

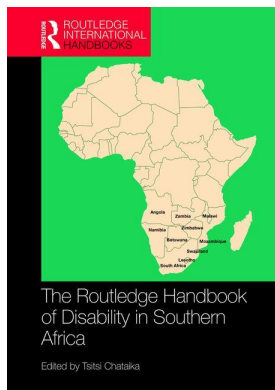
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REFLECTIONS ON THE DEVELOPMENT OF THE NATIONAL DISABILITY MAINSTREAMING PLAN IN LESOTHO

Nkhasi Sefuthi and Masekara Sekoankoetla

Introduction

Since the World Report on Disability estimates that disabled people constitute close to 15% of the world's population, with about 80% of these being located in low-income countries (World Health Organization [WHO] & World Bank, 2011), it becomes imperative to consider disability mainstreaming in development processes. Disabled people are often among the poorest in their communities and they are likely to experience discrimination and stigma (Grech, 2016). Yet, not much has been done despite the obvious link between disability and poverty. Many disabled people continue to be invisible in most family, community and national activities as disability mainstreaming tends to be a huge challenge to many countries, which seem not to recognise disability as a human rights, development and cross-cutting issue (Chataika & McKenzie, 2016).

In this chapter, we outline how the Lesotho National Federation of Organisations of the Disabled (LNFOD) was involved in the development of the country's National Disability Mainstreaming Plan (NDMP), which was adopted in 2015. Apart from being authors of this chapter, we are also in leadership positions in LNFOD; we also actively contributed to the development of the NDMP. Thus, we articulate what prompted the development of the plan, the level of participation of disabled people, challenges encountered and how the plan was adopted. We also discuss the challenges being currently faced as the country attempts to implement this plan in government policies, programmes and services, as well as how some of these challenges could be overcome. We then conclude by sharing lessons learned during the development of the plan, a process that can also inform others who are contemplating embarking on this route. However, before talking about the development of the NDMP, we provide the situational analysis of disabled people in Lesotho.

Situational analysis of disabled people in Lesotho

Lesotho is a small country, landlocked by the Republic of South Africa. Its population is estimated at around two million, 4% of which are recorded as disabled people ([Lesotho] Bureau

of Statistics [BOS], 2006). However, after the 2006 census, LNFOD successfully advocated for the adoption of the Washington Group Questionnaire on disability statistics (Washington Group on Disability Statistics, 2014), as many disabled people doubted the statistics of the BOS (2006) report. This was because the first ever World Report on Disability reports that disabled people constitute about 15% of any country's population (WHO & World Bank, 2011) as indicated in the introductory chapter. As a result, Lesotho underwent a housing census in March 2016, where disabled people's organisations (DPOs) were fully involved in the development of the data-collection tools to ensure disability inclusion, using this questionnaire. Unfortunately, the United Nations Children's Fund (UNICEF) module for disabled children was not yet completed when the census was conducted in March 2016, and hence could not be tested to determine the impairments of children under the age of six years. It is expected that the 2016 census report will show the increased percentage of disabled people in Lesotho as the preliminary findings that are now available do not suggest otherwise.

Lesotho is a member state of the United Nations. She is also a state party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006). Lesotho ratified the CRPD in 2008, only two years after its adoption. As a state party, Lesotho has undertaken several institutional and policy initiatives to address issues of disabled people, in line with the prescriptions of this treaty. Among other crucial policy measures undertaken by Lesotho in this regard is the adoption of the NDMP in 2015. With this plan, Lesotho undertook to mainstream disability in plans, programmes and policies of all ministries so that disabled people can meaningfully and equitably participate in all aspects of life.

