Child Poverty in Lesotho

Table of Contents

List of Tables

List of Figures

Abbreviations

AIDS – Acquired immune deficiency syndrome

ALAFA – Apparel Lesotho Alliance to Fight AIDS

ARI – Acute Respiratory Infection

ARV – Antiretroviral

CEDAW – Convention on the Elimination of Discrimination against Women

CPG – The Child Grants Programme

CPGU – The Child and Gender Protection Unit

DfiD – The Department for International Development

DHS – Demographic and Health Survey

DPT – Diphtheria, pertussis and tetanus

ECCD – Early Childhood Care and Development

EDF – European Development Agency

FAO – Food and Agriculture Organization

FPE – Free Primary Education

GAR – gross attendance ratio

GDP – Gross Domestic Product

GNI – Gross National Income

GoL – Government of Lesotho

GOLFIS – Government of Lesotho Financial Information System

HBS – Household Budget Survey

HIV – Human immunodeficiency virus

IFAD – International Fund for Agricultural Development

IFMIS – Integrated Financial Management Information System

ILO – International Labour Organization

LENEPWHA – Lesotho Network of the People Living with HIV & AIDS

LGGA - Lesotho Girl Guides Association

LNDC – Lesotho National Development Corporation

LRAP – Livelihoods Recovery through Agriculture Programme

LSC – Lesotho Save the Children

LVAC – Lesotho Vulnerability Assessment Committee

MCC – Millennium Challenge Corporation

MDGs – Millennium Development Goals

MICS – Multiple Indicator Cluster Survey

MOET – Ministry of Education and Training

Monna Ka Khomo – Lesotho Herdboys Association

MTEF – Medium Term Expenditure Framework

NAR – net attendance ratio

NDP – National Development Plan

NFE – Non-formal education

NGO – Non-Governmental Organization

NGOC – National Coalition of Lesotho

NORAD – Norweigan Agency for Development Cooperation

OAP – Old age pension

OSISA – Open Society Institute of Southern Africa

OVC – Orphaned and vulnerable children

PEPFAR – President's Emergency Plan for AIDS Relief

PMCTC – Prevention of Mother to Child Transmission

PRRO – Protracted Relief and Recovery Operation

PRS – Poverty Reduction Strategy

PRSP – Poverty Reduction Strategy Paper

PWD – People with disability

RUFIP – Rural Financial Intermediation Programme

SACU – Southern African Customs Union

SADC – South African Development Community

SOWC – State of the World’s Children

TB – Tuberculosis

TFR – Total fertility rate

TVET – Technical and Vocational Education and Training

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNDP – United Nations Development Programme

UNESCO – United Nations Educations, Scientific and Cultural Organization

UNFPA – United Nations Population Fund

UNICEF – United Nations Children's Fund

VVC – Village Verification Committee

WFCL – Worst Forms of Child Labour

WFP – World Food Programme

WHO – World Health Organization

Executive Summary

Introduction

The *Global Study on Child Poverty and Disparities* was launched by UNICEF in 2007 to monitor progress towards MDG four, to promote child health by reducing child mortality, and to ensure that children are a focus of the international development agenda.

Aiming to provide evidence to improve the welfare of children this study firstly assesses the situation relating to child poverty and disparities and secondly, collates evidence about the efficacy of existing policies and programmes that relate to children. Finally the gaps between the needs of the children and the policies in place are identified to pinpoint the opportunities to reduce child poverty. Targeting children to improve poverty will have a long lasting and deep influence on the future of Lesotho and ensure that children are not forgotten when the next National Development Plan for Lesotho is formed.

This report is split into six chapters. The first chapter gives the background to Lesotho and the context within which this study sits. Chapter 2 gives information about the national development context and chapter 3 looks at the status of children in the country using the latest available data. Chapter 4 will explore the policy context in Lesotho while chapter 5 looks in more depth at certain vulnerable groups of children using innovative methodologies to ask children themselves about their experiences of poverty. The final chapter highlights the study's key findings and presents the recommendations to improve the lives of children.

Children and Development

In recent decades, transformation of traditional livelihood patterns, gender roles and household structures, in conjunction with HIV and AIDS have served to impact seriously on child wellbeing in Lesotho. The main underlying drivers of social change in Lesotho are employment patterns and the HIV/AIDS epidemic. For well over a century Basotho have had to seek employment outside of Lesotho due to the lack of domestic livelihood opportunities and many households, especially in rural areas, have always relied on remittances from these (predominantly male) workers. In recent years there has been a massive retrenchment of Basotho workers employed in South African mines but these lost jobs have not been offset by domestic job creation. The results of the 2009 Continuous Multi-Purpose Household Survey showed that the long term unemployment rate was 22% but that only 45% of people were in work at any given time. During this period of male

retrenchment there has been an increase in female employment in textile factories in urban areas of Lesotho. However, the wages in these textile factories is often not enough to allow the women to remit much money back to rural areas. The 2002/03 Household Budget Survey found that 56.6% of households are poor and in 2009 the Lesotho Vulnerability Assessment Committee found that 450,446 Basotho were unable to meet their minimum food and essential expenditure requirements.

Lesotho has been one of the countries that has been worst hit by the HIV and AIDS pandemic and the social consequences have been immense, with an estimated 212,000 children having lost one or both parents. The HIV/AIDS pandemic has reduced income earning potential whilst simultaneously increasing the demands on households. In the vast majority of cases, the primary layer of care and support for children is found in the household, however one of the consequences of changing employment patterns and the HIV/AIDS pandemic has been a radical change in household structures as marriage is occurring later, fewer new households are being created, households are becoming bigger on average as younger generations do not move out, and more and more children are being born outside of marriage. This social transformation is also undermining the ability of communities to protect and support those in need of assistance through a variety of traditional sharing mechanisms, such as sharecropping. Many Basotho households are also suffering great strain by taking in orphans and sick relatives.

Changing employment patterns have challenged traditional gender identities and increased the vulnerability of many women; especially those who have moved to urban and peri-urban areas to work in the informal sector. Furthermore, the burden of the HIV and AIDS pandemic falls disproportionately on women, who tend to have to bear the burden of caring for sick relatives and friends. The negative effects of the social transformations can lead households and individuals to pursue livelihood strategies that have can have serious negative side effects such as child labour, prostitution, human trafficking, lack of education, livestock theft or asset depletion. The combined impact of these factors has been to increase vulnerability and impoverish households.

Children, poverty and disparities

Children are often a forgotten group – they have a small voice and regularly cannot get themselves heard. Infants, children and adolescents can experience poverty to a greater extreme than adults due to dependence – coupled with the long term effects of poverty, with the conditions in childhood affecting conditions in adulthood. Child poverty can be conceptualised in a number of ways, a deprivations approach, coupled with the more traditional income/consumption analysis will give an overall view on child poverty. To conduct this study the methodology for the Global Study has been

used. This involved two teams – one studying the policies in Lesotho that have an influence on child wellbeing and the other conducting statistical analysis on child outcomes.

Macroeconomic Strategies and Resource Allocation

The commitment of the government towards children can be judged through the budget allocation. The proportion of the budget that goes to social protection projects in general and for children in particular is possible to obtain for Lesotho. In 2002, under guidance from His Majesty King Letsie III, the Government of Lesotho (GoL) published a long term National Vision to guide economic development and poverty reduction. In order to facilitate the implementation of the National Vision, the Government prepared the 2004/05 – 2007/08 Poverty Reduction Strategy Paper (PRSP), outlining what development efforts were needed over a three year period to put Lesotho on a path towards the achievement of the Vision priorities. The PRS included core priority areas (employment creation and income generation, agriculture and food security, infrastructure, democracy, governance, safety and security, quality and access to health care, social welfare services and education, environmental management and conservation and public service delivery) and several cross cutting issues (HIV/AIDS, gender, children and youth).

The GoL believes that the priorities and goals contained within the PRSP remain valid as a credible expression of the aspirations of the Basotho nation, but an updated strategy is required to address the change in the development climate since the PRSP was developed.

Supporting Child Outcomes

Activities can be targeted directly at improving how children use social services, such as improving access to healthcare, increasing the amounts of children immunised, obtain knowledge about HIV and education. The budget allocations to the Ministries of Education and Training and Health and Social Welfare are extremely large as a proportion of the total Government budget; 16% and 12% of the total budget respectively.

The Ministry of Education gets a particularly high allocation from the recurrent budget (22%), reflecting expenditures on free primary education, school feeding and teachers' salaries. However, the capital budget for the Ministry of Education, reflecting things like the construction of new schools, is relatively low (5%) suggesting that there is less emphasis on physical expansion. The Ministry of Health gets a proportionately high amount of the capital budget (14%) reflecting the construction of the new referral hospital and refurbishment of the health clinics. The capital budget is dominated by the Ministries of Natural Resources and Public Works and Transport, suggesting that

the Government is focussing heavily on physical infrastructure and improving access to water and sanitation.

Overall, 35.6% of total expenditure is on social expenditures the bulk of which is on complementary social services (e.g. health and education), equivalent to 77.4% of total social expenditure and 29.1% of the entire Government budget. In contrast, spending on livelihood protection is only 16.7% of the social expenditure allocation, or 6.3% of the Government budget. Meanwhile spending on livelihood diversification is a mere 5.9% of the social expenditure allocation or 2.2% of the total Government budget. Livelihood promotion activities are dominated by cash- and food-for-work programmes, which make up 69% of spending in this area, and 1.5% of total Government expenditure.

Poverty and Childhood

There have been no recent surveys in Lesotho that analyse economic measures of poverty. The most recent Household Budget Survey was conducted in 2002/3 and showed that the percentage of the population who live below the national poverty line was 56.6%, reduced from a peak of 66.2% in 1994. Inequality had fallen slightly, with the top 10% of the population holding just under 40% of the income in 2003, compared with almost 50% in 1994. The World Bank reports that 40% of the poor in Lesotho are children, compared with 54% of adults and 6% of those aged over 64. The data used, from 2002 is now likely to be out of date due to the large changes that have happen to the Basotho economy within the context of a global slowdown. However, the scale of poverty in 2002 is worrying if the estimates for numbers of children affected are close to reality – with a quarter of the population of the country identified as children who are in poverty. However, in 2003 household poverty was improving, so it may be hoped that poverty has continued this trend and is still getting better. Only new data sources will be able to assess this.

The childhood deprivation approach clearly indicates that fewer children are severely and less severely deprived using the most recent figures compared to five years beforehand. However the percentages of children who are deprived are worrying and policies are required to speed up the improvements already obtained. The numbers of children living in inadequate housing – due to the construction of the house (poor flooring), sanitation (a lack of a hygienic toilet facility) or a water source that is not close by or sanitary – are extremely high. A focus on these aspects – at the household level rather than at the individual child level – should be a priority. The individual level deprivations, such as food and health, indicated much greater coverage and are less of a worry. Yet even noting this, the percentages of children who are severely deprived on these two elements are high and these deprivations should also be targeted where possible. Few children are severely

deprived on education, although there are far higher percentages that are less severely deprived. The difference between severe and less severe mainly focuses on secondary school – so the great jump in percentages suffering mainly indicate those children who do not progress to secondary school.

Absolute poverty is defined, using this methodology, as a child who has two or more deprivations. In 2009 the percentage of children in absolute poverty was 52%. There are clear variations in deprivation by ecological region – 31.3% of children in the Lowlands have two or more deprivations, compared with 59.2% in the Foothills, 73.1% in the Senqu River Valley and 83.8% in the mountains. Regarding the individual characteristics of the child sex, age and living in a single parent household do not have an effect on the chance of being deprived while living in smaller households, having a mother with secondary or higher education and living in an urban area all make a child less likely to be deprived.

The final analysis, of childhood mortality, indicated that the situation was not improving on this front, with mortality rates stagnating (or even slightly rising). Lesotho is signed up to the MDGs – and Goal 4 is to reduce child mortality. It is clear at the current rate of improvement that the MDG target will be missed – further efforts need to be made in this direction, hand in hand with efforts to reduce the maternal mortality ratio.

Pillars of Child Well-being

Nutrition

Malnutrition is known to be a significant problem in Lesotho due to chronic food insecurity arising from the lack of livelihood options and falling agricultural yields. In the 2007 National Nutrition Survey, it was found that 54.9% of children in Thaba Tseka were stunted. Furthermore, 13.8% of children under five were found to be chronically underweight; compared to the MDG target of 8%. Currently, the Government of Lesotho, with the assistance of the World Food Programme, provides free school meals to all 390,000 primary school children between Standard 1 and Standard 7. A review of the School Feeding Programme carried out in 2007 shows that the school feeding programme has improved nutrition, impacted health (including a protective effect against HIV) and encouraged children, especially the most vulnerable, to attend school. This programme also increases a child's capacity to participate in learning activities. 68% of school administrators reported improvements in attendance since the introduction of primary school feeding.

The percentage of children who are stunted dropped from 37% in 2004 to 30.5% in 2009, with a fall from 4% to 3% for wasted and 19% to 16% for underweight. Rural children are more likely to have nutritional problems than those who live in urban areas, and there is a wide variation by district with the North of the country having much lower rates of stunting than the South. Wealth shows a clear relationship with stunting and underweight, although not with wasting. Indeed, those children who live in households in the poorest fifth of the population are about twice as likely to be classified as underweight than those in the richest fifth.

A further source of poor health and poverty through nutrition are micronutrient disorders, including anaemia. There is an increase in the percentage of children under 5 years old without anaemia in both urban and rural areas between 2004 and 2009, while the percentage of those with severe anaemia has fallen indicating that progress has been made, especially in rural areas.

The proportions of children who are stunted, wasted or underweight is still unacceptably high in Lesotho and needs close attention to ensure that progress in reducing the proportions of children suffering is seen. Much of the population still survives on subsistence agriculture – improving the production of food in the context of climate change will indirectly help children.

Health

Lesotho has seen a steep deterioration in health indicators since 1990, highlighted by the twin MDG health goals of reducing maternal and child mortality being classified as being off track with little likelihood of achieving the goals. The third health MDG, of combating HIV/AIDS and other diseases is also not progressing well. The two core problems in the health sector are poor access to the services that are needed and poor quality of the services once they have been obtained.

The government of Lesotho has made health a focus of development policies, with references to health throughout the Poverty Reduction Strategy (2004/5-2006/7) and the Interim National Development Plan (2008/9-2010/11).

Lesotho has the third highest prevalence of HIV in the world, with an estimated 23% of adults aged between 15 and 49 infected. This pervades every part of life and policy in the country and has a huge effect on children. Adults who are ill with the virus find it more difficult to work or care for their children and feed the family. Resources are diverted to healthcare and away from other important family aspects. Children who have lost one or two parents are vulnerable to poverty, with lower educational levels and a higher chance of contracting the disease themselves. The GoL, with the assistance of its development partners, have made significant progress in the fight against HIV and

AIDS through prevention, treatment and mitigation initiatives. On the treatment dimension, the Government, with support of Donor Partners like PEPFAR and the Clinton Foundation, has made available low cost anti-retroviral therapy (ART) and is presently increasing access to ART, especially among pregnant women, with clinics having been established throughout the country. Currently, 34% of patients known to be in need of ARTs have been provided with them and as of 2007 PMTCT coverage was estimated at 31% in 2007. The percentage of women aged 15-24 who have comprehensive knowledge of HIV/AIDS methods of transmission is much lower than hoped, and expected given the level of infection in Lesotho. Only 36% of women had comprehensive knowledge.

The percentage of children with diarrhoea in 2009 was 11.2%, with fever was 17.2% and ARI 6.7%. These are high figures, since they cover only a 2 week period. All three conditions showed that as wealth increases the percentage of children suffering decreases and those living in urban areas are much less likely to suffer from any of the conditions. Over half of those with diarrhoea were taken for medical treatment while two-thirds of those with ARI were also taken for treatment which is encouraging. Also encouraging is the percentage of children fully immunised which is 73.8%. The poorest children with the least educated mothers are the most likely to not have a full vaccination record. Interestingly there is hardly any difference in full coverage by urban and rural residence, but there are differences by district.

