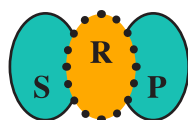


# DISABLED PEOPLE'S ORGANISATIONS

## NEEDS ASSESSMENT RESEARCH

July, 2008

**SAFOD**  
Southern African Federation of the Disabled



**DFID** Department for  
International  
Development

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This report is an output from a project funded by the **UK Department For International Development (DFID)** for the project of developing countries. However, the views expressed and information contained in it are not necessarily those of or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them.



# Table of Contents

<b>Acknowledgements</b>	
<b>List of Abbreviations</b>	
<b>Executive Summary</b>	<b>1</b>
<b>Map Of Lesotho</b>	<b>4</b>
<b>1. Background Information on Lesotho</b>	<b>5</b>
<b>2. Background Information and Introduction to Safod Research Programme</b>	<b>7</b>
<b>3. Detailed Methods of Data Collection</b>	<b>8</b>
<b>4. Disability in Lesotho</b>	<b>10</b>
<b>5. Governance of DPOS in Lesotho</b>	<b>12</b>
<b>6. Participatory Needs Assessment for DPOS in Lesotho</b>	<b>18</b>
<b>7. The Lesotho National Federation of Organisations of the Disabled (LNFOD) Organisational Needs and Capacity</b>	<b>20</b>
<b>8. Lesotho Society of the Mentally Handicapped Persons (LSMHP)</b>	<b>24</b>
<b>9. National Association of the Deaf Lesotho (NADL)</b>	<b>26</b>
<b>10. Hearing Assessment and Research Centre (HARK) Lesotho</b>	<b>28</b>
<b>11. Rehabilitation Unit: Ministry of Health and Social Welfare</b>	<b>30</b>
<b>12. Special Needs In Education: Ministry Of Education</b>	<b>32</b>
<b>13. Findings of the Capacity Needs Assessment: Governance Of DPOS Boards</b>	<b>33</b>
<b>14. Findings of the Capacity Needs Assessment: Governance of DPOS in Lesotho</b>	<b>35</b>
<b>15. Recommendations of Governing Boards</b>	<b>37</b>
<b>16. Recommendations for DPOS in Lesotho</b>	<b>38</b>
<b>17. Conclusion</b>	<b>40</b>
<b>Appendices:</b>	
Annexure A: SAFOD Capacity Assessment Index (SCAI)	42
Annexure B: DPOs Needs Assessment Framework (DNAF)	55
Annexure C: Structure & Priority Of DPOS In Lesotho	74

# Acknowledgements

This initiative is a result of many consultative roundtable meetings of SAFOD Research and Developmental Programme. The cooperation between SAFOD and the British Government's International Development Agency (DFID) made it possible for this project to take off. Their efforts and support is greatly appreciated. We would like to thank the following Disabled People's Organisations in Lesotho for their participation and contributions;

- Lesotho National Federation of Organisations of the Disabled
- Lesotho National Association of the Deaf Lesotho
- Lesotho National League of the Visually Impaired Persons
- Rehabilitation Unit-Ministry of Education
- Special Education Unit- Ministry of Education and Training
- Lesotho College of Education
- St Angela Cheshire Home for the Disabled
- Itjareng Vocational and Training Centre
- Hearing and Assessment and Research Centre

Special thanks to the staff at the Lesotho National Federation of Organisations of the Disabled for their help and for hosting us throughout this project and especially the director Mr Mojafela Mabula for facilitating the meetings with stakeholders.

## List of Abbreviations

SAFOD:	Southern Africa Federation of the Disabled
LNFOD:	Lesotho National Federation of the Disabled
LSMHP:	Lesotho Society of the Mentally Handicapped
NADL:	National Association of the Deaf Lesotho
LNLVIP:	Lesotho National League of the Visually Impaired Persons
HARK:	Hearing Assessment and Research Centre
DFID:	Department for International Development
CESA:	Centre for Empowerment and Social Analysis
UNDP:	United Nations Development Plan
UNDOALOS:	United Nations Division of the Law of the Sea
DPOs:	Disabled People's Organisation
SA	Samaita Consultancy and Programme Design
UNAIDS	United Nations Programme on HIV/AIDS
UN	United Nations
UNFPA	United Nations Population Fund
GNP	Gross National Product
HDI	Human Development Index
KaR	Knowledge and Research Programme
WHO	World Health Organisation
UPIAS	Union of the Physically Impaired Against Segregation

# Executive Summary

Samaita Consultancy and Programme Design (SA) was appointed by the Southern African Federation of the Disabled (SAFOD) to conduct Disabled People Organisation's (DPO) research needs assessment in Lesotho. The research was essentially to determine, among others, whether Disabled People's Organisations (DPOs) have the required and necessary skills for conducting continuous research in areas that affects disabled people in Lesotho.

This report assesses the extent and nature of the research needs of the DPOs in Lesotho. In addition it provides for frameworks for participatory needs and capacity buildings frameworks for SAFOD and DPOs. These are annexed to this report as "Annexure "A" and "B." respectively.

There is a serious lack of research evidence for developing effective disability related laws, policies and practices based on reliable statistical data. SAFOD aims to address this shortcoming by implementing research and developmental programmes driven by DPOs. The context of the envisaged SAFOD research programme should address the tension between disabled people and researchers.

The tension concerns the approach to research that views the experience of disabled people as secondary and fails to recognise that disabled people themselves can be empowered in research principles, methodologies and to use research for policy analysis and for planning processes that benefit them. Empowerment of DPOs through participation and capacity building in research that aims to change their own lives is therefore key to disability related research.

In Lesotho, DPOs are well organised and they wield considerable political power. They however, lack sufficient capacity to perform organisational functions, effectively, efficiently and sustainably due to a number of factors discussed in the report. These issues have to be addressed preceding the implementation of any research project.

DPOs in Lesotho do have some organisational/managerial structures. They are also very alive to the particular issues for which they were established. However, inadequate resources, both financial and material, have a negative impact on the effectiveness and cohesion of these structures subsequently, negatively affecting mandate execution.

The rights of disabled people in Lesotho remain an illusory because of the absence of any disability specific legal protection in the country. Concrete steps should be taken to ensure that the rights of Disabled people are mainstreamed in line with the changing ethos that is taking place regionally and internationally. In addition, human rights and social models approaches to disabilities should be pursued vigorously in addressing, prioritising and identifying the needs of disabled people.

The report identifies challenges faced by DPOs, priority needs areas and capacity issues that have to be addressed as a prerequisite for implementing the envisaged SAFOD research initiative. Key areas of training have been identified and recommendations made.

The major findings of the research were:

### **1. Existing capacity within DPOs: Research skills**

A number of key findings emerged from responses of the face to face in- depth interviews of DPO secretariats staff members, documentary reviews, team observations and interviews conducted with other stakeholders dealing with disability issues. These findings relate to type of capacity needs to be built or enhanced and challenges faced by DPOs if they have to take ownership of their own research projects.

None of the respondents had any special training in research. Secretariat staff members have training background in different professional disciplines and they can competently participate in research projects. The availability of such personnel is distributed among DPOs and stakeholders. The levels of their understanding of their understanding of research content and processes is diverse and differentials training approaches and methods are required to capacitate them to participate in research projects.

### **2. Marginalisation and Vulnerability of Disabled People**

The main problem identified in the participatory needs assessment by LNFOD and DPOs is that the discrimination of disabled people is rampant, preventing them from accessing equal opportunities in politics, employment, education, health and participating in cultural, recreational and sporting activities. A combination of these institutional, attitudinal and economic barriers is compounded by the absence of any comprehensive laws, policies and procedures that specifically address disability issues in Lesotho. Disabled people in Lesotho remain marginalised and vulnerable and this impedes their participation in a participatory manner. There is a need for disabled people to engage in legal advocacy that addresses these various barriers.

### **3. Existing organisational and managerial Structures**

LNFOD and DPOs in Lesotho do have some organisational/managerial structures in place that have potentials of managing the participatory needs assessment of disabled people. However, inadequate resources, both financial and material, have a negative impact on the effectiveness and cohesion of these structures subsequently, negatively affecting mandate execution and the participation of disabled people in identifying their needs.

The key recommendations emanating from the findings of the research are:

#### **a) Priority Training Needs**

Information acquired from the DPOs respondents revealed that there is a need for different levels of capacity training, to enhance staff and disabled people's competence to successfully manage organisations and programmes. The capacity building should, also, equip them with professional and project management skills and expose them to technical and practice issues in the area of disability. Identified areas recommended for training are:

- Using research for policy analysis
- Evaluation and monitoring projects
- DPOs forms of needs participation in research
- Project management
- Research Methodologies
- Using technology in research and software packages available
- Training fieldworkers for research
- Designing tools for research
- Organisations and Leadership
- Fundraising
- Project monitoring and evaluation
- Dispute resolution
- Strategic planning

## **b) Strategic Human Rights and Legal Advocacy**

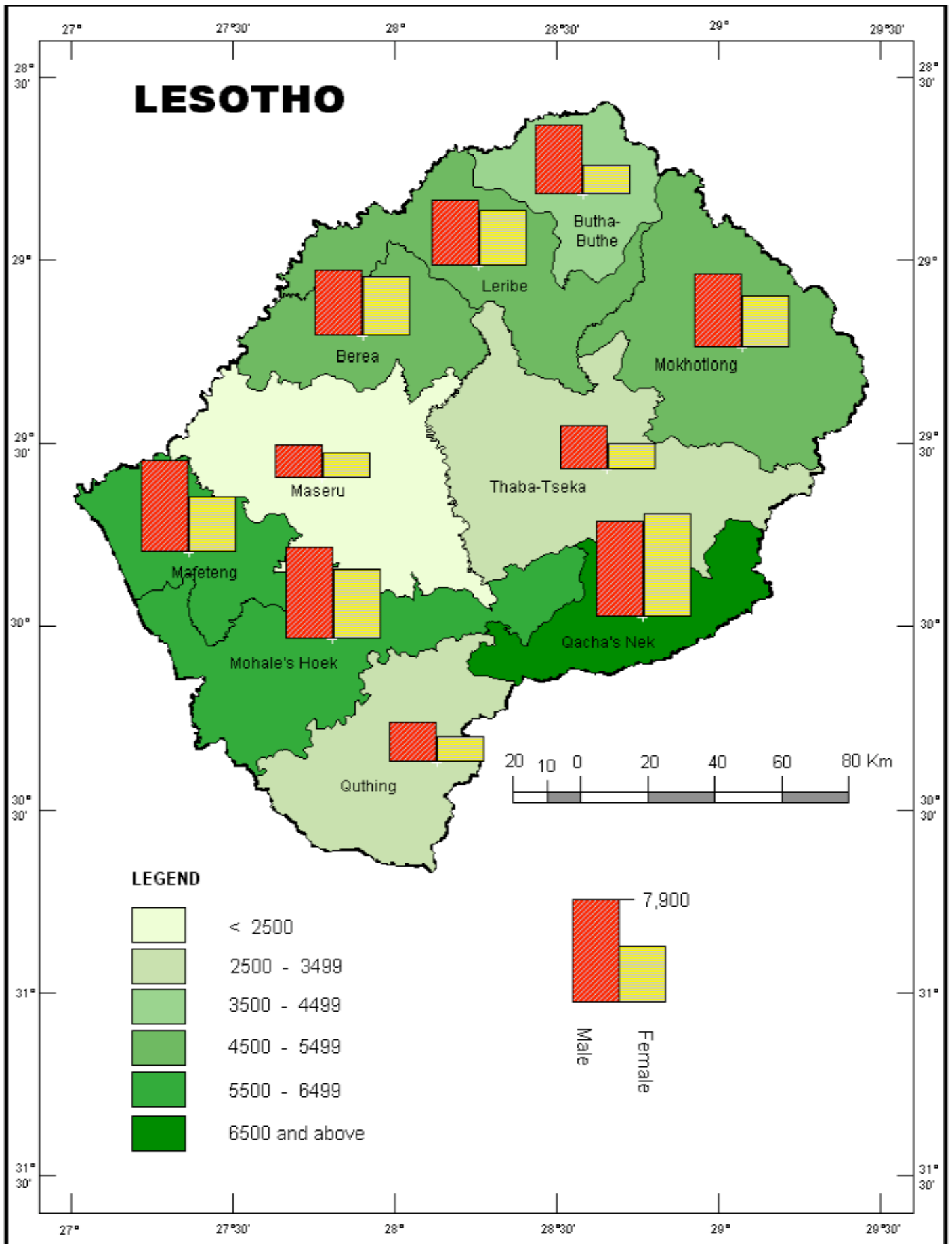
Strategic human rights enforcement for the benefit of disabled people in Lesotho should utilise a legal advocacy approach that combines different methods including public awareness, lobbying and other tools, based on the specific needs assessment of the objectives of DPOs and the identification of legal space. Respondents in the research, pointed to the need for an approach that includes helping organisations of disabled people and individuals at local levels in Lesotho by:

- Enhancing the development and strengthening of implementation mechanisms for national and regional/local policies through research.
- Examination of ongoing government programmes and projects with a view of strengthening disability components.
- Identification of new programmes and project possibilities for technical co-operation with other disability agencies and dissemination it to planning and executing agencies at government level.
- Providing enabling mechanisms for the disability sector in Lesotho, particularly organisations of disabled people to inform planning at national and local government level.
- Enhancing the skills of disabled people in the analysis of policy issues, policy formulation, programme development as well as the monitoring and evaluation of project implementation.
- Evaluation of past policies and research their relevance and application
- Encouraging action based-research.
- Ensuring the participation of disabled people.
- Validating the available/new data on disability.

## **c) Utilisation of strategic partnership**

It is recommended that the training identified be addressed through various modes such as, workshops, short courses, simulated exercise etc. Academic and vocational institutions and NGO in area of training should be identified for collaborations.

# Map of Lesotho



Source: Ntlatlapa (2008)



# I. Background Information on Lesotho

## 1.1 Brief Background

Lesotho is small and mountainous, lying high in the Drakensberg and the Maloti Mountain ranges in Southern Africa. The country forms the South-Eastern edge of the highest altitude in the region, the Drakensberg. The eastern frontier line between Lesotho and South Africa follows the crest of the mountain peaks, the highest of which is measured at 3,446 metres (11,306ft) above sea level. The second range of mountains, the Maloti, runs south to west through the entire length of the Country (Basutoland, 2003).

As a result, the Kingdom's terrain is primarily divided into highlands, foothills and lowlands with mountains forming the larger part of the Country. The country's rugged terrain is prone to the hazards of soil erosion, and this constitutes a threat to the continued availability of the limited amount of arable land. "About 13 % of the land is arable" (Hassan 2002, 1).

Lesotho is the only country in the world where all of the land lies above 1000 metres. Part of the nation's population still live in rugged, mountainous terrain, only accessible on foot or horseback. Like the Papal State, Vatican City, surrounded by Italy's capital city Rome, the Kingdom of Lesotho is also completely landlocked within South Africa making it the second country in the world completely surrounded by another (Ntlatlapa (2008)).

Lesotho was united as a nation in the early 19th Century by King Moshoeshoe the Great. Basutoland, as it was then called, successfully defended itself from the British, the Zulus and the Boers. In 1868 it became a British Protectorate before gaining full independence almost a hundred years later on October 4, 1966. Basutoland was then reborn as the Kingdom of Lesotho. Today, Lesotho is ruled by King Letsie III. The King wields considerable tribal authority but the country is a constitutional monarchy (Ntlatlapa (2008)).

## 1.2 Demographic Analysis

According to the preliminary results of the 2006 Lesotho Census of Population and Housing, the population of Lesotho is 1,880,661, out of which males constitute 916,282 and females represent 964,379. This means that males account for 48.7 percent of the total population, while females constitute 51.3 percent. The annual population growth rate increased from 2.29% between 1966 and 1976 to 2.63% between 1976 and 1986. By 2001, UNAIDS estimated that the country had 25,000 cases of full-blown AIDS. Undoubtedly HIV and AIDS have had a significant impact on population growth. (Ntlatlapa (2008))

The latest UN projects that had predicted that on account of the impact of AIDS on population growth, the population of Lesotho could only proceed at the rate of 0.63% leading to the total projection of 1,995,00 by 2006, and the UNFPA's recent projection of 1,8 million, with an average growth rate of 0.3%, are corroborated by the 2006 Census preliminary results (WPP, 2006; UNFPA, 2007). (Ntlatlapa (2008))

## 1.3 Economic Analysis

The secondary sector (manufacturing and construction) accounted for 38% while the tertiary sector accounted for 42% of the GDP. However, in 2000, the country's gross national product (GNP) per head stood at \$540, slightly above the average of \$500 for Sub-Saharan Africa. Citing World Bank sources, SGTS and Associates note that the share of agriculture had declined from 31% in 1979, while that of the secondary sector had increased from 23% in the same year (SGTS & Associates 2000, cited in Monaheng, 2003).

Lesotho's economic dependence on South Africa is reflected by a number of factors. During the 1990s, Lesotho experienced a relatively rapid economic growth of 5.2% a year on average (Gay and Hall 2000, cited in Monaheng, 2003). This was mainly as a result of the construction work associated with the Lesotho Highlands Water Project as well as the expansion of textile industries owned by Chinese and South African entrepreneurs. Nevertheless, unemployment was still estimated to affect 40% of the total labour force. Disabled people, form the majority of those who fall within the unemployed 40% of the labour force. (Ntlatlapa (2008))

#### **1.4 Poverty Analysis**

Notwithstanding the impressive rate of growth of the economy during most of the 1990s, the magnitude of poverty remains big and on the increase in Lesotho. Towards the end of the 1990s Sechaba Consultants undertook a study using a destitution level of M40 (approximately 4 US dollars) per household member per month, and a poverty level of M80 per month per person.

According to this study, 49% of households fell into the destitute category and another 19% in the poor category (Gay and Hall 2000, cited in Monaheng, 2003). This means that, overall, 68% of households in Lesotho were poor during the 1990s on the basis of income levels. (Ntlatlapa (2008))

The UNDP (1998, 2) also notes that using the Human Development Index (HDI), Lesotho was ranked among the low HDI countries during the period of high economic growth. The levels of inequality in Lesotho are among the highest in the world. Lesotho's HDI stood at 0.499 ranking it is 132nd position out of 175 ranked countries by UNDP in 2001. Poverty in Lesotho also has a distinct geographic bias. (Ntlatlapa (2008))

The study by Sechaba Consultants (Gay and Hall, 2000) indicates that based on income levels, 32% of mountain households are in the poorest 20% of households and only 9% are among the richest 20%. The latter affects disabled people more than the rest of the population, mostly due to stereotypes that most service providers still have about the effect of disability and the overall impact of impairments on people.

Literature revealed that, in 2005, 23.2% of the Basotho adult population between the ages of 15 and 40 lived with HIV and AIDS and that 57% of them are women and girls. Added to this is the steadily growing number of orphans and vulnerable children as a consequence of the pandemic, with the latest estimate at more than 100, 000 children (GOL-UNAIDS, 2005). In 2005, UNAIDS estimated that the total population living with HIV/AIDS was 265,000. The estimated number of children (0-4) living with HIV/AIDS was 15,600. Undoubtedly HIV and AIDS have had a significant impact on population growth. The adverse impact of HIV and AIDS on child survival is evident. (Ntlatlapa (2008))

## **2. Background Information and Introduction to SAFOD Research Programme**

The British Government's Department for International Development (DFID) funded a programme of research on disability and development called the Knowledge and Research (KaR) during the period 2000-2005. The success of the KaR project motivated DFID to support SAFOD to develop a five year programme aimed at developing reliable research evidence for developing effective pro-poor disability policy and practice. This would be based and informed by improved statistical data and the implementation of a strengthened research and development programme driven by Disabled People's Organisations (DPOs).

