

# Mapping and assessment of Lesotho's child protection system: report of key findings

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## Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Therapy
CGP	Child Grants Programme
CGPU	Child and Gender Protection Unit
CPWA	Children's Protection and Welfare Act
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DCPT	District Child Protection Team
DHS	Demographic and Health Survey
ECCD	Early Childhood Care and Development
EU	European Union
GDP	Gross Domestic Product
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IECCD	Integrated Early Childhood Care and Development
JTC	Juvenile Training Centre
LCS	Lesotho Correctional Services
LGGA	Lesotho Girl Guides Association
LPPA	Lesotho Planned Parenthood Association
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOET	Ministry of Education and Training
MOLGC	Ministry of Local Government and Chieftainship
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOJCS	Ministry of Justice and Correctional Service
MOLE	Ministry of Labour and Employment
MOSD	Ministry of Social Development
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
NISSA	National Information System for Social Assistance
NOCC	National OVC Coordinating Committee
NPSD	National Policy on Social Development
NSPVC	National Strategic Plan on Vulnerable Children 2012-2017
OVC	Orphans and other Vulnerable Children
PEPFAR	President's Emergency Plan for Aids Relief
PSS	Psychosocial Support
PWD	People living With Disabilities
TRA	Touch Roots Africa
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WV	World Vision

## Executive summary

### 1. Introduction

Children are one of Lesotho's greatest resources. They make up more than half of the population and every one of these children has the potential to make a positive contribution to the future of the nation.<sup>1</sup> But for this to happen, children must be protected from harm so that they can grow to their full potential. Currently this is not so. Despite the best efforts of many people across Lesotho – family members, communities, people working on the front line with families and policy makers, children themselves – too many children in Lesotho face the fear of abuse and violence or their basic need for love and support is neglected.

Violence, abuse, exploitation and neglect have long-term costs to the state. Lesotho's investments in economic growth and the focus on social development, not welfare, will be compromised if children continue to experience high levels of maltreatment, especially in the earliest years.

Although there is little information on the nature and scope of abuse, violence, exploitation and neglect in Lesotho, the available data suggests the situation is alarming. An estimated 10,000 children experience sexual abuse every year.<sup>2</sup> Over one third of Basotho children (34%) do not live with their biological families – many risk disinheritation,<sup>3</sup> many more grow up without the love and security that they need for proper cognitive, physical and intellectual development. Lesotho, as a lower middle-income country that faces deep poverty and inequality, has embraced the concept of social development, as demonstrated in the shift from Social Welfare to Social Development. Child abuse, violence, exploitation and neglect are closely linked to poverty – as anyone working on issues of child labour, school drop-out or forced early marriage know. However, addressing poverty through social protection, youth employment and related programmes, as the Lesotho government is committed to doing,<sup>4</sup> requires a complementary child protection system.

*A **child protection system** is a set of laws, policies, regulations, procedures and services, capacities, monitoring, and oversight applied across all formal and informal sectors—especially those addressing social development, social welfare, education, health, security and justice—to prevent and respond to protection-related risks faced by children.*

Lesotho Child Protection Systems Mapping & Assessment Task Force

A 'systems approach' to child protection sets the platform and the framework within which child protection issues can be dealt with effectively and efficiently. It makes it more possible to optimise investments, promote longer-term benefits for children and families and strengthen the broader social development environment by promoting family and community resilience.

The Ministry of Social Development commissioned this mapping and assessment exercise in order to: identify strengths, opportunities, obstacles and gaps in Lesotho's current child protection system; and develop a system that effectively protects children from violence, exploitation, abuse and neglect.

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<sup>1</sup> UNICEF Lesotho (2011a) Report on Child Poverty in Lesotho, 2011. Summary report.

<sup>2</sup> Ministry of Social Development (2012) *Situation Analysis of Orphans and Other Vulnerable Children in Lesotho 2011*

<sup>3</sup> Lesotho 2009 Demographic and Health Survey

<sup>4</sup> Government of Lesotho (March 2012) National Strategic Development Plan 2012/13 – 2016/17

The mapping and assessment process comes at a strategic moment. Lesotho has introduced the exemplary Children's Protection and Welfare Act of 2011 (CPWA), which by general consensus provides state-of-the-art legislation, combining all elements of children's welfare and protection in one rights-based legal framework. Efforts are now being made to translate the CPWA into action. Actors are working on developing regulations for the Act; training of justice personnel and other relevant government stakeholders in the legislation is underway; there is a process of costing the CPWA. But an Act, even with regulations, can only be translated into tangibly improved protection for children if...

... we know which children, where, of what ages, etc., are being exposed to protection violations;...

... we know how to reach those children with care and support where they live, and not just at the nearest point of service delivery – which means knowing how to reach those children in their homes or neighbourhoods, through adults and other children that they can trust; and...

... we know how to prevent risk and help support children who have already been harmed, by having not only the laws and regulations, but the technical capacities and listening and talking skills that mean that children and their families can trust and benefit from the support.

This is what the mapping and assessment seeks to do – show where the information is available and where there are gaps that need filling, which can assist in strengthening what is happening on the ground and link it to implementation of the CPWA in a way that is effective, sustainable and right for children.

Findings are drawn from individual interviews with stakeholders, review of documents such as guidelines or procedures and discussions with various groups. Once reviewed and validated by stakeholders, the findings from the mapping and assessment process will be used to develop a five-year costed Strategy and Action Plan for Child Protection.

## 2. The current child protection system in Lesotho – mapping and assessment results

The overall findings highlight what is already well known – that more needs to be done to understand what risks children face and that currently too few resources are available to address those risks. However, it also identifies opportunities for strengthening the system, building on positive experiences.

The key findings are summarized here. The report provides more detail on the evidence behind the findings.<sup>5</sup>

**Evidence of the scale and scope of the problem:** Currently it is not possible to know the full scale and nature of the neglect, abuse, exploitation and violence that Basotho children face.<sup>6</sup> However, the data that we do have ring alarm bells – there are an estimated 10,000 children experiencing sexual abuse and in more than one in twenty households with children in it, children had experienced physical violence in the twelve months prior to the 2011 OVC Situation Analysis survey. The same Situation Analysis found that there are approximately 125,000 children who are vulnerable to specific, serious challenges of whom 30,000 are in urgent need of targeted assistance, much of which is child protection-specific. More than one third of children in Lesotho (34%) do not live with their biological families.<sup>7</sup> Whilst many are doubtless in loving homes with extended family, there is no information about which of these children risk stigma, discrimination or neglect.

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<sup>5</sup> More detailed information still is available in the completed Toolkit, which will be available from MOSD, UNICEF and the consulting group, Maestral International, from April 2014.

<sup>6</sup> Ministry of Social Development (2012) Situation Analysis of Orphans and Other Vulnerable Children 2011

<sup>7</sup> Lesotho 2009 Demographic and Health Survey

**Ability to generate and use evidence for decision-making, programming and monitoring impact:** In some essential areas where data should be available, it is not present. In particular, the scale, nature and scope of neglect and stigma, experiences of children in alternative care and the scale and scope of physical and sexual abuse against both girls (including early and forced marriage) and boys. Where data is collected, it is not shared across sectors, making it impossible to understand the multi-faceted nature of child protection. There is no information management system that would enable different sectors (health, education, police, for example) to ‘follow the child’ and ensure consistency of response across sector. This lack of coherent monitoring makes it impossible to track outcomes for the individual child, nor be used to measure underlying drivers of protection-related risks. Without this data, decisions on human and financial resources allocation cannot be based on evidence.

**Lesotho’s policy and legal framework for protecting children is strong.** There is no immediate need to focus on development of new laws and policies, once a child protection strategy is developed subsequent to this mapping and assessment process. However, there are some challenges. Child protection violations occur because of the application of a dual legal system, for example leading to acceptance of forced early marriage in many communities. Some laws have not yet been harmonised with the new Children’s Protection and Welfare Act, notably sexual offences and marriage. Whilst the framework is generally strong, there are significant gaps in translation into action. In the first instance, there must be regulations, standards and guidelines to translate the CPWA into action for children – the Act has been recently introduced, but there is now an urgent need to continue to focus on its translation from law into practical regulations, court rules, templates, etc. Overall, there is the need for development of minimum standards for all those involved in child care and protection.

**Coordination of the child protection response needs to be enhanced,** that has a statutory mandate and that is accountable at all levels from national through district to community level. Whilst there is a mechanism at district level, the District Child Protection Teams, these suffer from lack of formal recognition and therefore lack of consistent support from all relevant ministries. At community council level, there is no recognised child protection coordination mechanism. As a result, people within the community, who should be the lynchpin of the child protection system, are not able to follow cases through. Responses remain ad hoc and depend on individual community leaders’ or community groups’ action.

**More must be done to clarify (and harmonise and simplify) different sectoral responsibilities for child protection.** The mapping found that, overall, there is limited formal responsibility for child protection within sectoral ministries. Although the Ministry of Social Development has an overall responsibility, it should be the role and responsibility of each ministry who has a role in protecting children (such as health, education, etc.) to have focal points for child protection at senior level. The child protection workforce must be viewed as a whole, across social development, justice, police, education, health and civil society. These actors must work towards the same results in preventing and responding to child protection violations – a joined-up framework of responsibilities that are mutually accountable. Staffing levels and capacities are weak across all sectors with gaps in core child protection competencies. Both the ongoing human resource development work related to the new MOSD and the costing of the CPWA are ideal opportunities to prioritise key child protection roles and responsibilities across all government sectors.

**Community responses, including CBOs (especially support groups), chiefs and Community Councils form the primary mechanism for supporting children.** The mapping and assessment exercise attempted to identify what is happening on the ground which is intended to or actually protecting children from abuse, violence, exploitation and neglect across the ‘continuum of child protection’: (a) An enabling (or ‘promotive’) environment that protects children; (b) Preventive actions – those that are targeted at children and families, or groups of children or families, that are especially at risk of experiencing child protection violations; (c)

Responses – taking action when a violation has been committed; (d) Rehabilitative services – actions taken after a violation has been committed to ensure the violation is not repeated and/or to repair the trauma or harm caused to the child and family. There is little data available on numbers of children being reached with child protection interventions (as opposed to more general ‘vulnerable child’ interventions) or on the number of projects being delivered. There is a stronger focus on response interventions than on prevention or rehabilitation, although in the long-run, if more were placed on effective prevention interventions (likely to be implemented by community support groups or other informal mechanisms), there would be a greater impact. Currently, whilst there is a wide range of community-based initiatives, based on feedback identified from key stakeholders during the mapping and from the National Strategic Plan on Vulnerable Children<sup>8</sup> and individual CSO reports<sup>9</sup> (in particular, during this mapping children testified to the value of support groups), there is need for good impact monitoring in order to build on the good practices and improve those that are not acceptable, ensuring that interventions follow good practice and “do no harm” to the child.

### 3. Implications for strategic planning

The mapping and assessment process sought to identify priorities in the following key areas – the points below are a synthesis of the key points made during the mapping and a subsequent validation workshop.

#### **Laws, policies, standards and regulations**

Priorities include finalisation of CPWA regulations, with accompanying forms, standard operating procedures, guidelines, templates, etc. and harmonisation of different sectoral standards and guidelines. Key informants during the mapping, at district service delivery and coordination level and from civil society and ministry staff providing capacity building and services at district level, largely emphasised the need to strengthen the mandate and capacity of local authorities to enforce policies and standards at district and community level.

#### **Cooperation, coordination and collaboration**

One top priority is the establishment of one overall oversight body and then one overall operational coordinating mechanism for child protection. Coordination must be clearly outlined from Community Council to national level and recognised in job descriptions. Whilst the overall coordinating mechanism must be multisectoral, there is also need for a CSO coordinating forum focusing on child protection issues, which can act as gate keeper to ensure that CSOs work collaboratively, have coordinated and rational national coverage and can ensure compliance and consistent quality of referrals and programming.

#### **Capacity building**

At management level, core ministries must have child protection capacity within key focal points at Director level. Child protection functions and roles must be clearly articulated within job descriptions of all who have a role in protecting children. All frontline workers, government, civil society and ‘volunteer’, need a minimum set of skills to identify prevention opportunities and handle child maltreatment cases in an appropriate, child-friendly, confidential, respectful, and professional manner. One area highlighted for capacity building is the MOSD Monitoring and Evaluation Unit, to ensure that the monitoring data is gathered by all parties and that the data is analysed, consolidated and applied.

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<sup>8</sup> MOSD (November 2013) Annual Review of the First Year of the National Strategic Plan on Vulnerable Children (NSPVC).

<sup>9</sup> Civil society representatives identified many small-scale initiatives, although numbers, coverage and quality are not available. Faith-based responses, often very small and informal, are widespread and many anecdotally are running small support interventions for children – largely focusing on material support but also including a counselling and support focus. Groups funded by larger NGOs, including MSH, World Vision, PACT, etc. include a wider range of interventions.

## **Service and service delivery mechanisms**

There must be a robust case management tracking system or referral mechanism for children at risk of or already experiencing abuse (physical, sexual and emotional), violence and severe neglect. There is also need to ensure appropriate coverage of services, prioritising areas of greatest need for child protection support – highlighting again the need for improved management information systems. One service which needs to continue is the Child Helpline which, whilst being a civil society service, must be fully integrated into the ‘systems response’ and be an integral part of the oversight and coordination mechanism, which now lies in the Department of Child Protection Services in MOSD, and must have sufficient resources, well-managed, to act as an essential entry point. Support groups are the first point of contact and also need further input. In general, there is need for more reflection on how to bridge the gap between the formal and informal structures and increase accountability, including empowerment of local structures to address child protection effectively. Children (and caregivers and communities) must be consulted at programme design stage, as was highlighted in civil society discussions in particular.

## **Communication, education and mobilisation for change**

The priorities highlight the need for an evidence-informed, targeted community sensitisation, mobilisation and advocacy strategy on child protection, which measures inputs and outcomes/impact i.e. that measures effectiveness of advocacy in terms of increased protection of children.

## **Financial resources**

The child protection system actors must prioritise resource mobilisation and budget allocation for costed elements of CPWA and consider how available budgets are spent in a way that maximises benefits for children. This requires considerable attention to issues of cost effectiveness. One area for consideration is investing human and financial resources in prevention components (e.g. strengthening family-based alternative care, investing in community-based prevention initiatives) that demonstrate impact.

## **Accountability mechanisms**

There is a need to engender a sense of personal and institutional accountability for protecting children within all bodies that deal with children. There is a need for an independent oversight body for the sector.

There must be a well-coordinated monitoring system across all the issues that affect child protection, in order to ensure an evidence-based approach to using data for decision-making, e.g. on identifying new research needs, programme design, impact monitoring.

Stakeholders called for a minimum set of child protection indicators that all child protection actors must collect and report on, to one central agency; consolidated data must be analysed, and the results shared and used for annual planning and monitoring of child protection interventions

## **4. Concluding comments**

This brief snapshot will hopefully stimulate reflection and action and enable all actors to play their part in investing for the future – a future in which children can grow up strong and protected because, as government representatives, civil society actors and community leaders – we can commit to delivering a child protection system that prevents harm, responds and supports individual children and to which all are held to account to uphold the highest possible standards.



## 1. Introduction

Children are one of Lesotho's greatest resources. Children aged under 18 years make up more than half of the population (over 51%).<sup>10</sup> Every one of these children has the potential to make a positive contribution to the future of the nation.

But this requires that children are protected from harm so that they can grow to their full potential. Currently this is not the case. Despite a constitutional commitment to protect children's rights, and the best efforts of many people – family members, communities, people working on the front line with families and policy makers, children themselves – too many children in Lesotho face the fear of abuse and violence, or their basic need for love and support is neglected.

The government of Lesotho recognises this challenge. The Children's Protection and Welfare Act of 2011 and the National Social Development Policy's focus on social development for children and families reflect the need to consider protection from abuse, violence, exploitation and neglect, alongside other rights. The immense efforts of civil society and government employees, working in schools, health centres, police stations, courts and communities around the country demonstrate a commitment to protect children through many individual interventions for children. However, this cannot be done in a piecemeal fashion, as the Hon. Mrs Matebatso Doti, Minister of Social Development, stated in the *Situation Analysis of Orphans and Other Vulnerable Children in Lesotho (2011)*:

*"Basotho society has always been resilient, and our response to vulnerable children needs to build on this resilience. This means strengthening local systems to respond to the vast majority of the needs of our vulnerable children using a family-centred approach. It means extending our social services even more than we have done to date. And it means providing needed support to the children who are especially vulnerable: subject to extreme violence, trafficked, exploited, abused. Government, and its partners in development from around the world, hereby recommit themselves to this noble cause."*

The mapping and assessment process comes at a strategic moment. Lesotho has introduced the exemplary Children's Protection and Welfare Act of 2011 (CPWA), which by general consensus provides state-of-the-art legislation, combining almost all elements of children's welfare and protection in one rights-based legal framework. There is action now on translating the CPWA into action. Actors are working on developing regulations for the act; training of justice personnel and other relevant stakeholders in the legislation is underway; there is a process of costing the CPWA. However, it will not be possible to respond to this challenge without *knowing*...

- which children, where, of what ages etc., are being exposed to protection violations;
- how to reach those children with care and support where they live, and not just at the nearest point of service delivery – which means knowing how to reach those children in their homes or neighbourhoods, through adults and other children that they can trust; and
- how to prevent risk and help support children who have already been harmed, by having not only the laws and regulations, but the technical capacities and listening and talking skills that mean that children and their families can trust and benefit from the support.

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<sup>10</sup> UNICEF Lesotho (2011a) Report on Child Poverty in Lesotho, 2011. Summary report.

