need for targeted interventions.

Persons with disabilities in Botswana encounter social and economic exclusion, discrimination, and barriers to accessing essential services. Challenges in healthcare, education and employment highlight the need for comprehensive interventions to promote inclusion.

[1] https://www.who.int/activities/collection-of-data-on-disability

[2] https://www.worldbank.org/en/topic/poverty/brief/challenges-facing-people-with-disabilities-in-sub-saharan-africa-in-5-charts

Chapter 2: Approach

Purpose

The Situational Analysis followed the 2021 UN Guidelines on Consulting Persons with Disabilities to collect qualitative data on the risk and resilience of persons with disabilities in Botswana. This was used to understand the multidimensional risks persons with disabilities faced in Botswana.

Objectives

The main objectives of the Situational Analysis were to:

i. Understand the main bottlenecks in policies, systems, structures and practices hindering CRPD implementation and disability inclusive SDGs;
ii. Identify opportunities to influence ongoing national processes or programmes;
iii. Discuss the most catalytic and urgent reform measures necessary for Botswana; and
iv. Understand who the key stakeholders are and what capacities they may need to improve.

Scope

The analysis collected qualitative data on the risk and resilience of persons with disabilities in Botswana. Through consultation with relevant stakeholders, the analysis determined hazards, risk determinants, vulnerabilities, and capacities of the system and available stakeholders. The analysis framed risks through the lens of persons with disabilities' human rights, needs, experiences, and culture to better understand the hazards and risks that persons with disabilities were exposed to. Analysis considered gender, age, access to justice, assets, and services, etc., to map the impact of threats.

Guiding Principles

The approach to the Situational Analysis of Persons with Disability in Botswana is underpinned by the following guiding principles:

1. **Inclusivity:** Ensuring the active participation of persons with disabilities and their representative organizations in all stages of the analysis.
2. **Transparency:** Maintaining openness in methodology, data collection, and reporting processes to build trust among stakeholders.
3. **Human Rights-Based Approach:** Aligning the analysis with the principles of the CRPD, emphasizing respect for dignity, individual autonomy, and non-discrimination.
4. **Evidence-Based:** Utilizing reliable and comprehensive data sources to inform findings and recommendations.
5. **Collaboration:** Engaging a broad spectrum of stakeholders, including the National Coordination Office (Office of the President), UN teams, BOFOD and BCD (which represented OPDs and service providers).

Methodology

Sampling

The analysis targeted persons with disabilities, aged 18 years and above, identified through organizations of persons with disabilities and social workers at the following purposefully-selected areas based on prevalence as reported: Gaborone, Ghanzi, Francistown, Kanye, Lobatse, Mahalapye and Serowe.

Consultations were also done with representatives from UN Country Team [Resident Coordinator's Office (RCO), Office of the United Nations High Commissioner for Human Rights (OHCHR), United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF)], Government (Disability Coordinating Office) and representatives of OPDs [Botswana Federation of the Disabled (BOFOD) and Botswana Council for the Disabled (BCD)].

Data Collection

The data collection process was coordinated by the UN Resident Coordinator's Office (UN-RCO). The tripartite engaged an external consultant to lead data collection, supported by data collectors engaged through the Civil Society Organizations (CSOs) affiliated to BOFOD and BCD as they are spread across the country and represent a variety of functional limitations. The opportunity to have persons with disabilities as data collectors was to build their skills and they would be more acceptable among the persons with disabilities communities. The UN through collaboration with Government of Botswana and BOFOD supported and facilitated data collectors with accessible formats where necessary to engage with various groups of persons with disabilities. The tools were pre-tested among similar priority members to:

- Determine if the language, writing level and expressions are appropriate and understandable for persons with disabilities.
- Establish whether the content, font and method of data collection are appealing and acceptable for persons with disabilities.

Since the analysis involved persons with disabilities, who are a research ethics vulnerable group, to minimize possible risks of harm, discomfort or inconvenience, a Research Participant Notification Form was administered to all participants. This provided potential participants with all the information required for informed consent without requiring a signature on the cover page of the survey questionnaire.

There are no direct benefits of the analysis to participants. However, some members of the disability community, as identified through Government support, were engaged as Assistant Data Collectors for recruitment and interviewer-administered questionnaires to support those who cannot read and/or write. The research assistants received renumeration of P1500 (US$ 110) each as well as benefitted from capacity building orientations. Participants received refreshments and transport support where necessary.

Inclusion and Exclusion Criteria

The analysis included eighteen-year-old or older persons with disability for primary data collection. The analysis adopted disability as defined by Washington Group as those who have a lot of difficulty with (iii) or cannot do at all (iv) on at least one of the basic functional domains included in the question set.

Data Collection Methods

Data collection was conducted through the CSOs affiliated with BOFOD as they were spread across the country and represented a variety of functional limitations. The opportunity to have persons with disabilities as data collectors built their skills and they were more acceptable among the persons with disabilities community.

A structured survey questionnaire translated into Setswana and printed with both font sizes 12 and 20, was both self-administered for respondents who were able to read and write, and interviewer-administered targeting members who were unable to read and/or write. The questionnaire was pre-tested among similar priority members to:

1. Determine if the language, writing level, and expressions were appropriate and understandable for persons with disabilities.

2. Establish whether the content and font were appealing for persons with disabilities.

The analysis utilized a variety of data collection methods:

1. Document review focused on planning documents, progress reviews, annual reports, strategy papers, national plans and policies, and related surveys. These included reports on the progress against national and international commitments.
2. Survey questionnaire which adopted the Washington Group Short Set (WG-SS) created, among others summary statistics, an overall disability status identifier; that is, an indicator that divided the population into two groups (those with and without disability) as well as categorized disability severity. The six Washington Group short set Questions were: "The next questions ask about difficulties you may have doing certain activities."
3. Key Informant Interviews – a structured interview guide was used to facilitate interviews with representatives from the United Nations, Government and Organizations of persons with disabilities.

Support persons such as interpreters were respectful and did not take part in responding to the surveys themselves. They spoke only if the person they were supporting asked them to clarify a point or explain something. They also asked interviewers to explain things more clearly or to slow down or pause.

Data Processing and Analysis

Quantitative data processing was carried out using the latest version of the SPSS. Data cleaning and frequency checks for demographic data and WG Questions ensured that the information collected was valid, reliable, and sufficient to meet the analysis purposes, scope and approach and that the analysis was logically coherent and complete (and not speculative or opinion-based).

The data collection tool was structured but open-ended questions were coded before qualitative analysis was employed and results were not generalized to the entire population of persons with disabilities. Data was disaggregated by demographic data, functional limitation and disability severity. The analysis considers the views of persons with disabilities that are marginalized on the basis of their disability and other factors such as sex, age, religious and economic status.

Triangulation of the various data sources from the survey and literature was ensured to maximize validity and reliability of data and promote use. Triangulation also ensured that results are linked with the SDGs.

Validation of Results

After completing the draft report and following the first review by the UNCT, a stakeholder validation workshop was conducted to allow for participants to comment on the Situational Analysis before it was finalized. Participants included OPDs, Government representatives including at regional level as well as UNCT. The consultant presented the analysis findings and proposed recommendations with a sign language interpreter. Participants were then broken into smaller groups to discuss the details of the results and recommendations and present their feedback through plenary. This allowed for more intimate interaction with the draft report. Feedback was incorporated in the revision of the final report.

Chapter 3: Stakeholder and Coordination Analysis

This chapter provides a detailed analysis of the stakeholders involved in disability inclusion in Botswana and examines the coordination mechanisms that facilitate their participation. It identifies key players, their roles, and how they interact to promote the rights and inclusion of persons with disabilities. The insights and data presented in this chapter were sourced from a comprehensive desk review, primary data, as well as key in-depth interviews conducted.

Section 1: Coordination Mechanisms

Coordination mechanisms are essential for examining how different stakeholders coordinate their efforts to promote disability inclusion at the community level. Effective coordination ensures that resources are used efficiently, efforts are not duplicated and initiatives are aligned with national and international standards.

Disability Coordinating Office and National Disability Council:

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 accordingly. This was institutionalised through the Persons with Disability Act of 2024. 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 DCO is pivotal in aligning national strategies with international commitments, such as the UNCRPD. They collaborate with various Government structures such as the Ministry of Local Government and Rural Development – Department of Social Protection who handle social welfare and protection, including disability benefits and support services, the Ministry of Health who support Social Workers with clinicals and assistive devices for persons with disabilities, and other Ministries with disability inclusive programming and implementation such as Education, Lands and Infrastructure, Finance, etc.

Strengths:

DCO is the key coordinating body in addressing the rights of persons with disability and their inclusion. Based in the Office of the President, DCO provides centralized coordination for disability-related activities, ensuring efficient use of resources and a cohesive approach. They also advocate for policy changes, working closely with government ministries, CSOs and international organizations.

DCO ensures coherence in the implementation of national disability strategies, monitoring progress and identifying gaps. It facilitates inter-ministerial collaboration, integrating disability considerations across all sectors, including healthcare, education, and employment. DCO also plays a major role in building strategic partnerships with a wide range of stakeholders including government, advocacy groups, private sector, academia such as University of Botswana and development partners such as the United Nations. Through these partnerships, they amplify their reach and advocacy to ensure a multi-sector approach in disability inclusion in funding, policy, training, communication and advocacy etc.

Weaknesses:

DCO plays a vital role in promoting and facilitating the inclusion of persons with disabilities. The office, however, has limited human resources with only three staff which hinders their ability to implement and sustain initiatives. This also means that the staff play multiple roles which limit the relevant skill set.

Effective collaboration with other government agencies, organizations, and advocacy groups can be a challenge. Without strong inter-agency cooperation, DCO faces difficulty in coordinating resources and services for individuals with disabilities and OPDs.

DCO also challenges related to collecting data on the needs, challenges, and demographics of persons with disabilities. Analysis of the first Botswana Population and Housing Census (2022) which adopted the WG-SS is still ongoing for detailed breakdowns of specific disability types and prevalences. Without comprehensive data, DCO struggles to identify gaps in services or advocate for policy changes that meet the real needs of persons with disabilities in their diversities.

Section 2: Government Structures and Mechanisms

National (Central) Government:

The primary government bodies responsible for disability issues in Botswana include the Ministry of Local Government and Rural Development, the Ministry of Health, the Ministry of Labour and Home Affairs, the Ministry of Education and Skills Development and the National Disability Coordination Office within the Ministry of State President. Each of these entities plays a critical role in shaping and implementing disability policies and programmes:

- ***Ministry of Local Government and Rural Development:*** This ministry oversees social welfare programmes, 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 programmes aimed at enhancing job opportunities for persons with disabilities.
- ***Ministry of Education and Skills Development:*** 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.

Strengths:

Botswana has established comprehensive policies and strategies aimed at disability inclusion, aligning them with international standards and providing strong legislative support. Inter-ministerial collaboration on disability issues is facilitated by the DCO, which ensures that disability issues are mainstreamed across all relevant government ministries and departments. The DCO plays a critical role in strategic planning and monitoring, ensuring that all ministries work towards common disability inclusion goals.

Centralized oversight enhances coherence and accountability, holding various ministries accountable for their roles in disability inclusion, leading to more consistent and reliable policy implementation. Resource distribution facilitates better attention to areas most in need.

Weaknesses:

1. Fragmented responsibilities among ministries and agencies - 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. A general lack of awareness and understanding of the human rights model of disability among policymakers affects the development and implementation of inclusive policies. Cultural attitudes and stigmas surrounding disability can hinder the adoption of a human rights-based approach and impede the full integration of persons with disabilities into society.
2. Limited capacity and funding for coordination bodies - Resource allocation is often inadequate, with inadequate funding hindering the full implementation of programmes 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 provided to persons with disabilities. Sustainability is often jeopardized by inconsistent or insufficient funding, leading to gaps in service provision.
3. Inconsistent participation of OPDs and marginalized groups - There are weaknesses in engagement with OPDs, such as limited participation, tokenism, and lack of capacity-building initiatives.

Local Government:

Botswana's local government structures are crucial in implementing national disability policies at the community level, with the Ministry of Local Government and Rural Development 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. They also mediate conflicts, provide capacity-building support, coordinate emergency management and disaster response, facilitate inter-agency collaboration and monitor development programmes. These efforts ensure effective local governance and comprehensive community needs are addressed.

Strengths:

Local District Committees under the District Commissioners have several advantages over their counterparts in other regions. They are closer to their communities, allowing for more direct interaction with persons with disabilities. This proximity fosters community trust, enhancing service delivery and community engagement. Local governments can respond quickly to immediate needs and emergencies, providing timely support and interventions. They can customize services to the specific cultural, economic, and social contexts of their communities, leading to more relevant and effective disability services. They can also pilot innovative solutions and best practices that can be scaled up or adapted for broader use. Local governments can facilitate community involvement by engaging with community-based organizations including local OPDs and raising awareness about disability issues. This approach can help address specific local challenges in a targeted manner. Overall, local governments play a crucial role in promoting inclusive attitudes and behaviours at the grassroots level.

Weaknesses:

The implementation of disability-inclusive initiatives in Botswana faces several challenges, including limited resources, a lack of specialized training, and inadequate infrastructure. These constraints can lead to gaps in service provision and undermine the quality and reach of programmes. Insufficient training and expertise among local government staff can result in poorly designed and executed programmes that do not fully meet the needs of persons with disabilities. Inadequate infrastructure can also hinder effective delivery of services, especially in rural and remote communities.

Coordination challenges include variable engagement with OPDs and other stakeholders, which can lead to fragmented efforts and reduced effectiveness of disability initiatives. Poor communication and coordination between local and national government levels can result in misalignment of policies and programmes, creating confusion and inefficiencies in service delivery. Limited stakeholder involvement can result in policies and programmes that do not fully reflect the needs and preferences of the target population, including the rights set out in the CRPD.

Implementation issues include inconsistent policy execution at the local level, influenced by factors such as political will, administrative capacity, and local priorities. Additionally, local governments in Botswana often lack robust systems for monitoring and evaluating the impact of programmes, making it difficult to identify areas for improvement and ensure accountability.

Section 3: Disability Movement

Mapping of Organizations of Persons with Disabilities (OPDs):

OPDs are non-governmental, representative organizations or groups of persons with disabilities, organized, led and governed by persons with disabilities. Botswana Federation of the Disabled (BOFOD) is made up of 18 Civil Society Organizations (CSOs) that are made up of persons with disabilities such as Botswana Network for Mental Health (BNMH), Botswana Society for the Deaf (BSD), the Botswana Association of the Blind and Partially Sighted (BABPS), across 23 of 28 geographical districts in Botswana. The executive of BOFOD and all their members are persons with disabilities. Therefore, BOFOD meets the criteria for an organization of persons with disabilities (OPD). BOFOD is a member of the regional body Southern Africa Federation of the Disabled (SAFOD), which is a member of the Africa Disability Forum (ADF) and the International Disability Alliance (IDA).

Strengths:

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, and work towards eliminating discrimination against persons with disabilities and care takers. Their membership is broad and represents a variety of disabilities with good coverage across the country, ensuring that the voices of women, children, and marginalized groups are heard and considered in decision-making processes. BOFOD has successfully influenced public perception and attitudes through various campaigns and public engagements, research and recently in the review of the National Constitution as well as the development of the 12th National Development Plan.

Weaknesses:

BOFOD like similar OPDs faces several weaknesses, including underrepresentation of certain groups especially those in hard-to-reach areas. Women with disabilities often face double discrimination, making them less visible in leadership roles and having less access to resources and opportunities. Children with disabilities also face underrepresentation, particularly in terms of advocacy and specific programmes tailored to their needs. Representation of persons with psychosocial and intellectual disabilities faces multiple challenges including lack of financial resources and skill.

Leadership and management challenges are common, with issues such as inadequate governance structures, lack of strategic planning, and limited leadership skills. Most of BOFOD management also have other full-time jobs, hence they are not able to fully serve the office. The organization is often struggling to secure sufficient funding and resources to support their activities. Coordination within the movement is fragmented, with limited joint action and collaboration among different partners. Organizational sustainability is also a concern due to relying heavily on donor funding, which can be unpredictable and unsustainable in the long term.

Continuous capacity building is needed to strengthen the organizational capabilities of OPDs, including areas such as project management, financial management and advocacy skills.

Section 4: Civil Society Organizations (CSOs)

Role and Contribution:

Botswana has several civil society organizations (CSOs) that provide services, mainstream or specific services to persons with disabilities, and/or support to persons with disabilities or advocating for their rights. These include Albinism Society of Botswana (ASOB), Botswana Network for Mental Health (BNMH), Paralympics Association of Botswana (PASSOBO), Botswana Society for the Deaf (BSD), the Botswana Association of the Blind and Partially Sighted (BABPS), Autism Botswana, Brave Hearts Association of Botswana, Botswana Red Cross Society and Project Concern International, etc. which are instrumental in delivering essential services and advocating for the rights and inclusion of persons with disabilities.

The Botswana Council for the Disabled (BCD) was established in 1980 as not for profit non-governmental organization (NGO). BCD is an umbrella body that coordinates 31 OPDs and CSOs that provides services to persons with disabilities. It has the responsibility to advise and recommend to Government, NGOs and other organizations on policies, programmes and plans on all matters affecting the welfare, education, training, rehabilitation, health and employment of persons with disabilities.

Strengths:

CSOs provide essential services to persons with disabilities, including healthcare, education, vocational training and psychosocial support, which improve their quality of life and independence. They often design and implement programmes tailored to meet the unique needs of these individuals, ensuring relevance and effectiveness. CSOs often engage in collaborative efforts with other organizations like OPDs to enhance service delivery and advocacy efforts. They mobilize additional resources, such as funding, technical expertise and volunteers, to enhance their capacity to deliver services and support. CSOs also play a crucial role in raising awareness about disability issues, promoting inclusive practices, and advocating for policy changes. Their efforts help create a more inclusive society and contribute to the development and implementation of policies that promote the rights and inclusion of persons with disabilities.

