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Situational Analysis of Services for Orphans and Other Vulnerable Children in Lesotho

Final Report

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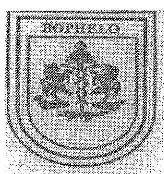

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Executive Summary

Lesotho is an impoverished country (labelled a Least Developed Country by the United Nations (UN)) with a population of 1.8 million people – 70% of whom are under the age of 18 years old (BOS, 2007). Poverty levels are very high and are mostly driven by high levels of unemployment. The unemployment rate in Lesotho is conservatively estimated at 35% (BOS, 2007). Lesotho has the third highest HIV prevalence rate in the world with an adult HIV sero-prevalence of 23.2% (BOS, 2007; Khobotlo *et al.*, 2009). The socio-economic impacts of the epidemic have been devastating, such that HIV/AIDS has reduced life expectancy of Basotho to 40 years. There has also been an unprecedented increase in the number of orphans – 19% of children under the age of 18 years have lost both parents. AIDS is largely responsible for the increase in the rate of orphan prevalence. According to Khobotlo *et al.* (2009), AIDS accounts for 80% of orphan cases in the country. While these figures are worrying, the consolation is that it can almost certainly be assumed that orphan-focused interventions will reach mainly AIDS-orphaned children without further programmes having to be devised.

The Ministry of Health and Social Welfare (MOHSW), through the Department of Social Welfare (DSW), is responsible for coordinating responses to issues relating to orphans and vulnerable children (OVC). There are eight essential services for OVC identified in the National Action Plan (2006-2010): health, education, food security, clothing, psychosocial support, shelter, protection, and an integrated training package. These eight essential services make up what is called the "Appropriate Support Package". Nevertheless, gaps still exist that relate to the nature and extent of OVC service provision in Lesotho (both by the state and non-government actors). While a Directory of OVC services compiled by Letsema has attempted to address the question of what types of services are provided to OVC and by whom, the reach, relevance, quantity and quality of these services are unknown. As a result, the nature, scope and intent of any proposed minimum package for OVC support cannot be easily defined.

Against this backdrop, the MOHSW commissioned a study to conduct an analysis of service provision for OVC as part of the comprehensive situation analysis of OVC in Lesotho. The

study's aim is to help guide effective implementation of OVC programmes, identify service gaps and priorities for new areas of intervention, and provide recommendations on how to make service provision to OVC more effective and efficient.

Objectives of the Study

According to the Terms of Reference (TOR), the main aim of this analysis of OVC services was to conduct an inventory of OVC services by looking at the types of services and offering a detailed description of what they entail. The specific goals are to:

1. Present, to the extent possible given the time and allocation of resources, an inventory of OVC services and programmes provided by government and civil society organisations (CSOs).
2. Document the nature and coverage of governmental and non-governmental programmatic responses to OVC needs in Lesotho.
3. Analyse OVC service provision and programmes by focusing on interventions' relevance, quality, quantity and coverage, thereby identifying the shortfalls and providing recommendations on how to address these gaps.

The Method of Research

The study design was both quantitative and qualitative in nature, and also involved a desk-top review of OVC services in Lesotho. Primary data were collected through in-depth interviews with key informants who represented prominent service providers for OVC in Lesotho. These included representatives from government ministries (10), development partners (4), as well as international (6) and national (3) non-governmental organisations (NGOs) and faith-based organisations (FBOs) (3). Focus group discussions (FGDs) were also held with representatives of community-based organisations (CBOs) that provide services to OVC. These were selected from Lesotho's four ecological zones, comprising the highlands, foothills, lowlands and Senqu River valley.

Unfortunately, the study was affected by a series of delays which adversely impacted on the data collection process, and by implication the quality of data collected. For example, it took slightly longer than expected for the MOHSW to finalise the ethical clearance for the study. In addition to this, internal processes at the Human Sciences Research Council (HSRC), which

included the restructuring of the organisation, pushed out the start time of the project, leaving researchers with very little time for fieldwork.

At the same time, the researchers experienced difficulty in coordinating meetings with key informants on short notice. This was especially true of government officials and accounting officers at big NGOs, particularly international NGOs. FGDs also experienced problems of recruiting participants at the expected speed. For example, the last round of FGDs could only be concluded by mid-October 2010. The lesson learnt is that more time needs to be allowed when conducting research in Lesotho. Some areas are fairly difficult to access to due to the lack of or poor state of roads.

Research Findings

Research findings are reported in five areas: (1) the definition of orphanhood and child vulnerability, (2) the state of the legal and policy framework with regards to OVC, (3) the extent and nature of service provision to OVC, (4) the nature of monitoring and evaluation for programmes, and (5) coordination of services.

1. Definitions: While the definition of orphans is clear in Lesotho, the definitions associated with vulnerable children still present a serious challenge. As a result it has become difficult to enumerate the precise number of vulnerable children for the proposer of service provision. Incorrect figures negatively affect many role players' budget allocations, make it difficult to demonstrate the impact of interventions, and undermine targeting.
2. Legal framework: The legal framework that legislates for the provision of services to OVC needs urgent attention. Most laws are outdated and not in sync with current social realities. Moreover, the process of law reform takes too long to complete. For example, it has taken the Government of Lesotho (GoL) nearly ten years to enact the Bill on Child Protection and Welfare.
3. Services provided: Services provided to OVC address their most urgent needs, including food, financial assistance, bursaries and other material support. An analysis of other services indicates that far too few children benefit from these services. In addition, psychosocial support to OVC and their carers is also insufficient. Services for OVC are disproportionally concentrated in central districts that are well developed and easily

accessible. Remote regions subject to harsh environmental conditions, with poor roads and hostile topography, are not sufficiently served.

4. Coordination: While there are a considerable number of organisations (government and non-government) providing services to OVC, there is very little collaboration or coordination. As a result, there are mounting concerns among service providers that there is much duplication of services taking place, with some OVC receiving assistance from more than one service provider, while many equally needy children are not enjoying similar benefits. It is hoped that the concurrent study by Sechaba Consultants will shed more light on this subject as they will be interfacing with beneficiaries.
5. Monitoring and Evaluation (M&E): Monitoring and evaluation of programmes is generally inadequate, while there is little sharing of information across projects. Moreover, the M&E information of individual programmes is hardly fed through to the Department of Social Welfare (DSW). The lack of adequate M&E negatively affects efforts to demonstrate the impact of services on OVC. It also makes it difficult to share learning across sectors and organisations. The Lesotho Government has taken a first step in this regard, as the DSW established an M&E unit in late 2008 with the aim of gathering data from service providers in Lesotho's 10 districts so as to collate these into national estimates (MOHSW, 2010).

Recommendations

Amongst the recommendations made, three require urgent attention for OVC services to be relevant, efficient and of acceptable quality:

1. Improve coordination: Sufficient attention needs to be paid to coordination in order to ensure that services reach the most eligible beneficiaries.
2. Improve M&E: The collation of data needs urgent attention. This could be achieved through sharing and harmonising M&E efforts, and through government and civil society investment in M&E systems, staff training and support.
3. Improve understanding of resource flows: As yet, a comprehensive study has not been undertaken to determine precisely how funds for OVC interventions are allocated by NGOs and government bodies. Such research would complement the aim of better coordinating services and would allow M&E systems to access a more transparent policy environment.

Abbreviations and Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Antiretroviral Therapy
BOS	-	Bureau of Statistics
CBO	-	Community-based Organisations
CCC	-	Community Care Coalitions
CCJP	-	Catholic Commission for Justice and Peace
CCM	-	Country Coordinating Mechanism
CHAL	-	Christian Health Association of Lesotho
CGP	-	Child Grants Programme
CGPU	-	Child and Gender Protection Unit
CRS	-	Catholic Relief Service
CSO	-	Civil Society Organisation
DCPT	-	District Child Protection Teams
DMA	-	Disaster Management Authority
DOH	-	Department of Health
DSW	-	Department of Social Welfare
EMICS	-	End-decade Multiple Indicator Cluster Survey
EMIS	-	Education Management Information Systems
EPI	-	Expanded Programme of Immunisation
EU	-	European Union
FAO	-	Food and Agriculture Organisation
FBO	-	Faith-based Organisation
FGD	-	Focus Group Discussion
FPE	-	Free Primary Education
GDP	-	Gross Domestic Product
GFATM	-	Global Fund to Fight AIDS, TB and Malaria
GFCU	-	Global Fund Coordinating Unit
GoL	-	Government of Lesotho
GTZ	-	German Development Cooperation
HBC	-	Home-based Care
HIV	-	Human Immunodeficiency Virus
HSA	-	Health Service Area
HSRC	-	Human Sciences Research Council
IFRCRCS	-	International Federation of the Red Cross and Red Crescent Societies
ILO	-	International Labour Organisation
INGO	-	International Non-Governmental Organisation
JEAPP	-	Joint Economics, AIDS and Poverty Programme
LAPCA	-	Lesotho AIDS Programme Coordinating Authority
LCBC	-	Lesotho Catholic Bishops' Conference
LHWP	-	Lesotho Highland Water Project
LIRAC	-	Lesotho Inter-religious AIDS Consortium
LENASO	-	Lesotho Network of AIDS Service Organisations
LRCS	-	Lesotho Red Cross Society
MIS	-	Management Information Systems
MOAFS	-	Ministry of Agriculture and Food Security

MOET	-	Ministry of Education and Training
MOHSW	-	Ministry of Health and Social Welfare
MOFDP	-	Ministry of Finance and Development Planning
MOVE	-	Mountain Orphans and Vulnerable Children's Empowerment
M&E	-	Monitoring & Evaluation
MVCP	-	Mapoteng Vulnerable Children's Programme
NAC	-	National AIDS Commission
NAS	-	National AIDS Secretariat
NFE	-	Non-formal Education
NGO	-	Non-governmental Organisation
NGOC	-	NGO Coalition on the Rights of a Child
NOCC	-	National OVC Coordinating Committee
NPOVC	-	National Policy on Orphans and Vulnerable Children
OVC	-	Orphans and Other Vulnerable Children
PAP	-	Public Assistance Programme
PEPFAR	-	US President's Emergency Plan for AIDS Relief
PLWHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother-to-Child Transmission of HIV
PRSP	-	Poverty Reduction Strategy Paper
PSS	-	Psychosocial Support
RHAP	-	Regional HIV/AIDS Programme for Southern Africa
RAAAP	-	Rapid Assessment, Analysis and Action Planning
SADC	-	Southern African Development Community
SIAPAC	-	Social Impact Assessment and Policy Analysis Corporation
SOA	-	Sexual Offences Act
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TOR	-	Terms of Reference
TRA	-	Touch Roots Africa
TWG	-	Technical Working Group
UN	-	United Nations
UNGASS	-	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	-	United Nations Children's Fund
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
USAID	-	United States Agency for International Development
WHO	-	World Health Organisation
WFP	-	World Food Programme

1. Introduction

1.1. Background to the study

This is the result of a study commissioned by the Ministry of Health and Social Welfare to investigate the nature and extent of services provided to OVC in Lesotho. The study was funded by the Joint Economics, AIDS and Poverty Programme (JEAPP), an NGO that supplies technical assistance to encourage and sustain evidence-based policy and programming in HIV and AIDS and poverty in the sub-Saharan African context.

This study is part of the larger Comprehensive Situational Analysis of OVC in Lesotho. The overall purpose of the situational analysis is to provide the Government of Lesotho and key stakeholders with the data needed to effectively prioritise essential interventions and focus resources on the critical gaps hindering the attainment of the goals of the national OVC programme. The Comprehensive Situational Analysis of OVC has three components.

The first of these addresses issues relating to the operationalisation of the definition of child vulnerability, leadership co-ordination and management, and the strengthening of civil society engagement in Lesotho. This component of the study is being conducted by the Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd (SIAPAC). To complement the research by SIAPAC, this study by the Human Sciences Research Council (HSRC) provides pertinent information on the Government of Lesotho and civil society's engagement in the OVC response.

The second component of the study is concerned with determining the prevalence of OVC and their socio-economic situation. Sechaba Consultants, with the support of SIAPAC, is addressing these issues.

The third part of the analysis, which examines the supply of OVC services, is the focus of this report. Specifically, it identifies the types of services provided to OVC, assesses their effectiveness, identifies gaps and makes recommendations on how to address these shortfalls. The analysis will focus on both government- and non-government-led initiatives. The objectives of the study are discussed in detail below.

1.2. Objectives of the study

According to the Terms of Reference (TOR), the main aim of this analysis of OVC services was to conduct an inventory of OVC services by looking at the types of services offered and providing a detailed description of what they entail. The specific goals are to:

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2. Document the nature and coverage of governmental and non-governmental programmatic responses to OVC needs in Lesotho.
3. Analyse OVC service provision and programmes by focusing on interventions' relevance, quality, quantity and coverage, thereby identifying the shortfalls and providing recommendations on how to address these gaps.

According to the TOR, the fourth goal of the study is to propose the contents of a minimum package of services for OVC. However, the Technical Working Group (TWG) that provides support and guidance to the research team advised, on the 11th August 2010, that this objective should be suspended until ongoing work on the topic in the Southern African Development Community (SADC) region has been completed. It was felt that it would be advisable to wait for this process to unfold in order to avoid potential contradictions. It is not clear by when this task will be completed. As a result, this report does not include recommendations on a minimum package.

An assessment of child vulnerability needs to consider two framework conditions in Lesotho: (1) an extremely serious HIV and AIDS problem and (2) high levels of poverty. These two factors have combined to yield an unprecedented increase in the number of orphans and vulnerable children in the country. Indeed, it has reached crisis proportions: about 19% of children under 18 years have been orphaned with many more becoming vulnerable (MOHSW, 2007). The dual burden of poverty and HIV infection leaves many children dependent on the state and, to a large extent, on donor and non-governmental organisations for critical services such as health, education, welfare and access to food. The following section outlines further the context in which this study was undertaken and discusses the rationale behind the research.

1.3. Lesotho's economic situation

Lesotho is a small country completely bounded by South Africa. An estimated 1.8 million people live in the country's ten administrative districts, listed in Table 1 below. More than half (52%) of the population are below the age of 18 years (BOS, 2007). As Table 1 illustrates, as of 2006 the predominantly urban district of Maseru had the highest number of residents, whereas the remote and predominantly rural district of Qacha's Nek had the lowest population. Further analysis of the population distribution reveals that more than three-quarters (76.5%) of Basotho live in rural areas. Because of their remoteness, many rural villages are more likely than others to endure long delays in the provision of essential services.

Table 1: Population of Lesotho according to districts, 2006

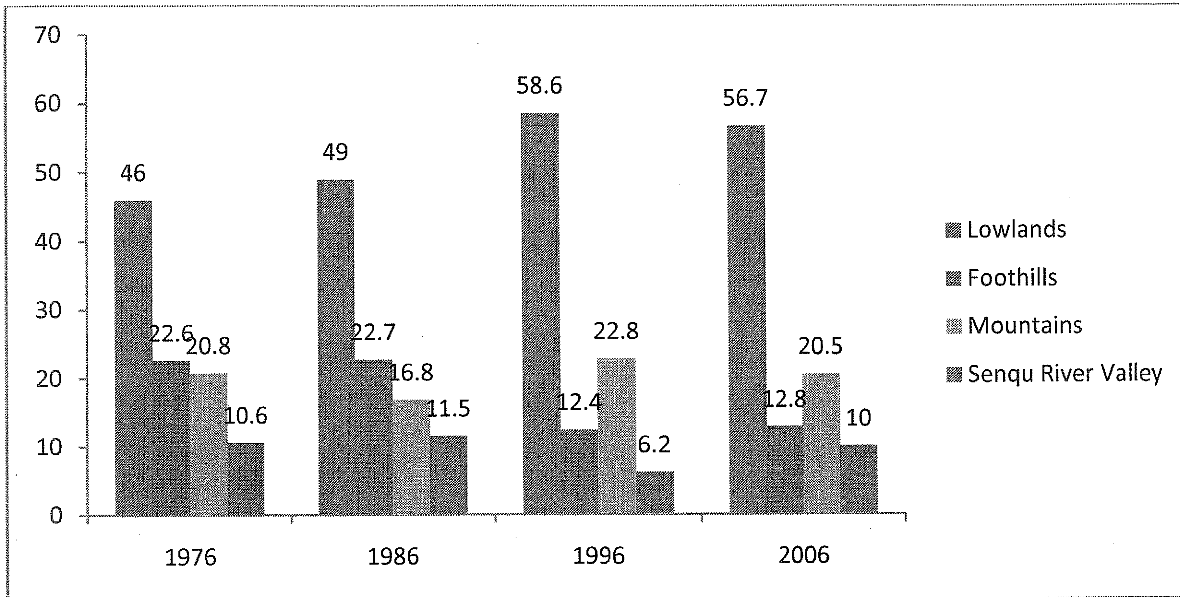
District	Census Year				
	1966	1976	1986	1996	2006
Botha - Bothe	63,179	77,178	106,077	109,192	110,320
Leribe	161,493	206,558	273,678	300,160	293,369
Berea	118,248	146,124	148,794	240,754	250,006
Maseru	201,832	257,809	311,254	385,869	431,998
Mafeteng	119,087	154,339	204,553	211,970	192,621
Mohale's Hoek	109,927	136,311	173,,909	184,034	176,928
Quthing	72,746	88,491	119,766	126,342	124,048
Qacha's Nek	62,955	76,497	68,207	71,665	69,749
Mokhotlong	60,167	73,508	79,671	85,628	97,713
Thaba-Tseka	---------	----------	108,187	126,353	129,881
Total Population	**969,634**	**1,216,815**	**1,595,096**	**1,841,967**	**1,876,633**

Source: BOS (2007)

Services provision is highly dependent on the often dramatic spatial and geographical features of the country. As such, although Lesotho is divided into the 10 districts listed above, the country is also partitioned into four ecological zones: the lowlands, foothills, mountains and the Senqu River valley. As Figure 1 illustrates, certain demographic patterns emerge with respect to these zones so that, for example, the highly populated lowlands area (which also experienced steady in-migration to urban centres over the 1976-1996 period) tends to receive greater OVC service provision than the less populated foothills and Senqu River valley regions. One proposed explanation for this is that Lesotho's capital city Maseru, home to 22.9% of the total urban population (the largest proportion in the country,

drastically up from 18.2% in 1976) and located in the lowlands, has relatively well-developed urban infrastructure and hosts numerous national and international OVC providers.

Figure 1: Percentage distribution of population by ecological zone, 1976-2006



Source: BOS (2007: 25)

None of the ecological zones or 10 districts of Lesotho has a long history of development and the country has consequently been designated a Least Developed Country, with Gross National Product per capita estimated at $740 (2004) (MOHSW, 2005a). According to the Household Budget Survey of 2004/05 (Ibid.), about 35% of the labour force is unemployed or under-employed, while a quarter of the population lives under the "food poverty line" (Ibid.). Historically, Lesotho's main export had been its labour to the gold mines in South Africa. However, as gold mining has declined, a large number of Basotho have been retrenched. This has had the dual effect of increasing unemployment and significantly reducing the state's income through revenue collection.

Agriculture, especially subsistence farming and the rearing of livestock, remains the main source of livelihoods for most rural communities. However, the industry is facing challenges due to a number of factors, key amongst them the recent long drought. Indeed, in recent years the country has been plagued by severe droughts which have pushed many households into severe poverty (Lesotho Red Cross, 2006). As an illustration, in 2006 the drought led to a 42% decrease in the cereal harvest (World Vision, 2010). The dire situation

prompted the World Food Programme's (WFP) intervention to donate food to severely affected communities, especially those living in remote rural villages (WFP, 2007).

Given Lesotho's topography, water is in fact the country's most important resource – for domestic hydroelectricity generation and for foreign exchange earnings. The Lesotho Highland Water Project (LHWP), which oversees a huge set of hydroelectricity projects throughout the country, earns Lesotho a substantial income from South Africa. The scheme involves the export of large volumes of water into South Africa daily to meet the fast-increasing demand for water in the neighbouring country.

1.4. The crisis of HIV and AIDS in Lesotho

Lesotho has the third-highest HIV sero-prevalence rate in the world, with an adult (15 years and older) HIV sero-prevalence of 23.2% in 2007 (Khobotlo *et al.*, 2009; UNAIDS, 2009). According to the UN, each day there are an estimated 62 new HIV infections and about 50 deaths due to the complications caused by AIDS (UNAIDS, 2009). Women are disproportionately affected by the disease, accounting for 57% of the total HIV-positive cases in Lesotho in 2007 (Khobotlo *et al.*, 2009; UNAIDS, 2009). Moreover, HIV and AIDS has reduced the life expectancy of Basotho from 60 to 40 years (Kimaryo *et al.*, 2004).