This report provides the findings from a mapping and assessment of Lesotho's current child protection landscape that seeks to address some of these challenges – show where the information is available and where there are gaps that need filling, which can assist in strengthening what is happening on the ground and link it to the implementation of the CPWA in a way that is effective, sustainable and right for children.

The report is divided into four main sections. The first highlights why there is need for a strong focus on child protection in Lesotho. The second section summarises the data currently available on child protection risks and data that are needed, if Lesotho is to effectively target interventions to the children and areas where there is the greatest need for intervention and if interventions are to be designed with the greatest chance of success. The third section considers the policy framework and the extent to which this enables a strong child protection response. The fourth section assesses who are the actors who must play a role, if children are to be protected – what their formal mandate is in relation to child protection, how the multiple mandates fit together, the extent to which the institutions have the regulations and resources to implement this role and the human resource levels and capacities. The fifth section assesses how children actually receive assistance – what formal and informal support do they receive to prevent and respond to abuse, violence, exploitation and neglect, and where are the gaps or weaknesses.

The findings presented in the report consolidate a wider mapping and assessment process. The findings were shared and discussed at a consultative workshop that sought to identify priority actions essential for building a functioning child protection system – one that supports and underpins other social and economic development goals. A number of priorities were proposed during the mapping and assessment that would enable a more coherent *systems response* to child protection. The consensus building workshop held in March 2014 reviewed findings and further analysed the need for a systems response. The final section brings together these recommendations into key systems strengthening actions identified during the whole mapping and assessment process.

The findings from this report inform the development of costed Strategy and Action Plan for Child Protection that will be finalised in May 2014.

## 2. Rationale for mapping and assessing a child protection system

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### Key messages

***Violence, exploitation, neglect and abuse of children have long-term costs to the state.***

***Abuse and neglect increase the risk that children cannot get out of poverty. Lesotho's investments in economic growth and the focus on social development, not welfare, will be compromised if child protection is not actively addressed.***

***Children who lack physical, intellectual and emotional support, especially in the earliest years, are less likely to benefit from the educational, health and HIV programming articulated in Lesotho's Vision 2020 and National Strategic Development Plan 2012/3 – 2016/7.***

***Child abuse, violence, exploitation and neglect are often caused by, or exacerbated by, poverty. Reducing poverty, however, will not automatically reduce some forms of child abuse and social protection interventions require child protection mechanisms in place in order to maximise their benefit.***

***A 'systems approach' to child protection makes it more possible to optimise efficiency and effectiveness, promote longer-term benefits for children and families and strengthen the broader social development environment by promoting family and community resilience.***

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### 2.1 Child protection - important for national development

A growing body of research on child violence, abuse, exploitation and neglect strongly suggests that child protection is a key 'missing link' in much of the programming, resourcing and monitoring of national development plans in low and middle income countries, as the points below suggest:

Children that are physically, intellectually and emotionally supported, and are nurtured in family environments, are more likely to be healthy and productive adults.<sup>11</sup> Love, care and stimulation from a primary caregiver at an early age significantly impacts the development of the brain.<sup>12</sup> Conversely, violence and abuse against children have both immediate and long-term effects on the victims and survivors. It has even longer-term costs to family, community and state.<sup>13</sup>

***Boys and girls who experience sexual and physical abuse in childhood are more likely to have risky sexual behaviours when older, resulting in early childbirth, HIV infection and other poor sexual health outcomes.***<sup>14</sup> There is limited data on sexual abuse in Lesotho, but the 2011 Situation Analysis of Orphans and

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<sup>11</sup> Richter L, Foster G, Sherr L (2006). Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS.

<sup>12</sup> *Ibid.* This is recognised in Lesotho's National Strategy for Integrated Early Childhood Care and Development, which includes strong support for child protection.

<sup>13</sup> World Health Organization / International Society for Prevention of Child Abuse and Neglect (2006) *Prevention child maltreatment: a guide to taking action and generating evidence*. Geneva: World Health Organization

<sup>14</sup> A South Africa study found that physical, emotional and sexual abuse in childhood was directly linked to higher rates of HIV infection in both women and men. The study estimated that one in seven new HIV infections could be prevented if young women were not subjected to physical or sexual abuse. Jewkes RK, Dunkle K, Nduna M, et al. (2010) Associations between childhood

Other Vulnerable Children estimated around 10,000 cases of sexual abuse against children in the year preceding the 2011 OVC Situation Analysis.<sup>15</sup> A survey of post-rape care services also sought data but found that very little data exists, especially within the home, but nearly all respondents reported high levels of sexual violence in the home and community, with both boys and girls at risk.<sup>16</sup>

*Children who are exposed to violence often suffer from anxiety, depression, aggression, difficulties with attachment, and regressive behaviour. The child is at risk of developing patterns of aggression in responding to others, including dating violence and delinquency, and is more likely to have trouble in school and become involved with the child welfare and juvenile justice systems. While there is no inevitability, it is often children who are victims of violence who become future bullies, perpetrators of dating and partner violence, and violent parents.<sup>17</sup>*

**Children living without adequate family care have an increased risk of developmental, physical and psychosocial harm.** Orphanhood status does not automatically mean a child will be vulnerable,<sup>18</sup> but children who lack adequate parental care (orphans, children living with neglectful or violent parents or kin, or living in residential care) do potentially face risks to their longer-term security. Over one third of Basotho children (34%) do not live with their biological families. They risk legal disinheritance and not enough is known about which of these children also face stigma, exploitation or neglect.<sup>19</sup>

**Children who have been neglected, abused or exploited in turn are often less able to provide a secure and safe environment for their own families** when adults, and have less time and resources to protect their own children.<sup>20</sup>

Without understanding the scale and nature of, and reducing the neglect, abuse, exploitation and violence that Basotho children face, particularly the 10-13% estimated to be extremely vulnerable,<sup>21</sup> Lesotho's social and economic development vision for 2020, especially those of education, health and youth employment cannot be successfully reached.

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adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect*, 34(11):833-41.

<sup>15</sup> Ministry of Social Development (2012) *Op cit*.

<sup>16</sup> Recent findings, from Swaziland, Tanzania and Kenya, show that up to one in three girls and one in seven boys are subject to sexual violence before the age of 18 and up to seven in ten experience severe physical abuse. UNICEF, CDC & Muhimbili University of Health and Allied Sciences (2011) *Violence Against Children in Tanzania Findings from a National Survey 2009*; UNICEF, CDC & Kenya National Bureau of Statistics (2012) *Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood*.

<sup>17</sup> NGO Advisory Council for Follow-up to the UN Study on Violence against Children (2011) *Five years on: a global update on violence against children*.

<sup>18</sup> See *National Strategic Plan on Vulnerable Children 2012-2017* and *National Policy on Social Development 2012/3-2016/7*.

<sup>19</sup> Lesotho 2009 Demographic and Health Survey

<sup>20</sup> Pinheiro P. (2006) *World Report on Violence against Children*.

<sup>21</sup> Ministry of Social Development (2012) *Situation Analysis of Orphans and Other Vulnerable Children 2011*

## 2.2 Social protection and child protection synergies

There is a strong overlap between social protection and child protection.<sup>22</sup> Social protection is an important means to reduce vulnerability from shocks, especially for children who in general have heightened vulnerability relative to adults. Successful social protection interventions increase access to and utilisation of nutrition, education, health, water and sanitation and social services; they can also reduce household coping mechanisms that harm children, such as dropping out of school because of a need to work or selling sex.

Lesotho's National Strategic Plan on Vulnerable Children 2012-2017 notes that *"Where the passage from childhood to adulthood is uncertain often vulnerable children find themselves in compromising or life-threatening situations including being neglected, abandoned, physically or sexually abused, exploited, trafficked or engaged in child labour including sex work. Protecting vulnerable children and their families from these challenges calls for effective and efficient social and legal protection systems"*.<sup>23</sup>

Economic components of a social protection programme will not *automatically* reduce child protection risks. Social protection interventions that focus on poverty reduction, notably the new Child Grants Programme and Lesotho's Old Age Pension, can only protect children from abuse, violence, exploitation and neglect when these are exclusively poverty-related – for example, keeping families together that might otherwise be split up due to the need to migrate for work, reducing the need for children to stop school and take up exploitative labour. There are even times when social transfers (if provided without the 'wrap around' child protection services) might increase child risk, for example by increasing a child's risk of neglect or stigma if a step family feels that they can take in a child purely in order to get money, or if child protection responses cannot be implemented because key child protection actors do not have the time to fulfil their child protection role, because of their responsibilities for managing cash transfers.<sup>24</sup>

Linking social protection and child protection requires asking *what it is about poverty* that makes children more at risk of abuse, violence, exploitation and neglect. What interventions are needed, in addition to economic social protection programmes, to ensure that *economic benefits are not negated by child protection violations*? The Child Grants Programme and other schemes will need to monitor which child protection issues are directly caused by poverty and what additional factors may need to be considered to enable positive child protection outcomes, such as an effective referral mechanism or investment in complementary child care and support services.

## 2.3 The importance of a systems approach to child protection

*A child protection system is a set of laws, policies, regulations, procedures and services, capacities, monitoring, and oversight needed across all formal and informal sectors – especially those addressing social development, social welfare, education, health, security and justice—to prevent and respond to protection-related risks faced by children.*

Working definition adopted by the Lesotho Child Protection Systems Mapping & Assessment Task Force, based on global guidance.<sup>25</sup>

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<sup>22</sup> Barrientos, A., J. Byrne, J.M. Villa, P. Peña (2013). 'Social Transfers and Child Protection', *Working Paper 2013-05*.

<sup>23</sup> Ministry of Social Development (2012) *National Strategic Plan on Vulnerable Children 2012-2017*

<sup>24</sup> The proposed National Social Protection Strategy (draft) recognises the need to link with supportive services, including child protection and takes a life-cycle approach that will make it easier to identify age-specific child protection linkages.

<sup>25</sup> Wulczyn F, Daro D, Fluke J, et al. (2010) *Adapting a systems approach to child protection: Key concepts and considerations*; Save the Children (2010) *Op cit.*; World Vision (2011) *Op cit.*.

A multi-sectoral system, including actors from government and civil society working across sectors, makes it more possible to:

- *optimise efficiency and effectiveness* by building alliances, supporting rationalised approaches and encouraging multi-sectoral collaboration at all levels;
- *promote longer-term benefits for children and families* and improve the protective environment of children by simultaneously addressing underlying vulnerabilities of children as well as specific needs of at risk children and child victims;
- *strengthen broader development gains*, by promoting family and community resilience;
- *maximise financial resources*, through coordinated and prioritised interventions. This is a more sustainable and cost-effective approach than having multiple fragmented approaches and is essential in a resource-stretched country such as Lesotho; and
- *is more sustainable*. A joined up response is likely to be more effective and sustainable, as has been demonstrated in experience from the health sector.<sup>26</sup> Well-planned and coordinated programmes are more likely to be able to demonstrate long-term positive outcomes for children, which in turn increase the likelihood of mobilising resources.

The systems approach is guided in Sub-Saharan Africa by the African Charter on the Rights and Welfare of the Child and the African Youth Charter, reinforced by the recent Joint Interagency Statement on Strengthening Child Protection Systems in sub-Saharan Africa.<sup>27</sup> The development of a systems approach was also influenced by the recommendations of the UN Violence against Children Study (2006) and is in full alignment with the Convention on the Rights of the Child and other international conventions, instruments and standards to which Lesotho is a signatory.

While there remains no single child protection system definition, some key principles inform the response:

- *Child protection must promote a positive environment and prevent risk*. It is much better to prevent than to respond. Single-issue interventions tend to start with the response.
- *Family and community are at the heart of a protective environment for children*. Child protection must maintain the positive community practices that have protected children in the past. Strengthening the family requires investment in informal mechanisms that have been the main source of protection for vulnerable children - extended family, religious and cultural groups, friends and neighbourhood support networks.
- *Children's safety and interests are paramount*. There are often harmful practices and beliefs within communities, not least the fact that children's views are not considered. When family or community interests place a boy or girl at risk of harm, the child's interests come first.
- Basic needs, such as food, education and health services, must be met if children are to be protected from abuse, violence, exploitation and neglect.

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<sup>26</sup>WHO: Everybody's Business. Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action.

<sup>27</sup> African Child Policy Forum, et al. (April 2013) *Strengthening child protection systems in Sub-Saharan Africa: A call to action. Joint inter-agency statement*.

### 3. Mapping and assessment methodology

#### 3.1 Aims and objectives of the mapping

The MOSD commissioned this mapping work in order to: (a) identify strengths, opportunities, obstacles and gaps in Lesotho's current child protection system; and (b) develop a plan to ensure that the system effectively protects children from violence, exploitation, abuse and neglect.

The mapping process consolidates in one place existing data, assessments and perceptions from key stakeholders (child and adult) at community, district and national level about what is working and what is not working well in the field of child protection. The findings are drawn from individual interviews with stakeholders, review of documents such as guidelines or procedures and discussions with various groups. Information sources are provided in more detail in the completed toolkit.

#### 3.2 The mapping and assessment process

The mapping and assessment used a UNICEF toolkit on Mapping and Assessment that has been used in other countries in Eastern and Southern Africa, and elsewhere.<sup>28</sup> It builds on a systems analysis for child protection systems strengthening (see Annex 3).

The toolkit consolidates data, from national available data, reports and key informants, into one place, aiming to give a full picture of the existing components of the national child protection system.<sup>29</sup> From this data, systems building priorities are suggested by informants and through the analysis. Annex 6 suggests some desired results from the seven systems-building elements:

1. Laws, policies, standards and regulations
2. Cooperation, coordination and collaboration (including linkages between formal and informal mechanisms of protecting children)
3. Capacities
4. Services and service delivery mechanisms
5. Communication, education and mobilisation for change
6. Financial resources
7. Accountability mechanisms

The mapping and assessment was managed by a Secretariat, hosted by the MOSD. The process was led, with financial and technical support from UNICEF, by a team of two consultants. A multi-sectoral Task Force oversaw the process, identified key information sources, reviewed and validated the findings and reached consensus around the recommendations. The Task Force has been meeting on a monthly basis, with

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<sup>28</sup> UNICEF (2010) Global Toolkit to Map and Assess Child Protection Systems.

<sup>29</sup> It is important to note that this is not a detailed situation analysis (it is not generating an evidence base of new primary data), nor does it come up with recommended actions. Rather, it presents a snapshot of multiple perspectives and draws together multiple priorities that then need to be reviewed and analysed together.

selected specialist sub-groups focusing on children and justice, community-based responses and civil society responses.<sup>30</sup> Key steps included:

- i. An August 2013 meeting with MOSD Principal Secretary and few representatives from other key ministries, followed by a launch meeting. This identified stakeholders who should be involved in the mapping and assessment process;
- ii. Review of published and unpublished data; reports from government, donors and civil society;
- iii. Individual stakeholder interviews with all ministries who have a role to play in child protection, identifying their mandate in relation to child protection, current activities and capacities and how they coordinate with others;
- iv. Working discussion sessions with key government and non-government actors focusing on core child protection areas – children and justice, community service provision, civil society responses – to identify what is happening, strengths and gaps;
- v. Meetings with District Child Protection Teams (DCPT), children, community members and local service providers in three sites (Mokhotlong, Maseru with all groups, and Maseru with DCPT only) to identify current concerns, what is happening on the ground and priorities;
- vi. Preliminary identification of systems strengthening recommendations, discussed at a stakeholder workshop in March 2014.

These preliminary findings and results will be taken forward into a five-year costed Child Protection Strategy and Action Plan, coordinated by the MOSD.<sup>31</sup>

### Constraints

The mapping and assessment was rapid (August 2013 – February 2014). Because there have been several in-depth recent assessments (notably the 2011 Situation Analysis of Orphans and Other Vulnerable Children), MOSD and UNICEF opted to avoid additional primary data collection, given the urgency of getting a broad picture across many different sectors and levels.

Whilst overall participation in the process was positive, some crucial information from key ministries has not been forthcoming. Furthermore, it was difficult to get all actors together around the table at times. The toolkit can be updated as new or missing data emerges.<sup>32</sup>

The available documented information in Lesotho tends to be about the formal sector. Efforts have been made to source children's own views and community perspectives, through a very limited number of focus group discussions and the desk review, drawing on NGO activity reports and qualitative components of social protection and vulnerability assessments. However, data cannot be used to draw firm conclusions about what children feel, experience or wish to see happen. This gap has been emphasised in the findings and key questions.

There is limited secondary information available about the causes of gaps and weaknesses in the sector. Where possible, the report identifies causality. However, this is not always possible and such information gaps are highlighted in the report.

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<sup>30</sup> See Annex 1 for a list of Task Force members. Terms of Reference for the Task Force are available from the Mapping and Assessment Secretariat, Department of Child Protection Services, Ministry of Social Development.

<sup>31</sup> A parallel and complementary process of costing the Children's Protection Welfare Act was initiated in January 2014, as this mapping and assessment was being completed. Efforts are underway to ensure that these two processes are aligned.

<sup>32</sup> A final copy of the currently completed toolkit, and a working copy which can be updated and amended, will be held by MOSD and UNICEF, as well as with Maestral International.