Historically, disabled people in Lesotho have experienced severe discrimination and marginalisation (LNFOD, 2011). This is an unfair, unfavourable and prejudicial treatment where this group is regarded as least significant; thus, relegated to the periphery of the society. At the periphery, disabled people hardly participate in society due to various barriers, which include attitudinal, environmental and institutional barriers (Chataika, 2012). This treatment is thus attributed to negative societal attitudes rooted in cultural beliefs and norms passed down through generations through the socialisation process (French & Kayes, 2008). Barriers to the social participation and inclusion of this group in Lesotho are both attitudinal and institutional (Government of Lesotho, 2015). In many instances, there is minimal awareness of their diverse needs. This is reflected in the design and mode of delivery of services, laws and policies that are disability unfriendly (LNFOD, 2011). Such services, laws and policies continuously foster social exclusion of disabled people, who are unfortunately already disadvantaged in most aspects of life, such as education, healthcare services and employment (LNFOD, 2011).

Contrary to the CRPD, disabled people are under-represented in leadership and decision-making positions (United Nations, 2006). As a result, they do not actively participate when key decisions that affect them are made. Hence, disabled people are still considered objects and not agents of development in Lesotho. Thus, they hardly influence and direct developmental interventions that positively impact on their lives (Moore & Yeo, 2003). This has then caused impoverishment, abandonment, malnourishment, discrimination and extreme ill-health – aspects that demonstrate the need for interventions in disability issues in Lesotho (Government of Lesotho, 2011). It is against this background that the journey toward disability mainstreaming in all government ministries was embarked in Lesotho. In the next section we provide some background to the LNFOD.

Lesotho National Federation of Organisations of the Disabled

Lesotho National Federation of Organisations of the Disabled (LNFOD) is an umbrella body of DPOs in Lesotho, which was established in 1989. Its vision is to have a Basotho society that

is inclusive of all people. LNFOD is fighting for a society where disabled people enjoy their social, economic and political rights on an equal basis with others and to reach their full potential (equity) in all aspects of development. Its mission is to advocate for, promote and defend the rights of disabled people and their families through provision of training, material and emotional support. It also presents disabled people's needs to government, development partners and the wider community. The membership of LNFOD consists of the Lesotho National Association of Physically Disabled, Intellectual Disability Association of Lesotho, Lesotho National League of the Visually Impaired Persons, and the National Association of the Deaf in Lesotho. Thus, it has a membership of four affiliate DPOs.

Interventions and policy environment for disability mainstreaming in Lesotho

It is against the above outlined situation of disabled people, that the need for intervention cannot be overemphasised. Lesotho ratified the CRPD on 2 December 2008. This followed immense advocacy by LNFOD and its member DPOs undertaken immediately after the adoption of this Convention by the United Nations General Assembly in 2006.

The CRPD seeks to promote, protect and ensure respect and enjoyment of human rights by all disabled people (United Nations, 2006). It does not create new specific rights, but couches the existing human rights into the context of disabled people (Kanter, 2015; French & Kayes, 2008). Its ratification was, therefore, a major milestone achieved by the Government of Lesotho, as our assumption is that it guides the country toward the promotion and protection of the rights of disabled people in Lesotho. The CRPD therefore became the basis for the strong advocacy for disability mainstreaming, inclusion and the protection and promotion of disability rights by LNFOD and its affiliate DPOs.

The ratification of CRPD by Lesotho also has united and strengthened the capacity of the disability movement in terms of advocacy for the elimination of discrimination and marginalisation of disabled people. Hence, disabled people are now taking a lead in domestication process of the CRPD. For example, LNFOD is acting as the technical expert in the drafting section of the Ministry of Law, Human Rights and Constitutional Affairs, which is responsible for drafting disability-specific legislation and the domestication of the CRPD. However, the CRPD is being domesticated at a very slow pace in Lesotho. The piece of legislation domesticating this convention has been in a draft form since 2012. This is because some of its drafters are of the view that disability-specific legislation might advantage disabled people at the expense of the non-disabled people (Sekokotoana, 2016, personal communication). They believe, for example, that if the legislation makes provision for a quota system, the public services might offer more job opportunities to disabled people, thus disadvantaging non-disabled people. They believe that equality requires the same treatment for both disabled and non-disabled people. However, this belief has been criticised as it does not take into account the diverse needs of disabled people, who are usually disadvantaged because of their access needs that are hardly addressed. These include access to information, education and decision-making processes (Bruce *et al.*, 2002). The CRPD thus takes an equitable approach. It requires that disabled people be treated in accordance with their needs and situations (United Nations, 2006). This approach further requires affirmative action be afforded to disabled people, who have been historically disadvantaged, so that they enjoy human rights on an equal basis with others (Bruce *et al.*, 2002).

