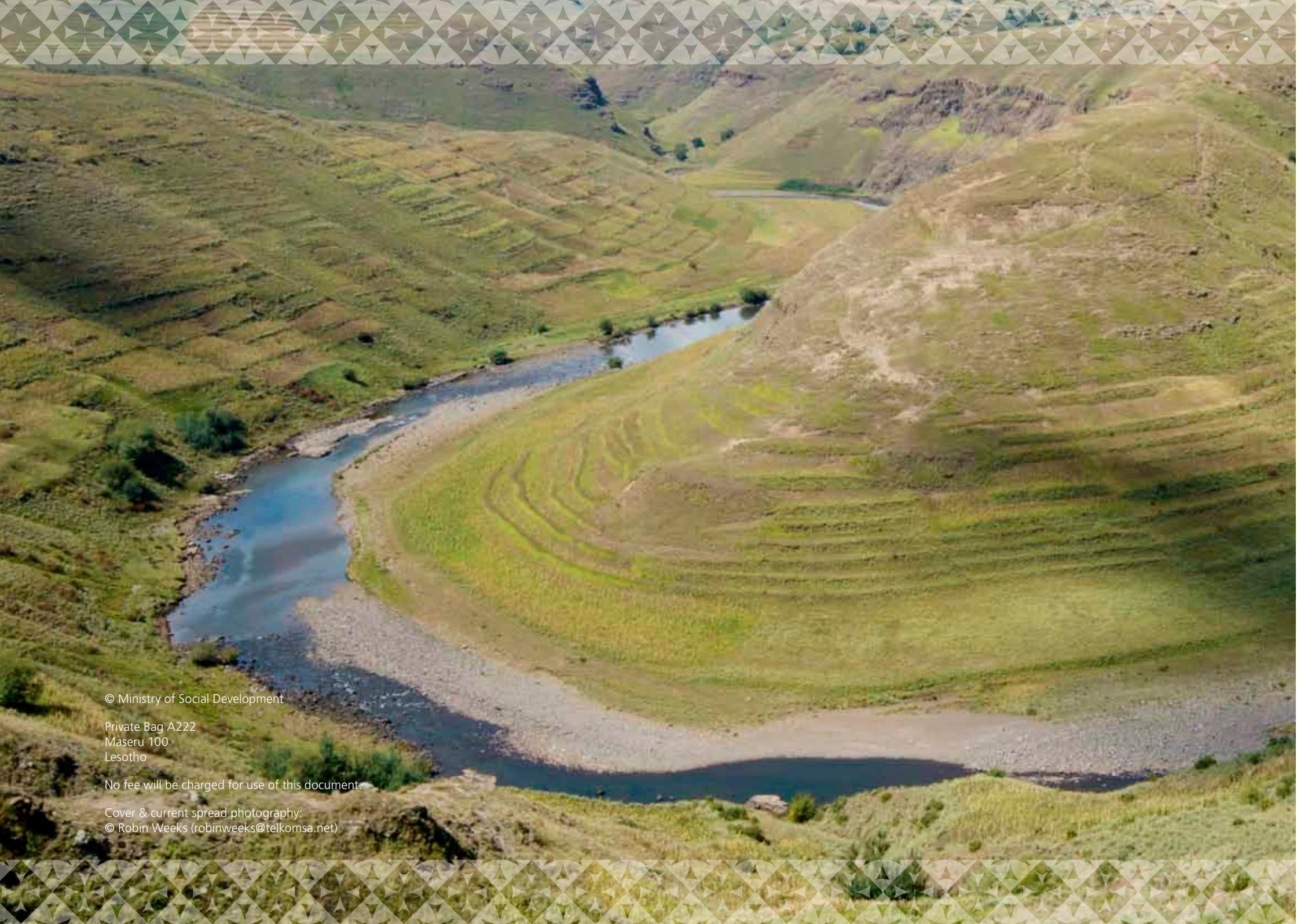


Situation Analysis of Orphans and Other Vulnerable Children in Lesotho 2011 Summary Report



Government of Lesotho
Ministry of Social Development



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SITUATION ANALYSIS OF ORPHANS AND OTHER VULNERABLE CHILDREN IN LESOTHO 2011 SUMMARY REPORT



GOVERNMENT OF
LESOTHO

MINISTRY OF SOCIAL
DEVELOPMENT

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INTRODUCTION

This report provides a brief insight into child vulnerability in Lesotho, summarizing the findings of the Situation Analysis of Orphans and Other Vulnerable Children in Lesotho.

The Situation Analysis was commissioned by the Government of Lesotho in 2010 to provide an accurate and realistic description of the number and status of orphans and other vulnerable children (OVC). The study also identified and reviewed services provided to these children, investigated how those services were coordinated, and produced baseline data to measure future progress.

Three sets of consultants⁽¹⁾ contributed to the Situation Analysis, which was supported by four development partners⁽²⁾. The study included a large-scale randomized survey of 3,735 households with children; focus group discussions with 300 caregivers, children and opinion leaders; interviews with key informants; and a literature review.

For more information on the way in which the Situation Analysis was conducted, and on the findings and recommendations, please consult the main report, which is available at www.gov.ls. Volume 2, available on request from the Ministry of Social Development, contains a detailed quantitative survey report and concept notes on child vulnerability; leadership, coordination and management; and civil society engagement.

Chapter 1 of this summary report sets the scene on child vulnerability, while Chapter 2 presents key findings from the Situation Analysis, and Chapter 3 lists the research team's recommendations on the way forward.



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¹ Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd. (SIAPAC); Sechaba Consultants of Lesotho; and the Human Sciences Research Council (HSRC).

² The European Union (EU); the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); the United Nations Children's Fund (UNICEF); and the United States Agency for International Development (USAID), through Pact.

Chapter 1

Background

CHAPTER 1: BACKGROUND

1.1 Who are vulnerable children?

Various definitions of child vulnerability are discussed in this section. The word vulnerable means “exposed to the possibility of being attacked or harmed, either physically or emotionally”⁽³⁾. Children are defined as people under the age of 18⁽⁴⁾.

1.1.1 Categories of vulnerability

A variety of methods have been used over the years to identify vulnerable children, and to reach them in order to protect them from harm. One such method has been to group children in categories of vulnerability.

Categories of child vulnerability in Lesotho

The National OVC Policy and the National Strategic Plan for OVC list categories of vulnerable children such as: “. . . orphans; children living on the streets; children with challenging behaviour; children in need of legal and other forms of protection; children who have been or are physically, psychologically, emotionally, or sexually abused; neglected children; children who behave in a manner that may harm them; children involved in child labour; children with disabilities; children involved in commercial sex work; children who frequent the company of immoral persons; children infected or affected by HIV/AIDS and other chronic diseases; children whose parents are delinquent and/or children who cannot be supervised by their parents or guardians; and children who by virtue of their age (under 5) are vulnerable.”

These categories are often decided in consultation with local communities, and the number of children falling into each category is measured so that interventions can be designed to help them.

Unfortunately, in developing countries, a majority of children often fall into one or more categories of vulnerability. Since these countries have limited resources, they need to find ways to prioritize those children who are *most* in need of help.

Another concern is that not all children who fall into these categories actually need external help. A child with a disability, whose parents are able to provide appropriate care, will not need outside interventions. Some orphans may not be vulnerable at all.



Photograph: © UNICEF Lesotho/Suzanne Mary Beukes

³ <http://oxforddictionaries.com/definition/english/vulnerable?q=vulnerable> accessed 20/11/12

⁴ *Children's Protection and Welfare Act of 2011*. Government of Lesotho (2011).

1.1.2 Orphans

Orphans are often grouped together with vulnerable children, for example when they are described as “orphans and other vulnerable children” or OVC. An orphan is a child whose mother or father has died. If both parents have died, the child is sometimes described as a double orphan.

Orphans have been a particular focus of attention in recent years because their numbers have increased dramatically as a result of the AIDS epidemic, which has led to the deaths of many parents.

However the Situation Analysis confirmed that not all orphans are vulnerable, or need special assistance. The focus, according to the researchers, should fall on vulnerability, regardless of whether a child is orphaned or not – even if the abbreviation “OVC” continues to be used.

Moving from OVC to vulnerable children

The Children’s Protection and Welfare Act 2011 has shifted away from the use of OVC, referring instead to a vulnerable child, who is defined as: “A person who is below the age of 18, who has one or both parents who have deserted or neglected him to the extent that he has no means of survival and as such is exposed to dangers of abuse, exploitation or criminality and is, therefore, in need of care or protection.”

1.1.3 Research approach to vulnerability

Unlike a number of previous assessments, which were based on categories of vulnerability, the Situation Analysis used patterns in the data that emerged from the household survey, focus group discussions and literature review to identify vulnerability. “The results,” the researchers said, “move away from listing children who fit preconceived ideas of vulnerability, and towards agreement on conditions and circumstances that make Basotho children vulnerable.”

In particular, the research team decided to organize the data around a human rights-based approach.

Human rights and needs⁵⁾

While the fundamental human needs are the basis of human rights, there are some notable differences between needs and rights . . . Rights always trigger obligations and responsibilities, whereas needs do not. Rights cannot be addressed without raising the question of who has obligations in relation to these rights. This automatically raises questions about the actions and accountability of duty bearers. People are often expected to be grateful when their needs are met; this is not the case when people’s rights are met. This reminds us not to campaign for “the needy” but rather to support marginalized people as equal human beings in their efforts to claim their rights and address the poverty, suffering and injustice in their lives.

⁵⁾ Extracted from <http://lwd.org.kh/lwfcam/pdf/research/rbad.pdf>

1.1.4 Human rights-based approach

The research team recommended that **“a child should be considered vulnerable if, through condition and/or circumstance, the child’s rights to survival, development, protection and participation are not met.”**

However, the team pointed out that this definition was only a starting point, as it would mean that virtually all of Lesotho’s children were vulnerable. “The definition therefore focuses on the principle involved – that children’s rights should be at the centre of the response to vulnerable children in Lesotho.”