While the sentinel surveillance survey conducted in 2007 (GoL, 2007) indicated that there has been no significant change in national adult prevalence since 2005, there appears to be a slight downward trend in HIV sero-prevalence among young people aged 15-24, a positive finding if one considers that this is an age group normally monitored to predict future trends. For this young group, the sero-prevalence rate dropped to 8.9% in 2007, down from 11% in 2005 (GoL, 2007). However, caution should be exercised in reading this drop in the rates of prevalence as this could be a sign of increasing numbers of deaths, especially where ARV provision is poor.

Worldwide, AIDS kills the most productive members of society, especially young adults. The disease also accounts for more than 80% of orphaned children in Lesotho (UNAIDS, 2002; WFP, 2007) and has left children vulnerable as their parents become incapacitated by the disease at its terminal stage. In the most drastic instances, children see one or both parents succumbing to the illness.

1.5. OVC situation in Lesotho

Poverty and consequent food insecurity, together with HIV and AIDS, have been identified as the biggest threats to the survival, care, protection and development of children in Lesotho, as they constrain the ability of households and communities to care for their own. A survey by the National Nutrition and Expanded Programme of Immunisation (EPI) Cluster (GoL, 2003) indicates that the underweight prevalence among orphans was higher than non-orphans. Indeed, 15% of non-orphans were underweight, compared with 40% of double orphans (having lost both parents to death) weighing under what they should.

As a result of the high HIV sero-prevalence rate, Lesotho faces a huge problem of children orphaned and becoming vulnerable to poverty. The GoL defines an orphan as "any person less than 18 years old that has lost one or both parents" (MOHSW, 2005a: 6). In contrast, the definition of a vulnerable child is much broader, namely:

> [A] child who is below the age of 18, who has one or both parents who have deserted or neglected him/her to the extent that he/she has no means of survival and as such is exposed to dangers of abuse, exploitation and/or criminalisation and is, therefore, in need of care and protection (MOHSW, 2005a: 6).

Many commentators point out that numerous qualifying attributes of child vulnerability involve some subjective judgment as to the position of a child along a continuum of vulnerability categories (Budlender & Nhenga-Chakarisa, 2010). This creates difficulties in arriving at reliable estimates, especially as a single child may qualify as vulnerable on several grounds. The debates on the definitions of orphans and vulnerable children have been highlighted in greater detail in a separate desktop review of OVC services in Lesotho (see Tamasane, 2010).

Regarding the prevalence of orphans, current estimates suggest that just over 220,000 children under 18 years old have lost either or both parents in Lesotho (BOS, 2007). Moreover, there are many more vulnerable children who have been abandoned or whose parents are desperately poor (Khobotlo *et al.*, 2009). Table 2 below gives a breakdown of Lesotho's orphanhood figures according to age and gender.

Table 2: Orphan prevalence by age and gender, 2006

Age Group	Male	Female	Total
0-4	13.6	13.9	13.8
5-9	24.7	24.7	24.7
10-14	35.6	35.5	35.5
15-17	26.1	26.0	26.0
TOTAL	110,729	110,674	221,403

Source: BOS (2007: 80)

It is hoped that the current independent survey underway as part of the Situational Analysis of Orphans and Vulnerable Children in Lesotho (led by Sechaba Consultants) will provide new estimates of the prevalence of orphans and vulnerable children in the country. Reliable figures are essential to ensure appropriate planning for interventions by the Government, donor organisations, development partners and civil society organisations, including NGOs and FBOs.

Orphans face several socio-economic problems, *viz*. decreased access to adequate nutrition, education, basic health care, housing and clothing. Many simultaneously assume greater responsibility for income generation, food production and care of family members including siblings (UNAIDS, 2002). In such cases, child heads of households are often forced to find employment or depend on the good will of neighbours and relatives to provide them with basic necessities such as food and clothing (Byrne, 2002). An example of how such conditions perpetuate existing social inequalities is that girls are more likely than boys to drop out of school to provide for the household (UNICEF, UNAIDS & WHO, 2002). Additional problems include psychosocial trauma caused by loss of a parent, loss of inheritance rights and dispossession (Sechaba Consultants, 1993; MOHSW, 1999, 2001; UNICEF, 1999; UNAIDS, UNICEF, USAID & WFP, 2004). Without the protection of parents, cruelty, sex for food, cheap or forced child labour, early marriage, child rape and coerced commercial sex work blight the lives of OVC in Lesotho (Kimane, 2004).

The MOHSW (2001) notes, too, that children orphaned due to AIDS in Lesotho are more likely to lose rights over family property. The indications are that where any property is left behind, it often gets misappropriated and abused by relatives. Once again, girls are highly disadvantaged by this practice; persisting gender mores in matters of inheritance mean that males frequently gain priority over females.

Family care is a preferred method of care for orphans in Lesotho (Hunter, 1999; MOHSW, 2001; Byrne, 2002; Ansell & Young, 2004; Kimane, 2004; Parker & Short, 2009). The care is often driven by compassion and socio-cultural norms. For example, Kimane (2004) notes that extended family members often feel obliged to look after orphans lest they offend ancestors, thereby inviting the ancestors' wrath. Lesotho's BOS estimates the number of orphans to be 221,403 (BOS, 2007: 84), the majority of which are cared for by grandparents. Where extended family members fail to take in orphaned relatives, orphans are forced to fend for themselves. This has prompted a phenomenon that has been dubbed "child-headed households". In circumstances where families have taken in orphaned relatives, research has shown poverty to be a serious challenge. A study by WFP (2007), for example, found that extended families and households caring for OVC have suffered significantly from vulnerability and food insecurity compared to those without OVC.

Despite the hardships that accompany community-based care, OVC shelters in Lesotho are not as popular as in some other African countries, such Kenya. Moreover, the GoL has inadequate finances to provide institutional care for orphans. The private sector and religious organisations have instead taken the lead on this front.

1.6. Legislative and policy framework for OVC

Orphanhood in Lesotho is driven largely by the AIDS epidemic. High infection rates have led to reduced life expectancy and a high proportion of orphaned children. It therefore makes sense to devise measures to militate against the onslaught of the disease in addition to addressing the conditions of children orphaned and made vulnerable by HIV and AIDS. In this respect, the GoL has devised several legislative measures to address the HIV and AIDS crisis. Table 3 lists a selection of laws and policies that cater for the needs and protection of OVC in Lesotho. Some of the measures deal with prevention, while others deal with treatment, care and support for those infected and affected by the disease.

The Lesotho Government has embarked on a large-scale campaign to achieve universal access to HIV prevention, treatment, care and support. Lesotho was one of only a few countries, along with Botswana and Swaziland, to make free anti-retroviral drugs available to adult AIDS patients in November 2004. In addition, the Government first established the

Lesotho AIDS Programme Coordinating Authority (LAPCA) and then the National AIDS Commission (NAC) to coordinate HIV and AIDS activities in the country.

Policy measures include the National HIV and AIDS Policy (2000), the Sexual Offences Act (2003), Poverty Reduction Strategy Papers (2000), Lesotho Vision 2020 (2010), Youth Policy (1999), Gender Policy (2002), Adolescent Health Policy (2003), and Social Welfare Policy (2003). Furthermore, the Child and Gender Protection Unit (CGPU) was established within the Police Department of the Ministry of Home Affairs to address gender-based violence. Guidelines on clinical management of HIV and AIDS, home-based care and prevention of mother-to-child transmission have also been developed by the MOHSW.

Table 3: Evolution of Lesotho's legal instruments for OVC

Legal instruments for OVC	YEAR
Laws	
Administration of Estates Proclamation No. 19	1935
Adoption Proclamation Act No.62	1952
Intestate Succession Proclamation No. 2	1953
Deserted Wives and Children's Proclamation No. 690	1959
Child Protection Act No. 6	1980
Criminal Procedure and Evidence Act	1981
Labour Code No. 24	1992
The Constitution of Lesotho Order No. 5	1993
Education Act No. 10	1995
Sexual Offences Act No. 3	2003
Legal Capacity of Married Persons Act No. 9	2006
Bills	
Child Protection and Welfare Bill	2001
Policies	
National Social Welfare Policy	2003
Policy Framework on HIV and AIDS Prevention, Control and Management	2000; 2002
National AIDS Strategic Plan	2002-2005
National Adolescent Reproductive Health Policy- draft	2003
Youth and Gender Policy	2002
Youth Policy	1999
Strategic Work-plan for Youth and Gender Policy	2002-2006
Poverty Reduction Strategic Paper (PRSP)	2003
Establishment of the Child and Gender Protection Unit, Lesotho Mounted Police Services	2003
National Plan of Action for OVC	2004 /2005
National OVC Strategic Plan	2006-2010
National OVC Policy	2006

Source: (UNAIDS, UNICEF, USAID & WFP, 2004; Budlender & Nhenga-Chakarisa, 2010).

As could be expected, Lesotho has a high number of orphaned children given the scale of the AIDS epidemic. Current calculations estimate that up to 220 000 children have been orphaned (BOS, 2007). Given the developmental and democratisation state of Lesotho, the magnitude of the problem of HIV and AIDS has rendered both traditional and contemporary social, economic and legal responses ineffective in addressing the challenges faced by OVC. This is especially true of the colonial-era laws such as the Adoption Proclamation Act of 1952, as well as the more contemporary Children's Protection Act of 1980 (Kimane, 2005; Budlender & Nhenga-Chakarisa, 2010).

Due to heightened awareness of the legal challenges facing the protection of OVC, the GoL has ratified, signed or adopted a number of international and regional conventions and declarations, in addition to developing its own national policies to address these issues. These include the Outcomes Declaration of the UN General Assembly Special Session on HIV and AIDS (2001), the UN General Assembly Special Session on Children (2002) and the Maseru Declaration (2003). The GoL is also signatory to, amongst others, the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and the International Labour Organisation Conventions 138 and 182 on the Minimum Age of Employment and the Elimination of the Worst Forms of Child Labour. Lesotho has also signed the Convention on the Elimination of All Forms of Discrimination Against Women and the SADC Addendum on Violence Against Women and Children. Kimane (2005) and Budlender & Nhenga-Chakarisa (2010) note that Lesotho has ratified 19 of 22 international and regional instruments relevant to OVC.

On the legislative front, Lesotho's Sexual Offences Act (2003) has been hailed as a major milestone in protecting children and women against sexual harm and exploitation. The Act clearly stipulates what constitutes 'sexual offences' and proposes minimum and maximum sentences for offenders. The Children's Protection and Welfare Bill of 2001 (still to be enacted) is also regarded as a landmark piece of legislation. Other key OVC policy measures include the National HIV and AIDS Policy (2003), the establishment of the National AIDS Council, the OVC Survey (2003), the OVC Rapid Assessment, Analysis and Action Planning (2004), the OVC Situational Analysis (2004), and the OVC National Action Plan (2004).

Despite the existence of laws and policies to cater for the needs of OVC, on closer inspection a few gaps become evident. These include:

1. The lack of legal provision for key institutions or structures relevant to OVC's care and protection. Social workers also lack statutory authority to handle social protection matters (Budlender & Nhenga-Chakarisa, 2010).
2. Inadequate provision for the socio-economic rights of children, such as access to health and health care, social security, and an acceptable standard of living. According to Budlender & Nhenga-Chakarisa (2010), Lesotho's Constitution suggests that such rights are not justiciable.
3. The need for intensive advocacy at community level to ensure that laws are effectively translated into practice. In many regions, customary law still prevails at the grassroots level despite strong pressure to adhere to contemporary laws by human rights advocates (Budlender & Nhenga-Chakarisa, 2010). Likewise, communities often lack awareness of existing laws that aim to protect women and children. (UNAIDS, UNICEF, USAID & WFP, 2004; Budlender & Nhenga-Chakarisa, 2010).

On top of these legislative inadequacies, the situation is further complicated by the length of time it takes to effect new legal measures. The Children's Protection and Welfare Bill has, for example, been in the making for nearly ten years, since 2001. The unfortunate upshot of this is that by the time a Bill is promulgated into law, it is likely that some of its aspects might be out-dated or ineffective in addressing the latest challenges to the protection of OVC.

1.7. Services for OVC

The ministry responsible for OVC issues is the Ministry of Health and Social Welfare, in particular the Department of Social Welfare. In addition, a Child Welfare Unit has recently been established within the DSW. Whereas OVC interventions are mainly aimed at mitigating the impact of HIV and AIDS, the DSW strives to address the plight of all poor children who have been made vulnerable by factors other than HIV and AIDS.

Besides the MOHSW, a number of other government ministries provide services for OVC, often with the support of development partners. Several national and international NGOs (INGOs), FBOs and community-based organisations provide services to OVC, too. A local initiative, Letsema, has developed a comprehensive directory of Lesotho-based OVC services providers which lists approximately 308 organisations.

The National Action Plan identifies eight essential services for OVC: health, education, food security, clothing, psychosocial support (PSS), shelter, protection, and an integrated training package. These services make up what has been termed the "Appropriate Support Package". It is, therefore, unsurprising that most services provided are tailored according to this list of essential services. A brief discussion of these, *viz*. what they entail and who they target, follows.

1.7.1. Education

The GoL provides free primary education for all destitute children. Since 2000 the Government has introduced free primary education for all, abolishing school fees by one grade per year. The plan aimed to have all grades at primary school level free by the beginning of 2006. The success of this scheme will be discussed below. In addition, the Ministry of Education and Training (MOET) has introduced a bursary scheme for the support of orphaned and other needy children, in particular those children who are in secondary education. The Global Fund Coordinating Unit (GFCU) also provides bursaries to OVC at the level of Forms D and E. The GFCU bursary covers the following education-related expenses: registration fee; tuition fee; book fee; examination fee; stationery costs; subject fee; boarding fee and feeding costs. Notably, the DSW (MOHSW, 2010) observes in its 2009/10 annual report that of 74,088 OVC who received support from the Lesotho Government or its partners, 40,299 received some form of education bursary.

It has been noted that there is a marked difference in enrolment between grades currently included in free primary education. Even with free education, many poor households send children out to work simply to survive. Hiring out boys as herders is a common survival mechanism among resource-poor households (Kimaryo *et al.*, 2004). Moreover, the Rapid Assessment, Analysis and Action Planning report (UNAIDS, UNICEF, USAID & WFP, 2004)

observes that despite the subsidies provided, basic education is still expensive and out of reach for children from poor households, but more especially for orphaned children.

1.7.2. Food aid

The Government provides school meals in lowland schools, while highland and mountain schools receive World Food Programme (WFP) support. As Table 4 indicates, food aid forms the second largest form of intervention after educational support. Food packages include basic food items such as maize meal, cooking oil and beans.

Table 4: Comparison of coverage by type of service support

OVC Service Area	No. OVC Served
Food Aid	188,988
Educational Support	354,922
Health Care	7,352
Psycho-Social Services	37,443
Protection Services	10,006
Financial Assistance	37,045
Other (includes shelter, basic needs, infrastructure) support	15,252

Source: (UNAIDS, UNICEF, USAID & WFP, 2004; Tamasane, 2010)

This is perhaps unsurprising given the effects of widespread drought in the first decade of the 21st century. The OVC situation was worsened by the absence of active adults to provide for their material needs.

1.7.3. Health

It is generally noted that OVC receive limited attention when it comes to their access to health services (UNAIDS, UNICEF, USAID & WFP, 2004). They, like the rest of the population, depend on the very limited availability of medical care. The public health care infrastructure is weak and overstretched in Lesotho; capacity is very low and health care services available to OVC (children aged 10 to 17 years old) are offered mostly by the Christian Health Association of Lesotho (CHAL), a religious organisation. Services provided typically include vitamin supplements, ARVs, routine health care, and reproductive health and HIV prevention information. Although organisations operate independently, some do work together with government, supplementing existing services (UNAIDS, UNICEF, USAID & WFP, 2004). Another service provided to OVC is specialised health care. Specialised health care is

typically inaccessible to most poor people in Lesotho. However, OVC receive referrals from the Department of Social Welfare and thus their costs are paid for by the Department itself.

1.7.4. Psychosocial support

Counselling and psychosocial support for OVC is also limited and mainly provided through NGOs, FBOs and CBOs. There is no standard curriculum and efforts are ad hoc. Indeed, only 0.27% of OVC were recorded as receiving PSS in 2009/10 (MOHSW, 2010). The Rapid Assessment, Analysis and Action Planning report (UNAIDS, UNICEF, USAID & WFP, 2004) notes that interventions to promote well-being include the use of "memory books" to sustain the child's link with deceased parents and to help maintain his/her identity. The Regional Psychosocial Support Initiative (REPSSI), who initially conducted this service in Zimbabwe, is now doing training in Lesotho. Touch Roots Africa, a local NGO, is also doing training on psychosocial support in Lesotho. It is generally accepted that the availability of psychosocial services remains inadequate to deal with the long-term psychological trauma resulting from caring for dying parents and the grief following their passing away (UNAIDS, 2002).

1.7.5. Financial assistance

Nearly all NGOs and a number of government agencies provide support to OVC in the form of clothing and other basics such as shelter (or material support such as blankets, soap and other essential toiletries). Since the 1970s, the GoL has been running a Public Assistance Scheme where poor households are given 100 Maluti (M100) and some essential necessities like baby formula, toiletries, coffins, cooking oil and others. The public assistance programme supports about 4600 OVC presently.

Moreover, with the support of the European Union (EU) and the United Nations Children's Fund (UNICEF), the GoL is currently piloting a Child Grants Programme (CGP). It covers eleven community councils in five three districts and is expected to be rolled out to other community councils of the country during 2012. In line with the CGP specifications, extremely poor households with OVC receive M360 every three months. The amount does not take into account the size of the household or the number of OVC, and is meant to supplement other sources of household income and support. For example it has transpired

that in 2009/2010, 46% of the DSW budget could not be spent – a situation that has repeated itself for the past three years.

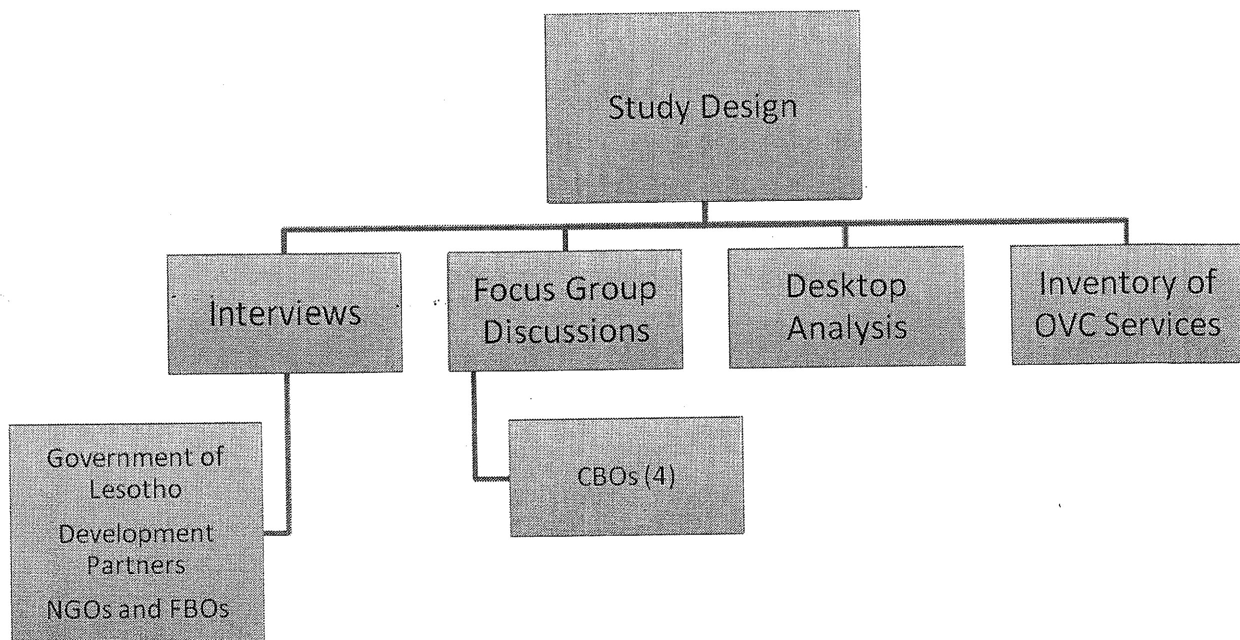
Despite its apparent desire to serve the country's vulnerable children, the GoL has been severely hampered by limited funds and personnel. While MOHSW is mandated to provide care and protection for OVC, both the Ministry and the Department of Social Welfare's capacity to adequately fulfil its mandate are compromised due to significant financial constraints and severe understaffing.