Samaita Consultancy and Programme Design (SA) was appointed by the Southern African Federation of the Disabled (SAFOD) to conduct a DPOs research needs assessment in Lesotho. The research was essentially to determine, among others, whether DPOs have the required and necessary skills for conducting continuous research in areas that affect disabled people in Lesotho.

The work included an assessment of the DPOs in terms of organisational and skills capacity, strategy and recommendations for the future. SAFOD and DPOs realise the importance of collecting reliable data as an important tool for planning, development of services and for the formulation of intervention strategies to influence practice, policy and legislation affecting disabled people.

Further, SAFOD emphasises that disability research process must give specific attention to participatory research methods that encompass different dimensions of disabilities and involves disabled people in the whole research process such as, prioritising and initiating areas of research, designing tools, data collection, research results as well as its dissemination and use.

## 3. Detailed Methods of Data Collection

A combination of qualitative research methods were used for this assignment. Qualitative approach to this research was most appropriate as we were able to explore the interviewee's perceptions, opinions, issues, ideas, attitudes, beliefs and to assess the potential and challenges for the possible implementation strategy for research projects in Lesotho.

### 3.1 Emancipatory Research

The study in Lesotho was based on emancipatory research principles and approach. For disability, emancipatory research begins by conceptualising disability in social-model terms as a form of oppression, which relates to people with impairments having to face a complex mixture of discrimination and social exclusion. Due to the fact that this involves socially imbedded discrimination and derived notions of power inequality, disability is always a political issue. Most importantly, the object of emancipatory research is to transform, emancipate and not engage in research for its own sake (Albert, Dube, Hossain, & Hurst, 2005:13-14). The main aim of emancipatory research is to empower disabled people through their participation in research processes on issues that affect them.

In designing an approach to conducting this research, the key factors that were considered were:

- 3.1.1. **The need to ensure the participation of disabled people in targeted sectors.**
- 3.1.2. **Ensuring that the study should provide opportunities and strategies for the implementation of disability policies and legislation.**
- 3.1.3. **The study should be action-oriented, demand-led and emancipatory in nature.**
- 3.1.4. **The outcome of the study should be utilised in improving the quality of life of disabled people in Lesotho.**
- 3.1.5. **That the process for the study should replicate the real day to day business environment encountered by DPOs in Lesotho.**

#### **Table 1: Basic Elements of Emancipatory Research**

- Users are involved from start to finish and there is a commitment to act on the results of the research.
- Funders are equally committed to providing resources and prioritising user involvement.
- Training and support are available for users and researchers.
- A commitment to make the research accessible to those whose lives it reflects. The project does not simply end when the research is complete – there is a commitment to action as a result of the research.
- Researchers are committed to sharing power and control with service users. (Hanley 2005:22)

(Source: Knowledge and Research Programme, KaR)

Emancipatory research will assist DPOs to-:

- Understand and critique the law and the scope of rights
- Assert rights as a political resource, and
- Take action to change the limiting definitions of roles, status, and rights of disabled people in the law and in daily practice.

### **3.2 Board Measurement Tool**

The questionnaire was designed to evaluate the boards that manage DPOs in Lesotho in respect to selection and composition, orientation and training, structure and organisation of the board and the rating on how they conduct their business such as meetings. This was an important tool and method as we were able to gain an insight into governance, competency and capacity issues within the boards who are key participants in coordinating and implementing DPO issues. The governance structure of DPOs are summarised in Annexure “C.” Annexure “D” on the other hand has a summary of the results and scores of the Board Measurement tool.

### **3.3 Focus Group and Individual Interviews**

Originally it was intended that a questionnaire would be used for focus group and individuals but this approach was revised in favour of an interactive methodology that sought to obtain the inputs of all role players.

Mostly individual or up to three people were interviewed using open ended and guided questions with follow up question from responses. Through this method we were able to explore the different issues affecting different dimensions of disability and through spontaneous responses we were able to collect valuable data on the challenges faced by DPOs in managing their own research programme in Lesotho.

### **3.4 Participatory process**

Lesotho National Federation of Organisations of the Disabled (LNFOD) provided leadership, advice and support before, during and after the mission in order to ensure that the assignment was successfully completed. This support included:

- Advising and formulating a schedule of meetings and interviews with relevant people and organisations.
- Preparing a list of senior officials and DPOs to meet and interview
- Facilitating communication with each respondent
- Providing documents and other materials related to the assignment

### **3.5 Documentary studies or review of secondary data**

Secondary data and existing documents were reviewed and analysed for this study. The team was able to collect and use secondary information to a great extent. The collected documents were scanned and provided on a disk for members of the team.

### **3.6 Observations**

The team made meticulous observations and it assisted with descriptions of facilities available and other vital information for this study. The DPOs in Lesotho are enthusiastic about their work and passionate about issues of Disabled people. DPOs however, operate in a very difficult geographical and political environment, and there is a severe shortage of both human and material resources.

## 4. Disability in Lesotho

### 4.1 What is Disability?

Differing opinions on definitions of disability stem from the fact that “disability is relative and dependent for its definition on local attitudes and physical barriers, which change from one society to another” (Oliver, 1990). According to WHO, disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (e.g. difficulty in speaking, hearing or walking) (World Health Organization, 1980).

For the Disability Rights Movement, on the other hand, disability refers to the disadvantage or restriction of activity caused by the way society is organised which takes little or no account of people who have physical, sensory or mental impairments (UPIAS, 1976). As a result such people are excluded and prevented from participating fully on equal terms in mainstream society. Society thus, places a further burden on disabled people. As a direct result the vast majority of the 60 million disabled Africans are excluded from schools, work opportunities and participation in poverty reduction programs. This exclusion virtually guarantees that disabled people will live their lives as the poorest of the poor. This abhorrent disregard for disabled people’s actual needs also prevails in Lesotho.

### 4.2 Prevalence of Disability in Lesotho

Findings from the BOS indicated that according to the Lesotho Demographic Survey, 2001, about 4.2% of the population, which is about 79,794 people in Lesotho have some form of disability or another that requires a service. Four major variables of impairment (sensory, physical, mental and multiple impairments) were used. (Ntlatlapa (2008))

According to the BOS survey, sensory impairments referred to vision, speech and hearing impairments. Physical impairments included visceral, skeletal and disfiguring impairments - for example, amputations, paralysis, limping and lameness, deformity, and hunched back. Mental impairments included intellectual and other psychological impairments; while multiple impairments refer to a combination of any of the above. The coding scheme for the 2001 Lesotho Demographic Survey did not, however, make provision for recording multiple disabilities (BOS, 2001).

Physical disabilities were more prevalent than others due to amputations attributed to a long history of male migrant labour into the neighbouring Republic of South Africa. The prevalence of disability was measured in percentage terms as the percent of the population reported as disabled. The total disability ratio for Lesotho was 4,179 per 100,000 population, with the male disability ratio (4,814) being about 26 percent higher than the female disability ratio (3,556) (BOS, 2001).

The leading types of disability in 2001 were amputations, the second leading type of disability was blindness (950), followed by severe deafness (513), mental problems (454) and lameness and paralysis (441). For all types of disability except for blindness, disability ratios were almost twice as high for males (1,984) as for females (1,065) (BOS, 2001).

In fact, the disability rates for all amputations combined were almost twice as high for males (1,984) as for females (1,065). If all amputations were combined, then amputations alone accounted for about 41.2 percent of all male disabilities and about 29.9 percent of all female disabilities. The combined disability rate for blindness (total and partial) was 824 and 1,074 per 100,000 males and females, respectively (BOS, 2001).

Disability rates for each disability were considerably higher in rural than in urban areas. An examination of causes of disability revealed that for males, working in the mines was a major risk factor for amputations, blindness and deafness. However, not all male disabilities could be attributed to working in the mines of South Africa. Together with causes of disability labelled as 'unknown', more than one in two of all male disabilities (57.3 percent) and about 85 percent of all female disabilities were due to causes other than accidents and violence (BOS, 2001).

## 5. Governance of DPOS in Lesotho

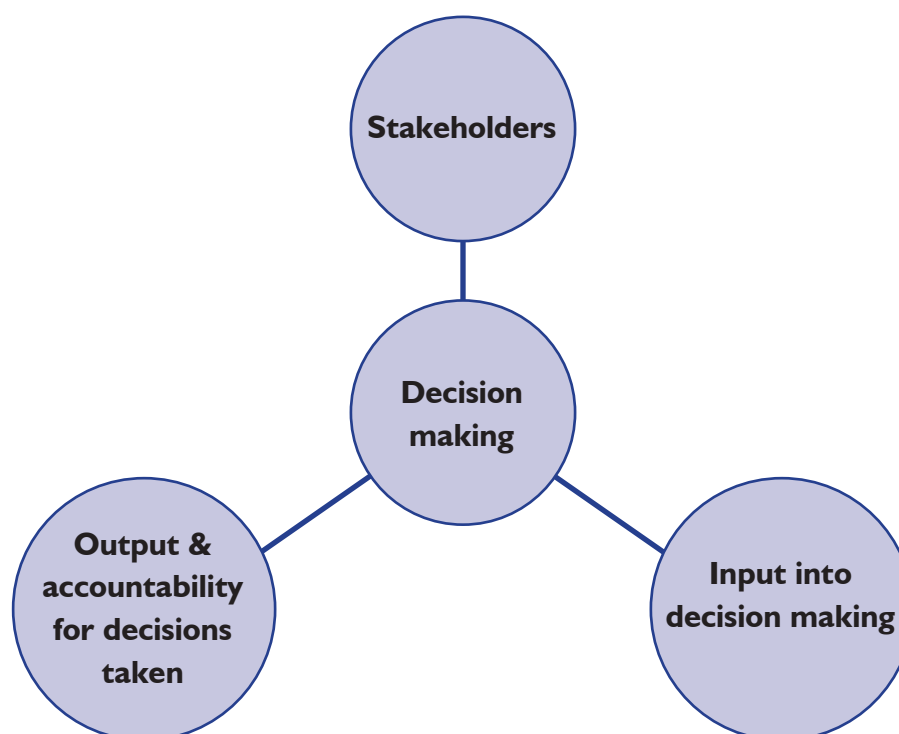
### 5.1 Defining Governance

The complexity of governance is difficult to capture in a simple definition.

The DPOs are essentially a group of disabled people, stakeholders that have come together with the sole aim to achieve specific goals. The governance of the DPOs becomes central in the achievements and failures that may arise. It is due to this reason that the boards of such DPO's must at all times be concerned with governance issues.

The governance of the DPOs is crucial to accomplishing the desired end result. One simple definition of governance is "the art of steering societies and organizations." Governance is about the more strategic aspects of steering, making the larger decisions about both direction and roles.

Stakeholders articulate their interests; influence how decisions are made, who the decision-makers are and what decisions are taken. Decision-makers must absorb this input into the decision-making process. Decision-makers are then accountable to those same stakeholders for the organization's output and the process of producing it.



### 5.2 DPO Boards in Lesotho

Legitimacy and political nature of DPOs in Lesotho

LNFOOD and DPOs in Lesotho are managed by governing Boards. DPO Boards play a significant role in decision making and implementation of disabled people's activities in Lesotho. DPO Boards are evidently the preferred governing structure of DPOs in Lesotho. The process by which members are elected is very rigorous and representative of all the disabled people. Every four years DPOs call for a mass congress meeting where several people are nominated to be on the Board. At an annual general meeting of all representatives of DPOs a council consisting of 24 persons is elected. The council will then elect the twelve LNFOOD Board members. In general all DPO boards follow the same process in respect of selecting Board members. The duration of their term is 4 years. The Boards wield strong political power and they represent disabled people's interests.



### 5.3 Board's Major Responsibilities

- Acquisition of assets
- Protection of the acquired assets
- Strategic planning
- Demarcation of roles
- Setting of goals
- Evaluation

At their best, DPO boards reflect the collective efforts of accomplished individuals who advance the institution's mission and long-term welfare. The board's contribution is meant to be strategic and the joint product of talented people. People on a board are brought together to apply their knowledge, experience, and expertise to the major challenges facing the institution. Strategic thinking and oversight characterize the board's leadership role. An effective board organizes itself to carry out its duties and responsibilities. Tensions and inefficiencies result if responsibilities, authority, and working relationships of board and staff are not clearly defined.

### 5.4 Board Structure

Boards tend to work effectively when they are structured to carry out each unique mission of the NGO and maximize the individual talents of board members. Dividing the board into committees is a common mechanism for:

- Organizing the board's work to accomplish the NGO's mission.
- Preparing board members for making informed decisions.
- Using board members' skills and expertise (i.e., a board member with financial experience serves on the finance committee and one with a deep understanding of the clients' needs serves on the program committee).
- Providing opportunities to become involved and serve the organization.

### 5.5 Board Functions

The following functions enable the board to carry out its responsibilities.

**Planning:** The board develops strategies to ensure that the mission and purpose of the NGO are carried out. Board members approve short- and long-range plans for the organization. They monitor the effectiveness of the organization's programs to see if they have met the goals and objectives outlined in the plans.

**Personnel:** The board hires the organisation's chief operating officer (often called the executive director), makes assignments to the executive director, and monitors his or her performance. It is appropriate for the board or its personnel committee to do a formal performance appraisal of the executive director at least annually. The board approves salary scales and job descriptions for the other staff members who are hired by the executive director. The board approves the personnel policies for the organization. Effective board members respect each other and support the staff.

**Financial:** The board approves budgets for the organization. No funds should be expended unless the funds are included in a budget approved by the board. The board approves spending reports that are submitted to them on a regular basis. The board is responsible for the legal and ethical actions of its members and those of the organization. The board is responsible for procuring adequate resources to enable the NGO to fulfil its mission. This includes approval of fundraising plans. Board members are expected to participate in fundraising, and most board members are expected to contribute to the bottom line.

**Public relations:** Board members are aware of all of the organization’s activities and encourage participation in appropriate activities in the community. The board seeks opportunities to enhance the public image of the organization.

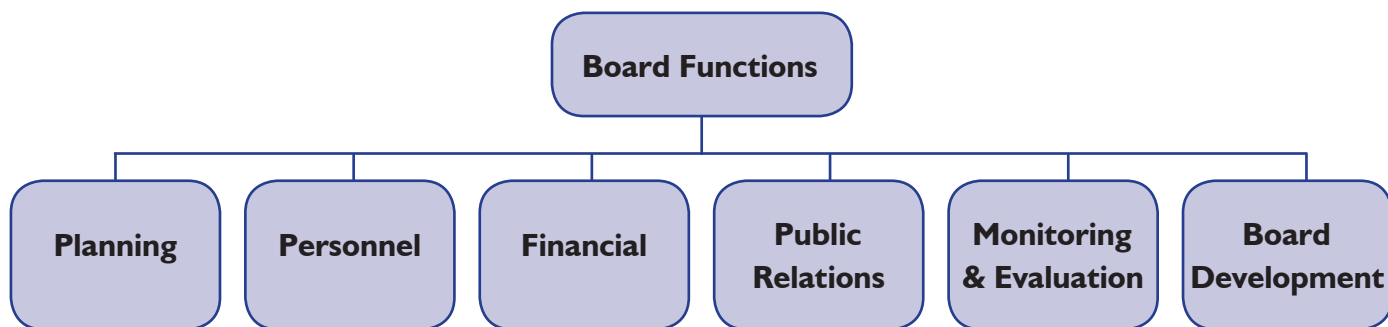
Monitoring and evaluation of programs and services: Monitoring is the process of routinely gathering information on key aspects of a project, program, or organization to determine if things are proceeding as planned. Monitoring can identify problems when they are small and easily corrected. Monitoring answers the question, “Are we on the track?” Evaluation answers the question, “Are we on the right track?” The board approves monitoring and evaluation systems and reviews their results. The executive director, staff, and other stakeholders implement the systems. The board uses monitoring and evaluation information in making decisions to allocate resources and strengthen programs and services.

**Board development:** NGO members may elect the board, but, more often, the board recruits and selects new board members and adopts procedures to encourage excellent board members to continue their service. The board is responsible for creating the diversity and ownership of the wide range of constituency in the NGO. The board monitors and evaluates its own members to ensure that the board is performing effectively. Finding committed, talented, and willing people is a challenge that each board must face. A diverse board increases the board’s effectiveness and expands the leadership base. As the board looks for talented people, the following attributes should be considered:

**Expertise:** It is desirable to have some board members with personnel management, fiscal, or legal expertise.

**Commitment:** An essential characteristic is the commitment a board member has to the organization and its mission.

**Diversity:** Inclusiveness is better achieved when a board has an equal number of men and women; people of different ages; representatives of the major races, ethnicities, and religions of stakeholders; and representatives of the client populations being served.



