DISABILITY BASELINE STUDY FOR BEREA AND MOHALE'S HOEK

Final Revision

December 2013

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With support from:

NAD

DOCUMENT CONTROL SHEET

Project Name: Disability Baseline Study for Berea and Mohale's Hoek

Report Title: Final Baseline Report

Document Reference: LNFOD/1013-2/v3

Revision	Submitted	Description	Comments received	Approved
0	20 Nov 2013	Client Review	28 Nov 2013	
1	05 Dec 2013	Client Review	17 Dec 2013	
2	18 Dec 2013	Client Approval		

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ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
BAD	Berea Association for the Disabled
BMI	Blue Mountain Inn
CBPE	Community Based Parent Empowerment
CBR	Community Based Rehabilitation
CGPU	Child and Gender Protection Unit
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
CP	Cerebral Palsy
CWD	Children with Disability
DA	District Administrator
DCS	District Council Secretary
DDCC	District Development Coordinating Committee
DDMT	District Disaster Management Team
DMA	Disaster Management Authority
DPO	Disabled Persons Organisation
DRR	Disaster Risk Reduction
EIF	Enhanced Integrated Framework
FAO	Food and Agricultural Organisation
FGD	Focus group Discussions
HIV	Human Immunodeficiency Virus
ICF	International Classification Fund
IDAL	Intellectual Disability Association of Lesotho
IGA	Income Generating Activities
ILO	International Labour Organisation
IT	Iterant Teacher
IVRC	Ithuseng Vocational Rehabilitation Centre
IVTC	Itjareng Vocational Training Centre

KAD	Kana Association for the Disabled
KII	Key Informants Interview
LCS	Lesotho Correctional Service
LCN	Lesotho Council for Non-governmental Organisations
LDTC	Lesotho Distance Teaching Centre
LNAPD	Lesotho National Association of the Physically Disabled
LNFOD	Lesotho National Federation of Organisation of the Disabled
LNLVIP	Lesotho National League of Visually Impaired Persons
LRCS	Lesotho Red Cross Society
LSMHP	Lesotho Society for Mentally Handicapped Persons
MOAFS	Ministry of Agriculture and Food Security
M & E	Monitoring and Evaluation
MoET	Ministry of Education and Training
MOFLR	Ministry of Forestry and Land Reclamation
MOLGC	Ministry of Local Government and Chieftainship
MoSD	Ministry of Social Development
MTICM	Ministry of Trade and Industry, Cooperatives and Marketing
NAD	Norwegian Association of the Disabled
NADL	National Association of the Deaf Lesotho
NDRP	National Disability Rehabilitation Policy
NGO	Non-Governmental Organisation
NHA	Nonyana Hoohlo& Associates
OD	Organizational Development
ODP	Organizational Development Programs
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother to Child Care and Treatment Programme
PSI	Population International Services
PWD	People with Disability
RO	Rehabilitation Officer

SEU	Special Education Unit
TOR	Terms of Reference
TRC	Transformation Resource Centre
UNCRPD	United Nations Convention on Rights of Persons with Disability
VDC	Village Development Committees
WHO	World Health Organization

Preamble

Lesotho National Federation of Organisations of the Disabled (LNFOD) is an umbrella organisation of four organisations for people with disabilities (PWDs) in Lesotho. It was established with the aim of protecting the rights of PWDs in Lesotho by providing support for disabled people's organisations and empowering their members with life-skills, financial and material resources; and representing their needs to the government, development partners and the society at large.

Through the support from the Norwegian Association of the Disabled (NAD), LNFOD has been implementing the Organisational Development Programme (ODP) in Leribe and Mafeteng districts since 2005. The programme is intended to capacitate PWDs with skills in order to live meaningful and fulfilling lives. Following the success of the programme in these two districts, LNFOD intends to expand the programme to Berea and Mohale's Hoek districts in 2014.

It is in this regard that LNFOD engaged Nonyana Hoohlo and Associates (NHA) to conduct a baseline study and needs assessment for Berea and Mohale's Hoek districts.

The study adopted highly interactive and participatory approach involving document reviews, Key Informants Interviews (KIIs), Focus Group Discussions (FGDs), Household interviews in both Berea and Mohale's Hoek districts and also involved close collaboration with LNFOD as the implementing organization.

The following findings were raised and recommendations are therefore put forward:

- Large gaps have been observed in the provision of several services needed by PWDs in both districts. The largest gaps were found with regard to education. There are no integrated schools known by PWDs. There are no vocational schools in any of the two districts. It is only in Berea where there is Kananelo centre for the deaf which caters for the special needs and primary education for deaf children.

- With regard to special services to PWDs in both districts, inclusive education was noted as provided by the special education unit. The Ministry of Social Development (MoSD) also has a disability services department in all 10 districts of Lesotho. There is a rehabilitation officer within the ministry who is responsible for assessing PWDs and referring them to relevant stakeholders for further assistance.

- There are a number of government, private organizations and programmes that can augment the ODP once it is introduced in Berea and Mohale's Hoek. However, there are no other active DPOs in Mohale's Hoek except Intellectual Disability Assosciation of Lesotho (IDAL) and Lesotho National League of Visually Impaired Persons (LNLVIP. On the other hand, there are two additional DPOs in Berea namely Berea Association for the Disabled and Kana Association for the Disabled which also augment the ODP.

- Available also in Berea and Mohale's Hoek are some poverty reduction initiatives through which the needs of PWDs disabilities are supported and these programmes have been seen to have the potential to play a role in support of the ODP for the support of PWDs. These include provision of public assistance grants, relief services, and creation of employment through conservation programme (lifato-fato). In both districts it has been found that similar organisations, departments and NGOs are involved in provision of these services. These include Ministry of Social Development, Ministry of Education, Ministry of Health, Ministry of Agriculture and Food Security, Ministry of Forestry and Land Reclamation, Disaster Management Authority, Child and Gender Protection Unit, Lesotho Red Cross Society, World Food Programme, World Vision Lesotho and Kick 4 Life which is available only in Berea.

The following key recommendations are put forward:

- Public awareness/sensitization and information about concerns and needs of PWDs
- Social inclusion of PWDs during implementation of the ODP especially in decision-making.
- Training on income generation projects and also fund raising skills development.
- Improvement of human resource capacity including the health professionals, teachers, village health workers, and support group members on disability issues to better improve the service delivery to PWDs.
- Although the community is aware of the dangers of HIV/AIDS, there is need for more sensitization of the community about the disease, starting from centres of learning to villages.

SECTION 1: INTRODUCTION

1.1 Understanding Disability

Disability as a topical issue is dynamic, complex and multidimensional. There has been a gradual transition from disability being defined as a health phenomenon to more of a social issue. However most recently, the International Classification of Functioning, Disability and Health (ICF) understands disability from more of a bio-psychosocial perspective, which is a compromise between the medical and social models of disability[1,2]. The bio-psychosocial model regards functioning and disability as an interaction between an individual's health and contextual issues, such as the environmental and personal contexts[1]. Disability is thus regarded as an umbrella word referring to "impairments, activity limitations, and participation restrictions, taking cognizance of the negative interaction between the individual's health condition and their environmental and personal factors" [1,3].

Disability is a development issue[2]. There is a strong bi-directional linkage between disability and poverty. Poverty predisposes individuals to disability through poor access to good nutrition, health care and sanitation, as well as exposure to dangerous living and working conditions. On the other hand, disability usually leads to poverty by making it difficult for individuals to fully participate in the economic and social activities in their countries, such as education, employment and public services, especially if support structures are not available[4,5]. The International Labour Organisation (ILO) estimates that 386 million of the world's working-age people have some kind of disability. Unemployment rates among persons with disabilities (PWDs) are as high as 80 per cent in some countries[5].

Furthermore, the World Bank estimates that around 20 per cent of the world's poorest people have some kind of disability, with statistics showing a steady increase in these figures, mainly due to "emergence of new diseases and other causes of impairment, such as HIV and AIDS, stress and alcohol and drug abuse; increasing life span and numbers of elderly persons, many of whom have impairments, [especially in the developed countries]; projected increases in the number of disabled children over the next 30 years, particularly in developing countries, due to malnutrition, diseases, child labour and other causes; armed conflict and violence. For every child killed in warfare, three are injured and acquire a permanent form of disability. According to the World Health Organisation (WHO), a quarter of disabilities in some countries result from injuries and violence"[4].

[1] *See http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf*

[2] *See http://r4d.dfid.gov.uk/PDF/Outputs/Disability/thematic_stats.pdf*

[3] *See http://www.who.int/topics/disabilities/en/*

[4] *See http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:21249181~menuPK:282717~pagePK:148956~piPK:216618~theSitePK:282699,00.html*

[5] *Seehttp://www.disabled-world.com/disability/statistics/*

Disability is also a human rights issue, and "a disability places one in the world's largest minority group", according to Disability World[6,7]. World Vision International believes that "disability awareness, advocacy and inclusion begin with a respect for human equality, equity and diversity"[8]. However, PWDs frequently experience inequalities when they are denied access to health care, education, employment or participation in political activities in their countries due to their disability. PWDs also frequently experience violations to their dignity, for example, when they are subjected to abuse, violence, rape, prejudice or disrespect because of their disability, with women and girls being more vulnerable to abuse. PWDs are also less likely to obtain police intervention, legal protection or preventive care[6]. The human rights of PWDs are also frequently violated when they are denied autonomy, for example, by being confined to institutions against their will or being declared legally incompetent because of their disability[7].

BOX 1: Chief of Kolone, Berea

There are orphans in my village and one of them is disabled. These orphans live with their relative who is their guardian but they are being abused. One day I decided to report this matter to the police, and I was told so long as there is still a caregiver to the children, I should not interfere with that family, if they felt abused such children will go and report such actions. I was hurt because they are only children and most people in the village are aware of these actions of abuse but they could not take the matter into their own hands hence why I had to report it. I wish chiefs could be given authority to act on such cases especially because orphans and children with disabilities are victims of abuse by their relatives.

Malerata Masupha, Chief of Kolone, Berea

1.2 Prevalence of Disability

1.2.1 Global Prevalence

The global statistics of disability are quite staggering. Around 10-15 per cent of the world's population, or 650 million – 1 billion people, live with some form of disability, and 80 per cent of PWDs live in low-income countries[6,9,10]. Disability rates are higher among older people, higher in low-income countries than in high-income countries, and higher among females than in males. However, the baseline findings indicated that there were more males with disabilities (53% than females (47%) in Berea district. On the other hand, Mohale's Hoek indicated a difference of only 2% between both males and females with disabilities, whereby males constituted 49% and females 51%.

[6] *See http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf*

[7] *See http://www.disabled-world.com/disability/statistics/*

[8] *See http://www.wvi.org/disability*

[9] *See http://www.emro.who.int/health-topics/disabilities/*

[10] *See http://www.dochas.ie/Shared/Files/2/Achieving_Global_Disability_Inclusion.pdf*

The average global disability prevalence among adults aged 45-54 years is around 15 per cent, while it is around 50 per cent among persons above 75 years. In low-income countries these figures are higher, with disability prevalence in persons 45-54 years being almost 20 per cent and that for persons above 75 years being around 60 per cent. The situation is better in high-income countries with the figures standing at 12 per cent and 40 per cent in persons 45-54 years and those above 75 years, respectively[6].

When these statistics are disaggregated by gender, disability prevalence rates in females are around 20 per cent and around 60 per cent among the 45-54 years persons and those above 75 years respectively. These figures are less in males, with disability prevalence standing at around 10 per cent and just below 50 per cent among the 45-54 years persons and those above 75 years respectively. However, due to varying concepts and methodologies for identifying PWDs, it is not recommended to compare statistics across countries[11].

Data and statistics relating to disability prevalence among children are also fraught with quality issues, with substantial variances in estimates based on the definition and measure of disability. However, according to the most recent data, the global disability prevalence among children less than 15 years of age is estimated at 5.1 per cent[12].

As a result of low access to good quality statistics relating to disability issues across countries[13,14], the United Nations General Assembly has highlighted the need to improve disability-related data and statistics[15].

1.2.2 National Context

There are roughly over 81 million people "affected by some form of disability in Africa", constituting a disability prevalence of around 10 per cent[16]. According to the 2001 Lesotho Demographic Survey, disability prevalence in Lesotho is 4.2 per cent, or approximately 79,794 people, with approximately one third of this population, or 1.5 per cent, being children under 15 years of age[17,18,19]. National statistics for Lesotho point to a disability prevalence of 40 per cent among children aged 2-9 years, with this rate being marginally lower in females

[11] *See http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp*

[12] *See http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf*

[13] *See http://r4d.dfid.gov.uk/PDF/Outputs/Disability/thematic_stats.pdf*

[14] *See http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:21249181~menuPK:282717~pagePK:148956~piPK:216618~theSitePK:282699,00.html*

[15] *See http://www.un.org/disabilities/default.asp?navid=13&pid=1515*

[16] *See http://www.afro.who.int/en/lesotho/lesotho-publications/1549-disability-a-rehabilitation.html*

[17] *See http://www.safod.org/Needs%20Assessment.pdf*

[18] *See http://www.lnfod.org.ls/disability-in-lesotho.html*

[19] *http://www.osisa.org/open-learning/lesotho/lesotho-education-system*

at 39.3 per cent as compared to the 41.4 per cent prevalence among males[20]. According to the 2006 National Census, the national prevalence has dropped to 3.7 per cent, or 68,926 people[19,21]. The most prevalent types of disability in the country are visual impairment, deafness, physical disability and intellectual disability, [21].

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the General Assembly in 2006 and ratified by Lesotho in 2008[22,23]. According to Article 4 of the Convention, "countries that have ratified the Convention are required to engage in the development and implementation of policies, laws and administrative measures aimed at securing the rights of people with disabilities and to abolish laws, regulations, customs and practices that constitute discrimination towards people with disabilities" [22].

By 2011, Lesotho had made some progress insofar as the requirements of the UNCRPD are concerned, as the country had developed the National Disability and Rehabilitation Policy (NDRP)[24]. The purpose of the NDRP is to "create an enabling environment for PWDs living and working in Lesotho to realise their full potential"[24]. The policy aims to achieve this through "removing barriers and changing the attitudes which prevent PWDs from gaining access to employment, services and public amenities; promoting equal opportunities for PWDs to participate in socio-economic activities and decision-making; and promoting good practices that encourage both the private sector and Civil Society Organizations to similar efforts"[24,25]. Lesotho has also passed the Children's Protection and Welfare Act 2011, which safeguards the rights of children with disabilities and prohibits any form of discrimination against these children based on their disabilities[26].

Since the ratification, the country has also adopted Community-Based Rehabilitation (CBR) which has been piloted in Leribe and Mafeteng districts as the main strategy for addressing disability issues among PWDs, with the country currently in the process of "domesticating the UNCRPD through developing a Disability Equity Bill"[25,26]. The CBR is yet to be implemented in other three districts namely Maseru, Berea and Thaba-Tseka.

1.3 Intervention Justification

Based on the previous sections, it becomes clear that there is substantial ground still to be covered in Lesotho insofar as mainstreaming disability issues into the development and social agendas of the country is concerned. The Lesotho National Federation of

[20] *See http://www.childinfo.org/files/childdisability_PAAPaperLoaizaCappa.pdf*

[21] *Ministry of Social Development. (2013).*

[22] *See http://www.dochas.ie/Shared/Files/2/Achieving_Global_Disability_Inclusion.pdf*

[23] *Kamaleri & Eide. (2011).*

[24] *Ministry of Health and Social Welfare. (2011).*

[25] *Ministry of Social Development. (2013).*

[26] *LNFOD. (2013).*

Organisations of the Disabled (LNFOD) is well positioned to bring the disability agenda into the mainstream of the country's development and social structures.

LNFOD is an umbrella organisation of four organisations for PWDs in Lesotho. LNFOD was established with the aim of protecting the rights of PWDs in Lesotho by providing support for disabled people's organisations and empowering their members with life-skills, financial and material resources; and representing their needs to the government, development partners and the society at large.

Through the support from the Norwegian Association of the Disabled (NAD), LNFOD has been implementing the Organisational Development Program (ODP) in Leribe and Mafeteng districts since 2005. Following the success of the program in these two districts, LNFOD intends to expand the program to Berea and Mohale's Hoek districts in 2014.

1.4 Purpose of the Baseline Study

1.4.1 Need for Baseline Information

Evaluation is a form of applied research that is based on systematic and objective appraisal of a particular subject matter. The process analyses and assesses the results of a program and has dual purpose:

- To determine the changes produced in each of the stakeholders involved in the program or project;
- To provide valuable information or lessons learnt to enable objective and informed decision-making.

For project planning purposes, evaluation may involve assessing [predecessor] project outcomes, identifying strengths and weaknesses of the project's processes, determining how well the project has met stakeholder needs, or deciding the extent to which the project outcomes are sustainable. In order to be able to make such judgments, it is therefore important to first establish the status quo prior to the project's implementation, i.e. the baseline situation. Without baseline data, *ex-post* impact assessment is much more difficult to implement. This is illustrated in Figure 1 below.

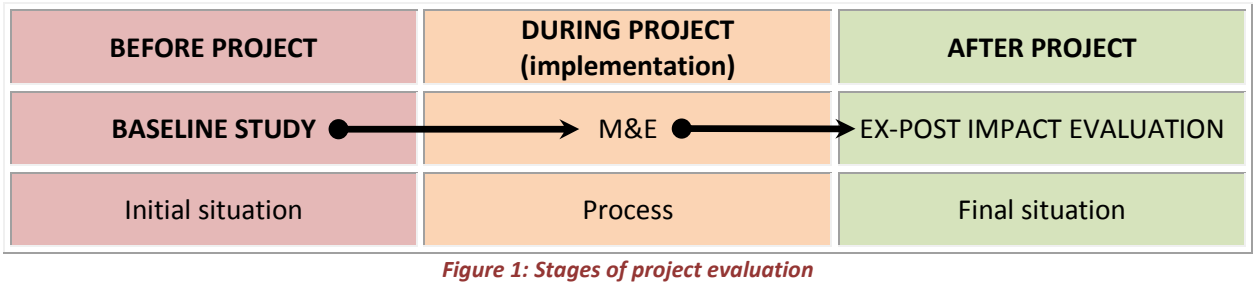

Figure 1: Stages of project evaluation

Thus, such baseline information would be of importance to the planned expansion of the ODP in Mohale's Hoek and Berea districts.

1.4.2 Survey Objectives

The overall objective of the assignment was to document existing resources, initiatives, gaps and the needed resources and initiatives in respect of providing adequate services for PWDs in the district of Berea and Mohale's Hoek. Specifically, the study aimed to:

- Assess existing special services provided for persons with disabilities in the district, both by the government (programs, projects, institutions, etc) and the private sector (organisations, churches, clubs etc).
- Map what mainstream services are provided in the district:
    - Education: pre-primary, secondary and tertiary level, vocational training etc.
    - Health: hospitals, clinics, health centres, dispensaries, eventual mother-child health care programs etc.
    - Other services within sectors like agriculture, labour, cooperatives etc.
- Assess to what extent persons with disabilities have access to mainstream services.
- Identify national programs of relevance to the ODP; poverty eradication, aid, literacy, agriculture, micro finance etc.
- Identify the political and administrative structures at central, district, and local levels, and how they relate to each other.
- Identify Disabled Persons Organisations (DPOs) in Lesotho in general and in the Mohale's Hoek and Berea districts.
- To the extent it is possible within the given timeframe to assess the present living conditions for PWDs in each specified district; in terms of social inclusion and opportunities; as well as assessing prevailing attitudes (community, parents, disabled themselves).
- Identify the role played by Ministry of Social Development (MoSD) in the two districts in improving lives of PWDs.

1.5 Methodology

While the Terms of Reference had specified that the baseline should be established "based on a community-based approach", the Consultant opted to apply a multi-stage approach, in which data were collected at the national, community and household levels. Thus, an integrated approach that combined the following main tasks was pursued in undertaking the assignment:

- Review of existing documents relevant to PWDs;
- Consultative meetings[27] with key government ministries, civil society, various categories of people with disabilities and local authorities;
- Interviews within sampled households[28] with PWDs;
- All data collected[29] was analysed and used as the basis for drafting a Disability Baseline Report for Berea and Mohale's Hoek, which was presented to stakeholders prior to finalisation and adoption.

[27] *A comprehensive list of all stakeholders consulted throughout the process is attached as Annex 1.*

[28] *The sampling methodology is attached as Annex 2. Remember to number this*

[29] *All the data collection tools were reviewed and approved by LNFOD prior to field deployment.*

The methodology adopted is summarized in Figure 2.

