

Report:

**Evaluation of Support to
CBR Programme in Lesotho**

Carried out April – May 2009

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Abbreviations used in the Report

ASW	Auxiliary Social Worker (MOHSW)
CBR	Community-Based Rehabilitation
CC	Community Council
CHW	Community Health Worker
CRO	Chief Rehabilitation Officer (MOHSW)
CRPD	Convention on the Rights of Persons with Disabilities
CWO	Child Welfare Officer
DA	District Administrator
DC	District Council
DCS	District Coordinating Secretary
DCBRO	District CBR Officer (MOHSW)
DDCC	District Development Coordinating Council
DHMT	District Health Management Team (MOHSW)
DPO	Disabled People's Organization
DRO	District Rehabilitation Officer (MOHSW)
DRT	District Resource Team
ECCD	Early Childhood Care and Development
EFA	Education For All
GoL	Government of Lesotho
IE	Inclusive Education
IT	Itinerant Teacher
LC	Local Council
LCE	Lesotho College of Education
LNAPD	Lesotho National Association of Physically Disabled
LNFOOD	Lesotho National Federation of Organizations of the Disabled
LNLVIP	Lesotho National League of Visually Impaired Persons
LSMHP	Lesotho Society of the Mentally Handicapped
LG	Local Government
LGO	Local Government Officer
LS	Local Supervisor
MOHSW	Ministry of Health and Social Welfare
MIS	Management Information System
MOET	Ministry of Education and Training
NAD	Norwegian Association of the Disabled
NADL	National Association of the Deaf, Lesotho
NFE	Non-Formal Education
NRT	National Resource Team
NST	National Steering Committee
NUL	National University of Lesotho
OT	Occupational Therapist
Physio	Physioherapist
PRO	Principal Rehabilitation Officer (MOHSW)
PS	Permanent Secretary
RU	Rehabilitation Unit (MOHSW)
SCBRO	Senior Community-Based Rehabilitation Officer (MOHSW)
SEU	Special Education Unit
SRO	Senior Rehabilitation Officer (MOHSW)
SWO	Social Welfare Officer
TA	Technical Adviser (NAD)

EXECUTIVE SUMMARY

NAD's support to the CBR programme in Lesotho was evaluated over a period of 21 days during April – May 2009. The main purpose of the evaluation was to provide guidance for strengthening the programme's response to the needs of disabled people in the next long-term period 2010 – 2014. So as to focus on approaches that will lead to an enhancement of programme outcomes and quality, the evaluation looked particularly at relevance, efficiency and coherence rather than at impact.

Against this background the evaluation first looked at some particular aspects of the programme – management and implementation and the role of disabled people and their organizations. Two other areas - education and gender – were looked at for their relevance to the TOR. A fifth area that emerged during the evaluation as being in urgent need of support is livelihoods.

Annual activity plans have been carefully made for each year of programme support through the participation of stakeholders at district and national levels. Implementation however has been severely constrained by two main factors, one related to human resources and management and the other related to the financial procedures currently in place. Overall, the absence of clear allocation of responsibilities and tasks to officers of the MOHSW both within the Rehabilitation Unit and in the district has impeded smooth implementation. This has been compounded by the inability of available staff to cope with CBR tasks expected of them. The NAD TA has had to work with no constant counterpart. The evaluation has therefore recommended that the post of SRO currently vacant in the Rehabilitation Unit be converted to that of SCBRO as a matter of some urgency. And at the district level that there be two distinct cadres working for and with disabled people – a DCBRO who will carry out solely CBR tasks, and a DRO who will do generic rehabilitation work which is also the responsibility of the Rehabilitation Unit. Both cadres will have full-time work and will result in increased efficiency concerning both management and implementation. Further, the responsibilities and tasks of all officers working in CBR as members of the DRT and NRT need to be documented. This together with documented inclusion of CBR in their sectoral policies, plans, actions and budgets will not only institutionalize mainstreaming, but will also contribute to sustainability.

The transfer of funds from the centre to the district has caused significant delays in implementation. In many instances planned activities could not be carried out. There are a few precedents of donor funds being transferred directly from the centre to the district. The evaluation recommends that these be looked at with a view to finding precedents that will reduce procedures and ensure that donor funds for CBR will be used more efficiently.

At the grass-roots, implementation by village volunteers (LSs) has brought results for many disabled people. Considering the very poor economic environment and the inaccessible terrain in which they work, their work could be described as

being impressive. However they work alone. There is no responsibility taken by local councils and no community participation. The next phase requires training of both DCBROs and LSs in social mobilization methods so they could harness community responsibility through the decentralized local government structures, and community participation. Both these will add considerably to programme relevance, coherence and sustainability bringing enhanced outcomes for disabled people in terms of their rights.

LNFOOD as the umbrella organization of DPOs and their four affiliates together with their branches will be required to take a greater role in CBR development in the next phase in two main areas. The programme requires aggressive advocacy for mainstreaming rights whilst at the same time influencing social change. This is undoubtedly a role for LNFOOD and its affiliates at the national level and for branch organizations at the district level. It requires considerable investment of both time and effort. Starting monitoring procedures is also an important role for LNFOOD and its affiliates. The design of these procedures needs to be kept simple and within the capacity of the programme and the time available to personnel. The task of setting this up has been allocated to disabled people in the proposed National Policy. Some concerns were expressed that LNFOOD was setting up parallel CBR structures in the periphery, and that the secretariat was working in the district independent of branch affiliates. These matters need further discussion. It requires clarification of the responsibilities of LNFOOD, its affiliates and their branches.

Achievements made in special education by MOET are impressive and provide wide scope for support. Chief among them are strategies to strengthen inclusive ECCD centres; institutionalize inclusive teacher training for ECCD as well as for primary and secondary school teachers in both the LCE and NUL; assist IT teachers and schools inspectors to more efficiently carry out their responsibilities; and improve facilities in schools including teaching/learning materials, accessibility and libraries, so that all children will benefit.

Gender considerations in CBR could best be addressed by having disabled women and men lead discussions on issues most pertinent to them at suitable fora – training of LSs and DCBROs, meetings of NRT and DRT for instance.

An area that requires the consideration of NAD for support in the next phase is livelihoods. The depth of poverty that is prevalent in the periphery is a very severe obstacle to the fulfilment of expected CBR outcomes. It impedes the development and progress of disabled individuals, especially children. Whilst the Ministries of Labour and Employment and of Gender and Youth, Sports and Recreation offer avenues for mainstreaming, other approaches may be needed to reach those most in need in the periphery.

The Evaluation team is confident that with the implementation of these recommendations in the next phase of programme support, the successful evolution of a rights-based, multisectoral development framework for sustainable CBR could be well on the way in Lesotho.

1 Background

Since 2003 the Government of Lesotho and the Norwegian Association of the Disabled (NAD), have in partnership, been developing a CBR programme. The Ministry of Health and Social Welfare (MOHSW) through its Rehabilitation Unit has been the main implementing agency. Financial and Technical support has been provided by NAD to the MOHSW to strengthen and mainstream multisectoral services to accommodate the needs of disabled people. In a twin-track approach NAD also has an agreement with the umbrella organization of DPOs in Lesotho, the Lesotho National Federation of the Disabled (LNFOD), to strengthen disabled people's rights through self-organization and advocacy.

Current agreements signed for this cooperation are due to expire at the end of 2009. Partnerships are due for renewal and long-term plans are to be made for the next five-year period 2010 – 2014. The evaluation of the CBR programme in Lesotho was carried out against this background over a period of 21 days in April-May 2009. Field studies were carried out from 20th April – 01st May

2 Terms of Reference and Evaluation Methodology

The overall purpose of the evaluation is to provide recommendations for strengthening the CBR programme's response to the needs of disabled people. The evaluation will provide guidance for planning the next long-term period. It will be used as a tool in providing recommendations for approaches that will lead to an enhancement of both programme quality and outcomes for disabled people. Rather than focusing on impact assessments, this evaluation therefore focused on relevance, efficiency and coherence.

The findings of the evaluation will provide the basis for both the renewal of the partnership agreements and provide guidance on NAD's role in relation to developing wider cooperation with other stakeholders in the period 2010 - 2014.

Detailed Terms of Reference are in Annexure I

The evaluation was carried out firstly through a study and review of the extensive documentation available. Particular mention must be made of the very comprehensive Pre-Evaluation Mission Report. This team appreciated the work that had been done by that mission and was careful to avoid duplicating the findings and recommendations made therein. Secondly the evaluation was carried out through a series of intensive interviews and meetings with key stakeholders at all levels of the CBR system.

A schedule of evaluation activities together with a list of people met is in Annexure II.

3 Findings

3.1 Emerging CBR Framework for Rights Protection

The present CBR framework demonstrates the predominance of 2 separate entities (*Fig. 01 below*). One programme managed by the MOHSW as a multisectoral partnership between the various development sectors, MOHSW and DPOs. The other entity is being

developed by LNFOD separately. This separation has been exacerbated by the fact that LNFOD has recently apparently embarked on developing its own service-based CBR. To do this it has deployed disabled people as community workers, thus apparently duplicating the work currently carried out by local supervisors. It also impinges on programme coherence and on the fundamental multisectoral collaborative nature of CBR.

There are at the same time however positive indications that the CBR framework is moving in a developmental direction. It could, with cooperation and partnership, move towards a coherent rights-based framework. There is certainly the potential in Lesotho in terms of infrastructures and human resources to develop such a sustainable developmental model that could effectively respond to the needs of disabled people.

The emerging framework demonstrates 3 entities working together with clearly defined roles (*Fig. 02*). The three entities are management, implementation and advocacy & monitoring. To date the emphasis on management (MOHSW, NRT and DRT) has been at the expense of implementation and advocacy, and at impact at the grass-roots. The change to administrative and financial decentralization and documentation of the roles and tasks of each entity will contribute to the efficacy of such a framework illustrated in *Fig. 02*.