Weaknesses:

CSOs in Botswana face several challenges in their work, including imbalanced power dynamics, sustainability, capacity constraints, fragmentation and a holistic approach. These issues can limit the effectiveness of collaborative efforts and reduce the impact of joint initiatives. Many CSOs in Botswana rely heavily on donor funding, including their umbrella body, BCD, which can be unpredictable and unsustainable, as well as limits their autonomy. Capacity constraints, such as limited staff, inadequate infrastructure and insufficient technical expertise, may affect their ability to deliver high-quality services.

Despite efforts including the formation of an umbrella body, BCD, coordination and integration among CSOs are often fragmented, leading to duplicated efforts. Limited impact is another challenge, as many CSOs lack robust monitoring and evaluation systems. Additionally, there is a lack of comprehensive data collection and analysis, which can limit the ability of CSOs to make evidence-based decisions and tailor their programmes to the needs of persons with disabilities.

Section 5: International Cooperation

Key Contributors:

International donors and UN agencies, such as OHCHR, UNICEF, UNAIDS, WHO, UNFPA and UNDP, support disability initiatives in Botswana through technical assistance and capacity building. These organizations play a crucial role in fostering the development of disability-inclusive policies and programmes. The US Government, through USAID, funds programmes aimed at improving economic opportunities and social inclusion for persons with disabilities. The International Disability Alliance (IDA) offers capacity-building programmes for OPDs to strengthen their advocacy and policy engagement.

Strengths:

International donors and UN agencies provide support to access financial assistance for disability-inclusive programmes, such as support for the upcoming Global Disability Summit 2025 in Berlin, Germany and United Nations Democracy Fund's (UNDEF) where opportunities are disseminated through OPDs and UNCT participated in verification and advocacy for CSOs. The UN also provides conducive and safe space for dialogue for persons with disabilities such as the Development Partners Forum where opportunities are provided for organizations of persons with disabilities to advocate for and have their voice heard in policy and development. Key messages are also amplified through the UN various networks including public appearances by the Resident Coordinator and other UN Heads of Agencies.

The UN also brings advocacy on issues that need to be address such as through facilitating Special Rapporteur visits and raising awareness on the components of the CRPD, disseminating their results widely in accessible formats. Policy influence is achieved through alignment with global standards, such as the UN Convention on the Rights of Persons with Disabilities (CRPD), and support for legislative reforms that promote the rights of persons with disabilities, contributing to the creation of an inclusive legal framework in Botswana.

Weaknesses:

The engagement with persons with disabilities is a complex issue, with various levels of engagement and reliance on donors and UN agencies. While donors and UN agencies provide substantial support, their level of meaningful engagement can vary, leading to initiatives that do not fully address the needs and priorities of OPDs. A heavy reliance on external funding can create challenges in sustainability, as programmes initiated with international support may struggle to continue if funding is reduced or withdrawn. Insufficient capacity transfer of skills and knowledge to local entities can lead to a dependency on external expertise. Improved coordination among international donors and UN agencies is needed to ensure a cohesive approach to disability inclusion.

Section 6: Other Relevant Stakeholders

Academia:

Academic institutions from both Government and Private Sector, play a crucial role in advancing disability research, education and training. These institutions contribute to understanding disability issues and developing strategies to address them.

Strengths:

Academic institutions play a crucial role in disability research, providing valuable data and insights that inform policy development and programme implementation. They often employ an interdisciplinary approach, incorporating perspectives from fields like sociology, psychology,

education and public health. This comprehensive approach fosters innovation in disability services and support, resulting in the development of new methodologies and technologies.
In addition to research, academic institutions provide professional training for professionals in the disability field, such as social workers, counsellors, educators and healthcare providers. They also develop and update curricula to include disability studies, ensuring future professionals are sensitive to the needs and rights of persons with disabilities.

Academic institutions also contribute to capacity building through workshops, seminars and continuing education programmes. They also engage in public outreach and education, raising awareness about disability issues through conferences, publications and community engagement activities. Research findings from academic institutions often influence policy and advocacy efforts, shaping policies that promote the rights and inclusion of persons with disabilities.

Weaknesses:

The research conducted by academic institutions in Botswana often lacks the involvement of OPDs, leading to research that may not fully capture the lived experiences and needs of persons with disabilities. The top-down approach in research can also disconnect between findings and the actual priorities and concerns of persons with disabilities. Accessibility of research findings is also limited, making them difficult to understand and apply.
Resource constraints include securing sufficient funding for disability research, which can limit the scope and depth of projects. Additionally, there may be a lack of specialized researchers and faculty with expertise in disability studies, limiting the capacity to conduct comprehensive research on disability issues.

The translation of research into practice is often a gap, as findings and recommendations are not always translated into policies and programmes that benefit persons with disabilities. To bridge this gap, greater collaboration between academic researchers and practitioners in the disability field is essential to ensure research is relevant, practical and implementable.

Community Leaders:

Local community leaders, including Village Development Committees (VDCs), are vital stakeholders in identification and supporting persons with disabilities.

Strengths:

Community leaders possess a deep understanding of local contexts and needs, enabling them to identify and address specific challenges faced by persons with disabilities. They often establish trust within the community, facilitating effective communication and resource mobilization. They leverage local networks to mobilize resources efficiently, addressing immediate needs and supporting long-term initiatives. They engage community members at the grassroots level, fostering ownership and participation in disability-related initiatives. Community leaders advocate for the rights and inclusion of persons with disabilities within local governance structures, ensuring their voices are heard in decision-making processes. They promote inclusive practices, raising awareness and challenging stigma and discrimination against persons with disabilities.

Weaknesses:

Community leaders often face challenges in understanding human rights, gender equality, and intersectional discrimination. These challenges include varying awareness levels, capacity gaps, and cultural and social norms that can influence their attitudes and actions. Overcoming these barriers requires continuous education and advocacy.
Limited funding and resources can impact the scale and sustainability of community leaders' efforts. Additional training and capacity building may be needed to equip leaders with specialized skills for supporting persons with disabilities effectively. Coordination challenges include

fragmentation, which can lead to duplication of efforts and inefficiencies. Sustained engagement from community members can be challenging, especially in areas with limited resources and high levels of poverty. Community leaders may also have limited influence on broader policy changes, necessitating stronger alliances with other stakeholders to drive systemic change. Overall, these challenges highlight the need for community leaders to work together to promote equality and non-discrimination.

Section 7: Multistakeholder Mechanisms

Evaluating the effectiveness of platforms and partnerships is crucial in advancing disability rights and inclusion within communities. Various multistakeholder mechanisms have been established to coordinate efforts towards disability inclusion, ensuring that resources are utilized efficiently and efforts are not duplicated.

National Mechanism for Reporting and Follow-up (NMRF):

The National Mechanism for Reporting and Follow-up (NMRF) in Botswana, with its secretariat situated in the Ministry of Finance, is tasked with coordinating the reporting and implementation of Botswana's international treaty commitments. The NMRF is managed through a structured and collaborative approach, engaging various government ministries and departments. The primary coordinating body within the NMRF is the National Human Rights Coordinating Committee (NHRCC), located in the Office of the President. It is responsible for coordinating the NMRF and ensuring compliance with international human rights obligations. It works closely with various government ministries and departments, including the Ministry of Justice, Local Government and Rural Development, Health and Wellness, Employment, Labor Productivity, and Skills Development. The NHRCC also engages with CSOs, NGOs, and OPDs to ensure comprehensive reporting. The NHRCC collects data, compiles reports such as the Universal Periodic Review (UPR) and monitors the implementation of recommendations. It conducts periodic reviews to assess the effectiveness of measures and identify areas for improvement. The NHRCC facilitates capacity-building initiatives, secures resources and raises public awareness about Botswana's human rights obligations. It advocates for the inclusion of human rights principles in national legislation and policies.

Strengths:

The NHRCC plays a crucial role in coordinating the NMRF, ensuring a structured approach to reporting and follow-up. Inter-ministerial collaboration facilitates comprehensive data collection and reporting. Stakeholder engagement, including CSOs, NGOs and OPDs, enhances the inclusiveness of reports. Training and resource allocation initiatives strengthen the capacities of those involved.

Weaknesses:

The National Monitoring and Evaluation Research Framework (NMRF) faces challenges due to limited resources, particularly in data collection, reporting, and follow-up activities. The representation of OPDs may be limited to statutory requirements such as UPR reporting only. Efforts must be made to address barriers and enhance their influence. Monitoring the implementation of recommendations can be challenging, especially in integrating them into national policies and programmes.

National SDG Coordination Body:

In Botswana, the coordination of the Sustainable Development Goals (SDGs) was primarily overseen by the then National Strategy Office (NSO) within the Ministry of Finance. The NSO was transformed into the National Planning Commission (NPC). The establishment of the National

Planning Commission (NPC) in Botswana, formalized through an Act of Parliament in early 2024, represents a restructuring in the governance framework aimed at enhancing national development planning and oversight. This move can be seen as an effort to strengthen the role of strategic planning within the government, ensuring that national priorities are more effectively aligned with long-term development goals and the Sustainable Development Goals (SDGs).
The NPC has established various bodies and mechanisms that integrate disability considerations into broader national development goals, aligning with the Sustainable Development Goals (SDGs) to ensure that disability is recognized as a cross-cutting issue. These include various committees and institutions designed to facilitate the integration and implementation of the SDGs across different sectors, enhancing the inclusion of disability issues in national development plans. This approach ensures that policies and programmes are inclusive and address the needs of all citizens, promoting equitable development:

1. *Joint National Steering Committee on SDGs*: This committee includes members from different ministries and key stakeholders including the Disability Coordinating Office. It is responsible for providing strategic direction and oversight for the implementation of the SDGs.
2. *National Development Plan Technical Working Groups (TWGs)*: These groups are composed of experts from various ministries and sectors. They work on specific SDGs relevant to their areas of expertise, ensuring that policies and programmes are effectively aligned with the goals. The Disability Coordinating Office is a member of the TWGs.
3. *Parliamentary Committee on SDGs*: This group within the National Assembly advocates for and promotes the implementation of the SDGs in legislative processes. This group is made up of parliamentarians only so it will include persons with disabilities if they are available.
4. *Local Government Authorities*: At the local level, district councils and other local government bodies are engaged in implementing programmes that align with the SDGs, ensuring that development reaches all parts of the country. These include members of various vulnerabilities in each community such as persons with disabilities, care takers, the elderly, etc.

Strengths:

The NPC is a new structure from the 2024 Government restructuring exercise and the structures are still being operationalized. The four thematic Technical Working Groups have TORs that have an inclusive stakeholder list that includes the DCO and umbrella organizations, BOFOD & BCD.

As NPC is leading the development of the next National Development Plan, there is an opportunity to strengthen comprehensive disability inclusion in the various NDP governance structures.

Weaknesses:

While there are Terms of Reference that mention inclusive membership, the structures have not yet operationalized so there is no evidence of disability inclusion.

Section 8: National Human Rights Monitoring Bodies

The Office of the Ombudsman:

The Office of the Ombudsman plays a crucial role in monitoring the implementation of human rights, including the rights of persons with disabilities. Through The Ombudsman Act no. 22 of 2021[3], which came into effect in July 2023, the Office of the Ombudsman received a human rights mandate, making it Botswana's National Human Rights Institution (NHRI). However, the NHRI is

[3] Ombudsman Act, No. 22 of 2021 (Botswana.)

not in compliance with the Paris Principles. This body ensures that human rights are upheld and that violations are addressed through appropriate channels.

Strengths:

The Office of the Ombudsman in Botswana plays a crucial role in overseeing human rights issues, ensuring violations are documented and addressed. This accountability mechanism is essential for maintaining the rule of law and protecting the rights of all citizens, including persons with disabilities. The Office has the authority to investigate complaints of human rights violations, providing a formal avenue for persons with disabilities to seek redress. Regularly publishing reports on the state of human rights in Botswana, the Office provides critical data and insights that inform policy and advocacy efforts.

Human rights education is also provided through awareness campaigns and educational programmes, which help change societal attitudes and reduce stigma and discrimination against persons with disabilities. The Office, in collaboration with DCO, also provides training for stakeholders, including government officials, law enforcement, and community leaders, on the importance of upholding the rights of persons with disabilities. In 2024, there were district trainings on the CPD where Key Performance Indicators and monitoring tools were developed through such trainings and consultations in all 31 districts.

Weaknesses:

Resource constraints include limited financial resources, which can limit the Office of the Ombudsman's ability to conduct thorough investigations, provide training and engage in extensive outreach. Additionally, there is a shortage of specialized staff with expertise in disability rights within the Office of the Ombudsman, which requires recruitment and training to improve monitoring and advocacy efforts**.**

The Office of the Ombudsman in Botswana may not be following the Paris Principles due to several factors. It lacks institutional independence, as it could be subject to government influence or control. Dependence on government funding can limit the Ombudsman's ability to investigate and address human rights issues freely and insufficient funding can restrict its capacity to carry out activities, conduct investigations, engage in public education and maintain operations independently. The Office also has inadequate resources essential for handling complex cases and promoting human rights.

The mandate of the Office may be too narrow, focusing primarily on administrative complaints rather than encompassing a broad range of human rights issues. The legal framework may not explicitly empower the Ombudsman to address all relevant human rights concerns. Effective functioning requires accessibility, public awareness, engagement with civil society and meaningful stakeholder engagement. Additionally, follow-up mechanisms, such as monitoring and implementing recommendations, are crucial for the Ombudsman's effectiveness. Without these mechanisms, the Office may struggle to effectively address human rights violations.

Chapter 4: Fulfilment of Preconditions

Section 1: Equality and Non-Discrimination

Legislative & Policy Context:

In Botswana, the legislative and policy framework regarding the rights of persons with disabilities has seen progress. Since the 1969 Botswana Mental Disorders Act, Botswana has enacted several laws and policies aimed at protecting and promoting the rights of persons with disabilities, aligning more closely with the Convention on the Rights of Persons with Disabilities (CRPD). Botswana ratified the CRPD in 2021.

Legislation

The Botswana Disability Policy of 1996 and the Revised National Policy on Disability (2021) provide a foundational framework for disability rights, outlining the government's commitment to promoting the inclusion and participation of persons with disabilities in all aspects of society. The recently enacted Persons with Disabilities Act (2024) marks a milestone in this effort. Passed in December 2023 and assented to in January 2024, the Act aims to abolish discriminatory laws and practices, ensuring compliance with the CRPD. This comprehensive legislation establishes a robust framework for disability rights and outlines specific obligations for various sectors. The current Botswana Health Policy (Ministry of Health, 2012) emphasizes the importance of inclusive healthcare services, ensuring that health facilities are accessible to persons with disabilities. This policy aims to integrate disability considerations into all health programmes, thereby enhancing access to medical and rehabilitative care for persons with disabilities.

There are, however, some legislation with general non-discrimination provisions as well as legislation that affect the rights of persons with disabilities. While the Constitution provides for equality before the law, it does not explicitly address disability as a prohibited ground for discrimination. The Employment Act includes provisions against discrimination based on disability, but enforcement mechanisms need strengthening. This Act is critical in protecting the employment rights of persons with disabilities, but effective implementation and monitoring are required to address workplace discrimination fully.

Mental Health Legislation and Policies

The Mental Disorders Act of Botswana, which dates to the 1960s, is outdated and rooted in a medicalized approach to mental health. It prioritizes institutional care and lacks provisions for community-based mental health services or supported decision-making, which are essential under the CRPD framework. The Revised National Policy on Disability (2021) recognizes mental health as a critical area for reform, emphasizing the need for deinstitutionalization and the development of inclusive mental health policies. However, implementation has been slow, and gaps persist in addressing the stigma and discrimination faced by individuals with psychosocial disabilities.

Barriers to Equity:

Barriers to Equality

1. **Cultural Stigma**: Deeply ingrained societal attitudes perpetuate stereotypes and prejudice against persons with disabilities. These beliefs often lead to exclusion in social, educational and employment settings. Table 34 in the appendix shows that a slight majority of participants (55.6%) feel that society is not making sufficient progress towards

equality for persons with disabilities. Concerns were particularly strong among males and the older demographics. Those with tertiary education were more optimistic; however, overall, many felt that progress is lacking.

Most participants (72.2%) reported that community actions or attitudes, such as hate speech and cultural myths, make them feel unaccommodated or excluded (See Table 35 in the Appendix). This feeling of exclusion was highest among those with tertiary education and severe disabilities, indicating a pervasive issue of stigma and discrimination in communities. Many persons with disabilities encounter derogatory language and negative attitudes, leading to discrimination and marginalization. Misconceptions about disabilities perpetuate stigma, affecting how persons with disabilities are treated and included in community life. Despite the challenges, some participants reported positive interactions within their communities, emphasizing the importance of empathy and inclusion.

2. **Limited Public Awareness**: Awareness campaigns on the rights of persons with disabilities are sporadic and have not reached rural and underserved communities effectively. According to participants, about two-thirds (67.8%) reported feeling left out of community activities, with 33.3% often feeling excluded and 34.4% sometimes feeling excluded (See Table 33 in the appendix). This feeling of exclusion was more pronounced among females and older age groups, with single and less educated participants also reporting higher rates of feeling left out. Participants with more severe disabilities felt the most excluded. Many persons with disabilities feel left out of community events and activities, often due to physical inaccessibility or social disregard.

   Additionally, awareness of the CRPD is limited, with 64.4% of participants unaware of it (See Table 25 in the Appendix). Awareness is somewhat higher among the elderly, those with higher education levels, and those who are employed, suggesting a correlation between socio-economic status and knowledge of rights. This lack of awareness underscores the need for accessible dissemination of information regarding the rights of persons with disabilities.