It is against this backdrop that the MOHSW commissioned this analysis of service provision to OVC in Lesotho. As mentioned earlier, the primary objectives of the report are to guide effective implementation of OVC programmes by identifying service gaps and priorities for new areas of intervention, as well as to provide recommendations on how to make service provision to OVC more effective and efficient.

2. The Method of Research

The study design was both quantitative and qualitative in nature. It involved the collection of primary data through in-depth interviews with key informants who represented prominent services providers for OVC in Lesotho. These include government ministries and development partners, as well as international and national NGOs and FBOs. Focus group discussions were also held with the staff of OVC services providers at the community level. These were selected from Lesotho's four ecological zones, each of which are designated according to the country's topographical features. Sampling strategy and size for each research step will be discussed below. Figure 2 illustrates the approach to the study.

Figure 2: The research design



The in-depth interviews with individual respondents gave a comprehensive overview of services provided to OVC in the country and were useful when gauging the nature of services and the extent of their coverage. On the other hand, FGDs with community-based organisations presented valuable information regarding the adequacy, relevance and appropriateness of services, based on facilitators' practical experiences with OVC and foster households. It is hoped that the study undertaken by Sechaba Consultants will provide

insight into recipients' experience of services they receive, thereby complementing the information presented here.

2.1. Key informant interviews

As previously stated, interviews were conducted with a range of OVC services providers. A total of ten government representatives from the national Ministries of Health and Social Welfare, Education, Agriculture and Food Security, Home Affairs and Police, and Master of the High Court were interviewed. Together with the TWG, the research team drew up a list of key Government departments which play critical roles in the provision of services to OVC. The TWG also provided a list of potential interviewees, their respective departments, designation and contact numbers to the HSRC, Sechaba and SIAPAC.

Due to logistical problems and time constraints, representatives of only ten ministries were interviewed. Table 5 lists the number of key informants that were interviewed. Due to delays in finalising the ethics approval for the study protocols, the study resumed later than expected. While deadlines were adjusted, there was not enough leeway due to financial cycles of JEAPP as well as the HSRC's financial year end. For this reason, the research team had to conduct interviews with those readily available, in most cases at very short notice. Therefore, the sampling strategy used was convenience sampling; that is, participation was limited to those who were available and willing to participate in the study. While participation in the study was voluntary, no one refused to participate in the study for any reason other than non-availability due to work and other commitments. This was more common among the representatives of international NGOs.

The time constraints further led to abandonment of the plan to hold separate FGDs with government representatives, donors, development partners and international NGO representatives, as was initially envisaged in the proposal. It was strongly suggested that no FGD should be conducted with the representatives, given the difficulties of getting such senior people together at short notice. It was felt that face-to-face interviews would suffice under the circumstances. This decision was taken at the TWG meeting of 12 August 2010.

Annexure A gives a complete list of all the key informants, their respective organisations, designations and contact numbers. All interviews were held in person. While these were conducted in the language of choice of interviewees, the majority of key informants were

senior people in their respective organisations and interviews were often able to be held in English, without the need, therefore, for extensive translation.

Table 5: Number of key informants interviewed by type of service provider

Type of Service provider	Number of respondents
Government Ministries/Institutions	10
Development Partners	4
International NGOs	6
National NGOs	3
Faith-based Organisations	3
Total	**26**

Furthermore, interviews were conducted with representatives from two international development partners, six international NGOS, three local NGOs and three FBOs. The choice of civil society organisations was again informed by the list of potential key informants discussed above. Once more, participation was determined by availability of organisations' representatives. The researcher experienced problems in contacting both international and national NGO representatives, as key individuals were often out doing fieldwork. This experience in a way confirmed the concerns raised by the TWG regarding the feasibility of holding focus group discussions with NGO representatives and government officials. In sum, though the research team interviewed 26 respondents from various organisations, since selection was based on availability the consequence was an under-representation of national NGOs in particular.

An interview guide was used to steer the discussions. For further information on these see **Annexure B1** Interview Guide for Government Representatives, **Annexure B2** Interview Guide for Development Partners, and **Annexure B3** Interview Guide for Non-Governmental Organisations Representatives.

2.2. Focus group discussions

Four focus group discussions were conducted with representatives of community-based organisations in the four ecological zones of Lesotho. The purpose of these FGDs was, firstly, to elicit first-hand data from structures that facilitated the provision of services to OVC at the grassroots level. Secondly, the FGDs aimed to corroborate information provided at the national and regional levels by key informants representing various organisations, as explained above.

Services provision in Lesotho is highly dependent on the often dramatic spatial features of the country. As such, it was important to take into account the degree of accessibility to regions, or lack thereof, during the sampling stage. In line with Component 2 of the TOR, which includes the situational analysis of OVC from beneficiaries' perspectives, the data collection areas were stratified according to the ecological zones as designated by the Lesotho Government. Table 6 provides a brief description of each zone.

Table 6: Ecological regions of Lesotho

Ecological Region	Area (km^2)	Characteristics
Lowlands	**5,200 (17%)**	Narrow arable belt along western border with very fragile soils. Rich soils in the north, sandy/clay soils in the south.
Foothills	**4,588 (15%)**	Rich volcanic soils with agricultural potential.
Mountains	**18,047 (59%)**	Bare rock outcrops, deep river valleys and gorges, suitable mainly for grazing.
Senqu River Valley	**2,753 (9%)**	Mainly poor soils with low agricultural potential

Sources: Ministry of Natural Resources (2000); BOS (1996, 2007)

A comprehensive description of the zones is presented in the National Report on Climate Change (Ministry of Natural Resources, 2000). The lowlands region covers an area of 5,200 km^2, or 17% of the total surface area of Lesotho. More than two-thirds of the population resides in this zone. The foothills comprise 4, 588 km^2 of a strip of land that lies 1,800 to 2,000 metres above sea level (between the lowlands and the western watershed of the Drakensberg Mountains). They form 15% of the total land area. The mountains constitute

the largest ecological region, covering 18,047 km^2 and forming an extension of the Drakensberg mountain range. The region is characterised by high altitude plateaux, bare rock outcrops, and deep river valleys and wetlands. The mountains are the source of many rivers which drain towards the Indian and Atlantic Oceans. The final region, the Senqu River valley, runs through the Drakensberg range and connects with some of the tributaries of the River. This region covers 9% of Lesotho's total surface area.

In close collaboration with Sechaba Consultants and BOS, the researchers worked with departments of the GoL, chiefs, district councils, NGOs and FBOs to identify grassroots organisations providing services to OVC. Most of these received financial support variously from the government, donors and/or NGOs. A number, however, received no form of external funding. No fewer than eight representatives of different institutions operating in each area were invited to participate in the FGDs. This figure does not in any way provide a representative sample of local NGOs/CBOs. While there are no precise figures of the number of local NGOs/CBOs in Lesotho, it is fairly well known that they run into the hundreds, serving a number of needs, ranging from microloans creditors and burial societies to home-based care organisations. The Directory of OVC service providers updated by Letsema is an attempt to come up with a number.

Furthermore, an FGD session was conducted in each zone to capture the experiences of each community. The FGDs were conducted in Sesotho. Table 7 lists the districts and villages where FGDs took place. It should be noted that some zones fall into more than one district.

Table 7: Location of FGDs

Ecological Zone	District	Village
Lowlands	Maseru	Nazareth
Foothills	Berea	Sefikeng
Mountains	Thaba-Tseka	Thaba-Tseka town centre
Senqu River Valley	Quthing	Paballong

The researchers visited four districts covering the four zones. Participants were drawn from adjacent villages which had an effective grassroots organisation. In Maseru (the lowlands),

the FGDs took place in Nazareth; in Berea (the foothills), the meeting took place in Sefikeng; in Quthing (the Senqu River valley), FGDs were held in Paballong village; and in Thaba-Tseka (the mountain region), the FGD took place in Thaba-Tseka's town centre. Once again, a focus-group discussion guide was used to guide the discussions (see **Annexure B4** Focus-Group Discussions for CBO/Programme Staff*)*.

It is worth mentioning that the focus groups were also made possible by working closely with international and national NGOs as well FBOs. World Vision Lesotho's Community Care Coalition structures were particularly instrumental in helping the researchers access participants in the Senqu River valley and the lowlands. In the foothills region, chiefs played an active role in informing the people. In Thaba-Tseka, the Lesotho Network of AIDS Service Organisations (LENASO) facilitated the process. In all the FGDs (except in the foothills), different stakeholders were represented. These included the local support groups, the local chief, counsellors, village health workers and youth.

2.3. Inventory of existing OVC services

The third objective of the study was, as far as possible, to list all identifiable services and programmes provided by civil society and the government to OVC. This was attempted by partnering with already existing programmes such as Letsema and the NGO Coalition. We relied on these organisations to find out about non-governmental and other civil society organisations providing services to OVC in Lesotho. Letsema has developed a directory of more than 300 service providers, comprising of government, donors, development partners, international NGOs and national NGOs. This directory was instrumental in providing leads about other organisations we initially knew little about. Using the snowballing technique we were able to identify other service providers in most rural areas of the country. With the help of our colleagues at Letsema and Lesotho NGO-Coalition we interacted with 86 NGOs in Lesotho on face-to-face basis or through telephone contacts. The list of the organisations is attached in Annexure C.

Limitations with the directory include the fact that it does not provide numbers of beneficiaries reached through the interventions of the various stakeholders listed there, although it does indicate what groups are targeted, what types of services are provided and specifies the geographic areas of intervention.

2.4. Challenges and limitations

The study faced many challenges that relate to a series of delays which adversely impacted on the data collection process, and by implication the quality of data collected. As previously mentioned, it took slightly longer than expected for the MOHSW to finalise the ethical clearance for the study. By this time, the HSRC's financial year had closed. The implication of this process was that no funds could be released until the internal audit process had been completed and new project codes allocated. This didn't happen until the end of May 2010 due to the pending restructuring process. By the time the restructuring process at the HSRC was completed in early July 2010, the majority of staff working on the JEAPP project had joined newly established research programmes other than Human and Social Development. Again, no funds could be released as staff had to wait on the reallocation of projects to new programmes. This did not happen until the latter part of August 2010. The implication of these interruptions was that, in order to complete the project by October 2010 and avoid the complex process of having to extend the project into the following financial year, HSRC researchers were faced with a foreshortened fieldwork period.

A comprehensive analysis of OVC services and service providers was hindered by financial and human resources, as well as time constraints. A detailed analysis of OVC services would ideally include a thorough mapping exercise by a large research team, which would involve the use of Geographic Information Systems and extensive travelling to map out services and interact with service providers. Such an undertaking would require more financial resources than were available. It would also have required more than six months to complete the work satisfactorily. For example, Letsema took more than one year with costs totalling more than M1million to compile a directory of just over 300 OVC service providers.

Given these financial and time constraints, it was not possible to contact all service providers in Lesotho. For instance, despite its inability to reach all service providers in the country, Letsema lists more than 300 service providers. We stood very little chance of meeting every service provider. In selecting service providers to be interviewed we opted for a purposive sampling. We targeted those organisations we felt had made substantial impact in terms of reaching significant numbers of OVC. We also targeted organisations which had readily available reports for review, as well as those with comprehensive and up-to-date websites. As a result, organisations such as development partners and international

NGOs received disproportionately high attention. These criteria also inevitably excluded several local NGOs as well as FBOs, especially those that were least well organised.

Notwithstanding these limitations, this study – building on important studies before it – makes a critical contribution to understanding the nature, extent and quality of services offered to OVC in Lesotho.

2.5. Ethical considerations

The study was undertaken in line with the principles of ethical research involving human subjects. These principles include special attention to communicating the aims of the study, and the rights of research participants to written informed consent and confidentiality. The study proposal, the key informant interview instrument, the focus group schedules and the consent forms were submitted to the HSRC Research Ethics Committee as well as the Ethics Committee of the Ministry of Health and Social Welfare in Lesotho for review and approval prior to commencement of the research activities. The requisite permission was granted by both entities.

In line with the Ethics Committees' requirements, participants were asked to sign informed consent forms, acknowledging their voluntary participation in the study. They were also requested to give or refuse permission to have the interview recorded. **Annexures C1-C4** lists consent forms for Government, development, NGO and CBO representatives respectively.

3. Research Findings

In order to generate a nuanced understanding of the background context and environment in which OVC services are offered in Lesotho and so address the research objectives, this section explores key service providers' understandings of the phenomenon of OVC, particularly the much debated topic of definitions. The following chapter reports findings on this subject. It was also felt appropriate to thoroughly consider the legislative framework that guides the provision of services to OVC, including the views of those tasked with the responsibility of providing services to OVC. Section 3.2 therefore specifically analyses the views of service providers regarding the effectiveness of OVC policy framework in Lesotho. Finally, Section 3.3 provides a conclusion on the state of services offered to OVC in Lesotho.

3.1. Definitions of orphans and vulnerable children

Unanimity in referring to orphans and vulnerable children is crucial, particularly for the purposes of programming – that is, benchmarking and operational functions such as personnel, financial resources and equipment. This chapter first considers the definitions of orphanhood and subsequently reviews those of vulnerable children. Finally, it presents and discusses the responses of Lesotho government officials, development partners and representatives of civil society organisations based in the country to definitions of orphans and vulnerable children. The challenges associated with these definitions in relation to work with OVC are also considered.

3.1.1. Defining orphanhood

Defining orphanhood and vulnerability in the current context of ubiquitous poverty and high prevalence of HIV and AIDS, especially in sub-Saharan Africa, is a difficult task. The definition of child vulnerability, in particular, has generated heated debates in policy circles and the literature. This is primarily due to the fact that a substantial number of children in Africa are by definition vulnerable due to generalised poverty. As such, interventions that exclusively target 'AIDS-orphans' or children made vulnerable by HIV and AIDS encounter serious difficulties, often triggering ethical criticisms.

For the purpose of this study, policy makers, academics, representatives of international development partners, international NGOs, national NGOs and government officials were interviewed to elicit their views on the definition used by the GoL. All key informants were

found to be acutely aware of the definition used by the Government, and wholly in support of the definition as well. The central message taken from the interviews was that the definition employed by the Government is unambiguous and easy to understand by all who are doing child-protection work in the country.

A key informant who has been conducting research on children's rights and child protection in Lesotho for nearly two decades pointed out:

> I don't know why we are having debates on definitions of an orphan when the law is clear on this matter. The law says that an orphan is any person under the age of 18 years who has lost one or both parents. The law distinguishes between maternal, paternal and double orphans.... I don't know why the definition is still an issue. We accept that all children are vulnerable because of age. But some are more vulnerable than others.

A Government official added that the definition of an orphan is clear to everybody. The only problem relates to defining a vulnerable child, especially for targeting purpose:

> The definition for an orphan is clear. The problem lies with defining a *vulnerable* [emphasis added] child, especially for the purpose of programming. As a result, it is difficult to estimate numbers of vulnerable children. The Lesotho Bureau of Statistics is using a different definition which complicates issues further.

Another official pointed out the confusion surrounding the definition of a vulnerable child:

> The definition of an orphan is clear to everybody. The problem lies with the definition of a vulnerable child. The definition is too broad. It is difficult to work with for the purpose of programming. We need to narrow it down.

Likewise, all representatives of development partners interviewed agreed that the definition of an orphan is, from a legal perspective, at least, unambiguous. As an example, a senior policy specialist attached to one of the relevant organisations stated:

> The definition of an orphan is very clear. It categorises orphaned children into three groups; those who have lost a mother, father or both parents – including adoptive parents. These distinctions are very important because they may mean a lot in the life of a child. The child must be less than 18 years old.

All NGO representatives interviewed were familiar with and endorsed the Government definition of an orphan. A member of a body representing a local NGO demonstrated this as much:

> The definition of an orphaned child is clear. It is a child who has lost one or two parents due to death. The child must be below the age of 18 years. The problem lies with defining a

vulnerable child. What about children whose parents have left them un-attended to, even though they may still be alive?

A representative of an FBO concurred with most respondents by asserting that the definition "is there in the OVC Policy. There is nothing [wrong] with it. The issue is the backlash. In the situation where poverty is widespread, orphans and non-orphans are equally affected."

Focus group discussions with CBO representatives revealed the extent of the confusion reigning among communities regarding the definitions used to define an orphan and a vulnerable child. A participant from Paballong defined an orphan as a "child or children without parents, either both or just a single parent". Another member in the same group argued that an orphan is "a child without both parents who has no one to assist them in life".

Another FGD participant, from Nazareth, defined an orphan as "a child who may have both parents but situations subject him to be vulnerable; for example, a child that has no access to basic needs". This definition speaks to the extent of poverty in which a child lives. There is very little consideration given to whether one or both parents is/are alive. In this case, poverty is the ultimate test.

Moreover, according to Basotho customs, there are different degrees of orphanhood. For example, an FGD participant in Thaba-Tseka claimed that a child who has lost either parent is an orphan (*khutsana*) and a child that has lost both parents fits into the category of "extreme orphans" (*khutsana-khulu*). This is what is referred to as a double orphan in contemporary literature. Among Basotho, *khutsana-khulu* appears to take precedence over *khutsana*, a situation whereby 'degrees of orphanhood' become apparent.

This is not surprising since the definition of an orphan has often been criticised on the grounds of being too ambiguous and potentially discriminating (see Wilson *et al.*, 2002; Giese *et al.*, 2003; Meintjies *et al.*, 2003; Croke, 2003; Skinner *et al.*, 2004; Townsend & Dawes, 2005; Streak, 2005). The main concern has been that while orphans, and in particular children orphaned by AIDS, do face some unique challenges, many of the areas of vulnerability that they face, such as hunger, being unable to pay school fees and poor access to health care services, are shared by children living in poverty. It is observed that some

orphans may still do very well economically despite the loss of either or both parents, while on the other hand there could be children whose parents are still alive and present in their lives yet live in abject poverty that necessitates intervention by external aid agencies. It is against this background that the term *vulnerable* child(ren) has been coined to refer to this specific category of children.

3.1.2. Defining a vulnerable child

The Government of Lesotho defines a vulnerable child as "any person who is below the age of 18, who has one or both parents who have deserted or neglected him/her to the extent that he/she has no means of survival and as such is exposed to dangers of abuse, exploitation and/or criminalisation and is, therefore, in need of care and protection" (MOHSW, 2005a: 6). Commentators have pointed out that many of the qualifying attributes involve some subjective judgment as to the position of a child along a continuum (see for example Budlender & Nhenga-Chakarisa, 2010). Inevitably, this creates difficulties in arriving at estimates, especially as a single child may qualify as vulnerable on several grounds. The situation also makes it difficult to identify whom to target – that is, children who are in *dire* need of assistance.

The key informants interviewed were unanimous in their agreement about the problems associated with defining a vulnerable child. A number of issues were raised about the definition of a vulnerable child in the context of poverty in Lesotho. Some of the concerns voiced were related to programming and M&E, while other interviewees raised ethical questions.

A representative of a development partner tasked with the responsibility to provide protection to orphans and vulnerable children pointed out that "the Government definition [of a vulnerable child] is too broad to be of any value, especially for the purpose of programming and targeting the neediest children".

The problem of defining a vulnerable child and its associated difficulties with programming and targeting was clarified by a representative of a key government ministry who stated:

> There is no problem with defining a vulnerable child. The problem lies with operationalisation, especially during targeting. That is, defining the most vulnerable children. Vulnerability should be the main criteria, not whether a child has parents or not. Some orphans are better off than non-orphans. It is difficult to reach vulnerable children because

> of the subjectivity/objectivity issues. The other problem is tracing children who have moved out of the vulnerability category. How does one monitor these developments and what do you do with them?

Another Government representative also noted that the definitions of vulnerable children present serious challenges when it comes to estimating the number of vulnerable children for the purpose of programming and budgeting. This ambivalence was echoed by other officials from government ministries. Development partners are equally worried about the lack of clarity on the definition of a vulnerable child. According to one representative,

> With regard to vulnerable children, there is a gap. It does not look at children whose parents may still be alive, yet live in poverty. But at the policy level, it is adequate. The problem is with operationalisation/implementation. It is not able to reach children who really need state support. The challenge is linking OVC definition to HIV and AIDS as the Department of Social Welfare does. The policy definition is very broad and adequate. It does not focus only on AIDS orphans. It is up to programmes to develop their definition of OVC. [Our organisation] uses the government's definition. We align ourselves with all the government policies and plans, such as Vision 2020 and the National Development Plan.

However, a closer examination of the Government definition of a vulnerable child indicates that the definition transcends the association with HIV and AIDS. The challenge with the definition of a vulnerable child is compounded by the fact that it is context specific, as pointed out by several respondents including representatives of development partners, NGOs, FBOS and COBs.