FIG 01
Current framework

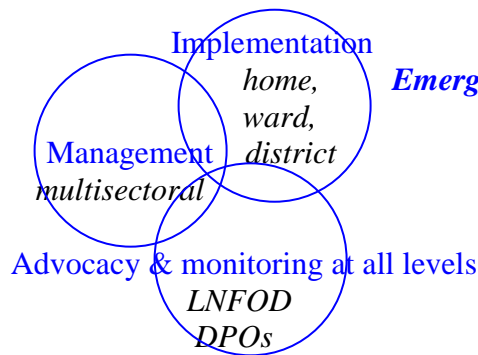
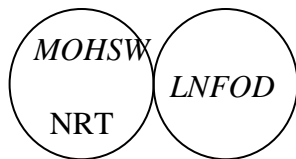


FIG 02
Emerging rights-based development framework

Such a tri-partite model is more likely to respond to the organizational, institutional and implementation changes called for in all development and welfare sectors to protect the rights of disabled persons. It also addresses the attitudinal change called for in society-at-large.

LNFOD and the DPOs have a clear role in taking responsibility for advocacy and monitoring at all levels of CBR. In doing so they increase their value, supporting both management and implementation.

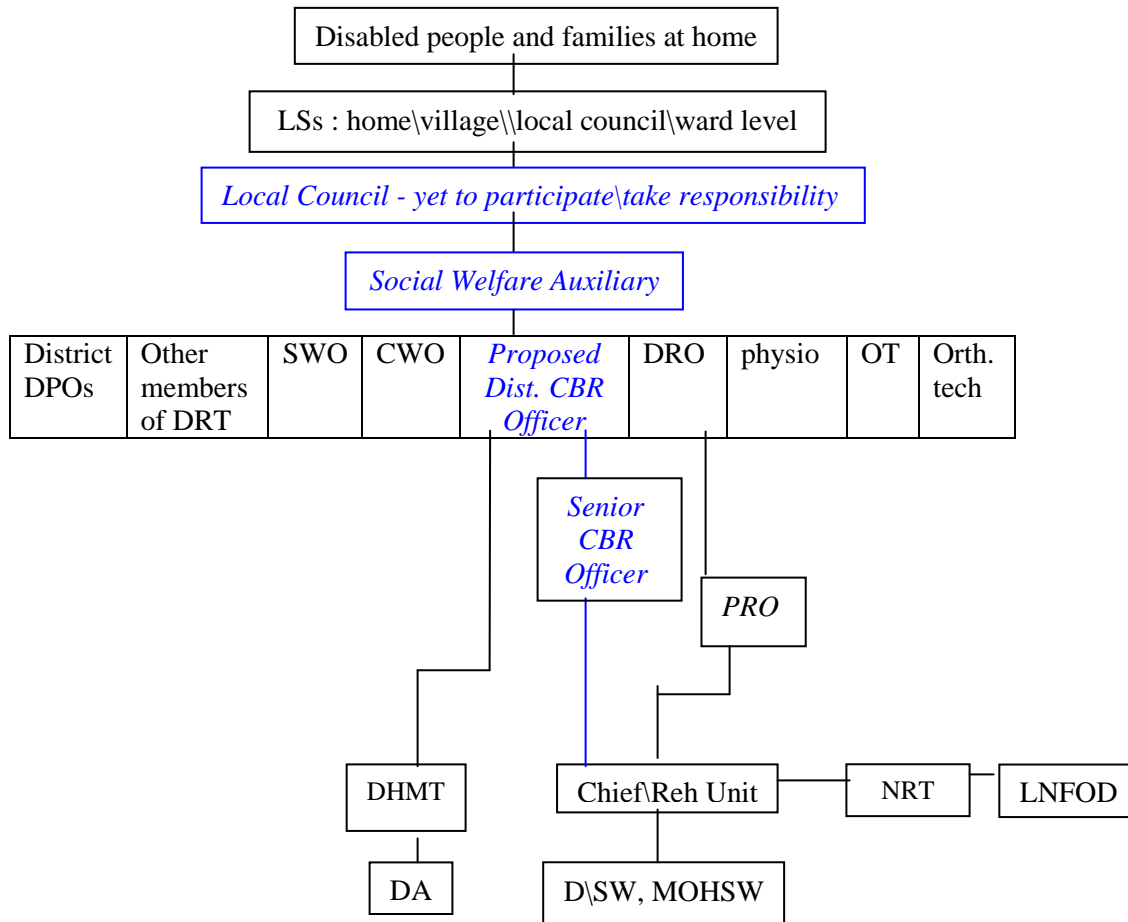
Placing equal importance on implementation as on management shifts the programme to consider the micro level just as it does the macro. From an emphasis on processes, it shifts the programme to consider also direct outcomes for disabled people.

In these ways it facilitates the necessary redefinition of partnerships, relationships and actions to promote inclusion and empowerment. It facilitates enhanced impact on the quality of life of disabled people.

3.2 Management and implementation mechanism

The current management structure and implementation mechanism is in Fig. 03 below. Proposed inclusion of a Senior CBR officer in the MOHSW, of District CBR Officers and Social Welfare Auxiliaries are also indicated.

Fig. 03: CBR management and implementation mechanism



3.3 Disabled individuals at home

Village\Local Council\Ward level: Local Supervisors

(further information collected in this area is to be found in Annexure III)

Disabled individuals are being visited at home by LSs. Their needs are assessed (based on the protection of rights), and interventions carried out. Visits are usually made once a month although many individuals would benefit by more frequent visits. Disabilities that individuals have result from mobility, intellectual, hearing, speech and visual impairment and from epilepsy. When individuals who have mental impairments are met they are only referred to the hospital. Those needing other services are referred through the DRO. LSs work includes more people who have mobility impairment. Their strength is in restoring function and mobility in these individuals and also with those who have visual impairment. With children who have hearing impairment communication is facilitated

using locally available signs and gestures. Formal sign language is not known, but LSs would like to learn it. Deaf children therefore have less opportunity in school and drop-out rate is high.

As a result of CBR many children who were previously hidden have now been brought out. Disabled people are more visible in the community, participating in community activities, church activities and so on.

LSs have done very little work in the area of livelihoods. Because of the poor socio-economic environment in villages this is very important, but has been difficult to do without support from outside. In the poverty in which disabled people, especially children, live, income generation is very important. It is a constraint to the development and progress of both children and adults. In some instances parents cannot afford to pay the fees involved in sending a child to the ECCD centre; in such instances primary school is not a problem because it is free. But such children lose out on a delayed start in life.

Health referrals are a constraint because parents cannot afford the travel cost (and often the time) involved. A first visit to the health facility is made, but it often stops here. Follow-up costs cannot be made. Poverty is a constraint even to making simple assistive devices. No money can be afforded for instance, to purchase nails. Tree branches for making a simple walking frame have to be bought from the local council and cannot be afforded. If the community council was taking responsibility for CBR solutions to these problems could probably be found.

LSs work alone with little, if any community participation. They are well motivated and appear to carry out their tasks efficiently in spite of the many constraints they face (see Annexure III). There is no community responsibility on the part of local chiefs and local councils. If there was, social interaction and change could be increased. In the face of dire poverty faced by most disabled individuals, especially children, community responsibility would have contributed to more of their needs being met.

Social mobilization at this level is necessary for greater community responsibility and participation. For example to get village chiefs and community councils to take responsibility for CBR. This will make it possible to meet certain needs that cannot otherwise be met – cost of materials for home-made assistive devices, meeting travel costs of very poor families to take their children for health referrals. They could be instrumental in mobilizing their communities and promote greater acceptance of disability, increased social interaction, and participation of disabled individuals in community activities. As village chiefs and local councils realize the value of including disabled people and their families in the development of their communities, they are likely to make greater budgetary provision for CBR.

Visits from the DRO are a rarity so LSs have little support. For this, they meet informally in small groups when the opportunity allows.

Children, including those that have intellectual impairment have been admitted to ECCD centres and primary schools. Teachers in both settings generally have had no exposure to disability except for the limited assistance that LSs give them.

More of the older age group appears to be included in CBR programmes rather than children. No statistics are available, so this could not be confirmed. But this needs to be followed up to ensure that all children are being reached in the areas covered by CBR. It is possible that there is low prevalence of disability in children if infant and child mortality rates are high. It is essential that disabled children are found as soon as possible so that early stimulation and early childhood education are made possible for every child, including participation in ECCD centres and primary school.

LSs presently work as volunteers. A decision was being considered by the MOHSW to have community health workers (CHWs) take on the functions that LSs now carry out. CHWs used to work in a voluntary capacity, but are now paid an allowance of M300. Important to consider is whether the current coverage and workload of CHWs makes it feasible for them to take on additional tasks. If this comes to pass, careful monitoring of their curriculum, training and actions is needed to make sure they adopt a rights-based approach to their work in disability and that they do not work within a health framework.

This discussion may however be inconsequential if Social Welfare is to be a separate ministry as seems quite likely now. (see 3.6)

It is interesting that while 50 LSs were recruited in 2005 as volunteers, 45 still remain in service indicating a very low drop out. Against this, the proposal that has been submitted by the DRO Mafeteng for the payment of an allowance of M300 (similar to CHWs) to LSs requires comment by this evaluation. A decision regarding this should not be taken lightly and requires very careful consideration. With planned CBR expansion, even a small monthly allowance to LSs would add up to a significant allocation for the payment of wages. This may of necessity limit the expansion and coverage of CBR. Disabled people will once again be left without hope.

In developing countries generally it is by no means CBR alone that depends on volunteerism at the village level. In fact, the success of many development activities has depended on the strength of volunteerism present especially in the village, but also at all other social and administrative levels. Volunteerism supports development in most societies and nations, whatever their socio-economic situation. But especially in those countries that are yet “developing” volunteerism is a precious resource that needs to be harnessed and preserved if development is to progress successfully.

