

**PROVISION FOR LEARNERS WITH SPECIAL EDUCATIONAL NEEDS IN BOTSWANA;
A SITUATIONAL ANALYSIS.****Gareth Dart***Molepolole College of Education*

This paper considers the support of children with special educational needs in Botswana. A variety of sources including policy documents, literature, statistical data, interviews with key personnel and observation, are used to analyze the context and delivery of provision. Botswana is a middle-income country that has seen rapid economic expansion in a short period of time. Revenue has been used to expand the social sector including education. In the last decade HIV and AIDS has become a huge socio-economic challenge. Attitudes towards people with disability appear to be changing to become more inclusive but there is still evidence that many are still on the fringes of society. There are strong policy statements on the provision of special education. Policy has moved to an inclusive model but practice lags in the field.

Most provision for children with special educational needs is at units for particular categories of disability attached to ordinary schools. The majority of these are at primary schools. There is a drive to build support for pupils in the ordinary school and classroom. This is slow in developing but might speed up in the near future as all newly trained teachers now have elements of special needs education as part of their initial training. Non-governmental organizations play a key role in pre school and vocational training for students with special needs and also in provision for hearing impairment. However they struggle with funding and staff training.

Issues of poor coordination between key stakeholders, a lack of curriculum development and a shortage of specialist staff all conspire to limit the effectiveness of provision. There have been a number of studies made that highlight these issues and suggest improvements that could be made.

This paper is a result of research carried out in 2004 and 2005 as part of the author's role as senior lecturer, special needs education at Molepolole College of Education (MCE). A variety of sources and methods were used for data gathering and analysis.

The literature and national policy documents were reviewed. Interviews were held with 14 officers in the Division of Special Education (DSE) across a wide variety of roles. Staff at the Botswana Training Authority (BOTA), the Department for Vocational Education and Training (DVET), the Botswana Council for the Disabled (BCD), and with responsibilities for Education for All (EFA), were also interviewed. Fifteen facilities offering special education provision were visited across the country, where staff was interviewed and some activities were observed though there was little time to make detailed observations. Seven of these were non-governmental organisation (NGO) provision, and the rest government. Mainstream schools with no explicit provision for special education were visited and staff interviewed. Staff at two teacher training colleges (of which there are a total of six in the country) other than MCE, was interviewed. A day was arranged to allow students, parents, teachers and administrators involved in visual impairment (VI) to meet and share experiences and ideas. Visits were made with community volunteers and teachers to disabled children and their families in two rural villages.

History

Botswana (formerly Bechuanaland) was a protectorate of Great Britain until gaining independence in 1966. Unlike most of its neighbors, there was no armed struggle to achieve independence; the process was a political one and relatively smooth. At the time of independence it was one of the poorest countries in the world with a poorly developed economic, structural and educational infrastructure. Although the decade before independence had at last seen some moves toward general development

including increasing educational opportunities, there were still only a handful of senior schools in existence in 1966 and only 15 local university graduates in the whole country (Morton & Ramsay 1987). Since independence Botswana has remained a peaceful and stable democracy.

Geography

Botswana is landlocked by South Africa to the south, Zimbabwe to the east and Namibia to the west and north. There is a river crossing to Zambia in the far northeast. Most of the country consists of the Kalahari Desert, a flat area of low rainfall, sandy soils, and sparse savannah woodland vegetation. It has one of the lowest population densities in the world. In the south and west population centers are small and widely scattered. The majority of the 1.7 million population live along the eastern edge of the country where rainfall is relatively higher and soils more fertile. The majority of the population are Botswana, but there are a number of significant minority groups in the northeast, the more arid western and southern regions and in the north west. There are also considerable numbers of people of European, Asian and Chinese descent, some of whom have lived in the region for generations others of whom are newly arrived or on contract work.

Socio – economic background

Traditionally Botswana relied on cattle rearing for income generation and wealth. However soon after independence large diamond deposits were discovered and the wealth from these drove growth rates to some of the highest in the world during the 1970's to mid 90's. Successive governments used this for a massive expansion in health, education and general infrastructure. The economy is still largely reliant on its diamond wealth but cattle production and tourism also play a role, particularly in terms of employment. The government has been keen to diversify the economic base but efforts to do so have continued to prove difficult. The unemployment rate of around 21% is a major concern (Government of Botswana 2006).