This definition was based on children’s rights, which are set out in the UN Convention on the Rights of the Child (CRC), to which Lesotho is a signatory, and which is central to the Kingdom’s recent policies and legislation on children – including the Children’s Protection and Welfare Act.

In line with this definition, the Situation Analysis investigated the number and situation of children whose rights to survival, development, protection and participation were at risk, and assessed the services provided to those children.

The study findings were grouped under these headings – for example health and nutrition fall under the right to survival; education under the right to development; and the legal environment under the right to protection.

1.1.5 Degrees of vulnerability

Some children are at greater risk, or are suffering greater distress, than others. To make best use of limited resources, governments should target those children who are *most* vulnerable, and several countries have developed definitions for most-vulnerable children (MVC) as the focus of their programming.

The Situation Analysis recommended that, in Lesotho, **“a child should be considered most vulnerable if the child is in urgent need of external intervention because the child is in harm’s way.”**

However the researchers pointed out that this definition provided no insight as to how to reach these children. The team felt very strongly that the key to finding and helping MVC lies in the community: “A participatory approach allows such priorities to be set at the local level. In the context of a human rights-based approach, this is not only the most effective strategy – it is also the right thing to do.”

At the same time, to help Government and development partners plan interventions and allocate resources, the proportion of Basotho children who were considered vulnerable and *most* vulnerable were listed separately in the Situation Analysis report.

To make best use of limited resources, governments should target those children who are *most* vulnerable.

1.2 Helping vulnerable children

The response to child vulnerability takes place at different levels: at the central level – through planning, legal reform, allocating resources and carrying out interventions – and at the community, family, household, and individual levels.

The research team found that programmes tended to focus too much on the individual, and so missed opportunities to strengthen coping mechanisms at other levels – such as households, extended families and communities. “Indeed, this study found that much of what makes children vulnerable lies in the challenges faced by these coping mechanisms,” they said.

In many cases, the best way to address vulnerability is not to identify vulnerable children individually, but to remove the underlying cause of their vulnerability. This is especially important when the underlying cause affects large numbers of children. So, instead of identifying every child who was not enrolled in primary school, the Government of Lesotho made this schooling free for all children – and they did the same with primary health care. In this way, they made sure that very few Basotho children today are deprived of their rights to education and health care.

Some interventions address the underlying causes of vulnerability *indirectly*. A good example is the provision of the Old Age Pension (OAP) to all Basotho over the age of 70. While this unconditional cash transfer targets old people, research shows that children who live in a household with an old person also benefit from the OAP, for example by eating better and attending school more often.

1.2.1 A systems approach

Historically, interventions to help vulnerable children have focused on categories of vulnerability, such as street children, working children, and children who are affected by AIDS. While this issue-based approach has helped many children in those categories, it tends to address their needs selectively, rather than holistically. As a result, too little attention is given to prevention, early intervention and strengthening traditional coping mechanisms⁽⁶⁾.

In contrast, child protection *systems* offer a more comprehensive and sustainable approach to preventing and responding to child vulnerability. These systems consist of the laws, policies, regulations and services across all sectors – especially social welfare, education, health, security and justice.

A systems approach has two key advantages over an issue-based approach: it supports a more holistic view of children who face multiple risks; and it focuses on long-term capacity building, so countries can increasingly “stand on their own feet” in protecting children⁽⁷⁾.

⁶ *Adapting a systems approach to child protection: key concepts and considerations*. Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., Lifanda, K. UNICEF, 2010.

⁷ *Child protection systems mapping and assessment toolkit: Users' Guide*. UNICEF, May 2010.

1.2.2 The realization of children's rights

The research team suggested that Lesotho's goal should be to progress towards the realization of survival, development, protection and participation rights for vulnerable children. Progressing towards this goal was dependent on three factors:

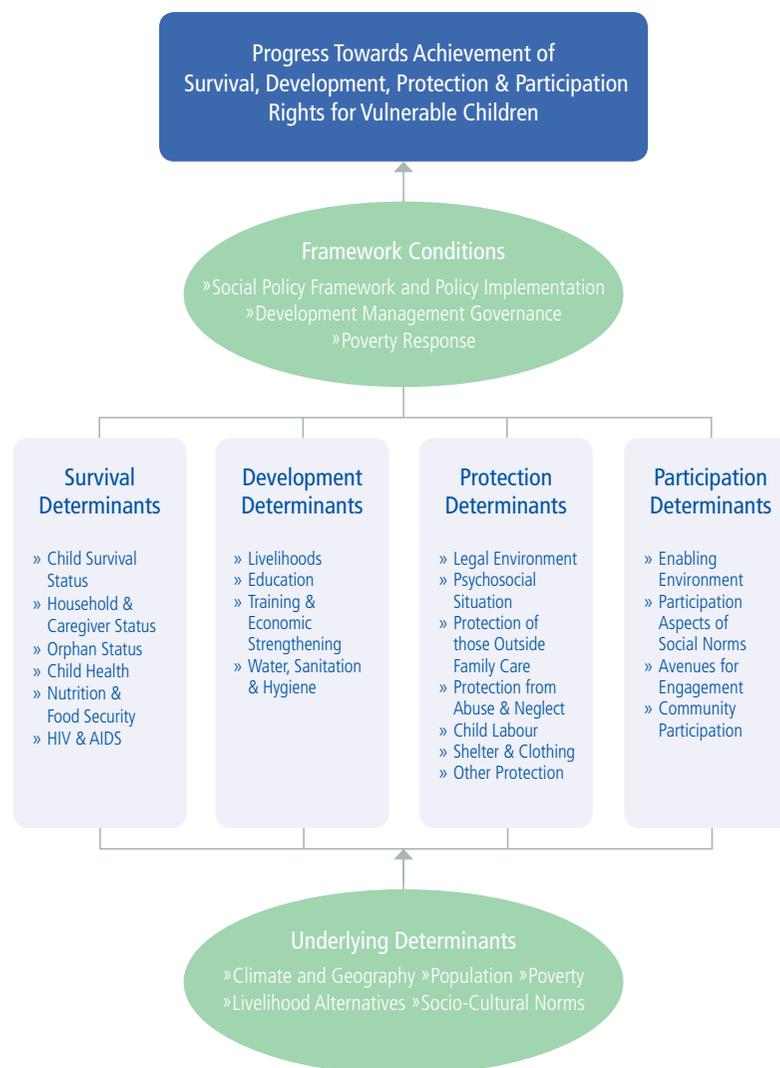
- » understanding the underlying determinants of vulnerability;
- » considering framework conditions that affect progress; and
- » tracking progress in terms of survival, development, protection and participation.

This conceptual framework is illustrated alongside.

Underlying determinants are factors that cannot be easily changed by a country ("the cards it is dealt"), which must be understood to properly assess policy and programme options. The geography of Lesotho, adult livelihoods, social and cultural norms and the socio-economic challenges facing the nation fall under this heading.

Framework conditions include policies, laws and organizations that respond to child vulnerability (i.e. child protection systems). Unlike the underlying determinants, these systems can be changed relatively quickly. Their strengths and weaknesses determine how well Lesotho is able to respond to "the cards it is dealt".

FIGURE 1: Conceptual framework of the situation analysis



In 2009, more than half of all Basotho children were living in absolute deprivation.

1.3 Underlying determinants of child vulnerability

1.3.1 Livelihoods

Adult livelihoods – securing the necessities of life – are clearly central to the well-being of children. In Lesotho, livelihoods are negatively affected by a lack of job opportunities, capital for investment, specialist skills, etc., but enhanced by strong social bonds and protection networks, meaning that people look after each other.

The focus of livelihoods in Lesotho tends to fall on agriculture, but the potential for earning sufficient income from the land is quite limited, so many households are involved in other activities as well. Most depend heavily on wage labour or remittances to supplement their own production and petty trade.

However, a study of child poverty in Lesotho⁽⁸⁾ observed that:

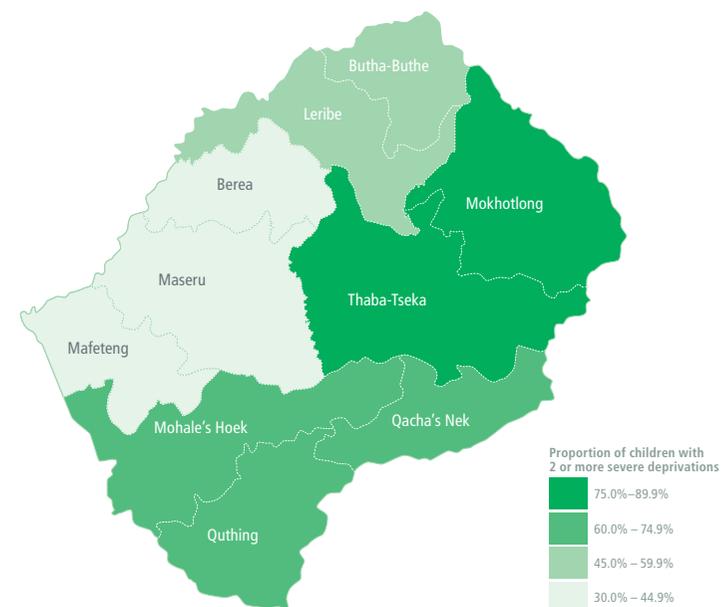
The last 20 years have been a period of economic, social and demographic upheaval in Lesotho, with severe consequences for the country's children. Changing patterns of livelihood, gender roles and household structures – in conjunction with HIV and AIDS – have impacted on child well-being, overwhelming the capacity of households, extended families and communities to protect and care for the next generation.

The report went on to describe the decline in mining-sector remittances from South Africa, and the rise in domestic employment in the textile industry in urban Lesotho, resulting in a shift from male to female employment and high levels of internal migration by women in search of employment.

The same report found that, in 2009, 52 per cent of all Basotho children were living in absolute deprivation (i.e. suffering from two or more severe deprivations). Each deprivation was associated with lack of access to a basic need such as shelter, food or health care.