3. **Lack of Accessibility to Public Spaces**: Many public services and facilities, including courts, schools, and healthcare centers, fail to meet accessibility standards, further marginalizing persons with disabilities. The findings reveal that just over half of the participants (52.2%) knew where to go if their rights were violated (See Table 22 in the Appendix). Lack awareness was highest amongst participants with more severe disabilities (See Table 23).

4. **Access to justice:** Accessibility to the Botswana justice system remains limited, with only 42.2% finding it accessible. Accessibility varies across different demographic and disability severity groups, indicating a need for more inclusive legal infrastructure. A barrier to accessing justice is economic, as most participants (78.9%) reported that they could not afford legal fees if needed (See Table 24 in the Appendix). This financial hurdle is particularly pronounced among the elderly (35 to 49 years) and those with more severe disability. It was less pronounced among those with tertiary education and the employed. This disparity highlights the economic challenges faced by many individuals seeking legal recourse.

Discrimination in Key Sectors

- **Employment**: Persons with disabilities face significant barriers to entering and retaining jobs, often due to employer bias and inaccessible workplaces. Botswana's affirmative action policies for hiring persons with disabilities lack robust enforcement.

- **Education**: While inclusive education policies exist, children with disabilities are frequently excluded from mainstream schools due to a lack of reasonable accommodations and trained educators.
- **Healthcare**: Discriminatory practices in healthcare settings, including inadequate communication support for those with hearing or visual impairments, hinder equitable access to services.
- **Mental Health**: Individuals with psychosocial disabilities face heightened discrimination in both healthcare and social settings, often being denied autonomy and subjected to forced treatments under outdated legal frameworks. The Mental Disorders Act (1969) remains outdated and does not align with the CRPD, particularly concerning the legal capacity and autonomy of individuals with psychosocial disabilities. Reforming this Act is crucial to ensure that all persons with disabilities can exercise their legal rights and access justice on an equal basis with others. Addressing these legal and systemic barriers is essential for promoting equal access to justice for all individuals.

Summary of Key Findings:

- *Gaps in Legal and Policy Frameworks:* Despite recent legislative advances, gaps remain in aligning Botswana's legal and policy frameworks with the CRPD. This is particularly evident in areas such as legal capacity and sector-specific reforms.
- *Slow Implementation:* 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.
- *Discrimination and Barriers:* 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.
- *Policy and Practice Gaps:* There are notable gaps in both policy and practice, particularly in the enforcement of anti-discrimination laws and the provision of inclusive services. 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.

Section 2: Accessibility

Ensuring accessible environments, services and infrastructure at the public and community level can enhance the quality of life for persons with disabilities, allowing them to participate fully in all aspects of society.

Legal Frameworks, Policy and Practice

Botswana has made some efforts towards improving accessibility for persons with disabilities, but challenges persist in the implementation of universal design and accessibility standards. The recently enacted Persons with Disabilities Act (2024) mandates comprehensive measures to enhance accessibility, aligning with the CRPD's principles. There is also the Building Control Act (Amended 2020) which includes provisions for accessibility in new construction projects but does not address retrofitting older buildings. National Disability Policy (2016) emphasizes the importance of universal accessibility. However, translating these legal and policy commitments into practical improvements remains a work in progress.

Physical Accessibility:

Data from key informant interviews reveal that schools often lack accessible classrooms, materials, and trained staff to support students with disabilities. Additionally, there is frequently a lack of timely analysis of these students, which delays the implementation of relevant educational interventions. This combination of factors results in limited educational opportunities and barriers to academic achievement for students with disabilities. Furthermore, health facilities frequently lack accessible examination rooms, medical equipment and communication aids such as sign language interpreters, which affects the quality of care received by persons with disabilities.

A 2022 national survey revealed that over 70% of public buildings, including schools, healthcare facilities and government offices, are not fully accessible for persons with disabilities. Barriers include a lack of ramps, elevators, and accessible restrooms. Urban centers such as Francistown and Gaborone have seen gradual improvements in accessibility infrastructure, but rural areas remain severely underserved. An estimated 60% of primary and secondary schools lack proper accessibility features, impacting the education of children with disabilities.

The absence of sign language interpreters in public facilities was also mentioned, making it challenging for individuals with hearing impairments to access services and communicate effectively. Financial limitations were cited as a barrier to accessing public places, including the inability to afford transportation fees or the cost of hiring escorts. Interviews highlighted that parks, sports facilities and other recreational areas frequently fail to accommodate persons with disabilities, thus restricting their access to social and recreational activities.

Access to Basic Needs:

Housing schemes in Botswana rarely consider accessibility features, leaving many persons with disabilities dependent on family support or informal arrangements. Government-supported low-income housing programmes do not currently include mandatory accessibility guidelines.

Some participants (33.7%) face challenges accessing basic needs like shelter and clothing (see Table 21 in the appendix). There are variations based on background characteristics and disability severity. Age and marital status also influence the extent of challenges faced. Participants with no formal education face the highest percentage of challenges, while those with tertiary education face the lowest. Unemployed participants face the most challenges, while employed participants face the least. Challenges are consistent across different levels of disability severity. The primary challenge faced by individuals with disabilities is the lack of money, housing and access to suitable accommodation. Factors such as physical disabilities, racism, health issues and reliance on external support systems like family members or social workers also contribute to these challenges. Despite these challenges, some respondents express a desire for stable housing and the ability to provide for themselves and their families.

Table 17, 18, 19 and 20 in the appendix shows percentage distribution of participants by whether they face barriers accessing education, WASH (Water and access to Sanitation and Hygiene), power/energy supply and key communication/ICT respectively. Nearly half of the participants face barriers in accessing education, with variations based on age, gender and employment status. Issues extend to accessing Water, Sanitation, and Hygiene (WASH) services, with a considerable number reporting no barriers, yet others struggle due to physical, infrastructural and communication challenges.

Participants were asked about challenges in accessing basic food; 44.6% of participants reported challenges, with variations noticeable across age, gender and employment status (See Table 15 in the appendix). Those with higher education levels tend to face fewer challenges. The main difficulties include physical barriers, financial constraints and insufficient support systems. Challenges of participating in agricultural activities varied by gender, age and education level,

with older participants and those with no education facing more frequent issues. Common barriers include physical limitations, access to resources and environmental factors.

Nearly half of the participants (47.0%) believe that persons with disabilities do not have equal access to land. This perception varies across different demographic groups, with older participants and those with moderate disabilities more likely to view access as unequal (See Table 14 in the Appendix). Results indicate that the severity of disability correlates with an increased likelihood of facing difficulties in accessing basic food. Systemic issues, bureaucratic processes and societal attitudes are cited as major barriers

Public Transport:

Public transportation systems, including buses and taxis, are largely inaccessible for persons with mobility impairments. Vehicles lack ramps or lifts, and operators are generally not trained to accommodate passengers with disabilities. A 2021 Ministry of Transport report indicated that less than 10% of public buses are accessible, with no current mandate for upgrading existing fleets. Table 16 summarizes accessibility to public spaces, services and transport experienced by persons with disabilities. Many respondents mentioned challenges with transportation, such as the need for escorts or taxis, lack of transport options for wheelchairs and financial constraints preventing access to transportation. Structural and infrastructural challenges were also highlighted as some respondents noted that many public facilities lack infrastructure to accommodate disabilities, such as buildings without ramps or elevators, hindering access to government offices, shopping centers and other public spaces.

Information and Communication Accessibility:

Accessibility of digital platforms remains a significant issue. Government websites and online services rarely adhere to universal design standards, excluding persons with visual and hearing impairments. A 2022 audit found that less than 15% of government websites meet accessibility guidelines under the Web Content Accessibility Guidelines (WCAG). Data from key in-depth interviews indicates that many Government and private sector websites are not equipped with accessible features, such as compatibility with screen readers, text resizing options, and alternative text for images. This lack of accessibility restricts persons with visual impairments from accessing online information and services effectively.

Assistive Technologies:

Access to affordable assistive technologies such as screen readers, hearing aids and communication devices is limited. Only 20% of persons with disabilities who require these technologies can afford them, with rural populations particularly disadvantaged. A survey conducted in 2020 showed that hearing aids and wheelchairs account for 75% of assistive device needs among persons with disabilities, yet availability is sporadic.

Public Awareness Campaigns:

Awareness campaigns on disability rights and accessibility often fail to reach the broader population due to a lack of inclusive communication strategies, such as materials in braille or sign language interpretation. Only 10% of public health announcements on COVID-19 included sign language interpretation, highlighting significant gaps in inclusive communication. With regards to media and telecommunication, televised broadcasts rarely include sign language interpretation, and both printed and digital media seldom use Easy-to-Read formats. Additionally, telecommunications services in Botswana often fail to provide accessible customer service options, such as text relay services for individuals with hearing impairments. There is a limited availability of information in accessible formats like braille and large print. Public information campaigns and essential communications frequently overlook the diverse needs of persons with disabilities, thereby limiting their access to crucial information.

Awareness of organizations supporting persons with disabilities is crucial for their well-being and rights. Key organizations identified by participants include the DCO, Social and Community Development (SECD), and several associations catering to specific disabilities like the Botswana Association for the Blind and Partially Sighted (BABPS) and the Botswana Federation of the Disabled (BOFOD). This awareness facilitates access to necessary services and advocacy for rights.

Summary of Key Findings:

The country has made notable progress, especially with the enactment of the Persons with Disabilities Act (2024); yet challenges in implementing universal design and accessibility standards persist. Awareness among persons with disabilities about organizations like the DCO and specific associations is crucial for facilitating access to services and rights advocacy. However, barriers remain in accessing information and communication, as many websites and media lack essential accessibility features.

Public transport systems and infrastructure often do not accommodate persons with disabilities, lacking necessary features such as wheelchair ramps and audio announcements. Public buildings, including government offices and healthcare facilities, are also commonly inaccessible, hindering mobility and access to services. Many participants reported difficulties in accessing key public services, particularly in education and healthcare, due to inadequate facilities and support. Additionally, about 33.7% of participants struggle with accessing basic needs like shelter and clothing, often due to financial constraints and limited accommodation options. Despite these challenges, there is a strong desire among individuals for stable housing and self-sufficiency.

The analysis found that 44.6% of participants face challenges in accessing basic food, with variations across age, gender and employment status. Physical barriers, financial constraints, and insufficient support systems are the main difficulties. A portion of participants face challenges in agricultural activities, with 35.7% often encountering difficulties. Challenges vary by gender, age, and education level, with older participants and those without education facing more frequent issues. Nearly half of participants believe persons with disabilities do not have equal access to land, with older participants and those with moderate disabilities more likely to view access as unequal. Systemic issues, bureaucratic processes and societal attitudes are major barriers.

Section 3: Inclusive Services

This section used the UNSDG-based risk framework to discuss Disability Referral & Assessment Systems, effective Disability Support Services and Mainstream Services to promote equity and inclusion.

Disability Assessment and Referral Systems:

Botswana's disability assessment systems are critical for identifying the needs and eligibility of persons with disabilities for various support services. However, these systems face several challenges that hinder their effectiveness and inclusivity.

- **Fragmentation and Inconsistency:** 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.
- **Medical Model Dominance:** 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.

- **Accessibility Barriers:** 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.
- **Lack of Awareness:** 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:

Key informant interviews revealed that while support services for persons with disabilities in Botswana are available, they are often insufficient and lack adequate funding. The support infrastructure requires substantial improvements to effectively address the diverse needs of the disability community.

Disability Grants: Persons with disabilities benefit from some social assistance programmes such as the Disability Allowance provided to medically declared persons with disabilities aged 18 years and above at P450 (US$ 33) per month (2020). These grants aim to support persons with disabilities with basic financial assistance to improve their quality of life. In addition, those under the destitute programme receive food vouchers valued between 600 to 800 pula. Access to these grants is often hindered by bureaucratic challenges, inadequate awareness of eligibility criteria, and inconsistencies in the application process, particularly for individuals in rural areas.

Rehabilitation Services: Rehabilitation services in Botswana are delivered through a network of public health facilities and specialized centers. These include physical therapy, occupational therapy, psychosocial support and community-based rehabilitation (CBR) initiatives. Challenges include Geographical Disparities: Most rehabilitation services are concentrated in urban centers, leaving rural populations underserved. Resource Shortages: Limited numbers of trained rehabilitation professionals and inadequate infrastructure. Fragmentation: Lack of coordination between government and non-governmental service providers.

Community-Based Rehabilitation (CBR)/Community-Based Inclusive Development (CBID): Botswana has implemented CBR programmes to provide localized support for persons with disabilities. These programmes focus on empowering communities to address the needs of persons with disabilities through integrated health, education, social and livelihood services. CBR services are primarily offered through three key centers operated by the Botswana Red Cross Society: Tlamelong Rehabilitation Centre in Tlokweng, Tshimologo Stimulation Centre in Francistown, and Sefhare Stimulation Centre in Sefhare. These centers provide services such as vocational training, early stimulation for children with learning disabilities, physiotherapy and referral services. In 2022, the Botswana Red Cross launched a mobile rehabilitation clinic aimed at reaching remote and underserved areas, enhancing access to CBR services.

Institutionalized Care: For persons with disabilities requiring long-term care, Botswana provides institutionalized services through government and NGO-run facilities. While these institutions offer essential support, there is an ongoing shift towards promoting community-based alternatives to reduce dependency on institutional care. Current challenges in institutionalized care include overcrowding, limited funding and the need to improve standards of care to align with CRPD principles.

According to the participants, persons with disabilities depended on Government relief (35.6%), employment (16.7%), and family support (12.2%) for income, while 22.2% reported having no source of income (see Table 8 in the appendix). Government relief included disability allowances, social welfare and government-funded programmes. Employment encompassed formal jobs, temporary work, self-employment, volunteering and hawking. Family support often involves financial assistance from family members. However, financial challenges and reliance on social welfare programmes were widespread due to unemployment or limited job opportunities. There was also dissatisfaction with the accessibility of government programmes and support.

Most participants, 71.9%, considered their functional limitations as barriers to meeting their financial needs, with this percentage increasing alongside the severity of the disability (see Table 7 in the appendix). Most participants with severe disabilities, 90%, reported such hindrances, compared to 51.4% of those with milder conditions. Challenges included mobility limitations affecting employment, lack of accessible transportation, communication barriers and physical limitations that restricted work opportunities. Financial strain was common, with many individuals relying on government relief, family support and limited employment opportunities as their primary sources of income.

Additionally, persons with disabilities incurred high additional expenses, such as medical costs, special needs transport and costs for attendant services, housing and workplace modifications. These expenses varied by the severity of the disability, with those more severely affected facing higher costs. There is limited availability and reach of community-based support services in Botswana, which are essential for promoting independent living and community inclusion for persons with disabilities. Progress towards providing community-based living options has been minimal, leaving many individuals reliant on institutional care. There is a need to enhance efforts to transition from institutional to community-based support to align with international best practices.

Most participants (52.2%) engage in physical activity sometimes, with males slightly more active than females. Younger participants are more active, whereas the likelihood of never engaging in exercise increases with age. Divorced individuals report the highest engagement in physical activity, likely due to the small sample size. (See Table 28 in the appendix)

Illicit drug use is low among participants, with 77.8% reporting never engaging in such behaviour. Engagement varies with age, being slightly higher among those aged 35 to 49. Employment status also influences drug use, with self-employed individuals reporting higher engagement (See Table 29 in the appendix).

Mainstream Services:

Mainstream services such as education, health, and employment are essential for the integration and empowerment of persons with disabilities. The current state of inclusive services across key sectors such as education, health and employment for persons with disabilities in Botswana is examined. Despite some progress, gaps persist in providing adequate support and access.

Health

Botswana's Public Health Act (2013) outlines the responsibility of healthcare institutions to cater to the needs of all citizens, including those with disabilities. Botswana's healthcare system has made strides in addressing the needs of persons with disabilities, but significant gaps persist. According to the 2022 Census, while many public health services are technically available to persons with disabilities, accessibility issues remain prevalent, particularly in rural areas.

1. **Accessibility:** Approximately 70% of health facilities lack accessible ramps and pathways, creating significant barriers for persons with mobility impairments. Accessible toilets and

examination tables are present in only 15% of surveyed facilities, according to recent national health analysis. There is a shortage of sign language interpreters, accessible medical equipment, and information in suitable formats for all.

2. **Training Gaps:** A 2020 Ministry of Health report found that less than 25% of healthcare professionals had received training on disability-inclusive care, contributing to negative experiences for patients with disabilities.
3. **Assistive Technology:** A WHO-supported study in 2021 revealed that only 20% of persons with disabilities who need assistive devices such as wheelchairs, hearing aids, and prosthetics have access to them. Rural areas are particularly underserved, with the availability of assistive devices less than half of that in urban centers.
4. **Community Health Services:** Community-based health initiatives exist but reach only 30% of the rural population. Expansion is constrained by funding and workforce shortages.

For an inclusive and equitable healthcare system, ensuring health decision-making autonomy, addressing risk-taking behaviours and providing comprehensive SRHR services is seen as important. Most participants (64.4%) reported that they always make their own health care decisions, higher autonomy reported among females (71.4%) and married participants (80.0%). Autonomy decreases with age and is lower among those with no education (50%). Self-employed individuals report the highest autonomy in health decisions (81.3%). Persons with milder disabilities demonstrated higher levels of independence in making healthcare choices compared to those with moderate or severe disabilities (See Table 26 in the appendix).

Education

The Inclusive Education Policy (2011) promotes the integration of students with disabilities into mainstream schools and emphasizes teacher training and accessible infrastructure. The National Development Plan 11 (2017-2023) highlights education equity as a priority, including targeted initiatives for children with disabilities. However, implementation remains inconsistent. The wide gap between children with disabilities and their non-disabled peers in the education dimension means that children with disabilities are left out of the education system.