Child Protection

Children are vulnerable and need protection against abuse, employment, early childbearing and early marriage. In Lesotho the family unit is often disrupted – through the results of HIV/AIDS, migration or other health issues. In 2009 about 28% of children do not have both of their parents living with them.

Being subjected to physical or sexual abuse is one of the strongest violations of children's rights. The abuse of people around them (for example mothers and siblings) can also have severe long run psychosocial consequences. Large numbers of women and children in Lesotho are also subject to sexual violence, rape, abduction and domestic violence and there have been very few activities undertaken to address the issues of physical and sexual abuse.

Employment of children 15 or younger is prohibited in the Labour Code but the code is limited in coverage to the extent that it does not cover the informal sector and the self-employed due to difficulties in enforcement. Therefore, many children are engaged in activities which fall outside the jurisdiction of the labour code which leaves them open to abuse and harassment by unscrupulous employers. According to Bureau of Statistics figures, 24% of 10-14 year olds are economically active

and the Lesotho Labour Force Survey 2007 estimated that 2.9% of children aged 6 to 14 years old were working.

One of the most common forms of child labour in Lesotho is the practice of herding. Whilst this need not be harmful it can prevent children from going to school. The second major type of child labour is street work, made up of those who live on the streets and make their living from begging, washing cars, selling newspapers etc., and those who live at home but spend their days on the streets doing similar activities. A joint study between the Ministry of Labour and Employment and the ILO found that 90% of street children worked six or more days a week and many worked more than eight hours a day, which obviously prevented them from attending school. Domestic work is also prevalent in Lesotho, especially amongst young girls, who in some cases do this work for periods between 8 and 12 hours a day. Sex work is performed by girls who need the income to support their family, frequently those who have been unable to find textile jobs in urban areas. Sex workers are extremely vulnerable to physical and emotional abuse as well as sexually transmitted diseases like HIV and AIDS.

In 2004 1.3% of 15-19 year olds were married by the age of 15, rising to 1.6% in 2009 – while the percentages married by the age of 18 increased from 13.3% to 14.3%. However, the overall percentage of women aged 15-49 who were married before the ages of 15 and 18 is falling. In 2004 3.8% reported stating that they were married before 15, falling to 2.6% in 2009. Early marriage is closely related to the educational level of the woman, wealth and living in an urban area.

Education

The significance of education cannot be overstated. For the child it teaches important skills that will be of use throughout life. At a country level education improves productivity of the workforce and therefore the economy. Education has been a core priority for the Government of Lesotho for a long time and has been devoted significant resources. In 2010/11, 18.5% of the total Government budget was dedicated to education spending, predominantly on primary education. Following the introduction of Free Primary Education in 2000, the net enrolment rate jumped from 69% to 85% in 2003. Net enrolment has declined slightly in recent years, to 81.4% in 2007. The net attendance rate at primary school is 94.3% in 2009, increased from 84.6% in 2004 with the poorest children being least likely to go to school. Girls are more likely than boys to attend primary school, although this does not hold for urban areas where males have a higher enrolment. This partially reflects the additional costs of education, including school books and uniforms, which many families struggle to afford.

Due to the high costs of Free Primary Education the cost of secondary education has to be borne by individuals, putting it beyond the reach of many. In 2007, net enrolment rates were only 27% (33.4% for girls, 20.8% for boys). However enrolment has been increasing especially amongst the poorest due to the provision of secondary school bursaries. The fact that education has been a core pillar for the Government has meant that the educational outcomes are superior to those that might be expected. Almost a fifth of the budget is placed into education, comparing extremely favourably with the rest of the world.

Social Protection

The government of any country has a duty to protect its citizens from risk and vulnerability, including protection against poverty. Policies and interventions can be used to improve child outcomes through the generation of income or protection against shocks to the level of income. Cash grants allow households to direct resources to whatever areas are most needed. A review of a pilot cash grant project by World Vision in Lesotho in 2008 found that cash transfers enabled households to access more food, but also dramatically improved access to healthcare, education, clothing and farm inputs.

The Old Age Pension has had a large impact on poverty reduction, by boosting household incomes, both amongst the elderly but also more generally – especially amongst orphaned and vulnerable children. The pension allows households to increase spending on food and access to healthcare and education for all its members. The Public Assistance Grant is a means tested cash grant which is useful for the poor and vulnerable who are not receiving other targeted interventions e.g. the elderly who are below the pension minimum age, people with disability, the chronically ill and orphans who cannot engage in economically productive activities. However, demand far outstrips supply, despite the limited public awareness of the programme and there is a long waiting list. The Child Grants Programme is a cash grant given to households who are responsible for directly looking after vulnerable children (whether or not they are orphaned). As HIV/AIDS primarily affects those of working age, an estimated 100,000 children have been orphaned by the pandemic. Targeting those who bear the burden of looking after OVC's but who have least resources to support them – is therefore a highly efficient means of improving the welfare of OVC's.

In 2009 it is estimated that 9% of women aged 15 to 49 are covered by health insurance. This is an extremely low figure – and especially low for those who are youngest. Only 2.5% of the 15-19 year olds have insurance, compared with over 10% for those aged over 25. This is highly related to education and wealth, while households with no adult working have far lower insurance coverage.

Gender

In some areas of development, Lesotho is one of the few countries with a reverse gender gap in favour of women, especially in terms of educational attainment and literacy which, arguably, enable women to compete for employment. Currently, women are 32% of cabinet ministers (and 50% of assistant ministers), 42% of judges and 38% ambassadors. In this respect, Lesotho has however achieved its Millennium Development Goal of 30% women representation in the National Assembly.

However, women are still disadvantaged in terms of their access and control over productive resources and their decision making, particularly over their sexual and reproductive health rights. This makes them vulnerable to sexually transmitted diseases, such as HIV and AIDS, and unplanned pregnancies as they are unable to negotiate safe sex within relationships.

Voices of the Children

A study was conducted using an innovative methodology called the Photovoices approach which aimed to give insight into the issues of child poverty which are important to children themselves. Children were asked to take pictures of their everyday lives and surroundings along four key themes: things that make you happy, things that make you sad, things you want to see more of and things you want to see less of. The photographs were then used as a basis for a one-on-one interview discussing the issue of child poverty.

The children who participated in this study perceive poverty on a consumption deprivation basis with food and shelter being primary concerns. However, the link between poverty and education is really the key issue for these participants who see a lack of access to education as a consequence of poverty and education as the main route out of poverty. Education is seen as being essential for future livelihoods despite the fact that many of the livelihood strategies discussed are based on farming and rural occupations. Orphan hood (or lack of care and support from parents) was seen as the main factor contributing to children vulnerability to poverty. Obviously there is a clear link between the number of orphans and the HIV and AIDS epidemic. The statistics on Lesotho tell us that this is most of the country's orphans are without one or both parents due to HIV/AIDS however this issue was surprisingly infrequently raised among the participants of this study. The research team speculate that HIV/AIDS and its associated mortality is now so common place among this population that it has ceased to become a noteworthy topic for discussion but rather is assumed.

The participants rarely mentioned the role of the government or other civil society institutions in their lives and do not seem to feel that poverty is an issue to be solved at institutional level but

rather is the responsibility of individuals and families. Some of the participants are pessimistic about the prospects for eradicating poverty in the future. However others feel that it is within the capacity of individuals to change their circumstances and work themselves out of poverty. Education is the key to increase the autonomy and efficacy of individuals and give them the life skills and resilience to improve their own situations.

A Comprehensive Strategy to Improve Child Outcomes

The results shown indicate wide inequalities on most aspects of poverty and deprivation, especially between urban and rural areas. This is tied to accessibility of services which need to be provided for children in hard-to-reach areas. Some districts have poor outcomes for many of the children that live there – again this is simply related to how easy it is for children to access what is provided.

Education: Development can only take place when there is a good quality workforce available, acquired through education. The Government has acknowledged this, providing free primary school education, backed up with primary school feeding and a recent decision to make primary education compulsory by law. Secondary school involves payment and more needs to be done to ensure that the good start that children have is not lost once they leave primary school.

Nutrition: The nutrition of children is of concern – with too many children underweight, stunted or wasted. The primary school feeding programme is excellent but those under the age of 5 are somewhat forgotten. The ongoing project to list all OVC in the country could be used to identify those most need for Food Aid.

Health: The spectre of HIV pervades all aspects of poverty in Lesotho. This study has highlighted that there are lower levels of knowledge about HIV than would be expected. Increasing awareness of HIV is important from a very young age. The treatment of sick children is concentrated in urban areas, outreach services need to be considered to enhance the percentage treated when there is an illness.

Child protection: The views of the children themselves are important. In this study the children were asked to identify what poverty means to them – and the results indicated that shelter and nutrition were two key elements. Child protection is also a key element of a child's perception of poverty. The Child Protection and Welfare Bill currently in parliament is vital for child protection services to move forward. This would protect the child on many fronts, if implemented with enough resources to make it affected. A key output from this report would be to push this legislation through quicker.

Social Protection: The implementation of the Old Age Pension has enhanced the lives of many although costing the government a relatively high amount of money the pension should be kept and other social protection mechanisms may need to also be rolled out further.

Conclusion

Lesotho faces a wide range of difficulties yet the country should be celebrating the advances made on child poverty. However, it should be mindful of the areas that have not improved – child survival, unemployment, health care – and make these the focus of the drive to reduce poverty.

Introduction

In 2015 the United Nations will reveal the success of member states in achieving the Millennium Development Goals (MDG), the targets set by 189 nations to improve the lives of all people. It is already well known whether each country will meet these targets due to the progress already seen, but the deadline will ensure that each country assesses the areas of progress and failure.

The Millennium Declaration indicates that there is a large collective will and commitment to international development. The eight goals: ending extreme poverty and hunger, achieving universal education, ensuring gender equality, improving the health of mothers and of children, fighting the communicable diseases of HIV/AIDS, Malaria and Tuberculosis, alongside other preventable diseases, ensuring environmental sustainability and developing a global partnership for development are designed to aid development and improve the lives of those who have the least. Countries do not exist in isolation from each other. Achieving these goals needs both national and international action and support, with consistent and constant pressure applied to ensure that the decisions and actions made are designed to enhance the lives of those who need it most.

The fourth MDG, to promote child health by reducing child mortality is championed by UNICEF. To monitor progress and to ensure that children are a focus the *Global Study on Child Poverty and Disparities* was launched in 2007. Aiming to provide evidence, analysis, policy and partnerships to improve the welfare of children, the study has been implemented around the world in over 40 countries. It highlights that even in situations where conditions are improving it is the women and children who are being left behind. The idea is simple. Firstly, the situation relating to child poverty and disparities is assessed, using as many different sources of information as possible. Secondly, the existing policies and programmes that relate to children are examined and evidence collated about the efficacy of these programmes, where available. Finally the gaps between the needs of the children and the policies in place are identified to pinpoint the opportunities to reduce child poverty. The study is focused on the country, while understanding the interconnectedness of the modern world.

Children Matter

Adult poverty and poor health are known to be related to conditions at birth and during the first few years of life. Strategies to improve conditions and health must start with children, as the experiences during childhood are critical for physical, intellectual and emotional development. If the

development of the child is constrained then it is extremely difficult for the child to exit the vicious cycle of poverty and poor health. Children are commonly hit hardest by poverty as they have the smallest voice and due to their dependency on others. Targeting children to improve poverty will have long lasting and a deep influence on the future of the country.

The MDGs include children in many of the different goals and targets, including eradicating extreme poverty and hunger (MDG1), achieving universal primary education (MDG2) and improving child health (MDG4). However, within the other MDGs there are references and targets relating to children. The 2010 MDG report for Lesotho highlights that three of the goals are off track, including eradicating poverty and child health, while three others are only making slow progress. Education and gender equality are on track due to a high primary school enrolment and a reduction in gender disparities in primary education. However, the failure of Lesotho to stay on track with the MDGs means that many children will be kept in poverty and poor health and will not realise their full potential. The aim of this report is to focus on the child poverty and to ensure that children are not forgotten when the next National Development Plan for Lesotho is formed. Breaking the poverty trap for children will help Lesotho move forward and improve the lives of the citizens.

Structure of the Report

This report is split into six chapters. The first chapter gives the background to Lesotho and the context within which this study sits. Information about the progress towards the MDGs in the country is explored, alongside the framework that is used for this report. Chapter 2 gives information about the national development context and contains an analysis of the budget of the Government of Lesotho in 2010/11. Chapter 3 looks at the status of children in the country using the latest available data, comparing with previous statistics where possible to assess trends and changes. The focus, where possible, will be on the child and not on the household, although clearly they are interlinked. The analysis will rely on different indicators of poverty, including monetary, deprivation of childhood needs and other outcomes, such as illness and survival. The fourth chapter will explore the policy context in Lesotho, highlighting the policies that promote child well-being and aim to reduce poverty over a number of domains. Chapter 5 looks in more depth at certain vulnerable groups of children and studies them in depth, using innovative methodologies to ask children about their experiences of poverty and what this concept means to them. This report is about children, thus we need to listen to the voices of the children when examining poverty. The final chapter highlights the study's key findings and presents the recommendations to improve the lives of children.

Chapter 1 Children and Development

The aim of this chapter is to introduce the context of child poverty and disparities in Lesotho alongside the objectives of the report in detail. Childhood poverty cannot be understood unless the social, political, economic and institutional contexts of the country are known. Information about the dynamics of the population will also inform strategies. Further to this, a brief review of the principles and considerations driving the macro-economic environment in Lesotho will indicate the current and historical concerns relating to poverty, including growth, macroeconomic stability, unemployment, debt and tax policy, amongst others. An analysis of the government budget and the levels of investment in children from this budget will also highlight the commitment towards children. Finally in this chapter the conceptual framework that underpins this study will be presented and discussed, including how different aspects of child poverty can be conceptualised and measured.

1.1 The demographic and economic and institutional context in Lesotho

Lesotho is a landlocked, mountainous country, surrounded on all borders by South Africa. It is the only country in the world where the altitude is greater than 1,000m across the whole country, and much of the country is sparsely populated due to the mountainous nature of the terrain. The most recent census, conducted in 2006, estimated that the population of Lesotho was under 2 million, at 1,876,633. About a quarter or 431,998 lived in the district of Maseru. The four largest districts of Maseru, Leribe, Berea and Mafeteng contain over 60% of the total population. The total land area is about 30thousand square kilometres, with about 68 persons per square kilometre.

Life expectancy is estimated to be low, at 41 (Population Reference Bureau, 2010), with men having an expectancy of 40 and women of 43. These expectancies are amongst the lowest in the world, and are mainly due to the high level of HIV and AIDS in the country. UNAIDS estimate that in 2009 there are 290,000 adults and children living with HIV, an increase of 50,000 from 2001 when the previous estimates were released. The majority of those with HIV were adults, but it is estimated that 30,000 children are living with HIV. According to the World Bank, 39% of the population is under the age of 15, with only 5% above 65 years of age. This leads to a high young dependency ratio of 69 children for every 100 adults of working age.

The World Bank classifies Lesotho as a lower-middle income country, with a GNI per capita of US$980 (Atlas method; World Bank, 2010). GDP grew by 0.9% between 2008 and 2009, although the per capita growth remained stagnant over the same period. About 78% of males over the age of 15 participate in the labour force, with the corresponding percentage for females being 71%. Females make up 52% of the labour force – about the same percentage as there are females in the total population, highlighting that there is strong gender equality in Lesotho. However, there is large inequality, with estimates that the poorest 10% of the population earn about 1% of the total income in the country, and the poorest 20% earning 3%.

Literacy is high in the population, with 90% of those aged over 15 classified as literate. There is a gender divide, especially at younger ages. Over 98% of females aged 15-24 are literate, compared with 86% of males – a result of higher school dropout rates for boys.