Despite the relative wealth brought in by the diamond mining industry the distribution of wealth is uneven and a relatively high proportion of the population live in poverty (CSO 2005). This is somewhat offset by social wealth such as highly subsidized and relatively accessible health care and education. Road transport is improving all the time. At independence there were a mere 10km of tarred road in the whole country. Now all the major cities and towns, and many of the smaller settlements, are linked by tarred road.

The major challenge of the last decade has been the HIV and AIDS crisis. The current rate of prevalence in the total population is approximately 17% (CSO op cit). The Government of Botswana was one of the first in Africa to confront the crisis head on and has diverted many resources into meeting the challenge. As well as developing free anti retroviral provision there have been major education interventions amongst the population in general and in formal education in particular (BIPDA 2003). These educational interventions have struggled to change behaviour significantly though a drop in HIV prevalence rates is now reported amongst school age groups.

General education

The education sector has expanded enormously since independence. Highly subsidized, though not compulsory, ten year education is available to all. Pupils start primary school (PS) at the age of six (though some start later particularly in the more remote areas) and work toward the Primary School Leaving Exam (PSLE) after seven years. They are then able to move on (independent of the outcome of the PSLE) to community junior secondary school (CJSS). After three years they sit the Junior Certificate (JC). Depending on the grade achieved they can move on to a further two years at senior secondary school (SSS) after which they sit the Botswana General School Certificate in Education (BGSCE). There are also other vocational options available to some pupils after CJSS such as the Brigades and technical vocational colleges. Until recently ten years schooling was free but school fees have now been introduced. It is too early to say whether they will have an impact on attendance.

However there are still areas for concern, inter-alia: even with increasing enrolment approximately 10% of children do not access education and there is considerable dropout between primary and secondary education; there is a disparity in achievement between rural and urban populations; there are low levels of achievement in numeracy and literacy across the board; there are high repetition rates at standards one and two (Hilsum 2003).

Special education

In traditional society children from villages were educated by age group under a system called *bogwale* for males and *lokwapu* for females. No records exist as to how children with special needs were incorporated (or not) into these groups. Of course many children who are deemed to have *special needs* within a modern western style education system would probably have coped very well in one that

relied on the oral method and the learning of practical skills. Missionaries and the protectorate power actively discouraged this system, and many chiefs outlawed it as they turned to Christian practices. Those that continued to encourage it had pressure applied by the various protectorate authorities to stop (Mautle 2001). Can anything be deduced about the treatment of people with disabilities in traditional society from current day attitudes towards people with disabilities? On the face of it there appears to be much negativity toward this group. Student teachers in a recent study (Dart 2006) commonly made statements such as:

I really had negative attitudes...I felt they were cursed by gods or had been bewitched by relatives...I did not like socializing with them as I believed I may get cursed somehow ... (p. 133)

The assumption that traditional attitudes towards disability in Botswana were *negative* has been challenged by Ingstad (1990) who claimed that society's response was a rational and considered one to a situation in a particular context e.g. sending a disabled child to live at the farm placed him a position where he could be both cared for and find a role. Livingstone (2001) concludes that the picture is a complex one, and current attitudes are a result of a series of sociological changes over the last 150 years such as the rise of wage labor in the mines of South Africa and modern medical techniques both leading to a visible increase of disability in a society that saw itself under threat and breaking down in the face of colonialism and industrialization.

Physical disabilities and impairments such as blindness were expected parts of the aging process and in the elderly signaled the potential for spiritual transcendence and increased proximity to the ancestors. In the young however (these) indicated past or ongoing misfortune brought on by either ancestral displeasure, human machinations, or the unknowable actions of a distant God. (p. 37)

There is little doubt that attitudes are changing; people with disability are becoming more exposed in the media and there are a number of positive role models in Botswana. But recently a spokesperson for a major disability organisation could claim that the fact that beliefs about disability are still linked to superstition and revenge *forces the disabled to hide and shy away from seeking help, even when it is available.* (Sunday Standard 2006)

Church groups and NGO's provided the first specific provision for pupils with special needs. In 1969 the Dutch Reformed Church set up a school for visually impaired children and soon after the Lutheran Church started a school for hearing impaired pupils. In 1971 the Camphill Community started a boarding school for children with mental and physical impairments. In 1974 a unit was set up in the Ministry of Education for Special Education and in 1994 that was upgraded to a division. Most special education provision is now under government control though NGO's still play an important role particularly at a pre school and vocational level.