For members of the CBOs contacted, vulnerability was associated with economic hardships, including poverty. This was demonstrated by their definitions of the concept. In an FGD, one community member in Thaba-Tseka defined a vulnerable child as "a child that lives like an orphan (*khutsana-khulu*) while his/her parents are still alive and looking after him/her". The respondent's fellow participant elaborated in the following terms: "A vulnerable child is like an orphan (*khutsana-khulu*) because he/she has no one to turn to [for assistance]."

This association with vulnerability was vividly captured by an FGD participant in Quthing when responding to a follow-up question from the FGD facilitator. Regarding the definition of child vulnerability she responded that a vulnerable child is one "whose parents have left them, but sometimes children whose parents have nothing but are still present and alive". The facilitator's next question – "What do you mean by those who have nothing? Do you mean cars?" – elicited an emphatically negative response from the participant. Instead, her

reply emphasised the salience of a lack of basic necessities, although she did include the importance of owning cattle in this description.

Be that as it may, most NGOs said they use the Government-issued definition of a vulnerable child. However, some modifications are apparent. A representative of other NGOs, including FBOs, made similar remarks. There is indeed an urgent need for OVC service providers to, as much as possible, align their definitions with that of the Government. This would avoid confusion and ensure commonality in terms of measurement. The significance of a common definition was eloquently explained by a representative of a development partner who emphasised that:

> The problem comes in during programming. The definition should be specific enough to ensure adequate targeting, taking into account the country's resources. You need to target those who are in dire need. We need to come up with a common definition that is used by everybody. This should not necessarily interfere with the policy definition. We can leave the policy definition as is, but come up with a working definition for programming purposes. This will allow us to have a better sense of comparability.

It is precisely for this reason that the MOHSW has commissioned SIAPAC to develop a common definition of child vulnerability for Lesotho as part of the larger study of investigating the state of orphanhood and services' provision in the country.

3.2. Legal framework for OVC in Lesotho

The legal framework plays an important role in the protection of particularly vulnerable members of society. Effective legal protection for the vulnerable is the strongest indicator of the state of democracy of a given country and a moral measure of its attitude towards the marginalised. Lesotho is taking serious strides to provide effective legislative framework to protect OVC. However, over the course of this study weaknesses were identified, including inadequate regulation of OVC structures, institutions and implementation measures, a lack of advocacy for OVC rights, and the legal dualism existing in the country (Kimane, 2005; Save the Children, 2009; Budlender & Nhenga-Chakarisa, 2010).

It is, therefore, not surprising that a number of concerns were raised about the legislative framework in Lesotho during interviews with prominent OVC service providers in the country. In particular, we elicited the respondents' views on what they consider to be the primary strengths in government's policy to provide OVC with services and benefits, and the major weaknesses in the OVC policy and its implementation.

Concerns were raised about the obsolete nature of Lesotho's legislative framework. A senior government employee argued that the legal framework in Lesotho is outdated and does not mandate social workers to act as child protection officers. The respondent contended that this hampers social workers' efforts to fulfil their responsibilities of providing protection to vulnerable children.

One government department tasked with the responsibility of protecting OVC is particularly affected by the many ambiguities that exist within the current legislative environment to defend the rights of OVC. These rights relate to the prevention of physical and emotional abuse, forced marriage, child labour and child trafficking. A representative from the Department responded in the following way:

> I often hear our colleagues in [another government department] saying we have a progressive Bill therefore we can use it to provide services to OVC. In [my department] we do not operate on the basis of a Bill. A Bill is not Law. Until it has been passed into law, we cannot rely on it.... We don't have an Act on physical punishment of children. A mere disciplining incident often ends up in a serious case of abuse – physical abuse. We have no way to deal with such matters. We ... often deal with such cases as common assault. But we need an effective law against this practice.... The good thing about the proposed Bill is that it addresses these short-comings.

Members of the community were not thoroughly informed about the legislative framework in Lesotho designed to protect OVC. Virtually all respondents admitted that they knew nothing about the government policies and laws with regard to the protection of OVC. An FGD participant in Nazareth expressed the general sentiment thus: "We do not know whether our laws are in line with the government policy, but we are aware that the government policy advocates for the rights of OVC'S and that they should be helped." A co-participant added that they "don't know the Government policy and we cannot say whether we are aligned or not". Respondents in Quthing and Thaba-Tseka expressed similar views.

The extent of the lack of understanding of the legislative framework for OVC services was also expressed clearly by questions from the members of the community during FGD. For example, one member asked: "What actually is the difference between the policy and the law?" Another member queried: "Where do we get this policy so that we work in collaboration and not in parallel with the government?"

These sentiments bear testament to the view that there is insufficient advocacy regarding the rights of OVC in Lesotho. It is indeed worrying that even people who have volunteered

their time and energy to provide services to OVC have no knowledge of the rights of OVC as enshrined in the Constitution and other OVC-related laws and policies. It is evident that they are not able to hold relevant authorities, nor even themselves, to account. This is undoubtedly a critical area for future intervention. There is optimism among service providers that the proposed Children's Protection and Welfare Bill will address many of the identified challenges.

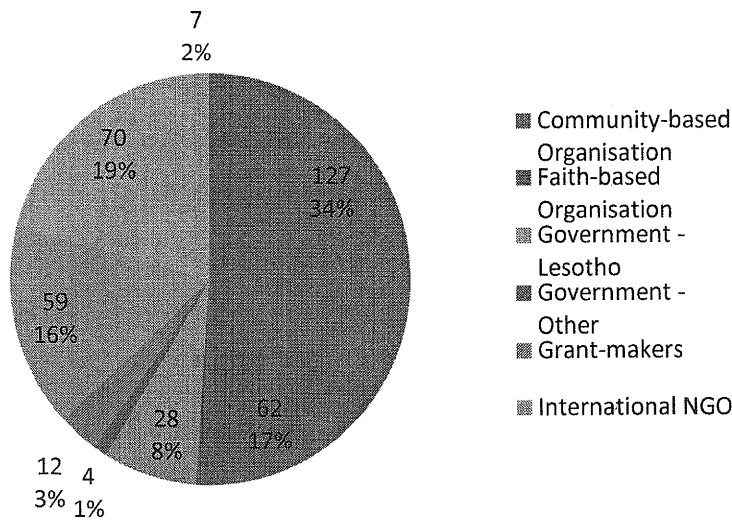
3.3. OVC services in Lesotho

There are a number of organisations that provide services to OVC in Lesotho. Letsema – a network of service providers working with OVC in Lesotho – lists up to 308 organisations in its directory (Letsema, 2010). These organisations range from government departments and development partners to international NGOs, national NGOs, faith-based organisations and community-based organisations.

Based on an analysis of this directory,

Figure 3 demonstrates the types of service providers in Lesotho. For ease of reference, in compiling the directory Letsema asked organisations to indicate whether they were, *inter alia*, CBOs, FBOs, GoL bodies, grant makers, or organisations affiliated with other countries' governments. In considering the number of service providers in each category, it is clear is that community-based organisations are the most numerous providers of services to OVC, constituting more than a third of service providers. This is because CBOs are closest to communities. They are a first point of call (Mathambo & Richter, 2007; Mathambo *et al.*, 2009).

Figure 3: OVC services in Lesotho by type



Source: Letsema (2010)

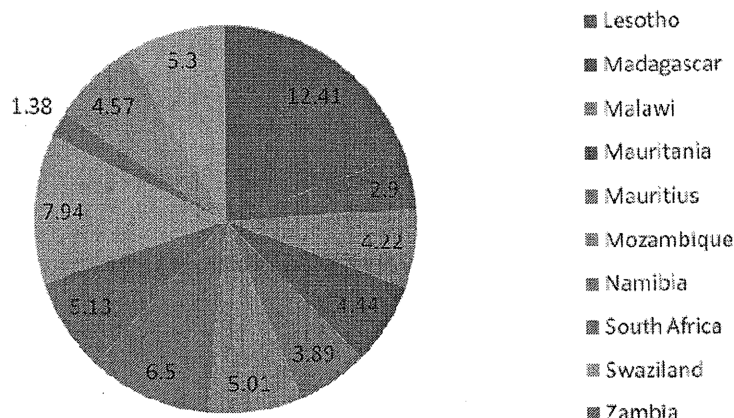
CBOs are naturally followed by FBOs. Like most African countries, Lesotho has a strong FBO presence. Most FBOs attend to material needs of the society in addition to spiritual ones. Therefore, the onset of HIV and AIDS has reactivated in FBOs a long-established tradition of community mobilisation against any form of disaster. Hence it is not surprising that Letsema came across so many of them, 62 in total.

Adverse economic conditions in Lesotho predate the arrival of HIV and AIDS. Lesotho has a long history of donor and NGO involvement in relief efforts. For example, NGOs such as Red Cross and World Vision have operated in the country since the 1960s. As a result, there has been a strong presence of international relief organisations. It is, therefore, to be expected that with conditions being severely exacerbated by HIV and AIDS, INGOs remain central to addressing the new challenges of orphanhood and child vulnerability in Lesotho.

3.3.1. Analysis of OVC education services

Before considering specific education services aimed at OVC, it is necessary to outline briefly the general state of education in Lesotho. Over the past decade, the Government of Lesotho has taken great strides in implementing policies which aim to expand access to basic education around the country. Indeed, in 2008, Lesotho invested just over 12% of its national budget on education, more than any other country in the SADC region. As Figure 4 illustrates, Swaziland – the second-highest spender – allocated only 8% to its education sector, an indication of Lesotho's economic commitment to education.

Figure 4: Spending on education by countries across the SADC sub-region, 2008



Source: World Bank (2010).

In line with its financial emphasis on education, the GoL requires that all children aged 6-13 attend school. Since 2000, the Government has provided free primary education to all children, in principle ensuring that orphans and other vulnerable children are automatically covered. The strategy was set out for introducing free primary education for all, abolishing school fees by one grade per year. The free education scheme seems to have borne fruit. Lesotho is one of the high-ranking countries in sub-Saharan Africa in terms of enrolment in primary education. The literature differs on exactly what percentage of Lesotho's children is registered in primary school, but for 2008 the figure fell between 70% and 84% (MOET, 2008; World Bank, 2010).

Despite these not insignificant advances, the country has evidently not reached the Millennium Development Goal of universal access to education. With five years until the 2015 deadline by which all countries of the world should have reached universal primary education, more needs to be done to realise this goal. Most importantly, it has been found that basic education is still expensive and out of reach for children from poor households, but more especially for orphaned children (UNAIDS, UNICEF, USAID & WFP, 2004). This is due to the fact that while primary education is free, pupils still have to pay for exam fees, and buy books and school uniforms. These expenses tend to exclude OVC from participation in the education system of the country.

In addition to the above, OVC's access to secondary education is limited due to cost-related factors. This is especially so as the GoL does not wholly subsidise tuition fees. The MOET notes that only 73% of pupils who completed the primary cycle enrolled in secondary education in 2005 (MOET, 2005). For this reason, MOET introduced a bursary scheme in 2009 for the support of orphans and other needy children. The system services children who are completing their secondary education and targets the following categories of children: double orphaned children (if single orphaned, the concerned child must be a needy one); abandoned children left with grandparents who are not able to provide for their basic needs; children whose parents have disabilities that prevent them from being able to make a living; children with disabilities; and destitute children. The bursary covers the following education-related expenses: registration fee, tuition fee, book fees, examination fees, stationery costs, subject fees, boarding fee and feeding costs. In the two years since the scheme's inception, the number of OVC assisted financially at the secondary level has increased from 20,950 in 2009 to approximately 26,000 in 2010. Through its educational support programme, Catholic Relief Service (CRS), an international relief and development organisation working in Mohale's Hoek and Thaba-Tseka, provided school uniforms and educational supplies to 5,289 students (2,541boys and 2,748) in 2010 (CRS, 2010).

A wide array of state-funded initiatives and NGOs, sometimes working in partnership, are responsible for making available these financial and material provisions. Some efforts are coordinated by the Global Fund Coordinating Unit, based in the Ministry of Finance and Development Planning (MOFDP) and tasked with handling and distributing grants from the Global Fund to Fight HIV/AIDS, TB and Malaria (GFATM). A number of OVC-targeted services are funded by the GFCU, including a bursary scheme catering for OVC in forms D and E (the last two years of school). The latter form is a school leaving certificate. In 2009, the GFCU provided bursaries to 3,183 OVC in 84 high schools nationwide. An additional 450 OVC in 16 vocational training schools were supported with school fees for the same period. On a more specialised note, the GFCU provides study aids to OVC with disabilities. These include Braille training and books, hearing aid devices and wheel chairs. In 2009, 1,051 learners with special needs such as hearing and visual impairment were also reached with life skills

education utilising special needs teaching methods such as a sign language and Braille (MOFDP, 2010).

Life skills training is often considered as a separate service to education. However, these lessons very often take place within classrooms and are increasingly being conducted by teachers themselves. The GFCU, for example, reports that a total of 4,821 teachers were trained in issues including HIV and AIDS awareness and positive living (MOFDP, 2010). The programme is aimed at both HIV-positive people as well those who are not infected yet. Partly as a result of this training up of teachers, the Unit estimates that 246,393 youths in school were reached in 2009 (Ibid.), although this assessment includes ordinary learners as well as OVC. While a number of CBOs and FBOs provide life skills training, CRS is noteworthy in this regard. In 2009, for example, 1,740 OVC were trained together with 5,731 CBO members and care givers in the basics of HIV and AIDS. Incidentally, CRS also provides education on children's rights; 2,287 OVC were trained in this area in 2009.

It should be noted that – as with all HIV prevention work – there is little evidence of most behavioural/information training being effective in reducing risk. Therefore, caution should be exercised so as not to fall into the trap of reporting 'children reached' as a success because the effectiveness of the intervention is not known. There should perhaps be further caution over whether such interventions may in fact emphasise certain religious or cultural views above orthodox teaching.

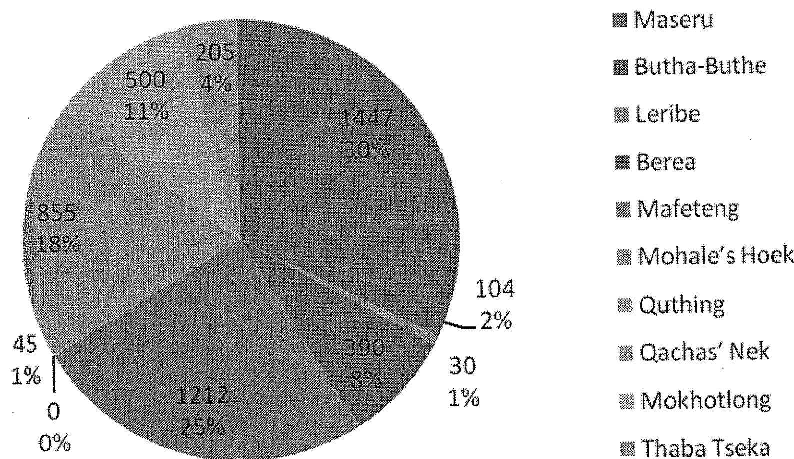
Just as teachers were given life skills training as part of the GFCU's initiatives, so programmes run by various other organisations also address teachers' knowledge. In so doing, they indirectly provide services to OVC. One such initiative, once again run by the CRS, is the community-centred OVC support project, which by 2009 had trained 116 teachers in the provision of psychosocial support, as well as 77 in conflict resolution.

Although much has been done by various local and international organisations to provide education services for OVC, programmes still appear to be scattered unevenly around the country. Thus, one finds districts such as Maseru, Mafeteng and Thaba-Tseka well provided for, while other, smaller districts struggle somewhat.

3.3.2. Food assistance

Assistance with food is one of the most commonly provided services for OVC. Documented food support is mostly provided by government ministries, FBOs and NGOs. The World Food Programme is particularly prominent in this regard. MOHSW, along with the Ministry of Agriculture and Food Security (MOAFS), is playing a leading role too. For the 2009/10 financial year, the MOHSW distributed food parcels to 4,788 OVC (see Figure 5). Along with the Lesotho Red Cross and the WFP, MOHSW distributed food parcels to 54,788 OVC in total last year alone (MOHSW, 2010). Maseru district received the lion's share of the service. Nearly a third of all recipients were from Maseru district. Maseru was followed by Mafeteng. It needs to be investigated whether this pattern exists because these districts have larger population sizes or whether it is due to the fact that they have better developed infrastructure. It has been observed in the neighbouring South Africa that provinces, districts and municipalities with better infrastructure attract more investments and thus are able to provide better services. Moreover, Maseru is the capital city of Lesotho, and the most populous of all districts. Whatever the cause, the discrepancy is highlighted by the fact that the remote districts of Qacha's Nek and Quthing received the least support with only 1% of food distributed to Quthing, for example. Mountainous districts are less populated and there are issues of impeded access due to the terrain. Besides, WFP focuses its work in the highlands.

Figure 5: Distribution of food parcels by MOHSW, 2009



Source: MOHSW (2010)

As pointed out above, the WFP plays a central role with regard to food aid. In the current financial year (2010) WFP is targeting approximately 178,000 beneficiaries in 10 districts (wfp.org, 2010). According to the WFP (2010), food aid is targeted at chronically poor and food insecure beneficiaries involved in the prevention of mother-to-child transmission (PMTCT), anti-retroviral therapy (ART) and tuberculosis (TB) treatment in remote, mountainous and inaccessible areas (Ibid.). The organisation, in partnership with UNICEF, also manages interventions around the country aimed specifically at malnourished children and pregnant mothers. Separate programmes exist that target OVC (Ibid.). For instance, WFP provides food rations to all households receiving cash grants from the Child Grants Programme in selected community councils in the Mafeteng, Maseru and Qacha's Nek districts.

Moreover, the WFP also partners with the Government to give two meals a day to 66,000 pupils in 400 primary schools across Lesotho (whp.org, 2010). As the WFP (2010) notes, "School meals have been found to provide a powerful incentive for parents to keep their children in class, while the food also improves children's health."

Apart from outside assistance, there is a strong drive in Lesotho to support sustainable livelihoods through subsistence agriculture and homestead gardening. The MOAFS works closely with support groups, in particular to promote food security initiatives. Support groups receive training on livelihood initiatives and income-generating projects, such as poultry rearing and livestock farming. Over and above that, MOAFS provides garden tool kits and seeds. Over the last two years MOAFS provided 1,649 garden tools and seeds to 347 support groups. Table 8 provides a breakdown of garden toolkit packages provided to support groups by district. What can be observed is that rural districts benefited more from this initiative. For example, in the relatively urbanised district of Maseru, only seven support groups benefited from the scheme in 2007/08. The MOAFS is financially supported by UNICEF to carry out these activities.

Table 8: Number of garden tool kits provided to support groups by MOAFS between 2006 & 2007

District	2006/7		2007/08	
	No of Kits	No of Support Groups	No of Kits	No of Support Groups
Berea	157	12	195	66
Botha-Bothe	105	31	100	29
Leribe	94	16	122	22
Mafeteng	-	-	183	31
Maseru	-	-	32	7
Mohale's Hoek	-	-	121	22
Mokhohlong	-	-	26	27
Thaba Tseka	121	20	75	17
Qacha's Nek	192	21	-	-
Quthing	126	26	-	-
Total	**795**	**126**	**854**	**221**

Source: Telephone interview, MOAFS (2010)

Working with World Vision and the Lesotho Red Cross Society (LRCS), the GFCU assists CBOs to grow food. These involve food production, sewing and knitting initiatives. The programme is specifically targeted at families looking after OVC in a few selected community councils in Berea, Maseru and Mokhotlong. The initiative is aimed at making families self-sufficient but also to generate income through surplus food production. Pact, an international non-profit organisation, also helps OVC carers with income-generating activities. These include food gardens, livestock rearing, poultry farming and farming in general. In the financial year ending March 2010, Pact had 11 grantees. Currently, there are three grantees still in partnership with Pact. A further call for grant applications has been made. The funding will run for a period of five years, unlike in the previous years when funding was provided for three years. Pact operates in seven of the ten districts, including Maseru, Berea, Leribe, Quthing, Mohale's Hoek, Mafeteng and Mokhohlong. Through its Disaster Reduction Programme, which is funded by the GFCU, the LRCS also works with

communities to help them embark on livelihood projects. Last year, close to 4,000 OVC and their carers received support from LRCS, see Table 9.

Table 9: Services offered by LRCS and the number of beneficiaries, Jan-Dec 2009

Service offered	Number of beneficiaries
Keyhole gardens	807
Garden tools	32
Agricultural tools and drip kits	375 (OVC) & 100 (farmers)
Four crop varieties (beans, pumpkin, peas, sunflower wheat, peas)	60 (farmers) & 323 (OVC)
Five seed fares	1,449
Scales to monitor their weight crops	60
Ten fruit trees	610 OVC households
Food preservation workshops	234
Total	**3890**

According to the Annual Report, the LRCS allocated food to 50,386 people on ART, 369 TB patients, 179 PMTCT clients, 3,820 under-five children and 12,667 OVC in schools (IFRCRCS, 2010). LRCS is a sub-recipient of GFCU.