Special Needs Education: The government has made efforts to integrate persons with disabilities into the education system through special needs schools and inclusive education policies. Botswana has approximately 22 government primary schools equipped with special education resource units and seven special centers for visual impairments. Additionally, there are four schools for deaf children/hearing impairments and nine stimulation centers focused on early intervention for children with developmental challenges. For secondary education, one junior secondary school and one senior secondary school have units for visual impairments, and two junior secondary schools and one senior secondary school cater to hearing impairments.

Challenges persist due to inadequate teacher training, limited learning materials in accessible formats, and insufficient assistive technologies. Such disparities include:

1. **Enrolment Rates:** The 2022 Census estimates that only 35% of children with disabilities aged 5-17 are enrolled in school, compared to 87% of their non-disabled peers. Dropout rates among children with disabilities are nearly double those of non-disabled children, often due to inaccessible infrastructure and lack of support.
2. **Infrastructure Deficits:** A Ministry of Education survey in 2021 found that only 20% of schools nationwide have ramps, accessible toilets, or other features necessary for accommodating students with physical disabilities.
3. **Teacher Training:** Less than 10% of teachers have received formal training in inclusive education, and many lack the tools to support students with sensory or intellectual disabilities.

4. **Learning Materials:** Braille textbooks and assistive learning devices are available in fewer than 30% of schools with students with visual impairments. A lack of sign language interpreters in classrooms limits educational access for students with hearing impairments.
5. **Early Childhood Development:** Less than 5% of early childhood development programmes are equipped to include children with disabilities, leaving many without foundational educational opportunities.

Employment

Persons with disabilities encounter barriers in the workplace, including inadequate accommodations, discriminatory practices and insufficient support for career development. This is resulting in high unemployment rates and economic exclusion. The 2022 Census revealed that only 1.3% of the employed population in Botswana comprises persons with disabilities, a disproportionately low figure given their representation in the total population. Challenges include:

- **Discrimination in Hiring Practices**: Many employers hold biases, perceiving persons with disabilities as less capable. Lack of enforcement of anti-discrimination laws in the workplace exacerbates this issue.
- **Inaccessible Work Environments**: Most workplaces are not designed to accommodate employees with disabilities, lacking features such as ramps, elevators, and adaptive technologies.
- **Limited Vocational Training**: Few training programmes cater specifically to persons with disabilities, leaving them underprepared for the labour market.
- Economic Opportunities: Persons with disabilities often resort to informal employment, which offers little stability or benefits.

The government has tried to address these issues by adopting employment equity policies that promote the inclusion of persons with disabilities in both public and private sectors. They have also supported some targeted skills development programmes. However, policies lack robust enforcement mechanisms.

Summary of Key Findings:

There are several efforts in Botswana towards inclusive services especially on the policy space such as ratification and domestication of the CRPD, the new Persons with disabilities ACT 2024 etc. However, there are some notable challenges that require immediate remediation such as,

- Health: There are several initiatives to support persons with disabilities including the 2013 Health Policy Act which provides access to medical assessments and care for persons with disabilities including resources such as sunscreen for persons with albinism. However, there are still challenges such as access to health infrastructure, shortage of assistive devices, limited skill among health workers and communication gap.
- Support Services: There is commendable collaboration with CSOs on disability inclusive services and there is a grant for persons with (“severe and profound”) disabilities which was introduced in 2015. However, more effort is still needed to promote community-based alternatives to reduce dependency on institutional care, especially in psychosocial care.
- Education: The government has made efforts to integrate persons with disabilities into the education system through special schools/units and inclusive education policies. However, there is still a wide gap between children with disabilities and their peers

without disabilities in the education dimension. Children with disabilities are left out of the education system with low enrolment rates and high drop-out rates.

- Employment: Most persons with disabilities are unemployed subjecting them to high dependency and increased vulnerabilities such as poverty and access to basic needs. Although the Botswana Employment Act prohibits discrimination based on disability status, most workplaces are not designed to accommodate employees with disabilities, lacking features such as ramps, elevators and adaptive technologies. This forces most persons with disability in informal sector with limited benefits.

Despite the strengths of Botswana's disability support systems, there are notable weaknesses, including complex processes, geographical disparities in service availability and inconsistent determinations of disability status. Support services are often inadequate and underfunded, necessitating substantial improvements to meet the diverse needs of the disability community. Moreover, there is a need for a transition from institutional to community-based living options to align with international best practices. Mainstream services, including education, healthcare and employment, require enhancements in inclusivity and accessibility to empower persons with disabilities fully.

Section 4: Disability Inclusive Budgeting

Financial Planning & Monitoring:

Financial planning and monitoring are critical to ensuring that resources allocated for disability-specific programmes are effectively utilized to meet the needs of persons with disabilities. However, in Botswana, the current state of financial planning and monitoring for disability-inclusive budgeting shows room for improvement.

Overview of Government Expenditures

Botswana's financial commitment to disability inclusion is reflected in allocations across national and district budgets. The 2024 Budget Speech delivered to the National Assembly in February, the Minister of Finance committed to enhancing social protection and reduce inequalities to improve the quality of lives of all Batswana through programmes that include the Disability Allowance. The Ministry of Local Government and Rural Development received the third largest share of the Recurrent budget at P1.26billion, 15.3% increase from that of the previous year. Revenue Support Grants to Districts and Councils constitute the largest portion of this budget at P5.19 billion (55.5%). The budget includes increase of P100 per month per beneficiary of each of the social protection allowances including the Disability Allowance. This highlights several positive aspects related to disability inclusiveness, particularly through the allocation of resources for persons with disabilities.

1. **Disability Cash Allowance Increase**: A key feature is the increase in the Disability Cash Allowance. A P100 increase per month, per beneficiary, is a positive step toward improving financial support for individuals with disabilities. This increase will help address some of the economic challenges that persons with disabilities face, enhancing their financial independence and reducing inequality.
2. **Overall Social Protection Focus**: The budget reflects a strong emphasis on social protection programmes, which is crucial for enhancing inclusivity for marginalized groups, including persons with disabilities. The inclusion of the Disability Cash Allowance within a broader array of social protection initiatives (such as the Old Age Pension, Destitute Cash Allowance,

etc.) demonstrates that persons with disabilities are being considered alongside other vulnerable groups in the national welfare framework.

3. **Equity and Inequality Reduction**: The mention of striving to "substantially reduce inequalities" and improve the "quality of life" for all Batswana indicates a commitment to inclusive development. For persons with disabilities, this translates into efforts to ensure that they are not left behind in broader national progress.
4. **Sustainability and Local Economic Support**: The proposed focus on local food procurement to support the Reset Agenda and value-chain, although it is not specifically directed at persons with disabilities, if they are included in these value chains—whether through employment opportunities, training, or entrepreneurship programmes—this could create the necessary economic opportunities for them.
5. **Broader Socio-Economic Integration**: The proposed increase in allowances and the attention to social protection may have long-term benefits for integrating persons with disabilities into the broader economy. If these social safety nets are managed effectively, they could not only provide direct financial relief but also contribute to social inclusion and access to essential services.

However, while these measures are promising, it would be helpful to see a more detailed breakdown of specific actions aimed at enhancing the accessibility of infrastructure, healthcare, education and employment for persons with disabilities. Beyond financial allowances, greater emphasis on capacity-building, inclusive education and accessible public services would further strengthen the disability inclusiveness of the budget.

Data from key informant interviews revealed that budget allocation for disability-related services in Botswana follows the national government's standard budgeting process, with oversight by the Ministry of Finance. This process distributes funds to Ministries responsible for various sectors, including health, education, social services, and infrastructure, based on national priorities and available resources. Ministries submit budget proposals outlining their planned activities and funding needs, including allocations for disability services such as healthcare access, inclusive education, social protection, vocational training and accessible infrastructure.

A limitation of this process is that funding for disability-related services is often mixed with other vulnerable groups, such as women, children, youth, the elderly and other socially vulnerable populations. This bundling complicates the tracking of specific funds allocated for persons with disabilities, making it difficult to ensure that they are used appropriately. Additionally, financial reports typically do not disaggregate spending by disability, hindering the evaluation of the impact of budget allocations on persons with disabilities. Both national and local budgets allocate minimal funds specifically for disability rights and services, resulting in underfunding across various sectors. The recent enactment of the Persons with Disabilities Act (2024) underscores the need for increased budgetary allocations to support the implementation of this comprehensive legal framework. However, there are planning deficiencies, as financial planning processes do not adequately incorporate the needs of persons with disabilities. This oversight can lead to the misallocation of resources and the implementation of programmes that do not fully address the barriers faced by this population.

The exclusion of OPDs from the budget planning and monitoring process further exacerbates these challenges. Without their involvement, critical insights and needs are often overlooked, potentially compromising the effectiveness and impact of the allocated funds. Additionally, the limited integration of disability-specific indicators in budget monitoring and evaluation processes hinders accountability and transparency. This situation highlights a critical gap in ensuring that the specific needs of persons with disabilities are adequately addressed and met in the budgeting process.

Summary of Key Findings:

The 2024 budget demonstrates a commitment to improving the lives of persons with disabilities, particularly through financial support via the Disability Cash Allowance. However, there is room for more detailed measures to address systemic barriers and ensure full inclusion in all sectors of society. The lack of robust mechanisms to track and monitor disability-inclusive spending further exacerbates this issue.

Section 5: Governance and Accountability

Botswana has established national monitoring mechanisms to oversee the implementation of various human rights commitments, including those related to persons with disabilities. However, these mechanisms face challenges in fully integrating and effectively overseeing the implementation of the CRPD.

National Accountability Mechanisms:

Accountability mechanisms are crucial for ensuring that the rights of persons with disabilities are upheld and that government programmes and policies are effectively implemented. In Botswana, several formal oversight bodies and mechanisms play a role in monitoring, reporting and promoting disability rights:

1. **Office of the Ombudsman** in Botswana plays a vital role in monitoring the overall human rights situation in the country. Since receiving its human rights mandate in 2023, it has been designated as Botswana's National Human Rights Institution (NHRI), though it is not fully compliant with the Paris Principles. The Office is responsible for ensuring that human rights are upheld and addressing violations through appropriate channels. However, its involvement in disability-specific issues has been limited, and there is a need to strengthen its mandate and capacity to comprehensively address the rights of persons with disabilities. It should be obliged to include information on disability-related expenditures, programme outcomes and compliance with CRPD obligations in their annual reports.
2. The Office of the Ombudsman also addresses complaints related to administrative injustices, including those affecting persons with disabilities, but it has not been fully utilized to monitor and address disability-specific grievances.
3. **Parliamentary Committees** carry out oversight of legal and policy implementation, such as the Parliamentary Committee on Social Development. This body reviews policies and budgetary allocations for social services, including disability-specific programmes, though its focus on disability issues remains limited. The awareness and capacity on disability inclusion needs to be strengthened.
4. **Organizations of Persons with Disabilities (OPDs)**, such as the Botswana Federation of the Disabled (BOFOD), play a key role in monitoring the implementation of disability-inclusive policies. They often act as watchdogs, reporting on gaps and advocating for policy changes. OPDs in Botswana face limited engagement in national monitoring and accountability processes, with their involvement often being ad-hoc rather than institutionalized. This lack of formalized participation diminishes the effectiveness of monitoring and advocacy efforts. There is a pressing need to enhance the capacity of OPDs by providing them with the necessary resources, training and platforms to engage effectively in these processes. Additionally, ensuring that OPDs have a structured and influential role in policymaking and implementation is crucial for enhancing accountability and prioritizing disability issues.

5. **Civil Society Organizations (CSOs)** supplement formal accountability mechanisms by conducting independent reviews of government programmes, advocating for policy reforms and ensuring that marginalized groups are represented in decision-making processes.
6. **Local Governments** are increasingly responsible to implement national policies and to budget for their implementation. They often lack awareness and tools to do so. Areas of improvement include improved data collection and reporting, particularly in underserved areas and partnerships with OPDs, research and academic institutions who have a wealth of data and capacity.

Inclusive Evidence & Data Gathering Systems

Accurate and disaggregated data is essential for informed decision-making, effective resource allocation and monitoring the impact of disability-inclusive policies. However, several gaps hinder data availability in Botswana.

1. **Lack of Comprehensive Disability Data:** Data on persons with disabilities is often aggregated under broader categories such as healthcare or social welfare, making it difficult to isolate disability-specific metrics. Even though the 2022 National Census questionnaire adopted the WG SS questions, these are not adequately analysed and leave behind some limitations such as psycho-social disabilities.
2. **Fragmented Data Collection:** Multiple agencies collect disability-related data, including the Ministry of Health, Ministry of Education and Local Government, but there is limited coordination between these entities.
3. **Inconsistent Reporting:** Local governments vary widely in their capacity to collect and report data, particularly in rural areas where resources are limited.
4. **Limited Integration of CRPD Indicators:** National statistics do not yet fully integrate CRPD-aligned indicators, limiting the ability to monitor compliance with international standards.
5. **Barriers to Accessibility of Data:** Data that is collected are often not made publicly available or is presented in formats that are not accessible to persons with disabilities or their representative organizations.

There is a need to create centralized, disaggregated databases for disability-related data, ensuring alignment with CRPD and SDG indicators. Digital platforms can be used to streamline data collection and make data more accessible to stakeholders, including OPDs and CSOs.

Summary of Key Findings:

Botswana's national monitoring mechanisms for human rights, including those related to persons with disabilities, face challenges in fully integrating and effectively overseeing the UN Convention on the Rights of Persons with disabilities (CRPD). The Office of the Ombudsman, Botswana's National Human Rights Institution, plays a vital role in monitoring the country's human rights situation, but its involvement in disability-specific issues has been limited. Organizations of Persons with Disabilities (OPDs) face limited engagement in national monitoring and accountability processes, highlighting the need for enhanced capacity and structured participation.

Accurate and comprehensive data is essential for effective policymaking, but the current data collection systems in Botswana are inadequate for capturing disaggregated disability data. To address this, national surveys and censuses should include comprehensive questions related to disability, enabling better planning and resource allocation. Evidence-based policymaking is also essential, with more disability-focused research and studies to inform policy decisions.

Chapter 5: Cross Cutting Issues

This chapter delves into the cross-cutting issues that impact the effectiveness of disability inclusion efforts across various sectors in Botswana as the country starts its journey towards the full implementation of the CRPD. It examines overarching themes such as participation, inclusion of marginalized groups and gender equality, highlighting how these elements intersect with and influence disability inclusion initiatives. The insights and data presented in this chapter were sourced from a comprehensive desk review, primary data, as well as key in-depth interviews conducted during the analysis.

Section 1: Participation

Emphasizing the involvement of persons with disabilities and their representative organizations in community planning and decision-making processes is crucial for fostering inclusive governance. Assessing the level of meaningful participation of OPDs in Botswana reveals varying degrees of involvement across different legal, policy, and development processes. While some progress has been made, challenges remain.

The level of meaningful participation of OPDs in Botswana varies across different legal, policy and development processes. OPDs are involved in legal and policy reform consultations, but their involvement often ends at the advisory level and is rarely included in decision-making bodies. Their engagement mechanisms are often ad hoc and not systematically integrated into the policy development process, leading to inconsistent levels of participation and influence. OPDs are recognized as important stakeholders but are not always seen as experts capable of influencing outcomes. Key obstacles to meaningful participation include limited financial resources, lack of capacity-building opportunities and insufficient government recognition of OPDs' expertise and contributions, which can lead to their marginalization in the policy reform process.

Most of the analysis participants (75%) said that they are not familiar with any Disaster Preparedness Program or Early Warning System in their area of residence or work. This is mainly because such programmes are not translated into accessible formats and or OPDs are not consulted. The current draft National Policy on Disaster Risk Management, which is a revision of the 1996 one, is a welcome development as OPDs were consulted and it has adopted a human-rights based approach where needs of vulnerable communities, including persons with disabilities, are mainstreamed, including at community level (local and households) which bear the brunt of disasters the most.

The National Planning Commission is the governing structure for coordinating SDGs in Botswana. Tasked with the review of the current National Development Plan (NDP) 11, to ensure among others, alignment to the SDGs, the United Nations System has played a key role in convening strategic partners such as persons with disabilities, youth and private sector for consultative dialogues towards the inclusive NDP-12. OPDs are also active members of the governing structures for the National-UN Cooperation Framework (CF 2022-2026) where their voices are included in priority setting and tracking progress for UN support towards achieving the SDGs. Many OPDs face challenges in participation in policy dialogues and decision-making processes due to limited financial and human resources. Short-term, project-based funding does not support sustained engagement or institutional capacity building. Consistent and formal government engagement with OPDs is crucial to prevent tokenistic participation.

Section 2: Inclusion of Marginalized Groups

Discussing how marginalized groups within the disability community are included or excluded from community initiatives is essential for understanding the full scope of inclusion and representation. This section explores the representation and issues faced by various

marginalized groups within the disability community, highlighting the need for more inclusive practices and policies.

The disability movement in Botswana strives to be inclusive, but certain groups remain underrepresented and face unique challenges. The two Organizations of Persons with Disabilities (OPDs), BOFOD and BCD, have a wide coverage and representation of Civil Society Organizations across the country. CSOs such as Down Syndrome Association of Botswana, I am Special Education Society, Autism Botswana, Brave Hearts Special Needs Association, Community Connections Botswana, etc. are some of the members who represent marginalized groups of intellectual and psychosocial disabilities. At government level, there are committees of persons with disabilities which are chaired by the District Commissioners. These structures exist in most parts of the country; however, they are not consistently functional.