Policy for special education

The Government of Botswana is signatory to a number of international agreements that impact on provision for children with special needs. By adopting the Jomtien Declaration (UNESCO 1990) the Government recognized that the aims of education are common to all children, and that education is a basic human right and therefore should be made accessible to all children including those with disabilities. In signing the Dakar Framework for Action in 2000 (UNESCO 2000) the Government committed itself to achieving education *for every citizen in every society and ... especially for the most vulnerable and disadvantaged children.* (7.iii)

National policy also clearly documents the government's expressed desire to support children with special needs. The first education policy (Government of Botswana 1977) did not mention special needs specifically but it laid down the principle that should guide all educational developments. The principle was that of *Kagisano*; an expression of social harmony based on democracy, self reliance, unity and development (more recently the fifth element – *botho* – has been added. *Botho* is an expression of the recognition of a common, interdependent humanity between all people). In 1993 the National Commission on Education (NCE) (Government of Botswana 1993) concluded that the educational requirements of children with special needs were still not being met:

Although universal access to basic education has been the declared aim and policy of the Government of Botswana since the National Policy on Education of 1977, its provision for children who require special education remains largely unrealized. (p. 307)

As a result the Revised National Policy for Education (RNPE) (Government of Botswana 1994) - which is still considered to be the major policy guide for the sector - emphasises the improvement of

access to education at the primary level, assurance of the quality of education provided, and the relevance of that education to children and their communities including children with SEN, which it recognised as being a disadvantaged group.

In the RNPE the goals of special education are expressed thus;

- a) To ensure that all citizens of Botswana including those with special needs have equality of educational opportunities.
- b) To prepare children with special educational needs for social integration by integrating them as far as possible with their peers in ordinary schools.
- c) To ensure a comprehensive assessment ...which is followed by individualized instruction.
- d) To promote the early identification and intervention which will ensure the maximum success of the rehabilitation process.
- e) To enable all children with special educational needs to become productive members of the community...to enhance their employment opportunities and to promote self reliance.
- f) To ensure the support and active participation of the children's parents and community through an education and information program. (p. 38)

Two other key recommendations are worth noting: 92(b) states that each school should have a senior teacher *responsible for the handicapped children in each school* and who should coordinate a School Intervention Team, and 95 stated that all teachers should have some elements of special needs education as a part of their pre-service or in-service training.

A number of specific objectives for special education appear in National Development Plan 9 (Government of Botswana 2003) but perhaps the feature of most note is that the language has changed between the RNPE and NDP 9 from that of *integrated* education to that of *inclusive* education. Although there is overlap between the two it is broadly agreed that inclusive thinking demands that the structures and systems consider how they can best adapt themselves to a student's needs rather than adapting the student to meet their needs.

The Early Childhood Care and Education Policy (Ministry of Education 2001a) also takes into account the needs of children with SEN by stating that any centre admitting children with SEN should liaise with the DSE for guidance and support. The centre should also make provision for them in terms of accessibility to the building *If a centre has admitted children with special needs.* (22.1)

The National Policy on Vocational Education and Training (Ministry of Labor and Home Affairs 1997) recognised that particular priority should be given to disadvantaged groups, including disabled students and women, and that special training programmes might need to be developed.

Finally Vision 2016, which outlines the long-term development strategy for Botswana (Government of Botswana 1997), states that;

By the year 2016...All Botswana will have the opportunity for continued and universal education..." (p. 5)

Current special education provision

The numbers used in the discussion below were correct as of the end of 2004.

Pre school / stimulation centers (all NGO's)

The research revealed that approximately 172 children mainly with mental and physical disabilities were being catered for on a full time basis in seven NGO's around the country. Some of these organizations also ran outreach services in the communities so possibly double this number has some sort of early intervention. There may well be other children with significant SEN in other pre schools but there are no statistics that one can refer to for this data.

Schools at primary and secondary level

Table 1
Pupils at schools catering for hearing impairment (HI).

School (no. of facilities)	Number of Pupils	Notes
NGO (2)	212	NGO boarding – pre & PS
PS (2)	19	
CJSS (2)	60	
Total	291	

Table 2
Pupils at schools catering for visual impairment (VI).

School (no. of facilities)	Number of Pupils
PS (2)	88
CJSS (1)	28
Total	116

It is likely that the number of students with VI and HI, particularly in the older age range will increase over the next few years as both can result from infections resulting from HIV / AIDS. Indeed the director of a rehabilitation centre for VI stated that already they were seeing an increase of young people with this problem and that two of the students enrolled who had had an onset of blindness later in life had recently died.