It could unfortunately not be established exactly how regularly food parcels were provided or what types of food were contained in the parcels. However, the experience did point to a greater trend of inconsistent provision of food parcels in Lesotho and other sub-Saharan African countries. It could also not be established how sustainable food gardening interventions were in the face of the heightened drought in Lesotho.

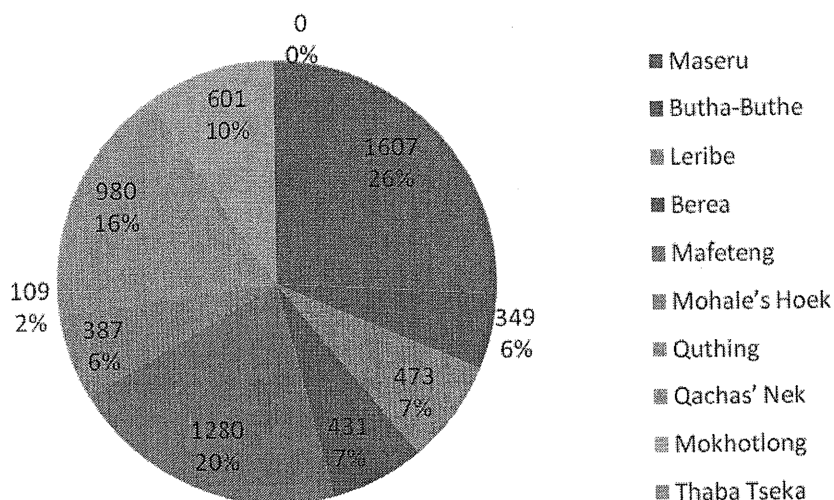
The CRS, too, plays an important role with regard to improving food security for OVC. Last year, the CRS trained 3,827 care givers on dietary diversity. Moreover, it helped 4,822 households in 417 sub-villages with homestead garden initiatives. The households were provided with 3,065 garden tool kits, each consisting of spades, rakes, hand forks, watering cans, 1,267 frost covers, and 3,292 vegetable starter seed packs of 25kg consisting of five varieties of vegetables. The households built 5,922 key-hole gardens, 2,418 trench gardens, 476 conservation farms and 966 compost pits (CRS, 2010). It also emerged in interviews that World Vision Lesotho is another major provider of key-hole gardens and other food security interventions, although no data was available to support these claims.

3.3.3. Financial assistance

The GoL is the main provider of financial assistance to OVC. This is done through the Public Assistance Programme (PAP) as well as the CGP. Figure 6 indicates the reach of the Public Assistance Programme by district. The PAP was initially aimed at destitute people generally. However, given the destitution that many OVC face, they have become the major beneficiaries. In fact, according to DSW representatives, OVC receive highest preference when it comes to disbursement of services. The programme includes a variety of grants, such as:

1. M100 (+/-$7.00) payable monthly to poor households. If the household has more than one child, the amount is increased by placing another member on the programme.
2. Medical exemption – that is, members of poor households are exempted from paying the user fees for specialised care at state clinics and hospitals. It should be noted that primary health care is free as per GOL policy.
3. Assistance with burial services. Poor families are provided with free coffins to bury their loved ones.
4. Provision of assistance devices to children with disabilities. These may include hearing aids, wheel chairs or vision aid devices.

Figure 6: Distribution of Public Assistance Programme by district, 2009



Source: MOHSW (2010)

The PAP is spread across the country and is, therefore, expected to reach all those eligible country-wide. By the end of the 2009/10 financial year, the PAP had reached 3,260 children. However, the uptake of grants is higher in the Maseru and Berea districts. As will be explained below, the issue of the lack of required documentation seems to be a major factor hampering uptake of individuals into the CGP. The lack of information, too, has been established as a factor. In this, Lesotho is not alone. Similar problems are encountered in South Africa (Tamasane, 2009) and Namibia (Roberts, et al., 2010).

The CGP supports vulnerable households looking after children. The initiative is supported financially by the EU to an amount of 12 million Euros over four years (2007-2011) and assisted technically by UNICEF. The project has been in a pilot phase since April 2009 and is expected to run until December 2011. It is envisaged that by the end of the pilot 24,000 OVC would have been reached.

The project aims to improve the living standards of OVC in order to reduce malnutrition, improve OVC health status, retain OVC in school, and strengthen the capacity of the MOHSW to deliver services to OVC. Eligibility criteria include poor households caring for single or double orphans, child-headed households, and households caring for children who are not orphans but are vulnerable by virtue of their poverty status. An example of the latter criterion would be children living with a chronically ill parent. Eligible households receive M360 per quarter.

The CGP falls under the ambit of the MOHSW. Departments and organisations partnering with CGP include the MOET, the MOAFS, as well as the two NGOs Touch Roots Africa and World Vision Lesotho. The project is being piloted in three of the ten administrative districts of Lesotho, namely Mafeteng, Maseru and Qacha's Nek. At the time of data collection (September 2010), the programme had reached about 1,500 households or 4,500 OVC (Ramoea, 2010). The CGP is now being expanded to two more districts, Leribe and Berea.

The CRS has also facilitated the establishment of 119 Savings and Internal Lending Community Groups around the country. These Groups have been formed by OVC carers and serve up to 792 beneficiaries.

Although it was not primarily designed to target OVC, the government-administered Old Age Pension scheme often benefits OVC, too, as many orphans and vulnerable children are looked after by recipients of the Pension.

3.3.4. Health services

Across Lesotho, a system of health facilities such as hospitals and clinics offer essential services to the population. According to the GoL (2000a), the country is divided into a number of health service areas (HSAs), each surrounding a government or mission hospital. The main hospital in each HSA provides smaller health providers with nurses, while either doctors or nurses will typically alleviate pressure at clinics. In addition to the HSA, the work of private organisations means that care is spread across the country; churches in particular are noted for their work on this front. No figures were available to indicate how many OVC received services from the Department of Health (DOH) in 2010, although the DSW referred 562 OVC to health facilities in 2009. There are a number of complexities with the health services provided, however. In health care centres services are free of charge, but in hospitals patients are expected to pay fees as well as for medicine in certain instances. For this reason, GFCU in its intervention areas pays for the fees and drugs for some OVC. In principle, primary health care is free of charge in Lesotho.

3.3.5. Protection Service

This section looks at shelter services provided to OVC – such as orphanages, places of safety, and the nature of homesteads. It was pointed out above that institutionalisation of orphans is neither common nor desirable for many Basotho. Traditionally, children have been supported in a family environment. This is informed by the strong family bonds that have characterised the life of Basotho for many years. However, it should be acknowledged that urbanisation and migration have had negative impacts on extended family relations in the country. Moreover, widespread poverty and the AIDS pandemic are exposing many families to vulnerability to a point where they are unable to provide adequately for their charges, thereby making it difficult for extended families to accommodate additional members.

The bulk of shelter support is inevitably provided by NGOs (Habitat for Humanity is a major organisation involved in this sector) and FBOs. Most organisations listed in Table 10 are run privately by individuals or FBOs. While the list is not necessarily exhaustive, it does give an

indication of the extent of coverage of OVC shelters in Lesotho. As can be seen, shelters are predominantly based in the Maseru district and the neighbouring district of Berea.

Table 10: Shelters providing refuge to OVC & OVC accommodated by gender and district, 2010

Name of Shelter	Gender	District	No
Bana Trust	Boys and Girls	Maseru	23
Beautiful Gate	Boys and Girls	Maseru	42*
Centre for the Poor and Less Privileged	Boys and Girls	Berea	73*
Lesotho Child Counselling Unit	Girls	Maseru	18
Maletseka Home of Orphans	Boys and Girls	Berea	27
Malibuseng Children's Home	Boys and Girls	Maseru	31
Mants'ase Children's Home	Boys and Girls	Mohale's Hoek	50*
Maseru Children's Village	Boys and Girls	Maseru	34
Ministry of Insured Salvation	Boys and Girls	Maseru	-
Pulane Children's Centre/AFACTL	Boys and Girls	Quthing	-
Rachel's Children's Home	Boys and Girls	Berea, Botha-Bothe, Leribe Mohale's Hoek	54
Semonkong Children's Centre	Boys and Girls	Maseru	84
SOS Children's Villages Association of Lesotho	Boys and Girls	Maseru, Quthing	225
St Cecilia Orphanage	Boys and Girls	Berea	33
Touching Tiny Lives	Boys and Girls	Mokhotlong, Thaba-Tseka	100+
Tsepong Cecilia Orphanage	Boys and Girls	Mokhotlong	58

Source: Letsema (2010) and Telephone Interviews

*Most recent figures posted on Letsema.org, although not updated for 2010.

It was pointed out above that there are very few places of safety available for abused children. On the other hand, the GFCU is currently assisting 505 OVC with proper shelters by renovating 62 homes and building 25 new two-roomed houses in all ten districts.

The lack of support for institutionalisation of OVC is being celebrated in certain quarters. It is noted that there is extensive evidence of negative impacts of institutionalisation for children that include multiple cases of institutional abuse among them. It is has been argued that what are needed are not institutions but foster care services. There is very little information on this practice in Lesotho, unlike South Africa where adoption and fosterage cases are widely documented and widely accessible to the public.

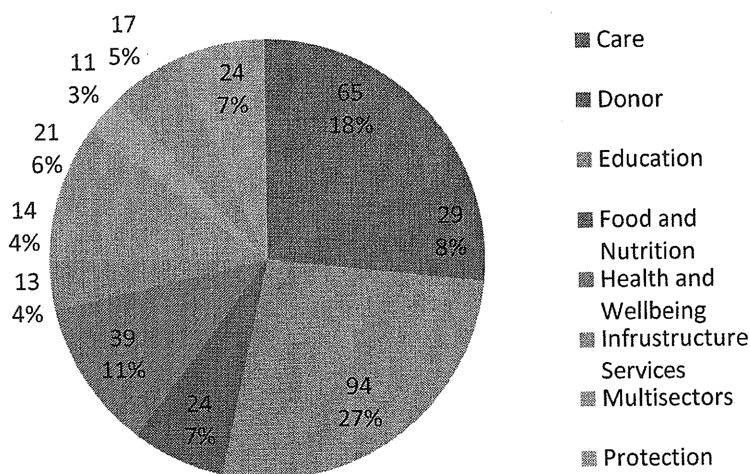
3.3.6. Other services

In addition, certain organisations provide OVC with items such as blankets, clothes and shoes. In 2009, the MOHSW provided material support to 1,780 OVC throughout the country. 500 recipients were from Mokhotlong district – usually a very cold area. This suggests that the bulk of material support could have been blankets. The DSW provided 1,212 OVC with Service Cards for the same period using GFCU funds. Service Cards enable OVC to access essential services such as health services, documents such as passports and birth certificates, as well as food packages (MOHSW, 2010). In addition, the MOFDP provided 6,608 OVC with blankets and hygiene kits (MOFDP, 2010).

3.4. Analysis of services

Services are unevenly distributed in Lesotho, both in terms of the types of services and coverage. Education is by far the largest service provided to OVC. Figure 7, below, illustrates that more than a quarter of service providers offer assistance with education.

Figure 7: OVC services in Lesotho by domain

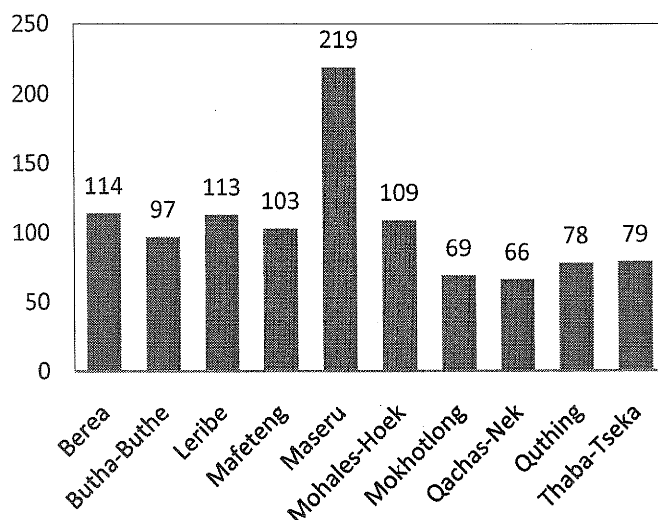


Source: Letsema.org (2010)

Educational assistance is followed by care services. "Care" includes a number of activities such as physical care of OVC, provision of food parcels, school fees and uniforms, clothing and other basic needs. It is thus a very broad term. Care was followed by "Health and Wellbeing", where, once again, in the majority of cases FBOs play a critical role. Psychosocial

support services received the least attention. This is the point that has repeatedly been made by both OVC service providers and child rights' activists. The provision of shelter is also negligible.

Figure 8: Number of OVC services organisations by district (Letsema, 2010)



Analysis of the spread of OVC services indicates that most services are found in the Maseru district (see Figure 8). This is perhaps unsurprising, as Maseru, Lesotho's capital city, has the most modern infrastructure in the country. It is also the headquarters of several government ministries and a number of development partners, donors and international FBOs and NGOs. Moreover, Maseru district is the most populous district with 431,998 inhabitants. The more remote districts of Mokhotlong and Qacha's Nek hosted fewer service providers.

The skewed nature of service provision to OVC is not confined to the state-sponsored programmes. NGOs and FBOs also tend to work in easily accessible areas, as

Table 11 illustrates.

Table 11: Distribution of services by organisation, type and location

Organisation/Initiative	Organisation Type	Services	Location
Ministry of Health & Social Welfare	Government	Education material	Maseru, Botha-Bothe, Berea, Mokhotlong, Thaba-Tseka
Child Grants Programme	Government/Donor/UN partnership	Financial assistance	Mefeteng, Maseru, Qacha's Nek
Department of Social Welfare	Government	School uniforms, Bursaries	All Districts
GFCU	Government/International Donor	School uniforms, Bursaries for Forms D & E	All Districts
World Vision Lesotho	INGO	Building classrooms, School uniforms, Bursaries	Berea, Botha-Bothe, Leribe, Mafeteng, Maseru, Mohale's Hoek, Qacha's Nek, Quthing
World Food Programme	UN	School feeding programme and food rations	Highlands
ActionAid	INGO	Capacity building and essential rights advocacy work	Leribe, Maseru, Mokhotlong, Thaba-Tseka
Catholic Relief Services	INGO, FBO	School uniforms, Education supplies, Training of teachers	Mohale's Hoek, Thaba-Tseka

Despite the inconsistencies in service provision, there is a general feeling that certain services are making a significant impact in the lives of OVC. Education and financial assistance were singled out as making a profound impact on OVC's life opportunities.

It is acknowledged that the analysis of OVC services took a rudimentary approach – that is, it reported on the number of beneficiaries or the number of services such as food parcels. It is acknowledged that this is insufficient information by which to determine the quality and impact of services provided. This is a result of the poor M&E and management information systems (MIS) outlined above. Had the researcher had access to M&E studies, it would have been possible to develop more assertive opinions about the quality of services provided. It is hoped that subsequent studies will be able to use this study as a building block to examine OVC services further.

4. Challenges Concerning OVC Services

4.1. Coordination of services

It emerged repeatedly in interviews that while a reasonable legislative framework exists to regulate the provision of services to OVC, and a number of organisations are involved in addressing the challenges facing OVC, problems persist in the area of implementation, particularly coordination. All the respondents mentioned the poor state of coordination of OVC services in Lesotho. There are at least four bodies attempting to coordinate services provided to OVC in the country, namely the National OVC Coordinating Committee (NOCC), the District Child Protection Teams (DCPT), the National AIDS Commission and the Lesotho NGO Coalition.

The NOCC is a committee consisting of key national ministries that provide services to OVC as well as development partners, NGOs and FBOs. The Committee meets quarterly to share information and provide feedback. Since the NOCC has no statutory powers, it is unable to allocate tasks and monitor their implementation. The Department of Social Welfare provides secretariat support. Once again, participation is voluntary. The structure has no legal status; it does not have funds either.

The **National AIDS Commission** is a statutory body responsible for the development and coordination of strategies and programmes for controlling and combating HIV and AIDS in Lesotho. The scope of coordination includes public institutions such as government ministries, parastatals, development partners, NGOs, private sector organisations, as well as CBOs. The NAC came about to replace the ineffective LAPCA. Although the NAC provides broad support to people affected by HIV and AIDS, including children, by coordinating activities of service providers, its role is not strictly confined to OVC.

The NAC has received criticism from certain quarters. It was particularly pointed out that the NAC is not sufficiently effective in fulfilling its mandate. This was in turn attributed to the fact that the NAC does not enjoy the full support of the GoL, despite being a parastatal. Informants pointed out that since AIDS is a political issue, there is strong resistance from the Government to the work done by NAC, especially if their work exposes poor political leadership and management. The slashing of the NAC's funds by an estimated 30% was

cited as an example of the lack of political support enjoyed by NAC. As a result of a lack of funds, there is insufficient staff to enable the NAC to carry out its mandate.

District Child Protection Teams are informal structures based in each district and consist of key government ministries that provide services to OVC, development partners, NGOs, FBOs and CBOs. The main purpose of the structures is to coordinate the provision of OVC services through information sharing. The idea was born out of the realisation that service providers worked in isolation and often duplicated each others' work. It was therefore decided that a body be formed to coordinate these activities. The Teams meet quarterly to share this information. The fact that neither NOCC nor DCPT were formally established and given statutory powers takes away the sense of urgency, both in terms of participating and providing information – whether accurate or not. Attendance at meetings cannot be enforced.

The **Lesotho NGO Coalition** is a membership organisation with 50 affiliated organisations. The main focus of the Coalition is child protection and promotion of the rights of children in Lesotho. The organisation further provides a platform for networking and administers small grants for its members. The Coalition does not provide any funding to other NGOs. In addition, the Coalition provides direct services to children by implementing its own programmes. The organisation has four sub-groups: child protection, disabilities, health, and education. The Coalition receives funding support from UNICEF, the Global Fund and the Regional Psychosocial Support Initiative. Funds are linked to specific projects and deliverables. Funding is solicited through submission of proposals to potential funders, although according to one representative the Coalition is beset by a lack of financial resources and limited staff capacity.

Other initiatives include Letsema and Community Care Coalitions (CCC). Letsema is a network of service providers that work with OVC in Lesotho. In Letsema's own words, the initiative "is committed to fostering co-operation, collaboration and communication between all funders and aid providers in Lesotho through the collection and dissemination of information" (Letsema, 2010). Letsema tries to accomplish its goal through monthly partnership forums, quarterly newsletters and an information sharing website. In addition, it has compiled a database of OVC service providers in Lesotho.

The CCC is a modest initiative started by World Vision Lesotho that brings together various role players in the provision of OVC services at the local level. The initiative began in 2005. CCC comprises of key stakeholders such as DSW (through district offices), MOET, CGPU, MOAFS, NGOs, FBOs and CBOs. The difference between CCC and DCPT is that the former is based at the community level. Very little progress has been made in expanding CCC.

Indeed, poor coordination of OVC services is the theme that dominated our interviews with representatives of major providers of services to OVC. The likely consequence of this lack of coordination is duplication of services.

Lack of an effective statutory structure responsible for coordination of OVC interventions creates a leadership vacuum and a perception that some of the role players, donors and NGOs ignore Government policies and initiatives. These concerns were exemplified by a representative of an international NGO who pointed out:

> Most service providers make their own interventions. There is neither consultation with the Government nor collaboration with other service providers. There is no accountability to the state. Service providers report only to their donors. There is an issue of competition for resources among service providers. There is no oversight mechanism in place. Even we have NOCC, it is not strong enough. It has no say on who does what and where. We need a strong NOCC.

Failure to regulate civil society involvement with vulnerable children could expose them to further potential vulnerability through exploitation of various forms – financially, emotionally or physically. Other SADC member states have set the trend in guarding against this sort of situation. In Namibia, for example, civil society initiatives are coordinated within the Ministry of Gender Equality and Child Welfare. All NGOs/FBOs/CBOs providing services to OVC do so in partnership with the Ministry through its national or regional offices. This practice, while not perfect, has gone a long way in eliminating duplication of services to OVC (Roberts *et al.*, 2009).

Regarding regulation of civil society initiatives, the South African Government provides legislative guidelines through the Non-Profit Act. In addition, a number of policies have been developed to regulate organisations' activities and to provide guidance. These include, amongst others, the White Paper on Social Welfare (1997), Guidelines for Establishing Child Care Forums (2003) and, more recently, the HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011 (2007) and the National Action Plan for OVC (2009-12).