There were significant differences by location, with 31.3 per cent of children in the lowlands suffering from absolute deprivation, compared to 59.2 per cent in the foothills, 73.1 per cent in the Senqu River Valley, and 83.8 per cent in the mountains, as shown below.

FIGURE 2: Children suffering from absolute deprivation, by district



Source: Demographic and Health Survey (2009)

⁸ Report on Child Poverty in Lesotho 2011, UNICEF Lesotho.

In terms of household income in Lesotho, in 1986 poverty stood at 58.8 per cent and severe poverty at 34.7 per cent. A decade later (1994/95) poverty was around the same level but severe poverty had risen to 38.6 per cent⁹. However, by 2006, as a result of AIDS and the decline in mining remittances, general poverty had increased to more than 68 per cent of the population¹⁰.

1.3.2 Socio-cultural norms

The child poverty study¹¹ highlighted radical changes to household structures resulting from shifts in employment characteristics and the impacts of HIV and AIDS:

Marriage is occurring later; fewer new households are being created; households are becoming bigger as younger generations do not move out; and more and more children are being born outside of marriage . . . Young couples who have managed to establish a household are often surviving on very little income, and are supported by parents or older relatives. The increased vulnerability of these households has led to an increase in broken marriages and relationships, causing women to return to their parental home with their children, or to leave their children with grandparents while they lead separate lives in urban areas.

Also noted were more and more cases where women were unable to find a partner with earnings potential: while in the 1980s more than 80 per cent of young men had mining contracts, the present figure was less than 10 per cent. As a result more women were avoiding marriage.



Photograph: © UNICEF Lesotho

Changes in family structure were believed to affect relationships with neighbours and extended family members, undermining the ability of communities to protect and support those in need.

Labour shortages, worsened by AIDS and declining wage incomes, meant the ability of families to invest in land and agriculture had diminished over time. However sharecropping, where the proceeds of production were shared between those who owned the land and those who worked on their fields, helped to overcome the shortage of labour in some families, and the shortage of land in others¹².

⁹ *Poverty and Inequality in Lesotho*. May, J., Roberts, B., Moqasa, G. and Woolard, I. (2002). Mimeograph.

¹⁰ *Status of the Lesotho National Response to the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS: January 2003-December 2005*. Government of Lesotho (2006).

¹¹ *Report on Child Poverty in Lesotho 2011*, UNICEF Lesotho.

¹² *Changing Livelihoods and Household Structures: Critical Review of LRAP Against Anthropological Evidence*. Prepared by Boehm C. for the Livelihoods Recovery through Agriculture Programme. CARE Lesotho/South Africa (2003).



Photograph: © Robin Weeks (robinweeks@telkomsa.net)

In the Situation Analysis, respondents were asked a series of questions to establish levels of social cohesion. Two-thirds (68.4 per cent) said that a member of their birth-family was living within easy visiting distance. However, almost half (45.2 per cent) indicated that they could *not* rely on their family's support in time of need. Overall, fewer than one-in-five (19.5 per cent) lived close to birth-family members, interacted with them regularly, and were able to rely on them financially.

Asked to what extent neighbours supported each other, 56.9 per cent of respondents said "a great deal," 28.8 per cent "a little" and 10.4 per cent "not at all". These findings showed the continued strength of social capital in Lesotho, although social networks were under severe strain due to AIDS and economic shocks.

» Two-thirds of respondents said a member of their birth-family was living within easy visiting distance, but almost half indicated they could not rely on their support in time of need.

1.4 Framework conditions

1.4.1 Economic framework

In 2009 Lesotho's gross national income per capita was US\$1,020 – close to the sub-Saharan average of US\$1,147 but well below the levels for eastern and southern Africa at US\$1,496⁽¹³⁾. Between 1990 and 2009 the Lesotho economy grew at an average of 1.6 per cent, compared to a sub-Saharan African average of 1.8 per cent.

The World Bank noted that, until the 1980s, almost half of Lesotho's gross national product (GNP) was generated in neighbouring South Africa, largely through mining remittances⁽¹⁴⁾. However, by the end of the 1990s, Lesotho was producing well over half of its GNP within the country, reaching 80 per cent by 2006 – almost 50 per cent of this from the garment sector. The export of water, electricity, textiles, mining and agricultural products, and labour were the main revenue sources, other than disbursements from the Southern African Customs Union (SACU).

The child poverty study⁽¹⁵⁾ pointed out that SACU revenue, which made up 55.6 per cent of Government income in 2008/9, was expected to decline by 65 per cent between 2009/10 and 2011/12 as a result of the global economic recession. The recession also led to the layoff of many more Basotho men working on South African mines, and declines in textile exports from Lesotho. In recent years more than 5,000 jobs were lost in the textiles sector alone. Falls in the value of diamonds resulted in the suspension of production at two mines in Lesotho, while others had cut production.

1.4.2 Policy and legal framework

At the time of the Situation Analysis, the OVC response was guided by the National OVC Strategic Plan 2006-2010⁽¹⁶⁾ developed as a first step in the operationalization of the National Policy on OVC⁽¹⁷⁾.

The vision of the Strategic Plan was “to have a society within which all OVC are free from discrimination, live in dignity and to their full potential, and have their rights and aspirations fulfilled.” The mission was “to provide an enabling environment in which orphans and vulnerable children are adequately cared for, supported and protected in all respects, enjoy their rights and fulfil their responsibilities.”

The 2006-2011 National HIV and AIDS Strategic Plan⁽¹⁸⁾ included OVC under the heading of “impact mitigation,” and set goals for legal protection and policy development; keeping children in school; providing a basic package of support to at least 80 per cent of households caring for OVC; and strengthening community safety nets.

An extensive review of the policy and legal framework affecting children in general, and vulnerable children in particular,⁽¹⁹⁾ found that “Lesotho has made notable efforts to come up with policies that attempt to address the needs of OVC and vulnerable people in general. The policies are generally strong in respect of design and planning, targeting, community participation and gender integration.”

¹³ *Adolescence: An Age of Opportunity. The State of the World's Children 2011.* UNICEF.

¹⁴ *Making a Difference for Entrepreneurs. Doing Business 2010. Reforming Through Difficult Times.* World Bank (2010).

¹⁵ *Report on Child Poverty in Lesotho 2011.* UNICEF Lesotho.

¹⁶ *National OVC Strategic Plan 2006-2010.* Department of Social Welfare, Ministry of Health and Social Welfare, Government of Lesotho (2006).

¹⁷ *National Policy on Orphans and Vulnerable Children.* Department of Social Welfare, Ministry of Health and Social Welfare, Government of Lesotho (2006).

¹⁸ *National HIV & AIDS Strategic Plan (2006-2011).* National AIDS Council, Government of Lesotho (2006).

¹⁹ *Review of Law, Policy, Programmes and Resources for Orphans and Vulnerable Children in Lesotho and Swaziland.* Budlender D. and Nhenga-Chakarisa, T. The Open Society Institute of Southern Africa (2010).

Other than the free schooling and school feeding available to all children, OVC support amounted to just 0.14 per cent of the Government budget.

A key concern was that, despite the passage of the National Policy on OVC, matters affecting these children were still scattered across a number of policies. From a legislative point of view, concerns at delays in introducing the Children's Protection and Welfare Bill were resolved in 2011 when the Act was passed, providing a comprehensive legal framework to respond to the needs of OVC.

The same review noted that Lesotho ratified 19 out of 22 international and regional instruments relevant to OVC, including the CRC (in 1992), the African Charter on the Rights and Welfare of the Child (in 1999), and a series of protocols and conventions on migration, conflict, prostitution, exploitation, and disabilities.

The child poverty study⁽²⁰⁾ noted that 29.1 per cent of the entire Government budget was devoted to basic social services (e.g. health and education), while 6.3 per cent was devoted to livelihood protection (e.g. cash transfers and nutrition) and 2.2 per cent to livelihood diversification (e.g. cash- and food-for-work). Other than the free schooling and school feeding available to all children, OVC support amounted to just 0.14 per cent of the budget.

1.4.3 Institutional framework

1.4.3.1 Leadership

At the time of the Situation Analysis, the Department of Social Welfare (DSW) within the Ministry of Health and Social Welfare (MOHSW) was leading the response to OVC⁽²¹⁾. The Child Welfare Unit within the DSW was charged with implementing the National OVC Strategic Plan (2006-2010) within the context of the National Policy on OVC. The Unit provided OVC services, foster care and adoptions, and other child welfare services.

The researchers expressed concern at the weak position of the DSW within the MOHSW, where health took priority over social welfare. The title of the DSW, which emphasized welfare and the transfer of resources to the poor rather than development, was seen to be part of the problem.

Restructuring of the DSW was planned, but had not yet been approved. And while 27 new posts had been created, a number remained vacant at the time of the study, while others were filled by acting officers or expatriates on short-term contracts. Some positions were financed by development partners but were not on the civil service establishment list and so would not be filled when the donor support ran out.

The Situation Analysis recorded that information, referral, communications, and monitoring and evaluation (M&E) systems were all in the process of being developed and tested within the DSW, but significant challenges remained and the monitoring of the OVC national response was weak.

²⁰ Report on Child Poverty in Lesotho 2011, UNICEF Lesotho.

²¹ This situation changed after the Situation Analysis was concluded, when the Department of Social Welfare was replaced by the Ministry of Social Development in June 2012.

At the district level, the DSW was supposed to be represented by four officers, based on an agreed (but not yet official) structure, but in practice most districts did not have the necessary officers. District Child Welfare Officers had been appointed, but it was reported that many were not conversant with child development issues. They were expected to manage a cadre of Auxiliary Social Welfare Officers attached to the Community Councils, but these posts did not exist within the civil service. As a result, key informants felt they were not in a position to effectively manage social welfare services, including the OVC response, at district and sub-district levels.

It was reported that few district-level officers in the DSW held higher university degrees, hampering both the technical implementation of child welfare services and, more generally, creativity and innovation. In terms of logistics, district offices did not have sufficient transport, which meant there was virtually no capacity to do outreach visits or case follow-ups.