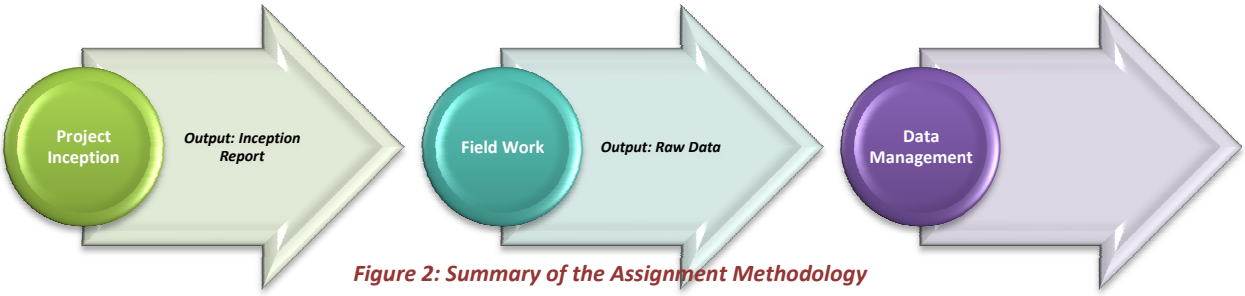

Figure 2: Summary of the Assignment Methodology

The assignment was further supplemented with data collected during the Multi-Country Organisation Development Program (ODP) Evaluation[30] commissioned by NAD, undertaken by Nyameka & Associates.

1.6 Baseline Report Outline

In order to allow for flow of thought, the baseline report is structured as follows:

- Section 1: Introduction;
- Section 2: Contextual Framework';
- Section 3: Existing Special Services For Persons With Disabilities;
- Section 4: Mapping Of Mainstream Services;
- Section 5: Present Living Conditions For PWDs;
- Section 6: Conclusions and Recommendations;
- Relevant annexes are attached at the end as supporting documentation.

[30] *The Lead Consultant in the Disability Baseline Study also served as the Local Consultant in the NAD OD Evaluation, and field work for both studies was conducted around the same time.*

SECTION 2: CONTEXTUAL FRAMEWORK

2.1 The Organizational Development Program (ODP) in Context

The ODP is intended to capacitate PWDs with skills in order to live meaningful and fulfilling lives. The program therefore has three main objectives:

i. OBJECTIVE 1: POLICIES AND LEGISLATIVE REFORM

The first objective of the ODP is that policies and legislation protect the rights of persons with disabilities. The key result expected under this objective is therefore that persons with disabilities enjoy protection of their rights through adoption and implementation of disability policy and law that domesticates the Convention on the Rights of Persons with Disabilities (CRPD).

ii. OBJECTIVE 2: DPO STRENGTHENING

The second objective is that DPOs are strengthened and effectively voice concerns of disabled people. The key expected result under this objective is that PWDs actively participate in local DPO activities and general community development activities and services.

iii. OBJECTIVE 3: HIV AND AIDS MAINSTREAMING

The last objective relates to HIV and AIDS mainstreaming, in which case the expected results is that PWDs participate in the mainstream national response against HIV/AIDS.

The subsequent sections therefore present the findings of the study as they relate to various elements of the above-mentioned objectives of the ODP.

2.2 National Programs of Relevance to the ODP

2.2.1 BEREA FINDINGS

This section of the report discloses programs and initiatives that are available in the community or district that target people living with disabilities.

2.2.1.1 Poverty Reduction Programs

2.2.1.1.1 Relief Services

In response to the occurrences of natural disasters that impact negatively on economic lives of the communities, there are some relief services provided by different stakeholders within the district. These stakeholders include, Lesotho Red Cross Society, Habitat for Humanity Lesotho and Disaster Management Authority (DMA). DMA is carrying out the Disaster Risk Reduction programme under the government of Lesotho. It is in this programme that

communities hit by disaster are provided with some relief support, relating to supply of food packages, clothing, medical assistance and rescue through its coordination.

2.2.1.1.2 Public assistance

The Ministry of Social Development (MoSD) has a reservation for orphaned and vulnerable children through whom people are provided with public assistance grant to supplement their nutrition and daily living requirements. This assistance is intended for the poor and PWDs are only included if they have been assessed and found to fall under the most poor groups within the societies. However, this public assistance money is issued only on a quarterly basis. however, this public assistance that is intended to reduce poverty has seemed rather to create dependency.

2.2.1.1.3 Conservation Projects

The Ministry of Forestry and Land Reclamation, through its Integrated Catchment Management Program (ICMP) including conservation project (*fato-fato*), is engaged in poverty reduction by creating employment for the rural people. This programme engages communities on food for work or cash, where villagers work on monthly engagements on a rotational basis. Section 1.1.3 (subsection IX) of the ministry's recruitment guide for people to work on ICMP, allows PWDs to be given an opportunity to participate in such programs depending on the type of disability or to identify someone to work on their behalf, if they so wish in the cases where such a person is not physically fit to work on the project.

2.2.1.2 HIV and AIDS

Kick 4 Life has an HIV and AIDS initiative geared towards changing the lives of orphaned and vulnerable children through football and sport. It carries out its awareness campaigns and prevention through all its activities, which seek to help raise awareness about the importance of using sport enterprise to access health services. This programme collaborates with other organization, NGOs, government ministries and businesses to small community groups, schools and orphanages in an effort to inflict change into a brighter future for the youth of Lesotho. They also offer mentoring and literacy support to their members, they keep index records which assist in referring members for best possible help.[31] With regard to Berea specifically, PWDs are not a target group, instead, they are just included when delivering sessions just like anyone else. Moreover, there is no policy that specifically refers to PWDs.

There are support groups in villages which are providing care and support to the sick people especially those living with HIV and AIDS. It is within this initiative that PWDs are covered in caring for the poor by support group members.

2.2.1.3 Literacy

2.2.1.3.1 LDTC

The Ministry of Education and Training (MOET) runs another program through the Lesotho Distance Training Teaching Centre (LDTC,) which has held a graduation in 2012, whereby PWDs were some of the graduates. This shows involvement of PWDs in the 21st Century

[31] *www.kick4life.org*

literacy program. LDTC also provides learner support services in a form of tutors and brailed workbooks. However, for those who are deaf, they bring their sing language interpreters. The programmes and subjects offered by LTDC are supported by the National Curriculum Development Centre like those in formal education (Maiaene, A. et.al 1998). However, there is no specific programme that targets PWDs.

2.2.1.3.2 Skills Development

World Vision Lesotho is carrying out community sensitization for taking Children with Disabilities or special needs to school (the need for education). This is supplemented by the Ministry of Education and Training through Special Education Unit (SEU) which carries out community sensitization on disability through training programmes. There is only one specialized school in Berea (Kananelo Centre for the Deaf) which caters for deaf children at primary level. There are no vocational schools that accommodate PWDs in Berea. However, World Vision does not have any specific programme that targets children with disabilities; such children are targeted only if they fall under the OVCs or through the recommendation/referral from the Ministry of Social Development and from DMA. Does world vision have a specific programme or at least a plan which specifically incorporate children with disabilities as a target group?

2.2.1.4 Agriculture

The Ministry of Agriculture and Food Security (MoAFS) is offering farm trainings for communities to sustain themselves and to ensure that they are provided with the necessary skill for agricultural production. Those trained are also supplied with seeds and equipment from the Lesotho Red Cross Society and World Vision Lesotho, accompanied by training on all-year crop production through *mantloane*[32] plots.

The Ministry of Education and Training is also involved in a crop production program that is run in schools, where students are encouraged to enroll in agricultural practices. Provided also through this program are proper skills for crop production.

2.2.1.5 Micro-Finance

The Ministry of Trade and Industry, Cooperatives and Marketing (MTICM) through its Enhanced Integrated Framework (EIF) project is financing agri- businesses for individuals/associations of farmers in Leribe, Berea, Maseru and Mafeteng. This is done through the supply of green houses such as the one supplied at Sehlabeng in Berea district. All people interested in agri-business submit their business plans to the MTICM which does assessments on which ones meet the set requirements and then the successful ones are provided with the green house package including drip system, protection clothing, seeds, and nets for individual farmers while 5 packages are provided to the associations. The Ministry also has the market center whereby the end products of these farmers are being

[32]This is a type of conservation agriculture that aims to promote the reuse of grey water from other household activities to ensure all year garden crop production.

marketed. There are no other service providers in Berea who finance small businesses/income generating projects for PWDs and the communities at large or even to encourage PWDs to partake in the EIF project. This EIF project targets everyone regardless of whether they are able-bodied or not.

2.2.1.6 Others (Sanitation)

World Vision Lesotho is carrying out awareness on access to water, sanitation and hygiene through all its programmes. This has been extended towards provision of water to rural villages. The organization covers this under its education program to ensure that communities are sensitized about the importance of safe drinking water, better sanitation and hygiene. PWDs are also included in these awareness campaigns since they are part of the communities. This programme does not specifically target PWDs per say but the community at large. However, most of the boreholes provided at the rural villages by other donor agencies do not accommodate PWDs such as *spinning boreholes* "*litjeka-tjeka*".

2.2.2 MOHALE'S HOEK FINDINGS

The following section illustrates available programmes in Mohale's Hoek District that are of relevance to the ODP either provided by the government or the private sector.

2.2.2.1 Poverty reduction

2.2.2.1.1 Conservation works (Fato-fato)

Ministry of Forestry and Land Reclamation (MOFLR) under government of Lesotho is running a conservation programme through which it carries the land reclamation and prevention of soil erosion, through poverty reduction programme, where people work on monthly rotational engagements. Through this programme people get to work and are paid wages for their input. Although PWDs have challenges to the best of their ability have not fully taken part here, this programme has been seen helping most of Basotho to earn some income.

It has also recognized the need for inclusiveness of the national development programmes by offering PWDs a chance to nominate those who can represent them and have a shared benefit. Other programmes of similar caliber could adopt this example where PWDs can unleash their potential and contribute into the country's economic growth.

World Food Programme Lesotho (WFP) is also running a programme whereby communities are engaged in community development initiatives, such as water supply and road construction and are given food after the completion of a certain term. This programme has been seen to be encouraging communities to take part in development projects as it gives them ownership. Therefore, they may be protected, maintained and sustained for the benefit of the community at large.

2.2.2.2 Supplementary nutrition

World Food Programme is making a contribution towards Prevention of Mother to Child Transmission programme (PMTCT) by providing supplementary nutrition to expectant mothers who are confirmed to be living with HIV and AIDs and TB. Prime focus on HIV positive mothers is to ensure that use of recommended medication is supported by good

nutrition. This has an advantage of assisting in decreasing the maternal and child mortality rates.

2.2.2.3 Supply of assistive devices

Ministry of Social Development is already running a programme under its rehabilitation department for support and supply of assistive devices to PWDs. However, current trends show that these services are limited to certain PWDs due to lack of funds. But, with support from World Vision Lesotho and Lesotho Red Cross Society (who have been, through their programmes, offering some of these tools as donations to PWDs) this assistive work has to some extent been progressing

2.2.2.4 Relief service

Disaster Management Authority under government of Lesotho is entrusted with carrying out Disaster Risk Reduction (DRR) work in the country. Through this programme which involves community awareness and training, it coordinates some relief services. These include securing shelter, clothing and food packages for those severely affected by disasters. This programme also arranges for rescue initiatives.

World Vision Lesotho has made a contribution towards DRR trainings, through the District Disaster Management Team (DDMT) which coordinates district disaster rescue initiatives.

2.2.2.5 Literacy

2.2.2.5.1 Special Education

Ministry of education and training through its special education unit is advocating for the inclusion of children with special needs in schools. It does this by sensitizing communities about disability and encouraging communities to send their children to school. It further mobilizes resources for disabled children at school, and ensure that they have access to some assistive devices.

2.2.2.5.2 Lesotho Distance Teaching Centre (LDTC)

Lesotho Distance Teaching Centre under government of Lesotho has made a provision for those who cannot go through formal post primary education to continue schooling through correspondence. This has since provided an opportunity for most citizens to further their education at lower cost including PWDs.

2.2.2.5.3 Sensitization

World Vision Lesotho through its education division is running an awareness campaign through all of the organisation's programmes where it encourages inclusion of the needs of PWDs in all development projects. It is also encouraging communities to take good care of and give support to PWDs. It is further encouraging communities to take children with disabilities to school.

2.2.2.6 Agriculture

World Food Programme (WFP) is running a project through schools, whereby it assists schools to develop greenhouses for crop production. It is in this programme where WFP supplies inputs and tool (implements) for use by schools specifically to boost school feeding programmes.

2.2.2.7 Other Programmes

2.2.2.7.1 Assistive devices

Ministry of Health through the physiotherapy department is providing assistive devices and offering physiological treatments to children with disabilities. It provides devices such as hearing aid, crutches and wheelchairs.

2.2.2.7.2 Medical subsidy

Government of Lesotho through the Ministry of Health has made a provision for subsidized medical services in hospitals and clinics, where everybody is allowed to access medical attention at a lesser cost. It is through this programme that PWDs are issued referrals by MoSD for free services at all health centres.

2.3 Stakeholder Analysis

While disability issues are inter-ministerial with all government ministries expected to play their respective roles, disability issues at the central government level fall under the overall mandate of the Ministry of Social Development. This ministry was established in 2012 and has a Disability Services Department, whose overall goal is to improve the lives of persons with disabilities through appropriate service provision. The Disability Services Department was established in 1991 under the former Ministry of Social Welfare in response to increasing needs of PWDs, and it commenced with the provision of assistive devices and vocational rehabilitation, with the establishment of Ithuseng Vocational Rehabilitation Centre (IVRC) in Maseru. Below are some of the products that were show cased at the IVRC during the graduation ceremony in 2012. The centre offers programmes such as carpentry, metal works, sewing and knitting, leather works and agriculture, which is compulsory for every student enrolled.

Figure 3: Some of the products from Ithuseng Vocational & Training Centre

In addition to vocational skills training offered at IVRC, the department also has various other interventions strategies, including:

- Community Based Rehabilitation (CBR);
- Guidance and counseling;
- Referral of clients for different services like public assistance (in kind and in cash), medical exemptions, bursary schemes, special schools for PWDs etc;
- Provision of assistive devices;
- Provision of Business Packages (Start-up kits); and
- Income-Generating Activities (IGA Projects in Mafeteng and Leribe so far)
- Provision of annual subvention to 12 DPOs including homes for OVCs[33]
- Provision of life-skills (vocational skills development, activities of daily living and HIV/AIDS prevention and unwanted pregnancies).

At the district level, there are District Administrators (DAs), who function as representatives of the central government at the district level. The DAs as public officers are entrusted with ensuring that ministerial departments at district level carry out their duties, in an efficient, effective and acceptable manner in provision of good governance, ownership and accountability according to public policy. The DA is thus responsible over the Heads of Departments in the district, and links the central government and the community councils according to local government structures.

Another administrative structure that exists at the district level is the District Development Coordinating Committee (DDCC), which is formulated out of representatives from the community councils. This is inclusive of politically elected community councilors and chiefs elected to serve in the councils. This committee is headed by the District Council Chairperson and the District Council Secretary (DCS) who is the public officer that reports all the decisions of the committee to central government through the office of the DA.

At the local level, the Community Councilors and Chiefs sit on Village Development Committees (VDC) with the assistance of Community Council Secretaries, the latter being the public officers mandated to provide technical professional advice to community councils on national programs and laws.

2.3.1 Active DPOs

As stated before, LNFOD is an umbrella organization of four disabled people's organizations (DPOs), namely: Lesotho National Association of the Physically Disabled (LNAPD); Intellectual Disability Association of Lesotho (IDAL); Lesotho National League of the Visually Impaired Persons (LNLVIP); and National Association of the Deaf Lesotho (NADL). LNFOD, therefore, works in the districts through its member DPOs.

[33] *List attached as annex 3*

2.3.1.1 Lesotho National Association for the Physically Disabled (LNAPD)

The Lesotho National Association for the Physically Disabled (LNAPD) was formed in 1986. The main objective of this organization is to see that physically disabled people enjoy their rights like able-bodied people. LNAPD seeks support of all kinds for its members, including assistive devices, livelihoods training and advocacy work. The organization is currently involved in a project where the members join pieces of electrical appliances as a way of generating income or enhancing the livelihoods of its members. The organization also owns a vocational centre- Itjareng Vocational Training Centre (IVTC) at Masianokeng and it receives government subvention on an annual basis. The centre was established in response to the need to empower PWDs. The skills provided include: carpentry, leather works, metal works, sewing and knitting, and agriculture.

LNAPD has branches in 8 districts even though Mokhotlong is not very effective as it has ±10 members and there are no branches in Thaba-Tseka and Qacha's Nek. With regard to Berea and Mohale's Hoek in particular, there is a branch in each district with 40+ and 30+ members, respectively. However, of the 8 branches, the most effective branches are in Leribe and Mafeteng. These two latter districts are areas where the community-based rehabilitation (CBR) and organisation development (OD) programmes have been operational. Additionally, with the help of the CBR and OD programs, the organisation is able to do outreach to its members in the rural areas.

2.3.1.2 Intellectual Disability Association of Lesotho (IDAL)

The Intellectual Disability Association of Lesotho (IDAL) was founded in 1992 (as Lesotho Society of the Mentally Handicapped) by parents of children with intellectual disabilities. It was later ultimately discovered that parents of children with other disabilities do not have a platform to support each other. So later IDAL allowed other such parents. In this case, parents are the advocates for their children, while with the other DPOs, the persons with disabilities are the ones who are members and thus advocate for their own rights in health, education, protection and employment.

Parents are also trained on advocacy issues, how to cope with the children, organize meetings where they can share their day-to-day challenges looking after their children, where they can get appropriate services, and steps to follow to access those services (i.e. empowerment that is focusing on parents and care-givers).

After realizing that children have different special needs, IDAL started programs such as community-based parent empowerment (CBPE), which is a program focused on parents and children from 0-11 years. This program involves training parents on how to better cope with their children to assist them with basic home programs such as physiotherapy, (teaching them basic exercises), how to clothe PWDs , toileting, feeding, and positioning, etc.

Currently, IDAL has a membership of over 2000 individuals across 21 branches in eight districts of Maseru, Mafeteng, Leribe, Quthing, Mohale's Hoek, Thaba-Tseka, Berea and Mokhotlong.

In Berea, IDAL works with support groups at Ha Ratšiu whereby the support group members identify children with intellectual disability and refer them to IDAL for assistance and assessment.

With regard to Mohale's Hoek, the same activities are being carried out as in other districts. However, there are 3 social workers based in Mohale's Hoek who do the assessments, and there is also monitoring and evaluation by temporary volunteers who assist with the organisation's activities.

2.3.1.3 Lesotho National League for the Visually Impaired Persons (LNLVIP)

The Lesotho National League of the Visually Impaired Persons (LNLVIP) aims to advocate for the human rights of the visually impaired persons in Lesotho. The organisation is operating in 11 branches countrywide with 2 operating in Maseru (urban and rural) and 1 in each district. There are also 8 sub-branches operating at community council level in Mafeteng and Leribe. The members/committee members are volunteers with no offices at the branch level; meetings by the sub-branch groups are held at the DA's offices. The branches were formed under the CBR program operating in Leribe (3 sub-branches) and Mafeteng (5 sub-branches).

LNLVIP also owns Mohloli- oa- Bophelo Centre (Maseru), whereby PWDs are provided with training on candle making, sewing and knitting, and training on Braille and computers. LNLVIP also holds workshops on HIV and AIDS, gender issues and advocacy for its members in all branches.

2.3.1.4 Lesotho Network of Development of the Blind (LNDB)

The Lesotho Network of Development of the Blind (LNDB) was founded in 2005 and it assists other visually impaired persons with job seeking, formation of self-help projects and advocates to the human rights of the visually impaired persons in general.

LNDB has ten (10) branches country wide of which only 6 branches are the most active (Maseru, Berea, Mohale's Hoek, Thaba-Tseka, Qacha's Nek, Leribe) and it is does not take part in the OD or CBR programmes implemented in Leribe and Mafeteng. So far LNDB has about 4000 members in general.

2.3.1.5 National Association of the Deaf in Lesotho (NADL)

The National Association of the Deaf in Lesotho (NADL) was formed in 1992 but was officially registered in 1994. Its mandate is to protect and lobby for human rights and concerns of the deaf in Lesotho. Among the services it provides, NADL offers support services like interpreting services to other DPOs or organisations and its members in all districts. It also provides counselling services for the PWDs to accept their disabilities and also to parents/care givers of Children with Disabilities and sometimes provides referrals to relevant service providers.

With regard to disability legislation in Lesotho, NADL was actively involved in the formulation of the Child and Welfare Bill. It also advocates for the domestication of the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPWD) and that Sign Language should be adopted as a third language in Lesotho.