The use of volunteerism in development follows a certain pattern. At first, volunteerism is used for instance, to bring about improvements in basic necessities - health and education at village level. As economic situations of countries improve voluntary health workers become paid health workers and volunteerism is used for other activities and services, for example through CBOs. With development, volunteerism does not disappear, only its nature changes. This pattern will no doubt be seen in Lesotho as its

economic situation improves. As and when Lesotho is able to, no doubt disability work in the community will be paid for.

In this context the evaluation team suggests that meanwhile alternative means of rewarding LSs be found. As well as reimbursement of travel and other costs, issue of certificates in recognition of their work, ad hoc distribution of caps, umbrellas, bags to carry their documents, for instance. With community mobilization, local leaders may be encouraged to reward their LSs in culturally suitable ways of recognition and in kind. They may, for instance, have priority when selecting for skills training programmes, income-generating activities and micro credit.

3.4 District programme in Mafeteng:

A district resource team (DRT) has been established in Mafeteng to plan, coordinate and implement CBR in the district. The DRO is the secretary of the DRT.

DRO: The DRO Mafeteng is conscientious and performs her role diligently. Although she has no clear tasks allocated to her, she has too heavy a workload. Much of her tasks are related to her role as the “Rehabilitation Officer” with functions just at district level. This leaves her very little time for her CBR tasks. (See Annex IV for list of tasks). In fact, since she was appointed in mid-2007 she has been able to visit LSs\vilages only on 2 occasions. One was to prepare them for the upgrading workshop that was held in July 2008 and the other was to prepare them for this evaluation. Consequently disabled people in their homes and vilages and LSs do not have the support they need from the district.

No statistics have been collected and no information is available in the District Office. Recording forms submitted by LSs and which should have been returned to them have not been looked at. They still remain in the office. The forms when collated would provide initial baseline information about the rights-situation of disabled individuals. With the addition of further information collection and reporting formats they could form the basis for the development of a simple Management Information System (CBR MIS)

This overload on the DRO calls for a separation of the tasks of this post into two. One would be the DRO who will continue to have a full-time role carrying out generic rehabilitation tasks. The second is the DCBRO who will also have a full-time role providing the support for implementation that disabled people and LSs require with three broad responsibilities. One, providing the support for implementation that disabled people and LSs require, two, supporting the implementation of the vilage\local council management, and three, carry out a coordinating role as secretary of the DRT. The second function related to supporting local council management is absent and needs to be introduced. A DRO will have no have time to do this. The post of D CBRO will increase significantly the effectiveness, efficiency, coherence and sustainability of district CBR programmes.

Whilst the travel constraints faced by the present DRO in Mafeteng will soon be addressed with the transfer of the vehicle provided by NAD to the district, the issue of a mode of travel for DCBROs (presently DROs) in other districts needs to be addressed,

perhaps with motor cycles. Without being able to do so, a D CBRO\DRO will not be able to carry out even 90% of the tasks required of them in CBR.

Neither district officers nor LSs have had a regular capacity building programme. A regular planned programme for upgrading their knowledge and skills would contribute to improved programme quality and efficiency.

(further information concerning the DRO is to be found in Annexure IV)

DRT: With a membership of 28, it appears that 12 district development sectors are represented on the DRT. All district DPOs are also represented. Annual district plans are made by the DRT and NRT together. However, to a large extent the DRT has not been able to work according to the activity plan because most team members expect the CBR budget to meet their activity and travel expenses. Administrative and financial regulations do not always make this possible. When costs can be met, delayed transfer of funds or lack thereof from the central level has also constrained implementation. The team also lacks skills to effectively provide support to the programme management as it only received two weeks training from the national resource team (NRT) prior to commencing its work.

Participation of the DRT in the evaluation meeting was disappointing. Whilst all DPOs were represented, only 6 other sectors were present. This could lead one to question the motivation and commitment to disability on the part of many sectors represented on the DRT. (The same was true of the NRT). Meetings also appear to be irregular, with only one meeting having been held this year with both the NRT and DRT. This may also impact on the effectiveness, efficiency and coherence of the DRT. Understanding of CBR on the part of those present was satisfactory. Some members of the DRT report that disabled people have been included in their actions (primary education, ECCD, NFE, youth). However mainstreaming does not appear to be a matter of policy.

Collaboration between the DRT and NRT in annual planning is commendable.

However the present approach to annual planning is not conducive to mainstreaming. Activities of specific sectors are carried out using the CBR budget. In actual fact mainstreaming calls for such activities to be met through line ministries. Only collaborative activities should come from the CBR budget, e.g. capacity building of resource teams. It is important that ministries do demonstrate their commitment to mainstreaming by starting to include costs in their own budgets. Only in exceptional circumstances and also when particularly large investments are called for should costs be included in CBR budgets. The recommendations made by this evaluation regarding inclusive education and livelihoods would surely require outside funding.

District DPOs brought up issues faced by them with LNFOD. Their difficulty was that LNFOD implements activities at the district without their knowledge and participation.

The main challenge within the DRT was reported to be understanding of the concepts of CBR and mainstreaming. Understandably the team has only been in existence for a short period. However, for the long term, it will be necessary that members of the DRT

integrate CBR activities and budgets in their own sectoral plans. In this way CBR would be mainstreamed in various programmes and services as called for in a rights-based approach.

3.5 Programme management at the national level

It appears that the MOHSW, as the line ministry has taken the major responsibility for the management and implementation of the CBR programme. It may be that this contributes to some having the perception that CBR is a health responsibility, and others that disability is a welfare issue. A multisectoral NRT is in place with the potential to guide and direct CBR in Lesotho towards a rights-based, inclusive, developmental framework (*see Fig 01*). There is concern however that mainstreaming as the main approach for inclusion and empowerment has not perhaps been adequately understood and accepted. Also that mainstreaming is a multisectoral responsibility and that the NRT needs to share equal responsibility for this.

(1) MOHSW: There are only two officers, the CRO and the SRO (just promoted to PRO), in the Rehabilitation Unit of the Ministry. It appears that the SRO was responsible for day-to-day management. They have both been responsible for the development and management of Lesotho's CBR and are consequently heavily overworked. There is no clear demarcation of responsibilities and tasks between the two posts. Their tasks in CBR come on top of their role managing the general rehabilitation programme covering all 10 of the country's districts.

Reports are made six-monthly. No other information or statistics are available to assess coverage and progress of CBR, reflecting the work overload carried by the SRO. There is an urgent need for a Senior CBR Officer to be in the ministry who will relieve the SRO (now promoted to PRO) of her CBR responsibilities and leave her to focus more efficiently in managing the country's generic rehabilitation programme (*see Fig. 02*). The urgency comes in the context of CBR expansion that is planned in Mafeteng and Leribe for 2009 and for starting CBR in at least 6 more districts in the next five-year phase.

Moreover, the NAD Technical Adviser (TA) has not been functioning in an advisory role. Rather, in the absence of a Senior CBR Officer, his role has been to personally carry out CBR tasks and this consumes all his working hours. *See 3.13*. A Senior CBR Officer is therefore needed urgently to be the counterpart to the TA. If action for this post is delayed Lesotho stands to lose considerably by not acquiring the expertise of the TA. Other major functions of the SCBRO include providing technical support to programme implementers especially the MOHSW, NRT and DRT; monitoring and facilitating implementation of policies and plans of action, linking the district and national levels and funding partners; and maintaining documentation, and records and submitting reports

The post of Principal Rehabilitation Officer has just been filled with the promotion of the SRO. Recognizing the difficulty of creating new posts in Government, conversion of this now vacant post to that of a Senior CBR Officer is strongly recommended as a matter of urgency.

Introduction of new cadre of Auxiliary Social Workers in the MOHSW: A cadre of “Auxiliary Social Workers” has been approved for the RU. When appointed, they will be placed at ward or similar peripheral level in each district. The curriculum for their training is presently being prepared. It is to include both generic social work and CBR. The manner in which they will work is yet unclear. If this cadre is trained adequately to support LSs, they will add considerably to programme sustainability.

Skillshare International: The INGO Skills Share International has had a partnership with the MOHSW to support income generation. Only 20 persons were selected for the project. This is soon to end and extension is uncertain. Moreover, it does not appear to have the capacity for a larger coverage and impact.

(2) NRT: Planning, implementation and coordination of the CBR programme at the national level has taken a multi-sectoral approach through the establishment of the National Resource Team (NRT). 31 Members represent 11 Ministries and the National University of Lesotho. The annual activity plan is made jointly with the DRT. As with the DRT, activities that should be funded by line ministries are met from the CBR budget, constraining mainstreaming. It is important that the different stakeholders represented in the NRT internalize the basic values and principles of CBR. This would not only lead to effective mainstreaming of disability in sectoral plans and budgets but would also ensure stability and sustainability of the programme for the improvement of the quality of lives of people with disabilities in the country.

3.6 Financial, administrative and political decentralization issues

The MOHSW has not taken any steps as yet towards decentralization (devolution). When decentralization does become a reality it will no doubt smoothen out and make more efficient administrative and financial procedures and contribute to political empowerment. This may however yet take some time.

The Ministry of LG is responsible for coordinating decentralization of each ministry. As a measure to overcome delays on the part of ministries, in March this year a National Master Action Plan 2009 – 2013 was drawn up. MOHSW is included as a priority for decentralization. The Master Plan is awaiting cabinet approval. When this has been approved MOHSW will be compelled to take action for decentralization. One can therefore hope that this may happen during the next 5-year phase of CBR partnership.

(more information on Decentralization processes and issues in Annexure V)

At the time that this evaluation was coming to an end it was reported that Parliament had just approved a decision to set up a separate Ministry of Social Welfare. This has however yet to be approved by the Upper House.