The country suffers from high levels of migration out of the country – mainly to South Africa. This has affected the health system, with many skilled doctors, nurses and midwives leaving the country. Between 2004 and 2009 there were estimated to be only 1.3 hospital beds per 1000 people (World Bank, 2010), while health spending per capita was only US$26 per capita. Few children are officially registered at birth – only 26% between 2004 and 2009.

According to the World Health Organisation, infant and child mortality are falling slowly, with little chance of reaching the agreed Millennium Development Goals. The number of children who die in the first year of life, out of 1000 live births is estimated to be 61, while the number of deaths per 1000 births under the age of 5 is 84. Only 25% of males and 29% of females are expected to survive to the age of 65.

Maternal health is a worrying area. Although over 90% of women receive antenatal care, only 62% give birth with a skilled health worker in attendance. Maternal mortality is high, and rising. National estimates place the number of maternal deaths per 100,000 live births at 762, with a lifetime risk of a women dying of 1 in every 62 women. A different, statistically modelled estimate (rather than one generated from survey data) from the World Health Organisation, estimates the maternal mortality ration at 530 deaths per 100,000 live births. Almost 60% of these deaths are due to HIV/AIDS.

Fertility in the country has been falling – in 1990 the Total Fertility Rate (TFR) was estimated to be 4.9 – by 2009 this had fallen to 3.3 births per women throughout her reproductive lifespan. This highlights that Lesotho is well on the way through the fertility transition to replacement levels of fertility, driven somewhat by the high levels of HIV/AIDS in the country. Adolescent fertility is high – 136 births per women aged between 15 and 19 highlights a worrying level of births to young women.

The population pyramid for the country shows this fertility reduction since 1990 (see .1 Population pyramid, Lesotho 20061), as evidenced by the narrowing of the base of the pyramid. The effect of the HIV pandemic is also clear, due to the rapid reduction in the percentage of adults in each five-year age band above the age of 19. Males and females are affected similarly by this, although there are more females than males at the oldest ages.

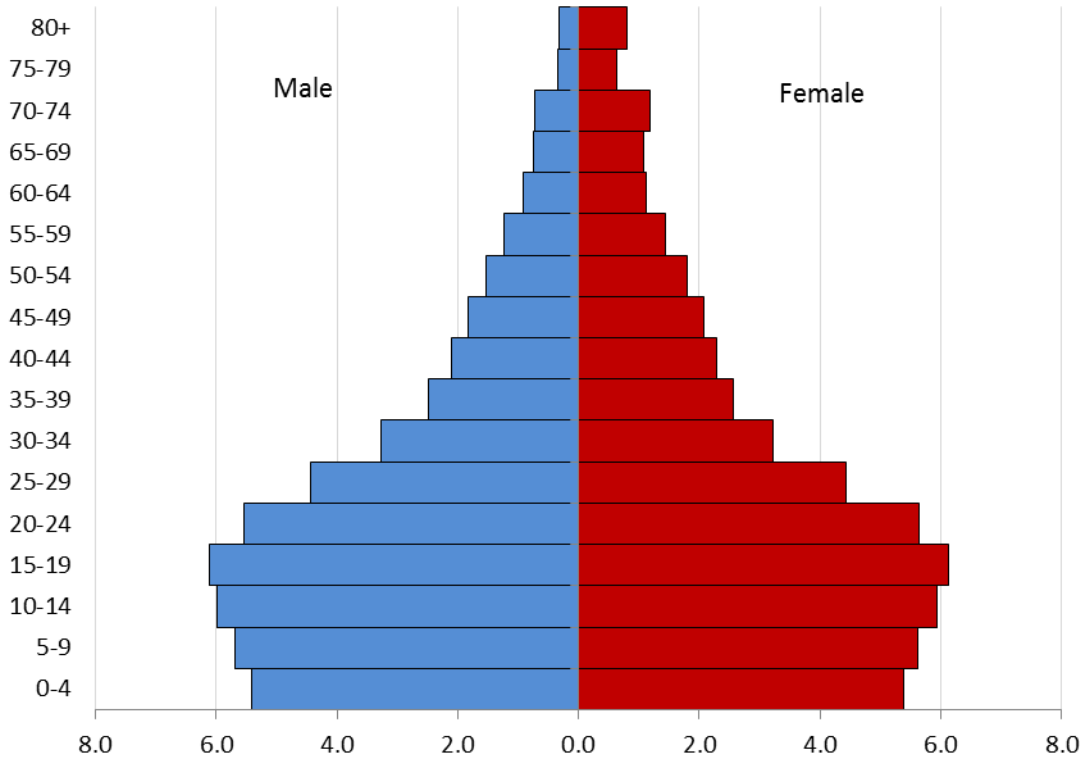


Figure1.1 Population pyramid, Lesotho 2006

Almost three-quarters of the population is still classified as rural – urbanisation is occurring but at a slow rate. Due to population growth the numbers in both urban and rural areas have increased – there has been an average increase in the urban population of 4.6% per year between 1990 and 2009. Over 78% of the rural land area is classified as agricultural.

1.2 Drivers of Social Change in Lesotho

The last twenty years have been a period of immense economic, social and demographic upheaval in Lesotho, with severe consequences for child welfare. In recent decades, transformation of traditional livelihood patterns, gender roles and household structures, in conjunction with HIV and AIDS, have served to impact seriously on child wellbeing, both directly and indirectly through

overwhelming the ability of households, extended families and communities to care for and protect those in need.

In this section we explore the main underlying drivers of social change in Lesotho and their influence on children's wellbeing through impacting on household structures, composition, resources and coping mechanisms, gender relations, community based social support mechanisms and formal social protection provisions. At the end the impact of the global economic crisis is examined.

1.2.1 The underlying cause of poverty: Lesotho's political and economic history

By and large, the social, economic and demographic transformations being witnessed in Lesotho are occurring due to events outside of the control of development actors in Lesotho. Vulnerability is also a national phenomenon; for reasons of historical legacy, Lesotho's development performance is highly dependent upon global and regional developments.

To a large extent, poverty and vulnerability in Lesotho stem from the country's disadvantaged position in terms of global economic relations. In brief, the problem was crystallised in the mid-nineteenth century when 'Basutoland' lost the 'Conquered Territories' which were formally made part of the Orange Free State. This deprived Lesotho of most of its fertile agricultural land, which means that Lesotho has never had 'adequate land for sustainable agriculture based livelihoods, at least on the production models prevalent in southern Africa' (Turner, 2005).

The consequence of this has been for Lesotho to essentially function as a labour reserve for South African mines and industries; for well over a century Basotho have had to seek employment outside of Lesotho due to the lack of domestic livelihood opportunities. This economic subjugation has put Lesotho in a position of extreme vulnerability; many households, especially in rural areas, have always relied on remittances from these (predominantly male) workers.

1.2.2 Retrenchment of migrant workers in South Africa

In recent years there has been a massive retrenchment of Basotho workers employed in South African mines. For the five years 1992-1996, the number of mineworkers averaged 110,686. Since then, changes in South Africa and in the mining industry caused a rapid decline in the number of jobs, so that there were only 57,798 in 2006. Due to political changes in South Africa, mines have increased the proportion of jobs held by South Africans, with a corresponding reduction in the employment of citizens from other countries. A period of intense restructuring (driven by technological change, increases in average wages and the relatively low price of gold during the 1990's) also led to the scaling down of mining operations and the closure of several mines.

This has caused fundamental changes to the livelihoods of many rural Basotho, especially as these jobs have not been offset by domestic job creation. The results of the 2009 Continuous Multi-Purpose Household Survey showed that the long term unemployment rate was 22% but that only 45% of people were in work at any given time.

1.2.3 Increased female employment in Lesotho textile factories

During this period of male retrenchment there has been an increase in female employment in textile factories in urban areas of Lesotho. There were 47,462 Basotho employed in LNDC assisted companies in 2006, 80% of whom are women, an increase of nearly 9000 from 2001.

However, for many households, this has not been enough to compensate for the loss of earnings from migrant miners. The wages in these textile factories is often not enough to allow the women to remit much money back to rural areas, especially due to the higher cost of living in urban areas in terms of transport and housing. The minimum wage in the textile factories is currently around M830 a month, under a tenth of the average wages of mine workers. As Turner (2005a) argues, 'while this new wage earning class of women do not starve, they live in urban poverty and can do little to alleviate the rural poverty from which they usually came'.

Furthermore this mode of employment frequently has severe costs for the women involved in terms of the stresses of moving away from their families and the sometimes violent reactions from men whose traditional masculine identities have been challenged.

1.2.4 The impact of the HIV and AIDS pandemic

Lesotho has been one of the countries that has been worst hit by the HIV and AIDS pandemic, with prevalence estimated to be the third highest in the world. The spread of HIV in the region has largely been driven by the history of regional labour migration discussed above. Many thousands have died, predominantly those of working age, putting immense stress on the livelihoods of their dependents. Furthermore, those suffering from illness are unable to contribute productively to their household's livelihoods; instead, they become a drain on their families' resources. A targeting exercise on 2005 by the World Food Programme found that out of the households identified by the community as affected by chronic illness, up to 70% were considered vulnerable to poverty. The social consequences of the pandemic have been immense, with an estimated 212,000 children having lost one or both parents. The impact of this is addressed throughout this study.

1.3 The Impact of these Drivers of Social Change on Child Wellbeing

These drivers of social change have had obvious direct effects on child wellbeing through affecting household incomes and the number of children without one or both parents

1.3.1 Direct Impact

The 2002/03 Household Budget Survey (HBS) found that 56.6% of households are poor and were on average 29.1% below the national poverty line of M149.91. In 2009, the Lesotho Vulnerability Assessment Committee (LVAC) found that 450,446 Basotho were unable to meet their minimum food and essential expenditure requirements. Moreover, inequality remains very high, as the poorest 10% earn less than 1% of national income. This is partially due to high levels of unemployment.

The major economic consequence of the changes in employment patterns has been an increased reliance on agricultural production as a 'fall-back' strategy; whereas households and communities had traditionally practiced agriculture only as a 'top-up' to migrant remittances. Yet agricultural yields are extremely low, meaning that agricultural output in no way compensates for the decline in remittances. In fact, practicing agriculture is even harder for households who do not have remittances to purchase agricultural inputs. Gill-Wason (2004) finds that, of the 34% of households that had one or more wage workers in 1993 but none in 2002, 49% had declined into poverty. Furthermore, agricultural output in Lesotho is extremely unpredictable, which adds a further layer of vulnerability to livelihoods. This impacts on child wellbeing primarily through reducing household incomes.

The HIV/AIDS pandemic has had a similarly large impact on household income by reducing income earning potential whilst simultaneously increasing the demands on households. For many children who have lost one or both parents, the psychological and developmental impacts of the pandemic have also been immense, as will be discussed throughout this study.

1.3.2 Indirect Impact – changes in household structure

In the vast majority of cases, the primary layer of care and support for children is found in the household, through immediate family. However, one of the consequences of changing employment patterns and the HIV/AIDS pandemic has been a radical change in household structures away from the 'nuclear' family, as outlined by Magrath (2005).

Traditionally, mine employment facilitated marriage as it allowed young men to save to afford *bohali* (bridewealth). After marriage, they could establish a household in Lesotho and accumulate assets including land. The retrenchment of mine jobs has meant it is more difficult for young men to find resources for bridewealth payments and establish independent households. Whilst in the 1980's, over 80% of young men had mining contracts, today it is less than 10%. Whilst young women could only traditionally access wage income by marrying an employed man, this is becoming increasingly difficult, so many women are either avoiding marriage or seeking an independent income. The net results have been that marriage is occurring later, fewer new households are being created, households are becoming bigger on average as younger generations do not move out, and that more and more children are being born outside of marriage. The Household Budget Survey confirms this; with an increase in female headed households from 30.1% in 1994/95 to 35.7% in 2002/03, and a decrease in the proportion of household heads who are married from 66.3% to 55.0%.

Furthermore, the younger generations who have established households are often living with minimal resources, sustained by their parents or older relatives. The increased vulnerability of households has also led to an increase in broken marriages or relationships; causing women to return home with their children or send their children home while they live separate lives in town.

The HIV/AIDS pandemic is also driving major changes in household structures. Those afflicted tend to be of working age, so households lose productive members whilst at the same time taking in sick relatives and relative's orphans, leading to an increase in household dependency ratios. Having incomplete households reduces the livelihood options available; for example if a household lacks male labour, it is unable to sharecrop the land of others to gain a share of agricultural output.

Given the fundamental changes occurring to traditional patterns of household formation, composition and fission, it is extremely likely that this has also impacted on children both psychologically and in terms of allocation of resources within the household. The impact of the increasingly differentiated household structures and livelihood paths on children has not yet been adequately explored and, given its fundamental importance, is something that desperately requires further investigation.

1.3.3 Indirect impact - Undermining Social Sharing Mechanisms

Children in need are often assisted not just by immediate family but also by the broader community, either directly (for example through the sharing of food) or indirectly, through assistance to the child's household. However, the social transformation described above is also undermining the ability of communities to protect and support those in need of assistance. In general, studies have

shown that the effectiveness of the community as a provider of social protection is weaker than it was, although the Basotho are still able to provide a degree of social protection to each other through a variety of sharing mechanisms and that social exclusion remains rare (Turner, 2005b).

On the one hand, many traditional forms of social support are still thriving. The majority of these sharing mechanisms are agricultural, reflecting the importance of these to rural livelihoods. Farming partnerships, such as sharecropping, allow 'incomplete' households (e.g. with no adult labour) but with land to partner with households with available labour but no land. Without these mechanisms, many poorer households would be unable to use their fields. Labouring in other households' fields for payment in cash or kind enables very poor households to access up to 25% of their annual food requirements (Lesotho Food Security and Vulnerability Monitoring Report, 2006). Given the increasing number of incomplete households due to the HIV pandemic, and the increasing number of unemployed males in rural areas, sharecropping is increasing in prevalence in recent years (Turner 2005b).

Other forms of sharing are also still prevalent. Gill-Wason (2004) found that nearly one quarter of households gave food to neighbours in the month preceding her study. Over a third of surveyed cattle owners were using the customary institution of *mafisa* loans to place some or all of their animals in the care of others. Furthermore, 45% of households were found to have taken loans from friends, neighbours or savings groups in the last year.

New forms of informal social protection are evolving to meet the changing social environment. For example, in peri-urban areas, due to the lack of social connections available for new migrants, family networks of support –through sharing households with siblings, enabling income pooling and shared childcare arrangements – are becoming increasing important (Boehm, 2004). Due to the increasing prevalence of stock theft, communities are increasingly building communal kraals where all the livestock are kept at night with several armed men on guard to mitigate stock theft.

Despite this, studies have shown that, overall, the effectiveness of the community as a provider of social protection is weaker than it was. This is partially due to there being fewer resources to share (due to retrenchment) at a time when there are more people in need. This leads to a covariance of risk; if there is a bad harvest then everybody is badly affected both through lower production and lower demand for agricultural labour. This makes entire communities highly vulnerable.

The breakdown of many 'nuclear' families also impacts on socials sharing mechanisms. Many Basotho households are suffering great strain by taking in orphans and sick relatives. The economic and social burdens on the elderly especially are increasing as some of the middle generation die,

leaving child care and its many costs to the grandparent(s). In general as households are facing increased dependency ratios, there are inevitably less resources to share, especially in terms of assisting other households.

Therefore it is clear that whilst many social sharing mechanisms are still functioning well, others have declined, and the ones that remain are becoming increasingly vulnerable due to the lack of resources available for redistribution, both within households and communities. This undermines the ability of communities to assist the poor and vulnerable – including children.

1.3.4 Impacts on Gender Relations

The changing employment patterns in Lesotho, with mining retrenchment generating male unemployment and a rapid increase in female employment in urban garment factories, combined with the HIV/AIDS pandemic, have had a significant impact on gender relations and the plight of women in Lesotho.