NADL also works with other non-deaf organizations such as the Department of African Languages at National University of Lesotho (which also helped produce the Sign Language Dictionary). In addition, NADL is advocating for the sign language interpreters to serve as teachers' assistants/aids, especially in inclusive schools, to help deaf children to participate fully with other peers.

In Berea and Mohale's Hoek in particular, NADL does not have any members/ branches, as the DPO has not worked in those districts before.

2.3.2 Other DPOs in Berea

2.3.2.1 Berea Association of the Disabled (BAD)

BAD was founded in 2007 by PWDs in the district and this was done by the advice of the Prime Minister. The intension was to advocate for human rights of PWDs within the district and find best solutions or ways to address the challenges facing PWDs within the district. Moreover, it was established also to seek support for PWDs in Berea. However, the organization drafted a constitution which was approved in 2012 and that was the time BAD registered legally. It is entrusted with bringing together disabled person across their form of disability, through registration. And develop strategies and plans for skills development for betterment of PWDs in Berea.

So far, the organization managed to do community outreach in the urban areas and some parts of the rural areas of Berea with the assistance of DA's office with transport for ease of access to such places.

2.3.2.2 Kana Association for the Disabled

This association was formed in 2008 after the establishment of Berea Association of the disabled with the advice of the District Administrator, Mrs. Ntoampe and the BAD's general secretary, Mr Maputle Mohapi. The main reason for the establishment of this DPO was that it will be easier for them to find support as a group / association than as individuals, either financial or social support from the government or any other NGOs to improve their lives.

However, there is no constitution and this association has not been legally registered thus it is not recognized and even LNFOD is not aware that such organization exists. Registration is hindered by lack of funds to facilitate registration of the association as the costs have to be borne by the members, which include paying for a lawyer who will draft their constitution.

2.3.2.3 Kananelo Centre for the Deaf

This school was established in 1991 by Sisters of Holy Family at St. Cicilia Roman Catholic Mission at Bua Sono in Berea district. They realized that children with disabilities were born in great numbers and the only school that catered for the deaf was St Paul school for the Deaf in Leribe. The main aim of the school is to provide quality education and improve the living standards for the students with special needs.

The school provides primary education, vocational training (handwork such as sewing, knitting, beadwork, gardening) in a boarding school setting in which the national curriculum is taught in sign language. Some external activities such as netball and soccer are also done with outward bound and Lesotho Durham Link.

This year 85 students are enrolled in the school from children with 6 years and above. Out of these 85 students, 5 have been referred to Itjareng Vocational Training Centre at Masianonkeng.

2.3.3 Other DPOs in Mohale'sHoek

There are no other DPOs in Mohale'sHoek.

SECTION 3: EXISTING SPECIAL SERVICES FOR PERSONS WITH DISABILITIES

This section of the report discloses programs and initiatives that are available in the community or district that target PWDs. During the baseline assessment, there were households that knew of programs available, those who did not know of any programs and those who asserted that there were no programs targeting PWDs at all.

3.1 Berea Findings

3.1.1 Visibility of Programs in the Communities

In Berea, the largest proportion (86%) was that of households that indicated no awareness of any programs targeting PWDs in their district (Table 1). In those that reported that there were programs, 5.5% mentioned poverty reduction programs; 3% mentioned HIV and AIDS programs; 1.7% mentioned agricultural programs; and environmental awareness, micro finance and other programs were mentioned by 1.3% of the surveyed households. Conversely, 2.6% did not know whether there were such programs or not.

Table 1: Perceptions on available disability programmes (Berea)

Programs	Number	Percentage (%)
Poverty Reduction	13	5.5
Environmental awareness	1	0.4
Micro-Finance	1	0.4
HIV/AIDS	7	3.0
Agriculture	4	1.7
Other programs	1	0.4
No programs	202	86.0
No knowledge	6	2.6
Total	**235**	**100.0**

Organizations that provide the above-mentioned programmes include both government ministries and civil society. More organizations were found to be active in poverty reduction programmes (Table 2, p17). Table 2 further reveals that the organizations that provided most of the programmes in the communities were the government and World Vision. While less was known about the micro finance schemes and a good fraction were blank about finances.

Table 2: Organizations involved in district-level programmes (Berea)

Programs	Organizations
Poverty Reduction	• Community • DA • Government- Ministry of Agriculture, Social Development and Ministry of Health • PSI • Send a Cow • Support groups • World Vision
Environmental awareness	• World Vision
Micro-Finance	• Unknown Organization
HIV/AIDS	• Government- Ministry of Health • PSI • Support groups
Agriculture	• FAO • Ministry of Agriculture • World Vision
Other programs	• Government- Ministry of Health

3.1.2 Special Services for PWDs

3.1.2.1 Services Provided by Government

3.1.2.1.1 Education Sector

Ministry of Education and Training is running a programme which targets PWDs through special education unit and it advocates for inclusion of the needs of children with disabilities (CWDs) in schools. Itinerant teachers (IT) responsible for ensuring children with disability are integrated within the districts. Currently there are 183 schools in Lesotho that have been enlisted in the special education.

In Berea District particularly, there are only 11 schools which provide special education (as per the list from the Special Education Unit Inspector in Maseru) that have integrated CWDs. In addition, in the last quarter (July –September 2013), teachers in 4 schools have been trained during school-based workshops on handling CWD in classrooms. Furthermore, there are other 13 schools in Berea that have been sensitized on disability issues.

Only one IT staff has been placed in Berea and is responsible for training teachers on disability issues, assessing the children with disabilities in schools and facilitating their referrals to special schools or other stakeholders and lastly sensitizing the communities about disability during public gatherings (including other government ministries, Councilors, Chiefs and other NGOs), that is creating awareness on disability issues.

3.1.2.1.2 Social Welfare Sector

The Ministry of Social Development previously known as Social Welfare has a Disability Services Department which is geared towards improving the lives of PWDs in all spheres of life through appropriate service provision. In every district, this department is headed by a Rehabilitation Officer (RO) who is responsible for assessing PWDs who come to the office for assistance to check whether there is any intervention needed. Once the RO is satisfied with the needs assessment of the PWD / client, then the referrals are made either through provision of assistive devices, referral for different services like vocational training (Ithuseng Vocational and Rehabilitation Centre, other vocational schools) and other special schools,

medical exemptions and provision of social grant/financial assistance which comes on a quarterly basis.

3.1.2.2 Services Provided by the Private Sector

According to the findings both at the household level and FGDs even the Key Informants Interviews (KII), there are no special services provided by the private sector at Berea District.

3.1.3 Community Perceptions on Available Special Services

In assessing the special services provided for PWDs, the results revealed that there were very few services being provided. Some of the special services offered to PWDs which were mention by the households included training on care for PWDs, food aid, social grants, clothes, vocational schools, agricultural extension services and wheelchairs. Nevertheless, the highest proportion (93%) was that of households that indicated unavailability of specialized services for PWDs.

Table 3: Special services for PWDs

Specialized Service	Number	Percentage (%)
Training on Care for PWDs	1	0.4
Food AID	1	0.4
Social Grant	5	2.1
Food and Clothes	5	2.1
Vocational school	2	0.9
Agricultural Extension services	1	0.4
Wheelchairs	2	0.9
No Specialized service	218	92.8
Total	**235**	**100.0**

The table below demonstrates organizations that provide specialized services for PWDs in Berea. The organizations included LSMHP/IDAL, Lesotho Red Cross Society, World Vision Lesotho and Government of Lesotho through the Ministries of Social Development and Agriculture. However, households could not identify the organizations that provided wheelchairs.

Table 4: Organisations that Provide Specialised Services

Specialized Service	Organization
Training on Care for PWDs	• LSMHP / IDAL
Food Aid	• Red cross
Social Grant	• Government- Social Development • World Vision
Food and Clothes	• World Vision
Vocational school	• Government- Social Development
Agricultural Extension services	• Ministry of Agriculture
Wheelchairs	• Unknown

3.1.4 Other special services to be made available

The households further expressed that their desire was to have other services that could be made available to PWDs in their community and district. Such services included training on small businesses, provision of hearing aids for those with hearing impairment, home-based health services, inclusive education, inclusion in income generating activities, provision of assistive devices, life skills training, special schools and housing to mention but a few.

3.2 Mohale's Hoek Findings

3.2.1 Visibility of programmes in the communities

The table 5 below discloses programmes and initiatives that are available in the community or district that target people living with disabilities. The results illustrate that the largest proportion of households (190 out of 220; 86%) indicated that there were no such programmes at all. Of those that mentioned existence of programmes, poverty reduction constituted 4(1.8%). Furthermore, households of PWDs revealed that there were no HIV/AIDS and environmental programmes targeting PWDs in their community and district. There were however other respondents who stated that they did not know whether there were such programs or not (24 out of 220; 10.9%).

Table 5: Frequency distribution: Programmes available

Programmes	Number	Percentage (%)
Poverty Reduction	4	1.8
Environmental awareness	0	0
Micro-Finance	1	0.5
HIV/AIDS	0	0
Agriculture	1	0.5
No programs	190	86.4
No knowledge	24	10.9
Total	**220**	**100.0**

Organizations that provide programmes in the table above include both government ministries and NGOs. The table 6 below further reveals that the organizations that provided the four categories of programs stated was The Government, World Vision and other unknown organizations. However, the government was the most common provider of all programmes.

Table 6: Organisations that Provide Services

Programmes	Organizations
Poverty Reduction	• Government- Ministry of Agriculture & Food Security and Ministry of Social Development • World Vision
Micro-Finance	• Government – Ministry of Social Development
Agriculture	• Government- Ministry of Agriculture& Food Security
Other programs	• Unknown organizations

3.2.2 Special Services

3.2.2.1 Services provided by the Government

3.2.2.1.1 Education Sector

Ministry of Education and Training through its special education unit (SEU) is mandated to advocate for children with disabilities to attend school and to ensure that such children access quality education like any other children as per the Education Act 2010. This has been supplemented by introduction of free and compulsory education through primary schools, which saw an increase in enrolments at primary level.

Out of 171 schools in Mohale's Hoek in particular, only 28 schools have been trained on special education (as per the list provided by the inspector) and 39 schools have been sensitized on disability issues. Like Berea district, there is only 1 Itinerant Teacher (IT) who is responsible for training teachers on disability issues, assessing the children with disabilities in schools and facilitating their referrals to special schools or other stakeholders and lastly sensitizing the communities about disability during public gatherings.

However of the challenges faced by the SEU, most teachers are not trained on special education thus it becomes difficult to communicate with CWDs and do assessment in order for them to be referred to relevant stakeholders for assistance and there is no play therapy for CWDs in these inclusive schools.

'Even though SEU advocates for inclusive education, the school curriculum is still not inclusive to PWDs, e.g. the materials are not brailed', said the SEU-Inspector Mohale's Hoek.

3.2.2.1.2 Social Welfare Sector

The Ministry of Social Development previously known as Ministry of Social Welfare, has a Disability Services Department which is geared towards improving the lives of PWDs in all spheres of life through appropriate service provision. In every district, this department is headed by a Rehabilitation Officer (RO) who is responsible for assessing PWDs who come to the office for assistance to check whether there is any intervention needed. Once the RO is satisfied with the needs assessment of the PWD/client, then the referrals are made either through provision of assistive devices, referral for different services like vocational training (Ithuseng Vocational and Rehabilitation Centre, or to other vocational schools) and other special schools, medical exemptions and provision of social grant/financial assistance which is given on a quarterly basis.

"*Through the help of social welfare, my child managed to go to school and learn how to read and write. I only went to the department to ask for any assistance and Masebolelo (intellectually disabled child) was assessed and referred to Thuso-e-tla-tsoa kae Handicapped Centre in Botha-Bothe. This is a school for children with intellectual disability. Now that my child is above 18 years, she was sent back home so that others can be enrolled", (said MalipholoTaele, Qalakheng).*

3.2.2.1.3 Health Sector

The health sector is mandated to provide health care services to everybody including PWDs. Among the services offered at Ntšekhe Hospital in Mohale's Hoek, there are also special services for PWDs which include;

- Provision of assistive devices,
- Mobilization of resources for PWDs,

- Training caregivers/parents of PWDs on good nutrition, care, and how to best communicate[34] with PWDs, and care for those with cerebrum palsy (CPs)
- Offer orthopedic and physiotherapy services to PWDs,
- Provide support to those with Cerebral Palsy (CPs) through supply of assistive devices such as wheelchairs and crutches or braces.

In the past year, about 100+ CPs have been provided with necessary support.

3.2.2.2 Services provided by Private sector

On the other hand, there are some good examples of programmes or services that have assisted PWDs in Mohale's Hoek even though they are not special services per say. UNICEF provided the assistive devices such as wheelchairs. While Global Fund assisted in funding teachers' training on special education.

3.2.3 Community perceptions on available special services

The highest proportion (85%) at household level indicated unavailability of specialized services for PWDs. This is also substantiated by the responses from the focus group discussions which indicated that no special services are available for PWDs except for provision of assistive devices and social grants by Ministry of Social Development and World Vision Lesotho, of which they mentioned that they do not know the criteria used to select the beneficiaries.

3.2.4 Other special services to be made available

Besides the special services that exist in the communities, the communities further expressed that their desire was to have other services that could be made available to PWDs. Such services included sanitation facilities, provision of disability grants, counseling services, availability of home-based caregivers, training on small businesses/life skills, provision of hearing aids for those with hearing impairment, inclusive education, special schools, special health services, transport, recreational and sports facilities for PWDs, and vocational training centres to mention but a few. All buildings where public services are provided should be accessible to PWDs through provision of ramps for the visually impaired and physically disabled people.

[34] *This communication does not refer to sign language interpretation but rather means of communication to better understand their needs*

SECTION 4: MAPPING OF MAINSTREAM SERVICES

4.1 BEREA FINDINGS

Table 7 below illustrates the Lesotho's system in accommodating the needs of PWDs in the Education, Health and other mainstream services. The results confirm that in Lesotho, PWDs are not accommodated in services being offered to the public. In Education, 8(3.4%) highlighted that there were primary schools accommodating PWDs, 6(2.6%) pre-schools and 1(0.4%). On the other hand, there were households (204 out of 235; 86.8%) that mentioned unavailability of such services while others (16 out 235; 6.8%) did not know whether services accommodated PWDs or not. Regarding Health, 5 (2.1%) stated that there were hospitals accommodating PWDs, 4(1.7%) mentioned clinics and 3(1.3%) indicated that there were other services. Similar to education, a high proportion (90%) showed that there were no such services and lastly 11(4.7%) had no idea of existence of such services. Finally, assessment was made on other services that accommodate PWDs and results revealed that, 7(3.0%) indicated Agriculture, 1(0.4%) stated Labour and 1(0.4%) other services. Even in the category of other services, unavailability of services constituted the highest proportion (216 out of 92%).

Table 7: Mainstream services available for PWDs

Services		Number	Percentage
Education	Pre-school	6	2.6
	Primary	8	3.4
	Secondary	1	0.4
	Do not know	16	6.8
	No service	204	86.8
	Total	**235**	**100.0**
Health	Hospital	5	2.1
	Clinic	4	1.7
	Others	3	1.3
	Do not know	11	4.7
	No service	212	90.2
	Total	**235**	**100.0**
Other Services	Agriculture	7	3.0
	Labour	1	0.4
	Other	1	0.4
	Do not know	10	4.3
	No Service	216	91.9
	Total	**235**	**100.0**

4.1.1 Education

4.1.1.1 Special Education Unit (SEU)

Ministry of Education and Training in Berea District has indicated that it is mandated to ensure that education is accessible, efficient and of high quality to all. Through Special Education Unit it provides training for special teachers in order to accommodate children with special needs in schools. The ministry further provides scholarships for the severely disabled children in such schools.

4.1.1.1.1 Community Sensitization

Awareness is also extended to communities about disability issues to ensure that children with disabilities are allowed to attend school. It is also the responsibility of the SEU to mobilize some resources for children with disabilities in schools to ensure their access to assistive devices.

4.1.1.1.2 Skill development referrals

Children with disabilities are also referred to some specialized schools and vocational training where appropriate. However, these schools are found in other districts such as Leribe and Berea.

However, in the past year only 12 children were assisted by the ministry whereby 7 pupils in Berea were referred to specialized school, while 5 were referred for medical treatment. Failure to execute some of its mandate could be attributed to limited teachers with ability to communicate or deal with children with special needs.

4.1.1.2 *Lesotho Distance Teaching Service*

Available also is the Lesotho Distance Teaching Service program in Berea where graduates included those with disability in 2012, with the top two being disabled persons.

These activities are supported for by the Education Act of 2010 and Policy of 1989 which advocates for inclusive education.

4.1.2 Health

4.1.2.1 Social Support

Ministry of Social Development through the rehabilitation office provides support for PWDs and makes referrals to different types of services available to PWDs. The department also ensures proper counseling and provision of assistive devices.

Ministry of Social Development makes referrals to healthcare centres in cases where some of the PWDs do not have money to pay for their medical treatment, by providing proof to see the health practitioners. MoSD also together with Ministry of Health (MoH) mobilizes the funds or resources for assistive equipment.

4.1.2.2 Poverty Reduction

The Ministry of Social Development has a reservation for orphaned and vulnerable children through whom people are provided with public assistance grant to supplement their nutrition and daily living requirements. This assistance is intended for the poor and PWDs are only included if they have been assessed and found to fall under the most poor groups within the societies. However, this public assistance money is issued only on a quarterly basis.

4.1.2.3 Healthcare and treatment

Ministry of Health (MoH) through its orthopedic and physiotherapy section provides treatment for treatable disabilities, which comprises of flexing and stretching of muscles. It further holds training workshops for caregivers who live with PWDs especially in support of people with cerebral palsy (CPs).

4.1.3 Agriculture

Lesotho Red Cross Society together with Ministry of Forestry and Land Reclamation and World Vision Lesotho is engaged in the initiating of crop production, through supply of inputs (seeds and tree seedlings) to communities and schools. Ministry of Agric and Food Security also provides training on improved Nutrition at Ha Ntjabane Berea whereby everyone was given equal chances to participate regardless of the disability status.

4.1.4 Labour

Ministry of Forestry and Land Reclamation has an ongoing program, for poverty reduction whereby communities are engaged in cash for work. They are allowed to serve on monthly terms and get to be paid in cash for their labour. It is through this program that PWDs are given opportunities to identify people that can represent them during such community conservation works which are referred to as *'lifato-fato/likhakeletsi'*. However, the representatives share the payment/benefits with PWDs at the end and not all communities are allowed to work with PWDs on such projects by the contract owners.

4.1.5 Cooperatives

There are no cooperatives known by community members in Berea.

4.1.6 Other services

Habitat for Humanity Lesotho is engaged in relief services whereby it provides shelter for the orphaned and vulnerable, not living out CWDs if they fall within the category of OVCs.

World Vision Lesotho is responsible for the provision of assistive devices, clothing and shelter as part of its relief service program, which it does in collaboration with other departments under the District Disaster Management Team. Its activities are also extended towards funding some community activities such as celebrations under community sensitization as part of educational program.

4.1.6.1 Hotel Services (Blue Mountain Inn)

Blue Mountain Inn (BMI) as part of Sky Mountain Hotels Group was assessed for international recognition (three star hotel) and was inclined to provide hotel services which are safe and accommodative inclusive of conference facilities to all sector of the community. Through its current services it has to ensure that it puts in place the facilities that are enabling to PWDs, which include the provision of accesses in the form of ramps. It has further taken an initiative to put in house some rooms with specialized services for PWDs. As a way of improving the lives of PWDs through income generation, Ithuseng Vocational Rehabilitation Centre approached BMI to request that graduates from the centre should design and produce beds as BMI is in the process of expanding its services. However, this has not yet been implemented.

Figure 4: Initiatives to provide access for PWDs (provision of ramps at BMI)

4.1.6.2 Correctional Services

Lesotho Correctional Services (LCS) under government of Lesotho is entrusted with undertaking correctional work on the inmates (whom the law has found in breach of national laws). Correctional work of rehabilitation is supposed to prepare them for change and build resilience in them when they are re-united with the communities after serving their sentences. PWDs are being given priority treatment in rehabilitation, although there are limited numbers of them under-going rehabilitation. The department has put aside a certain budget for the medical expenses on PWDs, which cater for assistive devices such as wheelchairs, crutches etc.

4.1.6.3 Child and Gender Protection Unit

Child and Gender Protection Unit (CGPU) under the Ministry of Police, focuses on the protection of children and safe homes and family relations. It is guided by other laws such as Sexual Offences Act 2003 to offer protection to victims in most cases of Gender Based Violence (GBV). It has currently succeeded to refer PWDs to services for social support and medical treatments. Therefore, there is need for disability laws to be put in place to assist PWDs.