## 4. Child protection risks and concerns – evidence and felt needs

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### Key systems strengthening messages

***We do not yet know the scale and nature of the neglect, abuse, exploitation and violence that Basotho children face, particularly the 10-13% estimated to be extremely vulnerable.<sup>33</sup>***

***Where data is collected, it is not shared across sectors, making it impossible to understand the multi-faceted nature of child protection.***

***There is insufficient data in the following areas: scale, nature and scope of neglect and stigma; scale and scope of severe physical and sexual abuse and violence against both girls and boys; children with disabilities; early and forced marriage and trafficked children.***

***Data gaps restrict the ability to design strong social protection, education or health interventions***

***Data collection is particular to individual sectors. It does not ‘follow the child’ and therefore can neither track outcomes for the individual child, nor be used to measure underlying drivers of protection-related risks. Without this data, decisions on human and financial resource allocation cannot be based on evidence.***

***Reporting is weak – existing reporting mechanisms are not consistently used, national bodies have not consistently required or used core monitoring data, especially that gathered at district level.***

***Perceived lack of accountability for acting on reports further obstructs an effective reporting and accountability process.***

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An effective and appropriate child protection system requires a clear understanding of: which child protection problems are faced by which children (by age, gender, disability, geographical areas, and other factors); the causes of those risks; the factors that make a child and family more resilient or more susceptible to these problems; and the economic, social and other costs of child protection violations to the child, community and state. This can only be through routine data collection, research and monitoring.

### 4.1 Background to child protection risks – country profile

Lesotho has an estimated population of 1.87 million people, of whom more than half (970,000) are below 18 years.<sup>34</sup> Around 10-13% of all children aged 0-17 years are considered to be vulnerable to a broad range of factors.<sup>35</sup> The proportion of poor and of very poor households has increased from 56.61% and 29.1% respectively in 2002/03 to 57.1% and 34.1% in 2010/11.<sup>36</sup> In 2013 over 200,000 people were estimated to be food insecure.<sup>37</sup> There is rapid urbanisation without equivalent growth in jobs.<sup>38</sup> All of this demonstrates an economy that is socially and economically in transition.

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<sup>33</sup> Ministry of Social Development (2012) Situation Analysis of Orphans and Other Vulnerable Children 2011

<sup>34</sup> Lesotho Housing and Population Census 2006

<sup>35</sup> Ministry of Social Development (2012) *Op cit.*

<sup>36</sup> Universal Periodic Review (March 2013) Mid-term Implementation Assessment: Lesotho

<sup>37</sup> Data from Lesotho Vulnerability Assessment Committee 2013-2014

<sup>38</sup> Ibid.

## 4.2 Children's and communities' views about priority child protection concerns

The mapping and assessment exercise involved two sets of focus group discussions with children – in Mohale's Hoek and Mokhotlong<sup>39</sup> – complemented by feedback from documented assessments of child protection concerns, undertaken by World Vision Lesotho and other civil society groups.<sup>40</sup>

The information below gives an indication of the priority concerns. Although not statistically valid, they highlight the issues that are of greatest concern to children. These findings are complemented by children's voices in other recent studies, such as a 2012 study of out-of-school children, an assessment of post-rape care and the 2011 Situation Analysis of Orphans and other Vulnerable Children.

The following are the issues raised most by children:

- Labour can in itself be exploitative and lead to other risks: Girls are at risk when *"they are asked to go and fetch wood, even when it's snowing"*. Boys *"go to look after animals even when weather conditions are harsh"* and *"are told to go and look for lost animals even when it is at night"*
- Risk of sexual abuse and forced marriage are a big risk for girls: *"Others are forced to marry"* *"Adults rape younger children"* *"Teenage girls at risk of rape and commercial sex from rich people"* but also for boys: *"Boys also get raped by older women, they call them Sugar Mummies. They tell us about this thing but they say they are scared of reporting to older people. As a result, we do it for them"*. (From the out-of-school report - *"The fact that herd boys chase us after school and push us around for no reason makes me uncomfortable. They draw lines and indicate that if we cross that line we would be doomed"*).<sup>41</sup>
- Children raised the issue of neglect and stigma: *"Others go to the shebeen, leaving us alone in the house"* *"Others give their children poison – they hate their children especially relatives who have adopted the orphans"*. In Mohale's Hoek, children mentioned that orphaned children are at risk of abuse, but also felt that boys can be at risk of suspected crime: *"They are sometimes implicated or alleged to have done things they have not done and end up being punished for things they have not done"*.
- Not going to school featured significantly in children's own views about what made them more neglected or at greater risk.
- Children in both groups felt adults should hear that *"children should not insult adults, so that they do not abuse us"*, suggesting that children feel responsible at times for the abuse that they experience. It also shows that children do take action to build their own protective environment.

Community leaders and elders had slightly different perspectives – there was a much stronger emphasis on abuse and crime. The following are some of the key priorities reported by communities:

- One of the most significant risks, especially in Mokhotlong, was the vulnerable situation of herd boys who were identified as being both at risk (of exploitative labour, especially those sent to cattle posts, as well as neglect) but are also reported as being perpetrators – of rape and abduction of girls (*hoshobelisa*) and of stock theft.

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<sup>39</sup> 14 boys aged 10 – 15, 6 boys aged 15-18 and 10 girls aged 10-15 and 7 girls aged 15-18 years. Discussions were facilitated by Touch Roots Africa.

<sup>40</sup> World Vision International (unpublished report, 2013) *Children-Led Child Protection Advocacy and Learning Lab, Mokhotlong, July 2012*; Levy M, Magar V & Sialondwe D (2013) *Situational Analysis on Post-Rape Care of Children in Lesotho*; anecdotal feedback from a number of civil society organisations' websites and inputs during discussions and interviews – see toolkit and bibliography for more information on sources of community information.

<sup>41</sup> Lefoka J, Motlomelo ST & Nyabanyaba T, (June 2012) *Out-of-School Children Research Project. Final Draft Report*. (not yet finalised) Commissioned by MOET and UNICEF.

- Whilst sexual assault against girls was reported, communities focused further on issues of forced child marriage as a problem, largely because it was something that was inextricably linked with poverty. Women in some families push for their girls to be married early to avoid teenage pregnancy. A child who gets pregnant is a burden to the family and her chances of getting married are much reduced. Families accept to have the abducted girls to be married as they know that they have been raped by the boys and may be pregnant already. In cases where families refuse to honour the marriage of eloped young people, the young people go back to each as they have had sex.
- Communities expressed concern about what was described as witchcraft and Satanism practised against children. This has received much coverage in the media.

### 4.3 Evidence about the scale and scope of child protection violations

The mapping exercise gathered data against a wide range of globally accepted child protection indicators.<sup>42</sup>

#### Legal protection

*Only one in five children (18%) had a birth certificate in 2009, with marginally fewer in rural areas (17.1%) than urban areas (21.8%).*<sup>43</sup> Following the launch of an ID campaign by the Ministry of Home Affairs, numbers are likely to have increased.

*Children who are cared for informally by extended family may face inheritance challenges.* An estimated one in five widows has been dispossessed and only 15% of de facto primary caregivers have made arrangements for someone else to care for the children in the event they are unable to do so.<sup>44</sup> Concerns were raised that the plural legal system makes inheritance issues especially complex. Furthermore, unresolved family issues around inheritance may inhibit potential kinship or foster family care.

#### Neglect, abandonment and stigma

*Virtually nothing is known about the scale and nature of severe neglect in Lesotho.* Currently there is little or no data available on children who are potentially being neglected within the community.<sup>45</sup>

*One in five children aged 0-4 years are not living with their biological parents.* This is the age at which it is essential that children have a stable and consistent caregiver, more so in rural than urban areas.<sup>46</sup> The number of child-headed households is low (0.3 of all children) although it is likely that there are de facto child and youth heads of household in families where the household head is aged or sick. One third of all households with children were headed by an HIV-positive caregiver in 2009.<sup>47</sup> A 2012 report on reasons for children dropping out of school identified a complex range of challenges facing children who lose parents:

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<sup>42</sup> The full list is in section 1b of the toolkit.

<sup>43</sup> Lesotho 2009 Demographic and Health Survey

<sup>44</sup> Ibid.

<sup>45</sup> The CGPU uses neglect as a category in its data, but numbers are low (around 40 per year) and it is not clear when which type of case these consist of.

<sup>46</sup> Lesotho 2009 Demographic and Health Survey

<sup>47</sup> Ibid. Recent research in South Africa shows that HIV-positive caregivers have much higher levels of depression and stress, in general, than their HIV-negative peers (probably caused largely by stigma and economic pressure) and children in these households experienced around three times the levels of physical and emotional abuse than their peers and six times higher levels of involvement in transactional sex. Cluver L, Orkin M, Gardner F, et al. (2012) Persisting mental health problems among AIDS-orphaned children in South Africa. *Journal of Child Psychology and Psychiatry* doi:10.1111/j.1469-7610.2011.02459.x

*We had a case of a boy and a girl who had lost both parents. They stayed with their aunt in another district. Their aunt sent them back to their district where they then stayed with their grandmother. The grandmother was not only old but she was mentally disturbed and blind. They joined our school although they did not seem to be happy. The 14 year old boy decided to find a job and disappeared for a year. The 12 years old girl did not stay long after her brother had dropped out of school. The uncle started raping the girl until the girl decided to go back to the aunt's place. The girl then got married to a bus driver.<sup>48</sup>*

The report does not quantify the numbers of children facing these experiences, but teachers all highlighted that this pathway of abuse, neglect and exploitation was widespread. Similarly, a 2010 assessment of Lesotho's Juvenile Training Centre found that the majority of boys were sent there because they had fallen into contact with the law had not received adequate family care earlier – nearly three in ten had lost both mother and father, for example.<sup>49</sup>

*There is data on numbers of registered residential child care institutions, but data on the children in residential care is not easily accessible.* The MOSD does not routinely gather data on total and used bed spaces in institutions, data on children disaggregated by age, gender, family connections, disability, etc.<sup>50</sup> Without this data, it is not possible to identify which children could stay with their family if given financial or other support, which children need other forms of family-based alternative care and whether there is a need to focus on particular groups of vulnerable children, especially disability.

*There are no figures available on children living on or of the streets, nor of any reasons for why they may be leaving home.* Data on abandonment at maternity homes was not easily available via MOSD sources.<sup>51</sup>

### Physical and sexual abuse and violence

There is currently no national consolidated source of data on levels of sexual, physical or emotional abuse faced by boys and girls. A survey in 2011 found that an estimated 10,000 children had experienced sexual abuse.<sup>52</sup> A total of 6.8% of girls and boys indicated via self-reports that they have been victims of violence at home or school in the past twelve months. Data was not disaggregated by age or gender. Physical punishment during the past month was similar for boys and girls at around 9%. Physical violence is widely tolerated, with nearly half of men (48.4%) and over one third of women (37.1%) reporting that domestic violence is acceptable in certain circumstances.<sup>53</sup> Estimates, especially of sexual violence are lower than in all African countries that have conducted recent studies – rates were found to be at around one in three girls in Kenya, Tanzania and Swaziland and around one in seven in Kenya and Tanzania for 14 years upwards.<sup>54</sup>

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<sup>48</sup> Lefoka et al. (June 2012) *Op cit.*

<sup>49</sup> Kimane I, Lebuso M & Sakoane S. (October 2010) Situation Analysis of the system of justice for children in Lesotho with a particular focus on young offenders in detention at the Juvenile Training Centre (JTC)

<sup>50</sup> Data can be gathered from individual child profiles although this will not be comprehensive.

<sup>51</sup> The 2009 Alternative Care assessment recommended that there be improvements as to how information is collected and shared between the Child Welfare Unit (now a separate ministry) and CGPU on children who have been abused and are at risk. It advised considering the use of a child abuse/at risk register.

<sup>52</sup> Ministry of Social Development (2012) *Op cit.*

<sup>53</sup> Lesotho 2009 Demographic and Health Survey

<sup>54</sup> Reza A, Breiding M, Blanton C, et al. (2007) Violence against children in Swaziland: Findings from a national survey on

Data on sexual abuse is likely to be inaccurate because sexual assault is only recognised as a crime against girls, so sexual abuse against boys cannot be routinely recorded; the CGPU monitoring system appears weak, with 2013 data only recording data for any type of incident for girls and data in earlier years being the same over more than one year.

In 2012, there were a total of 4,368 calls to Lesotho's two Child Helpline offices, of which 1,083 were people who wanted to talk, needed information or – in 202 instances – had cases that needed referral.<sup>55</sup> The majority of the other calls were people hanging up and many of these were likely to be people plucking up courage to talk. This shows that there is a need.

No data was available for violence perpetrated by children on themselves – alcohol- or other substance-related harm, suicide or reckless behaviour.

Accusations of satanism and witchcraft were reported by community members and national stakeholders. Although no evidence or data on this is available in Lesotho, studies from other countries suggest that witchcraft accusations are usually made against orphans or children in extended families because of stigma or as a means to grab property.<sup>56</sup>

Very high HIV rates for adolescent girls (18.3%)<sup>57</sup> and high levels of adolescent pregnancy suggest that abuse and violence, especially coerced sex, play a role. It is important to see coerced sex and violence as a child protection concern as well as an HIV risk.

#### Child labour, child migration, trafficking and sexual exploitation

Around 3% of children aged 6-14 years are involved in exploitative child labour, mostly boys.<sup>58</sup> There is no specific data on boys involved in herding yet community and child responses focused heavily on problems experienced and perpetrated by herd boys. The 2006 census identified 32,183 child domestic workers. Community discussions highlighted the large numbers of adolescents who leave school and cross the border, seeking work which is often dangerous, for example through illegal mining.

Data on trafficking is not available but Lesotho is reported to be a source country for women and children trafficked internally and to South Africa for domestic work, farm labour, and commercial sexual exploitation.<sup>59</sup>

In 2009, over one in four girls (26%) under the age of 18 were recorded as married, with much higher in rural areas than urban.<sup>60</sup> Abduction and early marriage were raised as significant challenges in community and

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violence against children in Swaziland. Swaziland: UNICEF Swaziland/CDC; UNICEF, CDC & Kenya National Bureau of Statistics (2012) Violence against Children in Kenya: Findings from a 2010 *National Survey*; UNICEF, CDC & Muhimbili University of Health and Allied Sciences (2011) Violence Against Children in Tanzania Findings from a National Survey 2009.

<sup>55</sup> Child Helpline data, 2012

<sup>56</sup> For example, Save the Children (2006) *The invention of child witches in the Democratic Republic of Congo*. In this study and others in Angola, Nigeria and elsewhere, children were usually orphans.

<sup>57</sup> Government of Lesotho (2012) 2012 AIDS Progress Report

<sup>58</sup> 2008 Integrated Labour Force Survey

<sup>59</sup> United States Department of State (2009) *Trafficking in Persons Report 2009 – Lesotho*; Health and Development Africa (June 2011) Defining, understanding and addressing the issue of 'children on the move' in Lesotho.

<sup>60</sup> Lesotho 2009 Demographic and Health Survey

stakeholders discussions but there is no information on the scope and context of abductions or trends in early marriage.

### Children in conflict with the law<sup>61</sup>

Lesotho has one institutional centre for boys on remand or serving sentences – the Juvenile Training Centre (JTC), currently housing 43 ‘boys’ aged from 12 up to 22 years.<sup>62</sup> Girls stay in the adult women’s prison, including girls with children up to the age of two, after which time children are placed in residential child care centres until their mother leaves the prison. Following a review of the JTC in 2010, and also introduction of a pilot community diversion programme proposed in the CPWA, (in which children found guilty of non-serious crimes are given non-custodial sentences), the number of boys placed in the JTC was reduced from 92 in 2010 to 42 in 2012.<sup>63</sup> The 2010 JTC review noted that there is no system for collecting and analysing suitably disaggregated data on all aspects of child offending, nor on the problems and needs of children, limiting the ability to provide appropriate responses. This also applies to girls in the women’s prison.<sup>64</sup>

### Additional data gaps

There is virtually no data on the situation of children with disabilities (although the MOSD Disability Services Department does gather data on support to people with disabilities). There is no record in public reports of the particular risks faced by children with disabilities to abuse, violence, neglect and abandonment or exploitation, relative to their non-disabled peers. Around 8% of all children have a disability<sup>65</sup> and the 2011 OVC situation analysis found that, according to caregivers, learning disabilities affected 10% of all children aged 6-17 with fewer physical disabilities (1.6%) and mental illness (0.3%).<sup>66</sup> In general, people with disabilities experience higher levels of physical, emotional and sexual abuse than their able-bodied peers.

There is good data from the health and education sectors – some of these data sets could give further information on child protection vulnerabilities, such as sexual assault or protection-related causes of school drop-out if analysed through a child protection lens. Whilst there is good data on school attendance, data are not used to question the role that child protection plays – as a driver or result. Only 23% of boys and 37% of girls enrol in secondary school.<sup>67</sup> In other countries in Southern Africa, factors such as bullying, fear of sexual abuse by teachers or peers and domestic labour demands affect school attendance. Similarly, there is good HIV data but no evidence on the links between HIV infection and child protection risks in Lesotho.<sup>68</sup>

## 4.4 Using data for decision-making about child protection

### Reporting mechanisms

One of the most significant gaps identified in the mapping is a lack of consistent and accurate reporting. The mapping and assessment was not able to identify all the complex reasons why this happens – this would

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<sup>61</sup> Children in conflict with the law face particular child protection concerns, in addition to their likely experience of other forms of protection risk – a 2010 assessment of the JTC, for example, noted that the majority of boys in the JTC came from dysfunctional families with experiences of neglect and abuse.