Whereas previously the only way for young women to access wage employment was to marry an employed man, increasingly women are either avoiding or postponing marriage and seeking independent income. Whilst this has led to a dramatic increase in the number of female headed households, and a reduction in some women's economic dependence on men, this has also had an ambiguous effect on gender relations. This is primarily because earnings from textile factories are far lower than those from mining, and are concentrated in urban areas, meaning that the impact on much of rural Lesotho is negligible, compared to mining remittances which were spread fairly evenly across the country (Magrath, 2005). Secondly, by reversing traditional employment trends, it has challenged traditional gender identities and forced men to negotiate new forms of masculinity. Because retrenched men find it difficult to assert control as household head as wives have become accustomed to managing the household independently in their absence, and as women are increasing their contribution to household incomes, feelings of powerlessness have contributed to a marked increase in domestic violence (Robinson and Forrest, 2002).

These changes in employment and household structures have also increased the vulnerability of many women; especially those who have moved to urban and peri-urban areas to work in the informal sector who have highly insecure incomes and are separated from their traditional family networks who could provide support in times of need.

A recent CARE study outlines the ambiguous effects resulting from these changing livelihood and household patterns:

'rising female employment, delayed marriage and more varied household formations are reducing some women's economic dependence on men, although some of these "liberated" women may still be living in poverty, struggling to survive and support their children. Overall, the picture is mixed, and women continue to be constrained by customary law and prevailing attitudes concerning gender norms.'

Furthermore, the burden of the HIV and AIDS pandemic falls disproportionately on women, who tend to have to bear the burden of caring for sick relatives and friends, which also diverts them away from economically productive activities. The Gender and Development Policy specifically argues that 'care-giving lies solely in the hands of women surviving on woefully inadequate resources.'

1.3.5 What is the impact on children?

The negative effects of the social transformations described above, exacerbated by the weakening of traditional indigenous means of social support, can lead households and individuals to pursue, to ensure immediate survival, livelihood strategies that have can have serious negative side effects, especially in the long term. These include:

- Child Labour – children are needed to work to supplement the household income. Increasingly children are sent outside the household for paid work when they are younger than the legal age for work. However, many households, especially when they are headed by orphans, do not have an alternative.
- Prostitution – it has been noted that young girls and boys, many who are orphans, are engaged in prostitution in urban areas. This has mainly been driven by poverty. Exploitation of these children is a growing problem through organised syndicates.
- Human Trafficking – a study commissioned by UNESCO indicated that most trafficked persons from Lesotho are male and female street workers to outside of the country, or internally from rural to urban areas, with the main reason being for sexual exploitation. The reasons given for this are poverty, a lack of information and a high level of demand for cheap labour. Laws to protect against this are inadequate – the Child and Gender Protection Unit is under-funded and under-staffed (UNESCO, 2007).
- Lack of Education – children may need to drop out of school early due to a lack of funds for schooling (such as for books and clothes) or not progress to secondary school due to the cost of this (primary education is free). Attendance may be worse than desired due to the need to work,

both in paid employment or in subsistence agriculture. A lack of education has long-term effects – chances of employment are reduced leading to further poverty for the individuals and their children.

- Livestock Theft – in a poverty study conducted in 1999 it was estimated that 11% of households (and 29% of mountain households) had lost animals due to theft. This theft is heavily syndicated using unemployed youths and retrenched migrant workers, driven by poverty. The loss of animals has a huge effect on a household – as animals are sometimes the main assets in that household. The thefts are routinely violent, contributing to a breakdown of communal trust.
- Asset Depletion – the need to sell off assets is clear – these are a store of wealth and work as insurance. Households sell off assets rather than undertaking other negative coping strategies. The Household Budget Survey found that the proportion of the poor owning sheep, cattle and horse all fell dramatically between 1994/95 and 2002/03.

Many of these livelihood strategies are discussed in more detail in Chapter 3. Whilst they are all complicated phenomena, driven by a multitude of factors, it is important to understand that most strategies to deal with them are ex-post solutions; ameliorating the social hardship that is their root cause would be a more cross cutting and sustainable solution.

1.3.6 The overall consequence: increased vulnerability

It is clear that the combined impact of the above factors has been to increase vulnerability; many households can no longer rely upon migrant remittances, and are forced to rely much more upon agricultural output, which is unpredictable and becoming less profitable as more people resort to it. HIV/AIDS further impoverishes households and makes agriculture less of a viable coping strategy. Furthermore, household structures are also changing away from the nuclear family with increased dependency within households.

These themes are clearly shown within the Lesotho Food Security and Vulnerability Monitoring Report of June 2007 produced by the Lesotho Vulnerability Assessment Committee. The severe rainfall deficit of early 2007 led to a dramatically reduced harvest. As livelihoods, especially of the poor, have become more focused on agricultural production, this has had dramatic effects on the resources of the poor. Many poor households rely not just on their agricultural production, but also by providing agricultural labour for cash or food. The LVAC (2007) shows that informal cash or food earning opportunities provide 15-40% of poor households' food needs depending on where they live and the Lesotho National Nutrition Survey findings (2008) show that in Thaba-Tseka, 46% of households were reliant on casual labour as their main livelihood strategy. This important livelihood

strategy has also been constrained due to the large reduction in output. This led to the situation where:

"Given the depressed crop production and casual labour opportunities, coupled with the very high increases in the price of maize, the LVAC estimates that about 553,000 will not be able to meet their annual food requirements in addition to not being able to meet essential household expenditures'.

Clearly, the increased dependency of households on agricultural production has caused severe vulnerability.

1.4 Conclusions and Lessons Learned

In the last few decades, a deep rooted social transformation has been occurring in Lesotho as a result of changing employment patterns and the HIV and AIDS pandemic. This has increased vulnerability for households and individuals, especially children, both directly and indirectly through impacting on traditional household structures, kin and community based socials haring mechanisms, gender relations and coping strategies.

At the root cause is Lesotho's global vulnerability – with development performance almost entirely dependent upon the South African labour market and global economic trends. As we shall see in the next section, both the textiles sector, which dominates private sector employment, and revenue from the Southern African Customs Union (SACU), which dominates Government revenue and funds social expenditures, are also highly vulnerable to international developments.

Given the rise in vulnerability and the weakening of traditional methods of dealing with it, there is an urgent need for Government and its Development Partners to develop an integrated strategy for social protection that recognizes the roles played by households and communities, by Government and by other local and external agencies. This should form a core tenet of the Government's new National Development Plan, which this study was commissioned to inform.

Strategies and activities must seek to address both the causes of the above issues and mitigate their consequences. Addressing the causes will have to entail generating alternative sources of income to replace lost mining remittances and falling SACU revenues, but this falls outside the scope of this study. Rather, this study can be used to inform strategies addressing the consequences of social transformation across different areas.

1.5 Epilogue: Impact of the Global Financial Crisis

Like many countries in Southern Africa, Lesotho's banks were well regulated and largely immune from the global financial crisis. However, the impact of the global financial crisis on the real economy has had significant effects on Lesotho's economy and only now are the worst effects being felt. There have been four major transmission mechanisms which will be described in this section.

1.5.1 Effects on the Southern African Customs Union Revenue Pool

In 2008/09, SACU revenue made up 55.6% of the Government of Lesotho's revenue. Whilst there is an expectation that this will decline substantially in the long run, the global economic crisis has substantially reduced imports into the region in the short run, thereby reducing the size of the revenue pool and hence Lesotho's share. Given that payments are made based on forecasts for the year ahead, the magnitude of the global economic crisis had been underestimated. Therefore, Lesotho has been overpaid in 2008/09 and 2009/10 which means that it will have to pay back this amount over the next two financial years. Whilst Lesotho received M4.92 billion in 2009/10, this is forecast to fall to M1.69 million in 2011/12. This will put considerable stress on the Government budget, including on social expenditures.

1.5.2 Further retrenchment in South African mines

As has been outlined above, many Basotho have in the past relied on employment in South African mines and industries. Longer run patterns of retrenchment over the last few decades have been accelerated by the global economic crisis. Whilst some mines in South Africa were forced to scale back due to international demand for commodities, others were forced to cut back on production due to the difficulties of securing credit for working capital. Even though commodity prices, - especially gold, which actually increased throughout the crisis – have recovered, employment has not yet returned to its pre-crisis levels.

1.5.3 Reduced demand for Lesotho's textile exports

Whilst Lesotho's textile industry has been a remarkable African success story over the last decade, the demand from the United States has contracted noticeably as a result of the global financial crisis. US buyers have also switched purchases to countries with shorter export lead times to minimise risk in a time of uncertain demand. Furthermore, it has been difficult for many of the textile companies to get trade finance from Asian banks as easily as they did before the financial crisis, leading to severe liquidity problems for firms. Many smaller companies have been forced to fold and there have been over five thousand job losses to date.

1.5.4 Large falls in the international price for diamonds

Diamond extraction has become an increasingly important part of the Lesotho economy, but production has been scaled back as the per carat price of diamonds on international markets has collapsed from about $2000 to less than $900. Two diamond mines were forced to suspend production and the biggest exporter was forced to cut production and lay off staff. As the Government is an equity partner in the diamond companies, this has also had a negative impact on Government revenues.

Overall, it is clear that Lesotho has been substantially affected by the second round effects of the global economic crisis. The global economic crisis has made the development challenges facing Lesotho more severe in the short to medium run, whilst compromising the ability of the Government to adequately address them due to contractions in Government revenue.

1.5.5 The Response to the Global Economic Crisis

Despite the limited fiscal space and the fact that many of the transmission mechanisms of the global economic crisis on Lesotho are outside of Government control, there have been attempts to mitigate the impacts of the crisis and put in place measures to ensure that Lesotho is less vulnerable to exogenous shocks in the future.

The Government acted to preserve jobs in the textiles sector by injecting equity into companies totalling M50 million. The Central Bank was able to provide some trade finance where companies could not obtain this from normal channels. Furthermore, more money was allocated in the 2009/10 Annual Budget to social protection policies to protect the poor and vulnerable from the effects of the global economic crisis. The Old Age Pension was increased from M200 per month to M300 per month and an additional M32 million was allocated to school feeding programmes. A 30% subsidy on seeds and fertilizer was introduced to try and improve household food security.

There has also been much focus on stimulating the domestic productive base and diversifying the economy to enable Lesotho to better deal with exogenous shocks in the future. M600 million was set aside as a ‘stimulus package’ for 2009/10 and 2010/11 for priority investments in this area, including key infrastructure.

1.6 Children, poverty and disparities

Children are often a forgotten group – they have a small voice and regularly cannot get themselves heard. Infants, children and adolescents can experience poverty to a greater extreme than adults due to dependence – coupled with the long term effects of poverty, with the conditions in childhood affecting conditions in adulthood. In order to give the children a voice on a global scale UNICEF commissioned a global study to produce evidence and to strengthen the knowledge base on child poverty at a country and regional level. The study aims to confront the policies enacted in each country with evidence about their success or failure in order to influence policies for children. In Lesotho this is extremely important due to the current formulation of the next National Development Plan, which it is envisaged will contain important and highly needed plans for children.

1.6.1 Conceptual framework: a three-part approach

Poverty can be studied at a variety of levels, and this report will look at each of these where data availability allows. Many studies only focus on one type of poverty and therefore miss the full range of potential outcomes. The main driving definition for poverty in this report is the following statement, which focuses on the resources that children need to survive and grow:

'Children living in poverty experience deprivation of the material, spiritual, and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society' (State of the World's Children Report (SOWC), UNICEF, 2005).

Thus child wellbeing is material as well as spiritual and emotional – it is not enough to have access to education, health care, income and food but there needs to be a meaning to life, the ability to hold expectations, feel love, trust and a lack of abuse. Although this describes what poverty is with respect to children, it is difficult to conceptualise and measure in many situations. Yet it is important to include in any child poverty measurement the viewpoint of the child – how they experience poverty – while acknowledging the wider context that surrounds the child.

Fajth and Holland (2007) succinctly describe different ways to look at child poverty within this context:

1. Child poverty as measured by overall poverty: this method uses overall poverty indicators (such as per capita GDP, people living on under $1 a day) and uses them to indicate child poverty. Clearly these indicators describe the overall context within with a child is situated,

but does not study child-specific concerns. This is the manner by which many studies of child poverty approach the idea – and clearly misses out the effect of poverty on each child.

2. Child poverty as measured by the poverty of households: by doing this material poverty is focused on, such as the number of children in households earning less than 50% of the median income, but does not study the child as a separate unit or non-material aspects of deprivation.
3. Child poverty as measured by the flip side of child wellbeing: this is the most difficult to measure as it studies children at the individual level and looks at an absence of wellbeing – be it emotional or spiritual deprivation. This is a method that is good at identifying children who are deprived, but difficult to conduct in many lower income settings.

The study of child poverty is therefore in three parts – firstly looking at the country and regional level within which the child lives, secondly at the household level which gives the context for a specific child, and finally at the individual child level. Not all of these levels are measurable for each indicator of poverty.

Child poverty can be conceptualised in a number of ways, including child deprivation and a lack of income. Research on child deprivations in developing countries conducted by Townsend *et al.* (2003) utilised the approach of studying deprivations at the household level through the analysis of seven different indicators. From this the poverty headcount could be calculated when children are deprived of in two or more of these indicators. These seven indicators are:

1. Shelter – living in a household with five or more people per room or without floor material
2. Sanitation – living in a household with no toilet facility
3. Water – living in a household that uses rivers, ponds, streams and dams for their daily water needs, or who need to travel for more than 30 minutes to get the water.
4. Information – living in a household with no access to radio, television, telephone, newspaper or computer
5. Food – children who are below three standard deviations below the international reference population for stunting, wasting or underweight.
6. Education – children over 6 years old who are not currently at school
7. Health – children who did not get immunised against disease or who were not treated for diarrhoea or acute respiratory infection.

This deprivations approach, coupled with the more traditional income/consumption analysis will give an overall view on child poverty.

1.6.2 The Lesotho Child Poverty Study

The UNICEF Global Study on Child Poverty is implemented in each country, taking account of the situation in that country and the possibilities that are open for analysis. Data availability and quality vary widely and it is not possible to analyse all aspects of child poverty in each country. However, the aim is for the most comprehensive study of poverty using the available data to be conducted. Little evidence of the relationships between child deprivations or how deprivations are linked to public policies exists in many countries. These gaps in knowledge are what the Global Study is designed to fill. From this national development plans can be influenced and policies designed – to target those in most need.

To conduct this study the methodology for the Global Study has been used (see the *UNICEF Guide on Child Poverty and Disparities, 2007-08)*. This involved two teams – one studying the policies in Lesotho that have an influence on child wellbeing and the other conducting statistical analysis on child outcomes. The statistical analysis used data that was available in the country. As a result some aspects of poverty that would have been informative have not been studied due to a lack of data. The data sources that have been used are listed in Table 1.1.

Table 1.1: Data Sources used in the Lesotho Child Poverty Study

Survey	Year	
Multiple Indicator Cluster Survey (MICS)	2002	This is the most comprehensive survey that could be used to analyse child poverty as it collects detailed data about all children. However, it is now out of date and will be used for comparison only.
Household Budget Survey (HBS)	2002	The last survey that can calculate poverty at the household level in Lesotho. This is now out of date too, but will be used where appropriate as it will inform about disparities between groups in income.
Demographic and Health Survey (DHS04)	2004	Many countries have DHS, implemented about every 5 years. In Lesotho this provides the best data for analysis, even though most of the information for children focuses on those under 5 years. As a result some important indicators are not analysed.
National Census	2006	Implemented in 2006 this gives the background demographic and economic information for this report.