Article 4 of the CRPD requires governments to adopt legislative, policy and administrative measures that are inclusive of and accessible to disabled people (United Nations, 2006). Hence,

Lesotho is required to enable disabled people to meaningfully participate in decision-making processes. Hence, the promotion of self-representation is required to ensure that the traditionally silenced disabled people's voices are also heard in decision-making processes. This is because disabled people's non-participation in decisions that affect them has denied them the right to influence and direct the course of such decisions. This has consequently fostered their discrimination and marginalisation. However, the challenge is that the provisions of Article 4 do not specify how the implementation should be done as this is entirely determined by states parties. It has therefore led to the long-term exclusion of disabled people in key decision-making processes in Lesotho, resulting in the provision of disability-unfriendly policies and services (LNFOD, 2011).

As a way of domesticating Article 4 of the CRPD, some countries have assigned one ministry as the disability focal point for proper coordination of disability mainstreaming within the government, and one example is Malawi. Lesotho also did the same four years after it ratified the CRPD. Before then, the small unit on disability was attached to the Ministry of Health and Social Welfare, whose functions were seriously hampered by allocating an insignificant budget for the implementation of its activities. Although the ratification of the CRPD by Lesotho was a major milestone, the domestication was challenging because of the delays in designating a disability coordinating ministry. As a result, disability remained invisible in ministerial plans, policies and budgets. This caused disability mainstreaming efforts in Lesotho to be fragmented, with little or no impact on disabled people's lives. In addition, disability mainstreaming within the government, was hampered by the fact that the Ministry of Health and Social Welfare was being informed by the ineffective medical model approach to disability. Such an approach believes that the problem lies within disabled people and not within the society (Chataika & McKenzie, 2016). It is based on the belief that limitations are caused by impairments as opposed to socially constructed challenges, which the proponents of the social model of disability believe are the problem (WHO & World Bank, 2011). This medical approach was therefore criticised by the disability movement as it was seen to be creating negative attitudes toward disabled people, where interventions would then focus on removing impairments as opposed to removing socially constructed barriers. Hence, it was and is still our conviction as LNFOD that the NDMP would direct the government's efforts toward a social model approach to disability mainstreaming in Lesotho.

Article 33 requires state parties to designate a focal point in government to coordinate the implementation of the CRPD (United Nations, 2006). Hence, the Government of Lesotho established a full directorate on disability social services (DSS) in 2012 within the Ministry of Social Development. This ministry, through the DSS, provides among other things assistive technology and vocational training to disabled people. However, this directorate is seriously understaffed, which has led to poor quality coordination of disability issues in Lesotho. Moreover, it is also worth noting that the effectiveness of its interventions has been compromised by the ministry's lack of presence at the grassroots level. However, the establishment of the DSS under the Ministry of Social Development instead of the Ministry of Health and Social Welfare, signals a positive change from the government perspective. Such understanding is in line with the CRPD, which recognises disability as a social rather than a medical disability issue. This approach puts disabled people at the centre of development. It also regards them as agents of development. Thus, with this new approach, our government is better positioned to enable disabled people to influence disability mainstreaming efforts. Also, the new approach shifts the focus from only viewing disabled people as people requiring medical intervention, to focusing on dismantling socially constructed barriers (WHO & World Bank, 2011). Thus, such shift has, to some extent, created an enabling environment for disability mainstreaming in Lesotho.

In addition to the establishment of the DSS, Lesotho devised a series of policy interventions, prompted by the advocacy for implementation of the CRPD. Among others is the

National Strategic Development Plan (NSDP 2012–17). With this policy, the government has committed to include disabled people into the mainstream society, with the aim of optimising social functioning and realising their full potential. To achieve this, the government committed to promoting and protecting the rights of disabled people and facilitating their access to adequate and equitable basic public services. Also, the government undertook to ensure that disabled people enjoy income security and empower them to become self-reliant. Again, the government pledged to promote the prevention and early identification of various forms of impairments and ensure accessibility of the physical environment to disabled people. Through the NSDP, government also has the duty to promote the participation of the disabled people in the national development process and ensuring their access to appropriate habitation and rehabilitation services (Ministry of Social Development, 2011a).

