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Public Policy Implementation Prospects and Challenges in Botswana: *Case of the National Policy on Care for People with Disabilities*

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BOTSWANA INSTITUTE FOR DEVELOPMENT POLICY ANALYSIS

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ABSTRACT

People with disabilities (PWDs) are often subjected to economic and social exclusion. This paper assesses factors that contribute to, and/or hinder the implementation of Botswana's national disability policy. Despite the Government of Botswana's efforts to uplift marginalised and vulnerable groups, PWDs remain disenfranchised as a result of social, physical and legislative barriers. Data was collected from secondary data sources and analysed using thematic analysis. The Analysis of Determinants of Policy Impact (ADEPT) approach, which aims to explain and influence policy development and policy impact implementation with four determinants: goals, obligations, resources and opportunities, was adopted. The study's findings show that 22 years after its adoption, the National Policy on Care for People with Disabilities has not resulted in the desired policy outcomes, let alone achieved its objective of improving the lives of people with disabilities. While the Policy has the potential to be an important tool in achieving social inclusion and protecting the rights of PWDs, implementation gaps remain, essentially limiting its effectiveness.

1. INTRODUCTION

People with disabilities (PWDs) are among the poorest and most marginalised groups in the world (Du-Plessis and Van Reenen, 2011). The stigmatisation of PWDs has often resulted in their isolation from the societies in which they live. According to Elwan (1999) this exclusion and marginalisation reduce the opportunities for people with disabilities to contribute productively to the household and the community, and increases their risk of falling into poverty. Attitudinal and environmental barriers, such as a lack of adequate or appropriate transportation, physical inaccessibility, and lack of learning opportunities can affect access to education and employment opportunities, thus, reducing avenues for income enhancement as well as social participation. These challenges are not unique to Botswana.

Globally, people living with disabilities face persistent discrimination and exclusion. In response, international bodies like the United Nations, World Health Organisation and independent human rights organisations have called on national governments to pay greater attention to improving the living conditions of PWDs. For instance, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) is a legally binding human rights international treaty that aims to eliminate discrimination against PWDs. This principle ensures that PWDs enjoy the rights and responsibilities commensurate with all other citizens within the society in which they live (Lang et al., 2011). Notwithstanding this fundamental underpinning, Botswana has not ratified the Convention, but relies on domestic policies and other international human rights treaties to guide it in promoting and protecting the rights of its citizens in general.

The National Policy on Care for People with Disabilities (NPCPD) was promulgated to combat incidences of disability and promote the quality of life of people living with disabilities. However, the implementation of the policy has encountered a number of challenges since its inception in 1996. A revised national disability policy was drafted in 2011, but is yet to be adopted. Both the National Development Plan 11 and National Health Policy of 2011 note the fundamental challenges (e.g. inadequate access to healthcare services and economic opportunities) facing people living with disabilities in Botswana. Given the objective of the National Policy on Care for People with Disabilities and the challenges facing PWDs, there is a need to identify the successes and failures encountered in its implementation. Therefore, this paper aims to assess some of the factors that either hinder, and/or support the implementation of the NPCPD. Public policies, such as the NPCPD provide a broad framework for governments to carry out a particular course of action with the desire to bring about some form of social or behavioural change.

The extent to which a policy is said to fail or succeed lies in the difference between its desired expectations and its actual outcomes. Mmatli et al., (2011) argue that despite government's efforts to address challenges confronting people with disabilities, these

individuals continue to be discriminated against and denied employment opportunities. Consequently, those who find employment encounter negative attitudes, an inaccessible work environment and discrimination. The state also acknowledges that the "existing health infrastructure does not have facilities that adequately address the needs of people with physical disabilities" (Republic of Botswana, 2011).

The rest of the paper is organised as follows. Section 2 outlines the objectives, while section 3 briefly discusses the public policy implementation analysis framework. Thereafter, section 4 describes the methodology employed. Section 5 discusses policy and institutional challenges and successes experienced in the implementation of the National Policy on Care for People with Disabilities, and section 6 provides conclusions and policy recommendations.

2. OBJECTIVES OF THE STUDY

Public policy implementation is a multifaceted endeavour, yet it suffers from a limited uptake of research evidence, particularly in Botswana's context. Using the National Policy on Care for People with Disabilities as a case study, this paper not only contributes to the existing discourse on disability research, but also identifies a number of public policy implementation challenges and successes in Botswana. The study specifically discusses institutional and policy factors that support and or hinder the policy's implementation. Broadly speaking, policy implementation research facilitates a better understanding of the implementation process and enables researchers and policy actors to identify the extent to which policy goals were achieved, amongst others. The analysis of determinants of policy impact (ADEPT) model presented in this paper may be useful in explaining successes and challenges experienced in the implementation of the NPCPD.