3.7 LNFOD, DPOs and CBR

Current role: LNFOD's role in CBR in this phase that is coming to an end has been advocacy (lobbying), social mobilization and DPO formation and strengthening. Advocacy work has been directed at ministries, sensitizing them to disability rights, especially MOET. LNFOD and its affiliates have also assisted MOET with teacher training. It will collaborate with LCE in the new teacher-training programme. It collaborated with MOHSW in the training of LSs. Social mobilization has been carried out with local governments. LNFOD has also implemented awareness programmes in the CBR wards of Matelile and Tebang in Mafeteng district in collaboration with local government.

Four DPOs have been set up as affiliates, and each has their own branches in Mafeteng. DPOs draw up action plans and implement their own activities using financial allocations from NAD obtained through LNFOD or directly. LNFOD trains affiliates and their branches in leadership, branch management and lobbying. Some DPOs have been collaborating with MOHSW on issues faced by disabled people who have HIV & AIDS. Representatives of LNFOD and DPOs are members of the NRT, while the four branch organizations in the two wards are represented on the DRT.

Two issues which had been raised in meetings held in Mafeteng were discussed with the Executive Director and Programme Officer. One was that district DPOs brought up issues faced by them with LNFOD. Their difficulty was stated to be that the LNFOD secretariat implements activities in the district without their knowledge and participation.

The second issue raised in the district was that LNFOD (? DPOs and district branches) was training their own community workers and duplicating the work of local supervisors. LSs were not informed when LNFOD representatives carried out activities in their villages. In fact, there was little cooperation between the two

Both these issues need careful consideration when planning the next phase. Whilst LNFOD has no doubt a great deal of expertise which is of value to DPO branches, the autonomy of district DPOs needs to be respected. Besides in the next phase, LNFOD will have increased responsibility in CBR both in stronger advocacy and in leading monitoring activities. The secretariat in particular will have tremendous responsibility at National level. Services which can be effectively provided by others may be better left to them. LNFOD still has a role to play in training, sharing expertise which only it has, such as, for instance NADL and sign language. (See 4.2).

Strengthening role in CBR: The next phase of CBR needs to have a much greater rights-focus. See Fig. 02, page 7. For this, a very powerful advocacy programme is necessary, to promote inclusion and empowerment within all sectors of society. No agencies other than LNFOD and its affiliates can carry this responsibility effectively, coherently and with relevance. Secondly, to ensure that CBR is moving toward a rights-based, multisectoral, development framework, methods of programme monitoring need to be introduced. These need to be simple at first so that it takes existing capacities into account. But if, from the outset, it has in mind the later development of a CBR MIS, both could be more efficiently developed with greater relevance. See also 4.2.

3.8 Inclusive Education

Although the term “Special Education” has always been used, in practice what is implemented in Lesotho is the inclusion of disabled children in the mainstream school system.

The progress made by MOET in including disabled children in the ordinary schools system is impressive. Many children who have visual, hearing, speech, intellectual and mobility impairment are included in primary and secondary schools. There are at present 21,433 (9,381 girls & 12,052 boys) and 3788 learners (2,305 girls & 1,483 boys) in 1500 primary and 250 secondary schools respectively. Note the reversed gender proportions.

Teachers have acquired varying levels of knowledge and skills for meeting their needs through child-centred teaching during short (2-week) in-service courses. However access to the built environment of schools and lack of sign language use constrains schooling opportunities for children with mobility and with hearing impairment.

MOET is currently undertaking many activities to strengthen IE in both primary and secondary schools. Adapting curricula to make them more inclusive, training of trainers with specialized knowledge and skills to teach mainstream teachers and expanding in-service training of mainstream teachers are all under discussion but constrained by inadequate budgetary allocations. The LCE and the NUL both undertake in-service training of teachers. They also implement other training courses for teachers (short courses, certificate courses, diploma and degree programmes) into which modules on IE could easily be integrated.

The work of special education school inspectors and itinerant teachers is most valuable. But coverage is severely constrained by unavailability of cadres (only 6 IT teachers for 10 districts) and their lack of mobility (one vehicle to be shared by 9 - Hq. staff and IT teachers in diverse districts). They have tremendous potential to support more effectively disabled children, but this is severely limited as is also their efficiency and impact.

EFA strategies have not included disabled children. The issue of inclusive sports for school children is also yet to be addressed. No textbooks are printed in Braille as yet. A Braille Press is currently being purchased, so that MOET could meet future needs.

Staff in Special education and others are of the opinion that IE could be further strengthened if there was a designated post of CEO Special Education. Apparently other areas such as curriculum development, tertiary education, primary schools and so on each have a CEO who is in a position to advise the PS on their areas. It must however be made sure that the appointment of a CEO IE will promote inclusion of childhood disability in the education system and not isolate it as a separate issue.

(more information on IE in Annexure VI)

3.9 Gender considerations

Gender considerations in CBR management and staffing: The ratio of women to men in the general population is 2.5:1. The public service appears to be dominated by women. Men are poorly represented.

This is the same in the RU. Among 32 staff in the RU, (including district staff) the proportion of women to men is 3:2. Among the 45 local supervisors there are 37 women and 8 men. The NRT and DRT also have many more women.

See Annexure VII for further information.

The situation is no different in the disability organizations. LNFOD, which is probably aware of the need to consider gender, has 6 men and 7 women on its Executive Committee. NADL has by far a majority of women in its membership. LSMHP has a predominance of women both on its committees and among its membership. Some of its branch committees are all women. Rarely, there may be a single man. LNAPD on the other hand has predominantly men both on its executive committee and among its membership. They feel that this may be because of the high incidence of injuries among mine workers. Also because culturally, in the peripheral mountain areas it is the men that come out for village gatherings. Women, apparently stay home. Although women in public appear to be the sole caregivers of disabled children, in the privacy of their homes, men reportedly do take their share of responsibility.

One possible reason given for these gender variations is that girls and women have had more opportunity for schooling and further education. Men apparently look after fields and livestock as boys, and therefore have less education. As youth and men they go to work in the mines.

Besides staffing, abuse and violence is of course rife among disabled people, especially children. It was not possible to ascertain gender variations due to time constraints. But it is generally believed that both genders are affected, however girls more than boys.

Responding to specific gender-related needs through CBR: see 4.4.

3.10 Strategies for job creation in the Ministry of Labour and Employment and Ministry of Gender, Youth, Sports and Recreation

The Ministry of Labour and Employment has the mandate for employment promotion through its division of National Employment Services. The ministry has a two-pronged approach to job-creation. Both stem from the registration of job-seekers and of job vacancies in the business sector. A database is in place for the purpose. Registration is promoted through public gatherings. Those who have registered to date are largely unskilled, so matching them with jobs is difficult. It is likely that disabled job seekers will be largely unskilled and also come within this category.

Employment officers placed at district labour offices are responsible both for placement in wage employment and for promoting income generation through small business enterprises. This is done through the formation of small groups (6-10 members). Because

of inadequate skills, including business management skills, and for other reasons, many small business enterprises have failed.

From this year unskilled jobseekers will be given training before embarking on income generating activities. Three districts have been targeted, two of which, Mafeteng and Leribe, are CBR districts. The other is Berea. This will be done in collaboration with the Ministry of Gender and Youth, Sports and Recreation. This ministry has had experience in small enterprise promotion using the ILO “Start and Improve your Business (SIYB)” training and materials. The Ministry of Labour and Employment will provide start-up capital. Numbers will be restricted because of limited resources.

National Employment Policy: A draft policy was made several years ago, but never processed for approval. It does not take disability into account.

National Policy on Disability: The officer responsible for employment promotion participated in the group that formulated the National Policy on Disability (still also in draft form). They will use this document to include disabled people in their job creation programmes from this year. The officer is also a member of the NRT.

3.11 The National Policy, UN CRPD, WHO Matrix and their influence on CBR

CBR in Lesotho uses the WHO matrix with its 5 components and 25 elements as its basic approach to implementation. Members of the NRT and DRT have been selected in keeping with the 25 elements of the matrix. The structure of the matrix and Lesotho’s development structure do not however match in terms of the specific mandates given to ministries. Mainstreaming may have been better understood had the 5x5 matrix been adapted to the country’s development infrastructure.

The national policy is yet in its draft form and is presently being processed for approval. According to the draft national policy, all ministries and other service providers will be required to participate in the planning, implementation, monitoring and evaluation of disability-related programmes including CBR. The draft policy provides a framework for realizing cross-sectoral collaboration to promote disability mainstreaming and social inclusion of people with disabilities.

The recent ratification of the UN CRPD by the Government of Lesotho has great significance for Lesotho. By ratifying the CRPD the Government is legally obliged to implement the provisions of the treaty. The policy has been formed on CRPD principles to promote and protect the rights of disabled people in the country. Both the draft policy and the UNCRPD advocate a paradigm shift from viewing disability as a welfare and medical issue to the social model and further, to a human rights framework.

The CBR programme provides a vehicle for implementing policy strategies as well as the provisions of the Convention in the context of the WHO Matrix.

It is hoped that the various stakeholders work together to advocate for the speedy approval of the policy. LNFOD and the DPOs could make far more use (than they appear

to at present) of the CRPD as a powerful tool for advocacy. It is a tangible lobbying tool for inclusion through a rights based approach. It will also be important to domesticate the Convention in national legislation.

3.12 Current phasing out plans and strategies

Financial: Contributions from NAD and the Lesotho Government for the three years 2006-7-8 in USD are as follows;

	2006	2007	2008
NAD	134,567	80,427	140,000
GoL	115,914	99,254	115,904

These figures do not indicate whether or not plans for financial phase-out have yet been made.

Strengthening management and implementation: MOHSW has recently approved a cadre of “Auxiliary Social Workers” to be appointed at ward or similar peripheral level in each district. (See 3.2, 3.4)

Recommendations have been made in this Report for the appointment of a SRO in the RU of the MOHSW and of setting up posts for DCBROs. These are very necessary for programme sustainability in the face of phase-out.