Deafblind people and others with more than one disability are often marginalized, with their unique needs overlooked in mainstream disability advocacy. They may often need to be members of more than one organization so that their voices may be heard, but that can be costly. This often results in a lack of targeted support.

Persons with disabilities who are part of other marginalized groups, such as migrants, non-nationals, ethnic minorities, LGBTQ+, older adults and people living with HIV, face compounded discrimination, exacerbating their vulnerability. This intersectionality makes it difficult for them to access services and support, and their identities are often ignored in policy and programme design. They also have limited platforms to voice their concerns and influence policies, often not addressed in mainstream disability advocacy or social justice movements. Ensuring their participation in decision-making processes is crucial for developing policies that address their full spectrum of needs.

The lack of data on the specific needs and challenges of marginalized groups is a barrier to developing targeted policies and programmes. To address this, efforts to collect and analyse data must be intensified (OHCHR, 2023a)[4]. Statistics Botswana should leverage the interface between the Sustainable Development Goals (SDGs) and economic, social and cultural rights. Data collected to monitor SDGs should be reused to also monitor implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR) thereby enhancing data efficiency.

Many marginalized groups remain invisible in national statistics and policy discussions, leading to their exclusion from mainstream disability programmes. National averages render marginalized groups invisible (OHCHR, 2023b)[5]. Raising awareness about their existence and needs is crucial for their inclusion in national development agendas. Forming partnerships with the Office of the Ombudsman, CSOs and other actors should be made to improve data coverage and granularity.

Additionally, OPDs often lack the capacity and resources to advocate for these groups, limiting their ability to push for policies and programmes that address their specific needs. Strengthening OPDs' capacity through funding, training and technical support is essential for effective advocacy and support. Statistics Botswana should ensure data accessibility for persons with disabilities, ensuring their needs are recognized and addressed in national development agendas.

Section 3: Gender Equality

Exploring the specific challenges faced by women with disabilities in community settings and the need for targeted community programmes to address these challenges is essential for promoting gender equality within the disability movement and beyond. This section highlights the

[4] https://www.ohchr.org/sites/default/files/documents/publications/Advocacy-brief-Leveraging-data-to-LNOB.pdf
[5] https://www.ohchr.org/sites/default/files/documents/publications/Infographic_Leveraging-data-to-LNOB.pdf

representation, influence and challenges faced by women with disabilities and persons with disabilities of diverse sexual orientations, gender identities or expression and sex characteristics (SOGIESC) in Botswana.

Women with disabilities in Botswana face intersecting forms of discrimination based on gender and disability, which amplify their social and economic vulnerabilities. Despite legislative commitments to gender equality and disability rights, women with disabilities remain underrepresented in development initiatives and decision-making processes.

Education: Women and girls with disabilities are less likely to attend school than their male counterparts. According to the 2022 Census, only 30% of girls with disabilities aged 6 to16 years are enrolled in educational institutions, compared to 40% of boys with disabilities and 85% of those without disabilities. Inaccessible infrastructure, lack of inclusive learning materials and societal stigma limit educational opportunities for girls with disabilities.

Healthcare: Women with disabilities face significant barriers in accessing healthcare, particularly reproductive health services. A Ministry of Health reported that less than 20% of healthcare facilities are equipped to meet the needs of women with physical or sensory disabilities. Globally, women with disabilities experience higher rates of maternal mortality due to inaccessible facilities and inadequate medical training. The 2022 Botswana MMR was 175.5 deaths per 100,000 live births[6]. Unfortunately, this data is not disaggregated by disability. However, the 2020 Vital Statistics report indicates that over 99 percent of deliveries have been born in health facilities. This shows that generally, high births are attended to by skilled health personnel.

Employment: Women with disabilities are disproportionately excluded from the workforce. The unemployment rate among women with disabilities is estimated at 65%, compared to 50% for men with disabilities and 20% for the general population. Discrimination, inaccessible workplaces and lack of vocational training programmes limit economic opportunities for women with disabilities.

Gender-Based Violence: Women with disabilities are at a higher risk of experiencing gender-based violence (GBV), including physical, emotional and sexual abuse. The 2018 Botswana National Relationship Study found that women with all types of disabilities experience higher levels of GBV than men, especially women with physical and visual impairments. 45% of women with disabilities in Botswana had experienced some form of GBV, compared to 25% of women without disabilities.

The Botswana Gender Based Violence Prevention and Support Centre (BGBVC) offers NGO offers psychosocial support services including teletherapy, emergency shelter, legal support and post GBV clinical care to survivors of GBV in Francistown, Gaborone and Ghanzi. Unfortunately, the Centre Annual Performance Reports do not disaggregate their data by persons with disabilities.

There is a need for targeted policies that address intersectional challenges faced by these groups, considering the compounded effects of multiple forms of discrimination. Engaging these groups in policymaking is crucial to develop inclusive and effective solutions, as their experiences and needs inform the development of these policies.

6 https://www.statsbots.org.bw/sites/default/files/publications/Botswana%20Maternal%20Mortality%20Ratio%202022.pdf

Chapter 6: Disability Inclusion in Broader Development, Humanitarian & Emergency Contexts

This chapter focuses on the integration of disability inclusion within broader development, humanitarian and emergency contexts in Botswana. It examines how national policies and strategies incorporate the needs and rights of persons with disabilities across various critical areas. The insights and data presented in this chapter were sourced from a comprehensive desk review, primary data, as well as key in-depth interviews.

Section 1: National Development Plans

The National Vision 2036 and the second Transitional National Development Plan (NDP) are national development documents that acknowledge disability inclusion. The draft NDP 12 recognizes rehabilitation services as a strategic area towards improved human and social development.

They, however, lack specific goals, targets and indicators that are explicitly stated and disaggregated by disability. This makes it difficult to measure the impact of policies and programmes on persons with disabilities. The absence of clear, disability-specific goals in these plans results in a lack of focus on measurable outcomes for disability inclusion, hindering effective tracking of progress. The NDP 11 Key Performance Indicator Framework had some disability inclusive KPIs in the 'enhanced social wellbeing' key result area; However, the monitoring mechanism, including the Data Management Stream of the National M&E System did not disaggregate data by disability, making it difficult to assess the true progress and impact of development initiatives on persons with disabilities.

Budget allocations towards disability-inclusive programmes are often not detailed or transparent, leading to potential inconsistencies in the allocation of funds. Current budget tracking mechanisms do not adequately monitor the flow of funds to these initiatives, making it challenging to ensure effective use of financial resources.

The CCA and UNSDCF are incorporating disability inclusion, a positive shift towards recognizing the rights and needs of persons with disabilities in international cooperation. The Comprehensive CCA of 2020 has a section on the voices of the marginalized communities where there is dialogue with a representative from the Botswana Association of the Blind and Partially Sighted discussing their experiences, challenges and views on their needs. The 2024 CCA update focused on Human Rights and included analysis on disability inclusion. Such analysis and consultations have informed a disability inclusive CF 2022-2026 with disability disaggregated results and indicators that are tracked annually through the Annual Performance Review and Annual Results Reports. Disability CSOs and OPDs are part of the Results Groups and the National UN Joint Steering Committee to influence priority setting, advocate for their inclusion in all aspects of UN programming. A Vulnerability Risk Analysis for persons with disabilities was conducted in 2024 to provide a baseline and determine indicators the UN Country Team may track over time.

Section 2: Disaster Risk Reduction & Humanitarian Action

Botswana has incorporated disability inclusion into its Disaster Risk Reduction (DRR) programmes, recognizing its disproportionate impact on persons with disabilities. The National Policy on Disaster Risk Management (2021) (Ministry for Presidential Affairs, Governance and Public Administration, 2021) and the National Disaster Risk Management Plan (2009) address various aspects of disaster risk management in Botswana. The Botswana National Disaster Risk Reduction Strategy was developed to enhance the effectiveness of DRR efforts, integrating

disability-inclusive policies at both national and local levels. The strategy emphasizes the need to involve persons with disabilities in the planning and decision-making processes of DRR initiatives.

Botswana's disaster preparedness and emergency response frameworks also recognize the importance of disability inclusion. These frameworks aim to consider the unique needs of persons with disabilities during disasters by integrating disability considerations into national disaster policies and plans. However, most participants of the analysis (75%) (Table 11) expressed that they are not familiar with any disaster preparedness programme or early warning system in their area of residence or workplace. This shows that there is a gap between high level strategic documents with practicalities at community level. Strengthening coordination mechanisms is crucial to involve all relevant stakeholders, including OPDs, in disaster preparedness and response activities.

The 2021 Botswana's National Policy on Disaster Risk Management lacks comprehensive disaggregated data, making it difficult to develop targeted interventions for persons with disabilities. Current data collection methods fail to adequately capture their experiences during disasters, resulting in a lack of visibility in policy and practice. Additionally, there are no specific targets or indicators for disability inclusion in existing DRR frameworks, which hinders monitoring and evaluation of interventions. Establishing clear, measurable targets and indicators is crucial for accountability and progress.

OPDs play a crucial role in disaster preparedness and emergency response planning, but their involvement is often limited to advisory roles. This hinders their ability to influence policies and programmes affecting their communities. To ensure meaningful inclusion, OPDs should be recognized as essential partners in all stages of disaster management, from planning to response and recovery. Their firsthand knowledge is essential for developing inclusive strategies.

Key Areas for Improvement:

1. Data Collection: To improve data collection and analysis, Botswana should implement systematic processes to capture the experiences and needs of persons with disabilities during disasters. Reusing SDG data to monitor the International Covenant on Economic, Social and Cultural Rights (ICESCR) can enhance data efficiency. Training data collectors on disability inclusion is crucial for accurate and comprehensive data. Utilizing technology and innovative methods for real-time data collection is also essential.

2. Inclusive Planning: Inclusive planning is crucial for disability inclusion in disaster risk reduction (DRR) and emergency response frameworks. This involves setting measurable goals for disability inclusion in all DRR plans, incorporating disability-specific indicators into national and local disaster preparedness plans, and regularly reviewing and updating these targets to reflect emerging needs and challenges.

3. Active Involvement: To ensure OPDs are active partners in disaster risk reduction and humanitarian actions, formal mechanisms for participation in disaster management stages must be established, capacity-building opportunities provided, and resources allocated to support meaningful involvement, including funding for participation and accessibility accommodations.

Section 3: Climate Change

Inclusion of Disability in Climate Change Frameworks:

Frameworks and Mechanisms

The 2021 Botswana Climate Change Policy aims to mainstream sustainability and climate change into development planning. This policy enhances Botswana's resilience to climate change impacts while promoting low-carbon development pathways that contribute to socio-economic development, environmental protection, poverty eradication and the reduction of greenhouse gases (GHG). While the policy recognizes the need to integrate gender and disability into climate change adaptation and mitigation measures, it primarily mentions disability in the context of gender issues. It states the intention to empower communities, including persons with disabilities, to actively participate in climate change response measures and to increase the resilience of vulnerable groups through technology, finance and capacity-building.

Despite this acknowledgment, the 2021 Botswana Climate Change Policy lacks specific guidelines or provisions that explicitly address the unique needs and vulnerabilities of persons with disabilities. The policy and existing frameworks often overlook the social dimensions and challenges faced by this group, focusing instead on broader environmental and economic impacts. This oversight can lead to inadequate preparedness and response strategies during climate-related events such as extreme weather conditions, floods and droughts.

Botswana's climate change action plans lack disability-disaggregated data, targets and indicators. Without detailed data on the impact of climate change on persons with disabilities, it is difficult to develop targeted and effective adaptation and mitigation strategies. Current data collection mechanisms fail to capture the experiences and needs of persons with disabilities, leading to their exclusion and hindering the development of inclusive policies.

The engagement of OPDs in climate change planning and policymaking is minimal. OPDs offer invaluable insights and firsthand knowledge about the challenges faced by persons with disabilities, yet their input is often not sought or integrated meaningfully into climate action plans. For genuine inclusion, OPDs must be actively involved in all stages of climate change policy development, from initial consultations to decision-making and implementation.

Key Areas for Improvement:

Incorporating disability inclusion into climate change policies and action plans is essential. This involves developing guidelines that explicitly address the needs of persons with disabilities and ensuring all climate-related strategies are inclusive. Comprehensive data collection systems must be implemented to capture the impact of climate change on persons with disabilities, using this data to inform policy development and adaptation strategies. Additionally, facilitating greater involvement of Organizations of Persons with disabilities (OPDs) in climate change dialogue and decision-making is crucial. This can be achieved by establishing formal mechanisms for OPD participation, providing capacity-building opportunities and ensuring their perspectives are integrated into all aspects of climate policy and practice.

Section 4: COVID-19 Response

Disability Inclusion in COVID-19 Response:

Key challenges faced during COVID-19 pandemic response included limited access to healthcare services, difficulty in obtaining essential supplies and barriers in accessing accurate information about the virus and preventive measures. Persons with disabilities were at a higher risk due to pre-existing health conditions and socio-economic vulnerabilities as well as access to timely information in accessible formats. OPDs played a crucial role during the pandemic, providing insights into the unique challenges faced by persons with disabilities. They contributed to the dissemination of accessible information, advocated for disability-specific measures in response plans, and supported their communities through direct assistance. However, OPD

involvement was often limited to consultation rather than decision-making, hindering the development of comprehensive strategies that fully addressed the needs of persons with disabilities during the pandemic. The National Disability Coordinating Office, however, is an active member of the COVID-19 Taskforce, working to ensure inclusive recovery efforts.

Key Areas for Improvement:

To improve future health crisis responses, it is crucial to include OPDs at all stages of pandemic response and recovery planning. This involves integrating disability considerations into national emergency preparedness frameworks, establishing clear protocols, and developing guidelines for healthcare providers and emergency responders. Dedicated resources should be allocated to support the needs of persons with disabilities during health crises, including funding for essential supplies, accessible services and financial assistance for those facing increased economic hardship. Continuous engagement with persons with disabilities (OPDs) is essential for informing and shaping effective response strategies. This includes establishing formal mechanisms for dialogue, providing capacity-building opportunities, and integrating feedback from OPDs into policy and decision-making processes. This will lead to more inclusive and responsive strategies in health crisis responses.

Chapter 7: Overall Analysis of Key Gaps and Opportunities

This chapter aims to synthesize the findings from previous chapters, identifying overarching challenges and opportunities for enhancing disability inclusion in Botswana. It will inform key recommendations for targeted interventions.

Key Challenges in Systems, Structures, Practices and Capacities

1. Legislative and Policy Frameworks

The recent enactment of the Persons with Disabilities Act in 2024 has made strides in addressing the issue of disability rights. However, there are still gaps in aligning all national laws and policies with the CRPD. These gaps are rooted in limited awareness among policymakers and a historical focus on medical rather than rights-based approaches. The urgency of these reforms is high, as they can drive changes in other areas. Issues include inconsistent application of disability-specific goals, outdated laws and policies, and lack of training for policymakers and enforcers. Comprehensive reviews and amendments are needed to align legislation with international standards.

2. Meaningful Participation of OPDs and CSOs

The participation of OPDs and CSOs in decision-making processes is a challenge due to structural barriers and lack of capacity and resources. Empowering OPDs is imperative as they can enhance advocacy and implementation of inclusive policies. However, they are often excluded from critical discussions and decision-making processes. Lack of funding and capacity-building opportunities hinder their effectiveness. To ensure their voices are heard, formal mechanisms for OPD involvement should be established. Comprehensive reviews and amendments are needed to align legislation with international standards.

3. Data Collection and Analysis

The challenge lies in the lack of disaggregated data on persons with disabilities, a problem rooted in inadequate data collection systems and lack of prioritization. This issue is imperative for informed policy and programme development, with potential for catalytic potential in guiding targeted interventions. Current data systems fail to capture the experiences and needs of persons with disabilities, necessitating systematic data collection with disability-specific indicators.

4. Accessibility

Accessibility is a challenge, involving barriers to public spaces, transportation and information. The root causes are insufficient implementation of accessibility standards and lack of enforcement. Addressing accessibility can impact inclusion and participation in all aspects of life. To address this, stricter enforcement of accessibility standards and increased funding for infrastructure improvements are necessary.

5. Inclusive Services

Inclusive services are imperative for ensuring equal access to essential services, but they face challenges due to limited resources, lack of training for service providers and fragmented systems. Improving service provision can directly enhance the quality of life, but health, education and social services often do not cater to the specific needs of persons with disabilities. A coordinated approach to service delivery can improve access and quality.

6. Gender Equality and Marginalized Groups

The underrepresentation of women with disabilities and marginalized groups in decision-making is a challenge due to societal biases and lack of targeted initiatives. Addressing intersectional discrimination is imperative, and targeted initiatives can foster broader inclusion. Women with disabilities face multiple discrimination layers, and specific programmes are needed to address their unique challenges. Promoting leadership opportunities can enhance their representation.

7. Financial Resources and Budgeting

High demand for disability inclusion is a pressing issue, requiring increased budget allocations. Current budgets are inadequate, with low prioritization and lack of dedicated funding mechanisms. The urgency is high, and increased funding can support comprehensive inclusion strategies. Transparent tracking and reporting of disability-related expenditures are necessary, and advocacy for increased budget allocations is crucial.

8. Monitoring and Accountability Mechanisms

Accountability mechanisms such as the Office of the Ombudsman, Parliamentary Committee and OPDs in Botswana plays a vital role in monitoring the overall human rights situation in the country. These, however, face several challenges such limited capacity and lack of comprehensive disability disaggregated data for targeted programming and advocacy, inconsistent reporting from the fragmented data collection structures country wide, and the National Statistics System has not yet aligned to the CRPD Indicators which limits ability for globally comparative monitoring. There are still challenges with dissemination of information in accessible formats for the benefit of most persons with disabilities communities.