Despite the above good intentions of the NSDP, the government has not yet implemented any of the policy points. This could be attributed to lack of political will, poor coordination, lack of budget allocation, as well as the lack of capacity from respective government ministries. Also, minimal engagement of DPOs in the development of the NSDP has also contributed to the failure of this document to live up to its purpose. Moreover, focusing on integration instead of inclusion of disabled people is one of the flaws that have blocked this policy in guiding the government to achieving disability mainstreaming and, eventually, inclusion (Ministry of Social Development, 2011b).

Despite the minimal engagement, LNFOD, together with its membership, made efforts to advocate for their first-time participation and challenging the government to see disability as a cross-cutting issue that affects all the priorities set out by the NSDP. Among other provisions, this plan includes the training of teachers on inclusive education, making healthcare services and infrastructure accessible to disabled people and providing disability grants. Also, the plan covers issues on the engagement of disabled people in economic activities and provision of Sign Language interpreters for the inclusion of deaf people. LNFOD and its affiliates therefore worked hard to ensure that NSDP mainstreamed disability as a cross-cutting issue to be addressed by all government ministries depending on the role and mandate of each ministry.

Despite its participation in the development of NSDP, LNFOD could not participate in the development of the monitoring and evaluation of this document as it was given to a consultant to do it alone and submit it to the government for adoption. Hence, many stakeholders did not participate in the design of the monitoring and evaluation system, leading to the exclusion of disability-specific targets and indicators by the monitoring and evaluation system. LNFOD tried to influence the inclusion of disability-specific targets and indicators in the monitoring and evaluation system by holding several advocacy activities. However, the organisation did not achieve success with its advocacy work as the government argued that the plan was completed and it could not allow any editing for the sake of disability inclusion.

The consequence of the exclusion of disabled people in the monitoring and evaluation system of the NSDP is that it is, and will be, difficult for Lesotho to measure inclusion and the participation of disabled people in all priorities articulated in this plan. The evaluation report of this plan did not measure the inclusion of disabled people. As a result, Lesotho missed an important component in the implementation of the NSDP by failing to target disabled people. An inclusive evaluation report of this plan would have fully informed future interventions of the government toward disability issues. The attitudinal barriers emanating from the policy-makers therefore excluded disabled people from benefiting from the implementation of this important national document. It has transpired that during the revision of NSDP held from 19 to 23 July 2016, most of the government ministries did not mainstream disability into their

ministerial plans because the monitoring and evaluation system of the NSDP did not incorporate inclusive targets. In addition, disability was put in a separate chapter entitled 'cross-cutting issue' but many ministries did not consider this chapter. As a result disability remained highly invisible in the implementation of NSDP by most of the government ministries (Government of Lesotho, 2015).

Lesotho has been able to theoretically mainstream disability within the NSDP which guides the strategic planning of government. It is evident, however, that despite that achievement much work still needs to be done to raise disability onto the national agenda. The Government of Lesotho, particularly the Ministry of Finance, should ensure that budget is allocated for the implementation of the disability-inclusive policies. It is imperative for LNFOD to advocate for the inclusion of disabled people in the upcoming NSDP so that it becomes visible in that plan. Also, the SDGs style of targeting disability (United Nations, 2015) should be adopted by the Government of Lesotho so as to ensure inclusion of disabled people within the strategic targets and indicators of the new NSDP. It is quite significant to mainstream disability in the NSDP so that it forms the basis for the inclusion of disabled people in the ministerial plans and that government can allocate budget for the implementation of the disability-related issues appearing in the plan. The NSDP defines the long-term goals of the government that are implemented by short-term national and ministerial policies and plans. If disability is embedded in the NSDP, all the relevant ministries shall therefore be inclined to mainstreaming disability into their plans and policies so that NSDP becomes a reality.