The Situation Analysis emphasized that a broad-based response to OVC must be managed in a strategic and coherent manner. "Leadership often involves marshalling support from actors outside of the implementing agency, rather than exercising direct authority over delivery," the researchers said. "An effective, beneficiary-driven response means putting into place systems that listen to OVC and their caregivers, and that allow communities to identify children in greatest need. All of these factors make the leadership role especially difficult."

The researchers concluded that too great a burden had been placed on the DSW, and recommended that the responsibility for most service delivery should be shifted to non-government and civil-society organizations, freeing the DSW to deliver social welfare services and protection specifically to the most vulnerable populations.

1.4.3.2 Partnerships

The National Policy on Orphans and Vulnerable Children⁽²²⁾ stipulated that "the Government shall build sustainable partnerships with and provide support to civil society organizations, to design, implement and monitor initiatives for improved care and support for the protection of OVC." A wide range of partnerships, both within Government and with non-government organizations and donors, were described in the Situation Analysis.

Civil society organizations (CSOs) are a key player in delivering services to vulnerable children, but the sustainability of CSOs was a great concern to respondents in the Situation Analysis. While some CSOs had become quite adept at fund-raising, this money was usually reserved for programme expenditure, not for operating costs. Donors assumed that CSOs already had the necessary resources to manage their agencies and programmes, but informants said this was not usually the case.

An effective, beneficiary-driven response means putting into place systems that listen to OVC and their caregivers, and that allow communities to identify children in greatest need.

²² National Policy on Orphans and Vulnerable Children. Department of Social Welfare, Ministry of Health and Social Welfare, Government of Lesotho (2006).

Many civil society organizations lacked the analytical skills at senior level for an improved OVC response.

Being driven by short-term donor funding cycles was a persistent problem, mentioned repeatedly by CSOs themselves. While efforts were made to remain true to their organizational mandates, in practice their activities were driven by the expectations of their funders, which in turn were driven by programme goals – in some cases covering periods as brief as two or three years.

Many CSOs were short of skilled human resources, and lacked the analytical skills at senior level for an improved OVC response. As a result they tended to focus on supplying services, rather than assessing and responding to the needs of OVC.

1.4.3.3 Coordination

Coordination of the OVC response is the task of the National OVC Coordinating Committee (NOCC), which includes representatives from virtually all the actors involved – including more than half of all Government ministries. However, while the NOCC was created in 2006, it was never officially established, nor was it given statutory authority. As a result most key informants did not view it as effective. Many said that, if the NOCC were both empowered and effective, they would be happy to commit time and energy to it.

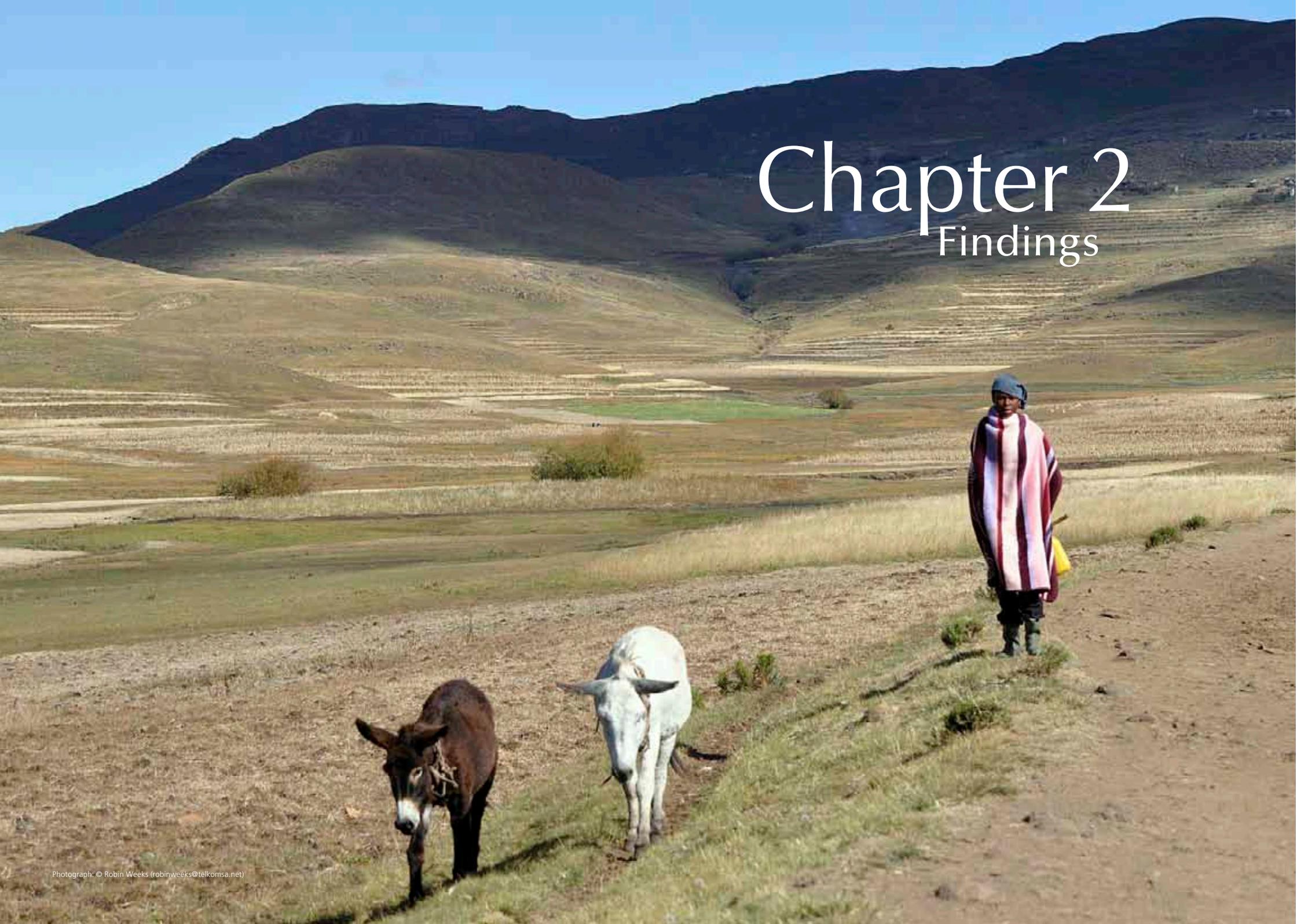
District Child Protection Teams (DCPTs) are the district arms of the NOCC. Key informants generally approved of the DCPTs, as they were made up of agencies responsible for various aspects of service delivery, with the DSW playing an important role. However, few DCPTs were actively pursuing a coordination role and, even when they were, they experienced the same challenges as the NOCC itself.

The National Coordinator of the NOCC resigned in October 2009. This was a donor-funded position, which was still vacant eight months later. Key informants noted that there seemed to be a lack of understanding and/or differences of opinion regarding the role of the National Coordinator, resulting in the incumbent becoming involved in line-ministry duties instead of actual coordination.

In addition to the NOCC, the Situation Analysis listed a number of other platforms and structures where OVC issues were considered, especially in terms of the HIV and AIDS response. One was the Letsema Network, an informal network of organizations working in the OVC arena. While not an official coordinating or umbrella body, many key informants said it was an effective forum for networking, and was especially important in linking domestic organizations with better resourced international NGOs.

Chapter 2

Findings



CHAPTER 2: FINDINGS

This chapter presents data on the number of orphans and vulnerable children, the households in which they live, and the services provided to them by various stakeholders.

In general, these numbers are expressed as a proportion of all households with children. Where absolute numbers of households are given, these are based on a weighting of the data by the Bureau of Statistics.

For more detail on the data in this section, please consult the main report. A summary of the research team's conclusions and recommendations is contained in the next chapter.

2.1 Households

Figures 3, 4, 5 and 6 provide a brief insight into the demographics of the households surveyed for the Situation Analysis. For more detail, please refer to Volume 2 of the main report.

The majority of adults were economically active. The economically active included those seeking work, unpaid family workers (nearly a quarter of all women), casual workers and those whose main activity was farming. The economically inactive included those receiving the Old Age Pension.