Opportunities to Enhance Disability Inclusion

1. Leveraging Existing Frameworks

Disability inclusion is a crucial aspect of achieving global and regional goals. It is essential to incorporate disability-related targets and indicators into national development plans, such as Vision 2036 and TNDP 2. This aligns with the Botswana Domesticated SDGs, the Addis Ababa Declaration on Population and Development (AADPD), and the Africa Union Agenda 2063. To monitor progress, measurable targets and indicators should be developed and stakeholders, including government agencies, CSOs and OPDs, should be engaged. Capacity-building initiatives should be promoted to enhance the effectiveness of disability inclusion efforts. Inclusive data collection and reporting mechanisms should be used to accurately track progress and identify areas for improvement.

2. Engaging Diverse Stakeholders

There is an opportunity to strengthen partnerships between government, OPDs, CSOs and international donors, and establish platforms for dialogue to encourage active stakeholder participation. This will enhance advocacy and policy dialogues, facilitating capacity building for OPDs and providing training and resources to enhance their effectiveness.

3. Enhancing Data Systems

There is an opportunity to enhance data systems by integrating disability-specific modules into national surveys and administrative data collection. This can be achieved by collaborating with Statistics Botswana to develop and implement disability disaggregation in data systems, including disability questions in surveys, and ensuring data is used to inform policy and

programme decisions. There is an opportunity to foster partnerships with academia, private sector, civil societies and development partners.

4. Improving Accessibility

There is an opportunity to enforce and update accessibility standards in public infrastructure projects by developing and implementing a national action plan for accessibility improvements with clear timelines and accountability mechanisms. Regularly review and update these standards. Additionally, allocate resources for the implementation and monitoring of accessibility improvements.

5. Fostering Gender Equality

There is an opportunity to promote targeted programmes for women with disabilities and other marginalized groups, ensuring that the intersections of gender and disability are addressed in all policy reforms and programmatic initiatives. Developing programmes that specifically address the needs of women with disabilities and incorporating gender and disability perspectives into all policies and programmes is essential.

Chapter 8: Key Recommendations for UNCT Actions

This chapter synthesizes the findings and key gaps identified in previous chapters to provide actionable recommendations for the UN Country Team (UNCT) and its development partners. These recommendations aim to promote disability inclusion across various sectors in Botswana, involving national OPDs in the consultation process to ensure their priorities are addressed.

Legislative and Policy Frameworks

Align National Laws and Policies with CRPD

While Botswana has made progress with the passing of the Persons with Disability Act earlier this year, further steps are needed to ensure full alignment with the CRPD. This includes refining existing laws, policies, and practices to close any remaining gaps and ensure comprehensive protection and promotion of the rights of persons with disabilities. Particular attention should be paid to areas such as anti-discrimination measures in the workplace, accessibility standards and supported decision-making. Advocate to provide tax incentives to employers who hire and accommodate persons with disabilities

To support this reform, the UN Country Team should collaborate with Ministry of Justice, DCO, OPDs, Development Partners and the Office of the Ombudsman to a) enhance active participation of OPDs in policy reform structures through formal mechanisms, b) support the capacity enhancement of government officials, legal professionals and OPDs through training and resources focused on the CRPD and the practical implementation of the Disability Act, and c) advocate for funding and support applications for funding to encourage wider coverage of OPDs geographically and to reach diverse types of disabilities with advocacy, support and information sharing.

Data Collection and Analysis

Improve Disability-Disaggregated Data System

Current data systems lack disability inclusive key performance indicators, disaggregated data on persons with disabilities and effective analyses where data is available. This hamper tailored policies and programmes.

To support this reform, the UN System, development partners to collaborate with other stakeholders, including academia, Statistics Botswana and OPDs, to a) support the National Planning Commission with development of a disability inclusive NDP 12 Key Performance Indicator Framework, b) support Statistics Botswana to develop and incorporate disability-specific modules into national surveys and administrative data systems, establish data dissemination platforms with accessible formats, and c) promote research partnerships to enhance disability focused research across various sectors.

Mainstream Inclusive Services

Strengthen Disability Inclusion in Service Provision

Public services need to be inclusive and accessible to all persons with disabilities. This involves ensuring that health, education, and social services are designed and delivered in a way that meets the diverse needs of persons with disabilities. Current service provision may not adequately consider the unique challenges faced by persons with disabilities, leading to exclusion and barriers to accessing essential services. Advocate for the expansion of vocational training programmes tailored to persons with disabilities.

To support this reform, the UN Country Team should assist/ work with the Government of Botswana to:

a) support the operationalization of the 2024 Persons with disabilities Act which provides a robust legal framework for disability analysis and referral services by developing/reviewing sectoral policies/strategies/plans to be disability inclusive, both at national and district level;
b) collaborate with other stakeholders including the private sector and development partners for more accessible infrastructure, transportation and communications;
c) convene health sector and social welfare stakeholders, including OPDs, for a more systematic and comprehensive identification, analysis and referral system; and
d) support the implementation of deliberate, targeted, and inclusive policies that promote access and accessibility to education for children with disabilities.

Community Capacitation on Disability Rights and Inclusion

Involvement of Communities in the Realization of the Rights of Persons with Disabilities

What Needs to Change: Communities in Botswana need to be well-informed and capacitated on the rights of persons with disabilities. Currently, there seems to be limited awareness, understanding, and practical knowledge about disability rights and inclusion among community members, local leaders, and even at household level. Building community capacity will foster inclusive attitudes and practices, creating an environment where persons with disabilities can participate fully and equally.

To support this reform, the UN Country Team is to collaborate with District level Government structures, District Disability Committees and OPDs through their local CSOs, media, private sector and academia to a) embark on nation-wide public awareness campaigns to sensitize communities on how to identify and relate with persons of different disabilities in their communities and households so that they are included and consulted from that level of planning and decision making, b) support the development of advocacy and sensitization educational materials in accessible formats and distribute as necessary, c) empower local structures such as the Village Development Committees on how to identify and engage persons with disabilities in their communities as well as strengthen their local referral and disaster preparedness mechanisms, and d) collaborate with OPDs to identify and address barriers to basic needs such as housing, employment, education, health, transport, technology and legal access.

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Appendix 1

Tables

Table 1: Disability prevalence rate by district and sex: 2017 Botswana Demographic Survey

DISTRICT	Male	Female	Total
Gaborone	1.7	2.9	2.3
Francistown	2.8	3.8	3.3
Lobatse	2.1	3.9	3.1
Selebi Phikwe	1.4	3.0	2.2
Orapa	1.8	4.9	3.3
Jwaneng	4.8	8.1	6.7
Sowa Town	2.5	3.4	2.9
Ngwaketse	4.8	5.3	5.1
Barolong	5.5	6.9	6.2
Ngwaketse West	1.6	4.5	3.2
South East	2.8	3.1	3.0
Kweneng East	3.5	5.0	4.3
Kweneng West	2.4	3.2	2.8
Kgatleng	3.5	2.2	2.8
Serowe Palapye	3.6	6.2	5.0
Central Mahalapye	3.8	4.3	4.1
Central Bobonong	4.1	7.1	5.7
Central Boteti	4.9	3.8	4.4
Central Tutume	4.0	5.8	5.0
North East	6.0	4.2	5.1
Ngamiland East	4.6	2.8	3.7
Ngamiland West	5.0	7.4	6.3
Chobe	6.4	7.5	6.9
Ghanzi	6.6	6.1	6.3
Kgalagadi South	3.3	4.6	4.0
Kgalagadi North	6.0	12.0	8.7
National Total	**3.7**	**4.7**	**4.2**

Source: Statistics Botswana, 2018.

Table 2: Distribution of Population with disability by type of disability and sex 2017

Type of Disability	Male	Female	Total
Sight/Visual impairment	45.5	52.2	49.4
Hearing impairment	16.5	20.0	18.5
Speech impairment	13.4	5.0	8.5
Impairment of Leg(s)	24.8	31.6	28.7
Impairment of arms(s)	11.0	10.1	10.5
Remembering	10.8	9.4	10.0
Self-Care	9.7	5.8	7.5

Table 3: The 2024 Vulnerability Risk Analysis Study Response rates by Site

Sites	Expected	Sampled	Response Rate
Gaborone	10	9	90%
Lobatse	10	12	120%
Kanye	10	13	130%
Mahalapye	10	17	170%
Serowe	10	12	120%
Francistown	10	15	150%
Gantsi	10	12	120%
Total	**70**	**90**	**129%**

Table 4: Percentage Distribution of Participants by Selected Demographic and Socioeconomic Background Characteristics of Participants and sex

Background Characteristics		Sex of Participant				Total	
		Male		Female			
		N	%	N	%	N	%
Place of Interview	Lobatse	6	12.5	6	14.3	12	13.3
	Kanye	6	12.5	7	16.7	13	14.4
	Gaborone	1	2.1	8	19.0	9	10.0
	Mahalapye	10	20.8	7	16.7	17	18.9
	Serowe	11	22.9	1	2.4	12	13.3
	Francistown/Natale	6	12.5	9	21.4	15	16.7
	Gantsi	8	16.7	4	9.5	12	13.3
Age Group	18 to 34 Years	19	39.6	10	23.8	29	32.2
	35 to 49 Years	10	20.8	16	38.1	26	28.9
	50 Years ad Above	19	39.6	16	38.1	35	38.9
Highest Educational Level Completed	None	13	27.1	3	7.1	16	17.8
	Primary	10	20.8	8	19.0	18	20.0
	Secondary	19	39.6	19	45.2	38	42.2
	Tertiary	6	12.5	12	28.6	18	20.0
Employment Status	Employed	9	18.8	8	19.0	17	18.9
	Self-Employed	9	18.8	5	11.9	14	15.6
	Unemployed	28	58.3	25	59.5	53	58.9
	Other	2	4.2	4	9.5	6	6.7
Marital Status	Single	36	75.0	36	85.7	72	80.0
	Married	11	22.9	4	9.5	15	16.7
	Divorced	1	2.1	2	4.8	3	3.3
Total		**48**	**53.3**	**42**	**46.7**	**90**	**100.0**

Table 5: Percentage Distribution of Participants by type of functioning domain and level of disability challenge and sex of participant

		Sex of Participant				Total	
		Male		Female			
		N	%	N	%	N	%
Difficulty seeing, even if wearing glasses.	No-No Difficulty	27	56.3	26	61.9	53	58.9
	Yes-Some Difficulty	12	25.0	6	14.3	18	20.0
	Yes-A Lot of Difficulty	4	8.3	5	11.9	9	10.0
	Cannot See at all	5	10.4	5	11.9	10	11.1
Difficulty hearing, even if using hearing aid.	No-No Difficulty	41	85.4	34	81.0	75	83.3
	Yes-Some Difficulty	6	12.5	8	19.0	14	15.6
	Yes-A Lot of Difficulty	1	2.1	0	0.0	1	1.1
	Cannot Hear at all	0	0.0	0	0.0	0	0.0
Difficulty walking or climbing steps.	No-No Difficulty	19	39.6	16	38.1	35	38.9
	Yes-Some Difficulty	15	31.3	11	26.2	26	28.9
	Yes-A Lot of Difficulty	8	16.7	5	11.9	13	14.4
	Cannot Walk/Climb at all	6	12.5	10	23.8	16	17.8
Difficulty remembering or concentrating.	No-No Difficulty	33	68.8	25	59.5	58	64.4
	Yes-Some Difficulty	10	20.8	11	26.2	21	23.3
	Yes-A Lot of Difficulty	5	10.4	5	11.9	10	11.1
	Cannot Remember/Concentrate at all	0	0.0	1	2.4	1	1.1
Difficulty with self-care such as washing all over or dressing.	No-No Difficulty	37	77.1	32	76.2	69	76.7
	Yes-Some Difficulty	6	12.5	5	11.9	11	12.2
	Yes-A Lot of Difficulty	2	4.2	4	9.5	6	6.7
	Cannot do Self-Care at all	3	6.3	1	2.4	4	4.4
Difficulty in communicating, for example understanding or being understood even in using usual (customary) language.	No-No Difficulty	40	83.3	35	83.3	75	83.3
	Yes-Some Difficulty	6	12.5	4	9.5	10	11.1
	Yes-A Lot of Difficulty	0	0.0	0	0.0	0	0.0
	Cannot Communicate at all	2	4.2	3	7.1	5	5.6
Total		**48**	**53.3**	**42**	**46.7**	**90**	**100.0**

Table 6: Percentage Distribution of participants by Disability Severity and Background Characteristics

Background Characteristics		Disability Severity						Total	
		Milder		Moderate		More Severe			
		N	%	N	%	N	%	**N**	**%**
Sex	Male	21	43.8	14	29.2	13	27.1	48	53.3
	Female	14	33.3	11	26.2	17	40.5	42	46.7
Age Group	18 to 34 Years	14	48.3	7	24.1	8	27.6	29	32.2
	35 to 49 Years	10	38.5	9	34.6	7	26.9	26	28.9
	50+ Years	11	31.4	9	25.7	15	42.9	35	38.9
Marital Status	Single	28	38.9	22	30.6	22	30.6	72	80.0
	Married	7	46.7	2	13.3	6	40.0	15	16.7
	Divorced	0	0.0	1	33.3	2	66.7	3	3.3
Highest Educational Level Completed	None	4	25.0	5	31.3	7	43.8	16	17.8
	Primary	4	22.2	6	33.3	8	44.4	18	20.0
	Secondary	20	52.6	9	23.7	9	23.7	38	42.2
	Tertiary	7	38.9	5	27.8	6	33.3	18	20.0
Employment Status	Employed	7	41.2	4	23.5	6	35.3	17	18.9
	Self-Employed	6	42.9	4	28.6	4	28.6	14	15.6
	Unemployed	20	37.7	16	30.2	17	32.1	53	58.9
	Other	2	33.3	1	16.7	3	50.0	6	6.7
Total		**35**	**38.9**	**25**	**27.8**	**30**	**33.3**	**90**	**100.0**

Table 7: Percentage Distribution of participants by Whether Functional Limitation hinders ability to satisfy financial needs and Disability Severity

Disability Severity	Functional Limitation Hinders Ability to Satisfy Financial Needs		Functional Limitation Does Not Hinder Ability to Satisfy Financial Needs		Total
	N	%	N	%	
Milder	18	51.4	17	48.6	35
Moderate	19	79.2	5	20.8	24
More Severe	27	90.0	3	10.0	30
Total	64	71.9	25	28.1	89[7]

[7] 1 Participant did not respond to the question

Table 8: Percentage Distribution of Participants by Source of Income and Disability Severity

Disability Severity	Source of Income								Total
	Employment		Government Relief		Family		None		
	N	%	N	%	N	%	N	%	
Milder	4	11.4	6	17.1	7	20.0	8	22.9	35
Moderate	4	16.0	10	40.0	2	8.0	8	32.0	25
More Severe	7	23.3	16	53.3	2	6.7	4	13.3	30
Total	15	16.7	32	35.6	11	12.2	20	22.2	90

Table 9: Percentage Distribution of Participants by Additional Expenses for Housing Modifications, Special Needs transport and Attendant/Interpreter Services and Disability Severity

Disability Severity	Additional Expenses						Total
	Housing Modifications		Special Needs Transport		Attendant/ Interpreter Services		
	N	%	N	%	N	%	
Milder	5	14.3	6	17.1	4	11.4	35
Moderate	3	12.0	9	36.0	3	12.0	25
More Severe	7	23.3	10	33.3	9	30.0	30
Total	15	16.7	25	27.8	16	17.8	90

Table 10: Percentage Distribution of Participants by Additional Expenses for Periodic Medications, Workplace modifications and Assistive technology and Disability Severity

Disability Severity	Additional Expenses						Total
	Periodic Medical Expenses		Workplace Modifications		Assistive Technology		
	N	%	N	%	N	%	
Milder	7	20.0	6	17.1	2	5.7	35
Moderate	8	32.0	1	4.0	2	8.0	25
More Severe	12	40.0	5	16.7	6	20.0	30
Total	27	30.0	12	13.3	10	11.1	90

Table 11: Percentage Distribution by Familiarity of Disaster Preparedness Program or Disaster Early Warning System and Background Characteristics and Disability Severity

Background Characteristics		Familiarity of Disaster Preparedness Program or Disaster Early Warning System				Total
		Familiar		Not Familiar		
		N	%	N	%	
Sex	Male	10	21.3	37	78.7	47
	Female	11	28.9	27	71.1	38
Age Group	18 to 34 years	3	10.7	25	89.3	28
	35 to 49 Years	7	29.2	17	70.8	24
	50+ Years	11	33.3	22	66.7	33
Marital Status	Single	17	24.3	53	75.7	70
	Married	3	25.0	9	75.0	12
	Divorced	1	33.3	2	66.7	3
Highest Educational Level Completed	None	4	25.0	12	75.0	16
	Primary	2	11.1	16	88.9	18
	Secondary	13	38.2	21	61.8	34
	Tertiary	2	11.8	15	88.2	17
Employment Status	Employed	2	11.1	16	88.9	18
	Self-Employed	7	43.8	9	56.3	16
	Unemployed	12	23.5	39	76.5	51
Disability Severity	Milder	8	24.2	25	75.8	33
	Moderate	6	24.0	19	76.0	25
	More Severe	7	25.9	20	74.1	27
Total		**21**	**24.7**	**64**	**75.3**	**85**

Table 12: Percentage Distribution by Opinion on Whether Persons with Disabilities are Included in Initiatives responding to Climate Change and Background Characteristics and Disability Severity