4.1.6.4 District Administration

District administration falls under the Ministry of Local Government and Chieftainship (MoLGC), as the representative of central government; it oversees the coordination of all activities by various departments at the district level. It ensures that resources are used in an effective and efficient way in service delivery and that community's needs, inclusive of PWDs, are addressed by relevant service providers. The DA's offices are also accessible to PWDs as ramps have been provided. However, there is no specific mandate towards PWDs.

4.1.7 Access to Mainstream Services

There are some difficulties PWDs are facing in accessing the mainstream services, as demonstrated in table 5 above. Regarding availability of assistive services, 73(31%) indicated that they never experienced such a difficulty while 45 (19%) stated that they sometimes have. Regarding long queues, the common response was "most of the time" where 138(59%) of households mentioned they have such a problem. Basically, that was the most common challenge for PWDs as only 9 (4%) showed that they never experience long queues. The second most common issue was supportive family members. Slightly above half of respondents (136 out of 235; 58%) mentioned that they experience the problem most of the time (see table 8 on page 26).

"PWDs are serviced just like other able-bodied persons, no special treatment is provided" (From FGDs)

"All services are very far especially the schools and clinics. PWDs struggle to access such services, e.g. they get to clinics after the cut-off quantity for the day and return home unattended", claimed one member of the FGD at Ha Ramoseka.

Table 8: Challenges in accessing mainstream services

Issues	Most of the time	Sometimes	Never	Do not know	Total
Availability of assistive services	66 (28.1%)	45 (19.1%)	73 (31.1%)	51 (21.7%)	235 (100.0%)
Long queues	138 (58.7)	53 (22.6%)	9 (3.8%)	35 (14.9%)	235 (100.0%)
Disability friendly workers	82 (34.9%)	88(37.4%)	35 (14.9%)	30 (12.8%)	235 (100.0%)
Availability of ramps	24 (10.2%)	40 (17.0%)	72 (30.6%)	99 (42.1%)	235 (100.0%)
Availability of sign language interpreters	13 (5.5%)	6 (2.6%)	121 (51.5%)	95 (40.4%)	235 (100.0%)
Supportive community	97 (41.3%)	74 (31.5%)	35 (14.9%)	29 (12.3%)	235 (100.0%)
Supportive family members	136 (57.9%)	23 (9.8%)	25 (10.6%)	51 (21.7%)	235 (100.0%)
Others	3 (1.7%)	231 (98.3%)	0(0.0%)	0 (0.0%)	235 (100.0%)

4.1.8 Challenges (skill gaps) of service providers in offering services to PWDs

The households identified some of the challenges of service providers in offering services to PWDs. The challenges included lack of understanding for needs of PWDs, bias in providing the services, lack of relevant equipment for PWDs, lack of patience with PWDs, lack of sign language interpreters especially in courts of law, unfriendly service providers and limited training in dealing with PWDs to mention but a few.

4.2 MOHALE'S HOEK FINDINGS

Table 9 illustrates the Lesotho's system in accommodating the needs of PWDs in the Education, Health and other mainstream services as indicated by households. The results confirm that in Lesotho, PWDs are not accommodated in services being offered to the public. Also, even where services are offered, there are no awareness campaigns to alert PWDs and this was evidenced by high proportions in households who claimed that they did not know of services being provided. In Education, 6(2.7%) highlighted that there were other educational services accommodating PWDs and 1(0.5%) indicated that there were vocational schools. On the other hand, there were households (123 out of 220; 56%) that mentioned unavailability of such services while others (90 out 220; 41%) did not know whether services accommodated PWDs or not. Regarding Health, 8(3.6%) stated that there

were other services accommodating PWDs and 1(0.5%) mentioned health centers. Similar to education, a high proportion (58%) showed that there were no such services and lastly 83(38%) had no idea of existence of such services. Finally, assessment was made on other services that accommodate PWDs and results revealed that, 2(0.9%) indicated Agriculture and 3(1.4%) mentioned that there were other services. Even in the category of other services, unavailability of services constituted the highest proportion (127 out of 220; 58%).

Table 9: Mainstream services in Mohale's Hoek

Services		Number	Percentage
Education	Vocational	1	0.5
	Other	6	2.7
	Do not know	90	40.9
	No service	123	55.9
	Total	**220**	**100.0**
Health	Health centre	1	0.5
	Others	8	3.6
	Do not know	83	37.7
	No service	128	58.2
	Total	**220**	**100.0**
Other Services	Agriculture	2	0.9
	Other	3	1.4
	Do not know	88	40.0
	No Service	127	57.7
	Total	**220**	**100.0**

4.2.1 Education

4.2.1.1 LTDC

Lesotho Distance Teaching Centre (LTDC) is running a programme towards enabling those who cannot attend school on fulltime basis to pursue their education through correspondence. This is an opportunity for the post primary persons to study with schools in South Africa and Lesotho. This programme does not specifically target PWDs, but it also accommodates PWDs to further their education.

4.2.1.2 Special Education

Ministry of Education and Training through its Special Education Unit is advocating for inclusion of children with special needs in schools. This programme is also initiating for training of teachers with specialized skills to deal with children with special needs. This is whereby 29 schools have been trained on special education in over 171 schools, while 39 have been trained of disability issues.

The Ministry draws its mandate from the Lesotho Education Act 2010, which is supplemented by the national Declaration 1998 on Education.

4.2.1.3 Awareness

World Vision Lesotho has funded training on Disaster Risk Reduction under the umbrella of District Disaster Management Team (DDMT). This training has focused on sensitization of communities about disability issues. The initiative is also meant to improve care and support by care givers to PWDs within communities.

4.2.2 Health

4.2.2.1 Healthcare subsidy

Medical subsidy is another programme which has been introduced by government of Lesotho in an effort to ensure that people access medical treatment, at an accessible and affordable cost. This programme is extended to everyone living in Lesotho and PWDs do not pay for health care services at all as long as they are registered with the MoSD

4.2.2.2 Infrastructure development

Furthermore health facilities are made accessible through ramps to ensure easy access by wheelchairs and the visually impaired persons. This makes it easy for PWDs to enter the facilities for services without seeking help from anyone, e.g. Ntšekhe hospital in Mohale's Hoek.

4.2.3 Agriculture

World Food Programme is running a school based nutrition supplementary programme whereby, schools are assisted to produce their own food. The programme supplies inputs and equipments to use, whereby parents are encouraged to partake in feeding of their children

World Vision Lesotho is also providing skills training and inputs assisted by Ministry of Agriculture and Food Security. It encourages the use of *'lentloane'* for crop production.

4.2.4 Labour

Ministry of Local Government and Chieftainship has engaged PWDs as switchboard operators, this is an effort to make them efficient and earn their living. This shows a good example to other government ministries and NGOs that PWDs should also be employed in their respective expertise regardless of their disabilities. This, therefore, could be extended to other government departments.

4.2.5 Other services

UNICEF and Global fund are supplying some of the PWDs with assistive devices to assist them acquire partial use of their impaired parts.

4.2.5.1 Relief Services

Disaster Management Authority, World Vision Lesotho and World Food Programme are providing national relief services such as shelter, clothing and food aid. This is done mostly after disasters have struck and destroyed some properties. It also occurs when production is not good due to prevailing drought or bad yield. This service is inclusive of PWDs and other vulnerable groups.

4.2.5.2 Victim support (Child and Gender Protection Unit)

CGPU through its crime prevention initiative is providing full victim support to PWDs, and ensures that their cases in court are run to finality. However, the challenge is lack of resources to fully undertake their work and communication is a barrier in courts (e.g. unavailability of sign language interpreters).

4.2.5.3 Counseling

The justice system through the office of the Magistrate is providing counseling to PWDs involved in court proceedings.

4.2.6 Access to Mainstream Services

Table 10 illustrates some of the difficulties PWDs are facing in accessing the mainstream services demonstrated in the previous table. The most common problem that PWDs experienced in accessing services was long queues which were reported by 107(49%) as the difficulty being encountered most of the time. The other difficulty which was experienced most of the time by majority of PWDs was supportive family members (99 out of 220; 45%). Conversely, the problems which were never experienced by most of the PWDs were other difficulties (217 out of 220; 99%), availability of sign language interpreters (113 out of 220; 51%) and availability of ramps (106 out of 220; 48%).

Table 10: Challenges in Accessing Mainstream Services

Issues	Most of the time	Sometimes	Never	Do not know	Total
Availability of assistive services	63 (28.6%)	39 (17.7%)	53 (24.1%)	65 (29.5%)	220 (100.0%)
Long queues	107 (48.6%)	67 (30.5%)	17 (7.7%)	29 (13.2%)	220 (100.0%)
Disability friendly workers	43 (19.5%)	85 (38.6%)	31 (14.1%)	61 (27.7%)	220 (100.0%)
Availability of ramps	13 (5.9%)	24 (10.9%)	77 (35.0%)	106 (48.2%)	220 (100.0%)
Availability of sign language interpreters	15 (6.8%)	9 (4.1%)	83 (37.7%)	113 (51.4%)	220 (100.0%)
Supportive community	77 (35.0%)	75 (34.1%)	31 (14.1%)	37 (16.8%)	220 (100.0%)
Supportive family members	99 (45.0%)	60 (27.3%)	18 (8.2%)	43 (19.6%)	220 (100.0%)
Others	1 (0.5%)	1 (0.5%)	1 (0.5%)	217 (98.6%)	220 (100.0%)

4.2.7 Challenges (skills gaps) of service providers in offering services to PWDs

There were other challenges that PWDs were facing with regard to skill gaps of service providers in offering services to them. Some of the challenges identified by the households included lack of understanding for needs of PWDs, lack of resources in providing the services, lack of relevant and specialized training, lack of proper communication skills which

include sign language, lack of equipment for PWDs and unfriendly service providers when dealing with PWDs to mention but a few.

SECTION 5: PRESENT LIVING CONDITIONS FOR PWDs

The concepts of "level of living" or "living conditions" have developed from a relatively narrow economic and material definition to a current concern with human capabilities and how individuals utilise their capabilities[35]. Although economic and material indicators play an important role in the tradition of level of living surveys in the industrialised countries, an individual's level of living is currently defined not so much by his or her economic possessions, but by the ability to exercise choice and to affect the course of his or her own life. The level of living studies have been more and more concerned with such questions and are currently attempting to examine the degree to which people can participate in social, political and economic decision-making and can work creatively and to shape their own future[36]. Presented in this chapter are the findings on the level of living conditions of PWDs.

5.1 Berea Findings

5.1.1 Demographics

5.1.1.1 *General Household Profile*

On average, households of PWDs that were interviewed had four (4) members. Households with the least number of members had one (1) and the largest household had fourteen (14) members. However, the most common household number was three (3).

5.1.1.2 *Gender Disaggregation*

In 235 households that were interviewed in Berea, there were about 998 members of households in total of which 261(26%) was living with disabilities. Of those living with disabilities, 138(53%) were males and 123(47%) were females as illustrated in the table 5.

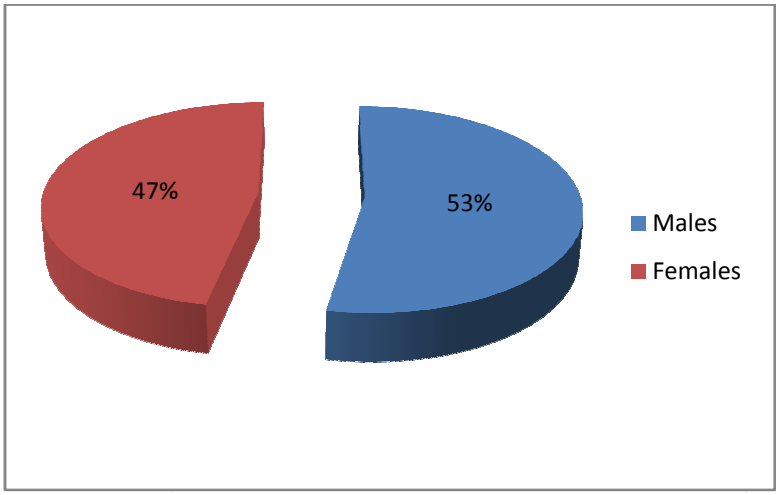

Figure 5: Gender profile of households of PWDs in Berea

[35] *Heiberg &Øvensen. (1993).*

[36] *UNDP. (1997).*

5.1.1.3 *Employment*

People with disabilities are more likely to be unemployed and generally earn less even when they are employed. A recent study from the Organisation for Economic Cooperation and Development showed that, on average, the employment rate for PWDs (44%) was slightly more than half the rate for persons without disability (75%).

This is substantiated by the findings of the baseline study, which indicated that 76% of the PWDs in Berea were unemployed, while only 12% were pensioners. Interesting is the fact that only 4% of PWDs were employed, either permanently or on contractual agreements (Figure 6).

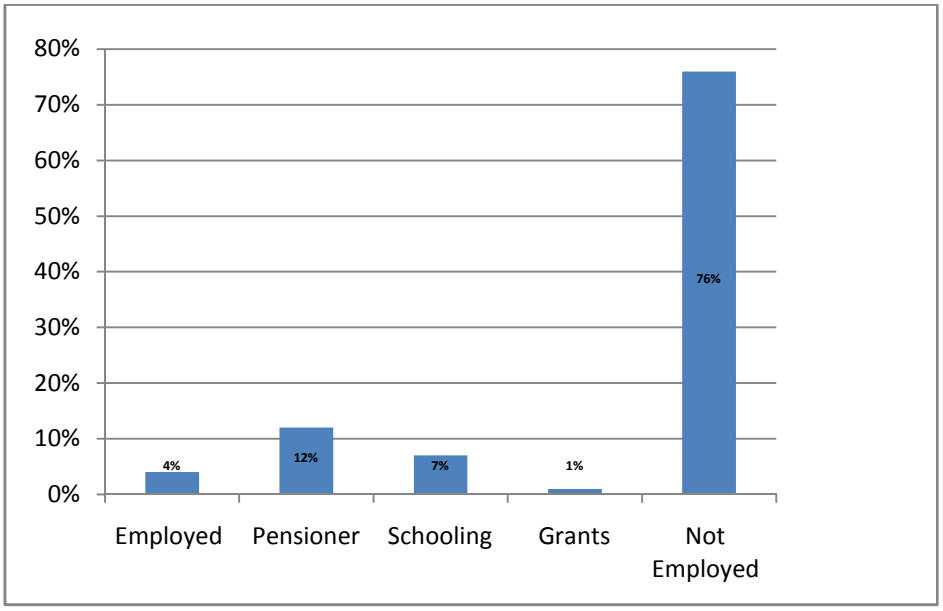

Figure 6: Employment status of PWDs

5.1.1.4 *Economic Status*

The sections below indicate the economic status of PWDs or households with a disabled member. As stated by previous studies[37], PWDs may face extra indirect and direct costs, for example, for personal support or for medical care or assistive devices. Because of these higher costs, PWDs and their households are likely to be poorer than non-disabled people with similar income. Presented in the tables below is the average monthly income and expenditure for households with PWDs. Figure 7 indicates that about two thirds had income ranging from M0 to 500 (66%). Moreover, 18% had income ranging from M501 to M1000. Those whose income was above M1000 constituted 16% and lastly those who did not have an idea of their average monthly income comprised 0.4% of the surveyed households.

[37] *WHO. (2011).*

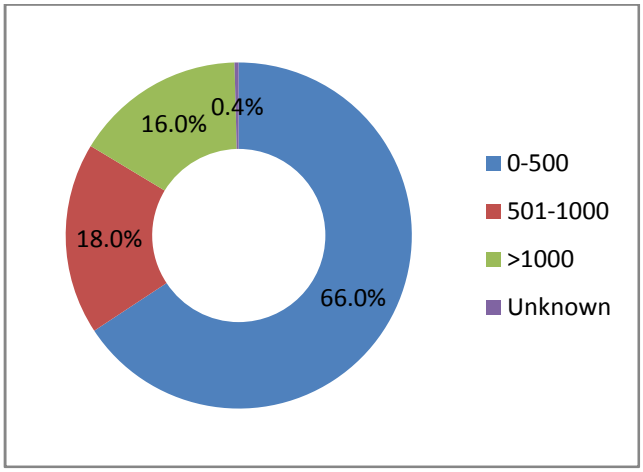

Figure 7: Average Monthly Income for PWDs

The average monthly expenditure of households is another important component in assessing the household's socio-economic status depending on the average monthly income. Households that had more income were able to spend more while on the other hand those who had less income also had less expenditure. Figure 8 indicates that 65% of households of PWDs had a monthly expenditure ranging from M0 to M500, while 18% had expenditure of M501 to M1000. A further 16% of the households had expenditure of above M1000, while the remaining 1% could not tell what their average monthly expenditure was.

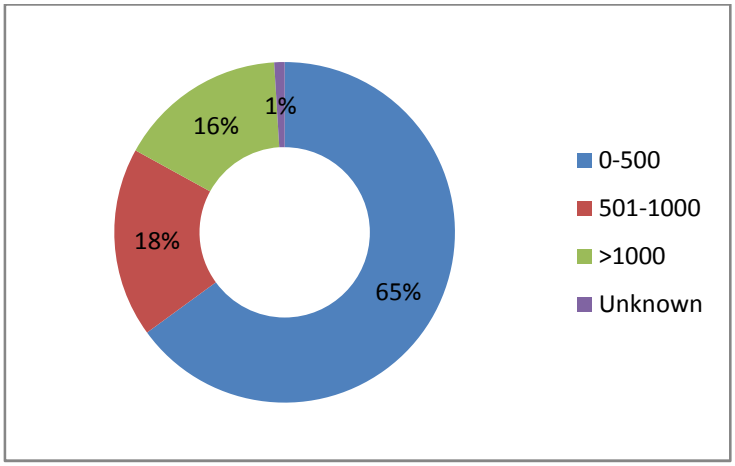

Figure 8: Average Monthly Expenditure

5.1.1.5 *Educational Status of PWDs*

Children with disabilities are less likely to start school than their peers without disabilities, and have lower rates of staying and passing in schools[38]. The baseline study indicated that about 51% of PWDs in Berea have received primary education, while 26% did not attend school at all (Figure 9).

[38] *WHO. (2011).*

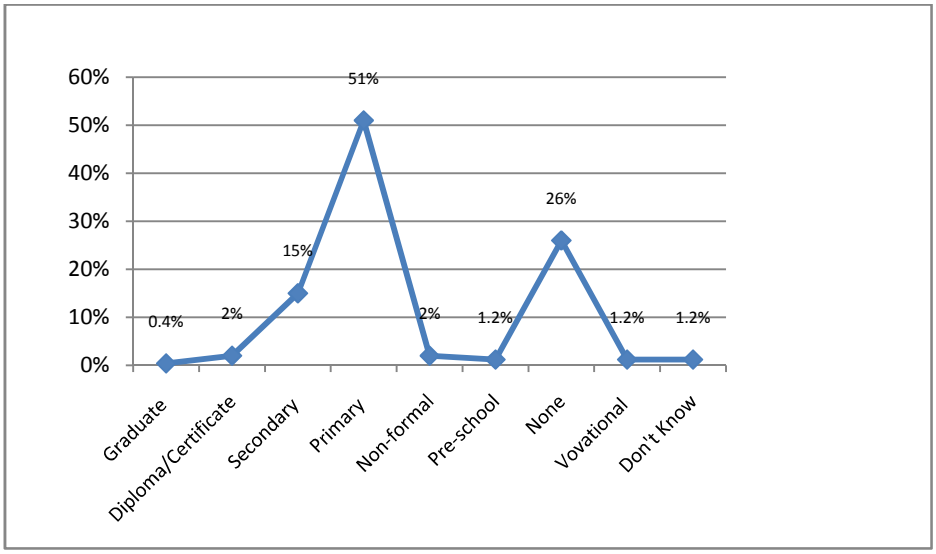

Figure 9: Educational status of PWDs in Berea

5.1.1.6 *Disability by Cause*

When asked about the type and cause of the disability, the respondent's own opinion was recorded. No attempt was made to acquire a medical verification of either type or cause of disability.

As per Table 11 below, the main recorded causes of disability include illness (36%), congenital/from birth (35%) and accidents (12%). It is interesting to note that 3.4% of the respondents reported witchcraft as the cause of their disability and 1.3% reported their disability to have been caused by domestic violence. Nonetheless, 10% of respondents could not ascertain the cause of their disability while 2.1% reported their disability to have been caused by other things except the ones mentioned on the table.