<sup>62</sup> JTC data, Jan 2014

<sup>63</sup> Universal Periodic Review (March 2013) *Op cit.*

<sup>64</sup> Universal Periodic Review (March 2013) *Op cit.*

<sup>65</sup> Lesotho 2009 Demographic and Health Survey

<sup>66</sup> Ministry of Social Development (2012) *Op cit.*

<sup>67</sup> Cited in UNICEF (2013) State of the World’s Children 2013

<sup>68</sup> Jewkes RK, Dunkle K, Nduna M, et al. (2010) *Op cit.*; UNICEF, CDC & Muhimbili University of Health and Allied Sciences (2011) *Op cit.*; UNICEF, CDC & Kenya National Bureau of Statistics (2012) *Op cit.*

require more detailed assessments, but some of the key reasons identified in the literature and from interviews with service providers and communities include the following:

- Lack of awareness that certain child protection violations *should* be reported. For example, issues of early marriage, rape of boys, some forms of exploitative labour such as cattle herding, are seen as just the way that things are. This is mentioned in the post-rape care and out-of-school assessments and reinforced in discussions. In the absence of a study that really explores the social and cultural aspects of child maltreatment, it is not possible to encourage either children or adults to take action to stop harm from occurring;
- Stigma and taboo of some issues, especially those relating to sexual abuse or practices relating to cultural or religious beliefs, such as witchcraft; fear by children or community members of those with power who are maltreating children;

*“Children are not being educated to report cases. Either a relative doesn’t want to report or the child is given something to keep quiet.” Government representative*

*“We hear so much about rape cases, but they don’t come. There is a big disconnect. Or they would bring children for care, but then parents would not disclose” Health provider<sup>69</sup>*

- Impunity of perpetrators when reports are made, leading to people being reluctant to report. This impunity may be because reported cases are not followed up by the justice process or because family members prefer to resolve the situation amongst themselves, for example in cases of choosing where a child lives.
- Lack of accountability and engagement by service providers. Reports on schools, police and the justice process refer to maltreatment of children by people who should be there to protect this.

*“The child goes to the health facility and is ill-treated by the nurses as soon as she comes in. The nurses say, “Why are you doing this [reporting a case]?” Even the doctor does. And, some would try to rape them again” CSO representative<sup>70</sup>*

One of the clearest sets of feedback during the mapping and assessment was that people responsible for protecting children are not taking on this responsibility – it should be everyone’s duty – government or community representative – to protect children by taking action on concerns. This is not routinely and consistently happening and, when it does, follow-up is not guaranteed.

### Monitoring and evaluation mechanisms

There is no centralised case management information system that can track cases to their outcome – from initial referral to successful rehabilitation – CGPU, social worker, probation and court records are not aligned. Record keeping is often incomplete. Therefore it is not possible to have any idea of scale, scope, trends and geographical needs and response.

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<sup>69</sup> Levy et al (2013) *Op cit*.

<sup>70</sup> *Ibid*.



The National Strategic Plan on Vulnerable Children includes child protection indicators, especially alternative care, birth registration and succession planning (see Annex 4). However, quality of data collection is currently weak, including double counting and different monitoring methods.<sup>71</sup>

Currently the MOSD is reviewing its monitoring and evaluation framework. Monthly reports are currently collated by the senior District Social Worker, but the system has considerable flaws: data focuses exclusively on 'OVCs' and their receipt of services / provision of mobilisation activities, with no requirement to collect data on child protection categories; numbers are not disaggregated by gender; there appears to be no link between the data collected and a 'case management' approach.<sup>72</sup> The Social Welfare Routine Information System (SWRIS) is maintained by the MOSD but it was not possible to assess its content and quality. The difficulty in accessing data on alternative care and case management suggests that quality is poor. District social workers keep their own records but these are not consolidated.

Civil society organisations have a varied range of monitoring systems – with Child Helpline (managed by Lesotho Save the Children) having strong data but many lacking monitoring capacity leading to duplication and variable quality.<sup>73</sup> PEPFAR-funded NGOs are required to have a data base.

The National Information System for Social Assistance (NISSA) contains demographic and socio-economic information on over 100,000 households and categorises them according to their wealth status.<sup>74</sup> It does not overtly monitor child protection vulnerabilities or incidents, but offers the potential to track referrals and be used to monitor trends that have an impact on child protection or that can provide a protective outcome, such as secondary school attendance, adolescent pregnancy or related issues.

The Child and Gender Protection Unit should have aggregate numbers of sexual assault, physical assault, neglect and abduction cases by district. It does not monitor outcomes for children of these cases, nor do these records align with others.

There is no consolidated record of children in contact with the law via Magistrate's Courts, so the only available data on children coming into contact with the law as victims, witnesses or perpetrators is by looking at individual magistrates' case books. These do not record outcomes of the justice process following referral.

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<sup>71</sup> Ministry of Social Development (November 2013) Annual Review of the First Year of the National Strategic Plan on Vulnerable Children (NSPVC)

<sup>72</sup> The mapping and assessment exercise noted some confusion about 'case management' within parts of the MOSD and the ministry's partners. From a child protection perspective, case management has been described as "[...] the process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project staff carry out in working with children and families in addressing their protection concerns" (McCormick, C. (2011) Case management practice within Save the Children child protection programmes. London: Save the Children UK). Case management has a similar definition in the health sector. However, in numerous instances during the mapping, case management was understood to be the process for identifying and tracking cash transfers for the CGP. Terminology must be clarified, especially because Auxiliary Social Workers will be engaged in both social protection and child protection activities.

<sup>73</sup> Ibid.

<sup>74</sup> Ministry of Social Development (2013) National Social Development Policy 2013 - 2022



## 5. Framework for a child protection system

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### **Key systems strengthening messages**

***Lesotho's child protection system is grounded in a strong, rights-based framework, with laws and policies that can provide protection for children.***

***The existence of a plural legal system leads to confusion in application of some elements of the law. There are outstanding disparities in which sexual offences and other gender-related laws have not yet been harmonised with the Children's Protection and Welfare Act.***

***There is an urgent need to focus on regulations and guidelines – especially the CPWA Regulations and associated guidelines and standard operating procedures. This is necessary, in order to translate the CPWA into action for children.***

***More focus must be given to development of minimum standards for all those involved in care and protection, both government and civil society.***

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### 5.1 Global and regional framework

Lesotho's policy framework is robust in relation to protection of children through international and regional conventions and treaties.<sup>75</sup> Lesotho is a signatory to the 2001 Declaration and Plan of Action of Africa Fit for Children,<sup>76</sup> which commits member States to protect children from all forms of abuse, neglect, exploitation and violence. African Union member States have committed themselves to ensure universal birth registration, put in place a comprehensive juvenile justice system, promote zero-tolerance to harmful traditional practices and early marriage, implement multi-sectoral programmes on ending violence against children and to implement measures to prevent conflict and to protect children from the impact of armed conflict.

### 5.2 National legal and regulatory framework

The Kingdom of Lesotho has taken significant strides to ensure the promotion and protection of the rights of children in Lesotho. From the development of Lesotho's National Policy on Orphans and Vulnerable Children (2006)<sup>77</sup> to the passing of the Children's Protection and Welfare Act in 2011, global and constitutional commitments have been increasingly translated into national laws and policies.<sup>78</sup>

The **Children's Protection and Welfare Act of 2011** (CPWA) covers almost all child protection issues comprehensively and provides a strong framework that is grounded in the rights of the child and the responsibilities of parents and the state. The CPWA spells out family and state responsibilities towards children in need of care and protection, children in need of rehabilitation and urgent protection and children

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<sup>75</sup> For a full list of child protection-related global and regional conventions and treaties, see Annex 5.

<sup>76</sup> <http://www.africa-union.org/root/au/Conferences/2007/November/sa/Children/meeting.htm>

<sup>77</sup> Government of Lesotho (2006) National Policy on Orphans and Vulnerable Children

<sup>78</sup> Information in this section, unless directly cited, has come from stakeholder interviews and can be seen in more detail in the Toolkit, sections 1c and 1d.

in contact with the law. The CPWA brings together all legislation on children in conflict with the law into one place, although there is now a need to update other legislation so that it is line with the CPWA, which is stated as being the overarching legislative framework for children. The CPWA articulates accountability for implementation of the law and requires the establishment of new or reinforcement of existing institutions and institutional mechanisms, including the establishment of Village Child Justice Committees (VCJCs), the Child and Gender Protection Unit (CGPU), the Office of the Master of the High Court, legal assistance for children in contact with the law and the availability of and children's access to places of safety and alternative care. Regulations have been drafted<sup>79</sup> although these have been rejected in their current state by the Law Office. The CPWA is being introduced to those in the justice sector and social workers initially, then other practitioners.

However, money is not available. Since the enactment of the CPWA in March 2011, the Government has made no budgetary allocation for its enforcement.<sup>80</sup> The CPWA is being costed at present, but more action is needed to start to ensure that funds are allocated for the CPWA's implementation.

Other concerns identified during the mapping included:

- A widespread lack of knowledge about the Act amongst those tasked with implementing it and concern about a lack of mechanism for translating the pending regulations into concrete actions;
- Absence of national guidelines and procedures in place for determining the best interests of the child - the Act requires that anyone who has concerns "on reasonable grounds" that a child is in need of care and protection should inform the nearest chief, police station or Ministry office. However, there is no guidance on what is 'reasonable grounds', nor how to support those making such decisions;
- Corporal punishment remains a grey area, with corporal punishment prohibited as a sentence of the courts, but "justifiable" chastisement (including corporal punishment) of children allowed in the home, schools, penal institutions and alternative care settings;<sup>81</sup>
- Whilst the CPWA provides details on how to take a child into a place of safety, the Act does not discourage the placement of children in alternative care based on principle of necessity and adequacy. There is a potential risk of children living in informal care (usually extended family care) facing legal problems related to e.g. inheritance, issues where guardian consent is required.

**Other pieces of legislation and policies relevant to child protection:** The National Education Act of 2010 establishes free and compulsory primary education for all children of Lesotho. The Anti-Trafficking in Persons Act 2011 explicitly considers children's vulnerabilities and rights but regulations have not yet been developed. In January 2014, the government adopted the Foster Care and Adoption Policy.

There is no recent law regulating domestic violence issues – the Sexual Offences Act addresses sexual violence, but not specifically in relation to children. Currently there is a gender disparity in age of marriage - under the common law Marriage Act 1974, the minimum age for marriage is 16 for girls and 18 for boys.

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<sup>79</sup> Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act of 2011 Regulations; Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act Court Rules; Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act Regulations Templates

<sup>80</sup> Universal Periodic Review (March 2013) Mid-term implementation assessment: Lesotho

<sup>81</sup> Ibid.

Both common and customary laws require the consent of both parties in marriage and prohibit forced marriages, although enforcement remains a challenge.

Lesotho has a dual legal framework in which both civil and customary laws exist in parallel. The new CPWA seeks to address this by supporting informal means of support. However, this remains a challenge and has been highlighted as a priority systems strengthening focus by several stakeholders in the justice sector.

The **National Policy on Social Development**<sup>82</sup> marks a shift from the delivery of social welfare services to vulnerable groups, to a more developmental approach intended to address the conditions that create social exclusion.<sup>83</sup> The primary means to achieve this is through an integrated social protection mechanism. There is no overt consideration of the protection-related risks that children run and how these relate to poverty; however, a recent assessment of the Child Grants Programme (CGP) did provide tentative findings about the need to consider child protection within the programme<sup>84</sup> and there is scope for this reflection to be taken further, especially as a strong evidence base is developed through emerging social protection initiatives.

Child protection is outlined most clearly in the **National Strategic Plan on Vulnerable Children 2012-2017**.<sup>85</sup> The NSPVC marks a shift from targeting orphans to a more nuanced response to children's social and economic vulnerabilities as evidenced by health, poverty and other indicators. It has adopted a family-centred approach. The strategic plan is coordinated by the National OVC Coordinating Committee (NOCC), housed by the Ministry of Social Development. A 2013 annual review of the plan found that there had been numerous awareness raising campaigns and training programmes targeted at chiefs and communities but little progress on child protection outcomes.

The **National Policy and National Strategic Plan for Integrated Early Childhood Care and Development (IECCD) 2013/14-2017/18** aims to provide all Basotho children and their parents or guardians with equitable access to comprehensive, continuous, culturally appropriate, high-quality, participatory and sustainable IECCD services from preconception to 6 years of age.<sup>86</sup> The strategic plan includes a significant focus on child protection, as part of interventions that promote holistic child development, including community-based child protection support and a strong focus on capacity building of both formal and informal services that support children.

The **National Adolescent Health Policy of 2006** includes a range of sexual and reproductive health issues of relevance to child protection practitioners.

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<sup>82</sup> Ministry of Social Development (draft, 2013) National Policy on Social Development. Government of Lesotho National Strategic Development Plan 2012/13 – 2016/17.

<sup>83</sup> Ministry of Social Development (draft, 2013) National Policy on Social Development.

<sup>84</sup> Oxford Policy Management (draft vn. 4, unpublished, November 2013) GP Impact Evaluation. Summary Follow-up Impact Report

<sup>85</sup> The NSPVC has a number of principles that should form the basis of any Child Protection Strategy and Action Plan: shift from welfare to social development; focus on vulnerability rather than orphanhood status; focus on the life cycle of the vulnerable child; family-focused approach; child rights-based approach; systems strengthening; and making use of indigenous practices.

<sup>86</sup> Government of Lesotho (2013) National Policy for Integrated Early Childhood Care and Development Government of Lesotho (2013) National Strategic Plan on Integrated Early Childhood Care and Development

## 6. Formal and informal mechanisms for child protection oversight

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### Key systems strengthening messages

*The child protection response at presents lacks a clearly mandated and accountable coordination mechanism.*

*There must be clear coordination between all people who provide immediate response and policy makers.*

*DCPTs bring together different stakeholders and their role is viewed as important. However, lack of official recognition and lack of involvement by all key players can limit their potential role.*

*There is no recognised child protection coordination mechanism at community council level, so responses remain ad hoc.*

*There are a wide range of informal mechanisms, ranging from support groups that initially received funding through HIV-related support and have undertaken much capacity building, to very small, usually spontaneous and often faith-based groups of individuals.*

*Community responses, including chiefs, form the primary mechanism for supporting children but are not formally recognised or involved in a coordination mechanism.*

*Lack of attention to the social service workforce as a whole leads to separate, overlapping but not fully aligned, functions from different actors. These could be more effectively translated into results for children if there was a more coordinated view of the social service workforce, covering both paid (government and civil society) and voluntary actors who can support each other to be mutually accountable.*

*There is currently no standardised and harmonised training on child protection for all community level care givers.*

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### 6.1 Coordination of child protection

Effective and quality prevention, response and monitoring of child protection require coordination of relevant services, both within the child protection sector itself and within other sectors like health, social welfare, education, and justice. An effective child protection response must be able to ‘follow the child’ in cases of individual child protection concern. This includes being able to link informal support at community level to more formal interventions at community, district and – where necessary – national level.

#### National coordination

The Ministry of Social Development is recognised, in the CPWA, as having responsibility for implementation of the CPWA - The CPWA describes the “Minister” responsible for its implementation and oversight as Minister responsible for children’s affairs.

The Ministry of Social Development hosts the National OVC Coordinating Committee (NOCC). The NOCC is the main coordination mechanism for vulnerable children, meeting quarterly with a wide range of participants. It is not formally recognised in government structure<sup>87</sup> and does not have a specific child protection focus.

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<sup>87</sup> Terms of Reference for the National OVC Coordinating Committee (revised in 2011); stakeholder feedback during mapping and assessment.

There are sector- and theme-specific coordinating groups that focus on components of child protection - the Programme Advisory Committee on Child Labour, coordinated by the Ministry of Labour and Employment (MOLE), and a Technical Working Group on HIV led by the Ministry of Health. There is no coordinating group that focuses on abuse and violence or alternative care.

Other than MOSD (via NOCC and subventions to NGOs running residential child care institutions), no Ministry reported a formal working relationship with civil society in the area of child protection. Some civil society organisations meet through the Letsema Forum for Vulnerable Children while others meet in other fora and platforms arranged by financial supporters; however, civil society stakeholders during the mapping noted that there is no effective coordination amongst CSOs, leading to fragmentation and unnecessary duplication of efforts. This was highlighted in the annual review of the NSPVC.<sup>88</sup>

Lesotho is implementing a decentralisation process, although at present ministries providing social services are at different stages, with MOET operating in a decentralised way and MOH facilities so far remaining fully centralised. MOSD, as a new ministry, has not taken large steps in this direction. There is not yet fiscal decentralisation. The Ministry of Local Government and Chieftainship is, therefore, a key player in coordination of child protection, especially at district and community council level.

### District and local coordination

At district level, unlike at national level, there is a coordination mechanism with a focus on child protection, although – like the NOCC – it is not formally recognised in government structures and is the decentralised arm of the NOCC. District Child Protection Teams are multi-sectoral groups, led by the District Child Welfare Officer. Their role is to protect the rights of children within the district by coordinating activities of the various entities.<sup>89</sup> Recent assessments found that they do play an important role and have benefited from capacity building.<sup>90</sup> The general consensus is that, with the small level of resources needed to support their functioning, using strategies such as peer review and exchanges, these groups are an important forum. This finding was reinforced in the community meetings – DCPTs tried to meet regularly and had developed their own action planning. DCPTs are supposed to report to the MOSD NOCC on NSPVC indicators. There is no other formal reporting system.

The DCPT members in all three sites visited reported positive benefits from their collaborative work (see box). They also highlighted the following challenges: lack of knowledge about the CPWA by those involved in its execution; regular transfer of DCPT members with no replacement by others; the fact that DCPT members are required to undertake other tasks in their departments and so do not attend meetings or participate in activities; there is a need for an active link between district and community level, which is currently indicated but not required within the DCPT TOR.