In that a number of respondents mentioned that lack of coordination cuts across civil society and government departments in Lesotho, the GoL, along with other partners, needs to pay special attention to the question of coordination of OVC services.

4.2. Lack of M&E

The lack of effective and coordinated M&E weakens provision of critical services to OVC. Challenges included the lack of up-to-date information about OVC prevalence. No detailed analysis exists of OVC's socio-economic or psychosocial situation. In addition, the lack of effective M&E has led to no tracking of who is providing what services and where. Uncertainty also surrounds who provides financial assistance to initiatives. Furthermore, the lack of adequate M&E has left many in the dark about what proportion of OVC are being serviced and leaves the question unanswered as to what is the quality and impact of the provision. A representative of a local NGO stressed this point in the following words:

> It is difficult to say whether services are sufficient, because there is no reliable statistic. We need to first understand the nature of the problem, and then we can come up with solutions. We could say that the services are not adequate because the services provided are not needs-based. We just provide what we think it is necessary.

The information generated by effective M&E systems is crucial to policy makers. Although the Department for Social Welfare, in partnership with the GFCU, first launched an in-house M&E system in 2008 with training commencing in 2009, the Department has since reported "low capacity at district level" (MOHSW, 2010: 12). Indeed, as an example of this, from a total of 20 OVC stakeholders in Maseru district, the DSW was only able to gather data from one stakeholder (Ibid.). The MOHSW has attempted to formalise M&E systems across all the services providers. This initiative is still at an early stage. It is therefore, difficult to make definite conclusions about its performance. However, if realised, the idea promises to enhance the M&E system and its coordination in Lesotho.

Another aspect to the decision-making process closely linked to M&E is management information systems (MIS). MIS allow individuals and organisations to access timely data on relevant topics through centralised electronic platforms. A common point of access means, too, that data can be easily disseminated, and therefore shared, between key actors in a project or set of programmes (SAHARA, 2010: 4). In fact, it is difficult to separate M&E from MIS, as data gathered through MIS is often subsequently used as standardised information in M&E undertakings (Ibid.).

It is easy to see how well-implemented MIS are integral to high quality, efficient M&E. Indeed, several case studies have been conducted in sub-Saharan Africa attempting to determine how best to manage and operate MIS in different social and economic environments (see Powell, 2006). Of significance is Powell's finding in his review of education MIS (EMIS) in four developing countries that "significant problems are often experienced with the operation of EMIS at all levels of the education system, and in the vast majority of instances systems are unsustainable without a considerable amount of donor support" (Powell, 2006: 1). Such a statement should not be taken to militate absolutely against the implementation of such systems, however. Rather, Powell's evidence further motivates for what this report advocates, which is a more thorough, integrated and less haphazard approach to every aspect of OVC services.

4.3. Lack of information

Related to the problem of poor M&E is the question of poor gathering and sharing of information. Due to poor coordination, no meaningful sharing of information is taking place in Lesotho. This lack of information extends to the grassroots. Interviewees explained that beneficiaries are not sufficiently informed about services due to them. A representative of a parastatal institution pointed out that not everyone is informed about Government services for OVC. She explained:

> Not everyone knows about welfare services. This hampers access. There is not sufficient information about the types of services and the requirements. Some examples are not realistic to Lesotho situation, e.g. birth certificates, marriage certificates, death certificate, etc. Lesotho does not have a good identification system.

The lack of information often has the knock-on effect of the lack of appropriate documentation. One respondent pointed out:

> Lack of documentation also hampers access to services. For example, most people do not have birth certificates in Lesotho. It is rarely a requirement, so people never worry about it. Yet, death certificates are common. This is because death certificates are required for payments of insurances for burials. Even schools do not require birth certificates. They would rather request a baptismal certificate or a letter from the chief.

Representative of CBOs were equally concerned about the reduced access to services due to the lack of relevant documents. A participant from Paballong (Quthing District) pointed out that:

> For children to access schools, the mother may die in a foreign land therefore the authorities want death certificates which may not be present and these children are unable to continue with school because there are no death certificates. This can be problematic because there will be no proof that the person is dead so the care givers cannot go to education to ask for sponsorship for such a child.

Another CBO representative from Sefikeng (Berea District) indicated the extent of the shortage of relevant documents, especially birth certificates, and their impact in accessing services:

> In a case where the mother is not married the problem is that there is no proof that the person is dead and there might not be proof that the child is an orphan in order to get sponsorship. Some parents who have died don't go to the mortuary so there is no proof that the said person is dead.

Nevertheless, it must be pointed out that even though the NOCC is not an effective coordination mechanism, it is a forum where information is shared on a quarterly basis. Letsema's monthly forums in Maseru and bimonthly forums in three other districts are also a platform for sharing information. These efforts need to be sustained, replicated across the country and consistency should be maintained.

4.4. Lack of resources

The lack of resources, such as staff and transport, appears to constrain the provision of services, especially at the DSW. Transport was also highlighted as one of the factors that affect the provision of services. A district-based welfare official explained transport challenges in the following terms:

> Sometimes we do not have sufficient transport. Even though we have four vehicles amongst us, often only one vehicle is operating at a time. The rest would be waiting for maintenance services or other services. We are unable to provide an efficient service under these circumstances.

The increasing demand and shortage of supply of shelter was also pointed out by a representative of an NGO. They argued that the situation is getting worse each day.

Inaccessibility of some areas (due to lack of roads) was also pointed out as one of the main challenges that affect the delivery of services in the country. So, while services exist, they are frequently inaccessible.

One positive factor about OVC services, particularly those provided by the Government, is the fact that children are not discriminated against on the basis of orphan status. A number

of Government officials stressed that their ministries/departments offer services to all needy children irrespective of orphan status. It is a well known fact that there is a concerted effort to address the needs of the most vulnerable children first. For example, some services, like secondary school bursaries, are granted first to double orphans and then single orphans.

4.5. Conclusion

Notwithstanding the role played by civil society in Lesotho in filling the void of providing essential services to OVC, two areas need specific attention. First, CSOs' initiatives need to be properly accounted for. It is apparent that the CSOs play a crucial role in the provision of services to OVC in Lesotho – the bulk of services, apart from education were provided by CSOs. This could be done through effective coordination, and monitoring and evaluation. To achieve this, the GoL needs to develop an effective database to keep track of who provides which services and where. Second, the GoL needs to effectively regulate the activities of civil society. Failure to regulate civil society involvement with vulnerable children could expose them to further potential vulnerability through exploitation of various forms – financially, emotionally or physically.

It is clear that the bulk of services for OVC concerns education and food security. It could therefore be deduced that these services constitute "critical services" for OVC in Lesotho. While the need for psychosocial support is largely neglected and has correctly prompted a chorus of concerns from certain quarters, the extent of the need has not been established. That is, no study has been conducted to establish the extent of emotional vulnerability faced by OVC and the types of intervention needed.

Improved coordination is required. Already various service providers have formed coordinating structures in the form of the National OVC Coordinating Committee and the District Child Protection Teams. These structures need to be given sufficient powers, financial and human resources, as well appropriate training. It was repeatedly pointed out that NOCC in particular does not have statutory powers and is therefore unable to hold partners to account. This state of affairs needs to be addressed.

A very constructive initiative is the sharing network that has been established by Sentebale through Letsema project. Letsema project is a platform for sharing information about OVC

service providers. It has collected details of more than 300 service providers, indicating the type of service provider, the type of services provided, where the service is provided and towards whom the service is targeted. More investment in this initiative is needed. For example, some of the challenges are the fact that the project could not reach everyone for reasons of costs and time, and the information requires constant updating. Funds are desperately needed for this service, as the Project Manager pointed out. Another challenge with Letsema is the ability to attract and retain ideally qualified staff. It has been observed that UNICEF has been supporting Letsema financially since 2008. Therefore, we can say that the challenge is not solely financial resources, but the inability of Sentebale to recruit and keep qualified staff.

The general feeling is that OVC services are insufficient given the extent of the needs and the limited resources available. There is common understanding that services target the most pressing needs. It is simply that there are far too many children who need material assistance than the Government can currently afford. This fact is demonstrated by the strong reliance on CSOs in the provision of basic services to OVC in Lesotho.

5. Conclusion and Recommendations

5.1 Conclusion

Like many countries in sub-Saharan Africa, Lesotho is beset with the twin problems of pervasive poverty and a high prevalence of HIV and AIDS. As a consequence of AIDS-related deaths, Lesotho has one of the highest levels of orphaned children in the region. Many more are vulnerable due to poverty and other causes. At the same time, the state's limited resources have hampered government-sponsored efforts to mitigate potentially negative socio-economic conditions. Consequently, Lesotho is faced with many problems with regard to addressing the challenges confronting OVC.

Analysis of services provided to OVC in Lesotho paint a rather bleak picture for affected children. The problems relate both to the number of OVC reached and the geographical coverage of programmes. With regard to the former point, 1.26 million Basotho live in poverty (56 %), yet only 26,905 OVC receive bursaries from the Government (MOHSW, 2010). A mere 3,183 OVC receive support from the GFCU. It is, therefore, not surprising that few children, let alone OVC, proceed beyond primary school education. However, it has been observed that while the number of secondary school bursaries may not be sufficient, the main problem is attendance and completion rates in primary school. The proportion of children who are eligible to go to secondary schools is limited. This speaks to the quality of education. It has been observed that the lack of qualified teachers is a serious concern across the sub-Saharan African region; Lesotho seems not to be an exception in this case.

General financial assistance for OVC is also insufficient. Through its public assistance programme, the GoL provided support to only 3,260 OVC in 2009. By September 2010, the CGP had also only managed to reach an estimated 4,500 OVC. BOS (2007) noted that over 221,400 children are orphaned in Lesotho. 7,760 (the combined number of OVC reached by the GoL and CGP) is a small fraction of the total number of OVC who may need financial assistance. Caregivers have also repeatedly argued that the amounts paid are not sufficient. Moreover, although the public assistance programme pays M100 per month and the CGP pays M360 per quarter per household, these grants do not take into account the number of OVC in a household.

State involvement in the provision of shelters for orphans has also been found to be negligible. In 2009, the state provided shelters for only 67 OVC. The bulk of shelter support was thus inevitably provided by NGOs and FBOs. Despite this external involvement, however, there remain few shelters. This is perhaps unsurprising considering that institutional care is not popular in Lesotho. Extended family care is more popular and widely supported through various government and CSO programmes. However, short-term places of safety might be required to accommodate children provisionally, especially in cases of abuse.

The concentration of services to the Maseru district has characterised the provision of most OVC services in Lesotho. Therefore, in addition to being inadequate, services tend to be disproportionally concentrated in one or two relatively developed districts in Lesotho.

While promising strides are being made to support OVC materially, there is insufficient focus on psychosocial support for OVC and their caregivers. Very few organisations provide these services. Furthermore, the service does not seem to be properly regulated. It is further noted that there is far less legal provision for the socio-economic rights of children such as those of health and health care, social security, and an adequate standard of living (Budlender & Nhenga-Chakarisa, 2010). Budlender & Nhenga-Chakarisa (2010) point out that the Constitution of Lesotho suggests that such rights are not justiciable. Legislation, in particular, needs to play a greater part in this sector than it does at present.

There is, furthermore, a general feeling that there is insufficient advocacy work for the rights of OVC in Lesotho. Of concern is the finding that even CBO members who have volunteered their time and energy to provide services to OVC had knowledge neither of the constitutional rights of OVC nor other OVC-related laws and policies. This lack of knowledge and subsequent unaccountability is undoubtedly a critical area for future intervention.

The provision of the little OVC services that exist is further hampered by the lack of coordination and resources. For example, the National AIDS Commission, a statutory structure, faces serious financial and staff capacity constraints. Apart from the NAC, a number of initiatives have been launched to improve coordination, such as the NGOC, NOCC, DCPT and CCC. These are partly paralysed, however, by their voluntary nature and inadequate human and financial capital.

The lack of effective M&E has also been highlighted as one of the main weaknesses with regard to OVC services. One of the most pressing challenges includes the lack of updated statistics on OVC. In addition, no detailed analysis of OVC's socio-economic or psychosocial situation has been reported. Indeed, this is precisely why the MOHSW and partners have embarked on a comprehensive situational analysis. Furthermore, the lack of regular and effective M&E has meant that services have not been tracked over the years – no extensive data exists on how many OVC are being serviced, what services are provided, and where they are located. It is also difficult to track the impact of the many interventions underway. Finally, general uncertainty exists with regard to who provides financial assistance to the various initiatives. While this information was collected and collated in a "consolidated work plan" that was required for the Global Fund Round 7, it needs to be updated since it was completed almost two years ago.

5.2 Recommendations

Four critical areas need urgent attention. These include, in order of priority: coordination, M&E, resource flow, and state capacity.

5.2.1 Improve coordination

The lack of coordination creates many problems. Most importantly, poor coordination is likely to contribute to the duplication of services. Fortunately, this need is widely recognised and several efforts are underway to address it. The problem is that the events themselves are not coordinated. The DSW needs to step in and provide leadership. The NAC and NOCC provide ideal vehicles for coordination at the national levels, while District Child Protection Teams and Community Care Coalitions are able to promote coordination at the district and local levels respectively. The challenge is to institutionalise the latter initiatives and provide adequate funding and training.

5.2.2 Improve M&E

The collation of data needs urgent attention. This would be achievable through harmonised M&E. The M&E systems of various service providers should ideally work to complement each other, and the results shared widely. Both the Government and civil society organisations need to continue to invest seriously in M&E systems and the training of staff.

5.2.3 Improve understanding of resource flows

As yet, a comprehensive study has not been undertaken as to precisely how funds for OVC interventions are allocated by NGOs and government bodies. Such research would complement the aim of better coordinating services and would allow M&E systems to access a more transparent policy environment.

5.2.4 Improve Government capacity

It has been repeatedly pointed out that key government departments such as the MOET, MOHSW and MOAFS have neither enough staff nor other resources such as motor vehicles to fulfil their mandates. By first gaining a full understanding of Government resource flows, effectiveness and sustainability could then be tackled in order to improve the state's implementation of OVC policies.

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7. Annexure

Annexure A: Qualitative Interview Guides

Annexure A1: Key Informant Interview Schedule: Government Representatives

About the Department

1. Level of Governance?

National		District	

2. If District, which?

	1
	2
	3
	4
	5

3. Which government department do you represent? ____________________
4. What is your designation? ______________________________
5. How long have you been in this position? ____________________
6. What services does your department provide to OVC?

OVC Policy Framework

7. According to you what is an orphan? What is a vulnerable child?
8. Do you use the same definition for OVC as the NGO?

Probes: what are the differing definitions, why do they differ, associated challenges, recommendations on how to conform to one definition?

9. Please tell us about the Lesotho government's policy framework for providing OVC with access to grants, other benefits and critical services.

   Probes: Knowledge of National OVC Policy, National Action Plan on OVC.

10. What, in your view, are the primary strengths in government's policy to provide OVC with services and benefits?
11. What are the major weaknesses in the OVC policy and its implementation?

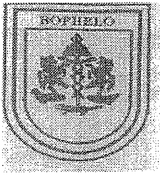
OVC Services

12. What do you think should constitute a minimum package for OVC?

    Probe: are eight essential services for OVC identified in the National Action Plan: health, education, food security, clothing, psychosocial support, shelter, protection, and an integrated training package sufficient?

13. What do you think the Government of Lesotho should provide as a basic minimum service for OVC?
14. Do you think services are accessed by all the OVC in Lesotho? If not, why? How can this be addresses? How can access be improved?
15. We wish to hear your views about how OVC services and benefits are being used and whether they are helping to meet basic needs of OVC and their caregivers.
16. Do OVC benefits and services facilitate access to other benefits and critical services such as education, health and social protection? Why do you say this?
17. What role are non-governmental organizations playing in providing OVC with benefits and services, and linking recipients to other benefits and services?
18. Would you say there are effective collaborations between partners in the provision of OVC services? Please explain your answer.
19. How can government and NGO collaborate?
20. Is there anything else you would like to add on this issue that we have not talked about?

Thank you for your time and participation in this study



Annexure A2: Interview Guide for Development Partners

1. Which Development Partner do you represent? ________________________
2. What is your designation? ____
3. How long have you been in this position? ___________________________________
4. What services does your organisation provide to OVC?

OVC Policy Framework

5. According to you what is an orphan? What is a vulnerable child?
6. Do you use the same definition for OVC as the NGO?

   Probes: what are the differing definitions, why do they differ, associated challenges, recommendations on how to conform to one definition?

7. Please tell us about the Lesotho government's policy framework for providing OVC with access to grants, other benefits and critical services.

   Probes: Knowledge of National OVC Policy, National Action Plan on OVC.

8. What, in your view, are the primary strengths in government's policy to provide OVC with services and benefits?
9. What are the major weaknesses in the OVC policy and its implementation?

OVC Services

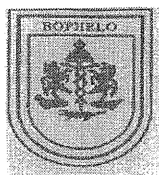
10. What do you think should constitute a minimum package for OVC?

    Probe: are eight essential services for OVC identified in the National Action Plan: health, education, food security, clothing, psychosocial support, shelter, protection, and an integrated training package sufficient?

11. What do you think the Government of Lesotho should provide as a basic minimum service for OVC?
12. Do you think services are accessed by all the OVC in Lesotho? If not, why? How can this be addresses? How can access be improved?

13. We wish to hear your views about how OVC services and benefits are being used and whether they are helping to meet basic needs of OVC and their caregivers.
14. Do OVC benefits and services facilitate access to other benefits and critical services such as education, health and social protection? Why do you say this?
15. What role are non-governmental organizations playing in providing OVC with benefits and services, and linking recipients to other benefits and services?
16. Would you say there are effective collaborations between partners in the provision of OVC services? Please explain your answer.
17. How can government and NGO collaborate?
18. Is there anything else you would like to add on this issue that we have not talked about?

Thank you for your time and participation in this study



Annexure A3: Key Informant Interview Schedule: International and National NGOs

A. About the NGO

1. **Where is the NGO/CBO located?**	
National (Maseru)	1
District	2
Village	3

2. If District or Village? Which district or village? Name the district and/or village.
3. What is the name of your organization? ______________________
4. What is your designation? ______________________
5. How long have you been in this position? ______________________

6. **Who are your primary beneficiaries? That is, who do you provide benefits and services to; children, their caregivers, institutions, e.g., ECD, Schools, etc?**	
Vulnerable households	1
Persons Living with HIV (PLHIV) and other chronic conditions	2
Orphans and Vulnerable children	3
Child Headed Households	4
Older persons	5
People with Disabilities	6
Youth infected and affected by HIV and AIDS and other chronic conditions Families	7
Communities	8

If other, please specify	9

7. **What type of benefits and services do you provide to OVC?**	
Conduct home visits	1
Provision of psycho- social support	2
Establish and run support groups	3
Provide counselling	4
Provision of Material support	5
Establish and run Community Care Centres	6
Establishment of child Care Forums	7
Referrals for appropriate services	8
Provision of treatment support	9
Prevention, awareness and education	10
Capacity building	11
If other, please specify	12

8. What role is your organisation playing in providing OVC with benefits and services, and linking recipients to other benefits and services?
9. Are the services you are providing linking OVC to other critical services?
10. Are the services you are providing facilitating access to other benefits and critical services? Why do you say this?

B. Policy Framework

11. How does your organization define an OVC?
12. Tell us about the Lesotho government's policy framework for providing OVC with access to grants, other benefits and critical services.

    Probes: Knowledge of National OVC Policy, National Action Plan on OVC; Description of services and benefits, as well as eligibility policy and identification of children in need; reporting system (how does information get to service providers?); issues of required documents. What do you

think are the key strengths of the policy? What do you think are the important issues that the policy ignores? Please explain your answer.

13. What, in your view, are the primary strengths in government's policy to provide OVC with services and benefits?

What are the major weaknesses in the OVC policy and its implementation?

C. OVC Services

14. We wish to hear your views about how OVC services and benefits are being used on
15. Are they meeting basic needs of OVC and their caregivers?
16. Which services does the government provide to OVC?
17. Do you think these services address the needs of OVC comprehensively?
18. Would you say there are effective collaborations between partners in the provision of OVC services? Please explain your answer.
19. How can government's OVC services and benefits be improved?

    Probes: Requirements, types of grant and whether to introduce a universal grant for all poor children; amounts/values of grants; links to other benefits and services.

20. How can NGO's OVC services and benefits be improved?

    Probes: Requirements, types of grant and whether to introduce a universal grant for all poor children; amounts/values of grants; links to other benefits and services.