Table 11: Type of disability by cause (Berea)

Type of Disability	Cause of Disability							Total
	From Birth	Illness	Accident	Domestic Violence	Witchcraft	Unknown Cause	Other	
Physical disability	46 (55.4%)	54 (64.3%)	24 (82.8%)	2 (66.7%)	5 (62.5%)	9 (39.1%)	1 (20.0%)	**141 (60.0%)**
Total visual impairment	1(1.2%)	5 (6.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**6 (2.6%)**
Partial visual impairment	1 (1.2%)	6 (7.1%)	3 (10.3%)	0 (0.0%)	1 (12.5%)	4 (17.4%)	1 (20.0%)	**16 (6.8%)**
Acquired visual impairment	0 (0.0%)	2 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**2 (0.9%)**
Intellectual disability	25 (30.1%)	7 (8.3%)	2 (6.9%)	0 (0.0%)	2 (25.0%)	6 (26.1%)	1 (20.0%)	**43 (18.3%)**
Profound hearing impairment	1 (1.2%)	2 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (20.0%)	**4 (1.7%)**
Hard of hearing	6 (7.2%)	8 (9.5%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	3 (13.0%)	0 (0.0%)	**18 (7.7%)**
Other (speech)	3 (3.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (4.3%)	1 (20.0%)	**5 (2.1%)**
Total	**83 (35.3%)**	**84 (35.7%)**	**29 (12.3%)**	**3 (1.3%)**	**8 (3.4%)**	**23 (9.8%)**	**5 (2.1%)**	**235 (100.0%)**

5.1.2 Technical Aids and Assistive devices

Regarding daily use of special aid or equipment or support by PWDs, Table 12 below reveals that 215(92%) were not using any equipment while 20(8%) were using it. Some of the aids used were walking sticks (7 out of 20; 35%), wheel chairs (7 out of 20; 35%) and others (crutches, canes, hearing aid) (6 out of 20; 30%).

Table 12: Daily use of Special Aids

Daily use of Special aid	Special Daily Aid				Total
	Walking sticks	Wheel chair	Other	No Special Aid	
Yes	7 (100%)	7 (100.0%)	6 (100.0%)	0 (0.0%)	20 (8.5%)
No	0 (0.0%)	0 (0.0%)	0 (0.0%)	215 (100.0)	215 (91.5%)
Total	**7 (100.0%)**	**7 (100.0%)**	**6 (100.0%)**	**215 (100.0%)**	**235 (100.0%)**

Even though majority indicated not using any assistive devices/special aids, they still encountered some difficulty with or without the use of such. Results highlight that those that cannot or struggle to walk use walking sticks (7; 39%) and again 7(39%) use wheel chairs while 4(22%) use other equipment. Secondly, of those who cannot or struggle to see, 1(100%) use other equipment, see Table 13 below.

Table 13: Special Aid versus Difficulty without

Special Daily Aid	Cannot/Struggle to walk	Cannot/Struggle to see	Other	Total
Walking Sticks	7 (38.9%)	0 (0.0%)	0 (0.0%)	7 (35.0%)
Wheelchair	7 (38.9%)	0 (0.0%)	0 (0.0%)	7 (35.0%)
Other	4 (22.2%)	1 (100.0%)	1 (100.0%)	6 (30.0%)
Total	**18 (100.0%)**	**1 (100.0%)**	**1 (100.0%)**	**20 (100.0%)**

5.1.3 Social Inclusion and Opportunities

Many PWDs are excluded from decision-making in matters directly affecting their lives, e.g. where PWDs lack choice and control over how support is provided to them in their homes or even within their communities[39]. The analysis indicated that PWDs are hardly ever involved in anything concerning their lives or even community issues. Feedback from the community-level focus group discussions revealed that "PWDs are mostly not involved anywhere especially where money is involved".

5.1.3.1 *Involvement in Community Projects*

The results indicate that a high proportion (86%) of PWDs was not involved in community projects (Figure 10). However, 8% were involved in conservation at community level. Furthermore, some PWDs (0.4%) were involved in construction, 0.9% was hired in some other activities within the community. Involvement in other community projects such as poultry farming comprised 2.1% of the PWDs and the remaining 1.7% did not know the level of involvement of PWDs in community projects.

[39] *WHO. (2011).*

Figure 10: Involvement of PWDs in community projects

5.1.3.2 *Involvement in community council committees*

Similar to involvement of PWDs in community projects, the results in Figure 11 below indicate that the largest proportion (95%) of respondents reported that PWDs were not involved in the community council committees. There were 0.9% of respondents that indicated that PWDs were involved in other community structures such as funeral societies.

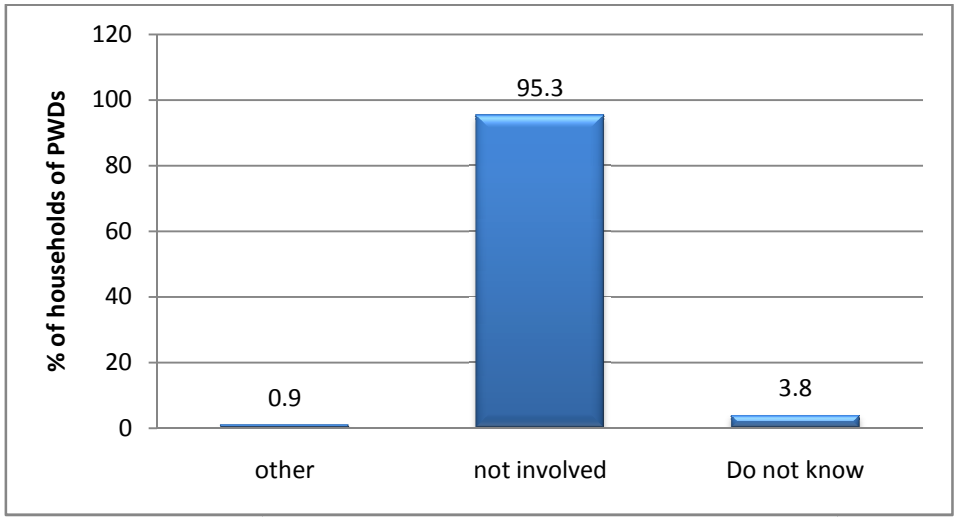

Figure 11: Involvement of PWDs in Community Council Committees

5.1.3.3 *Involvement in decision-making structures*

Figure 12 below demonstrates the perceived level of involvement of PWDs in decision-making structures. Results reveal that the largest proportion (90%) of respondents stated that PWDs were not involved in decision-making structures at all. A further 3.4% of respondents reported involvement of PWDs in public gatherings, whereby their voices are heard, while 1.3% indicated that PWDs were involved in other types of community structures, and 0.4% reported the involvement of PWDs during elections. The remaining 4.7% did not know whether PWDs were involved in any decision-making structures or not.

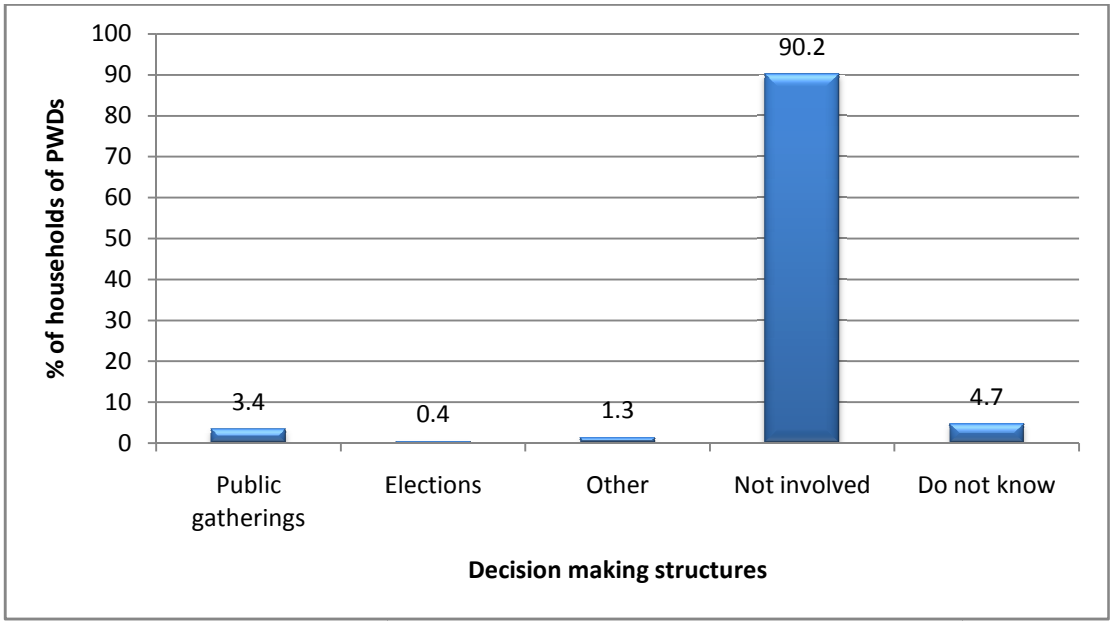

Figure 12: Involvement of PWDs in decision-making structures

5.1.3.4 *Inclusion of PWDs in Income Generating Activities*

Regarding the involvement of PWDs in income generating activities, Figure 13 below illustrates that a significant proportion (93%) of households reported that there was no involvement at all. Nonetheless, 4.7% mentioned that they were involved in other activities such as community societies, while 0.4% was involved in conservation works (lifato-fato), and a further 0.4% was involved in sharecropping. The remaining 1.7% did not know whether PWDs were involved in income-generating activities or not.

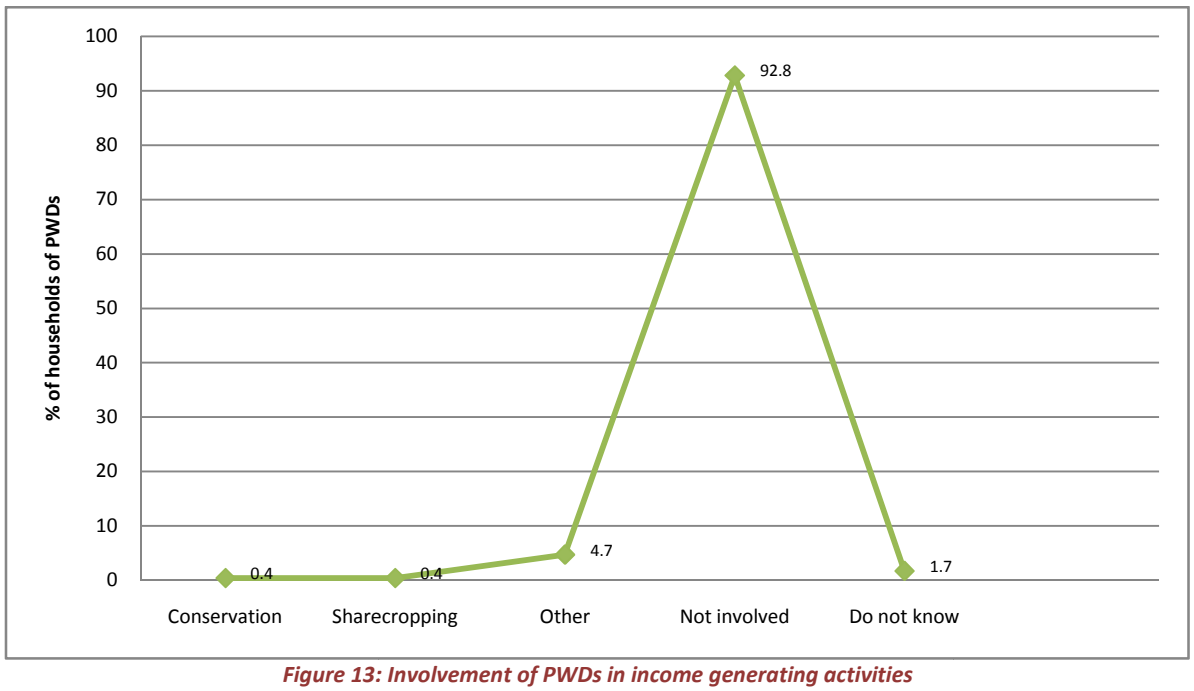

Figure 13: Involvement of PWDs in income generating activities

5.1.4 Prevailing attitudes

Beliefs and prejudices constitute barriers to education, employment, health care, and social participation. The attitudes of teachers, school administrators, other children, and even family members may affect the inclusion of children with disabilities in mainstream schools. Misconceptions by employers that people with disabilities are less productive than their non-

disabled counterparts, and ignorance about available adjustments to work arrangements limits employment opportunities[40]. Thus, in a society where people have negative attitudes towards PWDs, the latter are less likely to participate meaningfully in all spheres of life.

Out of 235 households that were interviewed, 57% indicated that the general public's attitudes towards PWDs were good (Figure 14). This involves the community, parents and/or guardians, as well as disabled people themselves.

Additionally, most communities revealed a general sentiment during the focus group discussions that PWDs should also be given a chance to better themselves. They also indicated that PWDs also have rights like other people hence they should also be given an opportunity to participate and be represented in any community activities.

"Nothing about us without us" said a community member with disability.

Nevertheless, about 20% of respondents at the household level held the sentiment that the public's attitude towards PWDs was bad and therefore hinders opportunities for PWDs such as involvement in community projects and decision making structures, to mention but a few.

"*People do not care about PWDs even at the point where they also have to access services, e.g. at the health centres, there are long queues and other patients do not allow PWDs to access services first"* (from FGDs at Kana, Berea).

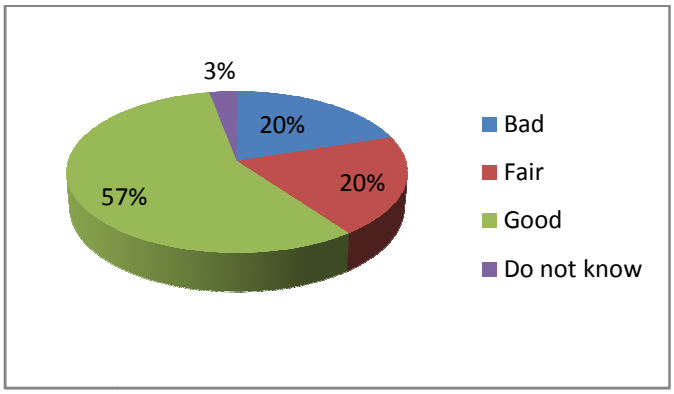

Figure 14: Perceived prevailing attitudes towards PWDs

The community further indicated that even the care givers neglect the PWDs within their households as they only show concern/support when PWDs/beneficiaries are given aid, either in the form of money or food and clothes, which the beneficiaries ultimately do not get access to in most cases.

[40] *WHO. (2011).*

5.2 Mohale's Hoek Findings

5.2.1 Demographics

5.2.1.1 *General Household Profile*

On average, households of PWDs that were interviewed had four (4) members. Households with the least number of members had one (1) and the largest household had twelve (12) members. However, the most common household number was two (2).

5.2.1.2 *Gender Disaggregation*

Table 14: Gender profile of households of PWDs (Mohale's Hoek)

Disability	Sex		Total
	Females	Males	
Yes	126 (51%)	122 (49%)	248 (27.3%)
No	371 (56%)	290 (43.9%)	661 (72.7%)
Total	**497 (100.0%)**	**412 (100.0%)**	**909 (100.0%)**

Table 14, above shows that in 220 households that were interviewed in Mohale's Hoek,there were about 909 members of households in total of which 248(27%) were living with disabilities. Of those living with disabilities, 122(49%) were males and 126(51%) were females.

5.2.1.3 *Employment*

The figure below demonstrates the employment status of PWDs and those without disability. Results reveal that more than half of PWDs (145 out of 248; 59%) were disabled and therefore not employed at all. Of those who were not living with any disability, the largest proportion was a category of students (238 out of 661; 36%) followed by other (too young to be employed) (90 out of 661; 14%) and then job seekers (78 out of 661; 12%). Basically, in all 909 members of the 220 households, the highest proportion was in the category of students (274 out of 909; 30%) and then the disabled (145 out of 909; 16%).

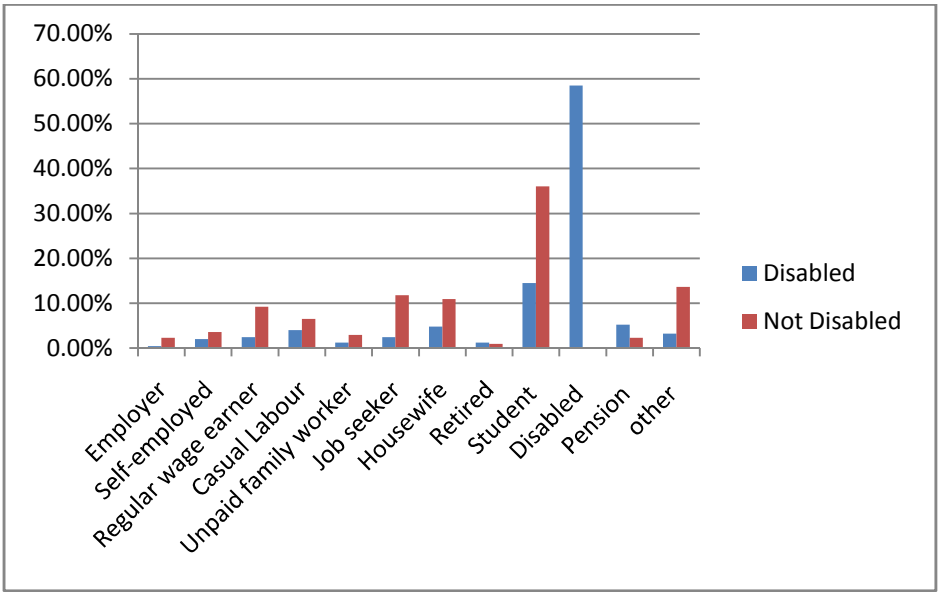

Figure 15: Employment status of PWDs (Mohale's Hoek)

5.2.1.4 *Economic Status*

Regarding the average monthly income for households of people living with disability, the results revealed that out of 220 households, 130(59%) had income ranging from M0 to 500 and 45(20.5%) are those with income ranging from M501 to M1000 and those whose income was above M1000 constituted 45(20.5%). This also indicates the low economic status of most PWDs, which increases their dependency on other people because they cannot afford to pay for all their expenses.

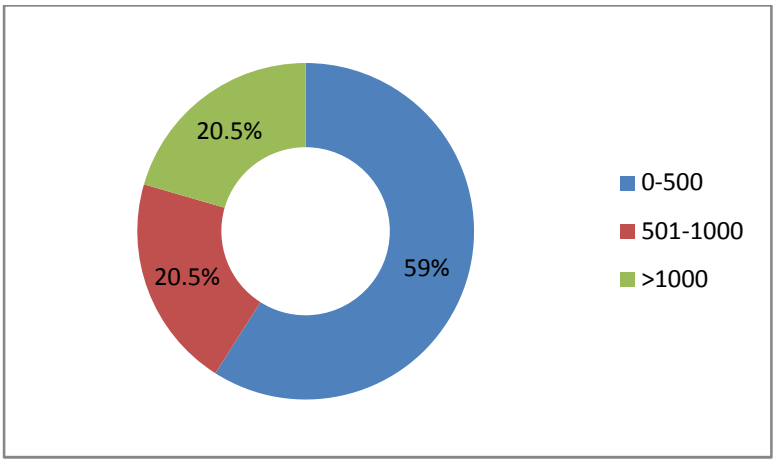

Figure 16: Average Monthly Income for PWDs (Mohale's Hoek)

The average monthly expenditure of households is another important component in assessing the household's socio-economic status depending on the average monthly income. Households that had more income were able to spend more while on the other hand, those who had less income also had less expenditure. About 131(60%) of households of people living with disabilities had a monthly expenditure raging from M0 to M500, 47(21%) had expenditure of M501 to M1000 and 42(19%) had expenditure of above M1000.