*‘Coordination has improved the level of accountability for the various entities involved in child protection and the referral system is working much better. There is an emphasis on*

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<sup>88</sup> Ministry of Social Development (November 2013) Annual Review of the First Year of implementation of the National Strategic Plan on Vulnerable Children (NSPVC)

<sup>89</sup> DCPT TOR referenced in Management Sciences for Health (October 2013) Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC): Progress Report for FY13 (October 2012-September 2013)

<sup>90</sup> Ibid.; Ministry of Social Development (November 2013) Annual Review of the First Year of the National Strategic Plan on Vulnerable Children (NSPVC) This was reinforced in mapping and assessment meetings in the community. DCPT minutes reflected a wide range of discussions on child protection issues (neglect, stigma, accusations of Satanism, inspections of residential care institutions with follow-up).

*reunification [of children in care with their own families] as a result of awareness created among DCPT members.'*

*Resources are being shared. MOSD assists other entities with transport when they have to deal with children's issues'. DCPT members in Mokhotlong, Mphahle's Hoek and Maseru*

DCPT members emphasised issues of accountability from within their ministries: 'Heads of departments give DCPT representatives from their departments other assignments that conflict with DCPT meetings and activities.'

Civil society plays an active but unofficial role. The challenges facing DCPTs are reported to relate primarily to the need for recognised and accountable representation from sectoral ministries. The types of support provided to DCPTs have focused on peer reviews and related investments. It would be useful to assess the cost of such investment compared to immediate savings in terms of shared work plans and actions, in addition to longer-term results.

There are no formal and/or recognised child protection coordination mechanisms at community level. Support groups and other CBOs exist in many communities, although there is no official estimate of numbers. Where supported by NGOs, they do link with Community Councils at the local level, but this remains ad hoc, as does the communication between community leaders and DCPTs. There is interest in exploring a greater engagement with Community Councils and elected local councillors – the NSPVC indicators include capacity building of Community Councils on responses for vulnerable children. Assessments from other countries, such as South Africa, Malawi and Tanzania, all place considerable attention on using local councillors and local councils as the primary coordination point for child protection.

One important community level function relevant for child protection is the village court, presided over by the chief. The courts were described as often the first point of contact for protection issues. The challenge is that decisions are very dependent on the individual chief's views on child protection. DCPT members noted that at times those who participate in village courts and councils are themselves employing children, especially herd boys and cannot be expected to treat such issues impartially. The CPWA outlines a new process for restorative justice that will rely heavily on Village Child Justice Committees. These are not yet in place, other than in some pilot communities, but offer significant potential for being positive role models and engaged on all areas of child protection coordination.

## 6.2 Structures, functions and capacities for child protection

### Functions and structures

The mapping and assessment sought to identify the official functions (governance, management, enforcement of child protection responsibilities) and structures (how the different entities relate to each other in order to implement a multi-sector response for children).

The Ministry of Social Development has the lead in coordination of all vulnerable children's responses, as well as statutory child protection (severely abused and neglected children, children without adequate care). The Ministry of Social Development has a clear set of roles and responsibilities for child protection within its proposed new organogram, highlighting its primary role.<sup>91</sup>

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<sup>91</sup> This organogram is presented in the MOSD Ministerial Strategic Plan 2014/5 – 2016/7, awaiting approval by Ministry of Public Service.

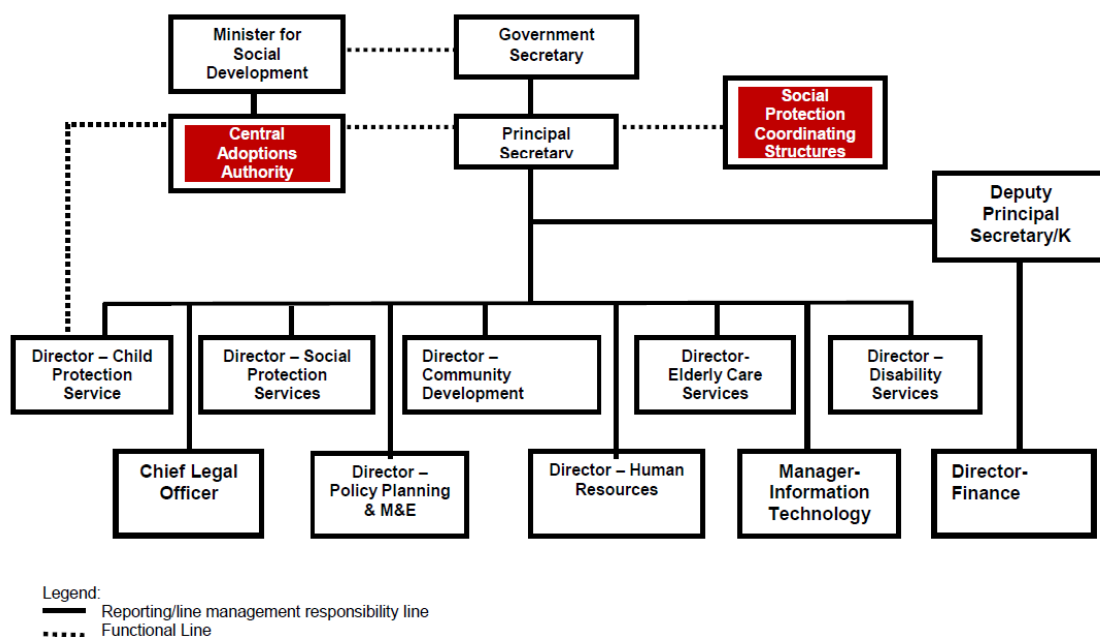


DIAGRAM 1: MINISTRY OF SOCIAL DEVELOPMENT SENIOR MANAGEMENT TEAM

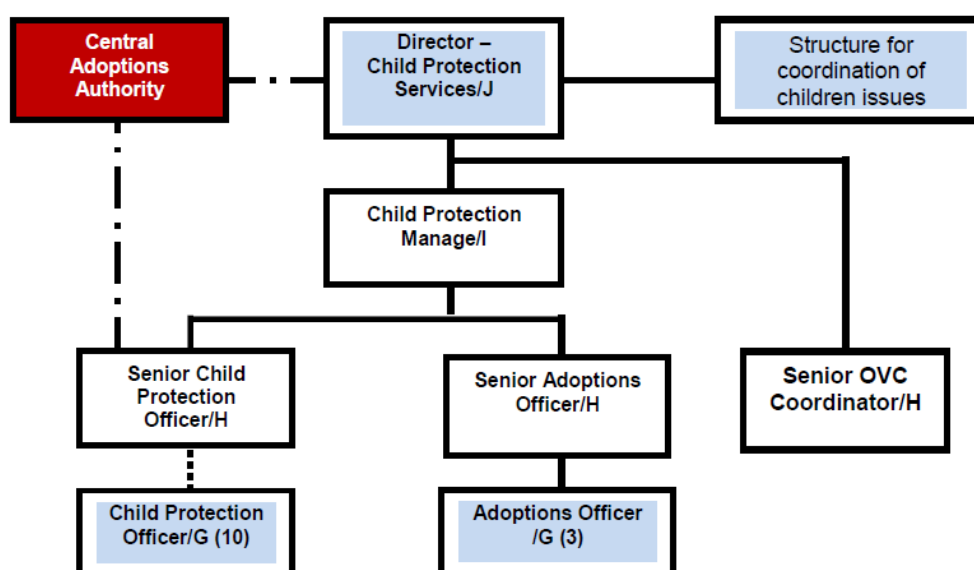


DIAGRAM 2: MINISTRY OF SOCIAL DEVELOPMENT DEPARTMENT OF CHILD PROTECTION SERVICES

The Ministry of Justice and Correctional Service plays a dual role, as custodian of the laws and in delivering services, such as probation, Children's Courts and all district courts. In future, it will have an increasing responsibility for the roll out of proposed child village justice committees, restorative justice and other interventions that will require working outside the existing criminal justice system. As of yet, there is no clear demarcation of responsibility for children, with the exception of staff allocated to the Children's Court in

Maseru and to the Juvenile Training Centre. The most significant criticism identified during the mapping<sup>92</sup> was that staff do not yet have the knowledge or formal mandates to implement the CPWA, notably the JTC and Correctional Services.

The Ministry of Police is central to the linkages across the sector, being the first point of call often by communities when a child is in need of care and support or is a victim or perpetrator of crime. The Child and Gender Protection Unit (CGPU) within the Ministry of Police has a clear mandate for child protection, although informants noted the weakness that staff within the CGPU are regularly deployed to other departments, leading to loss of trained personnel. A comprehensive assessment of the CGPU in 2007 identified the clear mandate of the CGPU for protecting children but articulated a number of challenges: problems of logistics, equipment and identification with the Lesotho Mounted Police Service, rather than having a separate and distinct location and a distinct unit within the police, with its own career path and set of professional skills and responsibilities.<sup>93</sup> These challenges were reinforced during the mapping, despite investments in capacity building in the interim period. The lack of data from CGPU and apparently a non-functioning computerised reporting system were apparent, and the challenges related to training and position within the Lesotho Mounted Police Service remain a considerable challenge. Problems faced by children and community members at police stations where there were no CGPU Units were mentioned by multiple stakeholders. CGPU staff have observed that the CGPU tends to be a 'project' managed by donors, such as UNICEF, with no serious investment from the Ministry of Police to sustain the Unit and place it in a similar function to other 'branches' of the police.

Ministries with child protection responsibilities include the Ministry of Health, Ministry of Education and Training, Ministry of Home Affairs, Ministry of Labour and Employment, Ministry of Police. Other ministries that have not got an explicit child protection engagement but may have some role include the Ministry of Gender, Youth, Sports and Recreation and the Ministry of Development Planning. Within these ministries, few staff have a formal responsibility for child protection, as reflected in job descriptions or in management oversight and support. Engagement thus becomes dependent on personal commitment and/or availability, with a heavy reliance on MOSD. In some cases, lead responsibility is clear – for example, Ministry of Home Affairs for birth registration, Ministry of Labour for child labour. However, for others a range of ministries stated that they had joint responsibility (MOSD, Police, Labour, Education all reported responsibility for child labour and trafficking, for example) and yet no ministry currently has a formal relationship (through Memoranda of Understanding, for example) with other ministries or with civil society for delivering protection-related results.

*No secondary ministry reported that they set standards or register programmes on child protection that they were delivering.* In general, with some exceptions, there was a sense from national ministry respondents that it was the MOSD or MOJCS that should be setting the standards for services delivered by other ministries. The MOSD has a range of guidelines but their implementation remains weak, in part due to lack of human and transport resources for implementation and oversight.<sup>94</sup> Some ministries have clear

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<sup>92</sup> Based on inputs from a range of government and civil society actors involved in the justice sector; at a workshop held on 23-24 October 2013

<sup>93</sup> Likoti FJ, Obioha EE, Matobo TA, et al. (2007) *Lesotho CGPU Evaluation Report*

<sup>94</sup> They only deal with children in short-term care and do not address the vast majority of informal 'fostering' in extended families. Guidelines for dealing with sexual violence exist (MOHSW) but they were not referred to during the mapping by stakeholders.



operational guidelines for core functions – for example, for provision of adolescent health services within the Ministry of Health, for dealing with school-based child protection concerns within the MOET. The development of CPWA regulations is expected to spell out roles and responsibilities for most alternative care and child justice functions.

*The mapping and assessment was not able to get a clear picture of numbers of CSOs that are explicitly working on child protection issues.*<sup>95</sup> Most activities are based within communities and focus on issues such as birth registration, awareness raising and local support on issues of abuse and violence, agencies that run residential child care institutions. However, anecdotal feedback from a wide range of actors during the mapping and from reports (see bibliography) suggests that there are in many communities groups of individual men and women (often church-based groups, such as mothers' unions, etc.) who are concerned about child wellbeing. Their interventions cannot be assessed but it is clear that, when they are provided with training and support, they are an important – perhaps the most important – first point of contact for highly vulnerable children (see also section 4.2).

*There is limited professional oversight of child protection actors.* There is a National Association of Social Workers and there are plans to reform this and form a national social services council that would address all components of the social service workforce. This, if accomplished, would be a significant step towards a more coordinated and accountable child protection response, making it easier to oversee and safeguard standards of practice across all the social sectors.

*There are no recognised forms of mutual accountability between ministries providing joined-up care for children in need of protection,* such as Memoranda of Understanding or specified responsibilities for inter-sectoral collaboration, or with civil society organisations providing service delivery such as those supporting support groups. Some core child protection functions, such as Child Helpline, have no institutional relationship through oversight of standards. There are no minimum standards that civil society organisations must subscribe to and no obligation to report child protection activities, other than on funded NSPVC activities and those receiving subventions to run residential child care institutions.

### Human resource capacities

Human resource capacity is and will remain a serious challenge. The mapping highlighted a lack of coherent and consistent training for child protection professionals across all ministries and civil society.<sup>96</sup> DCPT members, some judicial staff and a number of communities have been trained on the new CPWA and the implications for actions. But this was limited – there was a significant emphasis in the mapping and assessment on the need for enhanced child protection training. Although data on human resources is limited, the following observations can be made:

- The MOSD has at least five social workers in each district, all of whom with full social worker qualifications. At present, none of the social workers has a dedicated responsibility for children's issues in general or for child protection.<sup>97</sup>
- Currently there are 34 auxiliary social workers in post, with another 39 posts recently approved but not yet recruited. When in post these people will be responsible for support to roll out of the Child

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<sup>95</sup> Letsema and Sentebale have access to information about CSO networks, but numbers with a child protection focus are not available. The absence of clarity about what 'doing child protection' means also confuses the issue. The NSPVC reports, for example, on child protection awareness raising activities but it is not possible from reporting means alone to identify the content of these interventions.

<sup>96</sup> Social workers did receive training on child protection and psychosocial support in 2010, but more regular training is needed.

<sup>97</sup> MOSD Strategic Plan 2014/2015-2016/17, Appendix 4 Functional structure.

Grants Programme. Although this is to be part of their activities, in practice it is likely to be a significant component of their time. There needs to be much greater clarity about their social protection and child protection (and other e.g. disability, elderly) responsibilities and a realistic plan for what they can achieve. Without greater engagement by others at community council level, they are highly likely to be swamped with coordination and service delivery tasks.

- Currently MOSD is developing job descriptions, so these cannot be assessed at present. The current proposed functional structure places 'social work case management' under the role of 'provision of social safety nets'. This implies a narrow interpretation of case management as provision of social transfers alone, rather than addressing child protection and other concerns.
- MOJCS has a small number of personnel who have a dedicated child protection function, primarily those working in the JTC or in the Children's Court in Maseru. There are only seven probation officers in the country at present, all based in Maseru. None of the staff have received child protection as part of their pre-service training; most have received in-service training on either implementation of the CPWA or on child-friendly approaches and/or psychosocial support for children. Magistrates have not received specialist training in how to handle matters with children, although 19 justice personnel were trained on the CPWA in August 2012 and a further 24 in December 2013. However, this training is partial and the mapping and assessment noted a lack of training on skills for working with children overall, and in particular with children facing child protection concerns. The justice sector will face challenges related to expectations and pressures on staff with the introduction of the CPWA.
- The CGPU face serious human resource challenges – limited training, regular transfers so trained staff do not remain in the CGPU, lack of resources to engage at community level.
- It was not possible to assess community-level capacities and gaps for protecting children - there is no consolidated information on numbers of groups that consider themselves to be 'protecting children', including informal groups arising from faith-based or local cultural or traditional mechanisms. Experience from many other countries in Southern Africa<sup>98</sup> would suggest that strengthening the capacity of such small groups is an important entry point.
- Limited involvement of civil society groups in the child justice sector restricts access for children to diversion, witness support and support for children to go through the legal process. For example, it was noted that there is a court intermediary who can work with children employed by MOJCS, but supporting children through the process is not included in the job description.
- In terms of when and how staff acted, there was a focus on response, rather than on other components of child protection such as prevention or rehabilitation. In general, ministry staff tended to know what they should do in response to cases of abuse, for example. Except in cases where there was a clear lead responsibility and mandate (for example, in the case of birth registration), sectoral ministries did not articulate what their current roles and responsibilities are across the spectrum of child protection prevention, response and oversight.

All frontline workers, government, civil society and community 'volunteers' need a minimum set of skills for working with highly vulnerable children, so that they can identify prevention opportunities and handle child

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<sup>98</sup> For example, Keregero K. (November 2012) Evaluation of Lihlombe Lekukhalela (Community Child Protection Committees), Swaziland. Draft report. Report for UNICEF Swaziland and National Children's Coordination Unit; Foster, Geoff (2010) Getting in line: Coordinating responses for children affected by HIV and AIDS in sub-Saharan Africa. *Vulnerable Children and Youth Studies* 5(2):92-100.

maltreatment cases in an appropriate, child-friendly, confidential, respectful, and professional manner. There is currently no means to assess their capacity.

The human resource development work related to the new MOSD and the costing of the CPWA are an ideal opportunity to prioritise key child protection roles and responsibilities across the whole social service workforce, civil society and government. Civil society child protection staff offer a wide but unassessed range of skills and of unclear coverage. Actors who have a key child protection role as part of their broader responsibilities must receive a minimum level of pre-service child protection training – focusing on prevention as well as response competencies. This applies to government and civil society staff, and also to informal care providers who are supported by CSOs.

Civil society organisations assessed their own capacity levels as very variable. International NGOs, or those with significant levels of international funding, were felt to be well resourced with regular training opportunities. However, these are the minority. Others felt that they had very low levels of capacity, in part related to the fact that resources are low and much of the funding is project-based and not sustainable. DCPTs reported high turnover in support groups, for example. CSOs noted that there were few civil society groups engaged in the justice sector. Yet skills in counselling, legal or other support to children and families and other types of support are necessary. At community level there is a large need to engage on restorative justice, especially given the strong focus in this area in the CPWA.