Despite the challenges aforementioned, the DPOs under the auspices of LNFOD successfully advocated for the development and adoption of the National Disability and Rehabilitation Policy (NDRP) in 2011. The purpose of this policy is to create an environment in which disabled people in Lesotho realise their full potential. Moreover, this policy's aim is that of eliminating all barriers facing disabled people in terms of job opportunities, social protection, education and physical access regarding infrastructure and information. Of most importance is the overarching objective that this policy is to be used as the guiding document for designing, implementing, monitoring and evaluating the generic public and specific policies for the meaningful inclusion of disabled people in Lesotho. The NDRP sets out the priority areas for disability inclusion, which the government will undertake to mainstream disabled people into society: these include access to inclusive education, job opportunities and access to physical infrastructure (Government of Lesotho, 2011).

Unfortunately, this policy was never implemented, particularly by other government ministries such as the Ministry of Health and that of Public Works. This was because the guidelines on the implementation of this policy were never developed by the Ministry of Social Development resulting in difficulties in implementing this policy. Moreover, there was no political will on the part of government to implement the policy. It is difficult if not impossible to come across a disability government policy and strategy on disability emanating from government initiatives. This is maybe due to negative perceptions or ignorance of the senior government officials that disability mainstreaming is burdensome and will be unnecessarily costly as the disabled people are the objects and not the subjects and agents of development (Yeo & Moore, 2003). This situation causes the senior government officials to neglect and ignore the implementation of the disability-related policies.

In LNFOD's advocacy for implementation of this policy, lack of disability policy, strategic action plan, and inadequate capacity to handle disability programming by government ministries were attributed as the contributing factors to the non-implementation of the 2011 NDRP. It was difficult for other ministries to implement the NDRP without the proper coordination and guidance from the Ministry of Social Development which equally lacked the requisite

capacity to programme and budget for the disability framework of Lesotho. This is because the Ministry of Social Development was only established in June 2012 and was designated to be the disability focal ministry. However, disabled people continued to face deep inequalities in terms of access to social services, education, employment and justice, since the Ministry of Social Development did not act as the advocate of disabled people within the government. In addition, the ministry does not budget for the effective implementation of the disability-related policies despite robust advocacy on budget allocation for the disability-related framework by LNFOD and its affiliate DPOs. However, despite the above challenges, the NDRP remains an important advocacy tool for the promotion and protection of the human rights of disabled people, in the sense that it creates the basis for further disability advocacy for mainstreaming in Lesotho.

Through strengthening the social protection of vulnerable people, the Government of Lesotho, through the Ministry of Social Development, committed to assist LNFOD to publish and publicise the NDMP and improve the capacity of frontline officers, specifically those in charge of implementing rehabilitation within the Ministry of Social Development to deal with issues of disability. In addition, under this strategy, the government committed to work with LNFOD to review disability grants, copying neighbouring countries (e.g. South Africa, Namibia and Botswana). The government also committed to developing suitable mechanisms and procedures for the definition and classification of impairments, based on global best practice appearing in international frameworks such as the WHO's International Classification of Impairment, Disabilities and Handicaps. In addition, the government undertook to register all those defined as having severe impairments and chronic illnesses in the national information system database, on an on-demand basis. Moreover, the government will design and implement a disability grant for all those who are severely disabled above the age of eligibility for the infant grant and below the age of eligibility for the old age pension. Equally important also is that the government undertook to build linkages with other ministries, and with NGOs that work with disabled people to strengthen families, deliver assistive technology, reduce barriers to access issues and provide vocational training.

The above social protection strategy has attempted to mainstream disability by articulating on the actions to be undertaken to promote the inclusion and protection of disabled people in Lesotho. However, no budget has yet been allocated for its implementation to improve the social protection of disabled people. The only achievement regarding the implementation of the above-mentioned strategy is the adoption of the NDMP.

National Disability Mainstreaming Plan 2015

Building upon the above-stated initiatives on disability mainstreaming, Lesotho adopted the NDMP in 2015, which seeks to mainstream disability within all the government annual plans and programmes. Disability mainstreaming is a

strategy for making the concerns and experiences of disabled people an integral dimension of the design, implementation, monitoring, and evaluation of policies and programmes in all political, economic, and societal spheres so that disabled people benefit equally.