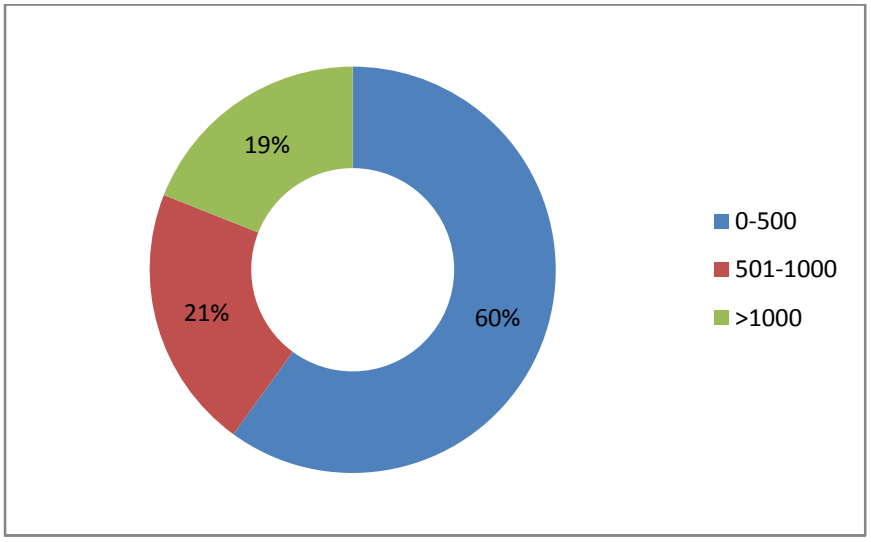

Figure 17: Average Monthly Expenditure (Mohale's Hoek)

5.2.1.5 *Educational Status of PWDs*

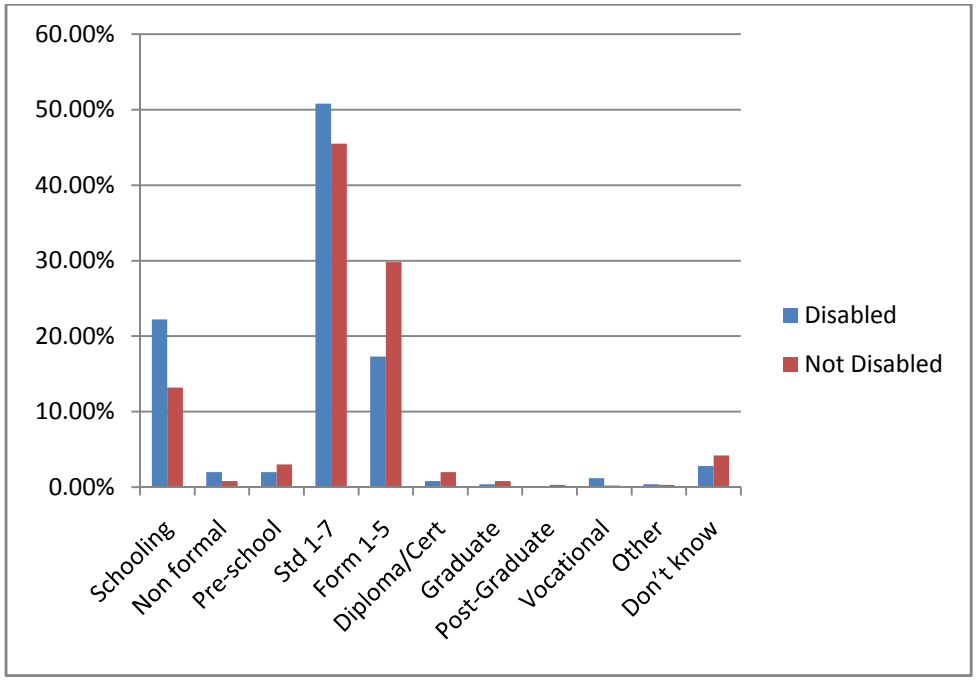

Figure 18: Educational status of PWDs (Mohale's Hoek)

With regard to access to education the highest level of education of PWDs and those without disability results are presented in the table above showing that the largest proportion of PWDs (126 out of 248; 51%) attained standard 1 to 7. Another significant proportion of PWDs was in the category of no schooling (55 out of 248; 22%) and form 1 to 5 (43 out of 248; 17%). Results further show that the most infrequent education categories of PWDs were post graduate (0.0%), graduate (0.4%), diploma or certificate (0.8%) and vocational training (1.2%). This also indicates that most PWDs are at least literate even though they could not complete their studies to either high school or institutions of higher learning.

5.2.1.6 *Disability by Cause*

When asked about the type and cause of the disability, the respondent's own opinion was recorded. No attempt was made to acquire a medical verification of either type or cause of disability.

Table 15 below summarizes type of disability by cause. Results highlight that of all causes of disability that were identified in Mohale's Hoek, illness (92 out of 220; 42%) was the most common followed by disability from birth (63 out of 220; 28). The most uncommon causes of disability were domestic violence (1 out of 220; 0.5%) and witchcraft (2 out of 220; 1%). The analysis also indicated that physical disability was the most common of all disabilities in Mohale's Hoek and accident was its most frequent cause (31 out of 41; 76%). There were still however PWDs who did not know the cause of their disability (16 out of 220; 7%).

Table 15: Type of disability by cause (Mohale's Hoek)

Type of Disability	Cause of Disability							Total
	From Birth	Illness	Accident	Domestic Violence	Witchcraft	Unknown Cause	Other	
Physical disability	34 (54.0%)	38 (41.3%)	31 (75.6%)	0 (0.0%)	2 (100.0%)	7 (43.8%)	3 (60.0%)	**115 (52.3%)**
Total visual impairment	1 (1.6%)	9 (9.8%)	1 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**11 (5.0%)**
Partial visual impairment	2 (3.2%)	14 (15.2%)	1 (2.4%)	0 (0.0%)	0 (0.0%)	3 (18.8%)	0 (0.0%)	**20 (9.1%)**
Acquired visual impairment	1 (1.6%)	11 (12.0%)	2 (4.9%)	0 (0.0%)	0 (0.0%)	2 (12.5%)	1 (20.0%)	**17 (7.7%)**
Intellectual disability	15 (23.8%)	11 (12.0%)	1 (2.4%)	1 (100.0%)	0 (0.0%)	1 (6.2%)	1 (20.0%)	**30 (13.6%)**
Profound hearing impairment	2 (3.2%)	3 (3.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.2%)	0 (0.0%)	**6 (2.7%)**
Hard of hearing	6 (9.5%)	6 (6.5%)	5 (12.2%)	0 (0.0%)	0 (0.0%)	2 (12.5%)	0 (0.0%)	**19 (8.6)**
Other (speech)	2 (3.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**2 (1%)**
Total	**63 (100.0%)**	**92 (100.0%)**	**41 (100.0%)**	**1 (100.0%)**	**2 (100.0%)**	**16 (100.0%)**	**5 (100.0%)**	**220 (100.0%)**

5.2.2 Technical Aids and Assistive devices

Respondents were also asked if they used assistive devices and only 32 of 220 (14.5%) responded "yes". More than one type of device could be registered (see table 16 below).

Table 16: Daily use of Special Aids

Daily use of Special aid	Special Daily Aid						Total
	Spectacles	Walking sticks	Wheel chair	Hearing aid	Other	No Special Aid	
Yes	1	11	8	2	10	0	32 (14.5%)
No	0	0	0	0	0	188	188 (85.5%)
Total							**220 (100.0%)**

The table above reveals that the highest proportion 188(85.5%) were not using any equipment while 32(14.5%) were using it. For those that are using special aids, spectacles account for (1 out of 32; 3.1%), walking sticks (11 out of 32; 34.4%), wheel chairs (8 out of 32; 25%), hearing aid (2 out of 32; 6.3%) and others (such as canes, crutches) (10 out of 32; 31.2%).

On the other hand, Table 17 below illustrates the daily use of a special aid versus the difficulty with or without the use of such. Results show that even though there were more PWDs not using special equipment on daily basis, they still needed it and as a result encountered problems. Consequently, of those not using special equipment daily, 39% could not or struggled to walk, 15% could not or struggled to hear, 21% could not or struggled to see, 0.5% could not or struggled to eat, 19% could not or struggled to do other things and lastly 5% had no difficulty that demanded daily use of special aid. Of those that were using special equipment daily, the most common one was walking sticks (11 out 0f 32; 34%) followed by other equipment (10 out of 32; 31%).

Table 17: Special Aid versus Difficulty without

Special Daily Aid	Cannot/Struggle to walk	Cannot/struggle to hear	Cannot/Struggle to see	Cannot/struggle to eat	other	No difficulty	Total
Spectacles	1 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Walking Sticks	11 (11.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (5.0%)
Wheelchair	8 (8.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (3.6%)
Hearing aid	2 (2.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.9%)
Other	3 (3.0%)	2 (6.7%)	1 (2.4%)	0 (0.0%)	3 (8.3%)	1 (10.0%)	10 (4.5%
No special aid	74 (74.7%)	28 (93.3%)	40 (97.6%)	1 (100.0%)	36 (91.7%)	9 (90.0%)	188 (85.0 %)
Total	**99 (100.0%)**	**30 (100.0%)**	**41 (100.0%)**	**1 (100.0%)**	**39**	**10**	**220**

					(100.0 %)	(100.0%)	(100.0 %)

5.2.3 Social Inclusion and Opportunities

Many PWDs are excluded from decision-making in matters directly affecting their lives, e.g. where PWDs lack choice and control over how support is provided to them in their homes or even within their communities[41]. The analysis indicated that PWDs are hardly ever involved in anything concerning their lives or even community issues. Feedback from the community-level focus group discussions revealed that "PWDs are mostly not involved anywhere especially where money is involved".

5.2.3.1 *Involvement in Community Projects*

Regarding involvement of PWDs in community projects, results indicated that a high proportion (85%) was not involved. However, 9% were involved in conservation at community level and 1.4% in other projects. There were however about 5% of households that did not know whether PWDs were involved or not as shown in the figure 19 below.

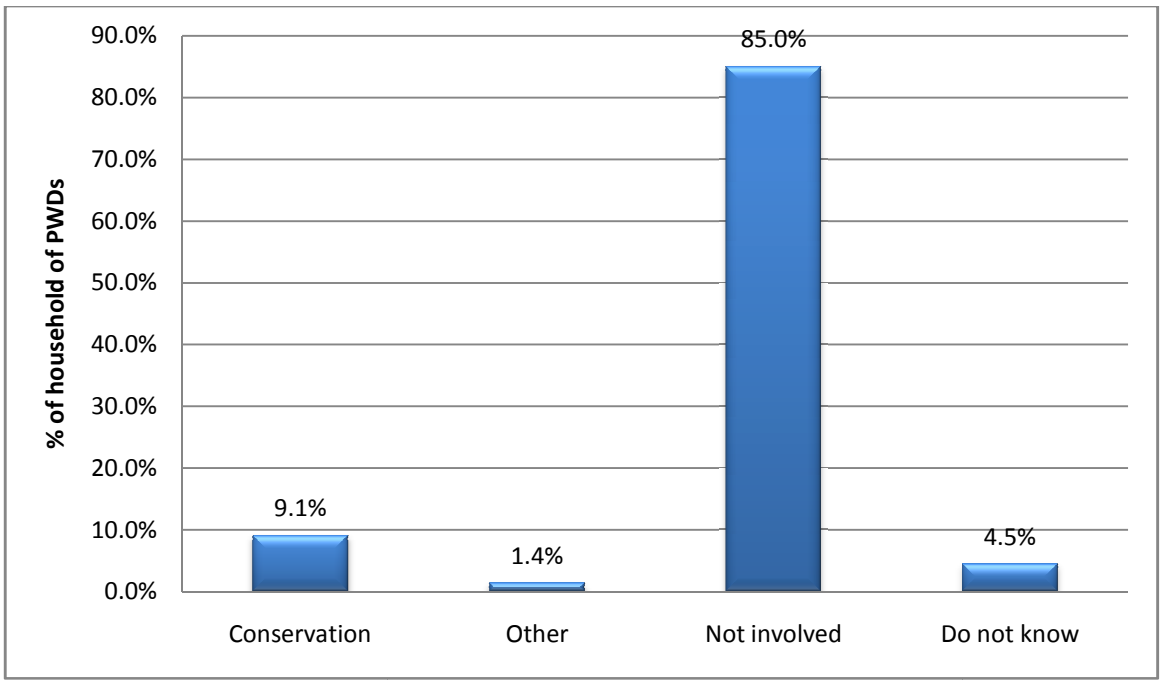

Figure 19: Involvement of PWDs in community projects (Mohale's Hoek)

[41] *WHO. (2011).*

5.2.3.2 *Involvement in community council committees*

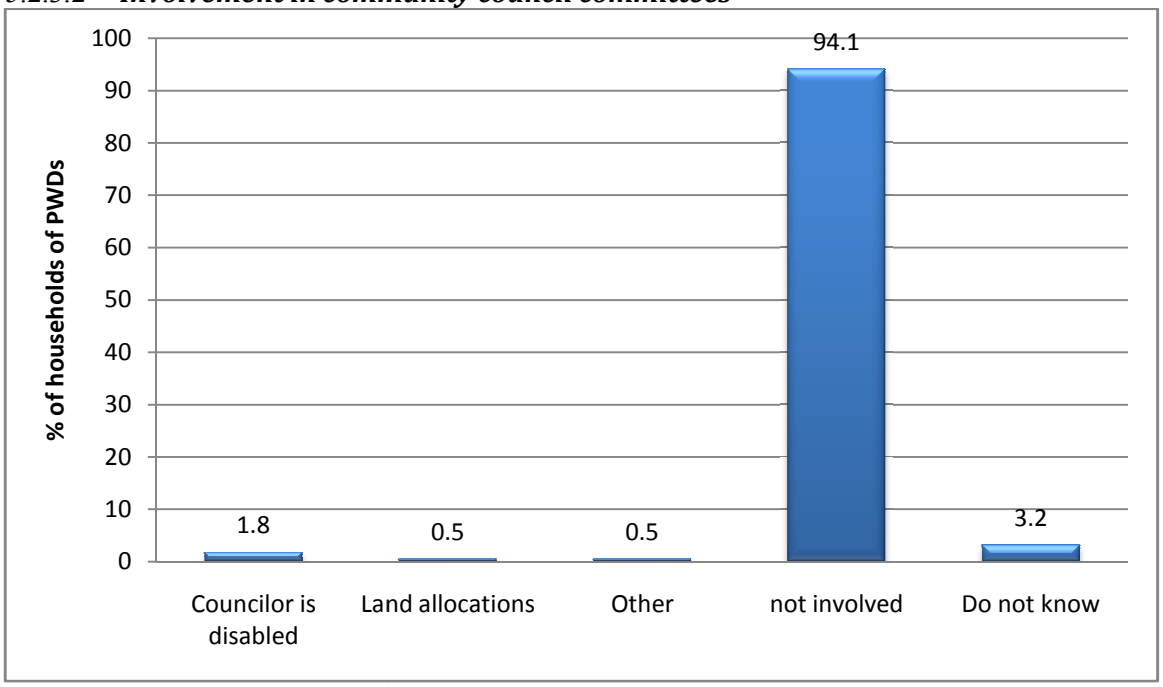

Figure 20: Involvement of PWDs in Community Council Committees (Mohale's Hoek)

Similar to involvement of PWDs in community projects, the results in the figure above revealed that the largest proportion (94%) of PWDs was not involved in the community councils committees. However, 1.8% mentioned that the councilor was disabled, 0.5% stated that PWDs were involved in land allocations and the other 0.5% mentioned that PWDs were involved in other committees. The results further revealed that there were about 3.2% of respondent who did not know whether PWDs were involved or not.

5.2.3.3 *Involvement in decision-making structures*

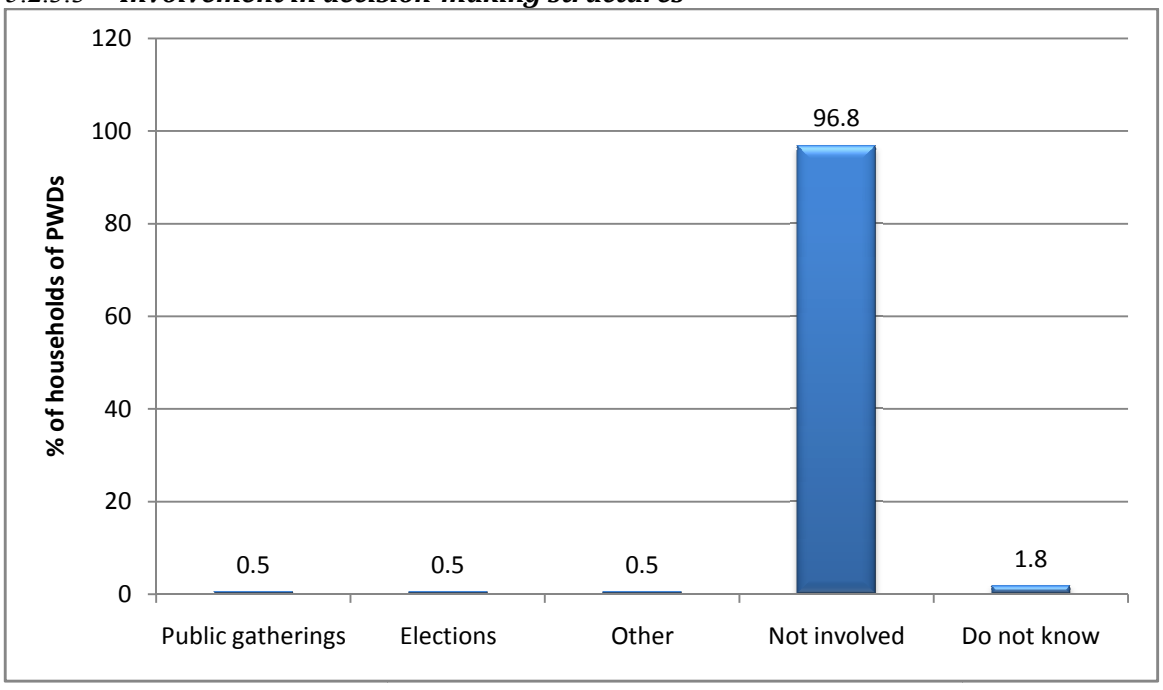

Figure 21: Involvement of PWDs in decision-making structures (Mohale's Hoek)

The figure 21 above demonstrates involvement of PWDs in decision making structures. Results reveal that 0.5% mentioned that PWDs were involved in public gatherings, 0.5%stated that they were involved during elections and 0.5% reported that they were involved in other structures not mentioned above. About 1.8% indicated that they did not know whether they were involved or not. On the contrary, the largest proportion 97% stated that PWDs were not involved in decision making structures at all.

5.2.3.4 *Inclusion of PWDs in Income Generating Activities*

Regarding involvement of PWDs in income generating activities, results in the figure 22 illustrate there were only two responses given by respondents. About 98% mentioned that PWDs were not involved at all while 2% reported they did not have an idea on whether PWDs were involved or not.

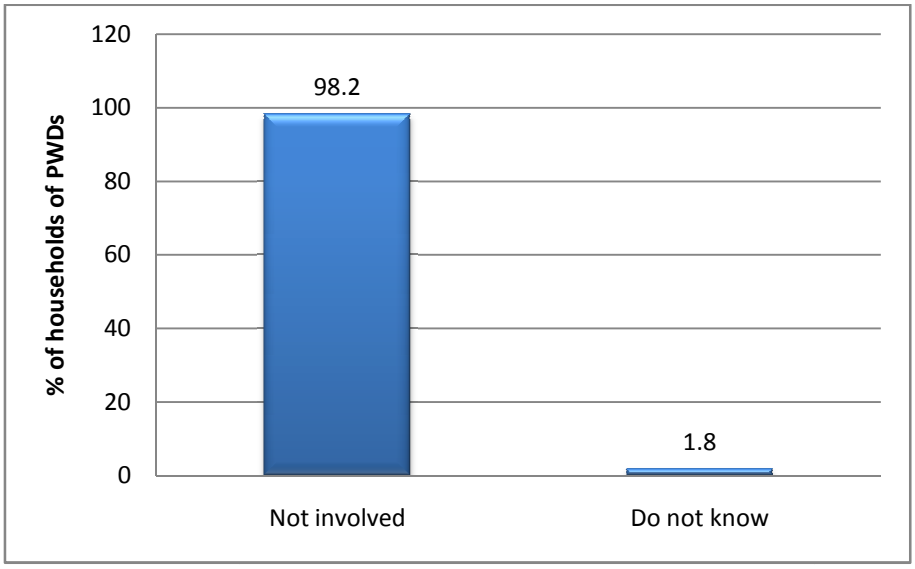

Figure 22: Involvement of PWDs in income generating activities (Mohale's Hoek)

5.2.4 Prevailing attitudes

Beliefs and prejudices constitute barriers to education, employment, health care, and social participation. The attitudes of teachers, school administrators, other children, and even family members may affect the inclusion of children with disabilities in mainstream schools. Misconceptions by employers that people with disabilities are less productive than their non-disabled counterparts, and ignorance about available adjustments to work arrangements limits employment opportunities[42]. Thus, in a society where people have negative attitudes towards PWDs, the latter are less likely to participate meaningfully in all spheres of life.

When assessing people's attitudes towards PWDs, the figure below illustrates that out of 220 households that were interviewed, 103(46.82%) indicated that the people's attitudes were good. This involves the community, parents and disabled people themselves. Following that, 61(27.72%) reported that people's attitudes were fair. Nevertheless, about 48 (21.82%) of respondents felt like the people's attitude were bad and therefore hinders opportunities for PWDs such as involvement in community projects and decision making structures to mention but a few. While 8 (3.64%) could not comment on the attitudes.