Background Characteristics		Climate Change Involvement of persons with disabilities				Total
		PERSONS WITH DISABILITIES are Included		PERSONS WITH DISABILITIES are not Included		
		N	%	N	%	
Sex	Male	4	8.3	44	91.7	48
	Female	5	12.8	34	87.2	39
Age Group	18 to 34 years	4	14.3	24	85.7	28
	35 to 49 Years	4	16.0	21	84.0	25
	50+ Years	1	2.9	33	97.1	34
Marital Status	Single	9	12.9	61	87.1	70
	Married	0	0.0	14	100.0	14
	Divorced	0	0.0	3	100.0	3

Highest Educational Level Completed	None	1	6.3	15	93.8	16
	Primary	0	0.0	18	100.0	18
	Secondary	5	13.9	31	86.1	36
	Tertiary	3	17.6	14	82.4	17
Employment Status	Employed	3	16.7	15	83.3	18
	Self-Employed	1	6.3	15	93.8	16
	Unemployed	5	9.4	48	90.6	53
Disability Severity	Milder	4	12.1	29	87.9	33
	Moderate	4	16.0	21	84.0	25
	More Severe	1	3.4	28	96.6	29
Total		9	10.3	78	89.7	87

Table 13: Percentage Distribution of Participants by whether they have Experienced challenges with participating in agricultural activities and Background Characteristics and Disability Severity

Background Characteristics		**Experienced challenges with participating in agricultural activities**								**Total**
		Often		Sometimes		Not at all		Not Applicable		
		N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	
Sex	Male	15	34.1	10	22.7	13	29.5	6	13.6	44
	Female	15	37.5	6	15.0	15	37.5	4	10.0	40
Age Group	18 to 34 years	7	26.9	5	19.2	9	34.6	5	19.2	26
	35 to 49 Years	8	32.0	4	16.0	9	36.0	4	16.0	25
	50+ Years	15	45.5	7	21.2	10	30.3	1	3.0	33
Marital Status	Single	20	29.9	12	17.9	25	37.3	10	14.9	67
	Married	8	57.1	3	21.4	3	21.4	0	0.0	14
	Divorced	2	66.7	1	33.3	0	0.0	0	0.0	3
Highest Educational Level Completed	None	7	46.7	2	13.3	4	26.7	2	13.3	15
	Primary	2	11.1	4	22.2	9	50.0	3	16.7	18
	Secondary	14	41.2	7	20.6	11	32.4	2	5.9	34
	Tertiary	7	41.2	3	17.6	4	23.5	3	17.6	17
Employment Status	Employed	10	55.6	3	16.7	3	16.7	2	11.1	18
	Self-Employed	3	20.0	8	53.3	4	26.7	0	0.0	15
	Unemployed	17	33.3	5	9.8	21	41.2	8	15.7	51
Disability Severity	Milder	10	32.3	7	22.6	11	35.5	3	9.7	31
	Moderate	10	40.0	5	20.0	8	32.0	2	8.0	25
	More Severe	10	35.7	4	14.3	9	32.1	5	17.9	28
Total		30	35.7	16	19.0	28	33.3	10	11.9	84

Table 14: Percentage Distribution of Participants by Whether they think persons with disabilities have equal access to land and Background Characteristics and Disability Severity

Background Characteristics		Have Equal Access to Land						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	9	20.9	12	27.9	22	51.2	43
	Female	12	30.0	11	27.5	17	42.5	40
Age Group	18 to 34 years	6	24.0	9	36.0	10	40.0	25
	35 to 49 Years	6	24.0	7	28.0	12	48.0	25
	50+ Years	9	27.3	7	21.2	17	51.5	33
Marital Status	Single	14	21.2	17	25.8	35	53.0	66
	Married	6	42.9	4	28.6	4	28.6	14
	Divorced	1	33.3	2	66.7	0	0.0	3
Highest Educational Level Completed	None	2	13.3	3	20.0	10	66.7	15
	Primary	3	18.8	4	25.0	9	56.3	16
	Secondary	9	26.5	12	35.3	13	38.2	34
	Tertiary	7	38.9	4	22.2	7	38.9	18
Employment Status	Employed	5	29.4	3	17.6	9	52.9	17
	Self-Employed	4	26.7	7	46.7	4	26.7	15
	Unemployed	12	23.5	13	25.5	26	51.0	51
Disability Severity	Milder	8	26.7	11	36.7	11	36.7	30
	Moderate	6	25.0	4	16.7	14	58.3	24
	More Severe	7	24.1	8	27.6	14	48.3	29
Total		**21**	**25.3**	**23**	**27.7**	**39**	**47.0**	**83**

Table 15: Percentage Distribution of Participants by Whether they have challenges accessing basic food and Background Characteristics and Disability Severity

Background Characteristics		Have challenges accessing basic food						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	11	25.6	20	46.5	12	27.9	43
	Female	13	32.5	17	42.5	10	25.0	40
Age Group	18 to 34 years	5	18.5	12	44.4	10	37.0	27
	35 to 49 Years	9	39.1	9	39.1	5	21.7	23
	50+ Years	10	30.3	16	48.5	7	21.2	33
Marital Status	Single	17	25.4	31	46.3	19	28.4	67
	Married	7	53.8	3	23.1	3	23.1	13
	Divorced	0	0.0	3	100.0	0	0.0	3
Highest Educational Level Completed	None	5	35.7	7	50.0	2	14.3	14
	Primary	4	25.0	8	50.0	4	25.0	16
	Secondary	12	32.4	11	29.7	14	37.8	37
	Tertiary	3	18.8	11	68.8	2	12.5	16

Employment Status	Employed	5	27.8	7	38.9	6	33.3	18
	Self-Employed	3	21.4	5	35.7	6	42.9	14
	Unemployed	16	31.4	25	49.0	10	19.6	51
Disability Severity	Milder	7	22.6	13	41.9	11	35.5	31
	Moderate	10	40.0	9	36.0	6	24.0	25
	More Severe	7	25.9	15	55.6	5	18.5	27
Total		**24**	**28.9**	**37**	**44.6**	**22**	**26.5**	**83**

Table 16: Percentage Distribution of Participants by whether public Places and Facilities are Easily Accessible by Background Characteristics and Disability Severity

Background Characteristics		**Public places and facilities easy to access**						**Total**
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	16	34.0	21	44.7	10	21.3	47
	Female	10	23.8	20	47.6	12	28.6	42
Age Group	18 to 34 years	9	32.1	12	42.9	7	25.0	28
	35 to 49 Years	9	34.6	11	42.3	6	23.1	26
	50+ Years	8	22.9	18	51.4	9	25.7	35
Marital Status	Single	23	32.4	30	42.3	18	25.4	71
	Married	3	20.0	8	53.3	4	26.7	15
	Divorced	0	0.0	3	100.0	0	0.0	3
Highest Educational Level Completed	None	5	31.3	8	50.0	3	18.8	16
	Primary	6	33.3	4	22.2	8	44.4	18
	Secondary	12	32.4	17	45.9	8	21.6	37
	Tertiary	3	16.7	12	66.7	3	16.7	18
Employment Status	Employed	3	16.7	11	61.1	4	22.2	18
	Self-Employed	5	31.3	9	56.3	2	12.5	16
	Unemployed	18	32.7	21	38.2	16	29.1	55
Disability Severity	Milder	13	38.2	17	50.0	4	11.8	34
	Moderate	10	40.0	7	28.0	8	32.0	25
	More Severe	3	10.0	17	56.7	10	33.3	30
Total		**26**	**29.2**	**41**	**46.1**	**22**	**24.7**	**89**

Table 17: Percentage Distribution of Participants by Whether they face Barriers Accessing Education by Background Characteristics and Disability Severity.

Background Characteristics		**Faces Barriers Accessing Education**						**Total**
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	27	56.3	10	20.8	11	22.9	48
	Female	15	35.7	10	23.8	17	40.5	42
Age Group	18 to 34 years	15	51.7	3	10.3	11	37.9	29

	35 to 49 Years	10	38.5	7	26.9	9	34.6	26
	50+ Years	17	48.6	10	28.6	8	22.9	35
Marital Status	Single	35	48.6	14	19.4	23	31.9	72
	Married	6	40.0	4	26.7	5	33.3	15
	Divorced	1	33.3	2	66.7	0	0.0	3
Highest Educational Level Completed	None	11	68.8	1	6.3	4	25.0	16
	Primary	9	50.0	4	22.2	5	27.8	18
	Secondary	15	39.5	7	18.4	16	42.1	38
	Tertiary	7	38.9	8	44.4	3	16.7	18
Employment Status	Employed	9	47.4	6	31.6	4	21.1	19
	Self-Employed	6	37.5	5	31.3	5	31.3	16
	Unemployed	27	49.1	9	16.4	19	34.5	55
Disability Severity	Milder	12	34.3	7	20.0	16	45.7	35
	Moderate	18	72.0	4	16.0	3	12.0	25
	More Severe	12	40.0	9	30.0	9	30.0	30
Total		42	46.7	20	22.2	28	31.1	90

Table 18: Percentage Distribution of Participants by Whether they face Barriers Accessing WASH (Water and access to Sanitation and Hygiene) by Background Characteristics and Disability Severity.

Background Characteristics		**Faces Barriers Accessing WASH (Water and access to Sanitation and Hygiene)**						**Total**
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	17	35.4	11	22.9	20	41.7	48
	Female	7	16.7	14	33.3	21	50.0	42
Age Group	18 to 34 years	6	20.7	9	31.0	14	48.3	29
	35 to 49 Years	7	26.9	9	34.6	10	38.5	26
	50+ Years	11	31.4	7	20.0	17	48.6	35
Marital Status	Single	20	27.8	21	29.2	31	43.1	72
	Married	4	26.7	4	26.7	7	46.7	15
	Divorced	0	0.0	0	0.0	3	100.0	3
Highest Educational Level Completed	None	5	31.3	6	37.5	5	31.3	16
	Primary	8	44.4	4	22.2	6	33.3	18
	Secondary	9	23.7	9	23.7	20	52.6	38
	Tertiary	2	11.1	6	33.3	10	55.6	18
Employment Status	Employed	3	15.8	6	31.6	10	52.6	19
	Self-Employed	3	18.8	1	6.3	12	75.0	16
	Unemployed	18	32.7	18	32.7	19	34.5	55
Disability Severity	Milder	9	25.7	9	25.7	17	48.6	35
	Moderate	7	28.0	7	28.0	11	44.0	25
	More Severe	8	26.7	9	30.0	13	43.3	30
Total		24	26.7	25	27.8	41	45.6	90

Table 19: Percentage Distribution of Participants By Whether they face Barriers Accessing Power/Energy Supply by Background Characteristics and Disability Severity.

Background Characteristics		Faces Barriers Accessing Power/Energy Supply						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	16	33.3	6	12.5	26	54.2	48
	Female	14	33.3	9	21.4	19	45.2	42
Age Group	18 to 34 years	9	31.0	5	17.2	15	51.7	29
	35 to 49 Years	6	23.1	7	26.9	13	50.0	26
	50+ Years	15	42.9	3	8.6	17	48.6	35
Marital Status	Single	25	34.7	13	18.1	34	47.2	72
	Married	5	33.3	2	13.3	8	53.3	15
	Divorced	0	0.0	0	0.0	3	100.0	3
Highest Educational Level Completed	None	7	43.8	2	12.5	7	43.8	16
	Primary	9	50.0	3	16.7	6	33.3	18
	Secondary	11	28.9	7	18.4	20	52.6	38
	Tertiary	3	16.7	3	16.7	12	66.7	18
Employment Status	Employed	3	15.8	4	21.1	12	63.2	19
	Self-Employed	5	31.3	0	0.0	11	68.8	16
	Unemployed	22	40.0	11	20.0	22	40.0	55
Disability Severity	Milder	12	34.3	6	17.1	17	48.6	35
	Moderate	7	28.0	5	20.0	13	52.0	25
	More Severe	11	36.7	4	13.3	15	50.0	30
Total		30	33.3	15	16.7	45	50.0	90

Table 20: Percentage Distribution of Participants by Whether they face Barriers Accessing Key Communication/ICT by Background Characteristics and Disability Severity.

Background Characteristics		Faces Barriers Accessing Key Communication/ICT						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	13	27.1	10	20.8	25	52.1	48
	Female	15	35.7	12	28.6	15	35.7	42
Age Group	18 to 34 years	9	31.0	8	27.6	12	41.4	29
	35 to 49 Years	7	26.9	7	26.9	12	46.2	26
	50+ Years	12	34.3	7	20.0	16	45.7	35
Marital Status	Single	23	31.9	18	25.0	31	43.1	72
	Married	5	33.3	3	20.0	7	46.7	15
	Divorced	0	0.0	1	33.3	2	66.7	3
	None	5	31.3	2	12.5	9	56.3	16

Highest Educational Level Completed	Primary	5	27.8	6	33.3	7	38.9	18
	Secondary	14	36.8	9	23.7	15	39.5	38
	Tertiary	4	22.2	5	27.8	9	50.0	18
Employment Status	Employed	4	21.1	6	31.6	9	47.4	19
	Self-Employed	3	18.8	5	31.3	8	50.0	16
	Unemployed	21	38.2	11	20.0	23	41.8	55
Disability Severity	Milder	10	28.6	5	14.3	20	57.1	35
	Moderate	9	36.0	8	32.0	8	32.0	25
	More Severe	9	30.0	9	30.0	12	40.0	30
Total		28	31.1	22	24.4	40	44.4	90

Table 21: Percentage Distribution of Participants by Whether they have challenges accessing basic needs such as shelter and clothing by Background Characteristics and Disability Severity.

Background Characteristics		**Have challenges accessing basic needs such as shelter and clothing**						**Total**
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	17	37.0	16	34.8	13	28.3	46
	Female	12	30.0	12	30.0	16	40.0	40
Age Group	18 to 34 years	10	34.5	12	41.4	7	24.1	29
	35 to 49 Years	12	50.0	6	25.0	6	25.0	24
	50+ Years	7	21.2	10	30.3	16	48.5	33
Marital Status	Single	26	37.7	24	34.8	19	27.5	69
	Married	3	21.4	3	21.4	8	57.1	14
	Divorced	0	0.0	1	33.3	2	66.7	3
Highest Educational Level Completed	None	7	50.0	5	35.7	2	14.3	14
	Primary	6	35.3	5	29.4	6	35.3	17
	Secondary	14	37.8	10	27.0	13	35.1	37
	Tertiary	2	11.1	8	44.4	8	44.4	18
Employment Status	Employed	5	26.3	5	26.3	9	47.4	19
	Self-Employed	4	25.0	7	43.8	5	31.3	16
	Unemployed	20	39.2	16	31.4	15	29.4	51
Disability Severity	Milder	10	31.3	8	25.0	14	43.8	32
	Moderate	10	40.0	10	40.0	5	20.0	25
	More Severe	9	31.0	10	34.5	10	34.5	29
Total		**29**	**33.7**	**28**	**32.6**	**29**	**33.7**	**86**

Table 22: Percentage Distribution of Participants by Whether They Knew Where to go if their Rights are Violated, and background characteristics and disability severity.

Background Characteristics		Knows where to go if rights are violated						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	27	56.3	8	16.7	13	27.1	48
	Female	20	47.6	9	21.4	13	31.0	42
Age Group	18 to 34 years	18	62.1	3	10.3	8	27.6	29
	35 to 49 Years	13	50.0	5	19.2	8	30.8	26
	50+ Years	16	45.7	9	25.7	10	28.6	35
Marital Status	Single	40	55.6	11	15.3	21	29.2	72
	Married	7	46.7	4	26.7	4	26.7	15
	Divorced	0	0.0	2	66.7	1	33.3	3
Highest Educational Level Completed	None	7	43.8	2	12.5	7	43.8	16
	Primary	8	44.4	1	5.6	9	50.0	18
	Secondary	23	60.5	7	18.4	8	21.1	38
	Tertiary	9	50.0	7	38.9	2	11.1	18
Employment Status	Employed	7	36.8	9	47.4	3	15.8	19
	Self-Employed	11	68.8	3	18.8	2	12.5	16
	Unemployed	29	52.7	5	9.1	21	38.2	55
Disability Severity	Milder	23	65.7	4	11.4	8	22.9	35
	Moderate	12	48.0	7	28.0	6	24.0	25
	More Severe	12	40.0	6	20.0	12	40.0	30
Total		47	52.2	17	18.9	26	28.9	90

Table 23: Percentage Distribution of Participants by Whether the Botswana Justice System is Accessible to them, and background characteristics and disability severity.

Background Characteristics		Botswana justice system accessible						Total
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	17	35.4	19	39.6	12	25.0	48
	Female	21	50.0	10	23.8	11	26.2	42
Age Group	18 to 34 years	8	27.6	11	37.9	10	34.5	29
	35 to 49 Years	14	53.8	6	23.1	6	23.1	26
	50+ Years	16	45.7	12	34.3	7	20.0	35
Marital Status	Single	30	41.7	23	31.9	19	26.4	72
	Married	7	46.7	4	26.7	4	26.7	15
	Divorced	1	33.3	2	66.7	0	0.0	3
Highest Educational Level Completed	None	4	25.0	6	37.5	6	37.5	16
	Primary	9	50.0	5	27.8	4	22.2	18
	Secondary	16	42.1	13	34.2	9	23.7	38
	Tertiary	9	50.0	5	27.8	4	22.2	18

Employment Status	Employed	9	47.4	7	36.8	3	15.8	19
	Self-Employed	7	43.8	7	43.8	2	12.5	16
	Unemployed	22	40.0	15	27.3	18	32.7	55
Disability Severity	Milder	21	60.0	8	22.9	6	17.1	35
	Moderate	7	28.0	12	48.0	6	24.0	25
	More Severe	10	33.3	9	30.0	11	36.7	30
Total		38	42.2	29	32.2	23	25.6	90

Table 24: Percentage Distribution of Participants by Whether they can Afford Legal Fees if Needed, and background characteristics and Disability Severity.