Kisanji (2003) estimated that there were approximately 1000 school aged pupils in Botswana with a serious HI who were not having their needs met appropriately.

Table 3
Numbers of pupils in special units at primary and secondary school by disability.

Disability	Primary School (no. of facilities)	Secondary School (no. of facilities)	Total
VI	88 (2)	28 (1)	116
HI	231 (4)	60 (2)	291
MH	600 (16)	-* (0)	600
Phys. Dis.	** (0)	2 (1)	2
Total	919	90	1009

* NB although there are no students in specialized units at SS level for this group research (Dart et al 2002) shows that many students in primary school special units are well beyond primary school age.

** Many children at the stimulation centers and pre schools run by NGO's have major physical disabilities and are of primary school age as do some children in the units for mental handicap (MH)

Taking the total number of students at primary school in units designed for children with special needs in 2004 (including NGO's) we find that there are 919. The total projected number of students in primary school for 2003 was 334932 (Ministry of Education 2001b). This means that children being actively supported in units for their special needs at this level make up approximately 0.27% of the primary school population (or in other words 1 in every 370 pupils). In terms of CJSS level the total from the tables above comes to 88. The total number of students in CJSS provision in Botswana in 2001 was 110 523. Therefore the proportion of pupils actively being supported in special educational units at the CJSS level is approximately 0.08% (or one in every 1250). Only a very small number of pupils with HI or VI move onto SSS.

Students in vocational training

There were 296 students at nine specialist vocational rehabilitation centers and a further 49 in mainstream vocational training units (total 345). According to data obtained from DVET there are 5350 fulltime students in Brigades in Botswana. There are 2502 fulltime students in vocational technical colleges (VTC's) in Botswana (plus 772 part time students). This gives a total of 7852 (not including part time students). In other words the number of reported students with disabilities in the mainstream vocational sector is just over 0.6 % of the total. There are a total of 345 students with special needs in further training. As a percentage of the total number of students in all vocational training that is 4.2%.

This sounds a reasonable figure but it must be remembered that vocational training is not the only option available to CJSS leavers. Indeed the majority of CJSS leavers who go on to further study do so at SSS. The number of students in SSS in 2001 was 38 490. Add this to the figure of 8856 who go into vocational training and the total is 47 346. Therefore the percentage of students in post CJSS provision who have special needs that are recognized as requiring specific support is approximately 0.7% of the student population.

It should be noted that there are students at all levels of education in mainstream schools / colleges etc. with relatively severe special needs, particularly those with physical and learning difficulties, who are not taken into account in the numbers above. However despite some excellent practice here and there, evidence both from this study and others (e.g. Pilime 2003) seems to show that the great majority of

these children get very little active support within their institution and indeed many of them have not even had their needs identified. Although all schools should have a School Intervention Team to support these pupils very few are active. Although this study did not investigate the progress of students with special needs after leaving education a study commissioned by the Botswana Council for the Disabled (Abosi et al., 2000) concluded that 74% of the sample studied were unemployed (compared to a national average of 21%) and that amongst other factors, illiteracy and lack of work skills were major contributing factors to this state of affairs.

Review of literature

In *Situational analysis for the adaptation and modification of the basic and senior secondary curriculum for hearing impaired learners* (Kisanji, op.cit.), the author concluded that barriers to curricular access were found to fall under nine areas. These were: delayed language development, quality of teachers, and through them the quality of teaching; the absence of a developed and legitimate sign language for Botswana and manual codes for Setswana to support deaf children learning it; congested curricula in terms of subjects and content; support materials that were unsuitable and unavailable; inappropriate assessment instruments and examinations; shortage of qualified teachers; poor home school links and collaboration; and weak collaboration between and within Ministry of Education (MoE) structures. The report contains many detailed and well-structured recommendations with specific regard to curriculum development for HI students and their teachers.

Dart et al (2002) studied special units for children with mental retardation at Botswana primary schools and evaluated their performance against 14 recognized indicators of good practice. The study concluded that: identification of these children was very late; some were being placed in wrong settings; there was very little curriculum development to suit the needs of the children; teaching was often poorly planned and lacked focus; individual planning rarely took place; many children were staying on in the primary school setting until adulthood and were then *graduating to their homes*; parents were often keen to be involved in their children's education but sometimes lacked support and sometimes had to face negative attitudes from professionals in the disability field (not teachers); staffing levels were usually adequate although often not well utilized; teachers had to cope with poor supply of basic resources partly resulting from the split between the two ministries responsible for providing primary education; there was little imagination in creating opportunities for links between the schools and the wider community; and there was no simple procedure for quality assurance in the units.