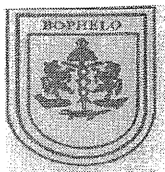
21. What can the NGO/CBOs do to improve collective service delivery?
22. In your opinion what will constitute an appropriate minimum package for OVC?

    Probe: are eight essential services for OVC identified in the National Action Plan: health, education, food security, clothing, psychosocial support, shelter, protection, and an integrated training package sufficient?

23. Is there anything else you would like to add on this issue that we have not talked about?

Thank you for your time and participation in this study

Annexure A4: Focus Group Discussions for CBO/Programme Staff



A. ABOUT THE PROGRAMME

1. Name of the programme:
2. District:
3. Village/town:
4. When was the programme started:
5. Total Staff Complement:
6. What staffing challenges do you encounter

SERVICES OFFERED

7. What types of services are offered?
8. How often are services offered?
9. How many beneficiaries?
10. Who is the target population?
11. What is the quality of services you provide?
12. What impact do you think that your programme is making on those you are serving? That is, what difference has the benefits or services made to you and others in your household?
13. What challenges do you encounter?
14. How can the service you provide be improved?

FUNDS

15. What is your operational budget?
16. Who funds your programmes?
17. What are the key financial challenges that you are faced with?

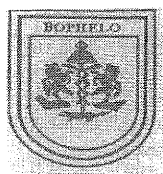
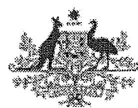
GOVERNMENT SERVICES

18. We want to understand what you know about the Lesotho government's policy to provide support to children in need. Tell us, what do you know about the benefits and service that families in need can claim from government to support their children?

19. Probes: food; school uniforms; school fees; hostel fees; health services; counseling and social work services; what can children receiving the grant claim, compared to children who don't;
20. What do you think about the quality of benefits and services provided by government? Why do you say this?
21. We wish to hear your views on how government OVC services and benefits provision support for children should be improved.
22. Probes: Requirements, types of grant and whether to introduce a universal grant for all poor children; amounts/values of grants; links to other benefits and services.
23. What do you feel about people who are receiving benefits and services from government to support their children? Do people change their behaviour toward families who receive the services? Do people treat the children receiving the benefits and services differently?
24. Is there anything else you would like to add on this issue that we have not talked about?

Thank you for your time and participation in this study

Annexure B: Informed Consent Forms

Annexure B1: Information and Consent Sheet for Government Representatives

Who we are and why we are here

Hello, my name is .... I am from the Government of Lesotho, Ministry of Health and Social Welfare and the Human Sciences Research Council (HSRC) in South Africa. Together, we are undertaking a study focusing on the services provided to orphans and other vulnerable children or OVC in Lesotho. The aim of the study is to gather information that can be used to guide the government in improving programmes and services designed for OVC.

Request for your participation

As part of the study we are requesting your written permission to conduct an interview with you that should last no longer than an hour, to assist us in gathering the information described above. In addition we would be grateful for your permission to tape-record the interview. On the reverse side of this sheet, there is a place for you to sign to give permission for us to conduct the interview and, if you are willing, for us to tape-record it.

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue. You will NOT be prejudiced in ANY way.

Confidentiality

The information you provide us with will be treated confidentially. Any study records that identify you will be kept confidential. We will not be recording your name anywhere in the write up of the

research. However given the nature of the research, the report will reflect the opinions of the various government departments and non-governmental organisations on particular issues. It may, therefore, be possible for you to be linked to particular information in the report through your institutional affiliation. If you do not wish for your organisation to be named please let us know.

Risks/Discomforts

We do not see any risks in your participation. However if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms Limakatso Chisepo, Director, Department of Social Welfare, MOHSW, Tel: +266-22 32 60 13, Fax: +266-22 32 63 71, Email: chisepol@health.gov.ls or Ms Sarah B. Asiimwe, M & E Advisor, Department of Social Welfare, Ministry of Health and Social Welfare. Tel: +266-22 22 60 18, Fax: +266-22 32 60 13, Email: asiimwes@health.gov.ls or the Research Ethics Committee Administrator, Mr. Vusi Skosana, at the HSRC on +27 12 302 2009, Email: vskosana@hsrc.ac.za

CONSENT

I hereby agree to participate in research regarding the provision of services to orphans and other vulnerable children in Lesotho. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue, and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

....

Signature of participant **Date:......................**

I am willing for this interview to be tape-recorded.

....

Signature of participant **Date:.......................**

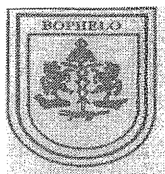
I understand that while my name will not be mentioned in the report, any information or opinions I express might be attributed to me through my institutional affiliation.

I do not give permission for my institutional affiliation to be named

....

Signature of participant **Date:.......................**

Annexure B2: Information and Consent Form for Development Partners' Representatives



Australian Government
AusAID

Who we are and why we are here

Hello, my name is .... I am from the Government of Lesotho, Ministry of Health and Social Welfare and the Human Sciences Research Council (HSRC) in South Africa. Together, we are undertaking a study focusing on the services provided to orphans and other vulnerable children or OVC in Lesotho. The aim of the study is to gather information that can be used to guide the government in improving programmes and services designed for OVC.

Request for your participation

As part of the study we are requesting your written permission to conduct an interview with you that should last no longer than an hour, to assist us in gathering the information described above. In addition we would be grateful for your permission to tape-record the interview. On the reverse side of this sheet, there is a place for you to sign to give permission for us to conduct the interview and, if you are willing, for us to tape-record it.

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue. You will NOT be prejudiced in ANY way.

Confidentiality

The information you provide us with will be treated confidentially. Any study records that identify you will be kept confidential. We will not be recording your name anywhere in the write up of the research. However given the nature of the research, the report will reflect the opinions of the various government departments and non-governmental organisations on particular issues. It may,

therefore, be possible for you to be linked to particular information in the report through your institutional affiliation. If you do not wish for your organisation to be named please let us know.

Risks/Discomforts

We do not see any risks in your participation. However if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms Limakatso Chisepo, Director, Department of Social Welfare, MOHSW, Tel: +266-22 32 60 13, Fax: +266-22 32 63 71, Email: chisepol@health.gov.ls or Ms Sarah B. Asiimwe, M & E Advisor, Department of Social Welfare, Ministry of Health and Social Welfare. Tel: +266-22 22 60 18, Fax: +266-22 32 60 13, Email: asiimwes@health.gov.ls or the Research Ethics Committee Administrator, Mr. Vusi Skosana, at the HSRC on +27 12 302 2009, Email: vskosana@hsrc.ac.za

CONSENT

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I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

....

Signature of participant **Date:**......................

I am willing for this interview to be tape-recorded.

....

Signature of participant **Date:.......................**

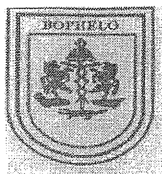
I understand that while my name will not be mentioned in the report, any information or opinions I express might be attributed to me through my institutional affiliation.

I do not give permission for my institutional affiliation to be named ☐

....

Signature of participant **Date:.......................**

Annexure B3: Information and Consent Form for Civil Society Representatives



Australian Government
AusAID

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Request for your participation

As part of the study we are requesting your written permission to conduct an interview with you that should last no longer than an hour, to assist us in gathering the information described above. In addition we would be grateful for your permission to tape-record the interview. Please sign below to give us permission to conduct the interview and, if you are willing, for us to tape-record it.

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue.

Confidentiality

The information you provide us with will be treated confidentially. Any study records that identify you will be kept confidential. We will not be recording your name anywhere in the write up of the research. However given the nature of the research, the report will reflect the opinions of the various government departments and non-governmental organisations on particular issues. It may, therefore, be possible for you to be linked to particular information in the report through your institutional affiliation. If you do not wish for your organisation to be named please let us know.

Risks/Discomforts

We do not see any risks in your participation. However if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms. Limakatso Chisepo, Director, Department of Social Welfare, MOHSW, Tel: +266-22 32 60 13, Fax: +266-22 32 63 71, Email: chisepol@health.gov.ls or Ms. Sarah B. Asiimwe, M & E Advisor, Department of Social Welfare, Ministry of Health and Social Welfare. Tel: +266-22 22 60 18, Fax: +266-22 32 60 13, Email: asiimwes@health.gov.ls or the Research Ethics Committee Administrator, Mr. Vusi Skosana, at the HSRC on +27 12 302 2009, Email: vskosana@hsrc.ac.za

CONSENT

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I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

....

Signature of participant **Date:** ....

I am willing for this interview to be tape-recorded.

....

Signature of participant **Date:** ....

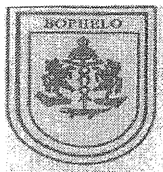
I understand that while my name will not be mentioned in the report, any information or opinions I express might be attributed to me through my institutional affiliation.

I do not give permission for my institutional affiliation to be named ☐

…………………………….

Signature of participant **Date:**…………………..

Annexure B4: Information and Consent Form for Representatives of CBO/Programme Staff



Who we are and why we are here

Hello, my name is .... I am from the Government of Lesotho, the Ministry of Health and Social Welfare and the Human Sciences Research Council (HSRC) in South Africa. Together, we are undertaking a study that analyses services provided to orphans and other vulnerable children or OVC in Lesotho. The aim of the study is to gather information that can be used to guide the government in improving programmes and services designed for OVC.

Request for your participation

As part of the study we would like to invite you to be part of a focus-group discussion to find out your opinions and experiences with services provided to OVC in Lesotho. Please understand that your participation is voluntary. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way. If you agree to participate, you will be asked for your name (or signature) on the reverse side of this sheet, to indicate consent.

Risks/Discomforts

Some questions may be of a personal nature. We may also ask some questions that you may not have thought about before, and which also involve thinking about the past or the future. If we ask you a question which makes you feel upset or uncomfortable in any way, you may stop us at any time and we can stop and talk about it a little. You may also tell us if you do not want to go on with the discussion. If you do this, there will also be no penalties and you will NOT be prejudiced in ANY way.

Confidentiality

The information you provide us with will be treated confidentially. Any study records that identify you will be kept confidential. We will not be recording your name anywhere in the write up of the research. However given the nature of the research, the report will reflect the opinions of the

various government departments and non-governmental organisations on particular issues. It may, therefore, be possible for you to be linked to particular information in the report through your institutional affiliation. Please tell us if you do not want your institution named.

If you have any concerns

If you feel that you have any concerns regarding the way the group discussion was conducted, or any other concerns regarding your participating in this study, please contact Ms. Limakatso Chisepo, Director, Department of Social Welfare, MOHSW, Tel: +266-22 32 60 13, Fax: +266-22 32 63 71, Email: chisepol@health.gov.ls or Ms. Sarah B. Asiimwe, M & E Advisor, Department of Social Welfare, Ministry of Health and Social Welfare. Tel: +266-22 22 60 18, Fax: +266-22 32 60 13, Email: asiimwes@health.gov.ls or the Research Ethics Committee Administrator, Mr. Vusi Skosana, at the HSRC on +27 12 302 2009, Email: vskosana@hsrc.ac.za

CONSENT

I hereby agree to participate in research regarding the provision of services to orphans and other vulnerable children in Lesotho. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participation in this group talk at any point should I not want to continue, and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this group talk.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

………………………………

Signature of participant **Date:** …………………

I am willing for this group discussion to be tape-recorded.

………………………………

Signature of participant **Date:** …………………

Annexure C: Profile of OVC Service Providers

Section A: OVC services providers by district

ID	Name of the programme	Registration status	Registered	District	Village/town	Contact person
1	Touch Roots Africa	1	2006	Maseru	Maseru	Mawinie Kanetsi
2	HOPE Initiative	1	2003	Maseru	All but Qacha	Moluoane Ramakhula
3	AFM-Social Development	1	2006	Maseru, Botha Bothe, Leribe		Moetsooa Qhobela
4	Young Matsekha Against AIDS	1	2005	Berea	Mapoteng	Selebalo Monye
5	Bana Pele Youth and Community Resource Centre	1	2006	Maseru	Roma	Seele lephoto
6	Bana Project	1	2005	Maseru	Ha Masana	Tsikane Pheko
7	Baylor	1	2005	Maseru	Lithabaneng	Dr Edith Mohapi
8	Bible Society of Lesotho	1	1991	Maseru		Thabo Makhutosane
9	Seotlaoneng Society	1	2010	Maseru	Ha Tsosane	Mantsali Thandi Ramonyatsi
10	Boiteko Women's Soceity	1	1960	Maseru	All districts	Malira Lemphane
11	Caritas Lesotho	1	1970	Maseru	Maseru	Tsietso Mpeqa
12	Catholic Commission for Justice and Peace	1	1972	Maseru	Lebakeng, Bobete, Hloahloeng	Booi Mohapi
13	Cross Roads Lesotho	1	2003	Maseru	Maseru	Ramahooana Matlosa
14	Action AID Lesotho	1	2006	Maseru	Maseru West	Seabata Motsamai
15	African Pioneer Corps	1	1990	Maseru	Mazenod	Lesoti Hlompho
16	Ha Paki Group	1	2006	Maseru	Mazenod	John Motlojoa
17	Ebenezer Humanitarian Aid and Development	1	2006	Maseru	Maseru	Mats'eliso Mokete
18	Centre for the Poor and Less Previledged	1	2000	Maseru	Khubetsoana	Masechaba Mohloki
19	BBCDC	1	1994	Quthing	Mount Moorosi	Ivan Yaholntsky
20	Action Group in Sports Association	1	2007	Maseru		Tseliso Khomari
21	Adolescent Health	1		Bothabothe		Dr Oyebonji

	Corner Botha Bothe					Bola
22	AU National Baptist Church	1	1927	Leribe and Botha Bothe		David Math
23	Ha re pheleng Support Group	2	2006	Maseru	Police Headquaters	Nthabiseng Khechane
24	Esters Internatinal Movement	1	2005	Berea	Lecorp	Likeleli Mphahama
25	Likoankoetla Men and HIV and AIDS Association	2	2007	Berea	council 10	Thabang Motsona
26	Let the Orphans Learn Society	1	2008	Maseru	Ha Pita	Rethabile Ntsihlele Naphthal
27	Calvany Hope of the Nations	1	2000	Berea	Ha Ntjabane and Ha Ramonaheng	
28	Anglican Church of Lesotho	1	1837	Berea and Maseru	TY, Qoaling and Matsieng	Mabothobile Shebe
29	Adolescent Health Corner TY	2	2007	Berea	TY, Qoaling and Matsieng	Mme Polaki
30	Adventist Development and Relief Agency	1	1982	Maseru	Maseru	Mokhothu Makhalanyan e
31	The African Holy Church and Christ	1	1962	Mafeteng	Sekants'ing	Geneva Mahase
32	OAKS Lesotho	2	2008	Maseru	Maseru	Nthethe Mafisa
33	Good Shepered Centre for Teenage Mothers	1	1995	Maseru	Maseru	Pius Phate
34	Machobane Agricultural Development Foundation	1	1992	Maseru		Stephen Lepoqo Ralitsoele
35	Mabote Support Group	1	2006	Maseru	Ha Mabote	Masepone Lebakeng
36	Lesotho Red Cross	1	2002	Maseru	National	Lithapelo Khutlenyane
37	Ke Tsepile Primary and Pre School	1	1988	Leribe and Botha Bothe	Maputsoe Ha Chonopase	Mm Grace
38	Fill The Gap	1	1994	Thaba Tseka	Mants'onyane	Lehlohonolo Maema
39	Centre of Prosperity and autonomy Lesotho	1	2007	Leribe and Berea	Peka	Thabo Molapo
40	Holy Trinity High School	1	1960	Quthing	Quthing	Ernest Phelane
41	Mahobong Youth Development Association	1	2008	Leribe,	Mahobong	Teboho Phalo
42	Ipopeng Paballong Farmers Association	1	2006	Butha Buthe	Likileng	Daniel Khorong
43	Catholic Relief Services	1	2003	Maseru,Mohale's hoek, Thaba Tseka.		Palesa Malebo
44	Lesotho Pre-School & Day Care Association	1	1985	Maseru & Leribe		M'athlalefo Rapopo
45	Lesotho Young	1	1994	Maseru		M'athabang

	Women's Christian Association					Nkhets'e
46	M'alibuseng Children Home	1	2002	maseru	Maseru East	M'amoliehi Khiba
47	Ministry of insured Salvation	1	1984	Maseru	Mohalitoe	Mavis Mochochoko
48	Mophato oa morija	1	1956	Maseru	Morija	Teboho Mabeya
49	Matelile-Tajane Community Coalition	1	1995	Mafeteng	Matelile & Tajane	M'atebello Motsamai
50	Office of the First Lady	1	2001	Maseru		M'apeo Matlanyane
51	Maseru Children Village	1	1961	Maseru	Maseru	Lawrence Masupha
52	Mopeli Community Care Cooalition	1	2007	Butha Buthe		Mochaki Simelane
53	Motimposo Women's Movement	2	2007	Maseru	Motimposo	Seitebatso Mariti
54	Sentebale	1	2006	Maseru	Maseru West	Harper Brown
55	Mants'ase Children's Home	1	1979	Mohales Hoek	Qhalasi	Peter
56	SOS Children's Viilage	1	1994	Maseru	Maseru West	Robert Ts'euoa
57	Tloutle OVC HIV& AIDS Care	1	2005	Maseru	Roma	M'abasiane Mochesane
58	Touching Tiny Lives	1	2004	Mokhotlong		Nthabeleng Lephato
59	Mustard Seed Society	1	2009	Maseru		Benno Faith
60	Phuthanang Support Group	1	2000	Maseru		Violet Lefu
61	Qalo Community Care Coalition	2	2007	Butha Buthe		M'alentsoe Molibeli

Section B: OVC services providers by service profile

ID	Name of the programme	Types of services (Name at least 5)					How often							Number of beneficiaries		Age category	Major assets					Basic/infrastructural services			
		Code	Code	Code	Code	Code								Males	Females										
1	Touch Roots Africa	2	4	7	10	18	4									14 - 17	1	2	3	4	5	1	2	3	4
2	HOPE Initiative	1	2	5	8	20	1							8532	9595	below 18	1	2	3	4	5	1	2	3	
3	AFM-Social Development	1	4	11	13	19	4							530	670	0-18 yrs	1	2	3	4		2	3	4	
4	Young Matsekha Against AIDS	3	6	10	12	16	1							107	193	5- 25 yrs	2					1	2		
5	Bana Pele Youth and Community Resource Centre	12	14	17			4							275	305	0-19 yrs	1	2				1	2	3	
6	Bana Project	6	13	21			3									no specific	1	2	3	4	5			3	
7	Baylor	4	8	9	10		1									no specific	1	2	3	4		1	2	3	4
8	Bible Society of Lesotho	21					4									school orphans	1	2	3			1	2		
9	Seotlaoneng Society	8	10	13	21		2									3-19 yrs	1	2				1	2	3	
10	Boiteko Women's Soceity	5	9	12	13	17	3									4-21 yrs	1	2	3			1	2	3	
11	Caritas Lesotho	13	6	10	12	16	4							6000 OVC'S			1	2	3	4		1	2	3	

12	Catholic Commission for Justice and Peace	7	11	17			3								many proojects need time & warning to prepare		1	2	3	4	5	1	2	3	
13	Cross Roads Lesotho	1	2	3	10	17	3										1	2	3	4	5	1	2	3	4
14	Action AID Lesotho	10	11	12	21		1										1	2	3	4	5	1	2	3	4
15	African Pioneer Corps	2					4																		
16	Ha Paki Group	5	13				3										1	2	3						
17	Ebenezer Humanitarian Aid and Development	5	11	12	13	17	5							call in Feb for stats			1	2				1	2	3	
18	Centre for the Poor and Less Previledged	1	2	4	5		1	4						32			1	2	3	4		1	2	3	
19	BBCDC	19																							
20	Action Group in Sports Association	10																							
21	Adolescent Health Corner Botha Bothe	10					1							Youth in BB		Teenagers & Older	1	2	3			1	2	3	
22	AU National Baptist Church	4	7	11	12	17	4											2		4	5				
23	Ha re pheleng Support Group	8	17	18			1										1	2	3	4		1	2	3	
24	Esters Internatinal Movement	18	3	4	17	11									50		1	2	3		5	1	2		

25	Likoankoetla Men and HIV and AIDS Association	12	17	18			3																		
26	Let the Orphans Learn Society	5	10	11	12													2							
27	Calvany Hope of the Nations	4	11	12			1										2	3	4			1	3		
28	Anglican Church of Lesotho	2	3	4	10	18	3							25 people			1	2	3			1	2	3	
29	Adolescent Health Corner TY	3	4	6	8	10											1	2	3	4		1	2	3	
30	Adventist Development and Relief Agency						2																		
31	The African Holy Church and Christ	12	4	14	17																				
32	OAKS Lesotho	12	13	17			5									Orphans	2	3				1	2	3	
33	Good Shepered Centre for Teenage Mothers	2	4	5	8	11	1							28 mothers	80 pre scholars	Teenage mothers & Children	2	4	5			1	2	3	
34	Machobane Agricultural Development Foundation	12	13	17													1	2	3	4	5	1	2	3	4
35	Mabote Support Group	5					4																		
36	Lesotho Red Cross	2	5	8	17	13	1	5						20250 people			1	2	3	4	5	1	2	3	4