Survey	Year	
National Nutrition Survey	2007	The survey aimed to estimate malnutrition and mortality rates for children under 5, as well as studying the immunisation and morbidity rates for children.
Continuous Multi-Purpose Survey (CMS)	2009	To obtain up to date information about employment, migration, remittances from abroad and other socio-economic indicators this survey was launched in May 2009 and is conducted monthly, with aggregated results released every three months. Only the first quarter results are analysed here.
Demographic and Health Survey (DHS09)	2009	The latest DHS survey, released in March 2011, provides a good comparison with the DHS04 as the same questions were asked in both surveys. This provides evidence about changes in the population over the previous 5 years.

1.6.3 Children and the MDGs in Lesotho

The MDGs are not specifically focused on children, although there are obviously goals that are related to child outcomes. In 2009 a report studying the goals in Lesotho highlighted the areas that were potentially, probably and unlikely would achieve their stated goals (UN, 2009). This is backed up with figures from the United Nations Millennium Development Goals Indicators, which has updated the figures with the latest data, where available.

Table 1.2 shows the indicators that are related to children, along with the target for 2015.

Table 1.2: Millennium Development Goals indicators

Target	1990*	1995*	2000*	2005*	Latest	2015 target
Percentage of children under 5 moderately or severely underweight	15.8	16.0	17.9	19.8	13.8	8.0
Net enrolment ratio in primary education	72.0	-	77.7	75.4	73.0	100.0
Primary completion rate	58.8	-	60.1	62.0	72.7	100.0
Literacy rate of 15-24 year olds	-	-	90.9	-	91.9	100.0
Under-5 mortality rate (per 1000 live births)	92.5	100.1	123.8	113.7	83.5	37.0
Infant mortality rate (per 1000 live births)	80.0	80.0	83.0	74.0	63.0	24.0
Proportion of 1-year olds immunized against measles	80.0	83.0	74.0	85.0	85.0	100.0

Target	1990*	1995*	2000*	2005*	Latest	2015 target
Maternal Mortality ratio (per 1000 live births)	370	340	470	570	530	70
Percentage of births attended by skilled health personnel	-	60.9	59.8	55.4	-	80.0

* Or nearest year where data is available

Source: United Nations Development Goals Indicators (2011)

Lesotho is off target on many of the indicators that are most relevant for children. In fact, apart from the education goals such as primary enrolment there has not been much progress at all. This is worrying, and this report will investigate some of the reasons for this failure. Mortality – of children, infants and mothers – are the aspects that are of most concern as well as study differences between groups – male and female, regions of the country, wealth of the household and education of the mother, amongst others.

Chapter 2 Macroeconomic Strategies and Resource Allocation

The commitment of the government towards children can be judged through the budget allocation. The proportion of the budget that goes to social protection projects in general and for children in particular is possible to obtain for Lesotho. However, a new budgeting and accounting system has recently (between 2008 and 2010) implemented a new budgeting and accounting system. This was implemented to improve the budgetary process, although as the implementation is not fully complete yet it presents challenges in terms of calculating expenditure on the various social protection systems. This chapter will study the planning process in Lesotho and provide a brief inventory of the policies that have been used in Lesotho. It will then study the budget and highlight the areas of spending on social protection out of the total governmental budget.

2.1 The National Development Planning Process in Lesotho

In a National Planning process, at the apex is a series of aspirations and goals – what do we want to achieve? For example, a goal could be to achieve universal secondary education. To achieve these goals, there need to be a series of strategies – for example, expand the supply capacity of secondary education, and try and increase the demand for secondary education. These are often outlined in Medium Term Strategic Plans. To be implemented, these need to be transformed into concrete activities, whether policies (such as making secondary education compulsory), recurrent programmes (e.g. providing bursaries for children to attend secondary school) or capital projects (building new secondary schools). Activities are rationed by the budgeting process which allocates scarce resources. This process is shown in Figure 2.1.

Figure 2.1: National development planning process in Lesotho

2.2 How does this work in Lesotho?

2.2.1 The Goals

At the apex of Lesotho law is the Constitution; all legislation and activities are legally bound to respect and aim to achieve the provisions of the Constitution. The Constitution itself is highly progressive, guaranteeing fundamental human rights and the freedom of all persons. It also sets out Principles of State Policy that the Government is bound to try and achieve.

In 2002, under guidance from His Majesty King Letsie III, the Government of Lesotho (GoL) published a long term National Vision to guide economic development and poverty reduction. This *Vision 2020* document was developed using an extensive consultative and participatory process whereby all Basotho were encouraged to make their views, beliefs, priorities and aspirations known. These are embodied in the Vision statement:

'By the year 2020 Lesotho shall be a stable democracy, a united and prosperous nation at peace with itself and its neighbours. It shall have a healthy and well developed human resource base, its economy shall be strong, its environment well managed and its technology well established'.

Together with the Millennium Development Goals, to which Lesotho is a signatory, the Principles of State Policy of the Constitution and the National Vision serve to constitute the "goals" of public policy in Lesotho – the state of the nation that public actors should aspire to create.

2.2.2 The Strategies

To achieve goals, there must be strategies. Lesotho, like most other developing nations, has had a series of National Development Plans/Poverty Reduction Strategy Papers that outline strategies towards achieving the goals of the Constitution, National Vision and MDGs.

In order to facilitate the implementation of the National Vision, the Government prepared the 2004/05 – 2007/08 Poverty Reduction Strategy Paper (PRSP), outlining what development efforts were needed over a three year period to put Lesotho on a path towards the achievement of the Vision priorities. The PRSP included core priority areas (employment creation and income generation, agriculture and food security, infrastructure, democracy, governance, safety and security, quality and access to health care, social welfare services and education, environmental management and conservation and public service delivery) and several cross cutting issues (HIV/AIDS, gender, children and youth).

This PRSP expired in 2008, following which, a thorough review of the PRSP process was carried out. It was then found that many of strategies included in the PRSP were implemented; although weak processes prevented more systematic implementation.

The GoL believes that the priorities and goals contained within the PRSP remain valid as a credible expression of the aspirations of the Basotho nation, but an updated strategy is required to address the change in the development climate since the PRSP was developed. For example, the PRSP did not take into account the new local government structures developed in 2005. The GoL has therefore announced in 2009 that it will develop a National Development Plan (NDP) to replace the PRSP, which has been delayed until 2011. This Study will contribute to the development of this NDP. An Interim National Development Framework is however in place to help guide resource allocation until the NDP is complete. This has the following overarching priorities:

- Pursuing high, sustainable, shared, private sector led economic growth that generates employment
- Reducing social vulnerabilities through enabling the disadvantaged to participate in the growth process and protecting the vulnerable who are unable to benefit from the growth process
- Scaling up the fight against HIV and AIDS, both in terms of prevention, treatment and mitigation

2.2.3 Operationalizing Strategic Plans: Policies, Activities and Resource Allocation

To implement the strategies contained within the Medium Term Strategic Plans requires concrete activities. Activities can be policies, recurrent programmes and capital projects. Policies are decided on by the National Assembly. Programmes and Projects are executed through the Annual Budget. The budgeting process – the Medium Term Expenditure Framework (MTEF) – rations the scare Government budget between competing programmes and projects. Here, Ministries submit desired activities over a three year period. When the MTEF system is fully developed, it will ensure that because resources are scarce, only those that fit in with the strategies of the Medium Term Strategic Plan are considered for funding, and only those with the highest expected impact on achieving the national goals at the least cost will be selected.

2.3 The National Programme Inventory

The government of Lesotho has developed a range of programmes that either aim to protect or support children or the family unit. These are key areas that together will aid in the reduction of child poverty, however defined. Many of these programmes are focused on a specific objective, while taken together they make up the programme framework for children.

The programmes can be split into three types of activities:

1. Activities that provide protection from risk, adversity and disadvantage, also known as livelihood protection activities
2. Activities that support child outcomes by improving access, use, equity and efficacy of social services
3. Activities that support family income and/or gender equality in the labour market

2.3.1 Livelihood Protection Activities

There are six main programmes that fall under this heading:

- The Old Age Pension: Whilst the OAP is targeted at the elderly, it is highly important in improving the wellbeing of all household members, especially children. Lesotho was the first LDC to introduce a universal, non-contributory old age pension when it started providing M150 in cash to all Basotho individuals' not receiving alternative state pensions and who were over age 70 in 2004. By the 2009/10 fiscal year it was worth M300 per month.

The OAP is generally considered a model of good public service delivery practice in developing countries, and shows the feasibility of a large scale cash transfer even in a very poor country.

- School Feeding: Currently, the Government of Lesotho, with the assistance of the World Food Programme, provides free school meals to all 390,000 primary school children between Standard 1 and Standard 7. The Government of Lesotho provides for 325,000 children in 951 primary schools, at a cost of M202.6 million in the 2009/10 Annual Budget. WFP provides for 65,000 children in 476 schools, predominantly in remote areas at a rough cost of M16 million in 2009/10.

- Public Assistance Package: The Public Assistance Package is administered by the Department of Social Welfare in the Ministry of Health and Social Welfare. It is largely comprised of a Public Assistance Grant of M100 a month, paid through the Post Bank, sub-Accountancies and District Hospital Accounts Officers. In 2009 there were 6090 beneficiaries with a total budget of M7.3 million.

- Child Grant Programme: The Child Grants Programme (CGP) is a cash grant of M360 per quarter given to vulnerable households who are responsible for directly looking after vulnerable children (whether or not they are orphaned). The Child Grants Programme (CGP) is part of a larger programme of support to the Government of Lesotho, funded by the European Commission, which also focuses on improved access to education, HIV prevention programmes, health and psychosocial support and nutrition. UNICEF, through its cooperation agreement with the European Commission, is providing technical assistance for the whole OVC Programme.

- Disability Programmes: The Government is committed to eliminating the attitudinal and institutional barriers that preclude persons with disabilities from participating fully in mainstream society. Since 1993, the country has adopted laws and policies aiming at achieving equalisation of opportunities for people with disabilities by promoting their rights and ensuring their full and equal participation in society. This has often been in direct response to the provisions of the Constitution, as well as other relevant regional and international policies and conventions that the country is signatory to.

- Food Aid: The World Food Programme, on top of its school feeding programme, provides targeted food aid to 178,000 beneficiaries at a total cost of $31.9 million over a 32 month Protracted Relief and Recovery Operation programme. Food assistance is targeted at

chronically poor and food insecure beneficiaries, including the recipients of Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy and Tuberculosis treatment as well as pregnant and lactating mothers and the Child Grant Programme beneficiaries. Some of these are done in partnership with other service delivery agents including UNICEF and UNFPA.

2.3.2 Supporting Child Outcomes

Activities can be targeted directly at improving how children use social services, such as improving access to healthcare, increasing the amounts of children immunised, obtain knowledge about HIV and education. Many of these policies in Lesotho will be described in detail in Chapter 4 – the pillars of child wellbeing – when the policies are confronted with the available data relating to child outcomes.

An example of a policy that would fall under this heading is for school bursaries. In order to improve enrolment and completion rates amongst orphaned and vulnerable children, in 2001 the Ministry of Education and Training introduced bursaries for selected OVCs in junior and senior secondary schools. The scheme has grown quickly; in 2009, over 29,000 bursaries were awarded, compared to 22,735 in 2007 and 6,421 in 2004. The majority of bursaries are funded by GOL, with assistance from various Donor Partners such as the European Commission and Irish Aid. In 2010, GOL funded 20,948 bursaries, the Global Fund provided another 7,425 and smaller numbers were administered by other agencies such as the Red Cross, World Vision and Office of the First Lady. The average package is worth US$792 (c. M5900).

2.3.3 Supporting Family Income and Gender Equality

The final four programmes that are included here are:

- Cash and Food for Work Programmes: Food for work programmes and cash for work programmes have a long history in Lesotho. There are two main existing programmes. The Integrated Watershed Management Project ("*fato-fato"*), implemented by the Ministry of Forestry and Land Reclamation, at a cost of M112 million per year, engages on rotation the unemployed to plant trees and rehabilitate dongas (eroded gullies) to prevent soil erosion. The Development Fund for Councils Project (at a cost of M50 million per year) also engages the unemployed on local road- and water supply construction projects, paying them M48 per day.

A cash for work scheme is also administered by the Ministry of Local Government and Chieftainship. Recently a decision has been made to move to providing payment half in cash and half in terms of food rations. This was in response to an evaluation of a pilot project by World Vision in 2008 which found that giving half payment in cash and half in food was superior to either fully paying in cash or in food.

- Keyhole gardens and conservation agriculture: Projects to boost the output of smallholder farmers enable them to meet more of their subsistence needs. These include Conservation Agriculture, which aims to increase crop yield and prevent soil erosion through the application of techniques that reduce interference with the soil. Trials of Conservation Agriculture have been proven in Lesotho to raise the production of smallholder farmers above subsistence levels. Furthermore, in recent years the Government has been providing a 30-50% subsidy of agricultural inputs to smallholder farmers, often through Input Trade Fairs, supported by FAO, the European Commission and IFAD.

  Other projects aim to help those households without the available adult labour or land to practice agriculture – for example households headed by the disabled, the elderly and orphans. These include homestead gardens which produce food but require very little physical effort. For vulnerable households, these gardens can form a primary source of household nutrition, food security and income. This is especially important for those on ARV treatment – because the therapy is only effective if the recipient has adequate nutrition. Homestead gardening has been promoted by the Livelihoods Recovery through Agriculture Programme (LRAP) – a joint initiative between MAFS, Care-Lesotho and DfID, as well as FAO and several NGOs in Lesotho, including World Vision.

- Microfinance programmes: To increase overall economic participation, development actors have been trying to expand micro-finance services to the under-banked population. Access to formal financial services in Lesotho by the rural population is very limited. The country's banking sector is dominated by foreign banks, which use only a fraction of their liquidity for local lending. The availability of micro-credit is hoped to allow micro and small entrepreneurs to invest in productive assets or build up working capital to increase income generation and diversification and reduce vulnerability. The GoL, together with IFAD, have launched a Rural Financial Intermediation Programme (RUFIP) at a total project cost of M51.3 million over 5 years to build the capacity of the Lesotho Postbank so that it can provide a range of loan facilities, build capacity of financial cooperatives, and develop an enabling environment for the development of rural and micro financial services.

On top of this, the Ministry of Gender and Youth, Sports and Recreation has several projects designed at promoting the access to productive resources of traditionally excluded groups of the population, predominantly unemployed youths and women.

- Youth employment programmes: In 2007 the Ministry of Gender and Youth, Sports and Recreation launched the Youth Employment Promotion towards Poverty Reduction in Lesotho. This is a three pronged policy – creating an enabling policy environment, enterprise development for youth employment and the formation of strategic partnerships and resource mobilization.

2.4 Budget Analysis of Social Protection Spending

Creating and implementing policies required political will and the budget to realise the intended goals. An analysis of the spending by the government on social protection will highlight whether there is political commitment and show where the main funding is being spent. This section will perform this analysis, which will inform the rest of the report.

2.4.1 Background

In the period 2008-2010, the Government of Lesotho, supported by Donor Partners, introduced a new budgeting and accounting system known as IFMIS (Integrated Financial Management Information System). Under IFMIS, the way the Government of Lesotho allocates and monitors expenditure is completely different from the old system, GOLFIS (Government of Lesotho Financial Information System).

Whilst IFMIS improves the budgetary process, it presents challenges in terms of calculating expenditure on the various social protection systems. Firstly, as the way financial allocations are classified and recorded has changed, it is now impossible to contrast 2010/11 financial year budget allocations on expenditure items with previous years, making trend analysis impossible. Furthermore, IFMIS does not yet contain a completely functional programme based budgeting system; i.e. money is allocated to “cost centres” – such as Departments, but the system does not always record exactly on what the money is spent. For example the money allocated to ‘District Level Primary Health Care” under the Ministry of Health and Social Welfare is not broken down into programme spending categories such as on maternal health, vaccinations or oral health.