In 1998 a study was made on *Access to vocational education and training for students with severe disabilities in Botswana*. (Casey 1998). The report concluded that, *While official policies support and promote greater access to education and training for peoples with disabilities, very few people actually secure this access* (3) This was due to a number of reasons; lack of access to school, or lack of access to the curriculum and qualifications if at school, few training places (even for the general population), poor training in the existing rehabilitation training centers, and under funded NGO's providing training for this group of students.

Many findings in the study above reflected (not surprisingly) those of an earlier one (Procek et al., 1994) on *Access to vocational educational training for students with disabilities*. This is a comprehensive study covering a broader area than the title suggests and although now over ten years old is still relevant to the current situation both in terms of analysis and recommendations. As stated, many of its findings were mirrored in the Casey study above, but it goes into more depth and analytical detail.

If a further report were sponsored on the same broad theme today the majority of issues would remain the same as they did in these two studies.

There are a number of other studies and papers that exist in the general area of SEN in Botswana; Abosi et al., (1999) compiled a number of short papers on issues such as curriculum access, adult learning for people with disabilities and a review of progress on implementing policy. Dart (in press) reports on a case study of one of the few SIT's that has attempted to put policy into practice and note a number of successes as well as challenges; papers from the *Curriculum development and evaluation seminar on curriculum and special education* (DCDE 2002) are illuminating, for example Tlale, writing about accessing the JC curriculum for learners with VI cites a case where two able students lost a term of study before being admitted, and gained only a weak division three pass because the practical subjects that they had to study had not been adapted to reflect their needs. The school was not asking for the lowering of standards, but rather justice for children with disabilities because the playing fields

are not level. Pilime (op. cit.) concluding her research into integration and inclusion in CJSS's notes that;

Schools in the sample do not have a clear policy on integration and SEN. Provision is limited...and given the range of responses on questions pertaining to curriculum it indicates a further investigation is needed. (p 67)

Hopkins (2003) paints a somewhat gloomy view of the state of provision for children with SEN particularly with regards to the ever-tightening budget. He stresses the point that if children with SEN are to be included in the educational system in a meaningful way then educators, policy makers, and planners, must take account of cultural factors and stress those such as education for kagisano and botho to try and win over the hearts and minds of teachers and wider society to the idea.

Conclusions

General background

Botswana is a relatively large country with a small and widely dispersed population. This poses a challenge for special educational services. However it is a relatively wealthy country by regional standards though the HIV / AIDS crisis has diverted resources out of education in recent years. The level of training of staff, particularly in the government sector is high. There is a very strong policy background for the development of SNE. This policy is sometimes slow in the implementation and policy changes are not necessarily well communicated to practitioners.

Numbers and placement of students with special needs

The recording of numbers of children with special needs is very patchy. It is not known how many children there are in each category on a national level. However two things are apparent. At the moment any new services provided are immediately taken up which would imply that demand greatly exceeds supply. Secondly it should not be too difficult to make a reasonable estimate using small-scale surveys from sampled locations. A few of these already exist and provide interesting data. For example a community based volunteer in one village identified nearly 50 children and young people in the village with disabilities who had not received any formal education or training. This is 1% of the village population and there is no reason to believe that this village will be any different from others. Other detailed data already exists at some of the NGO's. What data exists is often not recorded and disseminated efficiently. Some simple systems and use of basic IT could improve this greatly at little cost in terms of resources.

Identification

Many children with a variety of special needs are not being identified in a timely manner or indeed at all. Early identification does not necessarily mean at an early age (though this is crucial if necessary) but can also refer to those children whose special educational need has a later onset in their school career.