### Accountability mechanisms

Lesotho currently does not have a parliamentary oversight mechanism or an ombudsperson on children's issues. During the mapping and assessment discussions, national stakeholders noted that the Social Cluster Portfolio Committee in Parliament might be a senior level body that could possibly play this role.

Staff who do not protect children are not being held to account. The mapping and assessment identified, through discussions and secondary literature, that there are multiple cases when staff act with impunity and their failure to take action is not taken up by their seniors. Whilst there are some cases of direct violations of children's rights, far more pervasive but ultimately just as importantly, inaction in the face of possible neglect is endemic – not thinking to report a concern, not giving or asking for evidence about types of child protection abuse before 'child protection' programmes are delivered, not requiring that cases are followed up.

The lack of an accountable case management system – one that tracks individual cases of neglect, abuse, violence or exploitation across services and over time - means that those providing care to children are not able to provide timely and appropriate support to the child, nor can they act to support the child and family along a pathway of care and support. It also means that those responsible for child protection outcomes cannot make strategic planning and investment decisions, for example seeing where training or human resources must be invested or where priority infrastructure investment must be placed.

Currently there is no formal mechanism for holding individual CSOs accountable for their child protection work, such as Memoranda of Understanding or service level agreements between NGOs working on child protection and the MOSD or other agencies, with the exception of MOUs in relation to specific funding for delivery of residential care services. These are currently not used to verify the quality of services provided or to hold NGOs accountable.

Accountability requires allowing children to talk and be heard, both as children in need of protection and as system advisers. A number of CSOs have encouraged child participation in the development of their programme – for example, World Vision recently trained children as facilitators to discuss child protection

issues.<sup>99</sup> A number of CSOs have staff with skills and expertise in promoting child participation, such as Touch Roots Africa and its Kids Clubs. However, in general there is an absence of children's voices in the child protection response.

### 6.3 Financial resources

It was not possible to gather detailed information on resources currently being allocated to or spent on child protection. More detailed information is being sought. The following broad findings can be reported:

*There is no dedicated budget line overall to child protection in the country.* The newly established Ministry of Social Development, with a dedicated Child Protection Services department, will provide more detail in future years.

*It is estimated that around 2% of the state budget allocation goes to MOSD overall.* This compares to at least twice that on other social ministries, although their coverage is more universal.

There are limited donor resources for child protection. For the year 2014, UNICEF has a dedicated child protection budget line with funds from the EU (\$355,000) and UNICEF core funding (\$158,750), but this includes consultancy costs that do not go directly into programming. The focus is on technical capacity building and improved policy. The current Global Fund Round 9 resources that are supporting some vulnerable children coordination work end on 31 March 2014.

USAID funds OVC activities in the country, largely through two international NGOs, Management Sciences for Health and PACT. These resources include child protection and are aligned largely to implementation of the NSPVC.

There has been a significant funding squeeze for civil society, especially national NGOs and CBOs, with small-scale funders being one source of support.

Overall, it is clear that funding information on child protection needs to be further disaggregated, for improved analysis but that funding is significantly inadequate compared to need.

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<sup>99</sup> WVI (2013) *Op cit*. The focus of this recent activity was on training of WV staff and actors from WV offices in Southern Africa; therefore the findings are currently too small scale and not Lesotho-specific. It does mean that there is a pool of trained children, however.

## 7. Protecting children – formal and informal service provision

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### **Key systems strengthening messages**

***There is no effective referral system for children and families facing child protection risks. This makes it impossible to provide quality care or to track outcomes.***

***There is currently no information available about either coverage of child protection actors delivering services across Lesotho, nor about the range of services being provided.***

***There is little data available on numbers of children being reached with child protection interventions (as opposed to more general ‘vulnerable child’ interventions) or on the number of projects being delivered.***

***The vast majority of interventions focus on response, not prevention or rehabilitation.***

***There is an absence of non-institutional alternative care programming – for example, interventions to prevent family separation or to support parenting.***

***Whilst it is clear that community-based initiatives are doing well – children testified to the value of support groups – not enough is known about their impact, in order to build on good practices and improve those that are not acceptable.***

***New initiatives such as roll out of the (future) IECCD Strategy and child grant delivery offer additional entry points to service delivery at local level but these have not yet started.***

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### 7.1 Overview of services being provided

The mapping and assessment exercise attempted to identify what is happening on the ground which is intended to or actually protecting children from abuse, violence, exploitation and neglect.<sup>100</sup> These can be divided into four main categories (the ‘continuum of child protection’) (see box on next page):

- a. An enabling (or ‘promotive’) environment that protects children
- b. Preventive actions – those that are targeted at children and families, or groups of children or families, that are especially at risk of experiencing child protection violations
- c. Responses – taking action when a violation has been committed
- d. Rehabilitative services – actions taken after a violation has been committed to ensure the violation is not repeated and/or to repair the trauma or harm caused to the child and family.

#### Promotion

There are many ‘pitsos’ organised to raise awareness on child rights.<sup>101</sup> However, content and impact have not been assessed.

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<sup>100</sup> The information in this section comes from the following key sources of information: service providers’ feedback, especially those involved in the justice sector and civil society; individual interviews from national ministry representatives; feedback from District Child Protection Teams; feedback from community leaders and community members, including informal support groups in the community; feedback from children in two sites.

<sup>101</sup> MOSD (November 2013) *Annual Review of the First Year of the National Strategic Plan on Vulnerable Children (NSPVC)*.

There has also been some awareness raising about the CPWA, which is complemented by a recent MOSD publication summarising the key points of the CPWA in English and in Sesotho.<sup>102</sup>

The NSPVC review notes that there was greater focus on delivering of activities that give tangible material results, e.g. education materials, than on promotion activities. Given that CPWA awareness is low amongst formal sector staff (mentioned in previous section), it is therefore bound to be low at community level.

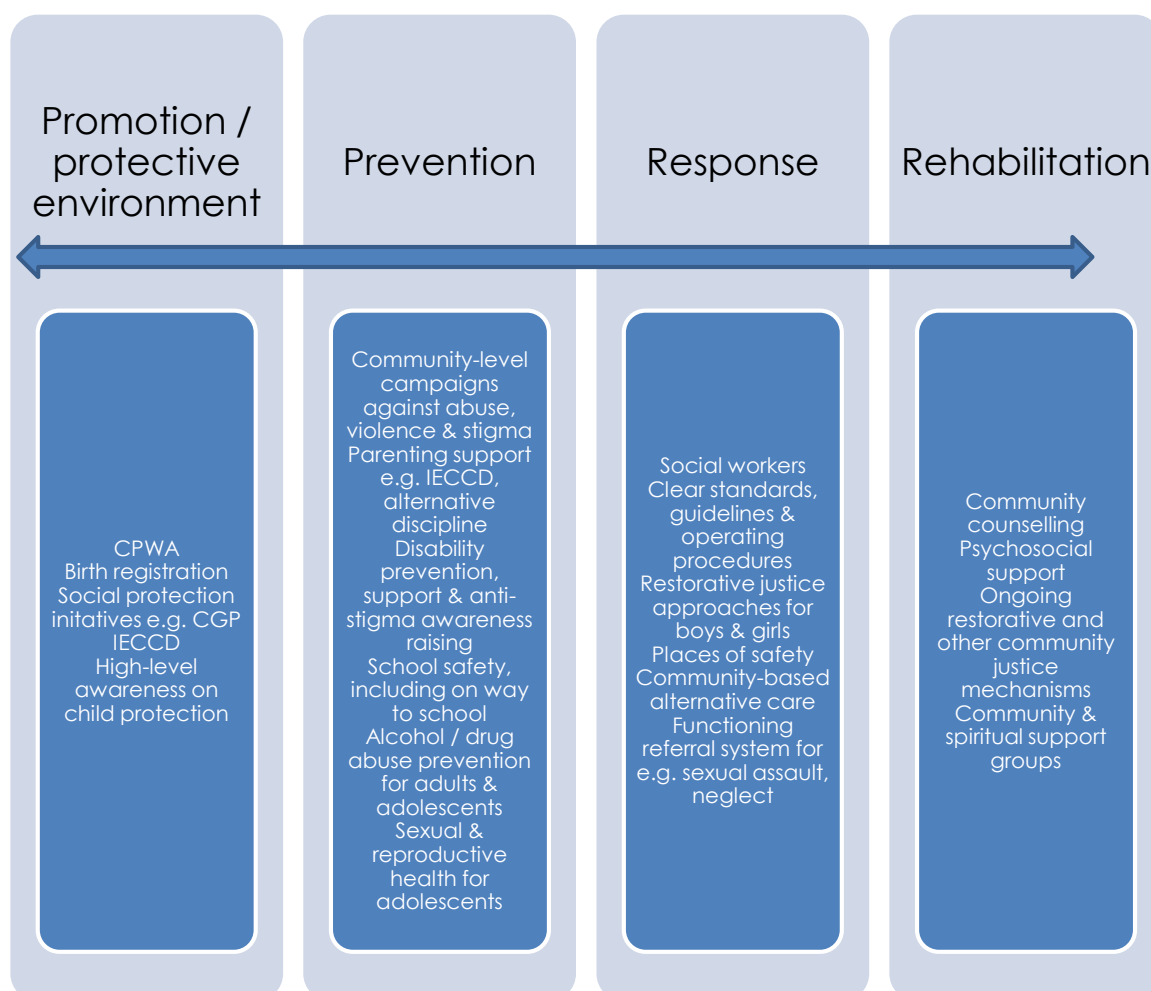


FIGURE 3 THE RANGE OF POSSIBLE ACTIVITIES ALONG THE CONTINUUM OF CARE

## Prevention

The Child Helpline is the most significant national intervention, covering both prevention (through its awareness raising, campaigns and counselling) and response. The IECCD strategy includes “partial support” for the Child Helpline ‘to expand its services, provide 24-hour service, and to ensure referrals are sent to appropriate child protection services in a timely manner.’

When asked if there are people who do or could prevent harm, volunteers were again mentioned or “*police should roam around our villages so that they are nearby when abuse happens*” (which is a response, rather than prevention. Support groups were mentioned as the main point of contact, although their role remains

<sup>102</sup> Ministry of Social Development (2013) *The Children’s Protection and Welfare Act of 2011: A call to action for community leaders and community members in the Kingdom of Lesotho*.

unclear: *“We don’t know exactly what role the support groups play but we usually see them around when something has happened to children”.*

One theme in the children’s discussions was the fact that children themselves played an important role: *“They tell us about this thing but they say they are scared of reporting to older people. As a result, we do it for them”. “When orphans have nothing to eat, relatives help out by adopting them, but for those who remain in their homes, they are assisted by our kids club. This money helps us buy things we need such as pens for school”.* One kids club in Mokhotlong offered practical support to children who no longer had nobody to assist even though they still had caregivers: *“Last year we assisted 5 by buying school shoes, exercises, pens, rubbers and sharpeners.”* This is only from two communities and therefore not representative of the whole country. More detailed evidence is needed about children’s own role in protecting themselves and other children.

Direct discussions at community level during the mapping suggested that there was not a general understanding of what might be available to prevent harm coming to children who are at risk of neglect, stigma, violence or abuse. For example, there was limited discussion about early interventions to prevent assault and abduction – both problems raised as concerns by children and community members. Whilst there were examples of community action to address abduction, for example, and a wide range of actions implemented by support groups, these have not been comprehensively mapped. School- and community-based life skills groups have been set up, and in Mphahle’s Hoek the children gave examples of peer support to each other for children at risk of neglect, but there was no clear picture arising of a ‘culture’ of thinking that prevention could happen. The fact that few ministries mentioned prevention activities when describing their own actions reinforces this.

## Response

The single clearest message from this mapping and assessment process is that response to children is highly constrained because of lack of clarity and resources for an effective referral mechanism for children who have experienced abuse or neglect.

As noted in the evidence section, there is no functioning, centralised system for documenting and following through cases (a case management system). This means that it is not possible to comment on coverage and quality of responses that children receive. In community discussions, children and community members cited cases that had been taken to the police and acted upon. Children described the first point of contact as usually the chief (after turning to friends, family or neighbours for practical support) and the chief in turn tended to call the police. Children reported that counsellors from the local support groups also provide support.

However, verbal feedback, supported by findings from a recent review of post-rape care and a review of adolescent health services<sup>103</sup> is discouraging – it states, for example, that individual records are not easily available nor shared between key actors and there are currently no guidelines outlining the steps to take. The CPWA sets out the essential steps for children in conflict with or in need of protection from the law. However, it does not set out a system for how this is to be resourced and how information will be confidentially but effectively shared amongst all workers.

What was clear from community discussions is that cases of abduction, sexual assault and abuse are dealt with in different ways – when children report abuse (although it is not clear how many are able to talk to

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<sup>103</sup> Moyo IM. (September 2008) Capacity assessment of adolescent friendly health services in Lesotho

someone about abuse they are experiencing), chiefs tend to be the first person to whom the problem is referred.

Children can call Child Helpline for support, although it currently has no formal mandate to follow up on cases. It is a vital source of support in the response. Other sources of direct support for children were cited as teachers, although again there is a challenge of lack of formal mandate to require follow up and, in some communities, Children's Committees established by NGOs and often run by support groups. Adolescent health services, which is another alternative source, were described as patchy, with only 17 of the 23 listed adolescent health sites operating in 2008 and with nearly half being described as unacceptable in terms of adolescent friendliness. There were no male staff trained in adolescent health care making it hard for adolescent boys to seek care.

Support groups appear to be a potentially significant initiative, often spontaneously established initially to respond to HIV but now expanded to a broader area of focus. Such groups offer significant potential to identify children at risk of abuse or neglect and their actions provide an important, community-based role model of caring for children. At present, support groups are supported by individual CSOs and so activities and training will vary according to individual supporting NGO.

Whilst abuse and violence were mentioned as challenges, there appeared to be less direct intervention in cases of neglect and stigmatisation – these were dealt with by communities themselves. In general, when children are seen as being neglected, it appears that a common response is to liaise with NGOs that run residential care facilities for children, for either temporary or longer-term placement. There are no data available on how often this happens, what is the process and what is the outcome for children in these cases, although one DCPT is focusing on supporting reunification of institutionalized children with their families.<sup>104</sup> There are guidelines and standards for residential care, but these were developed in 2006 and do not reflect all of the new global good practice in alternative care, notably the UN Guidelines on Alternative Care.<sup>105</sup>

## Rehabilitation

There were few interventions on rehabilitation. Some civil society groups reported working on psychosocial care. DCPTs that were visited reported promoting reintegration of children into their families, but this was not discussed in further detail by the DCPT. There was a lack of recorded follow up for families in these cases.

Given the poor record keeping and monitoring, already noted above, it is extremely hard to work out which interventions are happening where. The NSPVC implementation plan focuses on some activities, especially in the areas of birth registration, succession planning and support on alternative care, and should be able to provide information about some services. However, as noted in the first annual review of the NSPVC, baseline data is largely missing and data is unreliable because much of it is from a range of different data sources that are not aligned and may well duplicate figures.

## Children and justice

The arrival of the CPWA has placed a greater focus on the children and justice system, because of its requirements. The legislation provides for a far stronger focus on children in the justice system. A Children's

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<sup>104</sup> Meeting with Mohale's Hoek DCPT

<sup>105</sup> United Nations General Assembly, (2009) *International Guidelines for the alternative care of children*. A/Res/64/142 February 24, 2010.



Court has been established in Maseru. There is a system of legal aid clinics throughout the country although it is not free. Legal aid and probation services are reported to not be evenly distributed.

The mapping and assessment reviewed how children pass through the justice system. Whilst the process can work well – and has done in cases (see box) – in general lack of trained staff with sufficient resources (for example, for taking age-appropriate statements using play therapy) made it difficult for the CPWA requirements to be accurately implemented. The limited resources that are available, i.e. probation officers, tend to focus on child perpetrators, rather than witnesses or victims.

Findings from a 2010 assessment of the juvenile justice system were reported as largely still being relevant<sup>106</sup> – the system is rudimentary and under-resourced. The 2010 assessment strongly argues for a restorative justice focus and for diversion programmes away from the JTC.<sup>107</sup> *“Inmates at the JTC are not worse than the rest of other ordinary children; rather they are just an unfortunate group who happen to have been caught in the act involved in behaviour generally perceived as in conflict with the law.”* Whilst this focus on rehabilitation has been addressed in the CPWA, it was not possible from the mapping and assessment to notice significant change, given that community interpretation of crime varied significantly. The JTC is for boys only; when girls enter the criminal justice system, their only option is to be placed in the women’s prison in Maseru. Participants during the mapping and assessment argued that the restorative justice approach was piloted and, in among others, Mokhotlong, was found to work well under the reign of a given magistrate – children were given non-custodial sentences such as working on the school grounds, fetching water for elderly people and similar. Reoffending rates were reported to be low.

The review concluded that important actors function as separately and in a disjointed fashion, probation is seriously under-resourced, actors do not understand what a juvenile justice system looks like and there is an acute gap in resources.<sup>108</sup>

A significant challenge reported during the mapping is that there are no civil society groups actively engaged in the child justice system, reducing options for diversion.

## 7.2 Service delivery oversight and monitoring

There is no overall information about coverage of child protection services– which agencies are providing what services, where, to how many children of what age, gender and other considerations. Coverage was reported by stakeholders to be patchy, although there is no clear documentation of coverage. For similar reasons, quality of service delivery was reported to be variable and largely to be dependent on access to resources (both access to resources with which to deliver services and access to transport to refer and respond). This means a significant dominance of lowland areas in terms of service provision.

