

Orphans and vulnerable children

Service provision in Lesotho



Astonishing results of Lesotho's most recent population census reveals that the small country experienced a 70% increase in the number of orphans during the ten-year period from 1996 to 2006. Eye-catching too is the fact that more than 20% of Lesotho's orphans had lost both parents, and that AIDS-related illnesses account for the vast majority of these cases, writes **DUNCAN SCOTT**. Against this background, the state of service provision for orphans and other vulnerable children (OVC) in the impoverished country has come under the spotlight. [An AIDS orphan is understood as a child who is an orphan because one or both parents died from AIDS.]

The HSRC, in association with the Joint Economics, AIDS and Poverty Programme (JEAPP), examined services for OVC with the main aim of distinguishing their efficacy, distribution and focus. This study has illuminated, among other things, how a lack of information gathering and sharing among service providers has contributed to undermining the support base that does exist. More than anything, the mindset of 'going it alone' emerged as the central theme of the study.

Having conducted in-depth interviews with representatives from locally-based non-governmental organisations (NGOs), international NGOs and government ministries, it emerged that what primarily hobbles Lesotho's OVC services is not a lack of interventions.

Rather, a fragmented field of organisations vying for limited resources frequently stunts efforts to reach as many children as possible. Moreover, it surfaced that several institutes' own definition of OVC was slightly at odds with that of the government. In a nutshell, the state of OVC services is fragmentary and under-resourced, the geographi-

cal coverage is inadequate, and emphasis needs to be placed on expanding psychosocial interventions. The three policy suggestions outlined below provide a way forward.

The Department of Social Welfare in Lesotho launched its internal monitoring structures in 2008, but the system has struggled to gain momentum. By increasing its capacity the department should firstly be able to determine the precise needs of orphans in Lesotho.

Secondly, while the HSRC was able to compile a preliminary list of OVC service providers, it is important that a longer-term operation update this inventory. Only then will Lesotho be able to regulate the conditions under which civil society engages with OVC. For example, in 2003, South Africa instituted guidelines for establishing child care forums.

A lack of synchronisation, besides resulting in duplication of services, also increases the chances that services will be inconsistently distributed. Lesotho has ten districts, but the majority of service providers are based in the predominantly urban Maseru area. This is despite the fact that more than

three quarters of the population lives in rural and often remote areas.

It was common for representatives of government ministries to bemoan the lack of resources available to them. Too few staff members, insufficient training and inadequate motor vehicles were at the top of the list. However, to date, NGOs have been highly instrumental in ensuring OVC receive the services they need.

While their expertise should be retained, a better-resourced state able to steer the sector and implement its own OVC policies would benefit all parties involved, not least OVC themselves.

Service provision for OVC in Lesotho is by no means in a state of disrepair. It is clear, however, that service providers need to act together to ensure they reach the children who currently have inadequate or no support. Going it alone is no longer an option. ◀◀

AUTHOR: Duncan Scott is a Master's intern in the Human and Social Development research programme, HSRC.



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