Background Characteristics		**Can Afford Legal Service if Needed**						**Total**
		Yes		To some extent		Not at all		
		N	%	N	%	N	%	
Sex	Male	4	8.3	6	12.5	38	79.2	48
	Female	6	14.3	3	7.1	33	78.6	42
Age Group	18 to 34 years	5	17.2	3	10.3	21	72.4	29
	35 to 49 Years	2	7.7	0	0.0	24	92.3	26
	50+ Years	3	8.6	6	17.1	26	74.3	35
Marital Status	Single	9	12.5	5	6.9	58	80.6	72
	Married	1	6.7	2	13.3	12	80.0	15
	Divorced	0	0.0	2	66.7	1	33.3	3
Highest Educational Level Completed	None	0	0.0	1	6.3	15	93.8	16
	Primary	1	5.6	0	0.0	17	94.4	18
	Secondary	4	10.5	5	13.2	29	76.3	38
	Tertiary	5	27.8	3	16.7	10	55.6	18
Employment Status	Employed	5	26.3	5	26.3	9	47.4	19
	Self-Employed	3	18.8	3	18.8	10	62.5	16
	Unemployed	2	3.6	1	1.8	52	94.5	55
Disability Severity	Milder	5	14.3	4	11.4	26	74.3	35
	Moderate	3	12.0	2	8.0	20	80.0	25
	More Severe	2	6.7	3	10.0	25	83.3	30
Total		10	11.1	9	10.0	71	78.9	90

Table 25: Percentage Distribution of Participants by Whether they were Aware of the Convention on the Rights of Persons with disabilities (CRPD), and background characteristics and disability severity.

Background Characteristics		**Awareness of the Convention on the Rights of Persons with Disabilities**				**Total**
		Aware of the CRPD		Not Aware of the CRPD		
		N	%	N	%	
Sex	Male	17	35.4	31	64.6	48

	Female	15	35.7	27	64.3	42
Age Group	18 to 34 years	10	34.5	19	65.5	29
	35 to 49 Years	9	34.6	17	65.4	26
	50+ Years	13	37.1	22	62.9	35
Marital Status	Single	22	30.6	50	69.4	72
	Married	7	46.7	8	53.3	15
	Divorced	3	100.0	0	0.0	3
Highest Educational Level Completed	None	2	12.5	14	87.5	16
	Primary	4	22.2	14	77.8	18
	Secondary	13	34.2	25	65.8	38
	Tertiary	13	72.2	5	27.8	18
Employment Status	Employed	11	57.9	8	42.1	19
	Self-Employed	9	56.3	7	43.8	16
	Unemployed	12	21.8	43	78.2	55
Disability Severity	Milder	12	34.3	23	65.7	35
	Moderate	8	32.0	17	68.0	25
	More Severe	12	40.0	18	60.0	30
Total		32	35.6	58	64.4	90

Table 26: Percentage Distribution of Participants by whether they make own decisions about health care, and background characteristics and disability severity.

Background Characteristics		**Makes own decisions about health care**								**Total**
		Always		**Sometimes**		**Never**		**No Response**		
		N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	
Sex	Male	28	58.3	14	29.2	5	10.4	1	2.1	48
	Female	30	71.4	6	14.3	3	7.1	3	7.1	42
Age Group	18 to 34 years	16	55.2	8	27.6	4	13.8	1	3.4	29
	35 to 49 Years	20	76.9	6	23.1	0	0.0	0	0.0	26
	50+ Years	22	62.9	6	17.1	4	11.4	3	8.6	35
Marital Status	Single	44	61.1	17	23.6	8	11.1	3	4.2	72
	Married	12	80.0	2	13.3	0	0.0	1	6.7	15
	Divorced	2	66.7	1	33.3	0	0.0	0	0.0	3
Highest Educational Level Completed	None	8	50.0	5	31.3	2	12.5	1	6.3	16
	Primary	12	66.7	3	16.7	2	11.1	1	5.6	18
	Secondary	26	68.4	6	15.8	4	10.5	2	5.3	38
	Tertiary	12	66.7	6	33.3	0	0.0	0	0.0	18
Employment Status	Employed	11	57.9	6	31.6	2	10.5	0	0.0	19
	Self-Employed	13	81.3	2	12.5	1	6.3	0	0.0	16
	Unemployed	34	61.8	12	21.8	5	9.1	4	7.3	55
Disability Severity	Milder	27	77.1	6	17.1	2	5.7	0	0.0	35
	Moderate	14	56.0	8	32.0	2	8.0	1	4.0	25
	More Severe	17	56.7	6	20.0	4	13.3	3	10.0	30
Total		58	64.4	20	22.2	8	8.9	4	4.4	90

Table 27: Percentage Distribution of Participants by whether they engage in smoking, and background characteristics and disability severity.

Background Characteristics		Engages in Smoking								Total
		Always		Sometimes		Never		No Response		
		N	%	N	%	N	%	N	%	
Sex	Male	0	0.0	4	8.3	41	85.4	3	6.3	48
	Female	2	4.8	0	0.0	35	83.3	5	11.9	42
Age Group	18 to 34 years	1	3.4	2	6.9	24	82.8	2	6.9	29
	35 to 49 Years	1	3.8	0	0.0	22	84.6	3	11.5	26
	50+ Years	0	0.0	2	5.7	30	85.7	3	8.6	35
Marital Status	Single	1	1.4	4	5.6	60	83.3	7	9.7	72
	Married	0	0.0	0	0.0	15	100.0	0	0.0	15
	Divorced	1	33.3	0	0.0	1	33.3	1	33.3	3
Highest Educational Level Completed	None	0	0.0	2	12.5	13	81.3	1	6.3	16
	Primary	0	0.0	1	5.6	16	88.9	1	5.6	18
	Secondary	0	0.0	0	0.0	34	89.5	4	10.5	38
	Tertiary	2	11.1	1	5.6	13	72.2	2	11.1	18
Employment Status	Employed	0	0.0	1	5.3	15	78.9	3	15.8	19
	Self-Employed	1	6.3	0	0.0	12	75.0	3	18.8	16
	Unemployed	1	1.8	3	5.5	49	89.1	2	3.6	55
Disability Severity	Milder	1	2.9	3	8.6	29	82.9	2	5.7	35
	Moderate	1	4.0	1	4.0	23	92.0	0	0.0	25
	More Severe	0	0.0	0	0.0	24	80.0	6	20.0	30
Total		2	2.2	4	4.4	76	84.4	8	8.9	90

Table 28: Percentage Distribution of Participants by Whether They Engage in Alcohol Consumption, and Background Characteristics and Disability Severity.

Background Characteristics		Engages in Alcohol Consumption								Total
		Always		Sometimes		Never		No Response		
		N	%	N	%	N	%	N	%	
Sex	Male	0	0.0	7	14.6	37	77.1	4	8.3	48
	Female	0	0.0	8	19.0	29	69.0	5	11.9	42
Age Group	18 to 34 years	0	0.0	6	20.7	22	75.9	1	3.4	29
	35 to 49 Years	0	0.0	5	19.2	16	61.5	5	19.2	26
	50+ Years	0	0.0	4	11.4	28	80.0	3	8.6	35
Marital Status	Single	0	0.0	10	13.9	54	75.0	8	11.1	72
	Married	0	0.0	3	20.0	11	73.3	1	6.7	15
	Divorced	0	0.0	2	66.7	1	33.3	0	0.0	3
Highest Educational Level Completed	None	0	0.0	1	6.3	13	81.3	2	12.5	16
	Primary	0	0.0	3	16.7	14	77.8	1	5.6	18
	Secondary	0	0.0	4	10.5	30	78.9	4	10.5	38
	Tertiary	0	0.0	7	38.9	9	50.0	2	11.1	18
	Employed	0	0.0	5	26.3	11	57.9	3	15.8	19

Employment Status	Self-Employed	0	0.0	4	25.0	9	56.3	3	18.8	16
	Unemployed	0	0.0	6	10.9	46	83.6	3	5.5	55
Disability Severity	Milder	0	0.0	6	17.1	25	71.4	4	11.4	35
	Moderate	0	0.0	4	16.0	20	80.0	1	4.0	25
	More Severe	0	0.0	5	16.7	21	70.0	4	13.3	30
Total		0	0.0	15	16.7	66	73.3	9	10.0	90

Table 29: Percentage Distribution of Participants by whether they engage in exercising, and background characteristics and disability severity.

Background Characteristics		**Engages in Exercise**								**Total**
		Always		**Sometimes**		**Never**		**No Response**		
		N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	
Sex	Male	5	10.4	27	56.3	14	29.2	2	4.2	48
	Female	4	9.5	20	47.6	16	38.1	2	4.8	42
Age Group	18 to 34 years	4	13.8	17	58.6	8	27.6	0	0.0	29
	35 to 49 Years	1	3.8	13	50.0	9	34.6	3	11.5	26
	50+ Years	4	11.4	17	48.6	13	37.1	1	2.9	35
Marital Status	Single	7	9.7	37	51.4	24	33.3	4	5.6	72
	Married	2	13.3	7	46.7	6	40.0	0	0.0	15
	Divorced	0	0.0	3	100	0	0.0	0	0.0	3
Highest Educational Level Completed	None	0	0.0	8	50.0	6	37.5	2	12.5	16
	Primary	0	0.0	9	50.0	8	44.4	1	5.6	18
	Secondary	5	13.2	21	55.3	12	31.6	0	0.0	38
	Tertiary	4	22.2	9	50.0	4	22.2	1	5.6	18
Employment Status	Employed	4	21.1	11	57.9	4	21.1	0	0.0	19
	Self-Employed	1	6.3	11	68.8	3	18.8	1	6.3	16
	Unemployed	4	7.3	25	45.5	23	41.8	3	5.5	55
Disability Severity	Milder	6	17.1	16	45.7	11	31.4	2	5.7	35
	Moderate	1	4.0	15	60.0	9	36.0	0	0.0	25
	More Severe	2	6.7	16	53.3	10	33.3	2	6.7	30
Total		9	10.0	47	52.2	30	33.3	4	4.4	90

Table 30: Percentage Distribution of Participants by whether they engage in the use of illicit drugs, and background characteristics and disability severity.

Background Characteristics		**Engages in Illicit Drugs**								**Total**
		Always		**Sometimes**		**Never**		**No Response**		
		N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	
Sex	Male	3	6.3	2	4.2	38	79.2	5	10.4	48
	Female	3	7.1	1	2.4	32	76.2	6	14.3	42
Age Group	18 to 34 years	1	3.4	1	3.4	26	89.7	1	3.4	29
	35 to 49 Years	3	11.5	1	3.8	15	57.7	7	26.9	26
	50+ Years	2	5.7	1	2.9	29	82.9	3	8.6	35

Marital Status	Single	4	5.6	3	4.2	56	77.8	9	12.5	72
	Married	1	6.7	0	0.0	12	80.0	2	13.3	15
	Divorced	1	33.3	0	0.0	2	66.7	0	0.0	3
Highest Educational Level Completed	None	4	25.0	1	6.3	9	56.3	2	12.5	16
	Primary	0	0.0	0	0.0	16	88.9	2	11.1	18
	Secondary	1	2.6	2	5.3	33	86.8	2	5.3	38
	Tertiary	1	5.6	0	0.0	12	66.7	5	27.8	18
Employment Status	Employed	0	0.0	1	5.3	14	73.7	4	21.1	19
	Self-Employed	2	12.5	0	0.0	12	75.0	2	12.5	16
	Unemployed	4	7.3	2	3.6	44	80.0	5	9.1	55
Disability Severity	Milder	1	2.9	3	8.6	26	74.3	5	14.3	35
	Moderate	3	12.0	0	0.0	20	80.0	2	8.0	25
	More Severe	2	6.7	0	0.0	24	80.0	4	13.3	30
Total		6	6.7	3	3.3	70	77.8	11	12.2	90

Table 31: Percentage Distribution of Participants by whether they think SRHR needs are addressed appropriately within health facilities, and background characteristics and disability severity.

Background Characteristics		**Thinks SRHR needs are addressed appropriately within health facilities**						**Total**
		Yes		Sometimes		Not at all		
		N	%	N	%	N	%	
Sex	Male	20	41.7	9	18.8	19	39.6	48
	Female	21	50.0	10	23.8	11	26.2	42
Age Group	18 to 34 years	10	34.5	7	24.1	12	41.4	29
	35 to 49 Years	13	50.0	6	23.1	7	26.9	26
	50+ Years	18	51.4	6	17.1	11	31.4	35
Marital Status	Single	33	45.8	15	20.8	24	33.3	72
	Married	8	53.3	2	13.3	5	33.3	15
	Divorced	0	0.0	2	66.7	1	33.3	3
Highest Educational Level Completed	None	4	25.0	3	18.8	9	56.3	16
	Primary	11	61.1	2	11.1	5	27.8	18
	Secondary	18	47.4	9	23.7	11	28.9	38
	Tertiary	8	44.4	5	27.8	5	27.8	18
Employment Status	Employed	13	68.4	3	15.8	3	15.8	19
	Self-Employed	7	43.8	5	31.3	4	25.0	16
	Unemployed	21	38.2	11	20.0	23	41.8	55
Disability Severity	Milder	15	42.9	11	31.4	9	25.7	35
	Moderate	12	48.0	4	16.0	9	36.0	25
	More Severe	14	46.7	4	13.3	12	40.0	30
Total		41	45.6	19	21.1	30	33.3	90

Table 32: Percentage Distribution of Participants by whether they have ever felt left out of community activities, and background characteristics and disability severity.

Background Characteristics		Felt left out in community activities						Total
		Often		Sometimes		Not at all		
		N	%	N	%	N	%	
Sex	Male	13	27.1	20	41.7	15	31.3	48
	Female	17	40.5	11	26.2	14	33.3	42
Age Group	18 to 34 years	6	20.7	13	44.8	10	34.5	29
	35 to 49 Years	8	30.8	9	34.6	9	34.6	26
	50+ Years	16	45.7	9	25.7	10	28.6	35
Marital Status	Single	26	36.1	25	34.7	21	29.2	72
	Married	4	26.7	3	20.0	8	53.3	15
	Divorced	0	0.0	3	100.0	0	0.0	3
Highest Educational Level Completed	None	4	25.0	7	43.8	5	31.3	16
	Primary	10	55.6	3	16.7	5	27.8	18
	Secondary	10	26.3	13	34.2	15	39.5	38
	Tertiary	6	33.3	8	44.4	4	22.2	18
Employment Status	Employed	5	26.3	8	42.1	6	31.6	19
	Self-Employed	5	31.3	7	43.8	4	25.0	16
	Unemployed	20	36.4	16	29.1	19	34.5	55
Disability Severity	Milder	5	14.3	14	40.0	16	45.7	35
	Moderate	10	40.0	9	36.0	6	24.0	25
	More Severe	15	50.0	8	26.7	7	23.3	30
Total		30	33.3	31	34.4	29	32.2	90

Table 33: Percentage Distribution of Participants by whether they think society is progressing towards equality for persons with disabilities, and background characteristics and disability severity.

Background Characteristics		Thinks society is progressing towards equality for persons with disabilities						Total
		Yes		Not Sufficiently		No		
		N	%	N	%	N	%	
Sex	Male	8	16.7	25	52.1	15	31.3	48
	Female	4	9.5	25	59.5	13	31.0	42
Age Group	18 to 34 years	5	17.2	17	58.6	7	24.1	29
	35 to 49 Years	2	7.7	15	57.7	9	34.6	26
	50+ Years	5	14.3	18	51.4	12	34.3	35
Marital Status	Single	10	13.9	40	55.6	22	30.6	72
	Married	1	6.7	9	60.0	5	33.3	15
	Divorced	1	33.3	1	33.3	1	33.3	3
Highest Educational Level Completed	None	4	25.0	5	31.3	7	43.8	16
	Primary	3	16.7	10	55.6	5	27.8	18
	Secondary	2	5.3	23	60.5	13	34.2	38
	Tertiary	3	16.7	12	66.7	3	16.7	18

Employment Status	Employed	1	5.3	13	68.4	5	26.3	19
	Self-Employed	2	12.5	12	75.0	2	12.5	16
	Unemployed	9	16.4	25	45.5	21	38.2	55
Disability Severity	Milder	6	17.1	20	57.1	9	25.7	35
	Moderate	1	4.0	13	52.0	11	44.0	25
	More Severe	5	16.7	17	56.7	8	26.7	30
Total		12	13.3	50	55.6	28	31.1	90

Table 34: Percentage Distribution of Participants by whether there are things communities say or do (such as hate speech, culture, myths, etc.) that make persons with disabilities feel unaccommodated or excluded, and background characteristics and disability severity.

Background Characteristics		**Communities say or do things that make one feel unaccommodated or excluded (such as hate speech, culture, myths)**				**Total**
		Yes		No		
		N	%	N	%	
Sex	Male	30	62.5	18	37.5	48
	Female	35	83.3	7	16.7	42
Age Group	18 to 34 years	22	75.9	7	24.1	29
	35 to 49 Years	18	69.2	8	30.8	26
	50+ Years	25	71.4	10	28.6	35
Marital Status	Single	53	73.6	19	26.4	72
	Married	9	60.0	6	40.0	15
	Divorced	3	100.0	0	0.0	3
Highest Educational Level Completed	None	7	43.8	9	56.3	16
	Primary	11	61.1	7	38.9	18
	Secondary	29	76.3	9	23.7	38
	Tertiary	18	100.0	0	0.0	18
Employment Status	Employed	17	89.5	2	10.5	19
	Self-Employed	12	75.0	4	25.0	16
	Unemployed	36	65.5	19	34.5	55
Disability Severity	Milder	23	65.7	12	34.3	35
	Moderate	16	64.0	9	36.0	25
	More Severe	26	86.7	4	13.3	30
Total		65	72.2	25	27.8	90

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