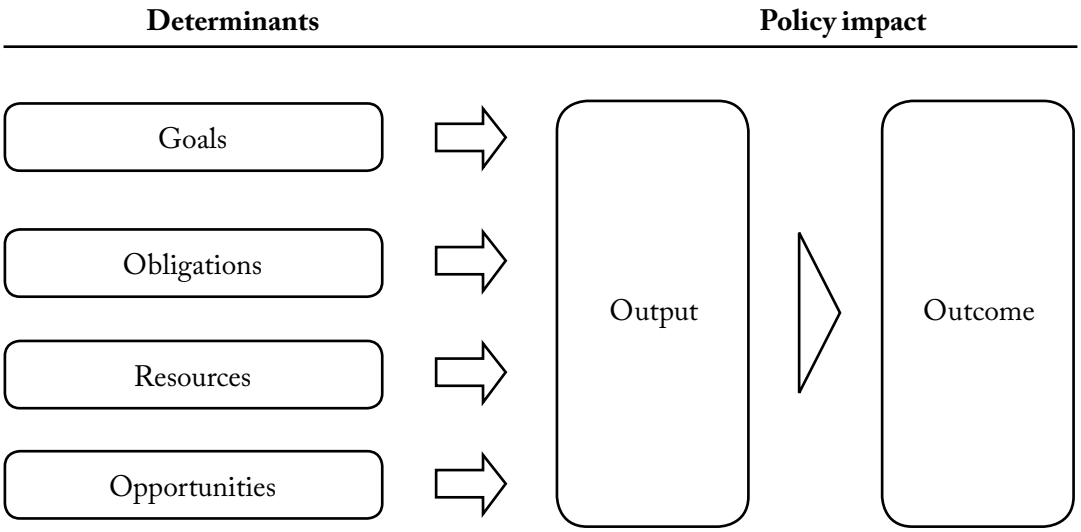
3. CONCEPTUAL FRAMEWORK

As a field of study, public policy implementation gained prominence in the 1970s and has been attributed to the work of Pressman and Wildavsky (1973). At the core has been a concern to explain what happens and a concern to affect what happens (Hill, 1993; Hill and Hupe, 2002). Implementation is in itself a multidimensional endeavour because of the dynamic elements involved in the policy process, such as: i) determining the actors involved and their interests, ii) levels of decision-making power, and iii) beneficiaries or intended interests to be served from those decisions. Socio-political factors play out at all levels of the policy implementation process. These power differentials have important implications for evaluating implementation and for evaluation practice more broadly (DeGroff and Cargo, 2009:52).

Various definitions of policy implementation have been suggested since the 1970s. For instance, Pressman and Wildavsky (1973) describe implementation as a process of interaction between the setting of goals and actions geared to achieving them. As such,

when objectives are not realised, one explanation is the assertion of faulty implementation. The activities that were supposed to be carried out were not executed or were subject to inordinate delays. Another appropriate explanation may be that aspirations were set too high. To understand public policy implementation in Botswana, this study adopts Georg Henrik von Wright's (1976) ADEPT model (see Figure 1), which aims to bridge the gap between theory, research and practice in health promotion.

Figure 1: ADEPT Model



Source: Reproduced from Rütten et al. (2010)

In an attempt to explain the basic mechanisms underlying individual human behaviour, von Wright developed a theory about the factors that determine human action and about the logic that underlies the interaction of these factors (Rütten et al., 2010). The ADEPT model is an adaptation of von Wright's original theory to the field of health promotion policy. Four determinants believed to influence an individual's intention to act were originally identified: wants, duties, abilities and opportunities. However, in order to apply von Wright's approach to the organisational/policy level, the determinants had to be 'translated' from the individual to the collective level first (Rütten et al. [2000], in Rütten et al., 2010).

Consequently, ADEPT employs the term goals instead of wants. Similarly, duties become obligations that include both policy-makers' professional duties and institutional arrangements of the policy system and the community affected by that system. Abilities are translated into resources reflecting policy-makers' as well as the capacities of their organisations (e.g. personnel, finances). ADEPT retains the term opportunities but distinguishes three different subtypes: organisational opportunities that arise from internal changes in organisations (e.g. new decision structures or actors), political

opportunities arising from external changes in political and inter-organisational settings, and public opportunities that emerge from external changes in public awareness, engagement of the population or mass media interest (Rütten et al., 2010).The ADEPT model has been tested and applied in a number of policy analysis and policy development projects in Europe. For instance, Rütten et al. (2010) report that the Methodology for the Analysis of the Rationality and Effectiveness of Prevention and Health Promotion Strategies (MAREPS) project employed the model. In the MAREPS project, the four determinants served as independent variables, while the dependent variable was health policy impact. The correlation coefficient analysis showed that obligations toward the health of the population, personal/professional commitment and organisational opportunities (e.g. improvement of co-operation within organisations) are determinants of policy output. The outcome of policies are determined by the concreteness of goals, availability of sufficient resources and public opportunities such as increasing support from the population and the media (Rütten et al. [2003], cited in Rütten et al., 2010).