FIGURE 3: Gender of household head

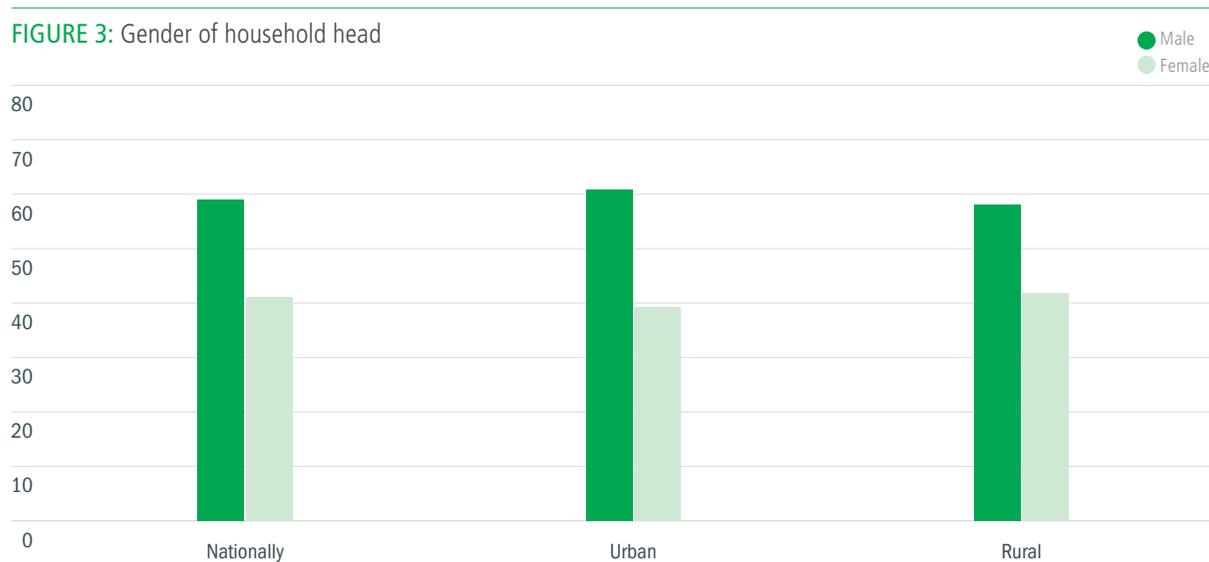
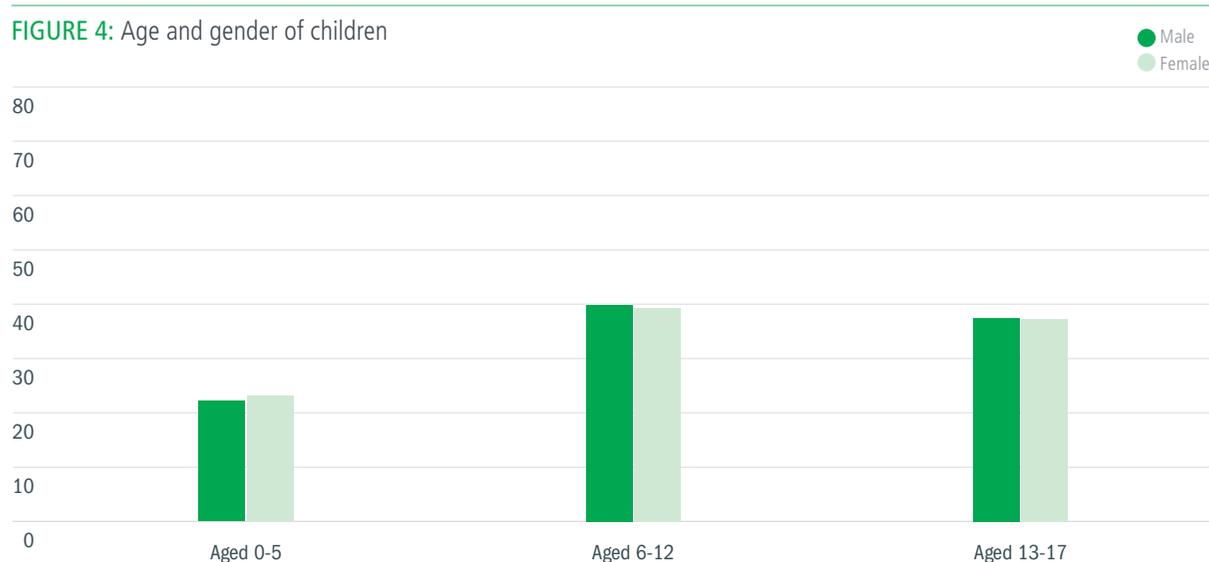


FIGURE 4: Age and gender of children



Among adults aged 70 and older, 81.4 per cent of men and 83.5 per cent of women were receiving the Old Age Pension. This did not vary across urban and rural areas, nor did it vary significantly across agro-ecological zones.

Almost all houses were built entirely or largely of formal materials, with fewer than 1 per cent comprised only of informal materials such as grass, mud and sticks.

Over 90 per cent of households owned the property they were living on, although ownership was significantly lower in urban areas, where 74.9 per cent owned the property they were living on compared to 97 per cent in rural areas.

In terms of food security, about one-in-six households (17.1 per cent) said they did not have any staple foods in their homes at the time of the interview. Households with orphans were slightly less likely to have staple foods. The majority (56.5 per cent) relied on purchased food, followed by food they produced themselves (33.9 per cent), with few using both. There was no variation across sex of household head, agro-ecological zone, or urban/rural areas.

FIGURE 5: Relationship of children to household head

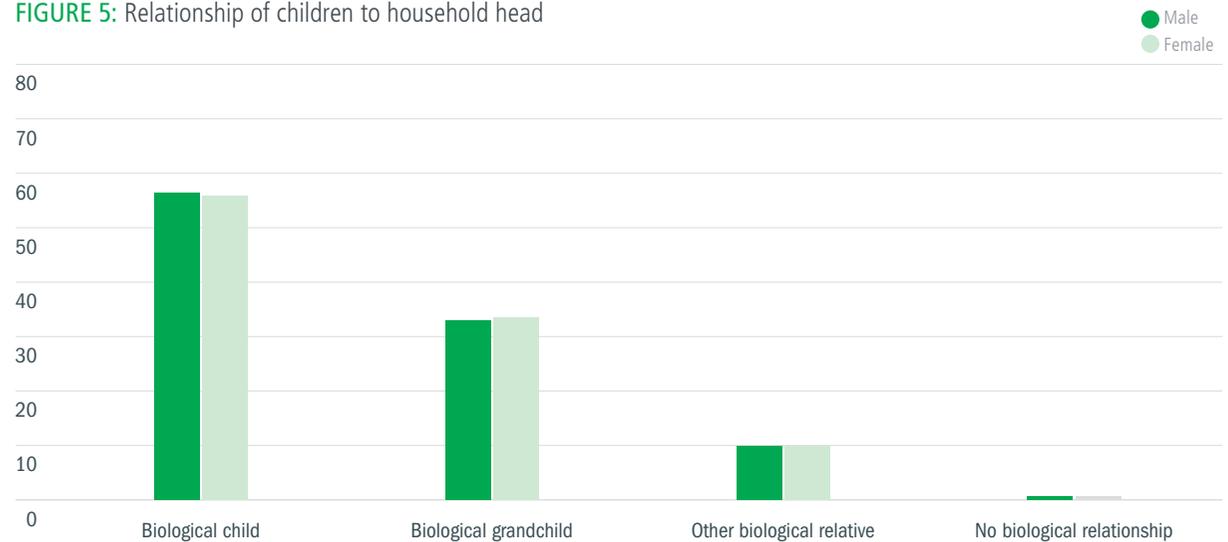
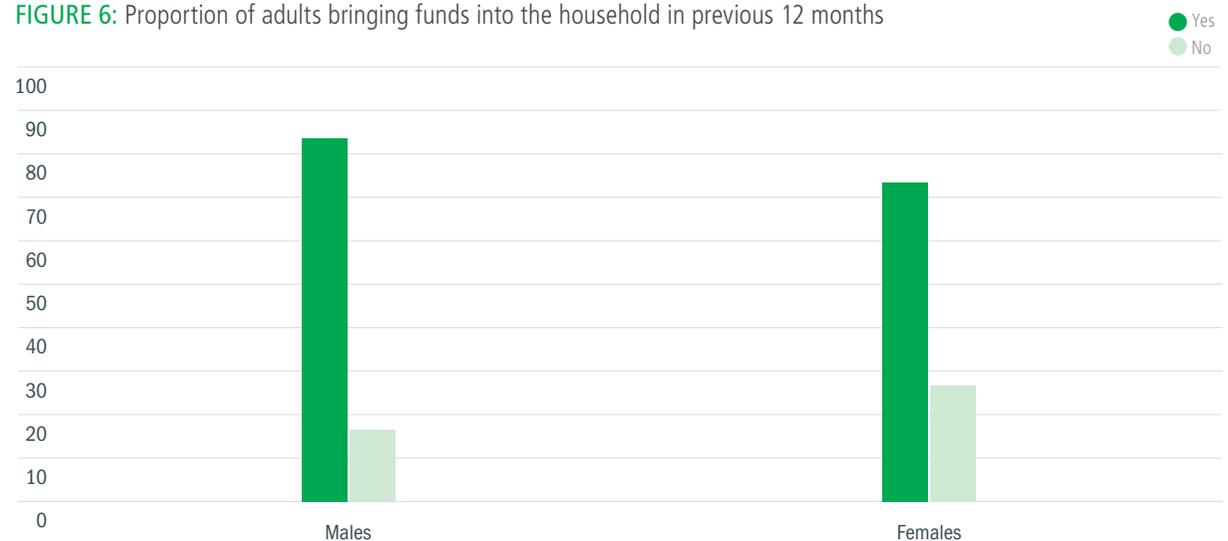


FIGURE 6: Proportion of adults bringing funds into the household in previous 12 months



2.2 Orphans

One of the goals of the study was to estimate the number of orphans in Lesotho. Parents whose status was unknown were presumed to be alive.

Figures 7 and 8 reflect the proportion of orphans identified in the survey and which of their parents had died. Figures 9 and 10 contrast the age distribution of orphans and non-orphans, showing that children are more likely to be orphaned as they grow older.

Of a total child population of 1,072,974 it was estimated that 363,526 were orphans and 709,448 were not. Orphans included 213,248 paternal orphans, 64,647 maternal orphans and 85,631 double orphans.⁽²³⁾

FIGURE 7: Proportion of orphans

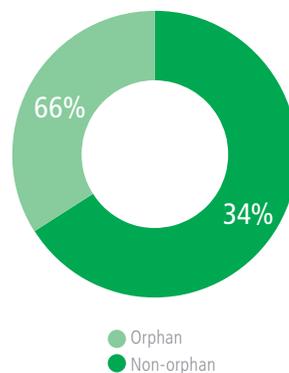


FIGURE 8: Types of orphanhood

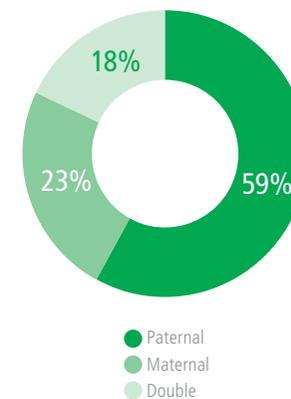


FIGURE 9: Age distribution of non-orphans

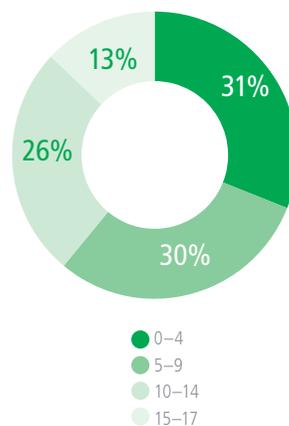
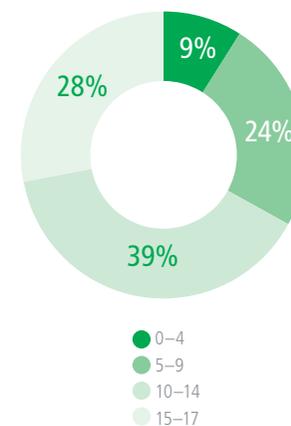


FIGURE 10: Age distribution of orphans



²³ Numerical estimates are derived from figures based on weighting of the survey data by the Bureau of Statistics.