(Handicap International, 2009, p. 5)

Processes of mainstreaming disability in plans can be divided into five steps, namely; initiation, analysis, formulation, implementation, and monitoring and evaluation.

Initiation stage

This is where LNFOD and the Ministry of Social Development mapped the stakeholders to be involved in the development of the baseline survey and the NDMP. LNFOD and the Ministry of Social Development had regular monthly meetings in which they shared progress on the implementation of disability-related programmes on various aspects of development. It was in one of these progress meetings that LNFOD introduced the new project on disability mainstreaming, namely, Communities of Practice in Disability Advocacy for Mainstreaming (COPDAM). In Lesotho, this project was aimed at building the capacity of LNFOD to negotiate policies with government and other key development partners and to take the leading role in the development of the NDMP. One of the key activities envisaged in this project was the development of the NDMP intended to assist all government ministries to mainstream disability into ministerial plans. Considering the primary role of the Ministry of Social Development in the advancement of disability rights, LNFOD lobbied this ministry to develop the NDMP in consultation with all stakeholders to be involved in the implementation stage of the mainstreaming plan.

Formulation stage

At the formulation stage, the Ministry of Social Development and LNFOD agreed to conduct the baseline survey to determine the extent of disability inclusion in all government ministries so that the findings of the baseline study could fully inform the content of the NDMP. The overall purpose of the baseline study was to build a knowledge base through the production and dissemination of a report on the current status with regard to disability mainstreaming in the country (LNFOD, 2011). This was to support the development of the NDMP by government. It also assisted the government, DPOs and Civil Society Organisations (CSOs) to generate reliable evidence and to use the information for further planning and campaigning for inclusive policy development and implementation. In addition, the study established the extent to which existing legislation and programmes in Lesotho are disability inclusive.

The National Strategic Development Plan (NDSP) is a government document that highlights what ministries have already done and their intended plans for disability mainstreaming. It also highlights the gaps and challenges, thus providing research evidence meant to assist government ministries in their planning for disability mainstreaming. It will also assist DPOs to think through what they will prioritise for their advocacy, lobbying and awareness campaigns. Of course, one would perhaps say that this information was already known and that there was no need for a baseline. However, this information was known by few policy makers who usually file the documents in their drawers. It was extremely useful to bring it all together in one consolidated document.

The study was successfully conducted and validated by the stakeholders (see LNFOD, 2011). It was clear that there was lack of disability mainstreaming in government policies, programmes and services. This is because of lack of awareness and capacity for doing so from various stakeholders. Only the Ministry of Education and Training and that of Social Development were found to be dealing with disability even though most disability-related activities of these ministries were not government-funded. UNICEF was found to be the only United Nations agency providing the budget support for the education of children with disabilities. Another challenge was the absence of the disability focal persons in all government ministries to advocate for the participation of disabled people in the planning, implementation, monitoring and evaluation of national development processes. It was therefore found to be difficult to implement effective disability mainstreaming (LNFOD, 2011).

Finally, the study revealed that there was no strategic planning in disability mainstreaming to guide the implementation of the programmes and services of the government toward disability inclusion. Hence, it was recommended that the NDMP and the government ministries receive training on disability mainstreaming as the starting point for the meaningful inclusion of disabled people in the public sector services (LNFOD, 2011).

Informed by the baseline survey, LNFOD and the Ministry of Social Development found it worthwhile to engage other government ministries from the initial stage of the NDMP in order to enable each ministry to determine the actions to be undertaken in the mainstreaming processes. As a result, the Ministry of Social Development and LNFOD developed the terms of reference for the consultant who was to be engaged to assist with the writing up of the NDMP. It is crucial for countries to develop national disability mainstreaming plans to guide different ministries and departments on how to mainstream disability in their own plans, programmes and policies. A government ministry, department or unit responsible for coordinating disability issues in each country should be responsible for leading the development of the NDMP. The development should be done with inputs from different government ministries, national disability federations, DPOs and CSOs.