There are a number of reasons for this lack of timely identification. It was reported in a number of cases that local clinics and Family Welfare Educators did not seem to have the skill to identify children with some disabilities. Or sometimes the identification was made but then the information not passed on to the education authorities. There is no simple developmental checklist used by staff at the clinics to monitor the early progress of babies and toddlers. Only the record of weight is kept. Simple guidelines exist that could help with such processes (e.g. WHO 1995). The Central Resource Centre assessment team in the Division of Special Education is woefully overstretched. It has responsibility for identification, assessment and support across the whole country. As one officer put it, *we identify only to abandon*. The number of officers with assessment and support skills needs to be increased and deployed evenly across the country. There are a few NGO's who play a crucial role in this identification process. They appear to be carrying out an important role in a relatively effective manner considering the resource constraints that they work under. However there are few of them and they are understaffed with often under qualified staff. They struggle financially to meet their goals.

Teacher Skills and SITS

Teachers in ordinary schools also lack skills in basic identification, assessment and support. This is likely to improve over the next few years for the following reasons; all pre-service teacher training now contains an element of SNE which covers, if only briefly, these issues, and; the functioning of the SIT as an active body should start to make an impact due to planned in service training over the next couple of years. This is a crucial development and needs vigorous and careful planning and support. Currently most primary schools have the post of Senior Teacher Learning Difficulties who is meant to

coordinate the role of the SIT. However very few are currently active. About half a dozen CJSS's have started SITs, which are active to a greater or lesser extent. There are no known SITs in SS Schools. The apparent reluctance of teachers to engage in the sorts of teaching and learning activities that would be beneficial to many students with less severe SEN in the ordinary classroom is a cause for concern. The meaningful inclusion of a broad range of children with SEN in the classroom is dependent on the mainstream teacher, their attitudes and skills. Although there is some evidence that the new awareness course in SNE at the colleges are having an affect in terms of attitudes (Dart op cit), basic mixed ability teaching skills still seem to be lacking in the general classroom and there is a reluctance from mainstream teachers and perhaps even pupils themselves to move towards a more pupil centered mode of delivery (Mokobane, 2000, Tabulawa, 2004).

In terms of the provision for children whose needs are more severe there is little in the way of preschool provision despite the well-proven benefits that can accrue through this. What exists is provided by small NGO's. In most cases the teachers are not qualified in early years education and even fewer in dealing with SEN. Most special units are at primary schools with a number of exceptions for HI and VI pupils at CJSS's and SSS's designated to cater for their needs. There seems to be evidence from this study and others (Kisanji, op. cit.) that the skills of the teachers in these units are lacking thus holding them back from fulfilling their role to its maximum. Skills such as the use of Braille, sign language, teaching classes with a wide variety of learning needs, and individual planning, are reported as being under developed. Teachers in units for children with mental handicap report frustration at their own lack of skills and lack of resources to teach the pupils in basic activities of daily living and pre vocational skills.

Resources and IT

Many participants in the research complained of a lack of basic teaching and learning resources and observations validated this claim. Often this lack of resources was seen as being a result of confusion as to who was responsible for what (see section on inter agency collaboration below). There were also cases where resources were under-utilized (such as fairly sophisticated equipment for pupils with VI lying unpacked for many months waiting for the right person to come along and set it up). Also there appeared to be a lack of imagination in how to use existing resources well or how to create low cost, locally available items (e.g. taking large groups to work in the school garden instead of rotating small groups through different activities, or bringing in / making readily available everyday items to use as teaching aids). Crucially there is a lack of materials to inform and educate pupils with regard to the HIV / AIDS issue. This is a particular issue for children with intellectual disabilities and sensory impairments.

Nearly all units in primary schools lack IT access for the pupils and often for staff as well. In those where there is access to a computer, staff do not feel competent in anything other than the most basic word processing skills. There was no evidence of computer produced worksheets for example. When they are used it tends to be for simple reports. There was little evidence of software appropriate to the needs of children with SEN except in the units for VI children, but there much equipment seemed to be sitting in boxes awaiting the local council to come and connect or load it.

A number of officers in the DSE expressed the view that they could benefit from further training in the use of IT in terms of record keeping, the collection and presentation of statistical data, making brochures, power point presentations etc. Similar views were expressed by staff at all levels and in all types of special education.

The Braille Production Unit at the CRC is severely hampered in its work by outdated software and non-functioning hardware. Because much of the hardware, software and expertise needed for the upkeep of such Braille production systems are only available from outside of Botswana it is extremely difficult to maintain the little provision that exists.

There is a web page dedicated to the DSE on the MoE website (www.moe.gov.bw/sne) but at the moment it has little but the most basic information on units and contact numbers, and no e mail links to staff / institutions or external links to relevant sites. With the development of IT at schools and education centres throughout Botswana this could become a powerful resource.