In more than a quarter of households (26 per cent), *all* of the children were orphans, while 19.2 per cent had a mix of orphaned and non-orphaned children.

Among households caring for orphans, one-in-eight (12.2 per cent) included only a single adult. Among these households, 13.8 per cent were caring for four children and 5.5 per cent were caring for five or more. This proportion held true whether the households included orphans or not. Around one-in-thirty children were living in a household with only a single adult who was aged 65 or older.

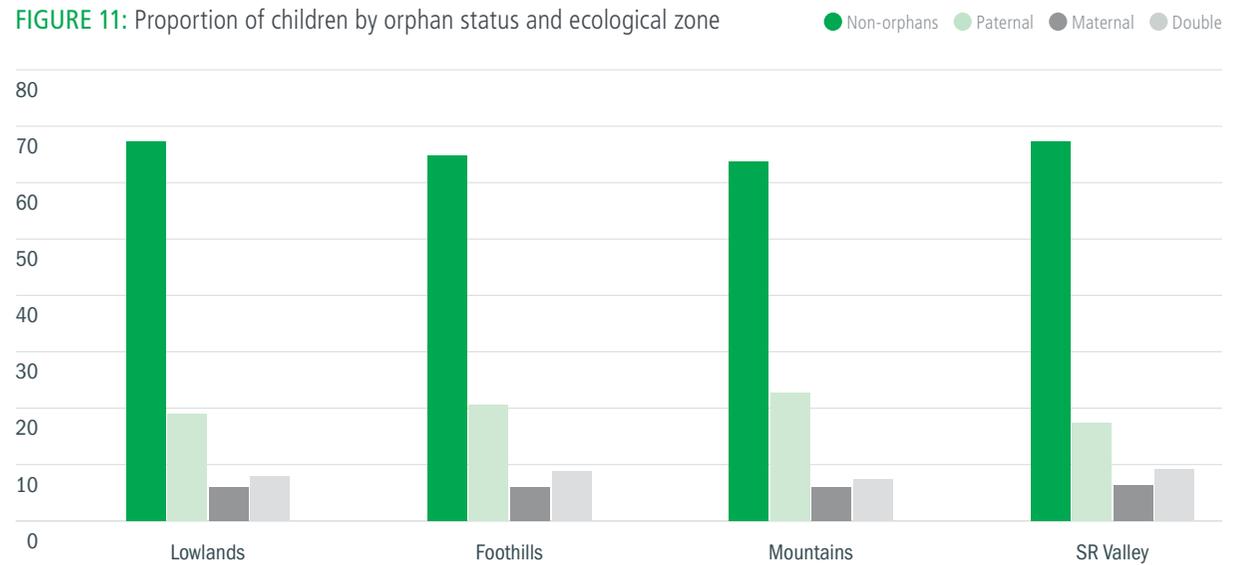
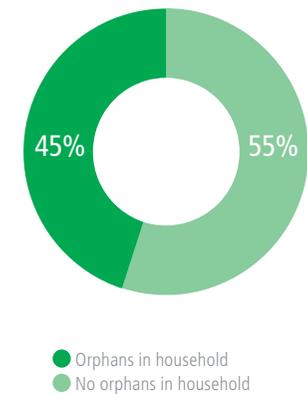


FIGURE 12: Proportion of households with orphans



» In more than a quarter of surveyed households, *all* of the children were orphans, while one-in-five households had a mix of orphaned and non-orphaned children.



Photograph: © UNICEF Lesotho

2.3 Vulnerable children

The Situation Analysis estimated that approximately 10 per cent of all Basotho children were vulnerable, and around 3 per cent were *most* vulnerable. This meant that approximately 100,000 children were vulnerable, and around 30,000 were *most* vulnerable. Because some children fell into both categories, the researchers suggested an overall estimate of 125,000 vulnerable children, of whom 30,000 were in need of specific, urgent assistance.

The extent of child vulnerability in Lesotho is summarized below. Estimates of the proportions of vulnerable and most-vulnerable children are listed alongside indicators of vulnerability. The data was compiled from the literature review and household survey. For more detail, please see the main report.

» The researchers estimated that 125,000 Basotho children were vulnerable, of whom 30,000 were in need of specific, urgent assistance.

2.3.1 The right to survival

TABLE 1: The right to survival – proportion of vulnerable and most-vulnerable children by indicator

	VULNERABLE	MOST VULNERABLE
Children living in households with an isolated and/ or elderly caregiver	0.3 per cent of all children were living in a household with five or more children but only one adult	3.4 per cent of all children were living in a household with a single caregiver who was aged 65 or older
Child-headed households	0.3 per cent of children were living in a child-headed household with or without adults present ⁽²⁴⁾	0.03 per cent of children were living in a child-headed household with no adults present
Chronic illness – caregivers	13.4 per cent of all caregivers were chronically ill	10.8 per cent of all households had HIV-positive caregivers (caring for 9.3 per cent of all children) 1.5 per cent of chronically ill caregivers were <i>not</i> receiving health services
Chronic illness – children	2.8 per cent of all children aged 0-17 were chronically ill	25.1 per cent of chronically ill children (or 0.7 per cent of all children) were <i>not</i> receiving health services
Double orphans moved from one household to another	3.2 per cent of double orphans had been moved from one household to another	0.5 per cent of double orphans had been moved in circumstances that made them most vulnerable ⁽²⁵⁾
Double orphans with adjustment issues	1.6 per cent of double orphans were separated from siblings	0.9 per cent of double orphans were caring for a chronically ill parent or parents
Double orphans – caregiving arrangements		0.3 per cent of double orphans were cared for by a non-family member
Abandonment	8.1 per cent of all children were abandoned by either their mother or their father (living status of parents not always known). No difference between boys and girls	0.2 per cent of all children were abandoned by both their mother and father (living status of parents not always known)
Low birth weight	8.3 per cent of all new-borns weighed less than 2.5kgs	
HIV-positive children	2.7 per cent of all children	Uncertain percentage receiving services

²⁴ Households that identified themselves as being headed by a child, even though there was an adult present, were counted as child-headed households.

²⁵ These circumstances included being separated from siblings, not being biologically related to anyone in their new household, or having cared for a dying parent.

2.3.2 The right to development

TABLE 2: The right to development – proportion of vulnerable and most-vulnerable children by indicator

	VULNERABLE	MOST VULNERABLE
Poverty	60+ per cent of all households were poor	
Income status	6.3 per cent of all households with children did not have any source of income	0.2 per cent of all households with children did not have any source of income and relied on food gifts and/or begging (3.2 per cent of all households lacked any reliable income source)
Cash transfers	18.1 per cent of people aged 70+ in households with children were not receiving the Old Age Pension	0.9 per cent of all households with children had a household member aged 70+ not receiving the Old Age Pension, and the household relied on begging/gifts
Lack of assets	1.2 per cent of all households with children held no animal assets	
Lack of education	2.5 per cent of 10-14 year olds were not in school (4.4 per cent boys, 0.6 per cent girls)	0.9 per cent of all girls aged 13-17 were not in school because they were married 0.9 per cent of all boys aged 6-17 were not in school because they were tending livestock

» More than 60 per cent of households were classified as “poor,” and 6.3 per cent of households had no source of income. About one in every 500 households relied on gifts of food or begging.

2.3.3 The right to protection

TABLE 3: The right to protection – proportion of vulnerable and most-vulnerable children by indicator

	VULNERABLE	MOST VULNERABLE
Behavioural problems	1.4 per cent of all children had severe behavioural problems	80+ per cent of all children with severe behavioural problems (or 1.1 per cent of all children) had received no treatment for them
Prison	0.5 per cent of all children had a parent in prison	An unknown number of children were in conflict with the law
Violence	6.8 per cent of all children had been exposed to severe physical violence 9.2 per cent of all 6-17 year olds had been hit or shaken. This proportion was the same for boys and girls	1.1 per cent of all households with children had at least one member who had been subjected to sexual violence 1.4 per cent of children had been hit sufficiently hard to leave a mark 0.6 per cent of 6-17 year olds had been hit with an object around the face/head
Child exploitation		1.9 per cent of all children were believed to have been subjected to exploitative labour
Child labour	1.3 per cent of all children were working to the extent that they could not study enough and did not have sufficient time to play	2.6 per cent of all children aged 10-17 spent most of their time working 1.3 per cent of all children aged 10-17 were working to the extent that it was likely to be harmful to their health
Disabilities	8.8 per cent of children had a disability. Of these, 1.9 per cent had a physical or mental disability and 10 per cent had a learning disability	0.3 per cent of those aged 6-17 had a physical or mental disability and were not in school 0.9 per cent of those aged 6-17 had a learning disability and were not in school
Child marriage	2.3 per cent of all girls were married by the age of 15	0.9 per cent of all girls aged 13-17 were not in school because they were married. These girls made up 10.5 per cent of the girls in this age-group who were not in school
Housing	5.5 per cent of all children were living in households that were either poor or very poor and shared a single room	0.9 per cent of all children were living in households built entirely of informal materials

About one-in-15 children had been exposed to severe physical violence.