It is with this overview that the board measurement tool was used to ascertain the current standing of the various DPOs. The tool is annexed below:

## 5.6 DPO Capacity Assessment results

<b>Board</b>	<b>Selection &amp; Composition</b>	<b>Orientation &amp; Training</b>	<b>Structure &amp; Organisation</b>	<b>Board at Work Rating</b>	<b>Total Scores</b>
<b>Lesotho National Federation of Organisation of the Disabled (LNFOD)</b>	<ul style="list-style-type: none"> <li>• Excellent &amp; well balanced Board selection</li> <li>• Board Members interested in organisation's work</li> <li>• Board Members have no skills related to the core/essential functions of the organisation</li> <li>• Board members do however come with a lot of administrative experience.</li> </ul>	<ul style="list-style-type: none"> <li>• LNFOD Board rate themselves highly</li> <li>• Need to identify proper skills for training.</li> </ul>	<ul style="list-style-type: none"> <li>• LNFOD Board rate themselves highly</li> <li>• Minutes of meetings taken between 21/6/07 &amp; 21/6/08 lost</li> <li>• No follow-ups/reviews/evaluation of Committee assignments.</li> </ul>	<ul style="list-style-type: none"> <li>• LNFOD Board rated themselves moderately high</li> <li>• No fundraising expertise / collective initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Out of a total of 70 points, LNFOD Board scored 57 points.</li> </ul>
<b>Lesotho Nation Federation of Organisations of the Disabled (LNFOD) (Women's Wing)</b>	<ul style="list-style-type: none"> <li>• Excellent &amp; well balanced Board selection</li> <li>• Board Members interested in organisation's work</li> <li>• Board Members have no skills related to the core/essential functions of the organisation.</li> <li>• Board members however do come in with a lot of administrative experience.</li> </ul>	<ul style="list-style-type: none"> <li>• The LNFOD Women's Wing rated the Board average in this area</li> <li>• Need to have a statement outlining Board Members' duties &amp; responsibilities</li> <li>• Need to identify skills for training.</li> </ul>	<ul style="list-style-type: none"> <li>• The LNFOD Women's Wing rated the LNFOD Board just above average</li> <li>• Need for the LNFOD Board to have a set of clear rules, regulations &amp; procedures regulating its work</li> <li>• Need for rules regulating respectful treatment of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• The LNFOD Women's Wing rated the Board just above average</li> <li>• Need for proper records of Board meetings &amp; diligent /effective follow-up of issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Out of a total of 70 points, the LNFOD Women's Wing scored the Board 50.</li> </ul>

<b>Board</b>	<b>Selection &amp; Composition</b>	<b>Orientation &amp; Training</b>	<b>Structure &amp; Organisation</b>	<b>Board at Work Rating</b>	<b>Total Scores</b>
<b>Lesotho Society of the Mentally Handicapped Persons (LSMHP)</b>	<ul style="list-style-type: none"> <li>• Selection &amp; composition of Board is average</li> <li>• Organisation working on Board representativity</li> <li>• Board Members have no skills related to the core/essential functions of the organisation</li> <li>• Board members do however come with a lot of administrative experience</li> <li>• Board faces continuity problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated above average</li> <li>• Board Members aware of their duties &amp; responsibilities</li> <li>• Board Members afforded training opportunities to increase skills</li> <li>• Board working on relations between its Chairperson &amp; Executive Director</li> <li>• Interference of Board in Secretariat – need for training Board members so they understand the role of Board within an organisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated themselves above average</li> <li>• Board has no active sub-committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated themselves just average</li> <li>• Need for Board Members to have adequate preparation before Board meetings</li> <li>• Need for Board Members to be more committed to their duties &amp; responsibilities</li> <li>• Need for Board to groom new leadership from within itself &amp; its Committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Out of a total of 70 points, the LSMHP Board scored 41 points which according to the Board Management tool means the Board has lots of room for improvement.</li> <li>• Further, the Board needs to re-evaluate and/or re-focus its activities.</li> </ul>
<b>National Association of the Deaf (NADL)</b>	<ul style="list-style-type: none"> <li>• Board scored itself just above average</li> <li>• Notably, Board is not representative of its constituency &amp; ignores continuity issues</li> <li>• Recruitment into Board does not necessary no skills related to the core/essential functions of the organisation</li> <li>• Board members do however come with a lot of administrative experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated itself poorly in this section.</li> <li>• NADL needs to formulate orientation &amp; training programmes for Board Members.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated themselves fairly in this section.</li> <li>• Board needs to develop a set of by-laws outlining duties of Board Members &amp; officers as well as procedures governing how the business of the Board is conducted.</li> </ul>	<ul style="list-style-type: none"> <li>• Board gave themselves a good score in this category.</li> <li>• Need for both Board Members &amp; Committees to be diligent in performing assignments.</li> </ul>	<ul style="list-style-type: none"> <li>• Out of a possible 70 points, NADL Board scored 45.</li> <li>• According to the Board Management Tool a score of 45 means the NADL Board has lots of room to improve.</li> <li>• Further, the Board needs to prioritise areas of work on: (i) both in the short &amp; long term (ii) make a plan, and work the plan.</li> </ul>

<b>Board</b>	<b>Selection &amp; Composition</b>	<b>Orientation &amp; Training</b>	<b>Structure &amp; Organisation</b>	<b>Board at Work Rating</b>	<b>Total Scores</b>
<b>Lesotho National League of The Visually Impaired Persons (LNLVI)</b>	<ul style="list-style-type: none"> <li>• Excellent &amp; well balanced Board selection with interests of the organisation's work.</li> <li>• Board members have no skills related to the core/essential functions of the organisation</li> <li>• Board members do however come with a lot of administrative experience.</li> <li>• Need to work on the issue of skills within the Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Excellent attention to orientation &amp; training.</li> </ul>	<ul style="list-style-type: none"> <li>• Excellent structure &amp; organisation of the Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Very good score in this category.</li> <li>• Need for Committees to be more diligent in completed assigned tasks.</li> <li>• Needs for more commitment in issues of fundraising by Board Members.</li> </ul>	<ul style="list-style-type: none"> <li>• The NADL Board scored 66 points out of a total of 70 point – a very impressive score which according to the Board Management tool means the NADL Board is functioning well above board.</li> </ul>
<b>Lesotho National Association Of The Physically Disabled (LNAPD) – Itjareng Vocational Training Centre</b>	<ul style="list-style-type: none"> <li>• Excellent well balanced Board</li> <li>• Board has average skills</li> <li>• Board very alive to continuity issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Board rated itself average in this category</li> <li>• Notably, Board does not have documents delineating duties &amp; responsibilities</li> <li>• Further, Board has no Board Manual.</li> </ul>	<ul style="list-style-type: none"> <li>• Board is well structured.</li> <li>• Of concern is Board lacks regulatory mechanisms relating to how it conducts business</li> <li>• Board also lacks effective committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Board scored above average in this category</li> <li>• Preparation &amp; conducting of meetings needs improvement</li> <li>• Committees need to be made more effective and committed.</li> </ul>	<ul style="list-style-type: none"> <li>• The LNAPD Board scored well above average with a total of 57 points out of a possible total of 70 points</li> <li>• According to the Board Measurement Tool, this means the Board is on its way to be a strong, &amp; effective Board.</li> </ul>

## **6. Participatory Needs Assessment for DPOS in Lesotho**

### **6.1 Meaning of Participatory Needs Assessment**

Needs assessment is the process of measuring the extent and nature of the needs of a particular target population so that the services can respond to them. In a needs assessment exercise a “need” is a necessity and is the gap between, ‘what is’ and “what should be”. These questions automatically leads to “whose needs” and “who defines these needs”? It is clear from these questions that participation, transparency and a systematic approach are important elements in assessing needs and prioritising resources to meet the identified needs. Further, “what is being assessed” focuses on the capacity for change by key individuals and has a number of prerequisites, which range from awareness, understanding, skills, technology, resources, and attitudes or aspirations.

In the context of this assignment an analysis of the DPOs and disabled people’s projects was done to ascertain its potential to participate in the envisaged SAFOD participatory research programme. It was important to assess, the strength, weaknesses, opportunities and threats of the organisations to assess their current status, thereby clarifying issues in a balanced manner and in the process picking up where the “gaps” exist and where interventions are necessary for the success of a potential SAFOD research project in Lesotho.

The concept of participatory research is premised on the basis that research should be de-elitised and de-mystified thereby making it an intellectual tool which ordinary people can use to improve their lives. In the context of this assignment the participation of disabled people was vital and incorporated all the key processes explained in relation to emancipatory research above.

### **6.2 The importance of conducting a participatory research needs assessment for Lesotho**

In the context of Lesotho the research needs assessment focused on the ability of individual disabled people, DPOs and relevant stakeholders’ capacity to successfully deliver on disability related research projects and generally on their core programmes. The importance of the capacity needs assessment was valuable for several reasons. It is important that preceding a potentially huge investment into a research project or any other project in Lesotho by SAFOD, a properly supported strategy formulation should be in existence.

The findings of this current study should to a great extent inform or contribute to the capacity intervention strategies necessary among Lesotho DPOs to engage in comprehensive needs assessment and to deliver on their organisational core business. The interaction of the research team with DPOs’ Board members, secretariat staff and other stakeholders presented a reciprocal learning opportunity and empowerment on the diverse issues discussed during this research. The needs assessment exercise identified areas needing transformation thereby creating interests among participants and challenging them to advocate for identified needs.

### **6.3 Participatory processes/structures of DPOs in Lesotho**

The Lesotho National Federation of Organisations of the Disabled (LNFOD) is the National Umbrella body for DPOs in the country. LNFOD has a number of DPOs affiliated to it and has been active in Lesotho since 1991. DPOS in Lesotho have some organisational/managerial structures that were established to represent the interests of disabled people. It is apparent right from the mother body, LNFOD, that the preferred structure for governance of organisations are the DPO Boards. These are extremely well entrenched and they wield significant political power. Board members often come with invaluable administrative experience and expertise. The secretariat of DPOs is responsible for implementing the programmes/projects.

The participatory processes for national issues are co-ordinated through LNFOD Board and secretariat staff and filtered to the various affiliated organisations through their own Boards and secretariat staff and individual disabled people as well as relevant stakeholders. The various DPOs are aware of the particular issues for which they were established. However, inadequate resources, both financial and material, have a negative impact on the effectiveness and cohesion of these structures subsequently, negatively affecting mandate execution and hindering the full participation of disabled people.

It should be acknowledged, that in addition to a lack of adequate resources, DPOs in Lesotho have to operate under very difficult conditions within and without their organisational structures. The spectre of discrimination against disabled people in Lesotho is still a matter of great concern and hence many disabled people in Lesotho have little or no access to education, the geographical terrain in Lesotho is an ever present barrier to access to even the most basic opportunities and needs of many people and more so, the disabled people in Lesotho. Additionally, politically, there is a lot that needs to be done for issues of disability to receive the necessary political support. These factors limit/hinders the participation of disabled people in effectively participating in needs analysis assessments and proposed research project by SAFOD.

## **7. The Lesotho National Federation of Organisations of the Disabled (LNFOD)**

### **Organisational Needs and Capacity**

#### **7.1 The Organisation**

LNFOD was formed by disabled people as the coordinating organ for DPO in Lesotho. Its focus is to strengthen the DPO and disabled people in Lesotho by advocating and lobbying for social change that result into tangible benefits for its constituency. LNFOD'S approach to disability is from a human rights approach with the emphasises of breaking the many barriers that excludes disabled people from accessing opportunities and attaining the best possible life in society.

#### **7.2 Its Activities**

LNFOD has been successful in its role as a co-ordinating structure for DPOs as evidenced by the number partner organisations and the success of its programmes. Its publications, "Ntoe Leng" and 'Breaking the Barrier' Living with disability in Lesotho" are inter-alia, evidence of their ability to work in partnership with DPOs and relevant non-governmental organisations in Lesotho. "Breaking the barriers" portrayed the lives of ten people living with disabilities in a photo exhibition and their challenges of living in a society where they are marginalised. "Ntoe leng". which means "one voice" newsletter will highlight the latest news from the disability movement in Lesotho and it has the potential of giving them the publicity which is essential for their visibility as an organisation and for sensitising people on disability issues.

The programme activities of LNFOD focus on capacity of DPOs, women and human rights, HIV/AIDS and disability, sensitization and awareness raising activities. Currently LNFOD' priority activity is advocacy aimed at policy and legal change in Lesotho.

#### **7.3 LNFOD Advocacy Strategy**

Recently, LNFOD initiated and adopted an "Advocacy Strategy 2008-2011" which, outlines and prioritise the needs of DPOs. The strategy identifies aims and objectives, key targets and, "channels of influence" to assist with the implementation of the plan. Further, it contains an operational plan and timeframes for achieving identified objectives. LNFOD, as the co-ordinating organisation must be complimented for this significance achievement. The advocacy plan brings to the fore important issues in respect of the participatory needs assessment and capacity building for DPOs in Lesotho.

The main problem identified in the participatory needs assessment by LNFOD and DPOs is that the discrimination of disabled people is rampant preventing them from accessing equal opportunities in politics, employment, education, health and participating in cultural, recreational and sporting activities. A combination of these institutional, attitudinal, economic and institutional barriers is compounded by the absence of any comprehensive laws, policies and procedures that specifically address disability issues in Lesotho. Disabled people in Lesotho remain marginalised and vulnerable.

LNFOD's advocacy strategy specifically targets the relevant government ministry to ensure that the relevant laws are passed. The major advocacy and lobbying efforts are directed at the Lesotho Foreign Ministry to join, sign and ratify the Convention on the Rights of Persons with Disabilities, 2006 and the Ministry of Health and Social Welfare that has initiated the drafting of the National Disability Policy and a draft Disability Bill.



### **7.3.1 Strength and Opportunities evident in the Advocacy Strategy**

The plan is a product of a consultative process and participants were stakeholders from DPOs themselves. LNFOD as the representative of DPOs and disabled people has shown that it is strategically placed to bring together all stakeholders and to identify issues that are essential to bring about real and significant change in the country. The participation and corroboration of DPOs in identifying and prioritising their needs is essential for disabled people to be strengthened to a force to be recognised by government and other service providers. The comprehensiveness of the plan illustrates the wide knowledge base on disability at LNFOD's disposal and the benefit of the availability of an advocate specialist to drive the whole process.

The strategy advocates for disability issues to be viewed from a social model and a human rights approach. LNFOD has recognised the importance of uniting and networking with all the stakeholders in the disability sector to solve problems and aspire for the same goals. Potential organisations for alliance- building are identified in the strategy.

LNFOD is able to combine identified advocacy activities under their current funding. The envisaged activities are well articulated with time-frames. The activities are planning and internal communication, research and policy analysis, lobbying, alliance building, activism/social mobilization, media, materials and publications and celebrating special events.

### **7.3.2 Shortcomings/Weaknesses and Threats to Advocacy Strategy**

LNFOD has an advocate specialist working with them until mid 2009 and he was instrumental in coordinating the advocacy plan and strategy with the assistance of DPOs and other stakeholders. There is therefore, a need for a continuity plan so that when he leaves the plan does not lose momentum. Within LNFOD, and DPOs in general there is a severe lack of resources and skills around advocacy issues. Further, there are no statistics or reliable data to support advocacy efforts.

LNFOD has a major challenge regarding the participation of disabled people who are not members of DPO and their rural constituency. Rural disabled people are even more vulnerable compared to their urban counterparts as access to services and information is hindered by many factors including difficult terrain, lack of telephones and poverty.

The advocacy strategy does not have a monitoring and evaluation plan.

## **7.4 LNFOD Organisational Capacity**

United Nations Development Plan (UNDP) and the UN Division of Law of the Sea (UNDOALOS) in 1994, defined, " capacity building involves human resource development , the development of organisations and promoting the emergence of an overall policy environment conducive to the generation of appropriate responses to emerging needs" (UNDP/UNDOALOS 1994). In the context of DPO research needs assessment and capacity building in Lesotho, the process is key to supporting a research strategy formulation preceding an investment by SAFOD and its partners.

LNFOD conducted its own internal organisational strengths, weaknesses, opportunities and threats analysis (SWOT). The research team interacted with the staff and Board members at LNFOD, made observations and had in depth discussion on swot issues of the organisation. In some cases the internal findings by LNFOD are corroborated. Our conclusions were as follows:

Strength

- The secretariat staff at LNFOD has wide knowledge of current disability issues and trends and are keen learners who are willing to share the acquired knowledge with partner organisations.
- LNFOD is recognised as the legitimate federation for DPOs in Lesotho and is recognised nationally and internationally.
- LNFOD has permanent offices and they enjoy ongoing support from Norwegian Association of the Disabled and other funders
- LNFOD employs professional staff, some who are graduates and an advocacy specialist
- LNFOD is capable of coordinating DPO activities in Lesotho
- Success of LNFOD is reflected in its publications and programmes
- The organisation is capable of harnessing resources
- Staff members have the potential to do research

### **Weaknesses**

- Lack of/poor leadership for staff and visible conflict between LNFOD staff and management/Board.
- Too many activities LNFOD should streamline its activities and concentrate on its core business.
- Inadequate capacity /lack of resources and shortage of staff
- Lack of knowledge on how to use research for policy analysis, lobbying and advocacy
- Poor management/administration and communication with DPOs in general and specifically with rural DPO.
- No strategy to communicate and call for participation of disabled people who are not members of DPOs.
- Lack of cooperation between LNFOD and the Rehabilitation Unit
- Poor communication internally within LNFOD and externally
- Lack of strategy towards influencing government policies and budgets where the disabled people are already participating such as the Ministry of Education special education, the Rehabilitation Unit, in the Ministry of Health and Social Welfare
- Failure to harness resources of DPOs that service same constituents
- No dispute resolution mechanism available for them to deal with warring DPOs
- Slow in influencing government to enact disability-related legislation which should be part of their core reason for existence
- Need to scale down and tackle projects which justify their existence and exact efforts on projects which will translate to tangible benefits for disabled people in Lesotho.

### **Opportunities**

- Take advantage of the Ministry of Health and Social Welfare's responsive approach by finding ways of influencing the community based rehabilitation (CBR) projects.
- CBR projects have its goals as respect for human rights, socio economic development and poverty reduction for disabled people. LNFOD should endeavour to harness these available resources to benefit more disabled people and give such project their full support.
- The Ministry has also identified and recognised important principles of participation, inclusion, sustainability and self advocacy for CBR projects. LNFOD and DPOs should they participate and learn lessons for this process and critique the processes
- LNFOD's links with local non-governmental organisations(NGOs), DPOs, SAFOD and other national and international partners
- Capacity of LNFOD to fundraise for activities and events
- The goodwill and name of LNFOD
- LNFOD'S community involvement

- The political situation in Lesotho is conducive to push for human rights of disabled people
- Opportunities to learn and benchmark disability-related laws. Legislation and procedures from other countries etc

### **Threats**

- Staff turnover must be managed to ensure continuity of project as this create a vacuum
- Lack of participatory planning by government
- Lack of adequate leadership skills
- Lack of fundraising skills within LNFOD and DPOs
- Uncertainty of donor funding
- Taking on many projects and over committing to donors
- Lack of reliable research data to support strategies, advocacy and services,
- Lack of public knowledge and absence of the properly researched data on social taboos and negative attitudes

## **7.5 Conclusions**

The organisational capacity of LNFOD to successfully achieve their core role in Lesotho is crucial. Capacity deficits within LNFOD will inevitably affect DPOs in Lesotho who rely on the leadership of the federation. Hence, for LNFOD to assist in the envisaged SAFOD research project the issue of capacity building has to be addressed.

LNFOD and DPOs in Lesotho do have some organisational/managerial structures in place that have a potential of managing the participatory needs assessment of disabled people.

Strategic human rights enforcement for the benefit of disabled people in Lesotho should utilise a legal advocacy approach that combines different methods including public awareness, lobbying, and other tools, based on the specific needs assessment of the objectives of DPOs, the identification of legal space. Respondents in the research, pointed to the need for an approach will include helping organisations of disabled people and individuals at local levels in Lesotho by:

- Enhancing the development and strengthening of implementation mechanisms for national and regional/local policies through research
- Examination of ongoing government programmes and projects with a view to strengthening disability components in those programmes and projects.
- Identification of new programmes and project possibilities for technical co-operation with other disability agencies and dissemination of this information to planning and executing agencies at government level.
- Providing enabling mechanisms for the disability sector in Lesotho, particularly organisations of disabled people to inform planning at national and local government level.
- Enhancing the skills of disabled people in the analysis of policy issues, policy formulation, programme development as well as the monitoring and evaluation of project implementation.
- Evaluation of past policies and research their relevance and application
- Encouraging action based-research.
- Ensuring the participation of persons with disabilities
- Validating the available/new data on disability

## **8. Lesotho Society of the Mentally Handicapped Persons (LSMHP)**

### **8.1 The Organisation**

The LSMHP was founded in 1992 to protect the rights of people with intellectual disabilities to realise their full potential and to achieve full social rights for those affected. The organisation has a clear human rights based approach to its activities and programmes. Currently it has branches all over the country and a good rural presence. The activities target the empowerment of and parents, families and the relatives of disabled people to cope in society. Parents and families of mentally handicapped persons play a major role in the success of LSMHP's. Parents, with some training and empowerment take on the role of facilitators or trainers to assist their beloved children and relatives who are mentally handicapped. LSMHP enjoys support of various patrons from the community.

LSMHP has over the years pushed for inclusive education for children with disabilities with some success although a lot remains to be done in that area. In the area of sport some corroboration has been done with the Special Olympics where mentally handicapped children have participated in indoor and outdoor sports. The discussion with the Director of LSMHP, who is also a member of the organisation's Board revealed important organisational issues about the organisation.