37	Ke Tsepile Primary and Pre School	1	2	4	10	11	1									2 -15 yrs	4					1	2	3	
38	Fill The Gap	1	4	5	11	12	2							8 families		3-25 yrs	4					2			
39	Centre of Prosperity and autonomy Lesotho	11	12	13	14	17	4	1						140 children		2-18yrs	4					1	2	3	
40	Holy Trinity High School	1	5	10	11	12	1							79 students		14-21 yrs	1	2	3			1	2	3	
41	Mahobong Youth Development Association	none presently												none		5-24 yrs					2	1			2
42	Ipopeng Paballong Farmers Association	10	12	13			4							109		3-21yrs	2					2	4		
43	Catholic Relief Services	4	9	10	11	17	3							4560	3450	5-20 yrs	1	2	3	4		1	2	3	
44	Lesotho Pre-School & Day Care Association	2	4	10	11		1	7						127		3-6 yrs	1	2	3	4		1	2	3	
45	Lesotho Young Women's Christian Association	5	12	13			1							112		11-18 yrs	1	2	3	4		1	2	3	
46	M'alibuseng Children Home	2	4	8	9	10	1							21		7-17 yrs	3					1	2	3	
47	Ministry of insured Salvation	4	10	11	13	14	1							90	110	2-21 yrs	1	2	3			1	2	3	
48	Mophato oa morija	4	10	12	13	14	1	3						89	130	10-25 yrs	1	2	3			1	2	3	

49	Matelile-Tajane Community Coalition	1	2	4	10	17	5							63	25	5-21 yrs	2	4				2	3		
50	Office of the First Lady	1	4	6	16	17	1							12450	10567	3-19 yrs	1	2	3	4	5	1	2	3	
51	Maseru Children Village	1	2	3	10	13	1							22	26	2-19 yrs	1	2	3			1	2	3	
52	Mopeli Community Care Cooalition	1	2	5	13	17	1							40	48	5-21 yrs	2	4				1	2	3	
53	Motimposo Women's Movement	1	4	10	11	12	1							no records		4-20 yrs	4					2	3		
54	Sentebale	4	10	11	14		1							4000	6790	3-19 yrs	1	2	3			1	2	3	
55	Mants'ase Children's Home	1	4	5	7	11	1							19	34	8-18 yrs	1	2	3			1	2	3	
56	SOS Children's Village	2	3	5	11	17	1							100	102	0-20 yrs	1	2	3	4		1	2	3	
57	Tloutle OVC HIV& AIDS Care	3	4	10	12	17	4							32	55	8-18 yrs	2	4				1	3		
58	Touching Tiny Lives	4	5	8	10	18	4							5	10	0-5 yrs	1	2	3			1	2	3	
59	Mustard Seed Society	2	4	6	10	13	3							0	340	5-21 yrs	1	2	3			1	2	3	
60	Phuthanang Support Group	10	4	1	3	18	1							55	65	7-21 yrs	2	3				1	3		
61	Qalo Community Care Coalition	11	4	6	5	9	3							200	155	1-18 yrs	4					1	2	3	

Section C: OVC services providers by contact details

ID	Name of the programme	Contact person	Position in the organisation	Postal address	Telephone	Alternative Tell	Cell	Alternative cell	Email	Fax
1	Touch Roots Africa	Mawinie Kanetsi	Excecutive Director	P.O. Box 4598 Maseru	2662231133 9		2665885 8849	2665885885 1	tra@touchrootsafric a.com	26622311 115
2	HOPE Initiative	Moluoan e Ramakhu la	Health and HIV/AIDS Manager	P.O. Box 8256 Maseru; 100	2662231737 1		266 5884867 1	2666284867 1	moluoane-ramakhula@WVI.or g	
3	AFM-Social Development	Moetsoo a Qhobela	Project Manager	P.O. Box 1365; Maseru 100	266 22326480		266 5891660 5	2665900936 7	afmsdd@gmail.com	
4	Young Matsekha Against AIDS	Selebalo Monye	Coordinator	P.O.Box 175, Mapoten g			2665941 0706		www.yahoo.domail. com	
5	Bana Pele Youth and Community Resource Centre	Seele lephoto	Coordinator	P.O. Box 278; Roma 180	2662234004 4		2665804 5825	2665913167 9		
6	Bana Project	Tsikane Pheko	Founder				2665853 6670	2666308958 2		
7	Baylor	Dr Edith Mohapi		Private Bag A 191 Maseru	22222700		2666207 3052		mohapi@bcm.tmc.e du	
8	Bible Society of Lesotho	Thabo Makhuto sane			22323971	22323971				

9	Seotlaoneng Society	Mantsali Thandi Ramonya tsi	Founder	P.O. Box 0378 Maseru West 105	2662233115 2		2666307 1796		ramonyatsimantsali @yahoo.com	26622331 152
10	Boiteko Women's Society	Malira Lemphan e	President	Private Bag A 142; Maseru			2666310 1926	2666203433 0		
11	Caritas Lesotho	Tsietso Mpeqa	Excecutive Director	P.O. Box 200 Maseu;	2662231328 4		2666286 9080	2666310116 1	tjmpeqa@caritas.or g.ls	
12	Catholic Commission for Justice and Peace	Booi Mohapi	Director	P.O. Box 206	22324263		2666212 1212	58916388	mnkune@ccjp.org.ls	
13	Cross Roads Lesotho	Ramahoo ana Matlosa	National Coordiantor	P.O. Box 12748	22313387		2666304 9484	2665870426 1	mmatlosa@hotmail. com	26622313 387
14	Action AID Lesotho	Seabata Motsama i	Country Program Manager	P.O. Box 247; Maseru 100	2662131161 3		2665887 0457	2665887045 7	sechaba.makhomele li@actionaid.org	
15	African Pioneer Corps	Lesoti Hlompho	President	P.O. Box 160 Mazenod Lesotho	2662232418 8					
16	Ha Paki Group	John Motlojoa	Vice Chairperson	P.O. Box 49 Mazenod 160	266 22350638		2665885 8147	2665898759 7		
17	Ebenezer Humanitarian Aid and Development	Mats'elis o Mokete	Chairperson	P.O. Box 11579	58857216		2665857 218	2666308608 3	matseliso-meketa@yahoo.co.u k	
18	Centre for the Poor and Less	Masecha ba	Coordinator	P.O. Box 1084	2662233087 8		2665847 8043	2666323232 3	vulnerablechildren@ yahoo.com	

	Previledged	Mohloki		Maseru						
19	BBCDC	Ivan Yaholnts ky	Director and Principal	P.O. Box 53 Mount Moorosi			2665874 2991		bbcdc@ilesotho.co m	
20	Action Group in Sports Association	Tseliso Khomari	President	Private Bag A15 Maseru	2662231570 3	22315703	2665886 3346		mphaqane@tlmail.c o.ls	
21	Adolescent Health Corner Botha Bothe	Dr Oyebonji Bola	District Medial Officer	P.O. Box 32, Botha Bothe 400	224600210					
22	AU National Baptist Church	David Math	Secretary	P.O. Box 153 Leribe			2665955 2355			
23	Ha re pheleng Support Group	Nthabise ng Khechan e	Chairperson	P.O. Box 13 Maseru	266 22310215		266 5807088 6			
24	Esters Internatinal Movement	Likeleli Mphaha ma	PRO	Qeen Elizabeth II P.O. Box 9063, Maseru, 100				2665854963 9	Facebook:Likeleli Mphahama/Esters International Movement	
25	Likoankoetla Men and HIV and AIDS Association	Thabang Motsona	Chairperson	P.O. Box 175, Bera 200			2665901 5139		stjosephhospital@le o.co.is	
26	Let the Orphans Learn Society	Rethabile Ntsihlele Naphthal	Director	P.O. Box 93 Quthing 700			266 6269696 3			

27	Calvany Hope of the Nations		pastor	P.O. Box 185 Teyateyaneng			22500382	63020203		
28	Anglican Church of Lesotho	Mabothobile Shebe	HIV and AIDS Coordinator	P.O. Box 87 Maseru 100	266 22315093	22311974	266 58089048	266 58868308	mabothobile-shebe@yahoo.co.uk	266 22310161
29	Adolescent Health Corner TY	Mme Polaki	Nurse Assistant	P.O. Box 4 Teyateyanebg,200	266 22500272					
30	Adventist Development and Relief Agency	Mokhothu Makhalanyane	Director	P.O.Box 714, Maseru 100	266 22321441	58882982	58099536			
31	The African Holy Church and Christ	Geneva Mahase	Arch Bishop	P.O.Box 1338, Mafeteng	58696984					
32	OAKS Lesotho	Nthethe Mafisa	Coordinator	P.O.Box 10841, Maseru 100		59093906			shelly8899@centurytel.net	
33	Good Shepered Centre for Teenage Mothers	Pius Phate	Director	P.O.Box 15735, Maseru 100		63074527	58859271	22310195	goodshepherdcentrels@ymail.com	
34	Machobane Agricultural Development Foundation	Stephen Lepoqo Ralitsoele	Director	Private Bag A 139 Maseru		266 22321315		26659454368		26622312904
35	Mabote Support Group	Masepone Lebakeng	Chairperson	P.O. Box 898 Maseru	266 22313911	266 22335252	266 59424808			

				100						
36	Lesotho Red Cross	Lithapelo Khutlenyane	National OVC Programme Officer	23 Mabille Road, Private Bag A205, Maseru 100			266 58098848		redcross@redcross.org.ls or lithapelo@redcross.org.ls	
37	Ke Tsepile Primary and Pre School	Mm Grace	Principal	P.O. Box 61 Maputsoe		26627028178	835097361	846170121		
38	Fill The Gap	Lehlohonolo Maema	Pastor	P.O. Box 137, Mantsonyane, Ha Toka 150	340, Lesotho	58183390	59020158			
39	Centre of Prosperity and autonomy Lesotho	Thabo Molapo	Chairperson	P.O.Box 57, Peka 340, esotho		22430069	63017896	58593655	thabo.molapo@yahoo.com	
40	Holy Trinity High School	Ernest Phelane	Head Teacher	P.O.Box 397, Quthing, Lesotho		22750488	58411530		phelan222@yahoo.co.uk	
41	Mahobong Youth Development Association	Teboho Phalo	Secretary	P.O.Box 151, Leribe 300.		58424629	58008800		tsewiwits@yahoo.com	
42	Ipopeng Paballong Farmers Association	Daniel Khorong	Chairperson	P.O.Box 343, Butha Buthe 400, Lesotho.		58716139	63185809			

43	Catholic Relief Services	Palesa Malebo	Country Representative	P.O.Box 11471,Maseru, 100.	eribe 300.	22312750			pmalebo@ls.saro.crs.org	
44	Lesotho Pre-School & Day Care Association	M'athlalefo Rapopo	Chairperson	Private Bag C 44, Leribe300		22400382	58048737	58496011		
45	Lesotho Young Women's Christian Association	M'athabang Nkhets'e	President	P.O.Box 4543,Maseru,104	Maseru	22321027	58962641	58636832	lesothowca@yahoo.co.uk	
46	M'alibuseng Children Home	M'amolie hi Khiba	General Manager	Private Bag A 814		22313184	58708989			
47	Ministry of insured Salvation	Mavis Mochochoko	Director	P.O.Box 1323, Maseru, Lesotho		22312743	58081055		mavishelppoor@gmail.com	
48	Mophato oa morija	Teboho Mabeya	Director	P.O.Box 6, Morija 190, Lesotho		22360219	22360010	63006374		
49	Matelile-Tajane Community Coalition	M'atebello Motsamai	Manager	P.O.Box 150, Makhakhu		58515113				
50	Office of the First Lady	M'apeo Matlanyane	Assistant Administration	P.O.Box 827, Maseru		22326793 ext 204			reiny@alfa.org.ls	
51	Maseru Children Village	Lawrence Masupha	Social Workker	P.O.Box 131, Maseru, Lesothoo		22322543	63006107	58709001	masuphak@tlmail.co.ls	
52	Mopeli Community	Mochaki Simelane	Chairperson	P.O.Box 127,		63068881	58947928			

	Care Cooalition			Butha Buthe 400						
53	Motimposo Women's Movement	Seitebatso Mariti	Chairperson	P.O.Box 14251, Maseru 100	eru Lesotho	58079711			seitemanti@yahoo.com	
54	Sentebale	Harper Brown	Director	P.O.Box 644, Maseru 100, Lesootho		22324673	62859657	22323674	info@sentebale.org	
55	Mants'ase Children's Home	Peter	Assistant Manager	P.O.Box 4, Mohale's Hoek 800		58676289			mants'asechildrenhome@yahoo.com	
56	SOS Children's Viilage	Robert Ts'euoa	Director	P.O.BOX 1180, Maseru		22316265	58056966		rbtseuoa@yahoo.com	
57	Tloutle OVC HIV& AIDS Care	M'abasiane Mochesane	Coordinator	P.O.Box 180, Roma180		22340206	63086824	58020741		
58	Touching Tiny Lives	Nthabeleng Lephato	Managing Director	P.O.Box 72, Mokhotlong 500		22920454	59115648	59557268		
59	Mustard Seed Society	Benno Faith	Director	P.O.Box 174, Maseru		58146345			mustardseed.lesotho@gmail.com	
60	Phuthanang Support Group	Violet Lefu	Chairperson	P.O. Box 2099, Maseru 100		58940716				
61	Qalo Community	M'alentsoe	Chairperson	P.O Box 412,		58961231	58817714			

	Care Coalition	Molibeli		Butha Buthe 400						

Section D: OVC services providers by organisation profile

ID	Name of the programme	Start Date	Total Staff			Gender		Who funds you	Other key partners	Other NGO/CBOs that you know
			Full-Time	Part-Time	Volunteers	Males	Females			
1	Touch Roots africa	2006	11	1	0	4	7	5	REPSSI and NGOC	World Vision, Red Cross, Phopholetsa Support Group, Tsosane Support Group
2	HOPE Initiative	2003	10	1	0	5	5	WV support office		CARE Lesotho and CRS
3	AFM-Social Development	2006	20	0	2	10	10	3 and 4	LIRAC, Dorcas Aid, Habitat for Humanity	LIRAC,Dorcas Aid, Samaritan's Purse
4	Young Matsekha Against AIDS		0	0	9	9	1	1	ADRA	
5	Bana Pele Youth and Community Resource Centre	2006	6	0	0	3	3	U.W.G	Global Fund	Ministry of Youth

6	Bana Project		0	0	8	6	2			
7	Baylor	2005	42	0	12			5		
8	Bible Society of Lesotho	1991	0	0	4	2	2			
9	Seotlaoneng Society	2010	0	12	0	7	5	2	NGOC	
10	Boiteko Women's Soceity	1960	0	0	30	0	30	ACWW, Swedis h Aid	ACWW	
11	Caritas Lesotho	1970	42	0	150			2 & 3	CRS, DFID, NAC	LCN,CARE,PACT,World Vision
12	Catholic Commission for Justice and Peace	1972	24	0	0			5	Action Aid, Caritas, UNICEF	Irish Aid,NAC
13	Cross Roads Lesotho	2003	5	0	23	4	1	5		
14	Action AID Lesotho	2006	16	0	9	8	8	3	LENEPWA, NAC, LCN	
15	African Pioneer Corps	1990	2	0	27	1	1			
16	Ha Paki Group	2006	0	0	10	3	7	2 and 3		
17	Ebenezer Humanitarian Aid and Development	2006	0	0	25	0	25	2 and 4	LIRAC, AFM Social evelopment	

18	Centre for the Poor and Less Previledged	2000	0	9	0	0	9	5	NGOC, LIRAC, Letsema	Help Lesotho, Peace and Justice
19	BBCDC	1993	10	0	0	11	17			
20	Action Group in Sports Association	2007	0	4	0	1	3			
21	Adolescent Health Corner Botha Bothe		assigned Nurses			2	4	1	Other adolescents coners	
22	AU National Baptist Church	1927	0	0	12	7	5			
23	Ha re pheleng Support Group	2006	8	2	6	3	4	1	NAC	LENEPWA
24	Esters Internatinal Movement	2005	0	0	30	2	10	4 plus friends abd family	Less AIDS Lesotho-NY-America	
25	Likoankoetla Men and HIV and AIDS Association	2007	11	0	0				Ex miners from South Africa	
26	Let the Orphans Learn Society	2008	2	0	0				Office of the First Lady, MASERU Cash and Carry	
27	Calvany Hope of the Nations	2000	5	4	1	13				

28	Anglican Church of Lesotho	1837	2		2	3	11			
29	Adolescent Health Corner TY	2007	Nurse assistant							
30	Adventist Development and Relief Agency	1982	20	0	30					
31	The African Holy Church and Christ	1962	0	0	10	7	3			
32	OAKS Lesotho	2008	1	0	4	3	2			
33	Good Shepered Centre for Teenage Mothers		8	0	3	5	6		NGOC, CGPU, DSW	IECCC
34	Machobane Agricultural Development Foundation	1992	5	3	2	2	11	3 and 4		
35	Mabote Support Group	2006	0	0	30		30	3		
36	Lesotho Red Cross	2002	9		339	4	5	5	UNICEF	TRA, WV, LSC, CARE International

37	Ke Tsepile Primary and Pre School	1988	5			1	4	6 - next of kin ()		NUL and LIRAC
38	Fill The Gap	1994	5	0	0	2	3			
39	Centre of Prosperity and autonomy Lesotho	2007	0	0	14	6	8		Red Cross, Baahai Faith, UNICEF	First Lady Office
40	Holy Trinity High School	1960	20	0	0	8	12		Lesotho Youth Federation	
41	Mahobong Youth Development Association	2008	0	0	20	10	10	2		Thakaneng Resource Centre
42	Ipopeng Paballong Farmers Association	2006	0	0	11	5	6	2 & 4	Ha re Thusaneng, Basotho Poultry Farms, Flying Birds	
43	Catholic Relief Services	2003	29	0	3	16	16	1,2 & 3	Touch Roots Africa, Clinton Foundation, Habitat for Humanity	Catholic Commission for Justice, Caritas Lesotho
44	Lesotho Pre-School & Day Care Association	1985	2	0	11	3	10	2	Women in Law, LCN, UNICEF	LNCW, MOHSW
45	Lesotho Young Women's Christian	1994	0	0	5	0	5	5	UNDP, Firelight foundation	LIRAC, LCN

	Association									
46	M'alibuseng Children Home	2002	4	0	1	2	3	1,2 &3	Sentebale,Habitat of Humanity	
47	Ministry of insured Salvation	1984	15	0	7	8	12	5	Beautiful Gate, Soul Winning Ministry	Lesotho Save the Children
48	Mophato oa morija	1956	12	0	0	8	4	2 & 3	World Bank, LEC	
49	Matelile-Tajane Community Coalition	1995	10	5	0	7	8	2 & 3	LCN, GEF & Firelight foundation	
50	Office of the First Lady	2001	10		40	20	30	5	LPPA, LCCU, WLSA	Lesotho Save the Children
51	Maseru Children Village	1961	40	10	5	20	35	1, 2,& 3	NGOC	Touch Roots Africa
52	Mopeli Community Care Cooalition	2007	0	50	0	20	30	2	Red Cross, World Vision	UNICEF
53	Motimposo Women's Movement	2007	0	0	12	5	7	1,2 & 3	Lesotho Youth Federation	Monna ka Khomo, Apesa oa Heno
54	Sentebale	2006	14	0	20	18	16	5	UNICEF,MOHSW,MOE T	M'ants'ase Children Home, Help Lesotho

55	Mants'ase Children's Home		12	0	0	4	8	1,2 & 3	Sentebale, UNICEF, World Vision	
56	SOS Children's Viilage	1994	66	0	0	26	40	5	Kick 4 Life, Habitat for Humanity	
57	Tloutle OVC HIV& AIDS Care	2005	0	0	10	2	8	3	NUL	
58	Touching Tiny Lives	2004	38	0	1	19	20	1,2 & 3		
59	Mustard Seed Society		5	0	0	3	2	5		
60	Phuthanang Support Group	2000	0	0	20	6	14	2	NAC, LIRAC, Local Government	
61	Qalo Community Care Coalition	2007	0	0	28	5	22	none	MOET, World Vision, Habitata for Huimanity	