The Government Budget itself is comprised of several components. Broadly, it is split between the capital budget (spending on finite-length projects such as building schools) and the recurrent budget (on-going spending items such as salaries and the cost of primary school feeding). However, in

Lesotho, all spending activities funded by Donor Partners are recorded as capital projects, so the picture is slightly distorted. Furthermore, the recurrent budget is split between "statutory expenditure" (fixed liabilities that the Government has no option to pay, for example on pensions, including the Old Age Pension, and debt repayment), and "discretionary expenditure" (where there is choice over what the money is spent on). Some of this discretionary expenditure is allocated to Ministries, and some of it is allocated to quasi-autonomous and autonomous bodies such as the Auditor General. The budget for 2010/11 is summarised in Figure 2.2.

The total ministerial recurrent spending is estimated at M5,613.4 million. The total discretionary recurrent spending, which includes the ministerial recurrent spending plus subventions (such as to the National Assembly, Auditor General and the Independent Electoral Commission) is M5,941.7 million. This excludes the Old Age Pension, which when includes increases the allocation to M6,244.1 million. Adding statutory expenditure, such as other pensions, subscriptions and debt repayment increases results in a recurrent spending total or M7,385.4 million. The total government spending, which includes capital spending plus donor partner assistance is M10,919.9 million.

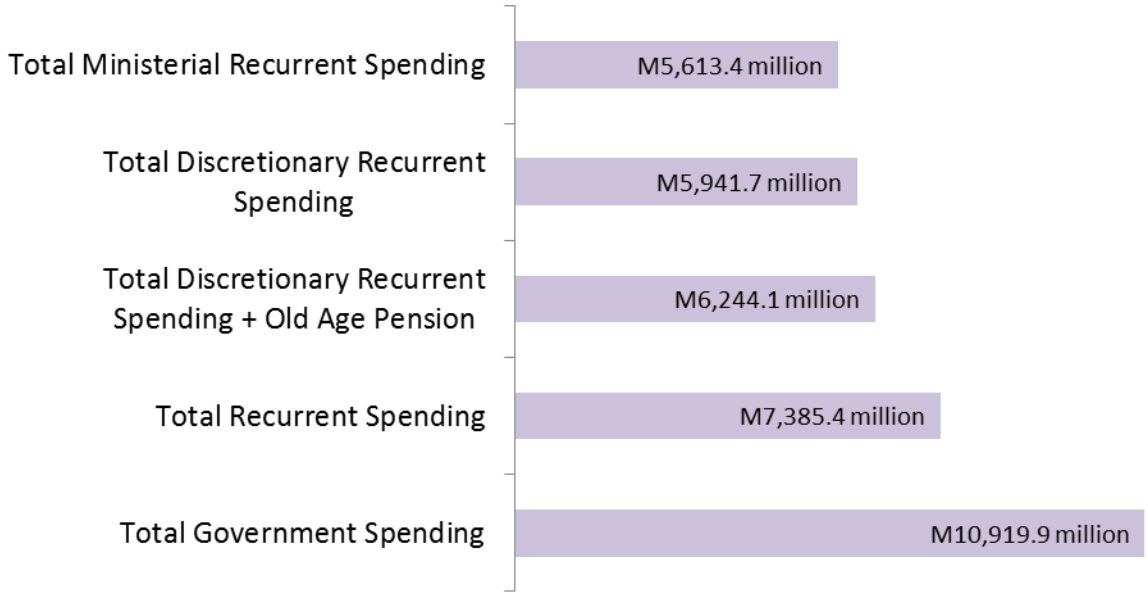


Figure 2.2: Lesotho 2010/11 budget allocations

2.4.2 Ministerial Allocations

Table 2.1 below shows how the Government budget is allocated between the various Ministries and other institutions.

The core message that is apparent from this table is that the allocations to the Ministries of Education and Training and Health and Social Welfare are extremely large as a proportion of the total Government budget; 16% and 12% of the total budget respectively. The Ministry of Education gets a particularly high allocation from the recurrent budget (22%), reflecting expenditures on free primary education, school feeding and teachers' salaries. However, the capital budget for the Ministry of Education, reflecting things like the construction of new schools, is relatively low (5%) suggesting that there is less emphasis on physical expansion. The Ministry of Health gets a proportionately high amount of the capital budget (14%) reflecting the construction of the new referral hospital and refurbishment of the health clinics. The capital budget is dominated by the Ministries of Natural Resources and Public Works and Transport, suggesting that the Government is focussing heavily on physical infrastructure and improving access to water and sanitation.

Table 2.1: Total government budget allocations between ministries and other institutions, 2010/11, million Maloti

Institution	Recurrent	% Total Recurrent	Capital	% Total Capex	Total	% Total
Ministry of Agriculture and Food Security	147.6	2%	56.0	2%	203.6	2%
Ministry of Health and Social Welfare	807.3	11%	492.6	14%	1299.8	12%
Ministry of Education and Training	1599.8	22%	181.6	5%	1781.4	16%
Ministry of Finance and Development Planning	797.0	11%	592.5	17%	1389.5	13%
Ministry of Gender and Youth, Sports and Recreation	57.7	1%	94.3	3%	152.0	1%
Ministry of Trade and Industry, Cooperatives and Marketing	53.0	1%	44.4	1%	97.4	1%
Ministry of Justice and Human Rights and Rehabilitation	204.4	3%	19.7	1%	224.1	2%
Ministry of Home Affairs and Public Safety	372.7	5%	14.0	0%	386.7	4%
Prime Minister's Office	100.3	1%	5.0	0%	105.3	1%
Ministry of Communications, Science and Technology	76.7	1%	32.0	1%	108.7	1%
Ministry of Foreign Affairs	331.7	4%	16.0	0%	347.7	3%
Ministry of Public Works and Transport	186.7	3%	626.0	18%	812.7	7%
Ministry of Forestry and Land Reclamation	41.7	1%	112.0	3%	153.7	1%
Ministry of Natural Resources	76.1	1%	810.7	23%	886.7	8%
Ministry of Tourism, Environment and Culture	59.2	1%	34.5	1%	93.7	1%
His Majesty's Office	6.7	0%	20.0	1%	26.7	0%
Lesotho Highlands Development Agency			79.0	2%	79.0	1%
Ministry of Defence and National Security	356.8	5%	15.0	0%	371.8	3%
Ministry of Local Government and Chieftainship	324.3	4%	289.3	8%	613.6	6%
Ministry of Law and Constitutional Affairs	61.5	1%			61.5	1%
Ministry of Labour and Employment	35.9	0%			35.9	0%
Ministry of Public Service	23.5	0%			23.5	0%
Judicial and Legislative Institutions	121.3	2%				
Contingencies	100.0	1%			100.0	1%
Old Age Pension	302.4	4%			302.4	3%
Other Statutory Expenditure	1141.3	15%			1141.3	10%
TOTAL	**7385.4**		**3534.6**		**10919.9**	

However, whilst allocations to Ministries are informative, it is hard to judge what proportion of Government spending is allocated to social protection activities from it alone. For example, the Ministry of Finance and Development Planning's budget, which is the second largest allocation, includes some social expenditure (reflecting both the Global Fund expenditures and bursaries to tertiary education) but also lots of other expenditures (for example on upgrades to the border posts). Therefore, it is important to take a more disaggregated approach when calculating expenditure on social activities, especially those related to children.

2.4.3 Calculating Expenditure on Social Protection

To calculate the government expenditure on social protection activities the Government recurrent and capital budgets were assessed. Each item of expenditure was categorised individually as contributing to social protection activities or not. Those activities that were related to social protection were further classified into one of the three activity groups; policies that provide protection from risk, adversity and disadvantage, polices that support child outcomes by improving access, use, equity and efficacy of social services, or policies that support family income and/or gender equality in the labour market (see section 2.3). The amounts spent on each type of activity are then aggregated.

These calculations indicate that social expenditures are quite high as a proportion of the Government budget – although this is dominated by recurrent expenditures; 44% of the recurrent budget is dedicated to social expenditures compared with only 24% of capital expenditures. This means that, overall, 35.6% of total expenditure is on social expenditures (see Figure 2.3).

Figure 2.3: Allocated expenditure on social expenditures, Lesotho 2010/11 in million Maloti

This breakdown of the budget reflects the sum of social expenditures and not their profile, which is shown on the below (see Figure 2.4). This indicates that the vast bulk of social expenditure is on complementary social services (e.g. health and education), equivalent to 77.4% of total social expenditure and 29.1% of the entire Government budget. In contrast, spending on livelihood protection is only 16.7% of the social expenditure allocation, or 6.3% of the Government budget. Meanwhile spending on livelihood diversification is a mere 5.9% of the social expenditure allocation or 2.2% of the total Government budget. Therefore, Government expenditure is highly weighted towards expanding access to, and the efficiency of, social services like health and education, and comparatively very little is spent on protecting and diversifying livelihoods.

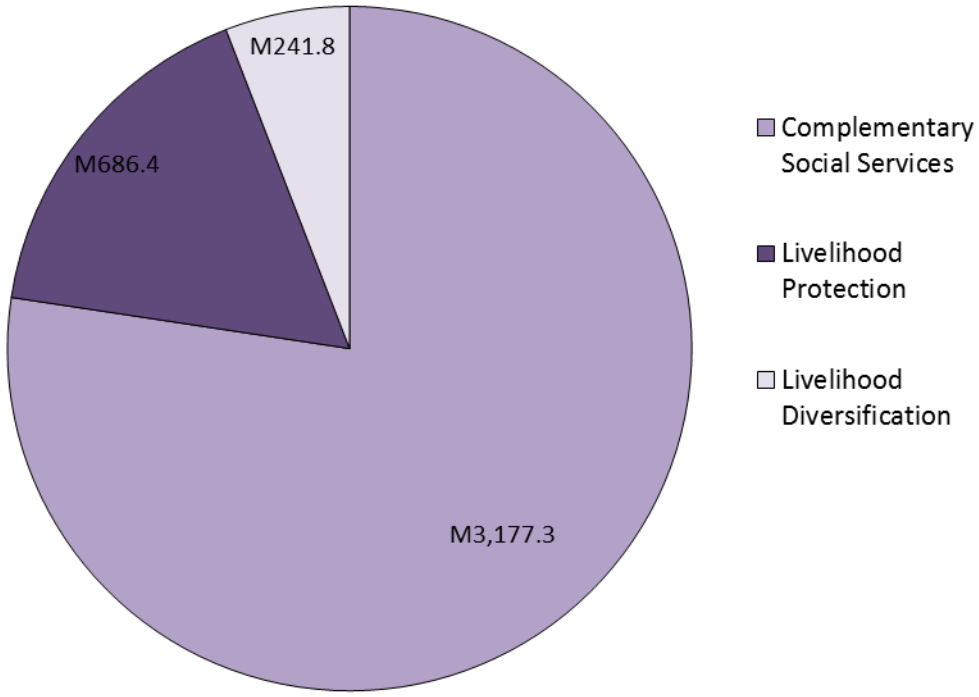


Figure 2.4: Social protection allocations, 2010/11 in million Maloti

2.4.4 Livelihood Protection

Table 2.2 shows the Government activities (both projects and programmes) identified as activities targeted to protect peoples' livelihoods.

Table 2.2: Budgetary activities targeted to protect peoples' livelihoods, 2010/11 in million Maloti

Programme	Agency	Amount
Old Age Pension	Statutory	302.4
School Feeding	MOET (WFP)	285.1
Public Assistance Grant	MHSW	15.7
Food Management Unit	PMO	15.4
OVC Support	MHSW	12.5
Social Welfare	MHSW	8.4
Youth Resource Centre	MGYSR	7.4
Youth Department	MGYSR	6.7
Disability Support and Rehabilitation	MHSW	6.1
Primary School Feeding	PMO	5.0
Gender Advocacy	MGYSR	5.0
Food and Nutrition Coordinating Office	PMO	4.3
Disability Rehabilitation Unit	MHSW	3.8
Gender Department	MGYSR	2.9
Homes for OVCs	MOET	2.6
Outreach Centre for Abused Women and Children	MGYSR	2.1
School Self Reliance and Feeding	MOET	1.0
Nutrition	MAFS	0.1
TOTAL		**686.4**

This spending is clearly dominated by two "big-ticket" items - Primary School Feeding and the Old Age Pension, together comprising 86.4% of the total. These activities can be further grouped into social transfers, nutrition, OVC support, support for youths, gender advocacy, disability and administration. Figure 2.5 shows the totals within each of these expenditure categories.

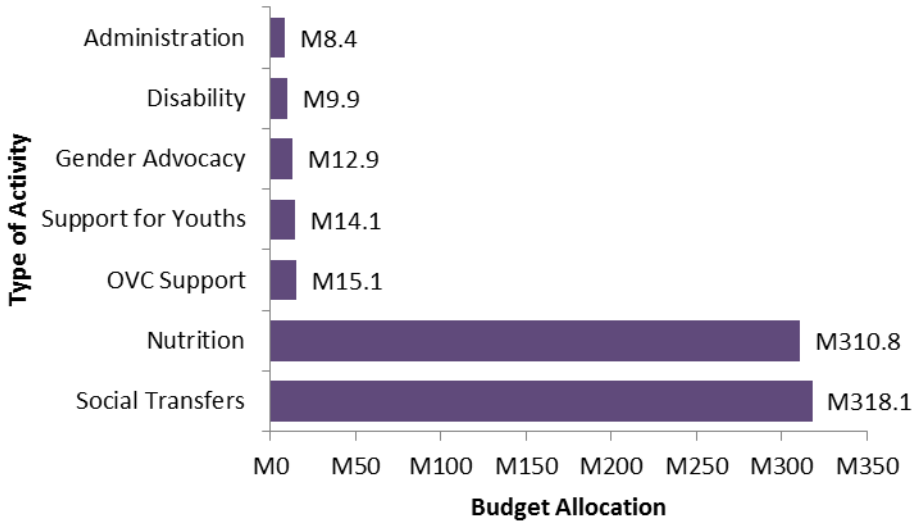


Figure 2.5: Budget allocations towards livelihood protection activities, 2010/11 in million Maloti

Reflecting the size of the Old Age Pension and the Primary School Feeding programme, this section is dominated by expenditure on nutrition and social transfers. What is also apparent is how little is spent on nutrition programmes outside of the Primary School Feeding programme. Also, what is clear is how little is spent on OVC support (outside of the school feeding programme) and on gender advocacy and disability support – 2.2%, 1.9% and 1.4% of the total of livelihood protection activities respectively. This amounts to a mere 0.14%, 0.12% and 0.09% of the total Government budget. To put things in perspective, although this section is dominated by social transfers and nutrition, they make up a mere 2.9% and 2.8% of total Government spending respectively.

2.4.5 Livelihood Promotion

A number of activities were identified as targeted to promote and diversify peoples' livelihoods. The Government activities (both projects and programmes) that were identified as these types of activity are listed in Table 2.3 with the agency that is allocated these amounts as well as the amount allocated.

Table 2.3: Budgetary activities targeted to promote peoples' livelihoods, 2010/11 in million Maloti

Programme	Agency	Amount (M million)
Integrated Watershed Management	MFLR	112.0
Development Fund for Councils	MLGC	50.0
Rural Financial Intermediation Project	MFDP	39.1
Subsidies on Agricultural Inputs	MAFS	18.9
Youth Employment Project	MGYSR	6.7
Poverty Reduction	PMO	4.3
National Volunteer Corps	MGYSR	3.4
Gender Equality of Women's Rights	MGYSR	2.8
Youth Credit Initiative	MGYSR	2.2
Special Programme for Food Security	MAFS	1.5
Women's Entrepreneurship Development Programme	MGYSR	0.9
TOTAL		**241.8**

Again, this can be categorised further into different types of spending noted above, such as cash/food for work, micro-finance, household food security, youth employment and women's economic empowerment. The totals for this are shown in Figure 2.6.