As can be seen, phasing out plans and exit strategies to prepare for MOHSW bearing full responsibility when NAD moves out are inadequate. They need to be made during the next three-year phase.

3.13 Programme inputs from NAD Technical Adviser and HQ.

The NAD Technical Adviser (TA) has generally not been able to function in an advisory role. In the absence of an officer in the MOHSW allocated specific responsibility for CBR, his role has been to personally carry out CBR tasks. This has been necessary to ensure that activities are actually implemented. He has also been carrying out many coordination tasks between the MOHSW and other ministries, quite outside his role. If he had not done so programme impact on disabled people would have been severely constrained. In fact, the NAD TA has been carrying out tasks that should be done by a Senior Officer in the Rehabilitation Unit.

This calls for the post of SRO that is presently vacant to be filled with no further delay by a SCBRO. It is of utmost importance that the TA works with a counterpart. Many delays that have occurred in the first phase could be avoided if this step was taken. See 4.1.3.

NAD Hq. has been visiting twice-yearly. These visits have been invaluable to monitor progress, provide advice and motivation, and to support programme development generally. They need to be continued throughout the next phase.

4. Conclusions and Recommendations

The emerging framework of CBR as a rights-based multisectoral development strategy needs to be strengthened. This could be done through the following;

4.1 Management and implementation: Effective management together with efficient and coherent implementation are keys to the success and sustainability of CBR. These need urgent attention. To this end, the following actions are recommended:

4.1.1 Mainstreaming:

- (1) Intensive discussion within the NRT and DRT, providing inputs when necessary, to increase their understanding of CBR as a rights-based strategy for inclusion and empowerment. Understanding of human rights is a pre-requisite for this. This facilitation may be done in a workshop situation (or at a meeting) followed up with regular discussions, at meetings, of related issues
- (2) Each sector represented on the NRT and DRT to take responsibility for management of disability issues related to their sector. Their specific responsibilities and tasks in relation to their particular mandates need to be documented. In addition, documenting their commitment to address the needs and concerns of disabled people in terms of rights in their policies, annual activity plans and budgetary allocations for the activities listed is of paramount importance.
- (3) Follow this up through discussion of each of these in the NRT and DRT (as relevant) to share ideas and benefit from each others experiences.

4.1.2 CBR monitoring: introduce simple CBR monitoring procedures as the first step in the development of a CBR Management Information System. *See 4.2.2*

4.1.3 Senior CBR Officer

The position of a senior rehabilitation officer with responsibility only for CBR is essential to ensure that the programme functions effectively, efficiently and with coherence. Both because of the difficulty in having a new post created and because of the urgency involved, the evaluation recommends that the post of SRO presently vacant be re-delegated as S CBRO. (*refer 3.5*)

4.1.4 District CBR Officer\ presently DRO

- (1) The appointment of district officers with responsibility only for CBR will increase district management capacity and provide the support required by disabled people in their homes, LSs, village councils, auxiliary social workers and officers in other sectors. It will make possible field visits for this purpose. The present DRO will then be able to carry out tasks in generic rehabilitation more efficiently. *See 3.4* for suggested functions.

- (2) In order to manage and support the programme efficiently, DCBROs\ DROs need to be mobile, perhaps with motor cycles.
- (3) DCBROs\ DROs need to be given knowledge and skills on social mobilization methods so that they may use these to bring about responsibility for CBR on the part of community councils and others (*see 4.7*)
- (4) The evaluation is cognizant of the difficulty involved in the creation of new posts. For this reason it is hoped that the RU will start procedures towards this as soon as possible, keeping in mind particularly the planned expansion to new wards and districts.

There is some reason to be optimistic that D CBROs may be approved without too much difficulty and delay for two reasons. One, Social Welfare will most likely be an independent ministry, and two, the precedent set in the creation of a cadre of social welfare auxiliary.

4.1.5 Local Supervisors: Relevance, efficiency and qualitative outputs of the work of LSs may be increased through the following,

- (1) LSs cover fewer villages in those areas where the terrain is particularly difficult and villages very scattered.
- (2) LSs to follow a more focused rights-based approach rather than have a health orientation in their work. This could be brought about by training and other capacity building activities
- (3) impart to LSs skills to carry out effectively social mobilization of their communities to participate in CBR
- (4) train local supervisors in deaf culture and sign language. NADL may be requested and supported to carry out this task in a phased manner.
- (5) LSs in turn be assigned the task of transferring knowledge and skills gained in training to deaf individuals, families and communities.
- (6) impart to local supervisors knowledge and skills to facilitate greater social empowerment of disabled people. This is especially important to enable disabled people to voice their opinions, suggestions, concerns and needs when communities gather. One particularly important area of participation is when plans are being made for submission to community councils so that their needs will be taken into account.
- (7) impart to local supervisors skills to empower disabled people also to meet as small neighbourhood peer groups (3-4 members). Through these they

could share experiences and problems and strengthen each others capacities for empowerment. Ways of forming these groups and of what they could do together could be learned from the HIV and AIDS support groups. For their own empowerment, it is important that they be facilitated to grow from the village, as opposed to being “set up” rather like, or as, branches of DPOs.

4.1.6 Documentation of roles and tasks: To increase programme relevance, efficiency and coherence, the roles and tasks of officers and workers in management and implementation needs to be documented. This includes roles and tasks of those working in the MOHSW, namely CRO, SRO, SCBRO, DCBRO, DRO, ASW, and those of the LS as well as those working in CBR in other sectors.

4.1.7 National Steering Committee on CBR: The setting up of a National Steering Committee of PSs is under discussion. It is often difficult for PSs to give of their time to participate in separate steering committees for separate subjects. In such situations they may delegate an official in the ministry to participate, thus defeating the purpose.

There are other options to consider, which were suggested by members of the NRT. This is through the PS in one’s own ministry. Members of the NRT need to lobby and impress on him\her the importance of mainstreaming particular issues. When convinced, she\he could bring it up on the agenda of the weekly Friday meeting. In other instances, the PS who is convinced may advocate issues with colleagues on a one-to-one basis or in small groups.

These measures are of course suitable only in relation to ad hoc matters.

Recognizing the importance of having in place a National Steering Committee, yet another alternative is possible. This relates to the role originally foreseen for the NRT, which was that it should be a decision-making body.

When the term of the present NRT comes to an end, select representatives of key sectors, institutions and organizations for the new NRT/NST in an ex-officio capacity (not as individuals). Ex-officio posts nominated to the NST/NRT should be at a level which has decision-making powers.

4.1.8 Capacity building system: There is an urgent need to shift training from welfare\medical orientation to a rights-based developmental framework

Further short duration training, on an annual basis, for both DROs/DRT and LSs, based on a training needs assessment, requires planning and implementation. The purpose of this will be to build capacity for effective programme management, planning, organization, implementation, coordination, monitoring and evaluation on a continuing basis.

4.2 The role of LNFOD and DPOs

LNFOD and DPOs have two particular responsibilities in CBR which cannot as effectively be done by others. They are advocacy for rights and programme monitoring at all components and levels of the CBR mechanism (see 3.1.) There are also certain areas for which disabled people have more technical expertise. Keeping this in mind the following is recommended for LNFOD and the DPOs;

- 4.2.1** Plan and carry out an intensified programme of advocacy for rights through inclusion and empowerment, at national and at local government levels. The actions to be carried out by LNFOD at the national level and by DPOs at the district level need to be carefully delegated.
- 4.2.2** Introduce programme monitoring as the first step in developing a CBR management information system (MIS). In the National Policy presently being processed the establishment of a monitoring committee comprising people with disabilities is called for. The responsibility for monitoring has been assigned to the MOHSW. It is stated to be relevant to all Government ministries, private sector and civil society organizations. This calls for LNFOD (committee of disabled people) to work in partnership with the MOHSW and with all CBR stakeholders, especially the NRT and DRT.
- 4.2.3** *Sign Language:* It appears that at the present time NADL alone has the expertise required for the dissemination of the use of sign language in the country. They need to be supported to impart their experience of the deaf culture and knowledge and skills of sign language. Present priorities are deaf people and their families. Whilst direct contact is more efficient, more deaf people and families could be reached through the training of school teachers, LSs and DROs.
- The process of developing a sign language dictionary needs also to be enhanced.
- 4.2.4** *Resource persons for training:* Disabled people with the necessary expertise to be called on to be trainers in CBR-related training and other capacity building activities (e.g. orientation and mobility) when relevant.

4.3 Inclusive Education

Teachers in primary and secondary schools need to know how to effectively include disabled children in the classroom. In-service training of teachers needs to be intensified to keep up with CBR expansion. Towards this end the following is recommended;

- 4.3.1** *Curricula:* Revision of primary and secondary school curricula to be made more inclusive (currently being discussed) be a priority.
- 4.3.2** *Trainers of school teachers:* more trainers with special skills to meet needs of children who have visual, hearing, speech, mobility and intellectual impairments be prepared to undertake intensive in-service training of school teachers

- 4.3.3 *In-service training for primary and secondary school teachers:*** undertaken presently at LCE and NUL be adapted to include disability and be extended to cover more teachers annually. Teachers to be selected from CBR areas.
- 4.3.4 *LCE and NUL:*** New training courses, diploma and degree programmes to be set up at the NUL and LCE include a module on disability
- 4.3.5 *School teachers:*** Schoolteachers have training in deaf culture and sign language
- 4.3.6 *Itinerant Teachers:*** IT teachers carry out an important function supporting schools and teachers to mainstream children with the different disabilities. It is recommended that,
- (1) the number of IT teachers be increased to at least 2 per district
 - (2) they be made mobile (e.g. motor cycles) so they could cover more schools
 - (3) they be given upgrading courses to cover current developments in IE
- 4.3.7 *Teaching\learning materials including teaching aids:*** production of relevant materials be supported
- 4.3.8 *ECCD:*** Inclusion of disabled children has been started with the training of small groups of teachers. The willingness on the part of authorities to accelerate the process could be supported so that more disabled children will have an early start in life.
- 4.3.9 *Promote greater consideration of inclusive education in Ministry of Education policies, plans and budgets:*** This could be done through the post of Chief Education Officer (CEO), (IE) whose principal function will be to advise the PS. It must however be made sure that the appointment of a CEO (IE) will promote inclusion of childhood disability in other education processes and in the education system-at-large rather than isolate it as a separate issue.