2.3.4 The right to participation

TABLE 4: The right to participation – proportion of vulnerable and most-vulnerable children by indicator

	VULNERABLE	MOST VULNERABLE
Participation	<p>The proportion of vulnerable children, or their households, that played a role in deciding which social services should be allocated and to whom, is unknown. However the qualitative findings of this study suggest it is a very small percentage. It should be noted, however, that caregivers and children prioritized education and health services, both of which are generally available to them</p>	

The following conclusions were drawn from these findings:

- » The majority of Lesotho’s children are vulnerable because they live in poor households that are unable to provide for their needs. Such broad-based vulnerability is best addressed in the long-term through education and health support, and in the short-term through cash transfers and livelihood support.
- » Some children are more vulnerable than others, and the above data gives some insight into numbers, for planning purposes. However, identifying most-vulnerable children to benefit from services needs to be done individually, and through a process of local consultation.
- » Vulnerabilities tend to cluster within subsets of children (e.g. those in poor households, in remote areas, with aged caregivers) meaning that some children are deprived of a number of human rights. In such cases, holistic interventions that respond to a range of vulnerabilities are needed.

» Identifying children to benefit from services needs to be done individually, and through a process of local consultation.

2.4 Services

Respondents were asked whether any member of the household had received any of a range of services in the year before the survey. Figure 13 reflects their answers, while Figure 14 compares the services received by households with and without orphans. Note that services received by fewer than 1 per cent of households are not shown.

In many cases, households caring for orphans were more likely to receive services than those without orphans. The only unexpected finding related to “counselling and support services” which was the same for households with and without orphans.

FIGURE 13: Services received by anyone in household over previous 12 months

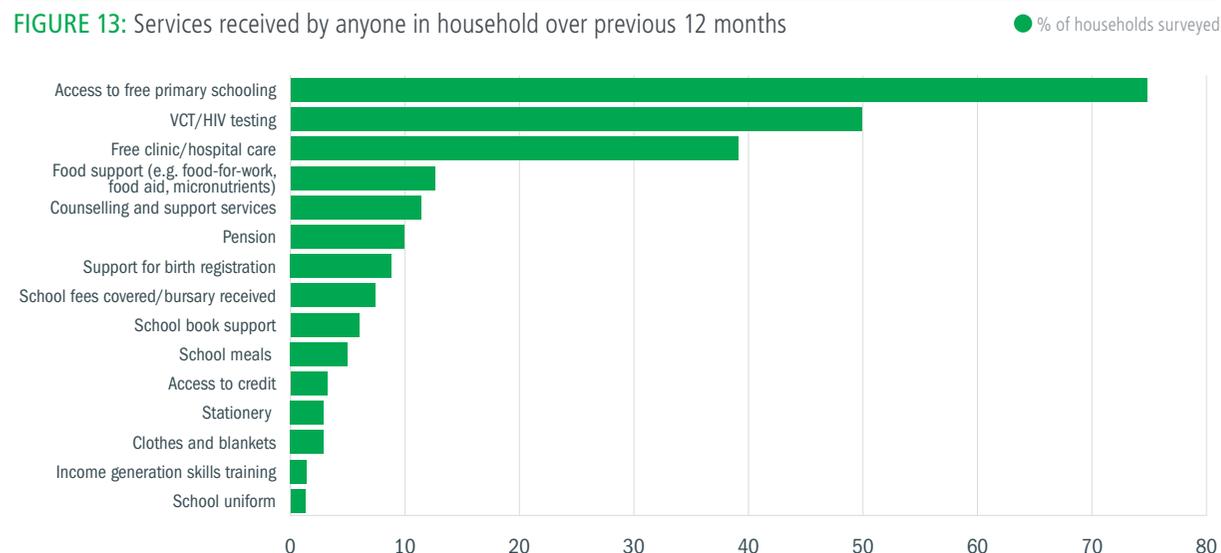
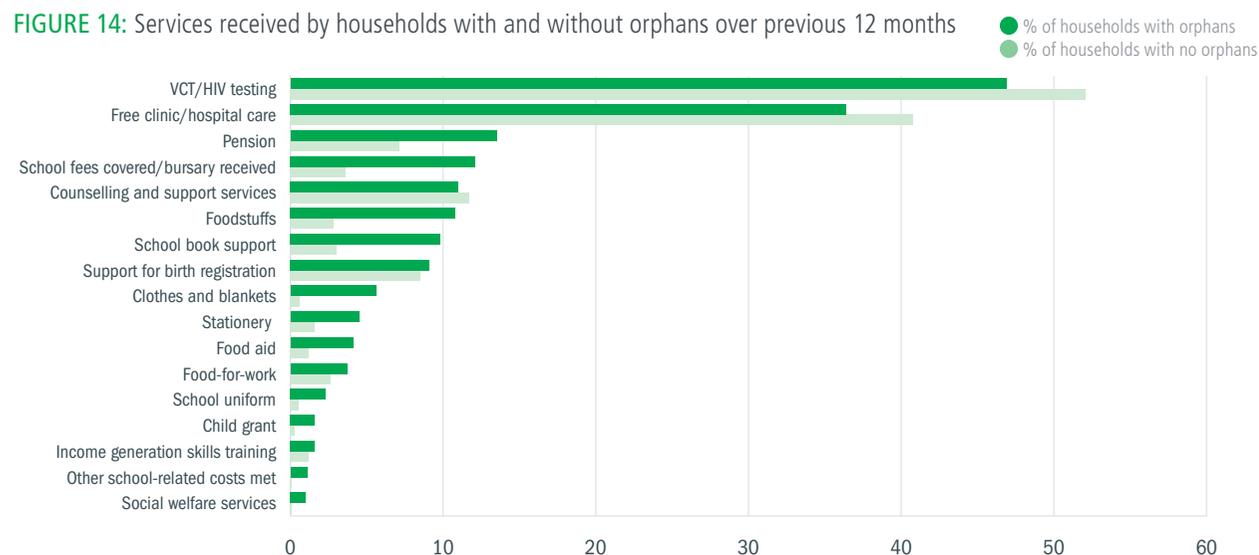


FIGURE 14: Services received by households with and without orphans over previous 12 months



Organizations perceived by survey respondents to be the providers of formal and informal services are shown in the following table:

TABLE 5: Services received by anyone in household (by service provider, over previous 12 months)⁽²⁷⁾

	GOVERNMENT	NGOS & CBOs	FRIENDS/ NEIGHBOURS	CHURCH	CHIEFS & COMMUNITY COUNCILS	OTHER
Pension	100	0	0	0	0	0
Free clinic/hospital care	97.3	2.3	0	0.3	0.1	0.1
Support for birth registration	95.3	0.3	0	0	4.4	0
VCT/HIV testing	93.8	4.4	na	1.1	na	0.3
School book support	90.1	8.6	0.4	0	0	0.9
Social welfare services (2,147)	89.1	5.8	0	0	0	5.1
School fees covered/bursary received	88.9	7.3	2	0	0	1.7
Counselling and support services	88.3	7.3	1	2	0.3	1.1
Stationery	85.3	13.9	0.8	0	0	0
Child grant (3,735)	73.7	3.4	22.9	0	0	0
Micronutrient supplementation (2,700)	58.4	33.2	8.4	0	0	0
School uniform	46.6	33.6	16	0	0	3.9
Bereavement counselling services (2,414)	41.9	0	35.3	17.8	0	0
Foodstuffs	38.6	47.3	5.3	3.4	0	5.5
Food aid	38.1	41.5	11	4.2	0	5.2
Life-skills training (1,588)	36.7	48.4	na	na	na	14.8
Clothes and blankets	35.4	40.8	5.4	3.6	5.1	9.6
Income generation skills training	28.8	32.5	na	0	na	38.6
Funeral expenses support (1,250)	16.5	16.7	37.6	8.8	11	9.4
Food-for-work	6.5	7.4	83.7	0.8	1.6	0
Access to credit	1.6	34.4	33	0.7	na	30.3
Other school-related costs met (2,247)	0	73.4	26.6	0	0	0
Spiritual/pastoral care services (1,758)	na	5.8	17.8	69.4	na	0

²⁷ The number of cases varies dramatically; caution should be exercised for less common services, where the number of cases is shown in parentheses. Responses applicable to fewer than 1,000 households have been excluded; "na" = not applicable, response not relevant for category; Food-for-work was understood as the exchange of labour for foodstuffs, as in share-cropping, yielding high values for "friends/neighbours," rather than being understood as formal food-for-work programmes.

Government was seen as the principal service provider, providing some 90 per cent of services. This was followed at a considerable distance by NGOs, at just over 5 per cent, then friends/neighbours at just over 2 per cent. CBOs, churches, schools, chiefs and Community Councils together provided less than 1 per cent of services, as far as respondents were concerned.

It is important to note that, in many cases, respondents were not certain of the actual source of a service, or who was paying for it. Services that were seen to be dominated by non-government and community-level providers included child protection, spiritual/pastoral care, bereavement counselling and access to credit.

In reviewing the types of organizations or individuals providing support, a few interesting findings emerged:

- » Respondents often did not mention the many coping mechanisms within their extended families and among their neighbours and friends, which were not seen as “support” but simply as something that communities do for each other.
- » Households with orphans tended to get food from formal sources, while those without orphans received food from informal sources. However, there was no difference in terms of Government food support. Churches were somewhat more likely, and private donors substantially more likely, to provide food aid to households caring for orphans. For food-for-work, there was little difference between households with and without orphans.



Photograph: © UNICEF Lesotho/Suzanne Mary Beukes



- » Three quarters (73.7 per cent) of financial support for children was delivered by Government, with friends and neighbours providing most of the rest. Formal child grants (from Government) and informal financial support for children (from friends and neighbours) were more likely to be received by households caring for orphans than those without orphans.
- » Government and NGO support for school fees, bursaries, books, stationery and school uniforms were heavily concentrated on households caring for orphans, as was bereavement counselling by friends, neighbours and churches – presumably linked to the death of a parent.
- » Access to credit from financial institutions and NGOs was significantly more common among households without orphans, suggesting that formal credit providers were more likely to exclude households caring for orphans.