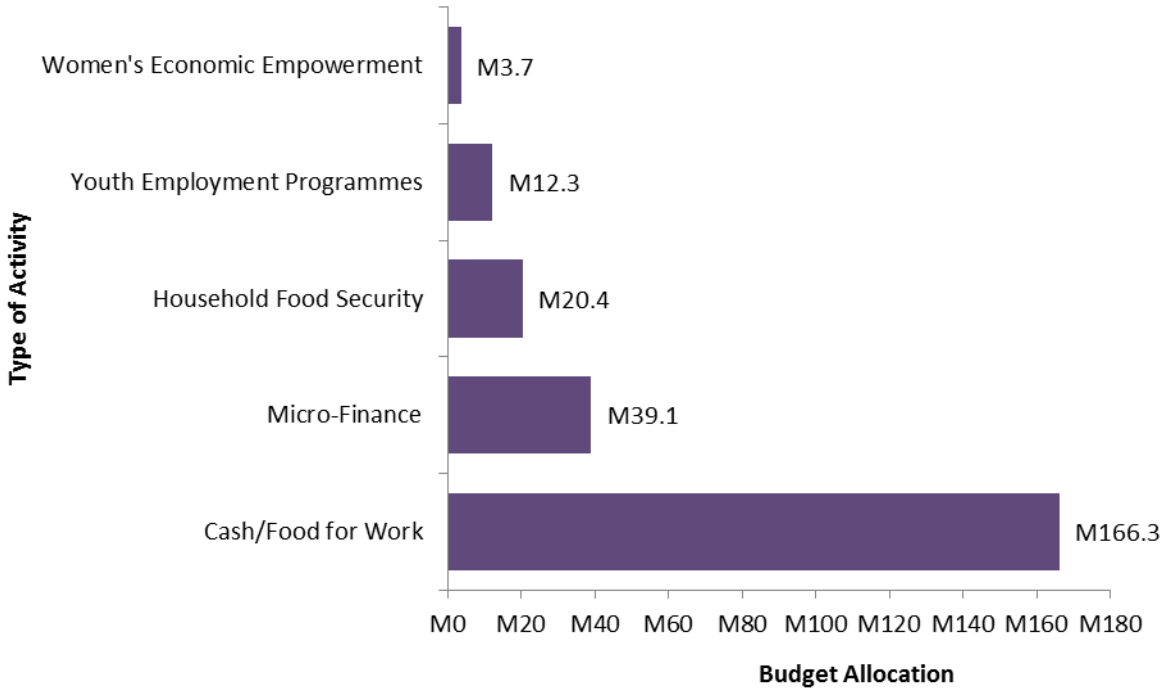


Figure 2.6: Budget allocations towards livelihood promotion activities, 2010/11 in million Maloti

Livelihood promotion activities are dominated by cash- and food-for-work programmes, which make up 69% of spending in this area, and 1.5% of total Government expenditure. Spending on promoting household food security is extremely low; just 8.4% of the total for this area and 0.19% of the overall Government budget. This partially reflects the low overall allocations to the Ministry of Agriculture and Food Security and the prioritisation of commercial food production with MAFS. Thus it is clear that the overwhelming approach to food insecurity is to give food in the form of school feeding rather than try and assist households become more self-sufficient in food production. Employment promotion programmes for youths and women are also given few resources; between them receiving only 0.14% of total Government spending.

2.4.6 Complementary Social Spending

From section 2.4.3 expenditure on social protection activities, both the promotion of access to and the efficiency of, is dominated by spending on complementary social services. This aspect is therefore the most important to analyse and understand exactly where this spending is directed towards, especially to assess the allocations for children. The expenditure that is classified in this area is shown in Again, categorising this spending to assess the different sizes of the groups is needed – the spending can be grouped into three overall headings: health, education and HIV/AIDS.

This spending is shown in Figure 2.7, and it is clear that spending is dominated by the education sector, with nearly twice the budget of that of the health sector.

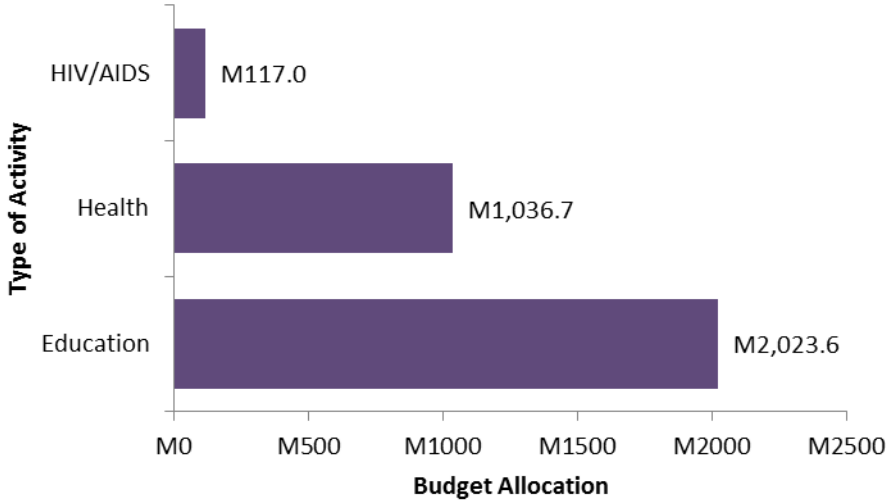


Figure 2.7: Budget allocations towards complementary social spending, 2010/11 in million Maloti

Table 2.4

Again, categorising this spending to assess the different sizes of the groups is needed – the spending can be grouped into three overall headings: health, education and HIV/AIDS. This spending is shown in Figure 2.7, and it is clear that spending is dominated by the education sector, with nearly twice the budget of that of the health sector.

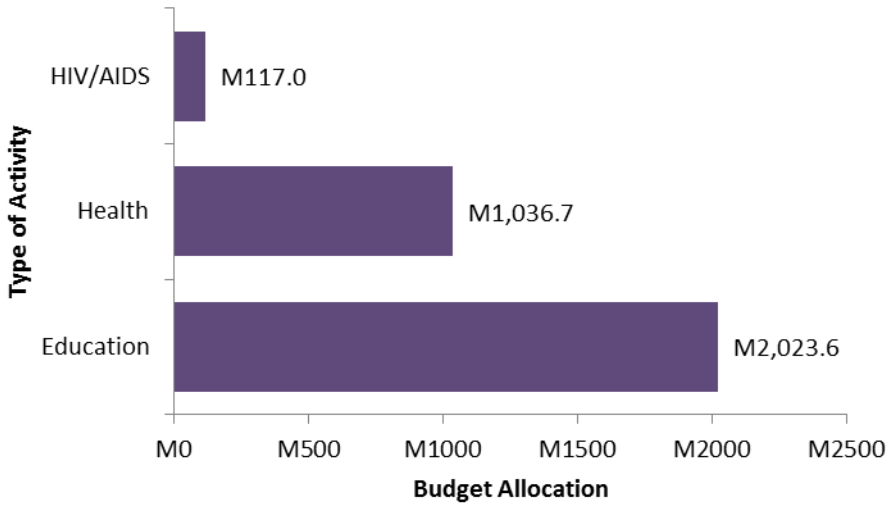


Figure 2.7: Budget allocations towards complementary social spending, 2010/11 in million Maloti

Table 2.4: Budgetary activities targeted on complementary social services, 2010/11 in million Maloti

Programme	Agency	Amount
Teacher's Salaries	MOET	1058.0
Tertiary Student Grants	MFDP	470.1
Hospital Services and DHMTs	MHSW	207.4
Health Sector Reform Project	MHSW	187.1
Health Administration	MHSW	178.1
Referral Hospital	MHSW	154.0
Queen II Hospital	MHSW	150.8
HIV/AIDS/STI	MHSW	110.5
Tertiary	MOET	106.1
District Level Primary Health Care	MHSW	57.1
Secondary	MOET	57.0
Education for All Fast Track Initiative	MOET	50.0
Construction of Secondary Schools	MOET	43.0
Education Quality Enhancement Project III	MOET	36.0
Teacher Development, Supply and Management	MOET	34.9
Labs and Research	MHSW	31.3
TVET	MOET	29.1
Free Primary Education	MOET	28.9
NHTC	MHSW	19.6
District Management	MOET	16.2
Education Admin	MOET	15.2
TB Control	MHSW	15.0
Irish Aid Assistance to Primary Education	MOET	15.0
Mental Health	MHSW	14.4
Curriculum Development	MOET	11.3
Education Policy Development, Planning, M&E	MOET	10.5
Infectious Diseases	MHSW	9.4
Free Primary Education	MOET	8.0
Lesotho Distance Teaching Centre	MOET	7.6
Integrated Early Childhood Care and Development	MOET	7.0
LFDS	MHSW	6.6
HQ Office Extension	MOET	6.0
HIV/AIDS for African Children	MOET	4.6
Capacity Building	MHSW	4.5
Lerotholi Polytechnic Office Construction	MOET	4.0
School Supply Unit	MOET	2.2
Lesotho High School Improvement Project	MOET	2.0
Primary Education	MOET	1.7
Social Compact for Youth Led Response to Poverty and HIV/AIDS	MGYSR	1.5
e-Government	MOET	1.4
UNESCOM	MOET	1.4
Special Education	MOET	1.0
Pharmaceutical Service	MHSW	0.7
Oral Health	MHSW	0.7
Adolescent HIV/AIDS Prevention	MGYSR	0.4
Total		**3177.3**

The budget of the Ministry of Health and Social Welfare is difficult to break down into the constituent parts. However, for the Ministry of Education, it is clear that expenditure is dominated by teachers' salaries (in Government schools, the vast majority of which are at primary level) and subsidies for tertiary education. This can clearly be seen in Figure 2.8.

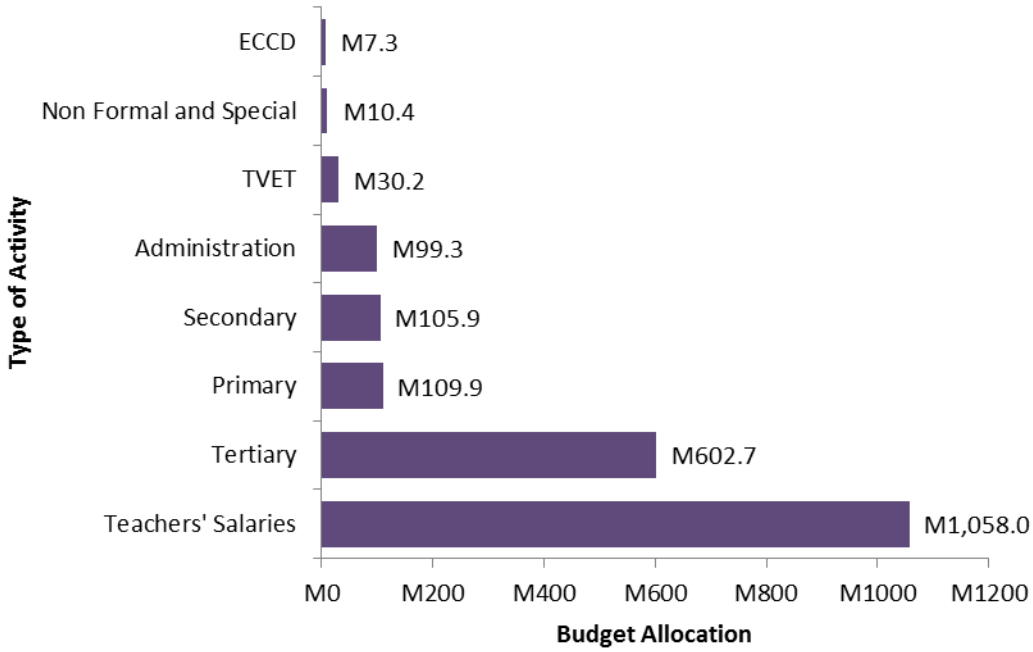


Figure 2.8: Budget allocations towards education related spending, 2010/11 in million Maloti

2.4.7 Comparison with Zambia and South Africa

It is useful to compare the budget allocations with other countries to assess the similarities and differences in spending. Two obvious comparisons are with South Africa and Zambia. The South African figures are taken from 2010, using the South African Treasury People's Guide to the Budget, while the Zambian information is from 2008-2010, using the Medium Term Expenditure Framework and the 2009 Budget.

The social protection budget is classified into three groups – education, health and 'other'. The summary of the total budget spent in each of the three countries as a percentage of the total budget is shown in

Table 2.5.

Table 2.5: Percentage of total budget allocated to social protection activities in Lesotho, Zambia and South Africa

	Lesotho (2010-11)	Zambia (2008-09)	South Africa (2010-11)
Health & HIV/AIDS	10.6%	11.0%	11.3%
Education	18.5%	15.0%	18.3%
Other Social Protection	8.5%	3.8%	14.5%

In Zambia the spending was very similar to Lesotho, especially with respect to health and HIV/AIDS and education. Other social protection activities included a large proportion that was used to bridge the gap with the public sector pensions fund deficit. Only 0.16% of the budget was spent on OVCs, while 0.08% was spent on disability. The difference in funding is mainly due to the lack of a school feeding programme or the old-age pension.

In South Africa the percentage spent on health and education was almost identical, but the proportion spent on other activities was far higher. These other social protection activities includes the state old age pension, disability grants, child support grants, foster care grants, care dependency grants and grant-in-aid.

Thus Lesotho compares favourably with Zambia on social protection spending, whilst there are similarities with South Africa except for overall spending.

2.4.8 Other spending not included

Almost Donor Partner funded projects that are implemented in partnership with the Government of Lesotho are recorded in the Government's Annual Budget, under capital expenditure and hence have been included in the above analysis. However, there are a number of Donor Partner projects that are implemented outside the Government Budget that have not been included. The most substantive of these are:

- The World Food Programme PRRO Food Aid of approximately M88 million in 2010/11. This would be approximately 0.8% of total Government spending if it was included, and would increase allocation on nutrition from 2.6% to 3.4%.
- PEPFAR (including a wide range of projects but it is primarily focused on HIV/AIDS) – spending on this was US$29.2 million in 2010/11 (equivalent to M209.73 million). This amount has a large effect on the spending on HIV/AIDS, and may contribute to the smaller than expected spending on HIV/AIDS by the Government. It is worth noting that PEPFAR has a requirement, imposed by the US Congress, that when funding reaches a certain level, OVC funding must amount to at

least 10% of the total. This requirement has now been met. The budget for OVC is expected to be between US$2 to $2.6 million from 2010 onwards.

- Global Fund – major funding was given for access to essential services for OVC and was worth $5.8 million in 2010 (M41.66 million). This was primarily on secondary school bursaries and associated hygiene kits but also covered spending on shelter and safety centres, ARVs and treatment of opportunistic infections, community based support initiatives, nutrition and food security programmes, psychosocial support and supplementary food support for out-of-school youth and fee exemption of OVC from all essential services.
- MCC Healthcare spending – this is mainly funding for the refurbishment of Health Centres, and is budgeted at M126 million in 2010/11.

Chapter 3 Poverty and Childhood

Poverty is a major concern in Lesotho and is the focus of many social protection and sectoral policies. The National Development Strategy has had poverty reduction as a cornerstone of its approach and advances have been made in reducing poverty at a national level. However, children are often forgotten in poverty reduction drives, with the focus on households and employment. A reduction in child poverty is sometimes just a good by-product of these other policies. This chapter studies child poverty and assesses the trends observed, thus helping understand areas that specific policies can target.

Child poverty should not be viewed as simply monetary poverty, although this is clearly important. There is no agreement about the best way to measure poverty, but this study takes a human rights approach to the subject, conceptualising poverty as deprivation on a number of dimensions, of which income is an important aspect. This chapter presents the core poverty analysis, studying a number of different indicators including income and consumption, deprivations and child mortality. The aim is to investigate how individuals, households and communities influence child poverty characteristics.

It is important to understand that poverty may mean different things to different people – what is 'poor' for an individual may be different from that conceptualised by other individuals. An important viewpoint is from the poor themselves. Chapter 5 looks at the way that children view poverty – what is important to them, how do they see themselves and what are their lives like?