4.4 Gender:

Issues of gender and abuse be addressed through the following:

- 4.4.1 *Training of community workers:*** Ensure that a group of suitable disabled people are included to lead a session on gender considerations, issues and equity in all LS, SWA and DRO training. Training coordinators need to ensure that experiences of disabled people are shared and accepted in an open environment. Feasible ways of overcoming problems, changing behaviours etc. be discussed. This includes ways of informing and involving local communities to facilitate social change.
- 4.4.2 *DRT and NRT:*** A meeting of the NRT and of the DRT be set aside as soon as possible, and then as and when necessary, to share and discuss with a group of

suitable disabled people as above in 4.4.1. Discussions may include specific case studies to introduce concrete issues and increase understanding.

4.4.3 Include gender aspects and needs in documentation

Consideration of gender aspects and needs in CBR assessments, plans and actions will facilitate gender equity. So also will inclusion of these in recording and reporting formats used in the MIS that is to be developed, enable monitoring to continually improve their relevance and effectiveness.

4.5 Community responsibility and participation:

Programme quality and outcomes could be enhanced by introducing community responsibility and participation using social mobilization methods. To this end,

- (1) primary targets of social mobilization should be village chiefs and members of community councils so that they will consider disability as an issue that should be addressed by them
- (2) village chiefs and local councilors should be taught how they could, in turn, mobilize their community members for greater participation in CBR, influence greater community acceptance of disability, and increase social interaction.
- (3) social mobilization needs also to emphasize the importance of listening to disabled people and allowing them space to voice their needs and opinions, in community gatherings. This is especially important when plans are being made by community councils – to take into account the needs and concerns of disabled people in bottom-up planning processes and in resource allocation.

4.6 Livelihoods:

The livelihoods component needs to be strengthened to address the strikingly significant issue of poverty among disabled adults and children (*see 3.3*).

To this end, current skills development and job creation programmes of the Ministry of Labour & Employment and of the Ministry of Gender & Youth, Sports & Recreation could be made resources for mainstreaming. However these have a small reach. Areas in which these operate may not necessarily coincide with CBR. (*see 3.10*)

Those most in need in the periphery require access to village-level income generating programmes. Ideally, of course disabled people should be mainstreamed in any that do exist in CBR areas. The evaluation team was not able to assess programmes that are presently being implemented in the country, other than those mentioned in the previous paragraph. The availability and nature of livelihoods programmes in CBR areas needs to be explored further.

Livelihoods is a specialized area involving many aspects such as preparation of the individual and the family; preparation of the workplace for wage employment or knowledge of the marketplace for self-employment; access to raw materials and micro credit; skills training and/or business skills training; and follow-up. Including this in CBR requires specialized expertise as resource inputs. Availability of these needs also to be determined and new partnerships explored.

4.7 Decentralization for improved management and for sustainability

CBR make optimum use of the country's decentralization processes by mobilizing local Government structures (DC, DDCC, community council) to include the needs and concerns of disabled people in all their plans, actions and budgets. DCBROs and LSs be given the knowledge and skills to carry out this task.

4.8 Sustainability and phasing out strategies

Many recommendations made above will contribute to programme sustainability. The following strategies will add to this and serve also to prepare for donor phase-out:

- (1) better understanding of CBR concept and approaches on the part of NRT and DRT (*see 4.1*),
- (2) ownership and responsibility for actions by sectors on NRT and DRT (*see 4.1.*)

4.9 Recommendation to NAD

NAD has, until now, had two implementing partners in Lesotho's multisectoral CBR framework. This has, to some extent, restricted the impact of NAD's generous support to CBR development. The following recommendations are made to NAD:

- (1) In keeping with the cross-sectoral nature of rights-based approaches, and of the multisectoral foundation of CBR, this evaluation recommends that NAD explores the possibility of multiple implementing partners in the next phase. In addition to the MOHSW which is the line ministry to address disability and of LNFOD, direct partnerships with, for instance the Ministry of Education and the Ministry of Labour and Employment will address those areas that would enhance directly the benefits of CBR to disabled people in Lesotho.

Multiple partnerships will lead to greater autonomy of implementing partners, increasing their responsibility and commitment. Greater autonomy of more sectors will also serve to widen and diffuse power structures. Greater autonomy would add also to relevance, coherence, and sustainability of CBR within respective CBR components. They would place greater onus on components to increase effectiveness of their actions and efficiency of their personnel.

Multisectoral partnerships with direct transfer of funds will require greater inputs from NAD in terms support and monitoring. Communication undoubtedly becomes more complex and will also require more time. Simultaneously, it offers NAD strong potential for enhancing cross-sectoral coordination and collaboration. NAD will be in a position to minimize duplication and strengthen harmonization among CBR partners.

(2) NAD seeks a more efficient method for having funds transferred from the centre to the district. The Orphans and Vulnerable Children (OVC) Project funded by UNICEF in the same Social Welfare Department and the National Aids Commission (NAC) apparently have their funds transferred directly from the centre to the district. Procedures used by them may be looked at with a view to finding suitable precedents.

Acknowledgement

The evaluation team takes this opportunity to thank all those who helped make their task so fruitful. Our thanks go especially to those disabled people and their families, local supervisors and officers in the district and in Maseru who gave so willingly of their time. They would like to mention specially Me Limakatso Chiesepo, Director, Social Welfare, and Me M'amohau Matsoso, Chief, Rehabilitation Unit, for their kindness and concern; and to Eric Alfredsen, NAD TA, for his invaluable assistance.

Annexure I: **Terms of Reference**

The overall purpose of this evaluation is to provide recommendations for strengthening the CBR programme's response to persons with disabilities' needs.

With an eye to the up-coming long-term planning and the subsequent renewal of the NAD-GoL agreement, this evaluation is a review of the programme and will provide guidance towards the next long-term period. More than focusing on impact assessments, this evaluation will focus on relevance, efficiency, and coherence, since the evaluation will be used as a tool in providing recommendations for improved approaches in the next long-term period (2010-2014).

The findings of the evaluation will provide the basis for both the renewal of the cooperation agreement and give guidance on NAD's role in relation to the wider co-ordination with the other stakeholders.

The main objectives of the evaluation are to:

1. Assess the relevance of the CBR programme (CBRP) regarding international and national legislations and policies, institutions, and centralised/decentralised levels.
2. Assess the awareness of CBR among key stakeholders (government and non government) and provide recommendations for mainstreaming disability in government in sector programmes and policy.
3. Assess the financial, administrative and political decentralisation in Lesotho and how it will affect the CBRP in the next five years.
4. Assess the current CBRP implementing structures and its ability to mobilise and motivate local volunteers, and give recommendation for possible adjustments.
5. Assess the importance of Lesotho's UNCRPD ratification for CBR programme
6. Especially assess the inclusive education programme's (IE) strengths and weaknesses and identify / suggest potential stakeholders for intensified focus on IE in the future.
7. What human resources and capacity can the CBRP draw on (public and civil staff – CBR workers and volunteers) and what are their roles and responsibilities?
8. Provide recommendations on the ability to respond to the specific needs of woman and men among the target group. Additionally a gender assessment can be done concerning composition of programme staff/volunteers, and finally within the steering documents for the programme.
9. Assess programme's management. Based on this assessment, the evaluation will provide recommendations considering the technical, administrative and financial sustainability of the programme.
10. Assess the current phasing out plans and strategies for the CBRP
11. Assess the inputs and technical assistance from NAD HQ / NAD advisor to the programme
12. Assess LNFOD in the context of the CBR Programme; on what role it plays and what role it should play pertaining to ensuring sufficient and adequate services and initiatives for and of disabled people.

Methodology

The Terms of reference (ToR) for the evaluation have been prepared by NAD, in collaboration with Rehabilitation Unit of MOHSW and LNFOD.

The evaluation team will consist of 2-3 people. Collectively, the team should provide experience on the following elements for the evaluation: Familiarity with Africa (preferably Lesotho) and local cultures, CBR, organizational management, community development, public service structures, disability issues, gender issues and Norwegian development aid policy.

The team will largely base its study on existing information, including the recently developed pre-external evaluation mission report¹ and the plan for the current three year period (2007-2009). It is expected that the evaluation will obtain information from key stakeholders involved in the CBR programme at all levels within the Ministries and district administration, and from LNFOD and other potential implementers of the future CBR-programme in Lesotho.

The evaluation team will identify the approach (es) and specific data collection methods which they believe will best achieve the stated objectives of the evaluation. It is anticipated that this will include a mix of quantitative and qualitative methods, such as document review, review of existing data from previously conducted surveys, and key informant interviews.

Time frame and presentation of findings

The final report shall not exceed 20 pages, excluding annexes. Additionally, a short executive summary of 1-2 pages shall be provided. Considering the nature of this evaluation, the report shall provide recommendations for the development of the period 2010-2014.

The final evaluation report is to be delivered to NAD as soon as the comments and suggestions from the stakeholders during the planning workshop in Lesotho in June 2009 have been integrated.

The team will go through documentation by the beginning of April, while the field visits will be conducted in from 20th April – 1st May 2009. The first draft will be presented to MOHSW / Rehabilitation Unit, LNFOD and NAD by 18th May, and the findings and recommendations will be discussed during a planning workshop in Lesotho in the beginning of June and subsequently feed into the long term planning session. MOHSW / Rehabilitation Unit, LNFOD and NAD will in turn provide feedback to the consultants by 26th June. The final report will be ready by 08th July.