### **8.2 Organisational Capacity of LSMHP**

#### **Strength**

- Enjoys the support of parents, families and many well wishers
- Empowers parents, families and mentally handicapped persons
- Membership includes parents of children with other disabilities
- Good funding base such as the Norwegian government etc
- Capacity to push for the rights to inclusive education of children with mental disabilities.
- Strong Human rights approach
- Good strategy of empowering parents hence sensitising community on disability issues/ Benefit of strategy immense
- Staff empowered on advocacy skills
- Respect for communities it serves
- Facilitates a youth development programme
- Good networking partners including its membership with LNFOD

#### **Weaknesses**

- Insufficient/inadequate capacity to coordinate projects
- Lack of resources
- Services not supported by reliable data
- Staff shortages

#### **Opportunities**

- Availability of partners willing to enhance skill of staff in identified area such as Skillshare International Lesotho
- Parents and community involvement
- Firm roots in rural areas
- Linkages with other DPOs and NGOs

## **Threats**

- Poverty of people with mental disabilities
- Negative social attitudes
- Children with severe mental disabilities are still not accepted in any form of schooling.

## **8.3 Research and Capacity Needs**

Currently there are no statistics on the number of people LSMHP provides services to. The director expressed the difficulties of working without any proper basis for decision making and for budget preparations. Research on the number of people needing their support is a priority area.

LSMHP does have the interest and potential for carrying out research if their current challenges are addressed. The major drawbacks are staff and material resource shortages. In terms of capacity, different levels of training in research is required through courses, workshops and simulated exercises.

The following areas were identified as priority areas for training:

- Need to understand how to use the research to do policy analysis
- Leadership training
- Project management, monitoring and evaluation
- Lobbying, advocacy and facilitation skills.

## 9. National Association of the Deaf Lesotho (NADL)

### 9.1 The Organisation

NADL was established in 1992 by deaf people and parents of deaf children. According to the National Education Management Information System Statistics, there are 3700 deaf children in primary schools in Lesotho. NADL has a membership of around two thousand (2000) members nationally. The objectives of the organisation are numerous but main function is to advocate for the rights of deaf people and to promote the use of sign language in Lesotho.

### 9.2 Organisational Capacity

Currently the organisation has no financial support and its operations have almost halted, however their Board and some staff members continue to operate using the LNFOD facility.

The research team had an opportunity to interview the Board members as well as a staff member. From that discussion we were able to assess the organisation.

#### Strength

- Its LNFOD membership
- Individual interests in the cause of the organisations
- Preparedness by individuals who continue to work with no salaries
- Ability to recruit members even though financially strapped
- Long established experience and expertise in issue of deaf people
- Well established partners in for its advocacy work
- In past has successfully conducted sign language training
- Conducted HIV/ AIDS awareness campaign for constituency

#### Weaknesses

- Lack of resources and inadequate staff
- Lack capacity to fundraise
- Inadequate office space
- No transport to access rural constituency
- Lack of advance planning for projects funding
- Inability lobby, advocate for resources

#### Threats

- Low education of deaf people
- Negative cultural beliefs on disability issues
- Poverty

#### Opportunities

- Huge need for sign language training for deaf people, sign language interpreters to service providers and the public.
- Networking with organisations with the same constituents

### **9.3 Organisational Conflict**

Allegations that NADL does not allow its members to be assisted by HARK who can prescribe hearing aids to some deaf were denied by NADL. NADL indicated that their major focus was promoting sign language and not hearing aids and that deaf people were free to use HARK's services.

As indicated above NADL should endeavour to solve its differences with HARK as that relationship will benefit deaf people in Lesotho.

#### **Conclusion**

NADL is currently struggling to get funding for their activities. The organisation has a strategic plan and getting financial resources is a major challenge for them. Until the basic problems such as fundraising, leadership and staffing problems are addressed it will not be possible for them to tackle new projects such as engaging in research.

# 10. Hearing Assessment and Research Centre (HARK) Lesotho

## 10.1 The Organisation

HARK is a mobile hearing and assessment and research clinic, specially fitted in a Land Rover Defender 130 ambulance with a specialist body built to Sound Seekers' own specifications. Sound Seekers, is an organisation that funds HARK projects in many countries including Lesotho. The vehicle is equipped with a generator to enable electronic audiology testing of patients in rural areas that lack electricity.

Hark staff are specialised audiologists and nurses who trained to assess a person's hearing and the health of the ear. HARK assists people with hearing impairments by providing hearing aids and assesses people with different degrees of hearing problems and offers solutions.

Sound Seekers' policy is to support a project for three years during which all technical support and training is provided. The project is then handed over to the local agencies to be incorporated into, and sustained as part of the local health and education services. Hark, Lesotho was handed over at the end of 2006 and now operates as an independent specialist project under the auspices of the Ministry of Health, dovetailing with services of the Ear, Nose and Throat Department at the Queen Elizabeth II Hospital in Maseru. The Government of Lesotho supports the organization by providing free office accommodation, storage facilities and provides for staff salaries.

## 10.3 Organisational Capacity

Discussions on the organisation's capacity were held with the team leader and audiologist at HARK. Our assessment of the organisation and its potential was as follows:

### **Strength**

- Its continued existence after being handed over by Sound Seekers at the end 2006
- Availability of specialist equipment and the capacity to manage it
- Highly trained specialised staff members
- Extensive experience in the field of expertise
- Availability and willingness of HARK to support identified further training in future.
- Noteworthy project achievement, such as, visiting 326 health clinics and screening 24,928 people, of which 89% were new patients during the period 2004 to 2006.
- Goodwill of the name
- Government of Lesotho has signed an agreement with Sound Seeker undertaking to support project aspects such as staff salaries and accommodation

### **Weaknesses**

- Inadequate capacity and lack of resources such as computers and software
- Poor communication and networking with DPOs
- No sign language expertise within organisation

### **Opportunities**

- Ministry of Health's support and responsiveness to needs
- Training opportunities and availability of funder



- Well established service for rural disabled people
- Skill transfer for future

### **Threats**

- Staff turnover
- No governance structure in place for fundraising etc
- Reliability on one funder
- Conflict with other DPO serving the same constituency

### **10.4 Organisational Challenge: Conflict**

HARK has a major disagreement with National Association of the Deaf Lesotho (NADL), a key and very powerfully DPO for deaf people. Ideally, NADL would be a strategic and an ideal partner for HARK as they all deal with people with hearing challenges. The dispute is historic, allegations are that in the past hearing aids distributed by HARK and used in Lesotho have caused more damage than improve the hearing of individuals who have used them.

It is further alleged that NADL refuses to work with HARK and encourages disabled people with hearing problems not to accept assistance or aid from HARK. NADL, on the other hand stated that their priority is sign language and not hearing aids and disabled people are free to approach HARK.

Availability of resources would make a difference as these would have been used as a basis for research to establish the truth about these allegations. The two organisations deal with the same disabled people and the dispute impedes free and informed participation which is crucial as DPOs operate from a weak position with respect to advocacy and lobbying. The most reasonable approach for struggling DPOs is to integrate and cooperate/ share scarce resources where possible.

### **10.5 Priority needs required**

Human and material shortages are a major challenge for the organisation. The whole country is serviced by only three staff members. The work involves travelling and vehicles are in short supply. In addition, they occupy one small office and use very old computers. The nature of the work requires very special equipment which is currently inadequate and storage space is a major challenge.

### **10.6 Research opportunities**

There are no current statistics on the number of people with hearing disabilities and HARK has an interest to conduct research in this area. HARK has a potential to conduct research if the shortcomings in the organisation are addressed. HARK and NADL can complement each other in research projects if their differences are resolved.

### **10.7 Conclusion**

HARK has a great potential of taking a leading and recognisable role among deaf people in the country, as an independent organisation. Its specialisation area is unique and it is important that the organisation re-invent itself in order to achieve sustainability and to put in place a governance structure that is credible and attractive to donors. Fundraising opportunities and efforts must be pursued vigorously if HARK has to maintain its specialised equipment for assessing patients with hearing problem.

# **I I. Rehabilitation Unit:**

## **Ministry Of Health And Social Welfare**

The Ministry of Health and Social Welfare houses the Rehabilitation Unit which offers free services to disabled people. These services include free medical examination and free assistive devices if the person qualifies after physical assessment and affordability evaluation conducted by Rehabilitation officers. There is no disability grant in Lesotho for disabled people in Lesotho.

The Ministry has embarked on a holistic approach to community based rehabilitation (CBR). The set goals for the CBR are to adopt a human rights approach to disability, explore ways of socio-economic development and poverty reduction for disabled people on their programme. They have also adopted the principles of participation, inclusion, self advocacy by disabled people and sustainability in all CBR projects. The Unit has a comprehensive work plan for 2008.

### ***11.1 Community Based Rehabilitation Unit: Issues***

The CBR unit, in a workshop with participants from the district and national CBR Resource Team, LNFOD and DPOs has identified some of the challenges it faces in its service delivery role to disabled people in relation to health, education, livelihood, empowerment and social issues. The research team made observations and had discussions with the Rehabilitation Officers and can corroborate the departmental findings as well make the following conclusions:

#### ***Health Issue***

- Lack of qualified staff to enhance service delivery such as sign language.
- Negative cultural attitudes that prevents disabled people from accessing health facilities and benefits.
- Lack of communication and cooperation between CBR workers

#### ***Education***

- Lack of capacity in terms of staff who can educate learners with hearing impairment
- Learners with hearing impairment not easily accessible as there is a shortage of people capable of communicating in sign language
- Shortage of material addressing relevant emerging issues
- Environmental barriers such as inaccessible school buildings prevents learners with physical
- Learners with low vision and who are deaf drop off school from very early age
- Staff needing training in disability issues

#### ***Livelihood***

- Disabled people are discriminated in employment
- Disabled people lack skills and struggle to set their own businesses
- Lack of fundraising skills and capacity among disabled people

#### ***Empowerment***

- The Unit is still struggling to mobilise disabled people and other people to support their CBR Plans and principles
- Lack of capacity
- Lack of support for strategy from top decision makers

- Lack of sign language and Braille materials prevents participation of some disabled people Social
- Lack of Braille press and sign language prevents disabled from accessing information
- Lack of recreational facilities suitable for use by disabled people

## **11.2 Conclusion**

The Ministry is currently finalising The National Disability and Rehabilitation Policy aimed at guiding designs for disability-specific, public policies and programmes to ensure meaningful inclusion of disabled people into the mainstream society. The legislation is long over due and the Ministry must be commended for its efforts. DPOs in Lesotho should not miss the opportunity to monitor this piece of legislation. DPOs in Lesotho must continue to hold the government accountable for the slow pace of enacting disability specific laws.

## **I 2. Special Needs in Education:** **Ministry of Education**

Special needs educator interviewed revealed the important aspects regarding the education of disabled people in the country. Lesotho has free education for all in primary school pupils but it is not applicable to disabled who do not benefit from the curricula and the current unfriendly environment in schools.

Teaching and learning material is still very rigid and does not address the needs of children with different disabilities. Schools remain inaccessible due to variety of reasons and the absence of special equipment and/or devices for disabled people with different challenges makes it impossible for pupils to exercise their right to free education. Visually Impaired pupils are not educated beyond primary school level. Physically disabled children can go up to secondary school. Intellectual and hearing impaired pupils are least developed with little or no education. There is a severe shortage of special needs staff members and at the time of this visit only four teachers were servicing the needs of 200 primary schools.

### ***12.1 Challenges and constrains in Special Education***

The educator identified the constraint and challenges which need to be addressed for disabled children to access educational opportunities:

- There is a gap between senior key staff members in the department who influence policy and budgets and the staff members who work directly with learners.
- Critical shortage of staff
- The absence of disability specific legislation, policy and laws protecting learner's right to education
- The lack of any reliable data or research on the failures and achievements of the current education system vis a vis disabled children
- Attitudinal and cultural beliefs exist and they are detrimental to disabled children, some are hidden by parents in their homes
- Disabled people in general lack confidence and fail to articulate their needs
- Public's negative attitudes towards disability should change if mainstreaming disability issues is to succeed.

### ***12.2 Conclusion***

Evidence gathered during the research, highlight the need to develop strategies that create social change and protect human rights in education. It is important to first have a clear understanding of sector objectives in education, and the institutions of government and society that could contribute to achieving these objectives. It was also evident that there is the need to train specifically education officials and government employees in disability policies and practice issues in order to develop the required change in attitudes and competencies to work effectively with disability issues.

# **I 3. Findings of the Capacity Needs Assessment: Governance of DPOS Boards**

## ***13.1 Existing capacity***

A number of findings emerged from the analysis of the Board Measurement tool administered to DPOs in Lesotho. This tool was used to measure the effectiveness of DPOs' governance capacity to lead organisation.

## ***13.2 Selection and compositions for DPO Boards***

It is apparent right from the mother body, LNFOD, that most of the DPO Boards are extremely well entrenched and wield significant power. The selection and composition of these Boards is very political. Appointments to the Board do not take into account the core competencies or skills needed to deal with governance issues in organisations. However, Board members often come with invaluable administrative experience and expertise acquired over a period of time. They have been the preferred governance structures for DPOs in Lesotho for a long time. The assessment confirmed that there is a severe lack of core competencies, skills and knowledge required for DPOs to successfully manage and deliver on substantive issues of programmes.

On average all the respondents scored themselves moderately high on the selection and composition of their governing boards. The boards have a good gender balance except the LSMHP which has only one male member and six females. The board members are interested in the work of their organisations as evidenced by the frequency of their meetings which can be once or twice a month. However, it was felt that the board members interfere with the day to day management of organisations.

The research also revealed that across the DPOs, there were under-currents of conflict which were especially pronounced between Board Chairpersons and Executive Directors, Board members and Secretariat staff as well as Executive Directors and their staff. This affected organisational cohesion, cooperation and prevented effective communication essential for the smooth running of the organisation. Observations would seem to reveal that most of these conflicts are emanating from a failure to implement regulatory mechanisms as well as misunderstanding of duties and obligations of Board Members vis a vis DPOs staff members.

### ***13.2.1 Orientation and Training***

Board respondents rated themselves from high to moderate, with NADL rating itself poorly. From the interviews it was clear that board members are generally aware that their effectiveness depends on understanding their roles and duties in the organisation. The assessment revealed that many board members are not properly oriented and trained on their roles and duties as board members and they learn some aspects as they serve their term/s. Further, Board members could not produce any manual or evidence of orientation and training programmes for new members. The secretariat specifically mentioned that there is a need for Board Members to be trained on their role within governance structures of DPOs.

### ***13.2.2 Structure and Organisation***

The response to statements on structure and organisations of Boards varied from very high, above average and poor. The interviews established that there are no follow-ups, reviews and evaluation of Board Committee assignments.

The research also revealed that DPOs were making effort in documenting minutes of their meetings. This was especially encouraging amongst DPO Boards. However, proper archiving and accessibility are an issue needing attention.

It is noteworthy that most DPO Boards in Lesotho indeed have in place clear structures and are well organised. Proper adherence to regulatory mechanisms and procedures is however an issue. This creates gaps and can be attributed to the absence/lack of managerial skills.

### **13.2.3 Board at Work Rating**

DPOs Board Members respondents rated themselves moderately high. The assessment revealed that there is a general lack of fundraising expertise among Board members. This was very evident as some DPOs' programmes have stopped due to lack of funding.

The assessment also indicated that there is a need for Board members to do adequate preparations before meetings.

DPO Boards were conscious of the need to periodically evaluate and review their work as well as the work of their Committees. This should be applauded. However, there are limitations to the effectiveness of these efforts emanating from a lack of proper evaluation and review structures in most of the Boards.

## **14. Findings Of The Capacity Needs Assessment: Governance Of DPOS In Lesotho**

### **14.1 Existing capacity within DPOs: Research skills**

None of the respondents has any special training in research. Secretariat staff members have training background in different professional disciplines and they can competently participate in research projects. The availability of such personnel is distributed among DPOs and stakeholders dealing with disability issues as follows:

- LNFOD, the advocacy specialist, the director and the programme officer and two women on the Board
- Health and Social Welfare Rehabilitation Unit, the Chief Rehabilitation Officer
- Lesotho National League of Visually Impaired People, the Director and the Administrative Secretary
- Hearing Assessment and Research Centre, the Team Leader and Clinical Audiologist and two Nurses
- Lesotho Society for the Mentally Handicapped Persons, the Director
- Special Education, four Teachers
- National Association of the Deaf-Lesotho, one Programme Officer
- Itjareng Vocational and Training Centre, the Director and Teachers.

### **14.2 Priority training and areas to enhance**

Information acquired reveal that there is a need for various training in the following areas:

- Using research for policy analysis
- Evaluation and monitoring of projects
- DPOs, forms of participation in research
- Project Management
- Research Methodologies
- Use of technology in Research and software packages available
- Training fieldworkers
- Designing tools for research

The secretariat staff also revealed that there are areas that need to be enhanced for them to engage in research:

- Staffing shortages need to be addressed to free staff to engage in research
- Integration and prioritising DPO needs as well coordinating research resources, including partnering with relevant government department where necessary such as Department of Statistics etc, non-governmental organisations and other interested stakeholders.
- DPOs must also stick to their core business.
- There is a need to improve access and reliable communication. Budgets for field research projects would need to take into account the geographical terrain of Lesotho and the challenge it poses.

### ***14.3 Marginalisation and Vulnerability of Disabled People***

The main problem identified in the participatory needs assessment by LNFOD and DPOs is that the discrimination of disabled people is rampant, preventing them from accessing equal opportunities in politics, employment, education, health and participating in cultural, recreational and sporting activities. A combination of these institutional, attitudinal and economic barriers is compounded by the absence of any comprehensive laws, policies and procedures that specifically address disability issues in Lesotho. Disabled people in Lesotho remain marginalised and vulnerable and this impedes their participation in a participatory manner. There is a need for disabled people to engage in legal advocacy that addresses these various barriers.

### ***14.4 Existing organisational and managerial Structures***

LNFOD and DPOs in Lesotho do have some organisational/managerial structures in place that have potentials of managing the participatory needs assessment of disabled people. However, inadequate resources, both financial and material, have a negative impact on the effectiveness and cohesion of these structures subsequently, negatively affecting mandate execution and the participation of disabled people in identifying their needs.

### ***14.5 The role of LNFOD***

The organisational capacity of LNFOD to successfully achieve their core role in Lesotho is crucial. Capacity deficits within LNFOD will inevitably affect DPOs in Lesotho who rely on the leadership of the federation. Hence, for LNFOD to assist in the envisaged SAFOD research project the issue of capacity building has to be addressed.

### ***14.6 Legislation***

Currently there is no disability specific legislation in Lesotho. However, the Ministry is currently finalising The National Disability and Rehabilitation Policy aimed at guiding designs for disability-specific, public policies and programmes to ensure meaningful inclusion of disabled people into the mainstream society.



## **15. Recommendations of Governing Boards**

### **15.1**

The selection and appointment of Board members must take into account the skills needs for the particular DPO. This will among other things, strengthen DPO Boards as well as improve the Board's effectiveness.

### **15.2**

The selection and appointment of Board members must also consider co-opting persons who possess specific skills which are essential to the smooth functioning of the particular DPO. It is evident from the research that, most DPOs in Lesotho urgently require persons with training and/or skills in project management, financial management, fundraising, effective management skills, conflict resolution skills, legal and fiscal skills, etc. This would among other things, help Board members understand their roles and perform their duties effectively and efficiently in a well regulated and conflict free environment.

### **15.3**

Although the majority of DPO Boards have in place statements of agreement, there is a need for DPO to put in place Board Charters that clearly outline Board members' duties and obligations.

### **15.4**

Every organisation must have in place conflict resolution mechanisms. Most conflicts or perceived conflicts within DPOs in Lesotho go unresolved due to lack of policies/procedures on how to resolve them. This subsequently leads to disruptive working environment. It is therefore important that DPOs develop the necessary measures to deal with conflicts and must be assisted in having conflict resolution trainings for staff and Board members.