The NDMP includes targets and indicators for each government sector, which will then form part of their individual annual plans. In order to achieve this, the Ministry of Social Development successfully encouraged the appointment of the Disability focal persons from the ministries of Education and Training; Justice and Correctional Services; Health; Law, Human Rights and Constitutional Affairs; Communication, Science and Technology; Public Works and Transport; Energy; Trade and Industry; and Labour and Employment. In order to ensure that the disability focal persons become effective, it was proposed by LNFOD that persons to be appointed as focal persons should be senior government officials who are in the position to make decisions on behalf of their ministries. However, other government ministries did not honour the request from LNFOD and the Ministry of Social Development. Nevertheless, this negative response created the basis for further advocacy on the appointment of focal persons in the ministries in which they had not been previously appointed.

The ministerial disability focal persons have multiple roles in ensuring the disability mainstreaming within their respective ministries. They are responsible for conducting an analysis of legislation and policies, programmes and services of the government institutions to ensure effective disability mainstreaming. In addition, they have to facilitate capacity development of their respective ministries so that office bearers are able to account for disability inclusion, budgeting and planning. They are further granted responsibility to guide and support government ministries and institutions in providing accurate and timely information for the purposes of reporting to international treaties such as the CRPD. Facilitating performance agreements of senior managers to reflect developmental obligations for disability mainstreaming is also their crucial role. Equally important is that these focal persons provide support and guidance to government institutions and the private sector institutions as well as the CSOs in disability mainstreaming. Last, ministerial disability focal persons compel ministerial officials to submit quarterly and annual reports on the progress on the implementation of the departmental or ministerial programmes of action for the equalisation of opportunities for disabled people.

LNFOD and the Ministry of Social Development agreed to engage a consultant to lead the process of formulating the NDMP. There was a need to train the disability focal persons from the ministries so that they would be able to analyse their policies, programmes and services regarding the inclusion of disabled people. The understanding was that the training would enable the effective participation of these focal persons in the development of the NDMP. The training for the focal persons was organised by both LNFOD and the disability focal

ministry in which the consultant was invited to start interacting with the ministerial disability focal persons. After that, the consultant began a series of consultative meetings with the focal persons and other senior government officials about how disability could be mainstreamed in their programmes. The consultation process took longer than expected because there was lack of interest in dealing with disability mainstreaming by other government ministries. In fact, some are still of the opinion that disability should be dealt with solely by the Ministry of Social Development.

The consultant developed the NDMP in consultation with the focal persons, DPOs, CSOs and leading commercial forum in Lesotho. He submitted reports to the Ministry of Social Development as a coordinating ministry and to LNFOD as the umbrella body of DPOs. LNFOD also had meetings where the inception, draft and final reports were reviewed and inputs and comments compiled and submitted to the consultant for his consideration. Sometimes the consultant would be part of the review meetings, depending on the magnitude of the comments provided by the stakeholders. The series of consultative meetings were held with the DPOs working in Lesotho to establish what they need to incorporate into the plan and determine their role in the implementation stage.

A validation workshop was conducted where all the stakeholders gathered to make a final review of the plan. The NDMP was adopted as the action plan of the government to inform the ministerial plans for the disability mainstreaming. Out of 22 government ministries, 12 were actively involved in the development of the NDMP. The plan seeks to mainstream disability in the areas of health, education, basic social services, access to infrastructure and information, recognition of people before and under the law, access to healthcare services, livelihoods, capacity building of the government officials, social protection, capacity building, and removal of disability discriminatory laws. The Ministry of Social Development launched the plan, to which all stakeholders were invited along with the development partners who were lobbied to support its implementation. It was at this launch that the NDMP was distributed among the disability focal persons, DPOs and other stakeholders.