NAD and partner's roles and responsibilities towards the evaluation team

NAD is the contracting organisation of the evaluation. MOHSW through Rehabilitation Unit and LNFOD are implementing actors and as such main stakeholders in the programme. Both actors are as such partners of NAD and will assist with and take part in the evaluation. In particular:

- NAD and partners will provide the team with all relevant information and documentation.
- NAD and partners will be available for interviews, and will ensure that staff is available for interviews and meetings for the scheduled meetings.
- NAD and partners will assist the team in scheduling meetings and contact details for other relevant stakeholders.

¹ "Lesotho Country Pre-External Evaluation Mission Report" by Basil Kandyomunda (2008)

Annexure II: Evaluation schedule and persons met

	NAME	G	POSITION	CONTACT (WORK)	MOBILE	E-MAIL
20 April 2009: Briefing MHSW						
1	M'amohau Matsoso	F	CRO, RU, MHSW	22226028	58732475	Mamohau@health.gov.ls
2	Limpho Lipholo	F	SRO, MHSW			limpholipholo@yahoo.com
3	Eric Alfredsen	M	NAD Technical Advisor, RU, MHSW	22226028	63219140	alfredsene@health.gov.ls

Tuesday 21 – Wednesday 22 April 2009: Mafeteng District, Matelile and Tebang Wards						
4	Pontso Ranku	F	DRO, RU, , MHSW,	22700208	58024426	Lambo82@webmail.co.za
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11	Makotoko Masela	M	Chief, Tebang			
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13	M'akatlheho Ralintsi	F	LS, Ribaneng,			
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INTERVIEW GUIDE

- Introductions
- Brief on purpose of evaluation by the team
- Brief on the organization/department and its activities
- Specific CBR activities and relevant statistics when available
- Discussion on pertinent issues related to CBR
- Achievements of the organization/dept in relation to CBR action plan and CRPD
- Weaknesses and strengths, problems and issues, solutions
- Suggestions for way forward

Annexure III: Profile of Local Supervisors

Local supervisors in the two wards presently covered (Matelile and Tebang in Mafeteng) are a group of 45. They have volunteered for this role at public gatherings arranged by the village chiefs at the request of the DRO. They subsequently participated in a 2-week workshop which prepared them for their tasks working with children and adults who have mobility, hearing, speech, intellectual and visual impairments and with those who have epilepsy. Their training did not cover disability arising from mental illness. When they find such individuals they refer them to hospitals. Their level of education varies, but they are all literate.

LSs volunteered because they wanted “to help others”, “help disabled people”, “wanted to help improve their lives” and to “get their rights”.

Tebang has 17 LSs including 4 Men, Matelile has 28 LSs including 4 men. Women are in an older age-group. Men are younger.

Knowledge of CBR: LSs believe that CBR involves disabled individuals, communities and service providers working together to achieve objectives directed at a better life for disabled people.

They believe CBR should achieve the following. enable people to get the services they require; enable them to live as others in society; to live independently; to have freedom; enjoy the benefits of being a member of society; relieve their poverty status; enable them to have adequate income through livelihoods to relieve their poverty; bring them to the notice of “higher” levels;

Tasks carried out by LSs:

- find disabled children and adults, girls and boys, women and men
- give basic rehabilitation interventions
- use knowledge of First Aid to assist people when they are ill
- teach people to move around home and village; for instance they have helped people who have been bedridden for many years to get around; a man who had been bedridden for 3 years is now walking using a stick they have got for him from the Department of Social Welfare and he is back to rearing sheep. .
- assist with post-fracture care, mobilizing limbs and getting back function; a woman who could not use her arm after a fracture of the arm is now able to carry out all her daily tasks; restoring function of hands after a person has had a stroke, and enabling the individual to get back to farming
- counsels individuals and families, for example of the need for schooling, for social interaction
- children; exercises carried out to enable the child to be able to sit, stand and move, to stimulate speech and communication; with children who have hearing impairment, locally used signs and gestures are used to communicate. LSs have not as yet learned formal sign language, but would like to do so
- facilitate admission to ECCD centres and to primary school; interact and discuss with teachers whenever possible to enable them to better handle children n their

- classrooms; as a result of CBR many children who were previously hidden have now been brought out. Disabled people are more visible in the community, participating in community activities, church activities and so on.
- Sensitize village chiefs and local councilors

Action taken when a disabled individual is found:

- prepared forms are completed. These help to assess the individual's situation, abilities and needs (based on rights). Forms are obtained from the DRO and returned to her. They have not yet been returned to the LS. In actual fact they should be maintained by the LS and progress made by individuals recorded. (Forms) are adapted from Form No. 02 of the WHO Manual.
- decide with the individual and family what interventions are necessary and prioritize
- carry out interventions, teaching individual and family to continue these
- make assistive devices when necessary, however difficulty in doing this because poverty constrains necessary purchases (see above\below)
- some LSs do massage with local oils. Difficulty in purchasing necessary gloves and ointments
- make referrals when necessary, health (through DRO), ECCD centres, primary schools

LSs have not been able to address the issue of livelihoods. In a group of eight LSs, only two had addressed the issue at all, and then not extensively. One LS had made his land available to a group of disabled people for cultivation as a group to earn an income. But even purchasing seeds was not affordable.

Age pattern of those visited: More of the older age group appear to be included in CBR programmes rather than children. No statistics are available, so this could not be confirmed. But this needs to be followed up to ensure that all children are being reached in the areas covered by CBR. Infant Mortality and Child Mortality Rates may provide indications. It is essential that disabled children are found as soon as possible so that early stimulation, and early childhood education are made possible for every child, including participation in ECCD centres and primary school.

Support LSs get from families is generally good, with few exceptions. On occasion LSs have sought help from the HIV and AIDS Support Group. There is usually one in each village.

They would like to have the DRO visit them more often. This will help them solve many problems that they face.

By and large the work of LSs appear to be tilted towards a medical approach, using medical terms and therapy. Not enough is discussed in terms of rights

The particular terrain of Lesotho means that the villages are very scattered and the houses very far apart. An LS may cover anything from 3 – 8 villages, and spend 3-4 hours traveling from her home to the next village. Individuals visited by a single LS may vary

from 10 – 28, In spite of this, home visits are made at least once a month to every individual. Some individuals do of course need to be visited more frequently, but this is beyond the capacity of LSs who are all volunteers. One LS, for example takes four hours to walk to the next village. He covers 3 villages. When he leaves home early in the morning, he returns home after five in the evening, having visited just one village, and usually not all the homes there.

Constraints to work; The most challenging is the level of poverty among disabled adults and families of disabled children. This is a constraint to the development and progress of children. In some instances parents cannot afford to pay the fees involved in sending a child to the ECCD centre; in such instances primary school is not a problem because it is free.

Health referrals are also a constraint because parents cannot afford the travel cost (and often the time) involved. A first visit to the health facility is often made, but it often stops here. Follow-up costs cannot be met.

Poverty is a constraint even to making simple assistive devices. No money can be afforded for instance, to purchase nails. Tree branches for making a simple walking frame have to be bought from the local council. In one typical instance parents could not afford to pay for this and the child cannot still move independently. There is no community responsibility and participation in this (as in many) areas that would enable such incidents to be avoided.

Meetings of LSs: do not meet as a whole or as large\ward groups because of practical issues, largely the terrain. They do however meet in small groups of 3-4 and some times with those of neighbouring villages. At these informal meetings they share experiences, discuss issues and problems and possible ways of meeting them, seek help and advice from each other.

Tools used by LSs: No manuals, guides or any other documents are used at present. The WHO Manual “Training in the Community for People with Disabilities” was translated into Sesotho in 2005 and distributed to LSs with their basic training. It was then taken back to correct some errors. They have not been given back to date.

Response of village chiefs and local councilors to sensitization: During the basic training workshop LSs were advised to work together with local village chiefs. Local councils had not been established at the time. Not all LSs have done this. Many appear to work alone. The few that have sensitized Chiefs do get response from them. They call village gatherings and inform their communities about disability issues. In some instances where LS may have problems, they have assisted in getting children into school.

The lack of community participation and responsibility is outstanding. LSs appear to work alone with little support. The DRO is unable to visit because her own work load is too heavy. LSs express the need for visits by the DRO to assist with individuals and families who have problems which are too complex for them to handle. At present contact is made with the DRO by phone when necessary. But this is not at all satisfactory.

**Annexure IV:
Profile of a District Rehabilitation Officer (DRO)**

There are at present 8 DROs placed in 8 districts, 7 of whom are women. They all have graduate degrees in social welfare. Information in this Annexure was obtained from the DRO Mafeteng.

Training for CBR was through participation in a 2-week workshop conducted by the NRT. Workshop introduced different types of disability and components of CBR. She feels that DROs need further knowledge and skills to equip them for their district managerial role. (Particularly planning, coordination, monitoring)

The role and tasks of DROs have not been documented. If this could be done it would enable DROs to plan more effectively and work more efficiently.

Tasks carried out at present:

- (0) Assess individuals who are referred to her. Referrals either come directly or are made from the hospital, occasionally from other sectors (psychiatric unit, education office, DPOs)
- (1) Make home visits to assess situation and give advice
- (2) Call in other professionals for home visits
- (3) Make referrals
- (4) Provide assistive devices. Requests come from district physiotherapist, occupational therapist, LSs, low vision clinic, education
- (5) Receive proposals for CBR activities from other district officers, sectors (e.g. for training, meetings, field visits). Process these proposals and take them to MOHSW in Maseru. Here with SRO prepare letter to submit to Director\planning for release of funds. When cheque is released, go back to Maseru for encashment
- (6) Organize and participate in meetings of DRT in capacity of Secretary
- (7) Participate in workshops related to CBR conducted by other sectors e.g. education, police
- (8) Participate in monthly meetings held by district DPOs together with LNFOD
- (9) * Participate in public gatherings arranged by LSs
- (10) * Organize regular meetings with LSs. This requires several meetings in small groups because of distances that LSs need to travel
- (11) * Make follow-up visits with LSs

* - *have not been possible as yet*

Influence of Decentralization on DRO: Financial control of CBR activities lies with MOHSW. Therefore funds have to be obtained for all CBR activities in different district sectors from Maseru (workshops, field visits, meetings including those of the DRT). Only financial responsibility for assistive devices has been deconcentrated. Accountability for this is to the DHMT\DA.