The fact that the ADEPT approach has been used extensively in health promotion research to improve policy analysis and policy development in health promotion, makes it an attractive model. However, it should be noted that the causality between certain determinants and policy impact suggested by ADEPT does not imply that the entire policy process is linear or follows a pre-determined sequence of stages (Rütten et al., 2010). In other words, it is possible that policy outcomes are achieved in the absence of some determinants. Given the National Policy on Care for People with Disabilities' objective of improving the lives of people living with disabilities in Botswana (policy outcome), it is imperative to assess policy implementation progress and gaps since the Policy's enactment in 1996.

4. METHODOLOGICAL APPROACH

To adequately assess the institutional and policy factors that either contribute to, and/or hinder effective implementation of the National Policy on Care for People with Disabilities, the researcher carried out a literary search on disability and the public policy implementation process in Botswana. Various documents, including the National Policy on Care for People with Disabilities, were assessed in line with the study's objective. Specific documents reviewed include: SINTEF Report on the living conditions of people with disabilities in Botswana (2016), Situational Analysis Report on Disability Rights in the Context of Botswana, organisational reports obtained from the Botswana Council of the Disabled and the Department of Social Protection (Ministry of Local Government and Rural Development), and existing journal articles from scholarly databases. The collection and analysis of secondary data enabled the researcher to frame the discussions within the framework of the ADEPT model. ADEPT provides an easy-to-use, theory-based and parsimonious tool for understanding and influencing policy processes in health promotion (Rütten et al., 2010). The NPCPD adopted a single objective - to "combat the incidence of disability and to promote the quality of life for people with disabilities". Therefore, this

paper reviews existing data and information to assess policy implementation successes and challenges (determinants and impediments) experienced by three key actors, namely; the Coordinating Office for People with Disabilities, Botswana Council for the Disabled, and the Ministry of Local Government and Rural Development in contributing towards the attainment of the policy objective or outcome.

5. POLICY AND INSTITUTIONAL CHALLENGES AND SUCCESSES

In addition to bridging the gap between theory and practice, the ADEPT approach was developed to assess the readiness of organisations to engage in health promotion implementation (Rütten et al., 2010). To explain Botswana's experience in implementing the National Policy on Care for People with Disabilities, this section identifies and discusses the factors that have either hindered and or contributed to the policy's implementation within the context of the ADEPT model. Establishing these implementation gaps contributes to a better understanding of the policy's existing challenges. Are goals and content clearly outlined in the policy? Are role players adequately resourced to carry out their respective disability related mandates? To what extent have the actions or inactions obligations of state and non-state actors resulted in adequate service provision and opportunities for people living with disabilities to participate meaningfully? Policies should be responsive to the needs of their intended beneficiaries, but given the view that the proclamation of the policy has not resulted in a significant improvement in the living conditions of PWDs (Bothoko, 2013; Mmatli et al., 2011), it is imperative to identify areas of improvement.

The Government of Botswana adopted the National Policy on Care for People with Disabilities in 1996. The policy was developed by government after acknowledging that people living with disabilities were excluded from participating in mainstream activities. Lack of access to facilities, stigmatisation, and inadequate participation of PWDs in social, economic or political processes were and still are considered as some of the significant challenges facing PWDs in modern day Botswana. The 1991, 2001 and 2011 Housing and Population Census reveal that people with disabilities continue to be underrepresented in the education system, generally not engaged in meaningful economic activities, and are disproportionately affected by poverty and conditions of squalor.

Notwithstanding section 15 of the Constitution of Botswana prohibiting discrimination on the grounds of race, tribe, disability, etc., and the introduction of reforms (e.g. revision of the National Education Policy, special needs training for teachers, etc.) aimed at improving inclusive education, scholars (for example, Mukhopadhyay et al., 2012) argue that educators have preferences regarding the type of disabled learner they desire to teach based on the severity of the disability. These barriers indicate that citizens' support and buy-in for public policies is as equally important as the support received from high-

level stakeholders such as politicians and bureaucrats. Traditional misconceptions about disability persist in modern day Botswana. This points towards the need to educate and sensitise citizens, particularly non-disabled individuals on issues of societal diversity. The quality of life of PWDs can only be improved if the public at large is given an opportunity to understand the nature and role of disability in Botswana.