### **15.5**

The accurate taking down of minutes of meetings, their preservation/ archiving and accessing / availability when needed is essential for the proper functioning of any organisation. This function is invaluable in identifying and tracking issues as well as their follow-up and conclusion. It is therefore, of utmost importance that DPOs devise mechanisms for the proper documentation of minutes, their preservation/ archiving both in hard copy and electronically as a back-up. It is also essential that documented minutes are available whenever needed. DPOs are encouraged to empower organisation secretaries with the necessary skill of note/minute taking and archiving.

### **15.6**

DPO Boards in Lesotho need to incorporate evaluation and review processes and structures within their organisations. DPOs therefore need to be assisted through trainings and/or workshops on how this can be effectively done.

### **15.7**

Training of Board members on an ongoing basis must be prioritised to ensure that they are capacitated to effectively carry out and deliver their mandated duties and obligations. This is especially important when seen against the research findings that generally, DPO Boards with a fair score under this category performed well above average in the overall score ratings, whereas, those with a poor score under this category also performed poorly in their overall rating.

## **I 6. Recommendations for DPOS in Lesotho**

### **16.1 Priority Training Needs**

Information acquired from the DPOs respondents revealed that there is a need for different levels of capacity training, to enhance staff and disabled people's competence to successfully manage organisations and programmes. The capacity building should, also, equip them with professional and project management skills and expose them to technical and practice issues in the area of disability. Identified areas recommended for training are:

- Using research for policy analysis
- Evaluation and monitoring projects
- DPOs forms of needs participation in research
- Project management
- Research Methodologies
- Using technology in research and software packages available
- Training fieldworkers for research
- Designing tools for research
- Organisations and Leadership
- Fundraising
- Project monitoring and evaluation
- Dispute resolution
- Strategic planning

### **16.2 Strategic Human Rights and Legal Advocacy**

Strategic human rights enforcement for the benefit of disabled people in Lesotho should utilise a legal advocacy approach that combines different methods including public awareness, lobbying and other tools, based on the specific needs assessment of the objectives of DPOs and the identification of legal space. Respondents in the research, pointed to the need for an approach that includes helping organisations of disabled people and individuals at local levels in Lesotho by:

- Enhancing the development and strengthening of implementation mechanisms for national and regional/local policies through research.
- Examination of ongoing government programmes and projects with a view of strengthening disability components.
- Identification of new programmes and project possibilities for technical co-operation with other disability agencies and dissemination it to planning and executing agencies at government level.
- Providing enabling mechanisms for the disability sector in Lesotho, particularly organisations of disabled people to inform planning at national and local government level.
- Enhancing the skills of disabled people in the analysis of policy issues, policy formulation, programme development as well as the monitoring and evaluation of project implementation.
- Evaluation of past policies and research their relevance and application
- Encouraging action based-research.
- Ensuring the participation of disabled people.
- Validating the available/new data on disability.

### ***16.3 Utilisation of strategic partnership***

It is recommended that the training identified be addressed through various modes such as, workshops, short courses, simulated exercise etc. Academic and vocational institutions and NGO in area of training should be identified for collaborations.

## **17. Conclusion**

The rights of disabled people in Lesotho remain an illusory because of the absence of any disability specific legal protection in the country. Concrete steps should be taken to ensure that the rights of Disabled people are mainstreamed in line with the changing ethos that is taking place regionally and internationally. In addition, human rights and social models approaches to disabilities should be pursued vigorously in addressing, prioritising and identifying the needs of disabled people.

DPOs in Lesotho do have some organisational/managerial structures. They are also very alive to the particular issues for which they were established. However, inadequate resources, both financial and material, have a negative impact on the effectiveness and cohesion of these structures subsequently, negatively affecting mandate execution.

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# Appendices: Annexure A

## SOUTHERN AFRICA FEDERATION OF THE DISABLED (SAFOD) SAFOD CAPACITY ASSESSMENT INDEX (SCAI)

### Section I: Introduction

It has been widely acknowledged that insufficient capacity of development organisations hinders sustainable development. This problem however cannot simply be defined in terms of gaps in human resources, financial resources or training. The issue is a function of several aspects: limited sense of local ownership of the development processes; excessive dependency on external resources and technical assistance; inadequate considerations of broader environmental or systems factors; and poor integration and co-ordination of multiple development initiatives.

In the past decade there has been much debate and research on the efficacy of technical co-operation and the issue of capacity building. It led to better understanding of development processes and the changes necessary to make development initiatives more successful and sustainable.

This paper will introduce the concept of capacity building for Non-Governmental Organisations focusing on an approach that capacitates organisations from within, rather than from the outside. Just as we want to create sustainable change from within the community, capacity building should start from where organisations are, creating change from within.

Capacity is defined as the ability of individuals and organisations to perform functions effectively, efficiently and sustainably. Capacity is the power of something (a system, an organisation, a person) to perform or to produce.

To clarify capacity in its context it is necessary to answer the question: capacity for what? Here we narrow down capacity as the ability to solve a problem, to achieve or sustain a mission, to reach a set of objectives. Non-governmental organisations need capacity to achieve their planned objectives, to have an impact and to fulfil their organisational purpose.

Capacity building is broader than organisational development, since it includes the overall system, environment or context in which individuals, organisations and societies operate and interact. It is the process by which individuals, groups, organisations, institutions and societies increase their abilities to: (1) perform core functions, solve problems, define and achieve objectives; and (2) understand and deal with their development needs in a broad context and in a sustainable manner.

Capacity building is closely linked to the concept of learning organisations. A learning organisation is one that constantly changes and experiments by using feedback of its results to change its form and processes in ways that make it more successful. Capacity building can be seen as transforming the culture and structural designs of organisations to become real learning organisations.

Capacity building is a continuous and reciprocal process of adjusting people's attitudes, values and organisational practises while building up appropriate knowledge and skills among various stakeholders in a partnership – to strengthen each partner's ability to make effective decisions about their own lives and to take full responsibility of the consequences of such decisions.

After the introduction to the process the Toolbox continues with 6 Chapters containing the actual tools for Participatory Capacity Building:

1. Participatory Capacity Assessment: the process to facilitate self-assessment of NGO Capacity;
2. Analysing and Reporting Participatory Capacity Assessment Scores: the frameworks to reflect on the assessment results;
3. Feedback and Capacity Planning Workshop: the process to facilitate reflection on results and strategic capacity planning;
4. Implementation Planning: tools for putting wheels under the capacity building plan;
5. NGO Capacity Building Co-ordination Workshop: the processes for collaborative action of NGOs;
6. Monitoring and Evaluation of Capacity Building: the frameworks and processes to keep track of progress of capacity building efforts.

## **Section 2: Dimensions of Capacity in a systems context**

Capacity issues can be analysed at three levels which are individual, organisational and system level. Often capacity building is only addressed at the individual and organisational level. However, capacity should be understood at the systems level as well. The system is a regularly interacting or interdependent group of items forming a unified whole. All three levels must be included when assessing and planning capacity to create meaningful change.

### **1. The System**

The highest level of capacity is the broader system or enabling environment level. For some national NGOs this level covers the entire country or region they work in and all the sub-components that are involved. For other NGOs that work more sectoral (e.g. health) the system would only include those relevant components.

The systems level includes both formal and informal organisations. Only the key organisations or stakeholder within the context of the NGO are relevant, looking at the nature of the relationships between the entities.

Dimensions of capacity at the Systems Level:

- Policy Dimension: systems have a purpose to meet certain needs in society, including value systems.
- Legal/Regulatory Dimension: includes rules, laws, norms, and standards which govern the system, and which sets boundaries for an NGO.
- Management or Accountability Dimension: defines who 'manages' the system, or who is responsible for potential design, management and implementation, co-ordination, monitoring and evaluation etc. of development initiatives in the system of the NGO.
- Resource Dimension: (human, financial, information) that may be available within the system to develop and implement the NGO initiatives.
- Process Dimension: the inter-relationships, interdependencies and interactions amongst the entities, including flow of resources and information, formal and informal networks of people and supporting communications infrastructures.

### **2. The Entity or Organisation**

There are typical dimensions that need to be assessed and developed at the organisational level.

Unlike traditional capacity development and organisational strengthening which focuses on human resources, processes and organisational structures, a more comprehensive approach examines all dimensions of capacity at entity level, including its interactions within the system.

This also applies to organisational sub-units within the entity, such as project teams, work-groups etc.

Dimensions of Capacity at the Entity Level:

- Human Resource Management: the most valuable of the entity's resources and upon which change, capacity and development primarily depend.
- Financial Resource Management: both operating and capital, required for the efficient and effective functioning of the NGO, including fund-raising.
- Equitable Participation: involvement of local knowledge and stakeholders related to project access and project benefit.
- Sustainability of Program Benefits: impact of the NGOs work looking at different aspects like environmental, economic, political, institutional and cultural factors.
- Partnering: collaboration with other NGOs, donors, policy makers, and private sector entities.
- Organisational Learning: teamwork, information-sharing and capacity for generating information that leads to improvement of current practice.
- Strategic Management / Governance: board practices, planning, commitment to goals, mission and philosophy or culture.

### **3. The Individual**

The individual level is a major dimension of capacity – people, including small interpersonal networks of individuals. The individual level includes the involved management, professionals, support staff but also those who are beneficiaries or are otherwise impacted by the NGOs work (specific client groups, segments of society, etc.).

This level addresses the individual's capacity to function efficiently and effectively within the entity and within the broader system.

Often, capacity building focuses on individual skills and knowledge needed to perform job descriptions or positions. Increasingly, the dimensions of accountability, performance, values and ethics, incentives and security are becoming more important at this level.

### **Section 3: Capacity Building Processes**

Capacity building must be regarded as an organisation-wide process, involving many dimensions of the organisation and its environment.

Human Resource development is critical within this process, but it is not just limited to skills and knowledge development (e.g. through training).

The process of 'skilling-up' involves expressing thoughts and voicing opinions – the essence of meaningful contributions to capacity building from within.

There are some stages to define in capacity building:

- Setting the stage and formulating the 'entry point' of the process
- Capacity assessment
- Strategic capacity planning and bench marking
- Implementing capacity building strategies
- Sustaining capacity by ongoing monitoring and bench marking

It should be noted that on before hand nothing has been decided about the choice of capacity building strategies. In principle, everything is possible, from Appreciative Inquiry to Total Quality Management, from



Organisational Learning to Advanced Information Technology. Choice of the capacity building approach will depend on the capacity assessment and the strategic capacity planning exercises.

## **1. Capacity Building Entry Point**

Start of any capacity building exercise should be assessing the need for capacity building in the first place. This can be done by introducing the topic of capacity building to the senior management of an NGO and by assessing the actual level of knowledge and experience of capacity building within the organisation.

Capacity building may also be a tool brought in by an external partner (donor, government, client, consultant) assuming it is needed for by a particular NGO. In a way an outsider has hijacked the capacity issue from the NGO, which might cause lack of ownership at a later stage.

Before launching the assessment process, the organisation's senior management needs to determine its specific objectives in relation to the self-assessment. Options range from bench marking capacity and monitoring change over time to using the tool to initiate a comprehensive organisational development program.

The following steps must be taken before entering a capacity assessment:

- Gain a commitment to the entire process (including follow-up) from senior management.
- Determine a reasonable and adequate amount of time that the assessment team can devote to the exercise.
- Advocate the benefits of completing such an assessment.

Discuss ways in which the organisation can create a "safe environment" for those participating in the self-assessment. This could include; off-site assessment, discussion ground rules that emphasise mutual respect, and the use of an external facilitator.

Most common entry point for the capacity assessment of NGOs is the entity level, or the individual level. Capacity assessment of the organisation may for example be combined with a training needs assessment at individual level to ensure motivation to embark the process.

## **2. Participatory Capacity Assessment**

The most appropriate method for Capacity Assessment of NGOs is self-assessment or participatory assessment. This is a process whereby an assessment team with representatives of the organisations goes through an assessment exercise that provides information about the capacity of their organisation. Self-assessment has the advantage of organisational learning and building of ownership of the capacity building process.

The Participatory Capacity Assessment (PCA) presented in this toolbox uses the Participatory Organisational Evaluation Tool (POET). POET is a method that uses the "critical incident" technique to focus group discussions about organisational capacity. An assessment team is lead through a number of questions referring to incidents that have happened to their organisation in relation to capacity dimensions. Each member of the assessment team then "scores" the level of capacity, based on discussions and their own views and experiences.

Typical Capacity Dimensions used by PCA are Human Resource Management, Financial Resource Management, Equitable Participation, Partnering, Organisational Learning, Strategic Management / Governance. PCA outcomes also provide a method for bench marking of NGO capacities. When assessing the capacity of a number of similar NGOs (a cohort), for instance from one NGO sector or region, an overview of the capacity levels of these NGOs will be created in order for NGOs to compare their capacities.

Within the whole process anonymity and confidentiality is guaranteed by using coded participants' names and organisations pseudonyms. PCA can be used as a tool for monitoring capacity, when applying it on a regular (yearly) basis, but also encourages organisational reflection and learning.

Steps of PCA:

- Introducing the methodology and building the assessment team;
- Conducting a PCA session (5-6 hours), preferably by an outside facilitator
- Analysing and reporting PCA Scores

### **3. Strategic Capacity Planning and bench marking**

Next step in the capacity building process is to plan strategies based on the assessment. First the NGO must prioritise the capacity dimensions using the results of the PCA. The NGO might choose capacities that are relatively low, focusing on 'weaknesses'. On the other hand the NGO might also want to build on existing strengths in its capacity.

After prioritisation specific objectives must be set with regards to the capacities that have the highest priority. These objectives should be designed in a consensus workshop with internal staff, and must be as realistic as possible.

Examples of capacity objectives include:

- Improvement of the PCA results in absolute terms; e.g. increased score for financial resource management from 58 to 70, within 3 years.
- Improvement of PCA results in relation to other NGO's scores (bench marking); e.g. scoring higher than the cohort means score in at least 5 of the 7 capacity dimensions.
- Improvement of consensus on organisations capacity; e.g. increased average score on consensus from 56 to 70, within 1 year.
- Decrease of dependency on external funding; e.g. decreased percentage of external funding from 99% to 80% in 2 years.
- Minimum of 2 new local income sources generated.
- Decreased staff turnover, etc.

After establishing the capacity objectives strategies can be drawn up. These may include examples like:

- Organisational Change methodologies, like Appreciative Inquiry, Total Quality Management, Coaching for Breakthroughs, Organisational Learning, Systems Transformation, Advanced Information Technology, the Problem Solving Method etc. These methods can be applied by training management in new management tools, or by consultations of external experts;
- Staff improvement: On-the-job training of staff, staff exchange with other NGOs, regular training programmes;
- Enhancing staff recruitment, staff incentives, and staff career plans;
- Improving information technology and communication, etc.

Some strategies require additional resources that need to be mobilised. Other strategies may be implemented within the regular program and with existing means. NGOs can also work on collaborative actions in capacity building by developing joint strategies and plans.

Tools for this part of capacity building are the Feedback and Capacity Planning Workshop and the Collaboration Seminar for NGOs.

#### **4. Implementing and Sustaining Capacity Building**

Implementation of Capacity Building strategies may be done by a special capacity team within the NGO or may be managed by one capacity manager. The human resource manager or executive director typically does this; however, a growth and development manager might do it.

Keeping track of capacity building activities is very important, in particular when 'non tangible' strategies are chosen like change management tools. One way to do this is to keep NGO staff informed about the things that are happening, for instance in a frequent capacity newsletter.

Other ways of tracking the capacity are follow-up meetings, regular PCB Impact assessments and doing an evaluating POET exercise with the NGO and NGOs in a 'cohort' to compare the results of capacity building activities.

Methods for this part described in this toolbox are Implementation Planning Workshops and Monitoring and Evaluation of Capacity Building to introduce this methodology and its origins.

#### Section 3: Participatory Organisational Evaluation Tool

##### **a) What is POET?**

POET is an acronym that stands for Participatory Organisational Evaluation Tool. It is also two concepts rolled into one: a tool, and a process.

As an organisational capacity assessment tool, CSOs (Civil Society Organisations) and their partners use POET to measure and profile organisational capacities and consensus levels in seven critical areas, and assess, over time, the impact of these activities on organisational capacity (benchmarking). As an organisational development process, CSOs and their partners use POET to build capacity by bringing staff together in cross-functional, cross-hierarchical groups for open exchange; to identify divergent viewpoints to foster growth; to create consensus around future organisational capacity development activities; and, to select, implement and track organisational change and development strategies.

POET was developed in 1998 by Beryl Levinger of Education Development Center and Evan Bloom of Pact with assistance from the United Nations Development Programme and numerous CSO colleagues. Based on a methodology called PROSE (Participatory, Results-Oriented Self-Evaluation), POET focuses on the needs of a very specific user population, Southern CSOs and their partners.

##### **b) What is PROSE, the methodology behind POET?**

PROSE stands for Participatory, Results-Oriented, Self-Evaluation, a new methodology for assessing and enhancing organisational capacities.

PROSE is designed for use by service organisations, schools, and government units committed to dramatically improve their ability to promote significant, positive, and lasting change. PROSE is suitable for assessing capacity and catalyzing organisational change in relation to such concerns as: practices related to exceeding customer expectations, organisational effectiveness in achieving mission, community participation, equity, decentralisation, and managerial effectiveness.

The following steps outline the PROSE methodology:

- Critical organisational capacities are identified in relation to a potential user population
- Items are created to measure the critical capacities
- Facilitators are trained
- The tool is applied
- Scores are tabulated
- Scores are reported
- Capacity-building efforts are launched using the PROSE methodology, POET is designed to:
  - Promote organisational learning and capacity-building among CSOs
  - Assist CSOs in strengthening their local partners
  - Enable funders to track the impact of their support to CSOs
  - Facilitate communication and information-sharing about capacity building within the CSO community

### **c) *The Role of the Cohort in PROSE***

A cohort is composed of organisations that want to improve performance, want to engage in deep organisational learning, and are open to change. Although most cohorts are comprised of organisations in related fields, what's most important is that cohort members agree, a priori, in general terms what issues they intend to focus on (e.g., quality of customer service; operational efficiency; the quality of linkages and partnerships with other institutions). Additionally, the cohort concept enables PROSE users to benchmark their organisation's performance against a wider group of like entities in order to accelerate progress toward goal achievement. A cohort data manager and member organisations may choose to employ internet technologies to maintain anonymity, report results or facilitate communication among cohort foster a network of innovative organisations that can lend support to one another as they pursue their individual change efforts.

### **d) *Using PROSE without a Cohort***

PROSE may be used to address the needs of a cohort, but it is also designed to assess and enhance the capacity building of a single organisation. Organisations that are not part of a cohort will not be able to study their scores in comparison with peer organisations for benchmarking purposes. However, individual organisations can still engage in the analysis of absolute and relative scores generated through the PROSE methodology and utilise companion tools.

### **e) *How POET works***

During a POET capacity-assessment session, team members alternate between group discussion and individual reflection as follows:

- The facilitator leads the assessment team through a set of two to four discussion questions about "critical incidents."
- Team members reflect independently on the discussion by responding anonymously to statements that can be answered using
- Liker-type scales ("strongly agree-strongly disagree").
- This sequence of group discussion and individual reflection is repeated until the group completes all 100 POET questions which usually take five to six hours.
- After the POET capacity-assessment session:
  - Results are scored and profiled using a variety of reporting formats and POET companion tools.
  - Additional capacity and consensus-building work is planned based on POET results.