[42] *WHO. (2011).*

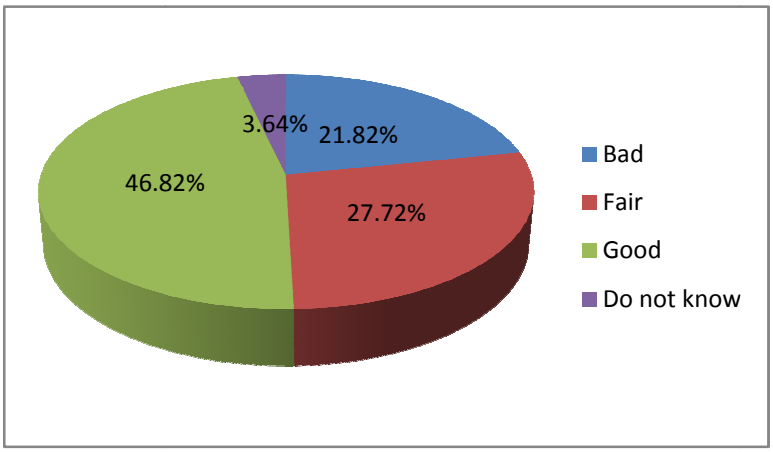

Figure 23: Perceived prevailing attitudes towards PWDs (Mohale's Hoek)

SECTION 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The ODP has three main objectives and the baseline situation under each objective is as summarized below:

Objectives	Expected Results	Baseline Status
1. Policies and legislation protect the rights of persons with disabilities	Persons with disabilities enjoy protection of their rights through adoption and implementation of disability policy and law that domesticates the CRPD	The disability policy has been approved but it is not yet distributed or made known to the DPOs and PWDs thus the PWDs regard it as non-existent. The CRPD is still not domesticated.
2. DPO's are strengthened and effectively voice concerns of disabled people	PWDs actively participate in local DPO activities and general community development activities and services	In Mohale's Hoek the most active DPOs are IDAL and LNLVIP and there are no other associations of PWDs. With Berea on the other hand, the DPOs are still active but the associations established are not active due to lack of resources to actively perform their duties.
3. PWDs participate in the mainstream national response against HIV/AIDS		It is only on Berea where PWDs are participating in HIV AIDS activities through Kick4Life. However, they are not the target group, they are also given equal chances of participation just like anybody else.

i. Objective 1: Assess existing special services provided for PWDs in the district; both by the government and the private sector.

With regard to provision of special services to PWDs, in both districts, inclusive education was noted as provided by the special education unit. It is only in Berea where there is a special school to address the special needs of children with disabilities (the deaf).

However, there are challenges in providing the special education in schools. The major challenge in these districts is that besides the lack of information technology in the districts, there are no teachers trained on special needs education, there is lack of resources (e.g. braille and sign language interpreters).

There is also the Disability Services Department, under the MoSD in all 10 districts which is mandated to improve the lives of PWDs in all spheres of life. The Rehabilitation Officer (RO)

in each district is responsible for assessing PWDs who come to the office for assistance to check whether there is any intervention needed. Once the RO is satisfied with the needs assessment of the PWD/client, then the referrals are made either through provision of assistive devices, referral for different services and to other stakeholders for assistance.

In addition, with regard to the health care provision, through its orthopedic and physiotherapy sections, MoH provides treatment for treatable disabilities, which comprises of flexing and stretching of muscles. It further holds training workshops for caregivers who live with PWDs especially in support of CPs (Cerebral Palsy) persons.

However, majority of people (from the Households and FGDs) were not aware of the existence of any special services provided to PWDs in both districts. In Berea, 96% and Mohale's Hoek, 85% of people indicated unavailability of special services to PWDs.

There are no special services provided by the private sector (only mainstream services are provided).

ii. Objective 2: Map what mainstream services are provided in the district

Large gaps were observed in the provision of several services needed by individuals with disabilities (mainstream services). The largest gaps were found with regard to education provision (from pre-primary schools, primary, secondary and vocational schools). There are no integrated schools known by PWDs in both districts, except for Berea where there is Kananelo Centre for the deaf which caters for the special needs and primary education for deaf children. There are no vocational schools in either of the two districts. PWDs are referred to other schools in the country. The other gap is in relation to provision of welfare services (whereby most people reported not knowing the criteria used by MoSD to provide financial/social grants to other PWDs), provision of assistive devices and accessibility to health centres.

However, there are some mainstream services available within the districts of Berea and Mohale's Hoek including inclusive education through the special education unit, social welfare services provided by MoSD, health care subsidy by MoH.

iii. Objective 3: Assess to what extent persons with disabilities have access to mainstream services

There are some difficulties PWDs are facing in accessing the mainstream services in the two districts. The most common problem that PWDs experience in accessing services was long queues, lack of supportive family members, unavailability of ramps and lack of sign language skills/interpreters. Others indicated that even access to schools and health centres is a problem due to long distances PWDs have to travel to access such services.

iv. *Objective 4: Identify national programmes of relevance to ODP;* poverty eradication, aids, literacy, agriculture, micro finance etc.

- Poverty Reduction

There are varied initiatives being carried out for poverty reduction. These comprise of some relief services being provided at both districts. These are provided as food packages or donations, clothing, shelter and rescue under the umbrella of District Disaster Management

Team. These initiatives are undertaken during the occurrence of natural disasters. The department of Disaster Management Authority is the coordinating body of relief services, Lesotho Red Cross Society provides donations in the form of food and clothing, and Habitat for Humanity Lesotho provides shelter to the vulnerable and those hit by disasters.

- Literacy

Ministry of Education and Training is carrying out an initiative of formal and informal means of schooling, whereby, it is advocating for the inclusion of children with special needs into the formal primary schools. The Ministry also initiates the training of Itinerant Teachers to cater for children with special needs. This work is carried out through the Special Education Unit (SEU) of Ministry of Education.

Although special schools are not available in Mohale's Hoek, there are such schools found in Berea and Leribe, such as Kananelo Centre for the Deaf and St Paul School for the Deaf.

There are also some vocational schools for skill development which cater for PWDs which provide training in some form of handicrafts works, such as Ithuseng Vocational and Rehabilitation Centre and Itjareng Vocational Training Centre.

There is also Lesotho Distance Teaching Centre (LDTC) which provides an opportunity for those who cannot enroll into a formal school set-up to be able to study through correspondence, especially those who cannot go beyond primary school. The subjects offered are still accredited through National Curriculum Development Centre (NCDC) and are of the same standard.

- Agriculture

Ministry of Agriculture and Food Security together with Ministry of Education and training is providing necessary skills to undertake farming in schools through an agriculture subject which encourages children to go into crop production, while Lesotho Red Cross Society is carrying out an agricultural project through schools and villages for the construction of "mantloane" for crop production.

- Others

Healthcare provision has been nationally subsidised by government of Lesotho to ensure community access to healthcare services. It is through this programme that PWDs are guaranteed free access to healthcare services, when such persons are registered with MoSD.

MoH is also providing support and treatment to treatable forms of disability through physiotherapy and orthopedic treatments, whereby mostly cerebral palsy persons (CPs) and their caregivers are given trainings. The CPs are also provided with assistive devices.

v. Objective 5: Identify political and administrative structures at central, district and local levels and how they relate to each other.

The government of Lesotho through Ministry of Local Government and Chieftainship has decentralized service delivery from central government (line ministries) under the supervision by the District Administrator to district level through the District Council Secretary who is responsible to the community council at the district level, and the community council level where we have the Community Council Secretary (CCS) who is responsible to the village development committee and reports to the District Council Secretary (DCS).

The office of District Administrator (DA) has been identified through Local Government Act 1996 as the representative of central government at the district level. The DA oversees the activities and coordinates development programmes by government line ministries, non-governmental organizations and the private sector at each district.

Subsequent to DA are the Community Councils, to which the District Council Secretary is politically responsible to the District Council. The District Council is formed out of politically elected Community Councilors from each electoral division. The district council operates through the District Development Coordinating Committee (DDCC) which oversees the district development plans.

There are Village Development Committees through which sits the area chiefs, support groups representatives, Community Based Organisation (CBOs) and the local councillor. At this level the CCS is the one responsible for reporting to the DCS at the council level.

vi. Objective 6: Identify DPOs in Lesotho in general and in the Mohale's Hoek and Berea districts;

Each of the 3 DPOs present in Lesotho (LNAPD, LNLVIP, IDAL) have functional branches in both districts of Berea and Mohale's Hoek even though some are not very active due to lack of resources. NADL does not have any branches in either of the two districts as it has not yet extended its work in those districts.

In Berea however, there are additional 2 DPOs (Berea Association for the Disabled and Kana Association for the Disabled) even though they are not very active due to lack of resources and support. There is also 1 specialized school (Kananelo Centre for the Deaf).

vii. Objective 7: Assess the present living conditions for PWDs in each specified district in terms of social inclusion and opportunities and assess prevailing attitudes;

The level of unemployment is high among PWDs in both districts and this finding corresponds to the results of previous studies. In some cases, having a disabled family member also affects job opportunities for those non-disabled in the household as they have to care and assist the disabled member. This in return also affects standard of living/ economic status of the entire household.

On average, people with disabilities and households with a disabled member experience higher rates of deprivation – including food insecurity, poor housing, lack of access to safe drinking water and basic sanitation, and inadequate access to health care – and have fewer assets than people without disabilities and households without a disabled member. People with disabilities may face extra indirect and direct costs, for example for personal support or for medical care or assistive devices. Because of these higher costs, people with disabilities and their households are likely to be poorer than non-disabled people with similar income[43].

With regard to social inclusion and opportunities in both districts, PWDs are sidelined in community projects, decision-making structures, community council committees, income generating projects. On average, 91.2% of PWDs in Berea and 93.5% in Mohale's Hoek are not included and given opportunities to participate in any of the community activities mentioned earlier. However, they are partially involved in some villages especially in income generating activities whereby they will have representatives to work on their behalf (conservation works) in community projects.

[43] *WHO;2013; Disability Report by the Secretariat, March 2013*

Regarding people's attitudes towards PWDs in both districts, on average 51.9% indicated that people's attitudes were good (including community attitudes, parents and the disabled persons themselves). Majority of people from the focus group discussions (FGDs) in both districts hold the sentiment that PWDs should also be given a chance to better themselves as they also form part of the community and have rights like anyone else.

However, 21% on average, of respondents from both districts at the household level held the sentiment that the public's attitudes towards PWDs were bad and thus hinders opportunities for PWDs in all spheres of life.

6.2 Recommendations

The following recommendations are drawn from the conclusions of the study:

1. There is need for a functional and all inclusive government initiative backed by other players in sectors for appropriate inclusive service provision for PWDs.

2. DPOs should engage support from members without disabilities, i.e. disabled people should not isolate themselves but rather lobby more for the support of able-bodied persons to strengthen the disability movement.

3. The DPOs also need to strengthen relationships with government departments so that activities of the disability movement are synchronised with departmental activities. Technocrats and decision-makers within the ministries need to see the disability movement adding value to their departmental mandates.

4. In order for the ODP to be more effective in Berea and Mohale's Hoek, LNFOD needs to be capacitated with adequate human and financial resources, so that the organisation may, in turn, be able to better help its DPOs in those districts to function more effectively towards attainment of the programme objectives. For example, presence of a Resource Mobilisation Officer (RMO) in LNFOD would be very useful in helping the DPOs to access funds from various financiers, so that the DPOs may be more self-sustainable, even beyond the tenure of the ODP in Berea and Mohale's Hoek.

5. Currently, financial support is generally being sought mainly from international and/or regional entities, and very little, if any, effort is being taken to source financing locally. It is recommended that LNFOD and its DPOs consider engaging with local entities for financial support. Furthermore, the DPOs should be trained on fundraising skills to sustain the organisation and the ODP after the tenure of the programme.

6. Special services for PWDs should be made available and accessible for PWDs. e.g. even though there are cases where schools and Health centres are within reach,

some are still very far and some are not accessible in terms of availability of ramps for the visually impaired and the physically disabled. Other special schools should be provided on the North and on the South to accommodate CWDs or children with special needs, e.g resource centres for the blind, vocational schools.

7. There is need to increase public awareness and understanding of disability at the village level as some parents still hide their disabled children making it even difficult for them to access any available support, either from the village support groups and the relevant stakeholders. Additionally, there is need for improving human resource capacity including training of Health professionals, teachers, village health workers, support group members on disability issues. E.g braille in law enforcement needs to be incorporated so that issues contained within summons remain confidential.

8. As another way of improving the living conditions for people with disabilities and make the ODP sustainable after the tenure of the programme, the revolving fund that used to be provided by the former Ministry of Health of Social Welfare for PWDs who have been trained on small businesses/income generation projects should be implemented again and be monitored by the responsible ministry,

9. Even though public assistance is offered by MoSD as a poverty reduction strategy, it has to some extend created dependencies. It is thus recommended that people should be equipped in household economic strengthening to use that little amount given to generate additional household income, that is, be trained and capacitated to use what they have to sustain themselves.

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http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

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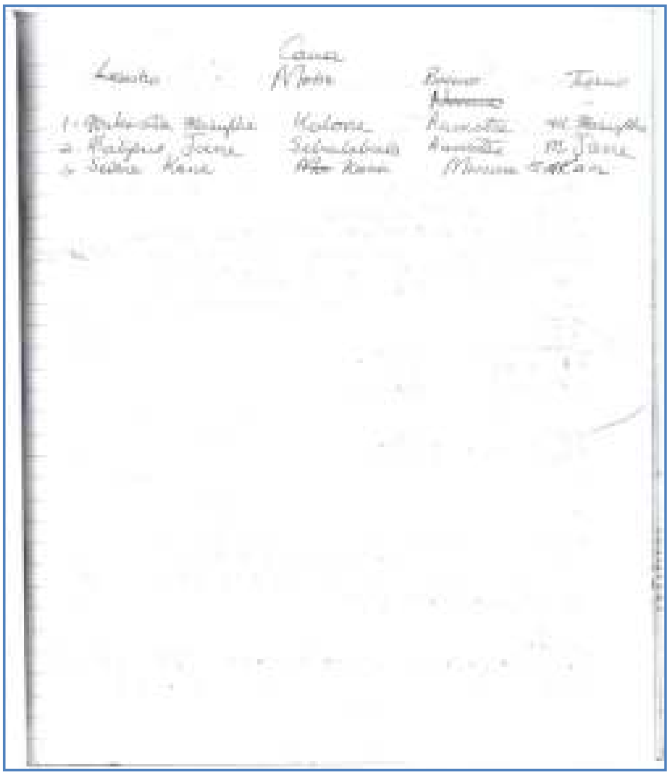
http://www.wvi.org/disability

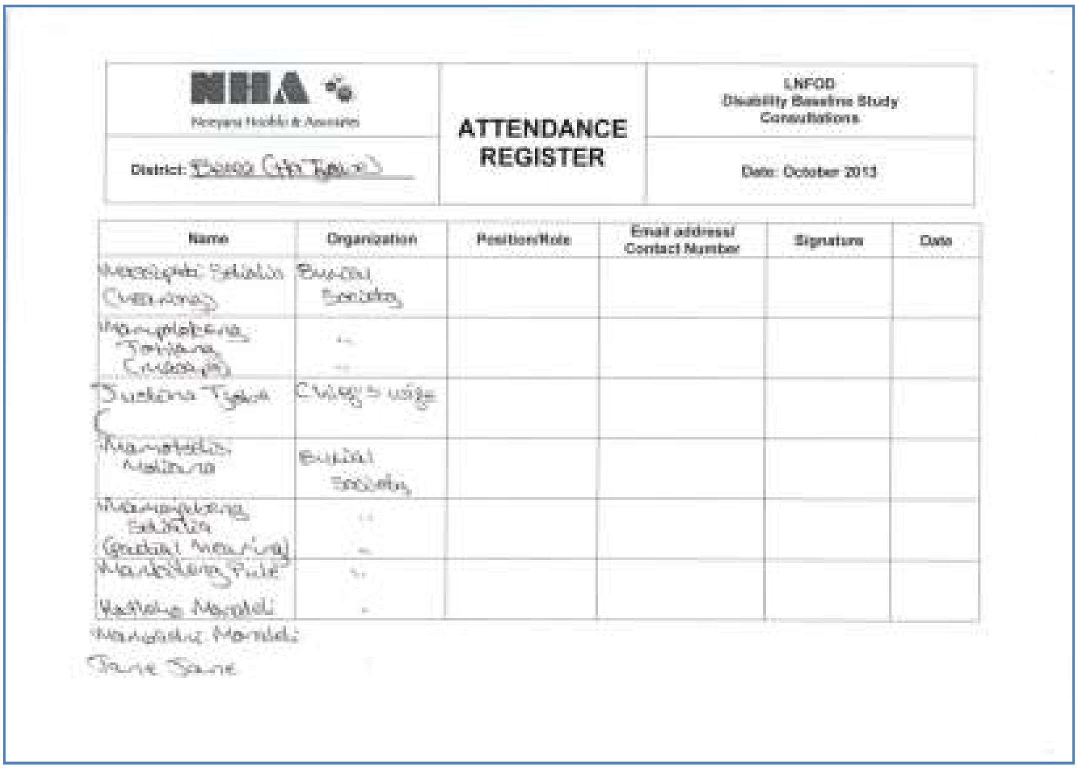
http://www.emro.who.int/health-topics/disabilities

ANNEXES

ANNEX 1: ATTANDANCE REGISTERS

FOCUS GROUP DISCUSSIONS ATTENDANCE REGISTERS (BEREA)





NHA
Nooyana Hoohlo & Associates

District: [illegible]

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
[illegible]	[illegible]				
[illegible]	[illegible]				
[illegible]	[illegible]				
[illegible]	[illegible]				
[illegible]	[illegible]				
[illegible]	[illegible]				
[illegible]	[illegible]				

NHA
Nonyana Hoohlo & Associates

District: Berea

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013
Ha Ramoseto

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Mamotebo Mothebesoa					
Mateboho Makopi	Ha Ramoseto	Chief			
Thabang Mothebesoa		Chairperson			
Morongoe Moqwan	Ha Ramoseto	Counsellor	59958093	[illegible]	
Zachariah Moqwan	" "				
Matseliso Makopi	" "				
Malikabo Moqwan	Support group	Chairperson	59580951		

NHA
Nonyana Hoohlo & Associates

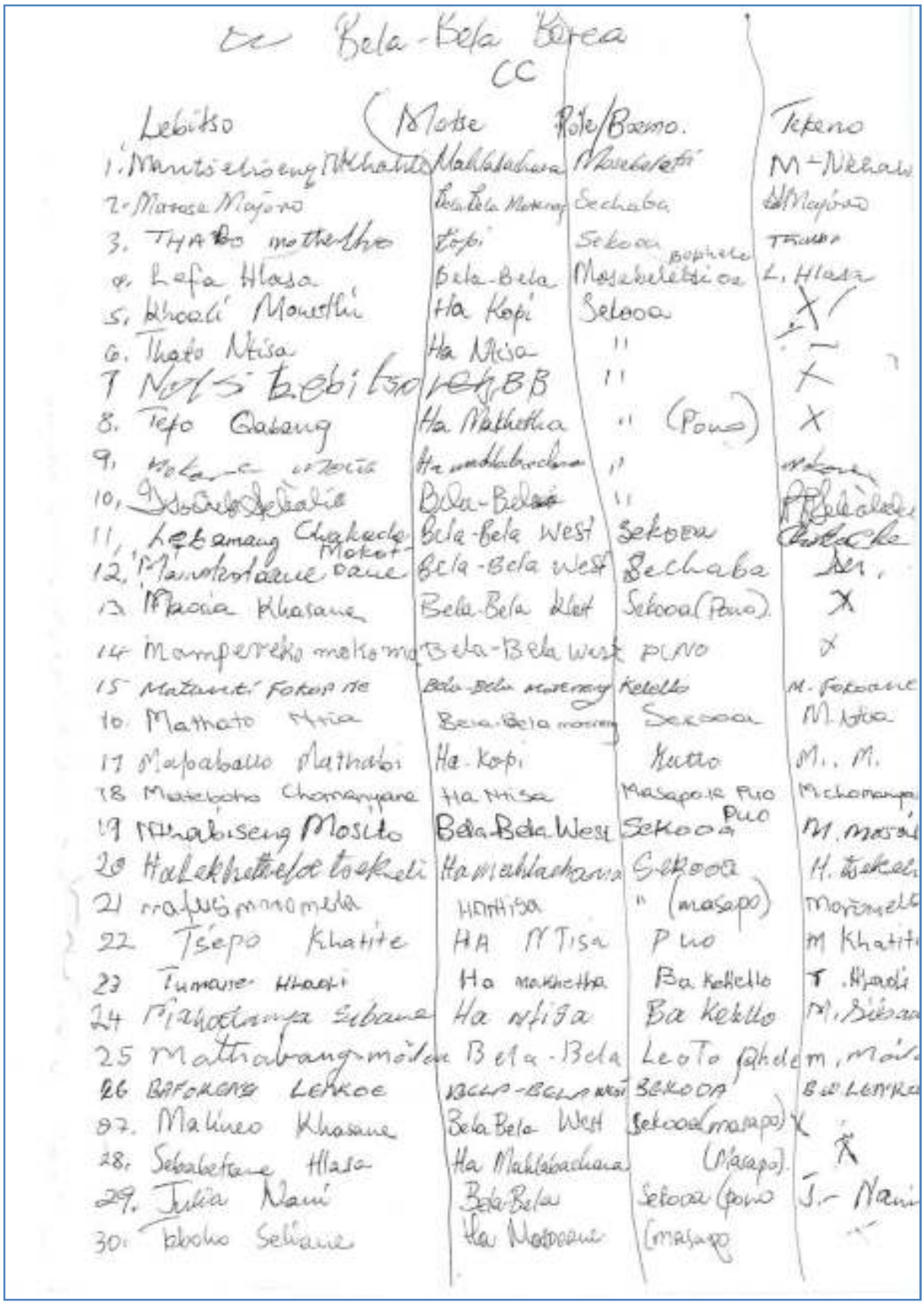
District: Berea Ha Nqabeni

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013
18/10/13

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
[illegible]		Chief [illegible]	58397597	[illegible]	
Puleng Raliengoane		Councillor	59627232	[illegible]	
Mampaea Matsoso		Chief assistant		[illegible]	
Mahlomola Morakabane		Support group		[illegible]	
Matsilona Khoopepe		Support Group		[illegible]	
Mantlabo Ntai		Support Group		[illegible]	
Mabakiso Mohapi		Community council secretary	59356970	[illegible]	
Matebello Rakolane		Support group		[illegible]	