Prior to the introduction of the disability grant in 2015, Seleka et al. (2007:42) argued that people with disabilities were not adequately covered by social safety nets. In their study, Seleka et al. (2007) recommended the need for a comprehensive study to determine the various support required by PWDs. The aim of social protection is to protect individuals against risks and vulnerability, and mitigate the impact of shock in their livelihood (Barrientos and Hulme, 2008). It also supports those who suffer from chronic incapacities to secure basic livelihoods; and these include the poor, PWDs, the elderly, children, women and remote area communities. As part of ongoing efforts targeted at addressing the plight facing poor and vulnerable groups, the Government of Botswana, in partnership with NGOs, continues to play a pivotal role in facilitating the provision of rehabilitation services at a community level. Despite current efforts, progress on implementing the NPCPD has been slow (Mukhopadhyay and Moswela, 2016).

5.1 NATIONAL POLICY ON CARE FOR PEOPLE WITH DISABILITIES AND UNCRPD

The National Policy on Care for People with Disabilities (1996) is considered as government's response to incidents of disability in the country. The policy's objective is to "combat the incidence of disability and to promote the quality of life for people with disabilities" (Government of Botswana, 1996:5). This action is centred on improving the challenges facing people with disabilities, but the policy does not clearly indicate or provide guidelines on how PWDs should be protected from acts of discrimination and exclusion, in order to enjoy a better quality of life.

Arguably, the policy does not substantively discuss the rights of PWDs; it only provides the normative guidelines on the care of people with disabilities. Moreover, the policy has an ineffective implementation and coordination structure because it lacks legislative enforcement measures (Dinokopila and Mmatli, 2014). Dinokopila (2011) adds that although the principles that constitute the policy are based on the various national development plans, the fundamental flaw of the policy is that it fails to define disability. Therefore, the scope and coverage of the policy remain imprecise, and compromises the extent to which various stakeholders and the society at large could better utilise it. The Government of Botswana also realised that although services are being provided to people with disabilities, they are provided in isolation (Republic of Botswana, 1996).

The inception of the National Policy on Care for People with Disabilities coincided with the introduction of the Government of Botswana's Vision 2016 initiative, an

overarching development blueprint geared towards achieving broad political, social and economic goals. Eradicating poverty and inequality is seen as one of the Government of Botswana's key goals and a policy such as the National Policy on Care for People with Disabilities is a tool developed with the intention of assisting the state to achieve this objective. However, the SINTEF report (2016) provides an illustration of policy gaps across a spectrum of social and economic issues as a result of poor coordination. The policy allocates government ministries various responsibilities such as ensuring PWDs have adequate access to public facilities (e.g. buildings and transport), and the provision of specialists and professionals on all areas of special education, to name but two. The government appears to be experiencing some challenges fulfilling some of its obligations to PWDs. The report reveals that PWDs have a challenge accessing public facilities. Resource availability is also a challenge. Most schools, for instance, do not have adequate resources and facilities to cater for children with disabilities, nor are special-education teachers prepared to meet the learning needs of diverse categories of learners with disabilities (Mukhopadhyay et al., 2009).

Modern approaches to addressing challenges confronting people with disabilities shift from the medical model of disability to the social and or human rights approach (Albert, 2004). The policy's emphasis on providing 'care' to PWDs makes it apparent that the policy is based on the medical model. It presupposes an element of incapability and dependence; that PWDs need to be taken care of because they have little to no capacity of doing so themselves. Brynard and De Coning (2006:197) argue that the content of policy is important not only in the means it employs to achieve its ends, but also in the determination of the ends themselves and in how it chooses the specific means to reach those ends. The ADEPT model also underscores that clear policy goals and content are important determinants. Yet, the NPCPD views disabilities homogeneously as it is not customised to cater for different disability types. While the policy makes provisions that, where necessary, legislation will be developed to protect the rights of persons with disabilities, the formulation of such legislation to support the policy has not been realised. This buttresses the fact that Botswana's disability policy is premised on the medical model as opposed to the rights based approach that guarantees rights.

The absence of a rights based legal framework limits opportunities that are created for PWDs. Botswana has not ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), yet this instrument provides a comprehensive framework for improving the lives of PWDs. Furthermore, Lang et al. (2011) are of the view that the UNCRPD has the potential to create a paradigm shift in the manner in which disability policy and practice is formulated and implemented. The 1996 national disability policy and UNCRPD share similar guiding principles to an extent (see Table 1), but the dissonance that exists between policy and practice is evident since the national disability policy's promulgation over two decades ago.