Sustainability and continuity was identified as a key concern – there were several examples of initiatives that worked well, but ceased to be effective when donor funding dropped or when attention dropped. Examples cited were the restorative justice project and support to the CGPU capacity to handle child cases, including record keeping and reporting, the Child Helpline, etc.

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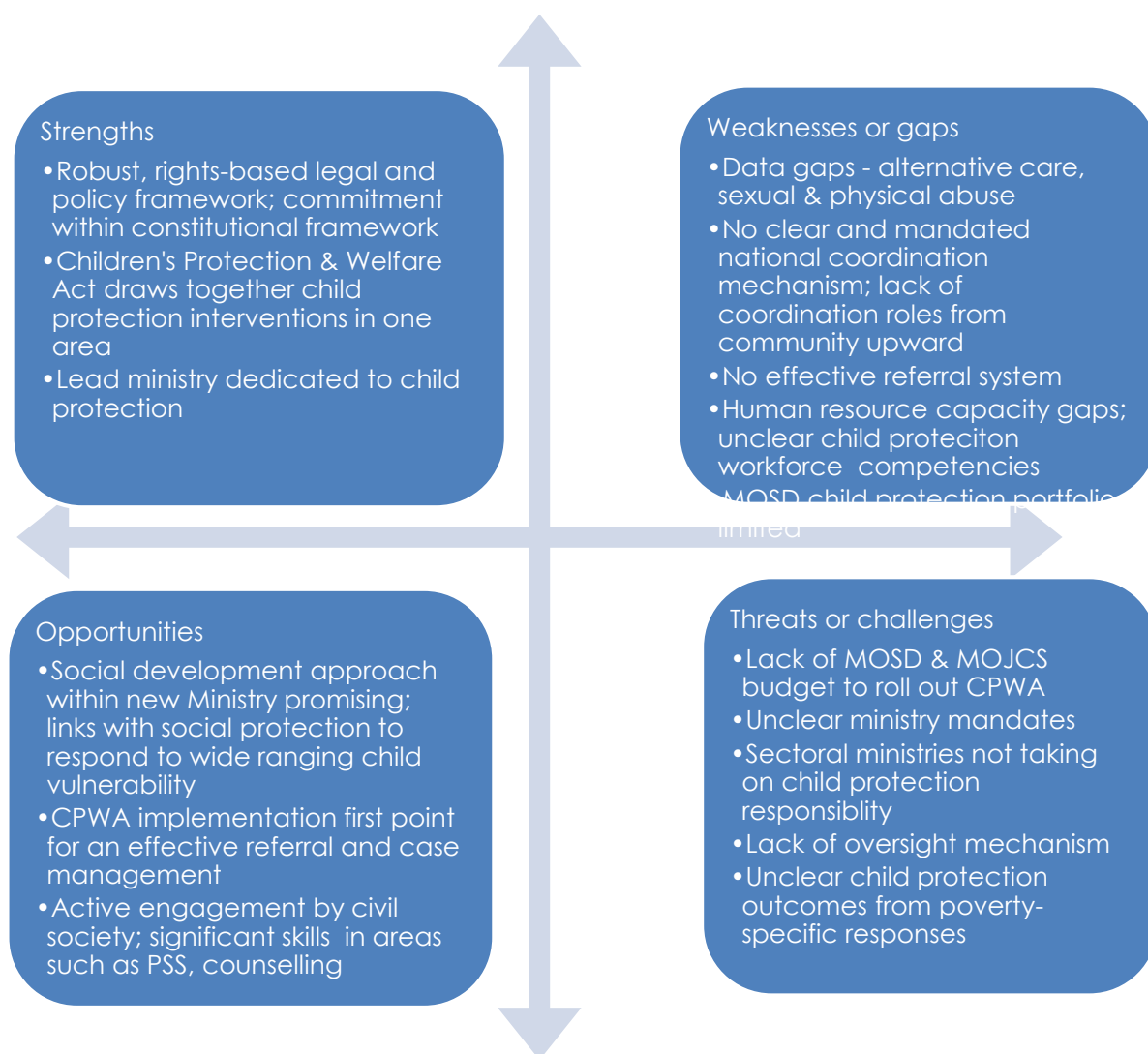
<sup>106</sup> Kimane I, et al. (October 2010) Situation Analysis of the system of justice for children in Lesotho with a particular focus on young offenders in detention at the Juvenile Training Centre (JTC)

<sup>107</sup> The assessment noted that most children come from troubled families (orphans, neglectful parents, domestic violence) and that most of the children in the JTC could be diverted away from the criminal justice system and be dealt with through restorative justice, or be placed in non-custodial systems.

<sup>108</sup> Universal Periodic Review (March 2013) *Op cit.*

## 8. Key findings and implications for strategic planning

The mapping and assessment was intended to come up with a snapshot of the current child protection scene in Lesotho. It has done this, up to the point where evidence is available. Some of the key points are highlighted below. The validation process is an opportunity to assess and further complete this analysis.



### 8.1 Summary of key systems strengthening priorities identified during the mapping

The mapping and assessment process sought to identify priorities across seven areas. During data gathering, key informants from ministries and civil society groups identified systems building priorities for their sectors. At the national validation workshop 5-6 March 2014, a group of around 40 national stakeholders further analysed the findings. The information below highlights the key results from both of these processes, with details included in the toolkit.

#### A. Laws, policies, standards and regulations

1. Finalisation of CPWA regulations, with accompanying forms, standard operating procedures, guidelines, templates, etc. – *this recommendation was repeated by many different actors, with a request to fast track this process.*

2. Harmonisation of outstanding laws and policies at all levels, including development of sectoral standards and guidelines
3. Strengthened mandate and capacity of local authority to enforce policies and standards at district and community level.
4. Clear policies and regulations on referrals
5. Public awareness with regard to CPWA provisions well-coordinated
6. Dissemination of simplified version of the law
7. Lack of places of care facilities for victims of trafficking, especially children
8. Lack of probation hostels for children in conflict with the law

## B. Cooperation, coordination and collaboration

1. Establish a statutorily recognised coordinating body at senior level. *One suggestion from national stakeholders was to explore linkages with or potential filling of that role by the Parliamentary Social Cluster Portfolio Committee.*
2. Develop a database of all ministries and relevant stakeholders in child protection
3. Establish one coordinating mechanism for child protection which is attended by all key players. *Majority view was that the existing National OVC Coordination Committee can play this role. However, its mandate needs to be clarified so that child protection has a distinct place within the broader vulnerable child responsibilities.*
4. *Develop MOUs between CSOs and government.*
5. Establish or strengthen a clear coordination mechanism between the DCPT and local communities, possibly via Community Council Child Protection Teams, *possibly managed by Community Councils. This would require a coordination role by Ministry of Local Government and Chieftainship.*
6. Establish improved ministerial coordination between key ministries (MOSD, MOJCS, MOP).
7. Ensure that there is a coordinated flow of data (see also accountabilities priorities). This means having an information management system to share data between ministries, especially the MOSD and Bureau of Statistics.
8. Undertake a systems analysis to identify current functional and dysfunctional collaboration at operational level, for example in cases of abuse.
9. Have one CSO coordinating forum; such a council can act as gate keeper to ensure that CSOs work collaboratively, have coordinated and rational national coverage and can ensure compliance and consistent quality of referrals and programming, with a clear focal point in MOSD to facilitate and oversee the process. *National stakeholders recognised that there is currently no obvious candidate for this function and therefore this needs further discussion within the NGO sector, including existing networks and coordinating bodies such as Lesotho National Council of NGOs and Letsema.*
10. CSOs should budget for coordination and networking at both national and local levels.
11. Ensure that donors contribute to and invest in coordination.

*Note that some of these recommendations depend on effective accountability mechanisms also.*

## C. Capacities

1. Undertake an overall social services workforce mapping across formal and informal sectors (numbers, competencies, etc.) and identify current and ideal size of required human resources.
2. Ensure that child protection functions and roles are clearly articulated within job descriptions, etc. (especially for MOSD and MOJCS, but others also; including consideration of desired coverage per employee by function).
3. Ensure that core ministries have child protection capacity within key focal points at Director level *and that child protection standards (e.g. staff codes of conduct) are mainstreamed across job descriptions.*

4. Ensure strong capacity in MOSD M&E Unit so that the monitoring data is gathered by all parties and that the data is analysed and consolidated and applied.
5. Provide regular training on the CPWA and its application, especially referral mechanisms, for all involved in justice sector and for DCPT members, Community Council and other community mechanisms.
6. Reorient MOJCS so that there is a clear set of roles, responsibilities and accountability for children and justice, so that there is a pool of judicial officers and practitioners competent in child protection.
7. Include child protection in justice sector training; establish a Justice College; transform the JTC from a prison to a training and rehabilitation centre.
8. Ensure that guidelines and standards on alternative care focus on culturally appropriate family- and community-based approaches.
9. Introduce child protection prevention components into child protection training and job descriptions, especially parental / family support capacities and disability support.
10. Improve collaboration in the formal and informal sectors, including clear assessment of the current levels of incentives provided to volunteers.
11. Capacity development in the informal sector, e.g. investment in REPSSI SODL course, knowledge of related laws, simplified reading material.
12. Development of a strategy / training modules for in-service training.
13. Pre-service curricula in order to integrate child protection into all social service workforce elements.

#### D. Service and service delivery mechanisms

1. Establish a clear road map / robust case management tracking system for children experiencing abuse (physical, sexual and emotional), violence, exploitation and severe neglect. This must at a minimum include follow-through of referrals, actions from key players, age/gender/disability and other issues of discrimination and demonstrate outcomes.
2. Ensure appropriate coverage of services, prioritising areas of greatest need for child protection support, *including analysis of where auxiliary social workers are allocated and their reporting and coordination role at Community Council level; this includes establishing a database of all support groups working on child protection.*
3. Consider how Child Helpline becomes institutionally 'owned' by MOSD *and more broadly identify how to ensure that Child Helpline is sustainable.*
4. Develop clear guidelines for community to support 'diverted' children, which may require dropping current CPWA proposal for preliminary enquiries; *consider establishment of probation hostels*
5. Emphasise outreach services to communities, *requiring greater investment in staff to deliver such services and consideration of how these are to be undertaken, for example some staff will need to work outside standard office hours.*
6. Develop a mechanism that bridges the gap between the formal and informal structures and increase accountability, including empowerment of local structures to address child protection effectively.
7. Ensure that children (and caregivers and communities) are consulted at programme (service) design stage and that programmes respond to identified need rather than external priority.
8. Increase service provision and service delivery mechanisms for victim support, *e.g. counselling, access to emergency alternative care.*
9. More child participation and involvement, including peer to peer support initiatives especially for children with disabilities and empowerment of children and communities to demand quality services.
10. Expansion of CSO mandate to explore areas of CPWA which are neglected i.e. child justice, diversion, restorative justice.

#### E. Communication, education and mobilization for change

1. Develop evidence-informed, targeted community sensitisation, mobilisation and advocacy strategy on child protection, which measures inputs and outcomes/impact, i.e. that measures effectiveness of advocacy in terms of increased protection of children, especially to church leaders and opinion leaders.
2. Engage the media in responsible child protection reporting, including training media houses on ethical responsibility for reporting (a suggestion is to link to the 25<sup>th</sup> anniversary of the Convention on the Rights of the Child, 2014)
3. Disseminate information about Child Helpline and use as a source of awareness raising as well as service provision.
4. Give responsibility and resources to one lead CSO agency for development and distribution of IEC materials.
5. Support children's activities e.g. peer to peer activities in schools (with capacity building of teachers), kids clubs for out of school children, parent support.
6. Strengthen awareness on processes of justice systems (remand homes, CPWA rules and regulations)

#### F. Financial resources

1. Finalise and prioritise resource mobilisation / budget allocation for costed elements of the CPWA.
2. Develop a mechanism, especially in MOSD, for ringfencing human and financial resources for the prevention components (e.g. strengthening family-based alternative care, investing in community-based prevention initiatives) that demonstrate impact.
3. GOL to provide resources for NGOs and other entities that are willing/able to participate in the justice sector - expand potential for subventions in this sector; in particular, prioritise investment in the informal sector. This is likely to include considerably greater engagement with and investment through civil society.
4. Develop a resource/fund raising strategy for CSOs, including resources from the private sector.
5. Conduct an inventory of CP resources – organisations, buildings by type, vehicles, personnel, coordinated by NOCC.
6. Implement a mentoring plan between international CSOs and local CSOs to increase local capacity rather than current situation of competition.
7. Work with donor organisations to develop a system for registering child protection-related assistance.

#### G. Accountability mechanisms

1. Establish an oversight body for the sector to ensure accountability (see coordination priority 1).
2. Establish a well-coordinated monitoring system across all the issues that affect child protection, in order to be informed which groups of children, disaggregated by sex and age, are at risk of or experiencing abuse, violence, exploitation and neglect and to be able to monitor and evaluate the impact of policies and programmes.
3. Cascade the role of an overall oversight mechanism (i.e. Social Cluster Parliamentary Portfolio Committee) to district and community level, i.e. Community Council Social Services Committees to have a role in ensuring child protection accountability.
4. Develop a minimum set of child protection indicators that all child protection actors must collect and report on, to one central agency; consolidated data must be analysed, shared and used for annual planning and monitoring of child protection interventions
5. Ensure an evidence-based approach to using data for decision-making, e.g. on identifying new research needs, programme design, impact monitoring.
6. Ensure consistent and transparent performance evaluations for all entities and performance agreements between different actors.

7. Engender a sense of personal and institutional accountability for protecting children within all ministries that have some responsibility for children.
8. Involve children in programme design and M&E.
9. Performance agreements for all sectors
10. Place responsibility of submission of reports, i.e. Convention on the Rights of the Child / African Charter on the Rights and Welfare of the Child in the Office of the Prime Minister.

## 8.2 Conclusions

This mapping and assessment has been a rapid overview. However, encouragingly, the validation workshop held in March 2014 highlighted that there was considerable consensus about the need for greater investment in child protection – starting from personal investment.

The strongest call is for every Mosotho to take child protection to heart.

This brief snapshot of where child protection is now will hopefully stimulate reflection and action and enable all actors to play their part in investing for the future – a future in which children can grow up strong and protected.

The results of this exercise are being drafted into a National Strategy and costed Plan of Action which will be drafted by mid 2014.

## Annex 1: List of stakeholders

### Task Force members

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 Mamojela Letsie, CGPU  
 Mathato Nkuatsama, Ministry of Health  
 Phomolo Mohapeloa, REPSSI

Mamphaphathi Molapo, Office of the Master of the High Court  
 Maipato Moremoholo, Ministry of Home Affairs  
 Mantsenki Mphalane, Ministry of Social Development  
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 Farida Noureddine, UNICEF  
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 Moraoetsi Rakuoane, PACT  
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## Annex 2: Bibliography

- African Union (2007) Call for Accelerated Action on the Implementation of the Plan of Action towards Africa Fit For Children (2008-2012) - PANAF/FORUM/CHD/MIN/2(II)
- African Union Commission (April 2011) Monitoring and Evaluation Framework to Assess Progress Towards Africa Fit for Children
- Bureau of Statistics, Government of Lesotho (2009) 2008 Integrated Labour Force Survey Preliminary Results Report
- Children and Gender Protection Unit, Lesotho Mounted Police Service (2010) Statistics on cases handled
- Children and Gender Protection Unit, Lesotho Mounted Police Service (2011) Statistics on cases handled
- De Sas Kropiwnicki, Z. (June 2010) Rapid assessment of trafficking in persons in Lesotho
- Department of Social Welfare, Ministry of Health and Social Welfare (2010) Annual Joint Review Report 2010/11
- Department of Social Welfare, Ministry of Health and Social Welfare (2010) Annual Report 2009/10 Monitoring and Evaluation of the National OVC Response
- Department of Social Welfare, Ministry of Health and Social Welfare (2011) Annual Report 2010/11
- Dunn, A (2009) Assessment of capacity to manage alternative care for children in Lesotho
- Government of Lesotho (2012) 2012 AIDS Progress Report
- Government of Lesotho (June 2013) Report of the review of the National HIV and AIDS Strategic Plan 2011/12 - 2015/16
- Government of Lesotho (July 2013) National Strategic Plan for HIV and AIDS 2011/12 - 2015/6; Revised plan 10 July 2013
- Government of Lesotho (March 2012) National Strategic Development Plan 2012/13 – 2016/17
- Health and Development Africa (June 2011) Defining, understanding and addressing the issue of 'children on the move' in Lesotho.
- Jewkes RK, Dunkle K, Nduna M, et al. (2010) Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect*, 34(11):833-41.
- Kimane I, Lebuso M, Mapesela M. (November 2009) Technical assistance to conduct the identification and formulation of € 27m Human Development Programme: OVC Rapid Assessment Report.
- Kimane I, Mapitso L & S. (October 2010) Situation Analysis of the system of justice for children in Lesotho with a particular focus on young offenders in detention at the Juvenile Training Centre (JTC)
- Kingdom of Lesotho (2012) Periodic Report on the Domestic Implementation of the UN Convention on the Rights of a Child Lesotho - Revised version
- Kingdom of Lesotho (2013) Millennium Development Goals Status Report 2013
- Kingdom of Lesotho (2013) National Policy for Integrated Early Childhood Care and Development

Kingdom of Lesotho (2013) National Strategic Plan for Integrated Early Childhood Care and Development 2013/2014 – 2017/2018

Levy M, Magar V & Sialondwe D (2013) Situational Analysis on Post-Rape Care of Children in Lesotho.