## f) **How POET is unique**

POET was designed as a robust, easy-to-use assessment process that efficiently and effectively assists CSOs and their CSO partners in achieving meaningful, lasting change. POET differs from other organisational capacity assessment tools in several ways. It:

- Uses a “critical incident” technique to focus group discussion on common data which bolsters reliability and validity.
- Includes a consensus dimension that measures diversity of opinion among team members to enrich organisational analysis and encourage capacity-building through the analysis of divergent viewpoints.
- Offers companion tools that help participants to apply their POET results to the design of change initiatives that are firmly rooted in organisational realities.
- Employs advanced statistical techniques to ensure construct validity and reliability.
- is easy to administer (relatively little facilitator training is necessary for effective results)
- Models of sound organisational learning processes that serve as a springboard for capacity building (i.e., POET is simultaneously a tool for measuring and building capacity)

In addition, when used with a cohort of peer organisations, POET:

- Enables users to benchmark individual organisational results against a cohort of peer organisations.
- Uses the Internet where appropriate to foster communication among CSOs concerning POET findings and results as well as capacity - building efforts within the CSO community

## **Section 4: What POET measures**

POET produces two kinds of measures, a capacity score, which indicates how an organisation perceives its strengths and weaknesses with respect to the capacity areas, and a consensus score, which indicates the degree to which assessment team members agree on their assessment of organisational capacity. These two scores reflect the key concept underlying POET: meaningful organisational development occurs at the intersection of two processes--identifying perceived opinion regarding these perceptions.

### **a) Capacity Area Focus**

The seven capacity areas measured by POET are:

1. Human Resource Management staff development, recruitment, compensation (salary and benefits), personnel evaluation, and grievance and conflict resolution.
2. Financial Resource Management budgeting, forecasting, fund-raising, and cash management
3. Equitable Participation field-based program practices related to project access and project benefit
4. Sustainability of Program Benefits the impact of environmental, economic, political, institutional, and cultural factors
5. Partnering collaboration with other CSOS, donors policy makers, and private sector entities
6. Organisational Learning teamwork, information-sharing and capacity for generating information that leads to improvement of current practice
7. Strategic Management/Governance Board practices; planning practices; and, commitment to goals, mission and philosophy

## **Section 5: Technology of Participation (ToP)**

### **1. Introduction**

Technology of Participation is a world of methods that provide practical tools for enabling highly energised, productive inclusive and meaningful participation. All groups and organisations rely on how well leadership is able to inspire, catalyse, and sustain shared learning and decision making in projects, programs, management and operational work.

Structured participation enables deeper levels of commitment, greater capacity for sharing wisdom, and owning decisions arrived at collectively. Top methods enable groups to be more responsive to change and more creative in implementation. The methods encourage and develop broad-based initiative and responsibility. When used effectively and consistently, ToP methods give groups a sense of both inner and outer well-being.

### **2. Variety of methods**

Technology of Participation consists of a large number of different tools and techniques that are interrelated. These include basic group facilitation methods and advanced tools for organisational development. Some of the ToP methods are:

- Focused Conversation method
- Consensus Workshop method
- Action Planning process
- Participatory Strategic Planning process
- Participatory Project Management process

Within this participatory capacity building process ToP methods are used in different ways. The Focused Conversation method is used in the critical incidence' method of Participatory Capacity Assessment. Parts of the Participatory Strategic Planning process are used in the Feedback and Capacity Planning workshop and in Implementation Workshops.

Furthermore the philosophy and underlying principles of ToP are leading threads throughout the Participatory Capacity Building process.

### **3. Advantages of ToP methods**

- a) ToP methods apply a structure to group process, preventing a group from drifting aimlessly.
- b) ToP methods are extremely versatile, which means they work as well with groups of strangers as with long-term colleagues. They work well with groups that may never be together again and with well-established groups. They work with people of mixed backgrounds and ages, and with homogeneous groups.
- c) ToP methods provide excellent ways to focus people on a topic long enough to determine what direction is needed and to provide an effective way for a group of people involved in implementing a decision to think through issues or actions together.
- d) ToP methods provide room for real listening. People don't have to raise their voices or fight for the floor to be heard. Nor do they have to repeat previously stated positions for emphasis or to indicate agreement or support.
- e) ToP methods have a way of eliminating politicking and power plays. They encourage understanding rather than criticism. They are helpful when bringing different information or perspectives together in order to create a commonly held comprehensive or "bigger" picture of an issue or objective.

- f) ToP methods help to discourage negative thinking. Each person's comments are received, and none are disqualified or struck from the record.
- g) ToP methods draw out both the rational and emotional responses and experiences of the participants.
- h) ToP methods enable honesty: people who know that their responses will be accepted like everybody else's feel free to say what they really think and feel. The experience of such honesty is often releasing, surprising, and refreshing.

## **Section 6: Participatory Capacity Building**

Use of participatory techniques for development purposes is widely accepted. This introduction focuses on different aspects of participation and facilitation in Participatory Capacity Building. Why do we want participation? What is the needed leadership style and what are the main tasks and qualities of the facilitator?

### **I. Participation**

As its title indicates, Participatory Capacity Building wants to achieve maximum participation during the process. There are several advantages of participation in capacity building:

- Consensus and ownership will be reached to get capacity building plans implemented
- Quality assessments and plans can be made since they will use comprehensive input of available knowledge

Learning and growth is established by information sharing and innovative approaches to enhance knowledge and skills within the organisation. Of course there are also misconceptions, pitfalls and disadvantages of participation and facilitation:

- Participation is not easier. Usually participation in capacity building does not come easy. Inviting broad participation in this process risks creation of unnecessary frustrations, especially when expectations are not met. It needs clear structures, guidelines and methods that, almost paradoxically, allow for creativity and innovation to surface.
- Facilitation is not consulting, informing or training. Very often participation or facilitation is used as a cover term for a 'top-down' approach of advisory or consultative meetings. This is something different where outsiders come in to give advice or analyse problems. In the group facilitation we present in Participatory Capacity Building, we use tools and techniques to help members of a group share their expertise and insights and to collectively arrive at decisions they can uphold, own and implement. When the facilitator does not trust the group or when he has a second agenda, genuine participation will not be evoked.
- Subjectivity in assessment and planning. A real threat to the quality of the Participatory Capacity Building process may be the subjectivity or "narrowness" of the group. The process has a build-in comprehensive approach, but can never prevent subjectivity to prevail. However, it is the reality of the group that will create ownership and commitment to the process. For inclusive participation to be successful, effective facilitation skills and methods are needed. Without methods, "participation" simply becomes a situation where anyone and everyone can say and do whatever they individually want to do. This often means that little of a capacity building plan is accomplished, and many involved feel their precious time, money and energy have been wasted. Effective methods make it possible for inclusive participation to happen as a creative, productive and even empowering experience.

### **2. Leadership Styles**

The Participatory Capacity Building process needs a strong facilitator. This facilitator maybe an outsider, e.g. someone from a supporting organisation, a governmental agency or a private consultant. However, an insider, e.g. a staff member or board member, may also facilitate the process.

The leader of a Participatory Capacity Building process moves away from the authority of hierarchical leadership and toward a dynamic and empowering style embodied by the facilitative leader. Though the facilitator must be sensitive to the hierarchical structures of the organisation, he seeks ways of going beyond the limits set by structure and helps to bring out the best in individuals and groups. Adopting the style of the facilitator in the Capacity Building process means accessing the power of a group's diverse perspectives in assessing the capacity and analysing the current reality while maintaining respect and integrity within the group.

The facilitator is concerned with productive, inclusive and meaningful participation and knows methods how to engage people in the assessment and planning of the organisation's capacity. The facilitator does not tell the group what is best for them, but is able to guide the process of the group to find out what is best for them. In as much as the facilitator wants to arrive at the "right" decision for the group, he seeks and is open to analysis and decisions that will be owned and implemented by members of the organisation.

Rather than depending upon the charismatic abilities and influencing skills of one individual, the facilitator relies on and trusts in the wisdom and ability of the group, receives input without judgement and works toward an experience of success for the whole group.

Both hierarchical and facilitative leadership may be appropriate to different situations.

For Participatory Capacity Building we propose the latter one that will build on the group's reality rather than creating a new 'outsiders' perspective.

### **3. Tasks of the Facilitator**

The facilitator's first task is that of enabling the group to succeed in the Capacity Building process. Finishing a process is empowering and motivating for the participants. The facilitator uses as much precision as possible as a tool for success. This results in the group creating the capacity building plan.

Team building is the second task of the facilitator. Team building is expanding, increasing and deepening the existing relationships within the group. The facilitator uses his or her own compassion for the group as a tool toward this end. The result of team building is a consensus.

Creating group resolve is the third task of the facilitator. Creating resolve in a group is aligning its collective will in the same direction and encouraging its decision to act. The facilitator uses indirection of ideas and comments so that the group comes to their own decisions. The result is action.

Enlarging the operating context of the group is the final task of the facilitator. Enlarging the context of a group is to extend the time frame and increasing the operating world in which it works. The facilitator uses objectivity and distance from the group as tools to enlarge the group's context. The result is motivation. The danger of being too objective and distant by the facilitator is a shallow group plan.

### **4. Qualities of a facilitator**

Effective facilitation is an art requiring discipline about the method, in the use of time, and in one's own relationship to the group. Facilitating capacity building requires discipline about the use of time and being able to help the group move quicker or knowing when to shorten a step.

Facilitation requires rigor in pursuing the intent of the session. It is demanding as much depth of ideas from the group as they are willing to share. Facilitating is finally the discipline of respecting and honouring the group. Effective facilitation is the art of knowing what to change and when.



Facilitating a capacity building process requires flexibility in style and method based on the specific group you are dealing with. Facilitating it requires that the facilitator responds to the specific situation of the session, the ideas that come up, the needs of the participants, the room, etc. and not his or her own needs. It is recognising that there is never an ideal session yet every one can be a good session. Facilitating capacity building means being flexible about following the specific procedures of the method.

Effective facilitation is being fully engaged in the process by being fully responsible for its outcome. An effective facilitator is willing to risk himself in seeing that the group succeeds. The facilitator is willing to do whatever necessary for the process to produce the products intended.

Effective facilitation requires preparation: both intellectual and emotional. The facilitator is engaged with the group.

At the same time, effective facilitation requires detachment. An effective facilitator is detached from his or her own insights and ideas because it is the group's decision that has the higher priority in the capacity building process. A facilitator is detached from his or her own accomplishments; more important are the successes of the group. It is being detached from one's own emotional involvement in the process and people. The facilitator is detached from the group enough to enable it to become productive.

## **Section 7: Principles of Participatory Capacity Building**

To address issues of 'lacking' capacity many organisations seek external assistance, expertise or resources. Capacity building often turns out to be externally driven: external experts define organisation's problems and bring in external solutions. Capacity building strategies will then fail due to lack of ownership and limiting internal understanding of the problems.

Participatory Capacity Building (PCB) intends to radically break with this tradition. Guiding principles are:

- **Maximum Participation:** capacity assessment is conducted by a wide variety of people involved in the organisation and is based on their realities
- **Minimum external input:** processes may be externally facilitated but presentation and analysis of assessment results, prioritisation and decision making is done by the organisation. Capacity building strategies are mainly focused on internal solutions that do not need much external resources.
- **Comprehensiveness:** capacity assessment includes important internal and external aspects of an organisation and capacity planning is linked to all parts of the organisation. Moreover, the planning process integrates different capacity aspects when looking for underlying contradictions and strategic capacity building directions.

## **Section 8: Capacity Assessment**

Capacity assessment is the typical start of the capacity building process. Unfortunately Capacity Building might easily be misunderstood as training or staff development. Capacity building entails a wide variety of dimensions, at different levels of the organisation.

Therefore Capacity Assessment should focus on much more than human resources alone. Comprehensive assessment of NGO capacity can lead to meaningful and effective capacity building to counter weaknesses and build on strengths.

This tool for participatory capacity assessment tries to take away some misconceptions about capacity building. First of all capacity assessment and building is something that far and foremost should be employed by NGOs themselves, rather than by (relative) outsiders.

Self-assessment or participatory assessment improves insights on the organisation to the people to whom it matters. It is a tool for team learning. Secondly, this Participatory Capacity Assessment tool for NGOs tries to be comprehensive in its approach and covers a wide variety of capacity areas, using organisational history as a reference.

In this Participatory Capacity Assessment Workshop the organisation discusses 7 capacity areas:

- Human Resource Management,
- Financial Resource Management,
- Equitable Participation,
- Sustainability of Program Benefits,
- Partnering,
- Organisational Learning and
- Strategic Management/Governance.

These areas are broken down into some hundred different subjects allowing participants to thoroughly evaluate the capacity areas of the organisation and to attribute scores to different capacity items. During the workshop provisional assessment results may be presented. These results will later be analysed and interpreted in an assessment report and discussed with the organisation in the Feedback and Capacity Planning Workshop.

We propose that a full Participatory Capacity Assessment should be repeated at the end of a Capacity Building Program (e.g. after 3 years).

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# Appendices: Annexure B

## SOUTHERN AFRICA FEDERATION OF THE DISABLED (SAFOD) DPOs NEEDS ASSESSMENT FRAMEWORK (DNAF)

### Chapter 1: Why do Needs Assessment?

#### 1. What is needs assessment?

Needs assessment has been defined as the process of **measuring the extent and nature of the needs** of a particular target population so that **services can respond to them**. Needs assessment is, therefore, a valuable tool for informing the planning process.

It is important to be clear about **whose needs** are the focus of the needs assessment. Ultimately, needs assessment should focus on the **needs of the target population** rather than on the needs of **service providers**. Nevertheless, service providers have a significant contribution to make to the process.

#### **Evidence**

*“Needs assessment clarifies what the problem is and why it exists, before creating solutions.”*

*(Source: Hooper 1999)*

It is also important for the partners engaged in the needs assessment to clarify and agree what is meant by “needs”. According to Pallant (2002) **needs** exist when a benefit can be achieved from an intervention, and a measurable improvement can occur as a result of a change.

#### 2. Why do needs assessment?

Needs assessment is the key to ensuring that the required **range and capacity of services is available** and accessible to the targeted population. A good needs assessment process will:

- identify the needs of a target population in a particular area;
- help to prioritise those needs to ensure better planning of local services and more effective allocation of resources;
- develop an implementation plan that outlines how identified needs will be addressed.

The outcome of a needs assessment should be that the targeted population have their **individual assessed needs met, or met more effectively**.

The evidence is that most of the targeted population will have a **range of needs** and that a wide range of agencies and service providers may have a role in responding to those needs. This means that needs assessment is a complex task, requiring time and effort and a wide range of skills. However, if the process becomes part of on-going “core business” activity, and systems are put in place to support it, the scale of the task will be reduced and become more manageable.

#### 3. Who should do needs assessment?

Needs assessment is a strategic activity that should be closely linked to the planning process. Therefore, different partners have an important role to play in carrying out or commissioning such exercises in their area. Furthermore, needs assessment can be undertaken on a number of different levels, e.g. at a regional level,

at a community or neighbourhood level, or at the level of a single agency or service. At some point, key staff responsible for planning services at all of these levels may be required to carry out a needs assessment.

Before beginning a needs assessment, it is important to identify the right people to be involved in the process, since the implementation of agreed outcomes will be entirely dependent on these people. It will usually be helpful to set up a **steering group** whose remit is to lead the needs assessment. The steering group should bring together individuals with a range of skills and responsibilities, including data analysts. It is the task of this group to ensure that the process is done properly, that it is completed within a reasonable timescale, and that the findings result in action.

Those involved in the process should comprise:

- **those who know about the issues relating to the target population:** service providers or practitioners; people with research expertise in the area
- **those who care about those issues:** representatives from the target population, from family or carer groups, or from the wider community
- **those who can make changes happen:** managers of appropriate partner organisations / agencies; service planners and commissioners.

#### 4. What is involved in doing needs assessment?

There is no single best way of assessing the needs of a particular target population in a local area. The methods that you use will be completely dependent upon **who your target population is**, and **what you want to find out about that population**. So, before beginning to do a needs assessment, it is very important to be clear about what you want to measure, and for whom you want to measure it.

There are two approaches to needs assessment.

- The first approach establishes the needs of the target population solely on the basis of consultation with disabled people and service providers, without any prior assumptions about what those needs might be.
- The second approach assumes, on the basis of other available information, that there is a need, and then tries to determine the best ways of meeting that need among the disabled people who have it.

The methods you use for your needs assessment will depend on the approach you take. For example, you would use different methods if you want to find out about the physical and mental health needs of persons with disabilities, you would approach the problem in a different way than if you wanted to find out about the needs for information and support by the families of persons with disabilities in your area.

If you **make your question as specific and focused as possible**, you will be in a better position to choose the most suitable methods for answering the question.

Whilst the needs of disabled people, not service providers, should be the primary focus of a needs assessment, much of the information gathered in the needs assessment will come from existing services. In addition, part of the process should involve the profiling of existing services to find out, among other things, where they are located, who their clients are, and what their current capacity is.

## 5. The Components of Needs Assessment

The process of needs assessment should ordinarily involve the following components:

- a **review of the existing sources of information** relevant to disabled people
- a **profile of existing services** and description of client profile
- the views of **disabled people**
- the views of relevant **service providers**
- **analysis** and **interpretation** of the results in order to draw conclusions
- **taking action** through prioritising the identified needs, appraising the options for meeting those needs, and implementing an action plan including allocation of resources.
- **monitoring** and **evaluation** to check that the changes you have implemented are having the desired effect of meeting the needs of disabled people.

### **THINK ABOUT**

When planning a needs assessment think about:

- Making sure the needs of disabled people are the focus of the needs assessment
- Identifying the right people to be involved in the process and set up a steering group
- What you want to measure and for whom you want to measure it
- How to make your question as specific and focused as possible
- Identifying the appropriate approach to your needs assessment

## **Chapter 2: Using Existing Sources of Information**

Needs assessment involves the collection of data from a number of sources. In some cases, the data will already exist, in the form of **routinely collected data sets**, the **results of local population surveys**, and **published or unpublished research papers**. Other information will have to be collected through, for example, focus groups or one-to-one interviews with disabled people. This chapter focuses on the identification and use of existing sources of information as a starting point for needs assessment. Later chapters will discuss methods for collecting new information.

The aim of data collection is to **build up a picture** of the overall size and nature of the disabled people's needs. No single source of information will be able to give you the total picture, but several sources taken together should give you different pieces of the puzzle. While it is unlikely that you will ever be able to measure a particular group's needs perfectly, you can get a clear idea of the overall picture without having all the puzzle pieces. Your effort should be spent in gathering **enough** information to see the picture, not in gathering **all** the information that is available.

Existing data sources include those that are collected 'routinely', and those collected for a project or, a specific 'once-off' purpose. Examples of routinely collected data include: data from the individual assessment process, and data from group assessment processes. Project data may come from studies carried out by universities, other organisations and from some national surveys and censuses.

You can use existing sources of information to produce a **profile** of disabled people. Existing sources of information may be able to help you answer a number of questions about disabled people. Some of these are shown below.

### Key Questions to Ask of Existing Sources of Information

- How big is the target population?
- What do they look like? For example, what is their age profile? How many of them are male and how many are female?
- Are they generally in employment or unemployed?
- Where do they live? Who do they live with, e.g. dependent children?
- Are they already in contact with organisations of disabled people, or are they “hidden” from existing services?
- With which services are they in contact?
- How often do they use services? Which groups use which services?
- What interventions are most effective for this population?