Table 1: Guiding Principles of the National Disability Policy and UNCRPD

National Policy on Care for Persons with Disabilities	UNCRPD
To ensure that the person with disability has a responsibility and a right to determine his own well-being	Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
Participation in the basic entities of society – the family social grouping and community – is the core of the existence of the human being	Non-discrimination
To ensure that equal opportunities of all members of society are aimed at, but will vary according to the needs and abilities of the individual	Equality of opportunity
To strive for a self-sufficient society through the formation of an environment within which all peoples, including those with disabilities can develop their abilities to the fullest possible extent	Equality between men and women
Recognition and protection of the human rights and dignity of every individual	Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
To ensure that the care, socialisation and education of the person with disability in the family context are set objectives	Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities
To ensure that the integration of the person with disability into society is actively promoted	Full and effective participation and inclusion in society
To recognise that the care of people with disabilities is a continuous process requiring more family participation, community involvement and less institutionalisation	Accessibility
To ensure that care of people with disabilities is to be effectively co-ordinated, in a spirit of co-operation and beneficial interaction	

There have been growing demands from organisations representing PWDs in Botswana for the state to fast-track the approval and implementation of the revised national disability policy. These demands emanate from the concerns that the current policy of 1996 is inadequate in responding to existing challenges, specifically in protecting and promoting the rights of PWDs (Baaitse, 2015). According to Dinokopila and Mmatli (2014:22) the revised national disability policy seeks to remove the structural disadvantages that limit the extent to which people with disabilities are meaningfully integrated into all aspects of the social, economic, political and cultural life of Botswana society.

Despite the fact that some achievements have been attained during the implementation of the policy, significant bottlenecks remain. Botswana's 'implementation challenge' has received the attention of senior political leaders, both past and present (Botlhale, 2017). However, it is evident that political will alone is not enough to translate policy objectives into something purposeful for its intended beneficiaries. People living with disabilities represent one of the most marginalised and socially excluded groups in any society. As the MAREPS project illustrated, the ADEPT approach shows that in some instances, the outcomes of policies are determined by concrete goals, availability of resources and public opportunities. The revised national disability policy reflects a significant improvement in terms of the disability policy framework in Botswana because of its unambiguity, comprehensiveness and alignment to the UNCRPD. The revised national disability policy exemplifies a shift from the medical to the human rights model of disability.

5.2. KEY INSTITUTIONS RESPONSIBLE FOR IMPLEMENTING THE NATIONAL DISABILITY POLICY

The main investigative focus of the ADEPT approach is on the policy impact of different actors within a given action arena. The National Policy on Care for People with Disabilities identifies a number of state and non-state implementers, as well as allocates obligations or responsibilities to these institutions. This section discusses three key institutions: Coordinating Office for People with Disabilities, Botswana Council for the Disabled (BCD), and the Ministry of Local Government and Rural Development. This review is intended to assess the institutional challenges and successes experienced in the implementation of the National Policy on Care for People with Disabilities.

5.2.1 COORDINATING OFFICE FOR PEOPLE WITH DISABILITIES

The Coordinating Office for People with Disabilities (COPD) was established in the Office of the President in 2009, and is mandated to develop and coordinate the implementation of policies and programmes of people with disabilities, guided by the National Policy on Care for People with Disabilities. The COPD is responsible for liaising with stakeholders including relevant government ministries and people with disabilities on assisting and administering best practices for assisting the people with disabilities. The shift in disability administration from the Ministry of Health to the

Office of the President, specifically the COPD, was necessitated by the paradigm shift from the medical to the human rights disability model. There was a realisation by government that disability issues needed to be at the forefront of the human rights agenda, hence the establishment and placement of the COPD in the Office of the President. The expectation was that the coordinating office would have greater influence in strengthening and advancing the disability movement in Botswana, but according to Baaitse (2015) this has not been the case.

Mogwe and Melville (2012:98) are of the view that government's failure to domesticate international human rights instruments (i.e. Convention on the Rights of Persons with Disabilities), and the absence of a constitutional framework specifically guaranteeing PWDs' socio-economic rights will impact on sustainable service delivery. Ratifying the convention would further enhance the Government of Botswana's commitment to improving the lives of people with disabilities. However, ratification would also subject the state to several obligations, which may result in significant cost, statutory and administrative implications. Given the current implementation challenges, it may be feasible to first adopt the revised national disability policy and employ an incremental approach emphasising clear timelines and responsibilities. Although co-operation between the COPD and other sectors has gradually improved (e.g. employment of PWDs by the private sector), a lot more can be done to ensure that the national disability policy takes priority on the developmental agenda. The challenge could also be attributed to the fact that, unlike Kenya and Uganda, Botswana does not have an independent statutory body empowered by law to oversee the implementation of disability policies and programmes.