Inter agency collaboration

The problem of inter agency / departmental collaboration manifests itself between many sectors; the DSE to other departments in the MoE. The MoE with Ministries of Health and of Local Government Lands and Housing, all ministries with NGO's etc. Although efforts have been made to clarify roles between partners (Sebeso undated) more needs to be done to specify, educate and monitor roles and responsibilities both at ministry and local levels. Relationships between units and local councils vary widely. In many local councils there seems to be a lack of understanding of the needs of the student group. This means that it is difficult for the schools to obtain relevant teaching materials for the

students' needs and on many occasion this was a source of great frustration to school staff. There are examples of good practice in this regard. They should be disseminated and made the yardstick for standard practice.

Curriculum access and student achievement

The MoE strategic plan (Ministry of Education 2001c) reveals that there are major moves afoot to redesign curricula to reflect an outcomes-based system. This would be an ideal opportunity for the DSE to work hand in hand with ERTD and DCDE to ensure that developments reflect the needs of students in the system with SEN. Kisanji, (op. cit.) goes into great detail regarding the curriculum with regard to students with HI, and Procek (op. cit.) and Dart et al (op cit) study curriculum issues from the point of view of children and young people with moderate and severe learning difficulties (mental handicap). The main barrier to curriculum access identified by the focus group looking at VI is the lack of adapted teaching and assessment materials (mainly brailled but also talking books / tape recorders etc) and sometimes reluctance by teachers to allow students the chance to take certain subjects at senior level.

Teachers in CJSS's in the course of this study expressed frustration that for some children in their classes the curriculum content was too great and too complex. Also that even in practical subjects methods of assessment did not allow the children to demonstrate the skills that they did have. Art, Design and Technology, and Agriculture were the most frequently used examples.

Progression for students

There are major problems for progression for pupils with more severe SEN. Many in primary school units are well into their late teens or early twenties. Provision for further vocationally based training is limited to a small number of NGO's (some of which provide excellent programmes). Access to government provision in VTC's, Brigades etc. is very limited though there are some examples of good practice for some students with HI / VI and physical disabilities. The perilous state of appropriate provision for students with HI needs highlighting again. There is a marked lack of opportunity for them beyond JC and even at JC they still struggle to achieve. For a further discussion of this refer to Kisanji (op. cit.), suffice to say that the problems are not new, nor have they only recently been brought to light, nor are they under-studied. Lack of appropriate remedial action would seem to be the only remaining factor.

Issues pertaining to NGO's

NGO's still play a crucial role in the delivering of SE in Botswana. Their main purpose is to 'bookend' government school provision in that they mainly supply early intervention programmes and vocationally based programmes. It should be noted that in the former there is no government provision and in the latter they provide the great bulk of services for students with various disabilities. They provide the only active support for families with children with profound and multiple disabilities. They appear to be highly motivated and resourceful, tapping into as much support as possible from the local community. They suffer from a lack of trained personnel and are very keen that their staff be trained and they actively take advantage of any training that is on offer. All NGO's that were visited in this study expressed the view very strongly that the Government should take up the commitment in RNPE to train NGO staff as major training is beyond their limited budget. The view was also strongly expressed that government should take up recurrent budget expenditure as they do for the mission hospitals. All early intervention centers visited in this study reported that they were not able to fulfill the locally identified needs of children and families and some had even had to cut back on services in recent years. This is an alarming development.

There are encouraging developments in the vocational training NGO sector. Many have now linked with the national Testing and Training Centre to allow their trainees to access basic qualifications and are also actively seeking to make links with organizations such as the local Brigades. The Cheshire Rehabilitation offers a service that links local businesses needing employees to people with disabilities and carries out work-based assessments before placing them appropriately. They would like to expand the service to be able to offer supported employment services.

Quality Assurance

Special education provision in schools in general, and in special units and NGOs in particular, is not inspected for quality on a regular or structured basis. Providers need to become more self-actuated in this regard. Reports are sent to the DSE each year from the units but there does not seem to be particular structure to them nor does there seem to be any planning arising out of them. Items against which quality can be measured are lacking. There is a great need to develop simple quality assurance systems within the institutions themselves. This would help give them appropriate direction and focus.

There is currently a major move towards the implementation of Performance Management Systems across all government sectors. Although this can be a complex and time consuming process, it is an opportunity for those involved in special education to ensure that standards and provision in the field are raised.

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