There are some “health warnings” about the use of existing information. No source is likely to be able to tell you exactly what you want to know about disabled people. In fact, information from different sources may give contradictory answers to your questions, if the questions are addressed by the data at all. Furthermore, not all sources of information will be robust enough to give you accurate data about disabled people. All of these issues should be considered carefully before deciding which information sources to use in your needs assessment, and what weight to give the information. **Remember, these data sources were not originally collected to answer your local needs assessment questions.**

The following principles may be helpful when deciding which sources of information to use:

- **Be selective.** Don’t refer to sources of information or data that are not directly relevant to disabled people.

#### Advice

*“There is a risk that large amounts of data are gathered but no one knows what it actually means. It is a good idea to know what you want out of the data before you start to collect it.”*

- **Find out why the data were originally collected.** Knowing the aim of the original study will help you decide how much weight to give to the results for the purposes of your needs assessment. The data will have more value if the aims of the original study are closely related to your own aims.
- **Consider the strengths and weaknesses of the information.** This will help you decide the extent to which the information can be generalised to disabled people. For example, is the information based on a large study undertaken 20 years ago? This may be of less value than information from a smaller study undertaken 6 months ago.

The purpose of this exercise is not simply to gather data. The **data will need to be analysed, interpreted and summarised** in order to answer the following question:

- What does all this information tell me about the needs of disabled people?

In this section we also give an explanation of two particularly useful sources of information:

- survey data
- individual assessment data

### a) **Survey data**

The results of population surveys are useful for giving a rough estimate of the size of a problem in a particular population at a specific point in time.

It is important to be aware that the results from household surveys may underestimate the size of the subject you may be most interested in, particularly if this subject is related to behaviour that is closely linked to criminality, vulnerability, lack of education or poverty. Many people with such problems will simply not complete the survey form, or they will be unable to do so (i.e., they have reading difficulties, are homeless, in hospital or in prison). Surveys that are specifically targeted at “hidden” populations are often more reliable in their findings about those populations than general household surveys.

### b) **Use of data from individual assessment**

The assessment of the needs of individual disabled people provides an important source of information for a local area needs assessment. An effective assessment process will identify the needs and aspirations of the individual and inform decisions about treatment, care and support. It should lead to the development of an Action Plan agreed by the service provider(s) and the individual. It may be that not all the identified needs can be met by the services currently available. In this case, it is important to have arrangements in place to capture information about the gap between the optimum service, or package of services, and the actual provision that can be delivered. That gap represents the **unmet need**.

When that information is **regularly and systematically recorded, and then aggregated**, it provides a unique contribution to the needs assessment process. The essential first step is that it comes out of a **comprehensive assessment and action planning process**. It is then particularly valuable because it will give a robust picture of unmet need and gaps in services based directly on the assessed needs of disabled people. It also means that this information is part of **day-to-day activity** and does not, therefore, require a major investment of time and resources to feed into a separate needs assessment exercise. To make this process work requires:

- an effective assessment process;
- regular and systematic recording by service providers of the shortfall or gap between the “ideal” service(s) for the individual and what can be provided at present;
- mechanisms for service providers to regularly report this information to stakeholders to inform service planning and the (ongoing) needs assessment.

The use of assessment tools can help provide a structure for the recording and reporting of the information gleaned through the assessment process.

### c) **Data protection**

There are legislations that govern the use of personal data held on computer or paper. The use of personal information for needs assessment must comply with these legislations. According to these Acts, information generated by an individual assessment would fall within the category of ‘sensitive personal data’. Sensitive data cannot be processed or shared with other organisations unless certain conditions are met, including obtaining the explicit consent of the data subject. This can be done easily by explaining to the individual when the data are collected, how they may be used. If the information is used for additional purposes, this will need to be explained to the individual at the appropriate time and when they are able to make sense of it. It may be unnecessary to obtain consent from individuals if their information is **anonymised** before using it.

Most statutory bodies now employ **Data Protection Officers**, who will be able to provide advice regarding the use of personal information for needs assessment and service planning purposes.

## **THINK ABOUT**

When gathering information about disabled people from existing data sources, think about:

- What this information tells you about the needs of disabled people
- What the strengths and weaknesses of the information are
- Whether you need to consult with a Data Protection Officer before using or sharing personal assessment data for the needs assessment
- What the most effective interventions for disabled people are

## **Chapter 3: Undertaking a Profile of Existing Services**

Another key step towards determining what services are needed in a particular locality is to undertake a **profile** of the relevant existing services. The aim of constructing a service profile is to identify the **range of needs** currently being met by services, and the **capacity and accessibility** of those services. The **gap** between the needs of disabled people and what is being provided will be the focus for future service planning.

Service profiling should include all services that may be relevant to disabled people - both statutory and voluntary, and those commissioned from elsewhere. Disabled people may require access to a range of services, including housing, family support, counselling, advice, employment services, further education training, and health facilities. A service profile should seek to answer the following questions:

### **Key Questions to Ask when Undertaking a Service Profile**

- Where is the service located?
- What information is available about services commissioned from other areas?
- What are the service's opening hours? Is there any out-of-hours provision such as a helpline or answering service?
- What range of clients does the service cater for - in terms of age, gender, disability, geographical distribution, etc.?
- What *specific* needs does the service meet for its clients?
- How does the service receive referrals, and from whom do its referrals come?
- How many clients does the service see each week, month, quarter, year?
- On average, how long do clients stay with the service and what are their reasons for leaving (e.g., drop-out, onward referral)?
- How many clients each week / month are referred on to other agencies?
- What is the caseload of staff? How many full-time staff does the service employ, and how much time do they have available each week for client appointments?
- Is there any information from staff satisfaction or user satisfaction surveys?
- How do existing clients access the service - on foot, by car, by public transportation? How accessible is the service by public transportation?
- Does the service have a waiting list? If so, how long do disabled people have to wait before accessing the service?
- What support, if any, is provided while waiting? What follow-up support is provided?



## I. Gap analysis

Once you have gathered detailed information about the services currently available to disabled people, consider whether there are any obvious gaps in current service provision. This may be based on what you already know about the needs of disabled people.

It is important to be aware that there may be a number of different types of agencies available to meet the needs of disabled people. However, your service profile may indicate that, for whatever reason, many of the members of disabled people are not engaging with those agencies. Groups such as disabled women, young people, or children have needs which are substantially different from the needs of the majority of clients of your local services.

When undertaking a gap analysis, it may be helpful to classify the needs of disabled people into a small set of categories. This classification may take many forms.

The results of your gap analysis may be used as the basis for further exploration of needs when speaking to disabled people.

### **THINK ABOUT**

When undertaking a profile of existing services think about

- The range of needs currently being met by those services, the capacity of those services, and their accessibility to disabled people
- Whether you have included all the services relevant to disabled people (e.g. housing, employability, family support)
- How to identify the gap between current provision and needs of disabled people

## **Chapter 4: Getting the Views of Your Target Population**

Your target population should be at the very centre of needs assessment. And yet, the process of getting their views is often neglected or undertaken half-heartedly. There are a number of reasons for this.

- It can be difficult and expensive to find out about the needs of disabled people, especially if the views you most want are those of people not currently in contact with organisations of disabled people.
- There is also the concern that you might be raising disabled people's expectations by formally asking about their needs, only to ignore them because of a lack of available resources.
- The opinions of a small number of individuals may not represent the views of the more general population.
- Finally, individuals themselves may be reluctant to explicitly state their views, either because they fear this may have a negative impact on the services they receive, or because they don't believe that their views will be taken seriously or acted upon.

Despite these potential difficulties, it is essential that any needs assessment exercise gives disabled people the opportunity to express their needs. However, before setting out to get the views of disabled people, **it is important to make it clear why you are seeking their views.** A short, focused set of questions **and** a clear explanation of why you are asking them will help avoid raising false expectations.

## I. Methods for getting the views of your target population

Just as there is no one best way of doing needs assessment, likewise, there is no one best method for getting the views of disabled people. In fact, it may be beneficial to **use a variety of methods**, as this will give you a clearer and more rounded perspective. It is also important to bear in mind that **the use of poor methodology in the information-gathering stages will distort your results and the recommendations** that can be made from them.

We have identified the following methods of obtaining the views of disabled people.

- Questionnaire surveys
- Interviews
- Focus groups
- Local DPOs

### a) *Questionnaire surveys*

The design of questionnaires and surveys requires careful thought. It may be helpful to involve members of the disabled people in the design of the questionnaire at an early stage, not only to ensure that the questionnaire is “user friendly”, but also to ensure that it covers issues that are important to them, and not just the issues that are important to DPOs or to service providers. Consider the following points when using questionnaires:

- Questionnaires should include an explanation of why and how the information will be used.
- Questionnaires can be used to gather detailed information on the outcomes of treatment.
- Waiting areas and newsletters can be used to publicise results from questionnaires.
- Providing incentives (e.g. vouchers or prize draws) may encourage greater response.

It may be necessary in questionnaires to briefly **define potentially ambiguous terms**. When asking questions, it is crucial not only to ensure that your question means the same thing to your audience as it does to you, but also to ensure that the response you get is understood by you in the way the respondent meant it to be understood.

Because of this, questionnaires should usually be **piloted** before official data collection begins. Piloting involves trying the questionnaire out on a small number of individuals with disabilities, and then, ideally, having a discussion with them about the questionnaire after they have completed it, or while they are completing it. Piloting will identify difficulties or potential ambiguities in the questionnaire, and will allow you to check that it adequately and effectively captures the information you are seeking.

Questionnaires typically use a combination of tick box and open-ended questions. Tick boxes are quick and easy to complete, and easy to analyse, but they limit the responses to those you have defined in advance. It is important, for this reason, to ensure that the response categories you provide cover all possible responses. Alternatively, you can include some open-ended questions in your questionnaire to allow individuals to reply in their own words.

With surveys, you will need to think about your sample, i.e., how many disabled people you want to get responses from and their disabilities. A small, **representative sample** will reflect the group from which it is drawn. The larger the sample, the more precisely it reflects the target group. However, the rate of improvement in precision decreases as your sample size increases. For example, an increase in the sample size from 250 to 1,000 only doubles the precision. You must make a decision about your sample size based on factors such as: time and budget available, and the level of precision required.

## Strengths and Weaknesses of using questionnaire surveys

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Good for getting the views of large numbers of people</li> <li>• Data is quantifiable, and can be used for comparisons between groups, and for measuring change over time</li> <li>• Results can be analysed relatively quickly</li> <li>• Can be conducted by post, email, face-to-face, or by telephone</li> <li>• Can be anonymous to encourage greater honesty in responding</li> </ul>	<ul style="list-style-type: none"> <li>• Self-completion questionnaires do not allow either side to seek further clarification</li> <li>• People with literacy problems may be unable to use self-completion questionnaires</li> <li>• Open-ended questions take longer to complete and are more difficult to analyse</li> </ul>

### b) Interviews

One-to-one interviews allow for the possibility of getting more in-depth information from disabled people. Interviews may be conducted face-to-face, or over the telephone. In either case, it is usually best to arrange them in advance, as the interview may last between 30 minutes and two hours. Employing an independent researcher to conduct the interviews may result in greater openness among some respondents, but it is also expensive, and it still does not guarantee that individuals will not reply in the way they think the interviewer wants them to reply.

Interviews are usually semi-structured (i.e. based on a questionnaire format but with a greater number of open-ended questions). The same questions should be asked in the same way to each interviewee. Care must be taken to not ask “leading” questions - that is, asking a question in such a way as to get an expected response.

Because of the difficulty in taking notes while interviewing, interviews are usually tape-recorded. Interviewees should always be asked for their permission to record the interview. If they object, the interviewer will have to take notes.

## Strengths and Weaknesses of using interviews

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Allow for an in-depth exploration of client views</li> <li>• Can target specific groups</li> </ul>	<ul style="list-style-type: none"> <li>• Interview and analysis take time</li> <li>• Results cannot be considered to be statistically representative</li> <li>• Interviewees may feel intimidated by the process and may not respond honestly</li> </ul>

### c) Focus Groups

Focus groups bring together a small number of people (usually less than 15) to discuss a particular issue in depth. The participants should be disabled people. The aim is to encourage frank discussion to get disabled people’s perceptions, feelings and opinions about an issue. The extent to which this happens depends largely on the skill of the facilitator and the willingness of the participants to speak. Ideally, the facilitator should be someone not known by the members of the group. This person should prepare a short set of open-ended questions in advance, and be prepared to structure and guide the group, so that all voices are heard. The facilitator should allow time at the end of the meeting to agree with the group the main points from the discussion.

### Strengths and Weaknesses of using focus groups

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Allows for in-depth exploration of issues</li> <li>• Can target specific groups</li> <li>• Easy to access a wide range of views</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult to facilitate</li> <li>• Some individuals may find the process intimidating and feel reluctant to express views different from the majority</li> </ul>

#### d) Local Groups

The establishment of a local group of disabled people is another way of getting access to the views of disabled people. The on-going support and facilitation of this group can require time and energy, and it may be best if this task is done by an individual or organisation who does not directly provide a service to disabled people involved.

### Strengths and Weaknesses of using local groups

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Provides a forum for getting the views of disabled people on a regular basis</li> <li>• Allows greater opportunity for disabled people to set the agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult to facilitate</li> <li>• Requires on-going administrative support</li> </ul>

## Chapter 5: Getting the views of “hidden” populations

The job of needs assessment is particularly difficult if some of disabled people are reluctant to disclose their disability status and let alone their special needs. Obtaining the views of these individuals may require some ingenuity. The following are some methods for getting the views of disabled people not currently getting any services.

- **Peer research:** using other disabled people to find hidden disabled people, and to interview or distribute questionnaires to them.
- **Snowballing:** a technique whereby a disabled person is initially identified and then asked to introduce other acquaintances, who are then each asked to introduce acquaintances of theirs and so on until a sufficient sample size is reached. A “reward” or incentive is sometimes provided to the individual for each new contact.
- **Outreach:** employing outreach workers to engage with difficult-to-reach populations such as most remote based, homeless, and children or young disabled people.

When seeking the views of hidden populations, it is important to find out what they perceive to be the barriers for them in accessing services. Is there a problem with the accessibility of a particular service, or is it simply that disabled people are unaware that the service exists?

## Chapter 6: Getting the Views of Service Providers and Practitioners

This guide has made the point several times that the needs of disabled people, rather than the needs of service providers, should be the focus of needs assessment. Nevertheless, service providers are a crucial source of information about the needs of disabled people. However, getting the views of service providers and practitioners is not always straightforward. There are a number of possible reasons for this.

- People are **busy** and may be reluctant to take time away from their core service. It's not enough to simply invite comments; you will have to actively seek them.
- It is important to get the views of **staff at all levels**. Front-line staff may have a very different perspective on the needs of disabled people than management staff have. Furthermore, you may need to get contributions from a range of agencies (e.g. police, housing, etc.).
- Staff working in **voluntary and private sector agencies** may have a (potential) role in meeting the needs of disabled people. But they may feel less obliged to participate in the process than statutory sector staff. Consider the best way to engage these individuals.
- Providers may have **concerns about what the process of needs assessment might mean for them**. There may be fears that services will be shut down, that funding will be withdrawn, or that people's jobs may change as a result of needs assessment.
- At the other extreme, providers and practitioners, like disabled people, may have some doubts about **whether any action will result** from their participation in the needs assessment process.

Achieving constructive dialogue with service providers and practitioners will depend on the DPOs developing and maintaining effective communication channels, not just as part of the process of needs assessment, but on a regular basis. It is important to raise awareness among staff about the purpose of the needs assessment, and to provide feedback to them at specific intervals throughout the process. Staff also needs to be made aware of the valuable contribution that they can make to the overall design and process of the needs assessment exercise.

### a) *Methods*

The methods you use to get the views of service providers and practitioners could be very similar to those you used to get the views of disabled people. However, the best way to get the views of practitioners may be through **short surveys or via face-to-face communication**. People seldom have the time or inclination to complete lengthy questionnaires with lots of open-ended questions. It is better to interview people, to organise staff focus groups, or to otherwise seek people's views in a regular, routine way through disabled people's forums.

There are some key points that may help the process.

- **Keep the discussion focused** on the needs of disabled people, as this is central to needs assessment.
- **Maintain good communication** between DPOs and service providers throughout the needs assessment process. It may be helpful to feed back in writing to service providers what you understood to be the main issues from your discussion.
- **Explain how you are going to use their views**, e.g. in the initial letter or phone call, set out the **timetable** for decisions and clarify the type of **feedback** they can expect.
- **Acknowledge the extra demands** on staff time and set realistic timescales.

## THINK ABOUT

When gathering the views of service providers think about:

- Ways of actively engaging busy staff in your needs assessment
- The range of agencies and the range of staff who could contribute to the needs assessment process
- The most appropriate methods for gathering the views of your target group
- Ways to allay people's fears (e.g. of closure) or concerns (e.g. that no action will be taken)

## Chapter 7: Analysing, Interpreting and Drawing Conclusions

Chapters 2-5 have focused on the information-gathering aspects of needs assessment. However, needs assessment is more than an information-collection exercise. Once you have gathered all the information you need, you will have to analyse it, interpret it and draw conclusions. The aim of analysis is to answer the question:

- What does all this information tell me about the needs of disabled people?

This question can be broken down into the following key questions:

### Key questions for Analysing, Interpreting and Drawing Conclusions

- What proportion of disabled people have indicated that they have a particular need?
- What are the areas of agreement between service providers and disabled people about disabled people's needs? What are the areas of disagreement?
- Have you identified any areas of need among disabled people that practitioners were largely unaware of?
- Which of the needs of disabled people are currently being met, and which are not being met?
- Which services are easy for disabled people to access and why? What are the barriers for disabled people in having their needs met?
- What are the risks to disabled people (or other people) in not having their needs met?
- How confident do you feel that the information you have gathered is broadly representative of the views of disabled people?

DPOs could also use the analysis process to consider **what this information tells them about the way services have been planned and developed, and the ways resources have been used**. Specific questions include:

- To what extents do existing services have the capacity and ability to meet the identified needs?
- Is funding being directed where it is most needed?
- What are the implications for the planning and funding / resource allocation processes?
- To what extent do existing DPOs priorities fit in with the needs identified in the exercise?

Your analysis and interpretation - that is, your ability to answer these, and other similar questions - should be based directly on the information you gathered in the earlier stages of the needs assessment process. Therefore, as mentioned before, it is important to keep in mind that the use of poor methodology in the information-gathering stages will undermine your ability to develop valid interpretations of the situation. Ultimately, this will affect the quality of the recommendations made to address the needs of disabled people.

**a) Who should be involved in analysing and interpreting the information?**

The people who gathered the information in the early stages of the needs assessment exercise may not necessarily be those who are in the best position to analyse and interpret it. For example, the analysis of large datasets requires specialised skills and specialised computer software. In addition, data entry, transcription and cleaning must be done to prepare the data for analysis. You may want to get support for these tasks, and arrangements will need to be made in advance. Nevertheless, those who gathered the information in the first place should remain involved in the analysis and interpretation stage, even if merely in an advisory capacity. As mentioned in Chapter 1, it is important to bear in mind that analysts, in particular, should be involved **at the very start** of the needs assessment process. More specifically, you should consult with an analyst when designing questionnaires and interview schedules. Remember that most DPOs partners will have a range of analytical expertise “in-house”.