However, the fact that the COPD is located in the Office of the President reflects the political will to advance and protect the rights of people living with disabilities. The National Policy on Care for People with Disabilities mandates the Office of the President to provide political leadership and support by mobilising policy-makers in various ministries and sectors in the provision of services to PWDs. However, specific challenges in this regard have emanated as a result of inadequate resource allocation at planning and programming level, culminating in less targeted initiatives for PWDs (SINTEF, 2016). This is due to the paucity of disability data for planning purposes and the fact that institutions responsible for the provision of disability services do so in an isolated manner.

An added challenge is that the Coordinating Office for People with Disabilities is responsible for coordinating the implementation of the National Policy on Care for People with Disabilities. However, the office lacks sufficient authority and capacity to enforce its mandate, as it is a referral unit. Although the COPD is charged with monitoring whether other ministries/stakeholders are adequately providing services to PWDs, it is not empowered to sanction government departments or other entities that do not comply. Arguably, both the National Policy on Care for People with Disabilities and

COPD would be more effective if legally binding measures or enforcement mechanisms were in place to ensure compliance amongst all role players. A key policy determinant in the ADEPT model is that co-operation is pivotal, not only between political levels, but also between public and private organisations, as well as NGOs. Positive policy outcomes are realised when all stakeholders display ownership of the policy, a focal leadership point is established, and measures of accountability are put in place.

Notwithstanding the aforementioned challenges, the Coordinating Office for People with Disabilities has made some significant accomplishments in providing economic opportunities and other assistive service to PWDs. These include the establishment of disability coordinating committees at district level, advocating for the reinstatement of individuals with disabilities that had been dismissed from employment on the basis of their disabilities, introducing disability safety nets, providing assistive devices and developing partnerships with retailers to facilitate the employment of persons with disabilities.

5.2.2 BOTSWANA COUNCIL FOR THE DISABLED AND DISABLED PEOPLE'S ORGANISATIONS

The Botswana Council for the Disabled (BCD) is the umbrella body of non-governmental organisations (NGOs) with an interest in disability-related issues. It is charged with the responsibility to "advise and recommend to government, NGOs and other organisations on policies, programmes and plans in all matters affecting the welfare, education, training, rehabilitation, health and employment of people with disabilities" (Botswana Council for the Disabled, 2015). However, Dinokopila (2011) argues that the disability movement in Botswana is generally weak. In turn, this has hindered the development of advocacy strategies for the rights of PWDs, consequently resulting in policy implementation gaps. In spite of this view, the involvement of Disabled People's Organisations (DPOs) and representative bodies directly or indirectly involved in the implementation of disability programmes is imperative.

Disabled People's Organisations such as the BCD, Botswana Federation of the Disabled (BOFOD) and Southern Africa Federation of the Disabled (SAFOD) are critical to the success of strengthening the disability movement in Botswana and neighbouring countries. Civic engagement is essential in public policy formulation and implementation because this process cultivates understanding and builds public trust by gaining acceptance of policies (CAPAM, 2008; Adler and Goggin, 2005). In turn, this enables citizens to participate in improving the conditions for others or shape the values of the societies in which they live. However, as Table 2 illustrates, knowledge of and membership to DPOs amongst respondents is relatively low.

Table 2: Knowledge of DPOs and Membership

		Male		Female		Cities		Urban Villages		Rural	
		N	%	N	%	N	%	N	%	N	%
Are you aware of DPOs?	Yes No	143 355	28.7% 71.3%	132 295	30.9 69.1	36 85	29.8 70.2	175 304	36.5 63.5	68 269	20.2 79.8
Are you a member of a DPO?	Yes No	50 419	10.7 89.3	55 359	13.3 86.7	10 107	8.5 90.5	67 392	14.6 85.4	30 289	9.4 90.6

Source: SINTEF (2016)

Awareness is higher in urban villages (36.5%) than rural areas (20.2%), while more females (13.3%) than males (10.7%) indicated that they are members of DPOs. However, low levels of DPO knowledge and membership implies that fewer PWDs receive adequate institutional and rehabilitative support. The National Policy on Care for People with Disabilities gives the BCD a responsibility to coordinate and promote the activities of all NGOs providing rehabilitation services to PWDs, but resource and capacity limitations (i.e. lack of funding and trained personnel) hamper its ability to effectively fulfil this role. A fundamental dilemma facing DPOs is that donor funding has waned, but yet demands for services by PWDs have kept increasing (SAFOD, 2009). Thus, it becomes critical that these institutions establish strategic partnerships and identify other activities that will diversify their sources of funding. The ADEPT model identifies a lack of resources as a major stumbling block, as it results in failure to implement disability programmes, attract personnel and contribute to policy objectives.