Implementation stage

The NDMP was adopted in October 2015. This was immediately after the government ministries had prepared their budget paper. Hence, LNFOD launched the advocacy on the disability mainstreaming into the existing budget paper so that the implementation could start in the fiscal year 2016–17. As a result, the Ministry of Social Development, as the coordinating ministry, budgeted for the quarterly progress meetings in which all focal persons come together to discuss the progress and challenges facing the implementation of the NDMP. The first quarterly progress meeting was to be held in August 2016 in which the focal persons would share the disability-related activities to be undertaken from the master plan into the ministerial plan. This means that Lesotho is now in the implementation stage, which is the most critical stage for all the stakeholders involved in the implementation and the beneficiaries as well. The first quarterly meeting was meant to look into how the ministerial focal persons might work together with other departments from the same ministry to identify and mainstream disability activities into their upcoming annual ministerial plans. The quarterly meeting would have gone further to build the knowledge and understanding of the ministerial focal persons on how they can mainstream disability-related activities into their 2017–18 annual ministerial budgets. This is a crucial process of mainstreaming disability. However, none of these quarterly meetings were held and no explanation has been given by the Ministry of Social Development in this regard.

For effective implementation of the NDMP, there should be intensive undertaking of the capacity-building sessions which will assist the focal persons to advocate for effective disability inclusion within the ministries (Chataika *et al.*, 2011). The focal persons should be equipped with the various skills of imparting disability-related programming, which might help the ministries to meaningfully include disability in their daily activities. It is worth mentioning that the ministerial disability focal persons require more training on disability mainstreaming so that they can perform their disability-related functions effectively (*ibid.*). Nevertheless, they are not yet exposed to the international conferences on disability and programming, which could hinder effective operationalisation of disability mainstreaming. The ministerial focal persons should, as a matter of policy, undergo capacity development training on disability rights so that they can build their confidence and self-esteem in becoming the advocates of disabled people within their ministries. The government must also give out the directive to all the government ministries to mainstream disability through their ministerial plans informed by the NDMP 2015.

Monitoring and evaluation system of the National Disability Mainstreaming Plan

The monitoring and evaluation system of the NDMP is not yet developed because the Ministry of Social Development has communicated that it intends to incorporate the plan into their already existing ministerial monitoring and evaluation plan. However, LNFOD and its alliances are in the position to monitor the implementation of the NDMP through its advocacy strategy, which targets the implementation of national development activities, among other priorities.

Lessons learned

LNFOD as a civil society organisation has been working with the government through the Ministry of Social Development to develop the NDMP. The successful partnership between the two institutions marks a major achievement considering the nature of the relationship between the DPOs and the government. Disability activists and DPOs should be armed with the knowledge on disability mainstreaming in order to convince the government about the need to develop the NDMP (Wazakili *et al.*, 2011). Gone are the days when disabled people make disability their own agenda. In the process of disability mainstreaming, all stakeholders should be involved no matter how negative their attitude might be toward disability issues; hence the need for disability awareness raising.

Many senior government officials are not aware of disability issues and perhaps do not have enough time to learn about the disability inclusion and mainstreaming. Hence, the development of the disability mainstreaming plans might be delayed or hampered by the senior government officials fearing that they may not have the knowledge to deal with such processes (Wazakili *et al.*, 2011). The role of disability activists and DPOs is to convince the government of their full support toward the development of such a plan. Sometimes, when DPOs lobby for the development of the NDMP, governments may stop the advocacy by claiming that they lack the funds to commence such initiatives. The advocacy group should be able to mobilise the basic funds, which could enable the process of developing the plan. Second, it should be indicated from the very beginning that disability mainstreaming does not only require specialist expertise, but rather, political will (Chataika, 2013). In fact,

the stakeholders can develop it alone if there are no funds to engage the consultant. Most importantly, the disability advocacy groups must understand disability as a human rights and development issue rather than a social welfare issue (WHO & World Bank, 2011). Thus, it requires intensive advocacy, lobbying and time to change the mindset of policy makers for them to view disability as a human right, cross-cutting and development agenda.

Reflective questions

- 1 What are the essentials of disability mainstreaming that you can draw from Lesotho's experience?
- 2 What are the major challenges of coming up with a disability mainstreaming plan that you have learned from Lesotho's experience?
- 3 How would you ensure meaningful participation of all the stakeholders in disability mainstreaming?

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