**b) Computer software for data analysis**

There are a number of software packages used for data analysis. There are also software packages for analysis of qualitative data, and the use of these packages will require special training.

**c) Report writing, presenting and feeding back results**

One of the initial outcomes of a needs assessment exercise is likely to be a written report. The report will be one of the ways in which the findings are communicated to key stakeholders and to those who are in a position to act upon them. The following points may be useful to those responsible for writing and presenting the report:

- Avoid jargon and technical language. It will discourage people from reading.
- Don't assume that the people whom you want to read the report will have the time to do so. Make their lives easier by **summarising the main findings briefly and clearly** at the beginning of the report.
- Be careful in using graphs, charts and tables to present data. Such pictorial forms of presentation can make your findings much clearer to your reader. However, too many of them, or a confused mixture of them can cause information overload. Save graphs, charts and tables for presenting **key findings**.
- If possible, offer some **analysis of the information** - suggesting what you think the results may mean, how they may be misinterpreted, what information the results do not provide and what the broad implications of the results are.
- Always include a **Conclusions section** in the report. This section should draw together the various disparate findings from the needs assessment into a few coherent messages.
- Whenever possible, **suggest some recommendations** for ways of addressing the identified needs. It is easier for people to respond to a clear and concise set of recommendations than to draw their own recommendations on the basis of a presentation of results alone. However, be aware that your role is to put forward recommendations in order to provide a basis for discussion. Firm recommendations and the implementation of change will depend on factors that may be outside your control.
- It may also be appropriate to **present the report orally**. This will allow your readers to ask questions, to explore particular issues in greater depth, and to seek your advice about implementation of the findings.

It is a key principle that the results of the information-gathering process should be **relayed back in an appropriate form to those who contributed to that process** - including disabled people and the service providers and practitioners. Although this process takes time, feeding back in this way is important because many people who participated in the needs assessment will have their own views about what the results might mean. Formal feedback could provide people with the chance to say whether the results are as they would have expected. This can also help extend ownership of the project and assist with the implementation of any

resulting decisions. In addition, it is helpful to communicate to people that they have been heard and that their involvement was valued. This could also make people more willing to participate in future needs assessment exercises.

## **THINK ABOUT**

When analysing, interpreting and drawing conclusions think about:

- How information gathered as part of a needs assessment should be analysed and interpreted
- How this information informs your understanding of the needs of the target population
- How those who gathered the information may contribute to the analysis process
- How the results of the needs assessment should be relayed back to all those who contributed to the process

## **Chapter 8: Taking Action**

After you have analysed the information gathered in the earlier stages of the needs assessment process, and have drawn conclusions, you should have a reasonably clear idea of the needs of disabled people. Decisions about action will depend on several crucial and closely connected activities. These include:

- **Prioritisation:** If there are not sufficient resources to meet all the identified needs, it may be necessary to rank them in some way - to decide which needs will be met first and which will be met later.
- **Option appraisal:** There may be more than one way of meeting the needs identified. Various options should be considered, and the evidence in favour of each should be weighed carefully.
- **Implementation:** When agreement has been reached about how the needs are to be met, an action plan and timetable should be drawn up, including a plan for resource allocation.

In practice, the tasks of prioritisation and option appraisal are inextricably linked. Both must be considered together.

### **I. Prioritisation**

Where there are insufficient resources available to meet all the identified needs, prioritisation will be necessary. **Prioritisation is a strategic process**, undertaken by those responsible for the commissioning of services. In some areas DPOs itself will have responsibility for commissioning, while in other areas a sub-group of DPOs will have this responsibility. In both cases, DPOs will have the responsibility for implementing the decisions made through the commissioning process.

Those involved in prioritising should have access to the views of disabled people and carers, as well as service providers, about how needs should be prioritised. Service providers and disabled people may not agree about which needs should take priority. Areas where there is agreement could perhaps be given 'high' priority by the commissioners.

To a large extent, the way in which decisions are made about priorities will depend on local circumstances and the local configuration of existing services. National priorities and the availability of dedicated resources for an intervention may instigate the needs assessment process. The purpose of the needs assessment is then to determine specifically what should be done, how it should be done and in what order. For example, national and local policy may require that services should be provided for young disabled people. In this case, the local needs assessment will focus on identifying the specific needs of young disabled people in the local area, their prioritisation and **how to develop services that allow these priorities to be realised.**



When **prioritising at the local level**, DPOs may need to consider the following questions:

- Which of the needs emerging from the needs assessment fit in most closely with **the current DPOs priorities?**
- Which needs can be met within the (relatively narrow) **remit of the DPOs?**
- Is it within the **capacity** of the DPOs to address these needs?

## 2. Option appraisal

In most cases, there will be more than one way of responding to the needs that have been identified. The options available to you for meeting those needs might cover a broad range of activities, including:

- setting up a brand new service
- expanding or changing the focus of an existing service
- addressing staff development to allow some staff to become specialists in certain subjects
- creating opportunities for better team working, or joint initiatives with other organisations of disabled people
- making changes in the working arrangements of individual staff members.

To a large extent, the options you choose will depend on several factors, including: how the needs are prioritised; what the likely impact of each option would be; and the availability of resources. The table below provides one way of thinking about the options for change following a needs assessment.

### *Considering the options for change - the relationship between impact and cost*

Strengths	Likely Impact Of Change	
Cost / Resources Needed to Make Change	Low	High
Low	Soft Target - Wait	Quick Win - Go!
High	Hold off	Challenging - Wait

Source: Based on the PDSA Prioritisation Matrix.

Ultimately, the aim is to give first priority to actions that will have the greatest positive impact on your target population, and which will also require few additional resources, i.e., in the table above: **High Impact and Low Resources**. These actions can be thought of as “**quick wins**”. At the other extreme, it would be better to avoid making changes that are likely to have low impact, but which require a high level of resources. In between are those actions that are likely to have high impact, but will also demand high resources. In most circumstances, these should not be selected for immediate action, but rather considered as longer term options. Similarly, “soft targets” are those actions that require little resource, but would also have little impact. It is tempting to want to go ahead with these actions, but they can prove to be a distraction from the more high impact actions, and it is usually better to wait until the “quick wins” have been implemented first. A number of key questions should be addressed when appraising the options and prioritising needs following a needs assessment exercise. These questions focus on the **issues of Impact, Changeability, Acceptability and Resource Feasibility**.

## **Key Questions to Ask When Appraising the Options and Prioritising**

### **Impact**

- What changes would have the greatest positive impact in meeting the needs of disabled people?
- Do the identified needs relate to a local or a national priority (e.g., disabled children, youth, and women etc)?
- What would be the implications of not addressing the needs of disabled people?

### **Changeability**

- Which things can be changed and effectively improved by partner agencies?
- What evidence is there of effective interventions for disabled people?
- Can negative impacts be stopped or reduced?
- Are there national or local, professional or organisational policies that set out guidelines on what should be done?

### **Acceptability**

- Which of the options for change are likely to be most acceptable to disabled people, to the wider community, to service providers and practitioners, and to commissioners and managers?
- What might be the 'knock-on effects' or unintended consequences of making a change?

### **Resource feasibility**

- What resources are required to implement the proposed changes?
- Can existing resources be used differently?
- What resources will be released if ineffective actions are stopped?
- Are there other resources available that have not been considered before?
- Which of the actions will achieve the greatest impact for the resources used?

## **3. Drawing up an implementation plan**

Once you have agreed your priorities and the best ways of addressing these priorities, you will need to draw up a plan for implementing action. The implementation plan should be realistic, achievable and adequately funded. It should clearly outline the various stages in the implementation process. It is important that service providers are included in discussions regarding the implementation plan and are supportive of it. At an operational level, they will be directly involved in the implementation and the introduction of the agreed changes to existing services.

A good implementation plan will include:

- a statement of the aims and objectives of the planned action, and the specific steps and milestones required to achieve it
- the names of the individuals responsible for carrying out each part of the plan, what they will do and when, and the skills and training they will need
- details of the resources that will be required (including administrative, managerial, and IT systems) and where they will come from
- a clear understanding of how the plan will be kept on track, how the implementation of each component of the plan will be measured, and how the relevant people will be kept motivated and involved

## THINK ABOUT

When planning for action think about:

- How to prioritise the different options, based on their impact, changeability, acceptability and resource feasibility.
- How to involve service commissioners and other people in strategic positions.
- How to ensure service providers are involved in the development of the implementation plan.

## Chapter 9: Monitoring and Evaluating

The aim of needs assessment is to better meet the needs of your target population. The process of needs assessment is about gathering information to find out what those needs are, and what the best ways of meeting them are. In most cases, a needs assessment exercise will result in change - either in the way existing services are provided, or in the introduction of new services or interventions. It is important to check if these changes are making a difference in relation to the identified needs. For that reason monitoring and evaluation should be an integral component of the process of needs assessment.

The purpose of monitoring and evaluation is **to determine whether the changes you have made are having the impact you expected**. The evidence gathered through monitoring and evaluation may also be used as the basis for further needs assessment. Monitoring and evaluation are closely linked but involve two distinct processes. Monitoring is an ongoing process involving the **continuous or regular collection of key information** to allow regular checks on progress. It aims to check whether an intervention is going to plan but does not provide information about the changes that could be made to improve outcomes. An evaluation involves **looking back to find out what difference** an intervention has made. As such, it can be used to show how and why something is working or not working.

**Monitoring and evaluation understood as a journey by car:** Monitoring involves a flow of information on matters such as average speed, distance travelled, fuel consumption and whether the journey is following the pre-planned route and is on time. Evaluation addresses questions such as whether the route followed was the best one and, indeed whether the journey was worth undertaking at all.

### a) *Planning an evaluation*

It is important to be clear from the outset why the evaluation is being conducted, who it is for and whether it is feasible. An evaluation will be most feasible if it is included as an integral part of developing the intervention itself, and if a 'baseline' has been established before the intervention is introduced. Evaluations vary in their subject, purpose, timescale, design, and methods. Involving service providers, clients, funders and other stakeholders in the planning can help clarify some of these variables. You will need to decide whether to undertake the evaluation internally or to employ external consultants. Consider what it is you want to know, the scope of the exercise and whether the evaluation requires particular expertise.

The sources of data for your evaluation will be many of those you used for the initial needs assessment exercise. In particular, two important sources of information are:

- **basic work-related data** including information collected through the assessment of individual clients' needs; notes of meetings which describe what decisions were made and why; diaries and appointment books; budgets; correspondence
- **information from those involved**, both organisations of disabled people and disabled people themselves, gathered from interviews, discussions and questionnaires.

An evaluation can take a number of forms. Two main types of evaluation are:

- **Process evaluation:** Process evaluation focuses on how an intervention is working and why. It looks at processes and procedures. This type of evaluation can support plans to repeat an intervention somewhere else because it helps to identify **how and why something does or does not work**.
- **Outcome evaluation:** The aim here is to find out whether the desired change has been achieved. A typical question addressed by an outcome evaluation would be: **has the intervention made significant improvements in disabled people's lives?**

In the context of evaluating changes following a needs assessment, it will be helpful to use both forms of evaluation. The box below lists some key questions to ask when undertaking an evaluation.

### **Key Questions to Ask when Undertaking an Evaluation**

#### **Process evaluation**

- Are the original aims and objectives being followed, or still relevant?
- What is happening? Is everything proceeding as expected? If not, why not?
- What do service providers and disabled people think about the changes? Are things working for them? Why or why not?
- What resources are being used? Are they adequate?

#### **Outcome evaluation**

- Have the aims and objectives of the changes been achieved?
- How many disabled people have benefited from the changes, and what are their characteristics?
- Are the disabled people who are benefiting from the changes the same people you intended to benefit from it?

### **THINK ABOUT**

When planning to monitor and evaluate think about:

- How to monitor and evaluate so that you know whether the changes introduced are having the desired effect
- Why you are doing the evaluation, who it is for and how it will be used
- Involving service providers, disabled people and carers, funders and other stakeholders in planning the evaluation
- Ensuring all the relevant information for the evaluation will be available to you when you need it
- The most appropriate methodology for the evaluation
- Whether the evaluation can be done internally or by an external consultant

## Chapter 10: Needs Assessment Checklist

The previous chapters of this document have provided a step-by-step guide to doing needs assessment. The checklist below summarises the most important points from these chapters.

- Identify key individuals to be involved in a Steering Group for the needs assessment project.
- Define the target population for the needs assessment as specifically as possible. Make sure the needs of the target population are the focus of the needs assessment.
- Communicate the aims of the needs assessment to service providers.
- Decide who will carry out the needs assessment (e.g. DPOs personnel, partner agencies or an external contractor). Consider whether additional assistance may be needed (e.g., with data collection, with data entry and analysis, with report writing), and get a commitment from the relevant staff as soon as possible.
- Estimate the cost and identify the source of funding for the needs assessment.
- Identify the appropriate overall approach to your needs assessment.
- Gather existing sources of information about the needs of your target population. Consider what this information tells you about the needs of your target population.
- Identify the services in your area that are already available to meet the needs of your target population. Consider the range of needs currently being met by them. What is the capacity of those services? Are they accessible?
- Consider the ways in which you will obtain the views of your target population about their needs, and whether ethical approval is needed.
- Consider the ways in which you will obtain the views of service providers about the needs of the target population. Think of ways to engage busy staff in your needs assessment and how to allay people's fears (e.g. of closure) or concerns (e.g. that no action will be taken as a result of the needs assessment).
- Ensure that information is analysed and interpreted, and that conclusions are drawn. Consider how those who gathered the information can be involved in the analysis, and how the results can be relayed back to all those who contributed to the process.
- Once you have identified the needs of your target population, prioritise them and consider all the options for meeting them, and then develop an implementation plan.
- Consider how the views of disabled people could be taken into account in the prioritisation and option appraisal process and how to ensure service providers are involved in the development of the implementation plan.
- Once you have agreed what changes to make, consider how to monitor and evaluate so that you know whether the changes are having the desired effect. Think what may be the most appropriate methodology for the evaluation and whether it can be done internally or by an external consultant.

## References

*(EIU 2002a)*

*Hooper and Longworth (2002)*

*EIU 2002c*

*SCODA 1997*

*Pallant (2002)*

*Hooper 1999*

*EIU Evaluation Guide 1*

*Scottish Needs Assessment Programme 1998*

## Appendices: Annexure C

### STRUCTURE & PRIORITY OF DPOS IN LESOTHO

	<b>Executive Structure</b>	<b>Secretariat</b>	<b>Priority Areas</b>
Lesotho National Federation of Organisation of the Disabled (LNFOD)	<ul style="list-style-type: none"> <li>• Holds Congress every 4 years</li> <li>• General Meeting of representatives from DPOs</li> <li>• Council of 24 persons elected from AGM (made up of 6 persons from each DPO)</li> <li>• 24 Members elect LNFOD Board which serves for 4 years.</li> <li>• Board appoints Director of LNFOD.</li> <li>• Secretariat.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme Officer</li> <li>• Advocacy Specialist</li> <li>• Finance &amp; Administration Office</li> <li>• HIV/AIDS Project Coordinator (Pending Appointment)</li> <li>• Driver</li> <li>• Cleaner</li> <li>• Volunteer</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Lobbying</li> <li>• Policy analysis</li> </ul>
Lesotho Nation Federation of Organisations of the Disabled (LNFOD) (Women's Wing)			<ul style="list-style-type: none"> <li>• Women</li> <li>• Children</li> <li>• HIV/AIDS</li> </ul>
Lesotho Society of the Mentally Handicapped Persons (LSMHP)	<ul style="list-style-type: none"> <li>• Annual General Meeting (AGM) made up of representatives from 18 branches</li> <li>• AGM elects 36 members who elect seven Board Members</li> </ul>	<ul style="list-style-type: none"> <li>• Director</li> <li>• Programme Officer</li> <li>• Admin Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy through LNFOD</li> <li>• Lobbying through LNFOD</li> <li>• Sensitizing on mental health issues.</li> </ul>
National Association of the Deaf (NADL)	<ul style="list-style-type: none"> <li>• Annual General Meeting (AGM)</li> <li>• AGM elects Executive Board (made up of 10 persons comprising both women &amp; men)</li> </ul>	<ul style="list-style-type: none"> <li>• Programme Officer</li> <li>• Finance person</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy through LNFOD</li> <li>• Lobbying through LNFOD</li> <li>• Sign language</li> <li>• Staffing</li> <li>• Office accommodation</li> <li>• Fundraising person.</li> </ul>
Lesotho National League of the Visually Impaired Persons (LNLVI)	<ul style="list-style-type: none"> <li>• General Assembly</li> <li>• 10 Executive Board Members (3 women &amp; 7 men)</li> <li>• Board members serve maximum 2 (4 year) terms</li> <li>• Executive Director (appointed by Board)</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative Officer</li> <li>• Instructor (Braille)</li> <li>• Braille technician</li> <li>• Driver</li> </ul>	<ul style="list-style-type: none"> <li>• Training in Braille</li> <li>• Office accommodation</li> <li>• Staffing</li> <li>• Fundraising training for Board members</li> </ul>
Rehabilitation Unit (Ministry of Health & Social Welfare)	<ul style="list-style-type: none"> <li>• Government</li> </ul>	<ul style="list-style-type: none"> <li>• Employs 6 Junior Officers to cover 10 districts in Lesotho – these are:</li> <li>• The Chief Rehabilitation Officer</li> <li>• Rehabilitation Officers</li> </ul>	

	<b>Executive Structure</b>	<b>Secretariat</b>	<b>Priority Areas</b>
Special Education Unit (Ministry of Education & Training)	<ul style="list-style-type: none"> <li>• Government</li> </ul>	<ul style="list-style-type: none"> <li>• Employs 4 Junior staff members to cover 200 primary schools</li> </ul>	<ul style="list-style-type: none"> <li>• Address the issue of shortage for special needs staff</li> <li>• Need for policy makers to prioritise disability issues</li> <li>• Develop policies on the needs of children with disabilities</li> <li>• Address issues of lack of resources</li> <li>• Address issues of inadequate budget</li> </ul>
Hearing Assessment & Research Centre (Hark)	<ul style="list-style-type: none"> <li>• Non Governmental Organisation (NGO) – funded privately by an international NGO Seekers CEO</li> </ul>	<ul style="list-style-type: none"> <li>• 3 staff members</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of hearing assistive devices/aids</li> <li>• Offering hearing solutions</li> </ul>
Itjareng Vocational & Training Centre			
St. Angela Cheshire Home for the Disabled	<ul style="list-style-type: none"> <li>• International Private Charity Home (Privately funded + some of the children paid for their board by Gvt)</li> <li>• Currently having Interim Board comprising 9 members</li> <li>• Board holds monthly meetings</li> <li>• Board members elected every two years</li> <li>• AGM held yearly (every October).</li> </ul>	<ul style="list-style-type: none"> <li>• Director</li> <li>• Programme Officer</li> <li>• Driver</li> <li>• 8 general staff members</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Inclusive education</li> </ul>
Lesotho College Of Education	<ul style="list-style-type: none"> <li>• Government</li> </ul>	<ul style="list-style-type: none"> <li>• 3 teachers trained in special education</li> <li>• Have plans to have 2 more teachers trained in special education</li> </ul>	<ul style="list-style-type: none"> <li>• Offering a special education training for all trainee teachers</li> <li>• Offering an introductory course in research skills to all trainee teachers</li> <li>• College finalising 100% disability friendly building.</li> </ul>





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**DISABLED PEOPLE'S ORGANISATIONS**  
**NEEDS ASSESSMENT RESEARCH**