Despite the aforementioned challenges, some of the Council's achievements include: lobbying government for the introduction of social safety nets for PWDs, lobbying for the establishment of Rehabilitation Professions at the University of Botswana, and lobbying the Office of the President to establish a coordination office for disability. SAFOD (2009) commended the Government of Botswana for establishing the COPD in the Office of the President, as there was a fundamental belief that "PWDs need to be at the table with planners of development issues so that they do not feature as an afterthought in national development plans". Institutions like the BCD need to leverage their positions as representatives of PWDs and continue to foster constructive dialogue with the state and the private sector to ensure that issues affecting individuals living with disabilities are given adequate attention.

5.2.3 MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT

The Ministry of Local Government and Rural Development (MLGRD) has the mandate for the provision of social protection services amongst others. The Department of Social Protection has the responsibility to administer the Disability Cash Transfer Programme. The programme is coordinated by District Commissioners with District Disability Committees assisting in identifying eligible individuals. The Disability Cash Transfer Programme is means tested and is meant to address the needs of PWDs. The assessment form requires applicants to present information related to; their monthly income, ability to independently carry out daily activities and make decisions, ability to manoeuvre or propel their assistive device (if applicable), ability to communicate effectively, and whether or not an individual requires 24-hour care.

Local authorities can play a more prominent role in ensuring that PWDs are not excluded from community development planning processes. As such, the National Policy on Care for People with Disabilities gives the Ministry of Local Government the responsibility to ensure that sufficient financial, manpower and facilities (including transport and housing) resources are available for the implementation of disability related programmes executed by local authorities. Councils are responsible for the provision of services through the implementation of district development plans. The SINTEF report (2016) reveals that, where available, people with disabilities generally have access to services in their communities (see Table 3).

Table 3: Accessibility in Community

Accessibility in community	Yes, accessible		No, not accessible		Not applicable	
	N	%	N	%	N	%
Place of work	104	10.6	9	0.9	865	88.4
School	148	15.0	15	1.5	814	83.3
Shops	540	55.3	152	15.4	284	29.1
Place of worship	604	61.9	99	10.2	272	27.9
Recreational facilities	170	17.4	89	9.1	716	73.4
Sports facilities	335	34.3	110	11.3	531	54.4
Police station	539	54.5	140	14.4	292	30.1
Magistrates/traditional courts	606	62.0	122	12.5	249	25.5
Post office	585	60.2	128	13.2	258	26.6
Bank	294	30.4	118	12.2	555	57.4
Hospital	716	73.7	90	9.3	166	17.1
Primary Healthcare Clinic	861	88.5	78	8.0	34	3.5
Public Transport	689	70.8	199	20.5	85	8.7
Hotels	122	12.6	87	9.0	760	78.4

Source: SINTEF (2016)

Although high levels of accessibility to certain services (e.g. primary healthcare, hospital and public transport) were reported by SINTEF (2016), on the contrary Mukhopadhyay and Moswela (2016) identified these services as some of the most difficult to access amongst PWDs in their study. According to Mukhopadhyay and Moswela (2016), people with mobility and dexterity problems have great difficulty accessing public transport and many of them have never accessed public transport. This results in greater dependence on family members or friends to provide private transport. Furthermore, notwithstanding the legal requirements of the Building Control (Amendment) Regulations of 2009 aimed at improving access to public buildings, some individuals found it difficult to access certain public buildings due to physical and environmental barriers. The high figures of non-applicability could either be related to the unavailability of these facilities (e.g. in rural areas) or the inapplicability of a particular service or facility in question to the individual respondent. The provision of public services and accessibility to these services is the responsibility of the state (both central and local government) but as Table 3 illustrates, this has been a challenge. The absence of services and facilities in certain areas implies that individuals (disabled and non-disabled) have to travel long distances to access these services. While the level of access to services and facilities by PWD is a strong indicator in understanding the challenges facing persons with disabilities, another indicator is the level of discrimination and or abuse PWDs experience as a result of their disabilities.

The National Policy on Care fails to adequately make provisions for anti-discriminatory practices against PWDs. Added to the foregoing, the 2016 SINTEF report on the living conditions of PWDs revealed that persons with disabilities have experienced abuse and or discrimination by their immediate family and members of the community. In the absence of a national anti-discriminatory disability law, and as democratic institutions, councils should take the lead in protecting PWDs from all forms of discrimination at a grassroots level. Section 33 of the Local Government Act of 2012 empowers councils to make bye-laws for the "… maintenance of the health, safety and well-being of the inhabitants of that area…". These anti-discriminatory bye-laws should prescribe penalties for any contravention as stipulated under Section 36 (Penalties in bye-laws).