The number of services received by households with and without orphans is shown in the following table:

TABLE 6: Number of services received by anyone in household (households with or without orphans, over previous 12 months)

	HOUSEHOLDS WITH ORPHANS	HOUSEHOLDS WITHOUT ORPHANS
One service	11.9 %	9.8 %
Two services	25 %	23.9 %
Three services	22.8 %	22 %
Four services	15.7 %	16 %
Five or more services	17.7 %	24.3 %

Most households were reached by two or more services. The findings suggest that households caring for orphans were reached by a greater number of services.



If free primary education is excluded, 73 per cent of all households still received at least one service. If free primary education and voluntary counselling and testing (VCT) are removed, 61 per cent of households still received at least one service.

While households caring for orphans were generally more likely to receive external support than households without orphans, the difference was not great – except in terms of support for secondary schooling, where orphans were substantially more likely to receive support than non-orphans (47.2 per cent versus 18.4 per cent).

2.4.1 Targeting of services

One method of targeting those most in need is by directing services to the poorest households. The Situation Analysis compared household income, assets and infrastructure to the services received. The findings were as follows:

- » Poor and very poor households were more likely to receive the type of services that should be targeted (at least in part) by economic status. For example, 84 per cent of child grants went to households classified as poor or very poor.
- » Nevertheless, around one-third of all free services went to households that should have been able to provide for themselves. For example, school bursaries and training in income generation tended to favour non-poor households.
- » Services that should *not* be targeted by economic status (e.g. child protection) were distributed fairly evenly across the spectrum of household wealth.

Another measure of targeting is to determine whether orphans are favoured over non-orphans when it comes to services. The study found that orphans were generally favoured over non-orphans in terms of service delivery, and that the orphans reached were usually in greater need (i.e. from poorer households) than orphans not reached. While orphan status may not be the best way to target services, many of those orphans who were reached were in need.

A third measure of targeting is to establish whether children reached with specific services are in need of those services. The study found:

- » Households with children who were likely to go hungry, or who were chronically ill, were reached more often, and were more likely to be involved in a food-for-work programme. However, households with a recent death were no more likely to receive food aid, or to be involved in food-for-work programmes.
- » Households with access to the Old Age Pension were more likely to be caring for orphans, in particular double orphans. Double orphans were significantly more likely to have been reached by child grants than single orphans or non-orphans. However, in all cases of legal assistance for inheritance claims, none were for orphaned children, including double orphans.
- » Children subject to severe physical abuse were not reached with social welfare services. None of the children who had been physically abused in the year before the survey had been removed from their current living situation.

The study found that children subject to severe physical abuse were not reached with social welfare services.

.....
In general, one-third of children in need were reached with services appropriate to their needs, while two-thirds were not.

- » Non-orphans and children with behavioural problems were more likely to receive counselling services than orphans. However, bereavement counselling did not vary between orphans and non-orphans. None of the orphans who had to care for a dying parent had received bereavement counselling.
- » Orphans, and children exhibiting inappropriate behaviour, were more likely to have been reached with spiritual/pastoral care than others. However, none of the double orphans were reached with such care and support, and children who were socially isolated were no more likely to have been reached with spiritual/pastoral care than those who were not socially isolated.
- » Orphans – especially double orphans – were more likely to have received high-school bursaries, and to have received training in income generation. Orphans were slightly more likely to have been reached with life-skills support.

- » Few children who were vulnerable across various child protection needs were reached with a full range of services. Instead, services were likely to be delivered on a case-by-case basis, and to have focused on a specific issue faced by a child.
- » Access to social welfare services was higher for disabled children than those without disabilities, higher for orphans than non-orphans, slightly higher for those who displayed behavioural problems than for those who did not, higher for children caring for a chronically ill parent, higher for households with chronic illnesses, and higher for those who were more socially isolated.

In many respects these findings highlighted the effectiveness of targeting mechanisms that had, in fact, reached children who were in need more often than children who were not in need. However, this did not mean that *all* children in need were reached with services (with the exception of free schooling and primary health care). In general, one-third of children in need were reached with services appropriate to their needs, while two-thirds were not.

Chapter 3

Discussion
Recommendations &



CHAPTER 3: DISCUSSION AND RECOMMENDATIONS

The major determinant of child vulnerability in Lesotho is related to household livelihoods – the inability of working-age adults to secure reliable and sufficient incomes.

3.1.1 Key issues affecting vulnerable children

In reviewing child vulnerability in Lesotho, three factors stood out for the research team: the Government had succeeded in providing broad-based services to alleviate vulnerability; most causes of vulnerability were not specific to children, but were threats to their households; and the vast majority of children did not need external support – the challenge was to identify and reach those who *did* need support.

The major determinant of child vulnerability in Lesotho is related to household livelihoods – the inability of working-age adults to secure reliable and sufficient incomes. Economic factors such as retrenchments on South African mines and the global economic downturn have greatly increased the number of breadwinners in this predicament, while AIDS and other factors have weakened community coping mechanisms that have always helped those least able to look after themselves.

The researchers felt that, by responding to the problems of job creation and enhancing livelihoods, Government and its development partners were already addressing the major causes of child vulnerability.

3.1.2 Coordination and management of the response

Even though Government had significantly increased services to vulnerable households and children, the Situation Analysis highlighted numerous challenges and constraints in terms of coordinating and managing the OVC response. In addition, the study found that social networks – which are central to the civil society response – were still active, although weaker.

In terms of Government coordination and management, the research team felt that particular problems existed in the effectiveness and relevance of the National OVC Coordinating Committee (NOCC), and the Department of Social Welfare (DSW). The concept note on leadership, coordination and management, contained in Volume 2, provides an overview of these challenges.

A concept note on child vulnerability in Volume 2 recommends the approach to vulnerable children needs to be reconsidered to improve both the effectiveness of the response, and to take pressure off over-stretched agencies. The concept note on civil society engagement recommends enhanced engagement of civil society actors, in particular by providing demand-driven services to OVC.

The Situation Analysis concluded that the challenges facing the OVC response arose in part from high expectations about what could be achieved by the DSW. This could be alleviated by strengthening the advocacy and coordination roles of the NOCC, while the DSW focused on delivering social welfare services and protection to most-vulnerable children.

3.1.3 Civil society partnerships

Key informants involved in a variety of services to vulnerable children reported that these services were severely constrained by limited human and financial resources, and by systemic inefficiencies. Specific problems were noted with Government-NGO relations; the lack of NGO capacity to reach more than small portions of the population; and particular weaknesses in terms of community-based organizations.

However, civil society organizations (CSOs) were generally untapped, with limited attention given to enhancing their capacities, and few agencies had considered them as potential partners.

The proposed expansion of a demand-driven, community-based response requires that civil society plays a greater role, and that the response focuses more on the *process* of implementation, and not only on the *services* delivered.

According to the research team, CSOs face limitations in their ability to fulfil this role, and development partners will need to consider devoting resources to building the number and capacity of CSOs involved in the OVC response in Lesotho.

3.2 Recommendations

- a) Do not undermine effective local coping mechanisms. Lesotho's focus on orphans, and its supply-driven response to addressing their perceived needs, led to a rapid increase in the number of children reached, but did not give due attention to *process*, nor give due recognition to the role that local actors played in identifying and responding to vulnerability. The research team emphasized this point by using the environmental axiom: "first, do no harm".
- b) Adopt a human rights-based approach to programming for vulnerable children. Human rights offered a useful framework for responding to vulnerable children, ensuring that the *process* of programme implementation was given due attention, and focusing attention on the most vulnerable. The following definition was proposed: **a child is vulnerable if, through condition and/or circumstance, the child's rights to survival, development, protection and participation are not met.** The research team felt this definition moved away from listing types of vulnerability, focusing instead on the *process* of identifying vulnerable children.
- c) Adopt a dual focus on vulnerable and most-vulnerable children. The team offered the following definition: **a child is most vulnerable if the child is in urgent need of external intervention because the child is in harm's way.** The study showed there were mechanisms by which vulnerable children could be identified, including a subset of most-vulnerable children (MVC) who were characterized by the urgency of their situations, and their need for protection versus other means of support.
- d) Focus on strengthening coping capacity. The researchers emphasized the importance of strengthening various systems which, collectively, protected the rights of children (i.e. a "systems approach"). These systems

A demand-driven, community-based response requires that civil society plays a greater role, and that the response focuses more on the *process* of implementation, and not only on the *services* delivered.

The study confirms that orphans are not necessarily more vulnerable than other children.

include caregivers, households, extended families and communities. Strengthening these systems would shift the focus from children as targets of support, and yield more sustainable and affordable results.

- e) Rather than focusing on minimum standards, focus on “quality standards” such as:
 - » Demand-driven services – that respond to the self-identified needs of the vulnerable, as far as possible.
 - » Prioritization of those most in need – for example those in the poorest parts of the country, or who are identified by communities as being in the most urgent need.
 - » Evidence-based interventions – so success can be proven and repeated, and failures can be corrected.
 - » Partnerships – among service providers, to develop a more coherent response to those most in need, and to strengthen the process of implementation.
 - » Multi-sectoral – rather than making a single department responsible for the entire response to child vulnerability, enlist the help of the most effective mechanisms and actors, leaving the DSW free to coordinate the response and directly support those who are *most* vulnerable.

The research team stressed that this did *not* mean that minimum standards should be abandoned. “However, minimum standards become meaningless when they become maximum standards. With quality standards, equal attention is given to process and service.”

- f) Distinguish between broad-based, supply-driven services; demand-driven, community-based services; and clinical identification for delivery. These were established concepts in Lesotho, but were not clearly delineated in practice. The researchers said that providing services using an inappropriate channel was both inefficient and could undermine systems already in place, and under strain.
- g) Significantly enhance the NOCC’s and DSW’s advocacy roles. The team said that, if handled correctly, this could go a long way to strengthening the influence of the NOCC. At the same time DSW, as the department responsible for vulnerable children, should consider strengthening its advocacy function.
- h) Do not automatically treat orphans as more vulnerable than other children. This study confirms the findings from other countries – that orphans are not necessarily more vulnerable than other children. While there were some situations where orphans should be specifically targeted, in general vulnerability was a function of household circumstances. A demand-driven response was the most effective means to identify and address vulnerability.

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