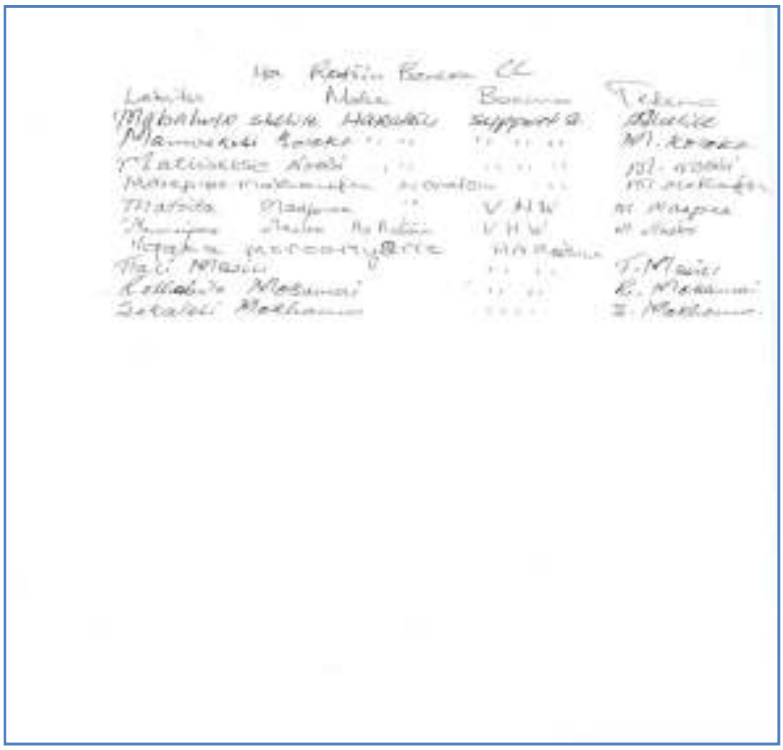

Bela-Bela Berea
CC
Lebitso
Motse
Pele/Boemo.
Tekeno

NHA Nonyana Hoohlo & Associates	ATTENDANCE REGISTER	LNFOD Disability Baseline Study Consultations
District: Berea (Ha [illegible])		Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Molefi [illegible]	Community health worker			M. [illegible]	17/10/13
[illegible]				[illegible]	
[illegible]	Disaster management committee			[illegible]	17.10.13
[illegible]	" "			[illegible]	
[illegible]				[illegible]	
[illegible]		Chief		[illegible]	

NHA Nonyana Hoohlo & Associates	ATTENDANCE REGISTER	LNFOD Disability Baseline Study Consultations
District: Berea (Ha [illegible])		Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
[illegible]	[illegible] Adra - T.O.			[illegible]	17/10/13
[illegible]	Support Group			M. [illegible]	
[illegible]	community member			M. [illegible]	



KEY INFORMANTS INTERVIEWS ATTENDANCE REGISTERS (BEREA)

Nonyana Hoohlo & Associates

District: BEREA

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
HAPE NTILI	MOSD	Rehabilitation Officer	62585959		16/10/2013

NHA
Nonyana Hoohlo & Associates

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

District: BEREA

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
'Muso Lekhaila	Lesotho Correctional Service	Assistant Superintendent Deputy o/c	53741529 [illegible]		15/10/13

NHA
Nonyana Hoohlo & Associates

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

District: Berea

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Ramahapita Majoro	District of Administration	Assistant Rural Welfare Officer	22500256 58927311		17/10/13
Khomonane Mosello	C.G.P.U Berea	Police Constable	58521658		17/10/13
Lebohang Ramaele	CAAT Berea	Police officer	57437706		17/10/13
Daniel Maimu	World Vision	Accountant	Daniel_Makau@wvi.org		17.10.13
Mamotha Mamotha	World Vision	Sponsorship Systems Officer	58992781		17/10/13
Ntheneheela Nthako	Blue Mountain Inn	Business Development Advisor	[illegible] 22500302		17.10.2013
Mapuleko Molishi	Ministry of Trade (WSA)	—	22317454		15/10/13 (Telephone interview)

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District: BEREA

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Lerato [illegible] Mosisili - [illegible]	National Identity [illegible] Ministry of Home Affairs	District Manager	[illegible] @yahoo.com	[illegible]	[illegible]/Oct/2013

FOCUS GROUP DISCUSSIONS ATTENDANCE REGISTERS (MOHALE'S HOEK)

NHA
Nonyana Hoohlo & Associates

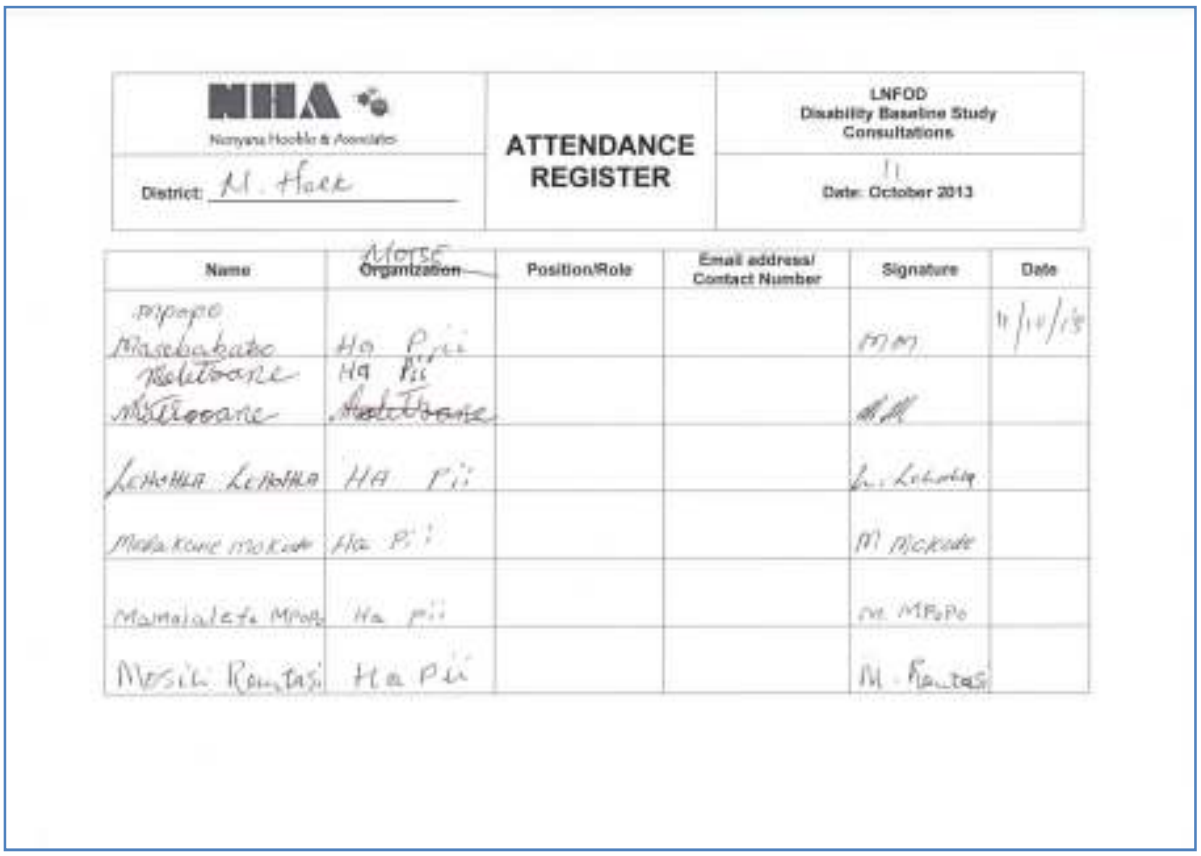
Session:	Community Conversations Register	LNFOD Baseline Study Date: 07-10-2013

Name	Position/Role	Signature	Contact number
Ramokone Mokhuba	NHA - LNFOD	[illegible]	28319673
Malettai Mosaneeane	Morena	[illegible]	57764124 62432260
HE I Kalientane	Sehoai	[illegible]	58927826
E.Moiteebimohale	Sehoai	E.M. Mohale	58043450
M.Tikoalin	Ha Maphohloane	M.Tikoalin	57794913
M. Makotlane	Ha Maphohloane	M. Makotla	59759282
M. Mohale	Ha Maphohloane	M.Mohale	
M. Mohlotsane	Ha maphohlane	M.Mohlotsane	
Thuso Thuso	Ha maphohloane	Thuso	28135127
Malekhotla Mohale	Ha Maphohloane	M.Mohale	
Molupe Mzekaze	Ha Maphohloane	M Mzekaze	
Mamorena Seko	Ha Maphohloane	M. Seko	
Tokoho Molalo	Makandalana	[illegible]	[illegible]

NHA
Nonyana Hoohlo & Associates

Session: Mamphutseng Lithipeng [illegible]	Community Conversations Register	LNFOD Baseline Study Date: 09-10-2013

Name	Position/Role	Signature	Contact number
Khothatso Mabine	Poga	K.Mabine	
Lekhotso Sefule	POGA	[illegible]	
Mateli Lerotoe	Mokhalangwaneng	[illegible]	59581172
[illegible] Mohapi	Poga	[illegible]	
Tsieng Bafotane	Ha-Nkatemi		
Temai Khele	Mahlelengwaneng	[illegible]	62947049
Ratoane Mole	Ha-Ntatemi		
Thabo Mohale	Lesale		
Seleneco Hoki	POGA	+	
Motinoha Mahlo	Ha-Ntatemi		



NHA
Nonyana Hoohlo & Associates

District: M. Hoek

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Mpopo Masebabatso	Ha Pii			MM	11/11/13
Moletsane Moletsane	Ha Pii			M.M	
Lehohla Lehohla	Ha Pii			L. Lehohla	
Mokoene Mokoene	Ha Pii			M Mokoene	
Mamaleta Mpobo	Ha pii			M. MPoPo	
Mosili Rantasi	Ha Pii			M. Rantasi	

NHA
Nonyana Hoohlo & Associates

District: M Hoek

ATTENDANCE REGISTER

Ha Pii – Sello

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Mathloeso Lenono	Ha Pii	Morena	59152201	M. Lenono	11/10/13
Mamolelama Lenono	Ha Pii	S. Group	59476448	M. Lenono	"
Tebcho Nkenyeke	Ha pii		59441504	T Nkenyeke	"
Mafuda Lelewa	Ha-Pii	Support gp	–	[illegible]	"
Asia Pii	Ha Pii			AP	"
Matekhoe Pii	Ha Pii			MP	"

Maleeza Tsoeze Pii
Mantuoekeleng Selomela Ha-pii 58921106
Mantsepile Selepa Ha Pii 58873076
[illegible] Nkuebe
Ramolikeng Thetso Ha Pii
[illegible] Sipopo Ha pii
Retselisitsoe Lenono Ha Pii
Mamomeleter Semomolelo Ha Pii – 58432148
Mamokueto Selomela Ha Pii – 58962323

NHA
Nonyana Hoohlo & Associates

District: Mohale's Hoek

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	~~Organization~~ Village	Position/Role	Email address/ Contact Number	Signature	Date
Motanyi Lekhoele	[illegible]		58604967	[illegible]	[illegible]
[illegible]	[illegible]		59811574	[illegible]	[illegible]
Mamakatisi Thulo	Ha Thulo	Support group	59141735	M Thulo	
Pule Molahle	Ha Thulo			P. Molahle	
[illegible]	[illegible]		55536766	[illegible]	5-10-2013
[illegible] Thulo	Ha Thulo			[illegible]	5-10-2013

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Nonyana Hoohlo & Associates

Session:

Community Conversations Register

LNFOD Baseline Study

Date: 11 - 10 - 2013

Name	Position/Role	Signature	Contact number
Mokapi Thala	Councillor	Thala	63136261
Mamposane Nkofu	Ha Rasematha	Nkofu	58564189
Makopetsane Mahali	Ha Rasematha	Mahali	58440875
M. Machachamise	Ha Rasematha	Molumi	59305741
Mamaipolo [illegible]	Tepe		58403801
Mahlompho Machachamise	Ha Rasematha	Machachamise	63090789 / [illegible]
Maitumeleng Tau	Ha Tsepo	Tau	58057720
Leseko Nyetu	Ha Tsepo	Nyetu	59539898
Kabelo Tsepo	Ha Tsepo	K Tsepo	57159791

NAME	OGANATION	POSITION	CON NO	SIG	DATE
[illegible]	Ma Thuso	Sopot Grup	58477038	M. [illegible]	09-10-13
[illegible]	Siloe	—	59918017	M. [illegible]	〃
Manana Mangope	Siloe	—	—	M. [illegible]	〃
[illegible] Thibiri	Hathuto	—	59476007	M. Thibiri	〃
[illegible] Letoala	Ba Thuto	—	—	M. Letoala	〃
Mathuto Lesupi	Siloe	—	—	M. Lesupi	〃
[illegible]	Siloe	—	—	M. [illegible]	〃
[illegible]	Siloe	—	58830237	M. [illegible]	〃
[illegible]	Siloe	—	—	M. [illegible]	〃
[illegible]	Siloe	—	58475157	M. [illegible]	〃
[illegible]	Siloe	—	—	M. [illegible]	〃
[illegible]	Ma Thuso	—	57374009	M. [illegible]	〃
[illegible]	〃	—	—	[illegible]	〃

NHA
Nonyana Hoohlo & Associates

District: Mohale's Hoek

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Motiki		Councillor	59900028	L.Motiki	08/10/13
Matseko Apoka	Makaung	Support Group	58524495	[illegible]	
[illegible]	Ha Potsane	Support Group	58523045	[illegible]	
Paseleto Tankie	Ha Makara	Support Group	57447636	P. Tankie	
[illegible]	Aexplus	Support Group	-	[illegible]	
[illegible]	Mofo-Motlala	Support Group	-	[illegible]	

FGD - THOTENG CENTRAL

Lebitso

Motsekoa

Nomoro

Tsepo Mako
Senate Lebone
Mantsopa Rakhanu
Makhotla Rakhapo

57369778
58968870
58735409
58827184
56295208
56090089

NHA Nonyana Hoohlo & Associates	Community Conversations Register	LNFOD Baseline Study
Session:		Date: 08-10-2013

Name	Position/Role	Signature	Contact number
Mamoipone Polisiana	Moha-hasa	M. Polisiana	57370825
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	5794[illegible]23
[illegible] malelu	mokhalameng	m malelu	
[illegible]	Moka - hasa	M. [illegible]	57159891
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Ha moleleke	M. [illegible]	5736[illegible]
Mabusa mpiti	Ha moleleke	M. mpiti	56141301
[illegible]	[illegible]	[illegible]	[illegible]
Fusi Qhala	Moka nthe	[illegible]	58051933
[illegible]	Ha moleleke	[illegible]	
[illegible]	Moka - nthe	[illegible]	[illegible]
[illegible]	Moka-hasa	[illegible]	[illegible]

NHA Nonyana Hoohlo & Associates	ATTENDANCE REGISTER	LNFOD Disability Baseline Study Consultations
District: ______		Date: October 2013

Name	MOTSE ~~Organisation~~	Position/Role	Email address/ Contact Number	Signature	Date
CHABELI MOCKETSI	QHALASI	Morena	57927843	CMocketsi	11-10-2013
Makomobele Mokhele	[illegible]	Morena	57347835	HMokhele	11-10-2013
Masekhakhetsa M	[illegible]	S.S			
Masebopeho M	Qhalasi	S.S			
Hatumelo M					
Makhosiwe					

KEY INFORMANT INTERVIEWS ATTENDENCE REGISTERS (MOHALE'S HOEK)

NHA
Nonyana Hoohlo & Associates

District: M Hoek

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
[illegible]	MoET	[illegible]	[illegible]	[illegible]	[illegible]

NHA
Nonyana Hoohlo & Associates

District: Mohale's Hoek

ATTENDANCE REGISTER

LNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
R. Motlhaba	NHA	RESEARCHER	[illegible]	[illegible]	10-10-13
K. Moorosi	WFP	[illegible]	[illegible]	[illegible]	[illegible]
M. Mosito	W.V.	Development officer	mositomeo@yahoo.co.uk	[illegible]	11/10/13

NHA
Nonyana Hoohlo & Associates

District: M. Hoek

ATTENDANCE REGISTER

UNFOD
Disability Baseline Study
Consultations

Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
Mosebi Pontso	Judiciary				9-11-2013
Mathabo Lefoka	Judiciary	Senior Clerk	59712036		10/10/13

NHA Nonyana Hoohlo & Associates	ATTENDANCE REGISTER	LNFOD Disability Baseline Study Consultations
District: Mohale's Hoek		Date: October 2013

Name	Organization	Position/Role	Email address/ Contact Number	Signature	Date
[illegible]	LMPS	CWPU Investigator	[illegible]	[illegible]	[illegible]
TSTSO MAKHINI	MAHSW	PHARMACIST [illegible]	[illegible]	[illegible]	[illegible]
[illegible]	MOH	[illegible]	[illegible]	[illegible]	[illegible]

ANNEX 2: THE SAMPLING METHODOLOGY

In each district (Berea and Mohale's Hoek), all people living with disabilities qualified to participate in the study. Basically, multistage sampling was used; villages were first selected using simple random sampling and then households were secondly selected using random sampling.

The sample was drawn from the lists of people living with disabilities obtained from Berea Disability Association which clearly revealed types of disabilities which were confirmed by chiefs' stamp. In the case of Mohale's Hoek, the list was obtained from Ministry of Social Development and from the disabled persons' representatives. The sample consisted of primary sampling units (PSUs) as households. According to the lists provided, Berea had 687 people living with disabilities and Mohale's Hoek had 617.

At household level, simple random sampling technique was used to get a representative sample size in both districts. The following formula was used to obtain the sample size at 5% margin of error.

Sample size (n) = $\frac{N}{1+Ne^2}$

Berea: n = $\frac{687}{1+687(0.05^2)}$ = 253

Mohale's Hoek: n = $\frac{617}{1+617(0.05^2)}$ = 243

Where "n" is the sample size, "N" is the total population and "e" is the margin o error.

ANNEX 3: LIST OF DPOs RECEIVING ANNUAL SUBVENTION FROM MOSD

ORGANISATION (ODP)	DISTRICT
1. St Angela Cheshire Home for Disabled	Maseru
2. Morapeli Disabled Centre	Mafeteng
3. Phelisanong Orphans, Disabled, HIV/AIDS & Vulnerable children centre	Leribe
4. Thuso-e-tla-tsoa-kae Handicapped Centre	Botha-Bothe
5. St.Paul school for the Deaf	Leribe
6. Resource Centre for the Blind	Maseru
7. Kananelo Centre for the Deaf	Berea
8. LNFOD	Maseru
9. National Association for the Blind	Maseru
10. LNLVIP (Mohloli oa Bophelo Centre)	Maseru
11. Itjareng Vocational School (physically disabled)	Maseru
12. IDAL formerly known as Lesotho Society for the Mentally Handicapped Persons	Maseru