Administrative accountability of the DRO is both to the MOHSW and to the DA. However non-CBR related matters have been deconcentrated to the DHMT\DA.

Politically, feels independent in her role in that she follows the annual district activity plan prepared jointly by the DRT.

Record-keeping and reporting: LSs complete a Form when a new individual is found and then send this to the DRO. To date she has been unable to collate and enter the information provided in the forms in a register and return the forms to LSs.

The only other document that is used is a referral form. LSs send individuals who need referral to her. She completes the referrals form. Most referrals are to the hospital. Information about the action taken is seldom sent back to her.

Work plans: Until now has been using the annual activity plan for CBR in Lesotho as the district work plan. Intends making own quarterly district work plan soon.

Field Visits to support LSs: A refresher workshop was held for LSs in both wards in June-July 2008. A Field visit to prepare LSs was done at this time. Similar visits were done prior to the visit of this evaluation team. No other visits were possible because of the work load that she has.

Achievements of CBR in Mafeteng:

- (11) relevant officers know about disability issues
- (12) disabled people know about services available
- (13) different ministries\sectors know that they should include disability
- (14) certain built environments in the district have been made accessible; Golden Sun Hotel, police station, DAs office

Annexure V: Decentralization Issues

Local Government forms the base for decentralization. The LG Act provides for four levels of councils – Municipal Councils (currently only Maseru), 11 Urban Councils (none as yet), 10 District Councils (DCs) with the same boundaries as administrative districts, and 128 Community Councils (CCs) within the 10 districts. Whilst DCs are indirectly constituted, the other three are elected bodies. One councillor from each CC comes together to form the DC and elect the chairperson of the DC. Beside them, all the chiefs also come together to elect 2 chiefs to be on the DC.

Councils depend on grants from the central government.

Each district has a two-tiered structure. Tier one, responsible for functions of the central Government/ministries. This is headed by the District Administrator (DA), and includes the DHMT. The DHMT is not a decentralized institution, but an arm of the central ministry. Tier two, local government institutions (municipality, urban councils, DC and CCs) responsible for decentralized functions. This tier is headed by a District Coordinating Secretary (DCS). Politically this tier is headed by a Mayor/Chairperson.

The LG Act provides for the formation of committees when needed at every level of the LG structure. Committees may, for instance be appointed for finance and planning, lands, social (including health), and education. This is useful to know when advocating for disability rights and inclusion.

The LG Act lists seven functions/responsibilities for the CC. These include control of natural resources, environmental protection, land allocation, minor roads, markets and burial grounds and water supply.

Community Councils: Each CC has 9 – 15 councillors. They are responsible only for planning. Executive power lies only with the DCS and his/her staff. Each CC has only 3 staff – a secretary as the head, an accountant and an office assistant. CCs are not allocated funds directly. These are handled by the DC.

Planning: Starts in electoral divisions, which are the smallest units in a CC. Each CC is mandated to go to its electoral divisions to mobilize their communities here.

Communities are brought together at village gatherings to identify their needs and then prioritize them to make a plan. These plans from each electoral division are collated by the relevant CC and a common plan made for the CC. The district planning unit assist CCs with planning processes. Plans from each CC then go up to the DC for another round of collation and the drafting of a district plan. This bottom-up planning process is of great importance to CBR. It is here, starting in the village, that disabled people could be empowered to voice their concerns and needs and express their opinions and suggestions. (*see recommendation 4.1.5 (6).*)

District Development Coordinating Committee (DDCC): Has representation from major district stakeholders – councillors, chairpersons, representatives of the DA, district planning unit, govt. ministries nominated by the ministry of LG. It also has on it a disabled person, a woman and a youth. The responsibility of the DDCC is to approve the district plan. The DA is the secretary of the DDCC.

Progress in decentralization to date: The process of decentralization starts with the devolution of functions. This is followed by transfer of resources (transport, personnel, materials and funds). To date only the Ministry of Public Works has decentralized. The Ministry of LG has devolved some of its functions. MOHSW has not as yet made plans to decentralize. When it does come to pass MOHSW will perform the role of "overseer" while LG becomes the "implementing agency".

Annexure VI: Special Education

Special education was started in 1991, when Government realized that the needs of disabled children were not being met. Until then NGOs and the church had run special schools.

The policy of mainstreaming was followed by Government since the outset and a Special Education Unit (SEU) was set up within the Ministry of Education for the purpose. Ten schools were included in a pilot project. Guides were made for school teachers about the different disabilities and they were trained. The pilot project was done in collaboration with other line ministries and NGOs. Following evaluation of this project, 3 schools have been added annually in each district.

Disabled children: Although the term “Special Education” has always been used, in practice what is implemented in Lesotho is the inclusion of disabled children in the mainstream school system. Only those children who have very severe impairments which make mainstreaming difficult at the present time are sent to special schools.

In the year 2006 there were 21,413 children registered in primary schools (9361 girls & 12,052 boys) and 3788 children registered in secondary schools (2305 girls & 1483 boys).

School facilities: Sign language is little known in schools so that deaf children do not have opportunity. Drop out is apparently high among these children.

The built environment of schools is not conducive to the use of wheelchairs and other walking aids. This makes it difficult for many such children to attend even primary school. The distance they have to travel at present to reach a suitable school is a significant constraint. If more schools were to be made accessible and appropriate more children who have mobility impairment would benefit.

More teaching-learning aids would also lead to the use of more effective child-centred, group and activity-based methods that would be of benefit to all children.

School teachers: School teachers have gained knowledge and skills for inclusion largely through short in-service training. Some have acquired these “on the job”. Those met by the evaluation team were doing remarkable work, using simple and innovative strategies for inclusion. They did not appear to be showing difference between children and were proactively encouraging interaction. Their work will no doubt have even better outcomes if they had access to more training and appropriate teaching aids.

IT Teachers: With the start of the SEU, the concept of itinerant teachers was introduced. A group of 6 were employed in 2004, and this year 4 more are to be employed so that there will be at least one per district. Two more IT teachers are to be appointed to each district in the short-term.

Generally, an IT teacher would visit a school to meet all the disabled children and their teachers. She will help the teacher with assessment and help make an Individual Work Plan (IEP). She would also advise about children’s referral needs and help with these.

These IT teachers could carry out their work far more efficiently and cover many more schools had they a motor cycle to get about. They also require regular courses to update their knowledge and skills for their role.

School inspectors, Schools inspectors some of whom were until now in the Ministry will all be placed in districts as of next month. Then schools and teachers will have better follow-up support and monitoring. The efficiency and relevance of the work of School Inspectors will be increased.

Link between Primary and Secondary Schools: Increasingly, children are moving from primary to secondary schools. However there is no formal link between the two. As a result secondary school teachers do not know anything about the “new” child who has come to them. They do not benefit from the knowledge and skills of primary school teachers who have learned about disability. And they have to start from scratch to learn about the abilities, capacities and particular learning styles, as well as the difficulties faced by the child. Children from primary schools need to be linked to their new schools through formal channels. The IT teacher may provide this link, provided there were more of them, they had more time to do this and have a method of traveling easily.

Teacher Training and Higher Education: Up until now in-service training of teachers has been the responsibility of MOET. This is due to change with both the LCE and the NUL starting this activity. These two tertiary level institutions carry out numerous teacher training courses – short certificate courses and diploma and degree programmes. They may well be willing to consider including a module on the education of disabled children in these courses if they were supported to do it. 14 young people who have visual impairment have graduated to date, and 8 more are undergraduates at present. The NUL is currently making its grounds accessible, and is launching library facilities for the use of disabled students. Buildings however remain inaccessible.

MOET: The MOET has made many policy changes that have improved educational opportunities for disabled children. In particular, the Director responsible for Special education has been instrumental in bringing about these changes. There is however a belief that the appointment of a CEO for IE will make it possible for disabled children to have their right to education protected. CEOs are in place, for example curriculum development, tertiary education and other areas of education. It must however be made sure that the appointment of a CEO IE will promote inclusion of childhood disability in the education system and its components rather than isolate it as a separate issue.

Special Schools: MOET works closely with special schools, of which there are about 8. Some of these are used as assessment centres. Most prepare children for mainstreaming at different levels wherever possible. Only those who cannot be mainstreamed continue to have their education in the special school. A few special schools keep their children away from mainstream schools as a matter of policy.

ECCD: Inclusion of disabled children has been started with the training of small groups of teachers. There is a clear willingness on the part of authorities to accelerate the process. This is limited by financial constraints.

**Annexure VII:
Gender Considerations**

Analysis of gender representation among the staff of the Rehabilitation Unit of MOHSW is as follows:

Position	Male	Female	Total
Chief Rehabilitation Officer	0	1	1
Principal Rehabilitation officer	0	1	1
Senior Rehabilitation officer	-	-	-
District rehabilitation Officers	1	7	8
Technical officers	1	0	1
Instructors	4	1	5
Administrator	0	1	1
Guidance & counseling	1	0	1
Matron	0	1	1
Accountant	0	1	1
Office assistants (cleaners)	5	0	5
Support Staff (gardeners)	0	5	5
Switchboard	0	1	1
Driver	1	0	1
TOTAL	13 (40%)	19 (60%)	32 (100%)