Likoti FJ, Obioha EE, Matobo TA, et al. National University of Lesotho - NUL-CONSULTS (November 2007) Evaluation of the Child and Gender Protection Unit (CGPU) in the police districts of Lesotho

Management Sciences for Health (October 2013) Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC): Progress Report for FY13 (October 2012-September 2013)

Ministry of Health & Social Welfare (2006) National Adolescent Health Policy

Ministry of Health (no date) Draft national quality standards for young people friendly health services in Lesotho

Ministry of Health and Social Welfare (2006) National Policy on Orphans and Vulnerable Children

Ministry of Health and Social Welfare / ICF Macro (November 2010) Demographic and Health Survey 2009

Ministry of Justice and Correctional Service (2013) Strategic Plan 2013 - 2018

Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act Court Rules

Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act Regulations Templates

Ministry of Justice and Correctional Service (draft, not yet finalised) Children's Protection and Welfare Act of 2011 Regulations

Ministry of Social Development (revised 2011) Terms of Reference for the National Orphans and Vulnerable Children Coordinating Committee

Ministry of Social Development (2012) Annual Report 2011/2012 Financial Year

Ministry of Social Development (August 2012) National Strategic Plan on Vulnerable Children April 2012 - March 2017

Ministry of Social Development (June 2012) Annual Report 2011 - 2012

Ministry of Social Development (2013) Annual Operational Plan 2014/15

Ministry of Social Development (2013) Change strategy implementation plan December 2012 - March 2014

Ministry of Social Development (2013) Ministry of Social Development - Draft organisational staffing and structure, March 2013

Ministry of Social Development (2013) Ministry of Social Development - Transition Plan towards an efficient, effective and results-oriented Ministry

Ministry of Social Development (2013) National Social Development Policy 2013 – 2022 (not approved yet)

Ministry of Social Development (2013) Quarterly report April - June 2013/14 Financial Year

Ministry of Social Development (2013) Quarterly report July - September 2013/14 Financial Year

Ministry of Social Development (2013) Strategic Plan 2014/15 - 2016/17

Ministry of Social Development (November 2013) Annual Review of the First Year of the National Strategic Plan on Vulnerable Children (NSPVC)

Ministry of Social Development (no date) Chart of National Coordination Mechanism for Social Protection

Ministry of Social Development (no date) Draft National Coordination Mechanism for Social Protection

Ministry of Social Development (unpublished document) Child Welfare budget 2013/4

Ministry of Social Development (January 2014) Foster Care and Adoption Procedures and Practice Guidelines for Lesotho

Moyo IM (September 2008) Capacity assessment of adolescent friendly health services in Lesotho

National Strategic Plan (NSP) and National Operational Plan (NOP) for Vulnerable Children 2012/2013 -2016/2017, Budget

National Strategic Plan for HIV and AIDS 2011/12 to 2015/16 - Gap Analysis

NGO Advisory Council for Follow-up to the UN Study on Violence against Children (2011) *Five years on: a global update on violence against children.*

Pinheiro PS (2006) Op cit World report on violence against children. Geneva: United Nations General Assembly.

Sefako, M. (November 2012) HIV/AIDS and SRH Knowledge, Attitudes and Practices among Sex Workers in Lesotho: A Baseline Survey for Lesotho Planned Parenthood Association Mphatlalatsane Project

Statistics for Child Helpline 2009 - 2012

UNICEF & Department of Social Welfare (2006) Residential care Guidelines and Standards

UNICEF Lesotho (2011a) Report on Child Poverty in Lesotho, 2011. Summary report.

UNICEF Lesotho (2011b) Situation Analysis of Children and Women in the Kingdom of Lesotho

UNICEF Lesotho (2013) Enhancing Social Protection for Orphans and Vulnerable Children; Interim Narrative Report January 2012 - January 2013

Universal Periodic Review (March 2013) Mid-term Implementation Assessment: Lesotho

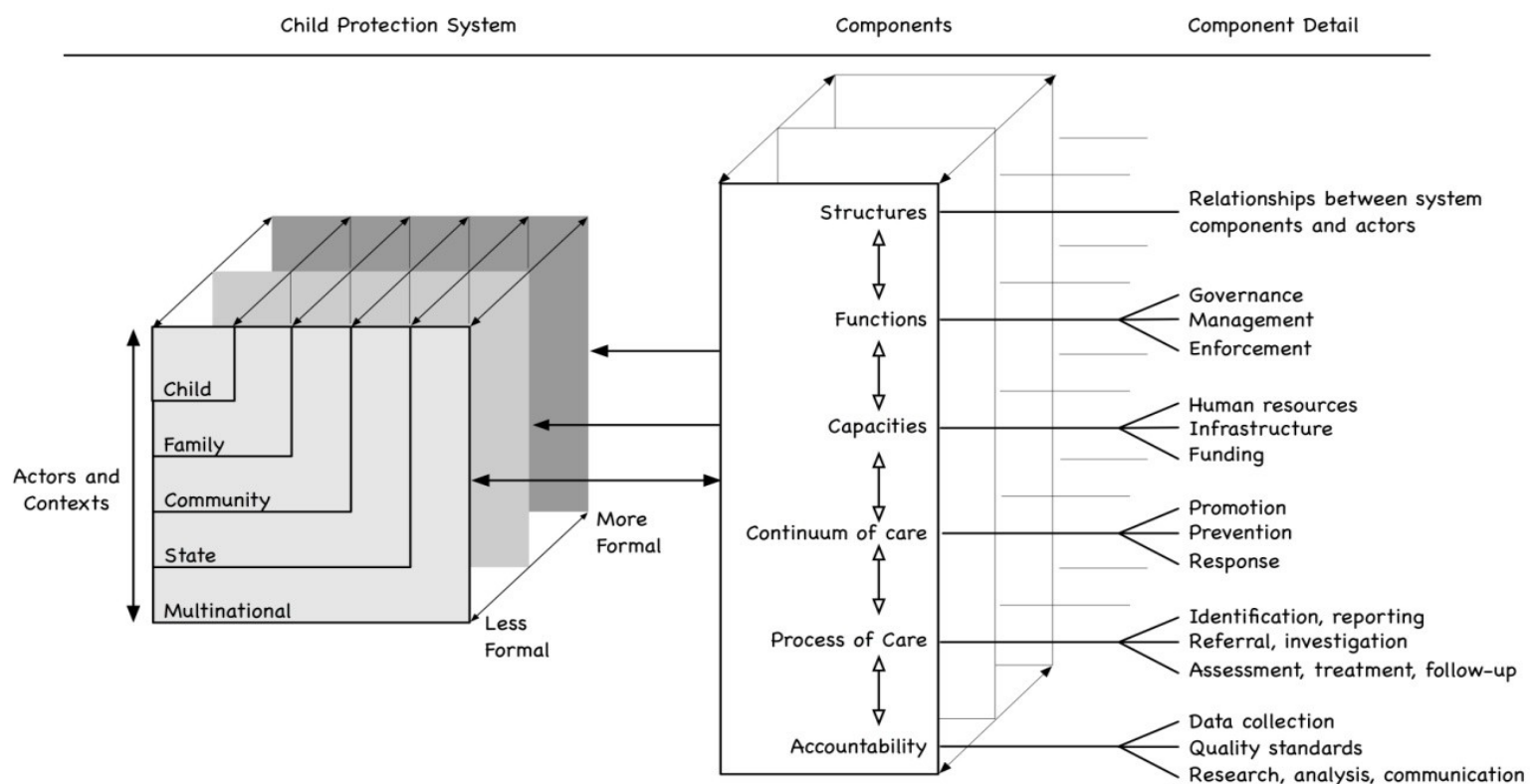
USAID (June 2013) USG Trafficking in persons report June 2013

World Bank (date?) Lesotho: A Safety Net to End Extreme Poverty

World Health Organization / International Society for Prevention of Child Abuse and Neglect (2006) *Prevention child maltreatment: a guide to taking action and generating evidence.* Geneva: World Health Organization

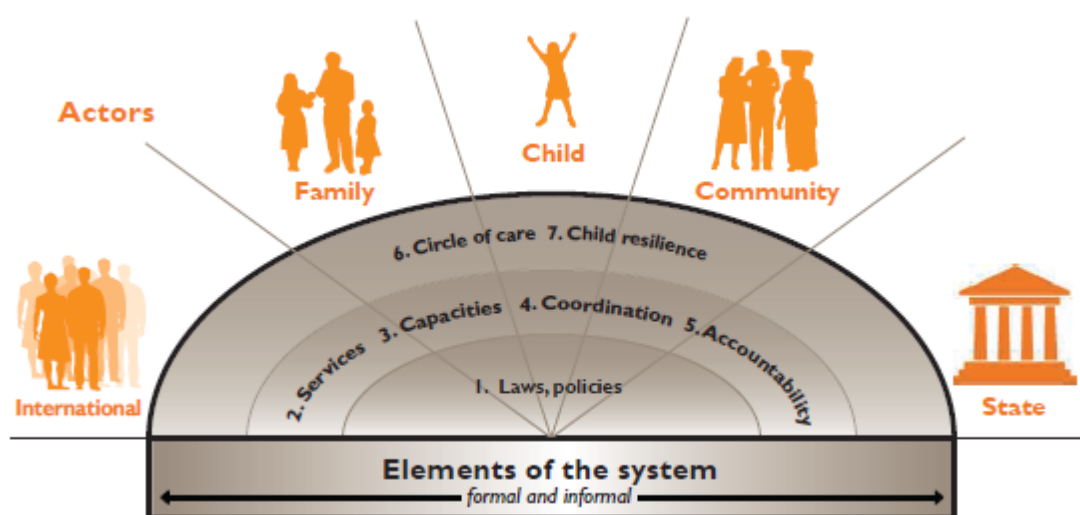
## Annex 3: Systems analysis for mapping and assessment

The mapping process builds on the systems analysis illustrated below, which illustrates how the different components of a system link together and mutually strengthen the response.<sup>109</sup> The diagram below shows how all the actors interlock.



### CHILD PROTECTION SYSTEMS: ACTORS, CONTEXTS AND COMPONENTS (CHAPIN HALL, P22)

All of these form components of the 'system'. Other frameworks, developed later, include a focus on child participation within the mapping, such as the diagram below produced by World Vision.



### ELEMENTS AND ACTORS OF THE CHILD PROTECTION SYSTEM (WORLD VISION, P3)

<sup>109</sup>Wulczyn F, Daro D, Fluke J, et al. (2009) *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*. Chicago: Chapin Hall at the University of Chicago

## Annex 4: List of child protection-related indicators in the National Strategic Plan on Vulnerable Children

Strategic objective (SO)	Child protection-related indicators
<b>SO2 Strengthening the capacity of families and communities to protect, care for and support vulnerable children</b>	<ul style="list-style-type: none"> <li>• Community councils and community leaders trained in children's rights-based planning for vulnerable children</li> <li>• CBOs trained in children's rights-based planning for vulnerable children</li> <li>• Vulnerable households that have developed succession plans</li> <li>• Households have prepared a will for their children by March 2017</li> </ul>
<b>SO 3 – Strengthening the social, legal and judicial protection of vulnerable children and their families</b>	<ul style="list-style-type: none"> <li>• Law enforcement officers trained on legal and judicial protection of children</li> <li>• Village Child Justice Committees trained in legal and judicial child protection</li> <li>• Communities reached with information on child social and legal protection</li> <li>• All vulnerable households in need of legal aid receive aid</li> </ul>
<b>SO 4 – Scaling up availability and access to services by vulnerable children and their families</b>	<ul style="list-style-type: none"> <li>• Communities reached with information on children's birth registration and on the importance of death registration</li> <li>• Community caregivers and service providers equipped with psychosocial skills based on national guidelines</li> <li>• Community-based health and social services outlets increased</li> <li>• National policy guidelines on adoption and foster care developed and approved</li> <li>• Vulnerable children in need of alternative care properly cared for</li> <li>• Households accepting to adopt orphans increased</li> <li>• Institutions providing vulnerable children with temporary residential care are assessed and registered</li> </ul>
<b>SO 5 – Systems strengthening</b>	<ul style="list-style-type: none"> <li>• Service providers' capacity has been strengthened to provide social welfare and child protection (with emphasis on legal and judicial)</li> <li>• NB Other indicators on research, monitoring and coordination capacity would include child protection within a broader vulnerable children's remit</li> </ul>

## Annex 5: Global and regional conventions that protect children and their ratification status by the Government of the Kingdom of Lesotho

CONVENTION OR TREATY	STATUS	DATE
<b>Convention Relating to the Status of Stateless Persons (1954)</b>	Declared	4 Nov 1974
<b>Convention Relating to the Status of Refugees (1951)</b>	Acceded	14 May 1981
<b>Protocol Relating to the Convention Relating to the Status of Refugees (1951)</b>	Acceded	14 May 1981
<b>African Charter on Human and People's Rights (1981)</b>	Ratified	10 Feb 1992
<b>Convention on the Rights of the Child (CRC), 1999</b>	Ratified	9 Apr 1992
<b>International Covenant on Civil and Political Rights (1966)</b>	Acceded	9 Sep 1992
<b>International Covenant on Economic, Social and Cultural Rights (1966)</b>	Ratified	9 Sep 1992
<b>African Charter on the Rights and Welfare of the Child (1990)</b>	Ratified	27 Sep 1999
<b>Rome Statute of the International Criminal Court</b>	Acceded	6 Sep 2000
<b>Minimum Age Convention (ILO Convention #138, 1973)</b>	Ratified	14 Jun 2001
<b>Worst Forms of Child Labour Convention (ILO #182, 1999)</b>	Ratified	14 Jun 2001
<b>Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)</b>	Acceded	12 Nov 2001
<b>Optional CRC Protocol on Sale of Children, Child Prostitution and Child Pornography</b>	Ratified	24 Sep 2003
<b>Optional CRC Protocol on Involvement of Children in Armed Conflict</b>	Ratified	24 Sep 2003
<b>Optional Protocol to CEDAW (1999)</b>	Ratified	24 Sep 2003
<b>Convention Against Transnational Organized Crime (2000)</b>	Ratified	24 Sep 2003
<b>-- (Palermo) Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000)</b>	Acceded	24 Sep 2003
<b>Convention on the Reduction of Statelessness (1961)</b>	Ratified	7 Jun 2005
<b>Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)</b>	Acceded	2 Dec 2008
<b>Convention on the Rights of Persons with Disabilities (2007)</b>	Ratified	31 May 2010
<b>African Youth Charter</b>	Ratified	18 Jun 2012
<b>Hague Convention on Protection of Children and Inter-country Adoption</b>	Ratified	18 Jun 2012
<b>Hague Convention on Civil Aspects of International Child Abduction</b>	Ratified	18 Jun 2012
<b>Hague Convention on Jurisdiction, Applicable Law... in Respect of Parental Responsibility and Measures for the Protection of Children (1996)</b>	Non-Party	
<b><i>Convention Against Discrimination in Education (1960)</i></b>		

## Annex 6: Desired results from investing in a systems approach to child protection

Child protection system element	Desired results from investing in a systems approach
<b>1. Laws, policies, standards and regulations</b>	<p>The underpinning legislation promotes children's rights, including their right to freedom from abuse, violence, exploitation and neglect.</p> <p>Legislation complies with international standards, and is supported by detailed and practical regulations and standards.</p> <p>There is a clear and enforced system for mandatory reporting and action on cases of severe abuse and neglect.</p> <p>All policies have costed implementation plans in place, supported by a Performance Management Framework.</p>
<b>2. Cooperation, coordination and collaboration (coordination and linkages to social protection, linkages between formal and informal mechanisms of protecting children)</b>	<p>Coordination and implementation mechanisms are harmonised and working in unity to reduce inequities / achieve robust results for the most vulnerable children.</p> <p>Informal and formal mechanisms for preventing and responding to child protection violations are recognised as equally important; mechanisms to ensure that they are able to mutually strengthen the response are in place, without undermining their respective strengths.</p> <p>All actors with a role in child protection are recognised within the system, from children and families to national oversight mechanisms.</p>
<b>3. Capacities (human resources, infrastructure)</b>	<p>There is a dedicated child protection workforce in sufficient numbers, well supported and supervised with equitable coverage.</p> <p>Staff and volunteers who work directly with children have the skills to listen to children and work in child-friendly ways.</p> <p>Staff with a child protection component to their job (e.g. health, education, social protection) are trained in child protection.</p> <p>Civil society child protection staff and volunteers adhere to minimum levels of training and are supported and supervised according to minimum standards.</p> <p>There is an overall resource strengthening and sustainability plan (human resource planning and training, infrastructure development and financing) in place, guided by an overall vision for strengthening the capacity of the child protection sector</p>
<b>4. Services and service delivery mechanisms (prevention initiatives, case management and referral system)</b>	<p>Protection services strive to meet quality standards and operate at the primary, secondary and tertiary prevention levels. Protection services have the knowledge to reach the most vulnerable. The child protection system strengthens community child rearing and protection practices.</p> <p>There is a system for early identification and referral of all children at risk of maltreatment and/or in need of protection and care. Children in the child protection/child justice system have a case plan that is implemented, monitored and evaluated from the perspective of the child and/or caregiver.</p>
<b>5. Communication, education and mobilisation for change</b>	<p>There is a national strategy for communicating what child protection means for Basotho children and families; every actor understands the importance of child protection and knows what action must be taken by him or her</p>
<b>6. Financial resources</b>	<p>There is a costed child protection action plan; financial resources are clearly demarcated and can be monitored over time against results; resources are allocated from informal, donor and state sectors; resources are reflected in the Medium Term Expenditure Framework.</p>
<b>7. Accountability mechanisms</b>	<p>All actors in the system are aware of their roles and responsibilities. Children and families are protected through a child and family friendly complaints handling mechanism.</p> <p>Information management systems are aligned and used for planning</p>