The World Bank (2013:68) notes that Botswana dedicates a substantial amount of its resources on safety nets (e.g. P20 million budgeted for disability allowance during the 2016/17 fiscal year), but the amount of spending does not yield the desired outcome. The monetary allocation of cash transfers in the form of a disability allowance has not enhanced the social and economic wellbeing of PWDs. Different types of disabilities require particular responses, which might not be adequately provided for through cash transfers. Non-monetary factors (for example attitudinal and physical/environmental barriers) play an increasingly important role in shaping the extent to which individuals living with disabilities participate in or are excluded from socio-economic activities. Therefore, it is necessary for the state to take active steps to review and amend the existing legislative framework to ensure the inclusion, and protection and promotion of the rights of PWDs.

In view of the foregoing, reference can be made to the observations made by Groshet al. (2008) that while the role of safety nets and their objectives show that they can have a protection and promotion function, they are never the only or wholly sufficient solution to poverty and risk. Rather, they are part of a country's development policy. The introduction of the Disability Cash Transfer programme makes for promising options. However, Groshet al.(2008:372) argue that public policy toward disability needs to do many things in addition to providing social assistance.

There is a consensus that policy implementation remains one of the Government of Botswana's greatest challenges (Lucas, 2008; Kaboyakgosi and Marata, 2013; Matambo, 2016, Botlhale, 2017). Other key stakeholders such as civil society organisations lack skills, organisational experience, capabilities, creativity and funding to be effective partners of the Government of Botswana in policy implementation (Kaunda, 2008). The implication of this is that services are not delivered to the most vulnerable groups of society (Botswana Federation of Trade Unions, 2007:44). Consequently, the quality of life or standard of living of PWDs remains lower than their non-disabled counterparts (SINTEF, 2016).

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. CONCLUSIONS

The four key policy determinants of the ADEPT model were used to analyse policy implementation with respect to promoting and protecting the rights of people with disabilities in Botswana. There is effort on the part of government to improve the lives of people with disabilities. The introduction of the disability cash transfer, as well as the establishment of the Coordination Office for People with Disabilities in the Office of the President provide examples of political commitments or obligations made to address the various challenges confronting PWDs. However, the achievement of the objective of the National Policy on Care for People with Disabilities remains a challenge.

The absence of disability-specific legislation that supports the policy, arguably limits its effectiveness. Consequently, PWDs are excluded from participating in mainstream socio-economic activities, and in some instances, experience discrimination and abuse. Furthermore, a lack of sufficient disability data hinders effective decision-making by institutions like the COPD. Key organisations such as the Botswana Council for the Disabled were established to play a fundamental role in advocating for the promotion and protection of the rights of PWDs. Furthermore, the NPCPD allocates the BCD with the responsibility of co-ordinating the activities all non-governmental organisations providing rehabilitation to PWDs. However, most non-governmental organisations face common challenges related to inadequate resource availability, which essentially hinders them from executing their mandates effectively. Membership to and awareness of these organisations by PWDs is low in urban and rural areas. This

implies that PWDs have limited representation and might not actively participate in advocacy initiatives.

Failure to address existing implementation challenges concerning the National Policy on Care for People with Disabilities could result in the revised national disability policy facing similar difficulties. While perfect implementation may not be attainable, it remains in the best interests of policy makers and implementers to ensure that the necessary conditions are in place to gradually effect intended policy outcomes.

6.2. RECOMMENDATIONS

Firstly, there is a need to introduce disability-specific legislation (which includes adopting the revised national disability policy) as this would go a long way to ensuring that the rights of people with disabilities are protected from all forms of discrimination. It is necessary for the state to make specific constitutional provisions to ensure the protection and promotion of the rights of PWDs. Secondly, the Government of Botswana should ratify and subsequently domesticate the Convention on the Rights of Persons with Disabilities to further strengthen its commitment to protecting the rights of PWDs.
Thirdly, in order to have greater involvement in the policy implementation exercise, it is paramount that several key stakeholders (specifically DPOs) build the requisite capacity and acquire the necessary resources to enable them to play a meaningful role in providing adequate support to PWDs. Fourth, the Coordinating Office for People with Disabilities should be empowered to an extent that it is capable of enforcing its mandate as a regulatory or statutory body. Lastly, there is a need for the state to review and amend existing legislation to ensure that linkages between disability and other social and economic factors are appreciated. This review should be undertaken with the intention to also ensure that any barriers or disadvantages facing people living with disabilities are removed.

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