3.1 Income and Consumption Measures of Poverty

3.1.1 Numbers of children affected

There have been no recent surveys in Lesotho that analyse economic measures of poverty. The most recent Household Budget Survey was conducted in 2002/3, from which the results are discussed here. The lack of this information is an important void that needs to be filled within the country – understanding who is below the poverty line and is struggling to pay for basic items such as food, education and health is vital so that targeted policies can be formed. The surveys that have been completed have not allowed the identification of income poverty for children. The recent Continuous Multi-Purpose Household Survey will help in the identification of the monetary poor, but the results are not available for this study.

One issue with the lack of data is a difficulty in identifying child poverty as separate from overall household poverty. However, it is useful to attempt to obtain the numbers of children living in poverty in 2002. To do this the average numbers of children in households in 2004 (from the Demographic and Health Survey) have been used (see Table 3.1). Thus the absolute numbers quoted in this section must be considered as estimates only. The average number of children in the different age groups has been used on the total estimated number of households in the country in 2006 to give the absolute numbers.

Table 3.1: Mean number of children per household

Age group	Mean number of children In all households
0-17 years	2.09
Under 5 years old	0.53
0-2 years old	0.31

Source: Demographic and Health Survey, 2004

3.1.2 Poverty in Lesotho

The percentage of the population who live below the national poverty line has varied over time, with the lowest percentage seen in 1986 (see Table 3.2). This has grown to 56.6% in 2003, although this figure is greatly reduced from a peak of 66.2% in 1994. The poverty gap, which measures both the depth and the incidence of poverty, indicates that poverty in 2003 was at about the same levels as it was in 1986, with about a 20% shortfall from the poverty line when it is set at $1.25 a day, and about a 33% shortfall when the poverty line is $2 a day. Inequality has fallen slightly, with the top 10% of the population holding just under 40% of the income in 2003, compared with almost 50% in 1994. The share held by the poorest 10% is not improving though, with this group holding only 1% of the income in the country. The Gini coefficient fell from 0.57 in 1994/95 to 0.52 in 2002/3.

Table 3.2: Poverty measures over time in Lesotho

	1986	1993	1994	2003
Poverty headcount ratio at national poverty line (% of population)	46.8	49.2	66.2	56.6
Poverty headcount ratio at rural poverty line (% of rural population)	-	53.9	68.9	60.5
Poverty headcount ratio at urban poverty line (% of urban population)	-	-	36.7	41.5
Poverty gap at $1.25 a day (PPP) (%)	20.9	30.2	25.6	20.8
Poverty gap at $2 a day (PPP) (%)	33.3	43.0	36.1	33.1
Poverty gap at national poverty line (%)	22.3	24.0	37.9	-
Poverty gap at rural poverty line (%)	-	26.5	-	-
Poverty gap at urban poverty line (%)	-	-	-	-
Income share held by highest 10%	43.6	44.1	48.4	39.4
Income share held by lowest 10%	1.0	1.0	0.5	1.0

Source: World Bank Development Research Group

Lesotho is a rural country, with 77% being classified as living outside of urban centres – although this proportion is falling according to the 2006 Census. The Household Budget Survey (HBS) in 2002/3 highlighted that poverty increased slightly in urban areas since 1994, but fell in rural areas. This is interesting – and may be due to the poor rural dwellers moving to urban areas for work, thus increasing poverty in these centres. A number of households have no monthly cash income – and these households are concentrated in two areas; the rural lowlands and 'other' urban (i.e. outside Maseru). The World Bank reports that 40% of the poor in Lesotho were children, compared with 54% of adults and 6% of those aged over 64.

The HBS indicates that 56.7% of households in Lesotho are classified as poor. There were an estimated 420,000 households in Lesotho in 2006, meaning that an estimated 240,000 households were in poverty. Using the numbers of children above we can estimate that:

- There are about 500,00 children under the age of 18 who are living in poverty and are living below the national poverty line;
- Children under the age of 5 who are poor total about 125,000, while those under the age of 3 in the same situation total about 75,000.

This can be broken down by district – with the average numbers of children and under 5 year olds in each district calculated and multiplied by the estimated numbers of households under the poverty line in each district (see Table 3.3). As noted, these figures are estimates and should be updated with a comprehensive household budget survey.

Table 3.3: Estimated numbers of children in poverty by region, 2002

		Children under 18			Children under 5		
	Total HH in poverty	Average number of children (<18)	Total number of children <18 poor	Percentage share	Average number of under 5 year olds	Total number of under 5's poor	Percentage share
Botha-Bothe	16,800	2.04	34,253	6.9	0.51	8,628	6.9
Leribe	40,560	1.99	80,570	16.3	0.50	20,322	16.2
Berea	26,640	2.01	53,655	10.9	0.52	13,835	11.0
Maseru	49,920	1.77	88,401	17.9	0.42	20,850	16.6
Mafeteng	25,920	2.16	56,075	11.3	0.56	14,387	11.5
Mohale's Hoek	15,360	2.15	32,978	6.7	0.53	8,105	6.5
Quthing	15,360	2.25	34,628	7.0	0.57	8,793	7.0
Qasha's Nek	14,640	2.34	34,256	6.9	0.59	8,588	6.8
Mokhotlong	16,800	2.28	38,376	7.8	0.63	10,598	8.5
Thaba-Tseka	18,000	2.29	41,147	8.3	0.63	11,284	9.0
Total	240,000	2.09	494,338	100.0	0.53	125,390	100.0

Source: Demographic and Health Survey, 2004

Maseru and Leribe were the districts with the highest number of children living in poor households, while Qasha's Nek and Mohale's Hoek had the lowest amounts. This does, in part, reflect the population distribution across the country, but also indicates the areas where interventions may have the greatest effect.

3.1.3 Lesotho Poverty Reduction Strategy

Many of the poverty indicators listed examined in this area compare poverty in at two time points – 2004 and 2009 (this is due to the availability of data from the Demographic and Health Surveys). The main strategy in place at this time was the Poverty Reduction Strategy (PRS), initially a three-year medium term development framework scheduled between 2004/5 and 2006/7. This has been extended until the comprehensive National Development Plan is finalised. The strategies noted in this document are thus important to acknowledge, as changes in poverty seen in the data may be driven by the policies that were formed.

The PRS outlines national priorities for promoting economic growth and reducing poverty. Priority areas, such as employment, agriculture, infrastructure, health, education and the environment are highlighted, with objectives, strategies and activities that were planned over this period. The strategy links closely with the National Vision for 2020 where a strong economy is a key feature. There are three approaches taken in the PRS:

1. Rapid employment growth
2. Delivery of poverty-targeted programmes
3. Ensuring a conducive policy and legal framework

The main crux is that poverty reduction will only occur if there is sustained economic growth. As has been noted above, Lesotho faces a number of challenges for this – especially in the context of a global recession and mining retrenchment leading to high unemployment.

3.2 Child deprivation

The previous section studied poverty in the traditional manner – an absence of income. However, as noted in section 1.6.1 there is an alternative method for understanding child poverty that studies child deprivation, based on the work of Townsend *et al.* (2003). This studies seven different dimensions of child wellbeing – and a child can be considered as being 'poor' if they are lacking on these dimensions.

The seven dimensions are: Shelter, Sanitation, Water, Information, Food, Education and Health. A full description of the criteria for classifying a child as deprived or not on each of these dimensions is shown in Box 3.1. There are two different thresholds for each of these measures – a narrow and a broader definition. A child who is severely deprived on one dimension will clearly also be described as less severely deprived for that same dimension.

The data that is used throughout this section are the Demographic and Health Surveys (DHS) from 2004 and 2009. This allows the measurement of each of these dimensions, although not as comprehensively as could be done if the UNICEF Multiple Indicator Cluster Survey (MICS) is used. The last MICS in Lesotho was conducted in 2002, and hence was deemed too out of date to provide meaningful and useful results. Using the DHS means that the comparison between each of the deprivations is not possible – different age groups are asked about deprivations. For instance, education is asked of 7 to 17 year olds, but none of these children are asked about vaccinations or their weight, two other dimensions of poverty. The main analysis here therefore concentrates on the dimensions that can be compared, for children aged 0 to 5 years old, which clearly excludes education deprivation. Deprivations for those aged 7 to 17 years are also displayed where available. The poverty analysis is also conducted at the household level (rather than at the individual child level) to highlight households where there are children who are deprived on a number of different dimensions – and this is where comparisons between all dimensions of poverty can be made. The same analyses are conducted in 2004 and 2009 so changes over time can be observed.

Box 3.1: Definitions of Child Deprivations

Shelter

Severely deprived – children living in a dwelling with 5 or more people per sleeping room or where there is no improved floor material (N.B. In 2004 it is not possible to calculate persons per room – households using cooking fuel classified as dirty were considered instead of this)

Less severely deprived – children living in a dwelling with 4 or more people per sleeping room or where there is no improved floor material or where there is inadequate roofing (no information about roofing is available in 2004)

Sanitation

Severely deprived – children living in a dwelling where there is no toilet facility of any kind

Less severely deprived – children living in a dwelling with unimproved sanitation facilities (such as pour flush toilets, pit latrines and buckets

Water

Severely deprived – children using surface water (rivers, ponds, streams) to obtain drinking water or who take longer than 30 minutes to access the water source

Less severely deprived – children using an unimproved water sources (open wells, springs or surface water) or who take longer than 30 minutes to access the water source

Information

Severely deprived – children (aged 3-17) with no access to a radio, television, newspaper or computer

Less severely deprived – children (aged 3-17) with no access to radio or television.

Food

Severely deprived – children who are more than three standard deviations below the international reference population for stunting (height for age), wasting (weight for height) or underweight (weight for age).

Less severely deprived – children who are more than two standard deviations below the international reference population for stunting, wasting or underweight.

Education

Severely deprived – children (aged 7-17) who have never been to school or who are not currently attending school

Less severely deprived – children (aged 7-17) who are not currently attending school or who did not complete primary education

Health

Severely deprived – children who did not get immunized against any disease or who were not treated for a recent diarrhoeal or acute respiratory disease episode

Less severely deprived – children who did not receive 8 immunisations by the age of 2 or who were not treated for a recent diarrhoeal or acute respiratory disease episode

3.2.1 Incidence of Deprivation among Children

The percentages of children experiencing each of the deprivations listed in Box 3.1, both severe and less severe are shown in Table 3.4. There are minimal differences in the percentages by the age of the child. The most common deprivation is shelter, with over half of children being severely deprived on this dimension – the main element of this is a lack of adequate roofing – almost 35% of children live in a household where there is only a natural roof and which hasn't been improved. The percentage of those without sanitation is also high – over 40% do not have a toilet facility of any kind. Health performs the best – most children have had at least one vaccination and are treated when ill, while children who are severely deprived of education is also low, at 12.8%.

Less severe deprivation is dominated by sanitation – almost 9 out of 10 children are classified as less severely deprived on this. Very few households reported having a flush toilet or a ventilated improved pit latrine, leading to this high number. This is worrying. High percentages of children also were less severely deprived on the shelter and water dimensions. In fact, over a third of children were less severely deprived on each of the dimensions except for health, where about one in five children were classified as deprived.

Table 3.4: Percentage of children suffering from each deprivation, 2009

	Age Range	Percentage experiencing 'severe' deprivation, %	Percentage experiencing 'less severe' deprivation, %
Shelter	0-59 months	53.7	67.8
	7-17 years	53.3	65.8
Sanitation	0-59 months	41.1	88.7
	7-17 years	40.0	88.0
Water	0-59 months	37.9	51.2
	7-17 years	36.6	50.0
Information	0-59 months	30.8	37.9
	7-17 years	22.2	39.4
Food	0-59 months	10.2	35.1
Education	7-17 years	12.8	41.7
Health	0-59 months	9.0	19.9

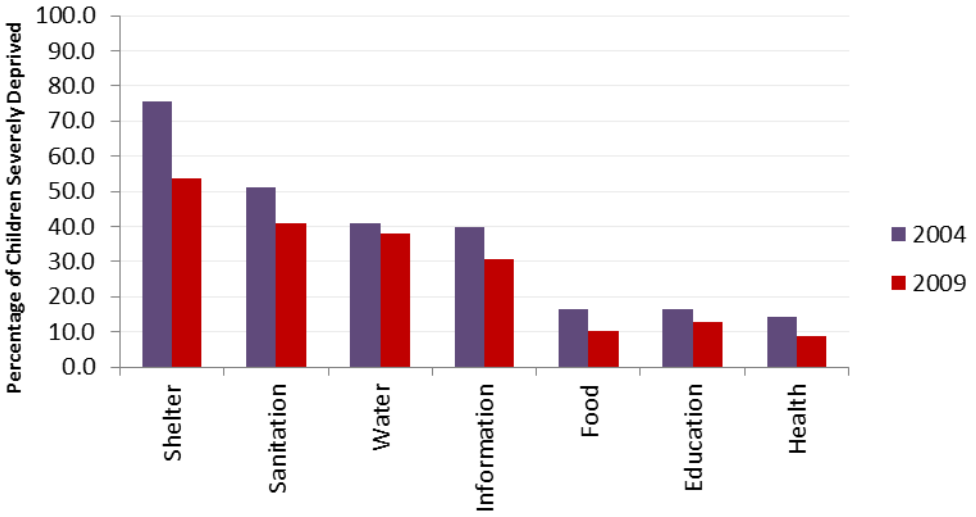
Source: Demographic and Health Survey, 2004

What has happened between 2004 and 2009 with regard to the deprivations? Figure 3.1Source: Demographic and Health Survey, 2004 and 2009

Figure 3.1 displays the percentage of children with severe deprivations on each dimension in the two years, while Figure 3.2 shows the same, but for the less severe deprivations. It is clear that for the severe deprivations that that deprivation has fallen between the two time periods, which is encouraging. The large fall in those deprived of shelter is likely to be an artefact of the different

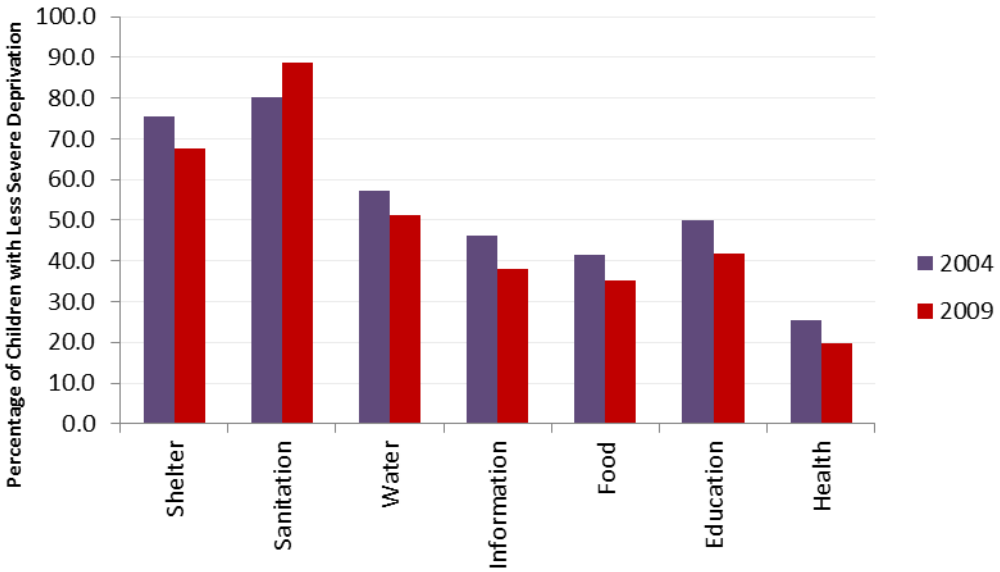
indicators used to calculate this in 2004 (see Box 3.1), but when the indicators are the same there is an obvious decrease on each dimension.

The less severe deprivations show the same idea, except for sanitation. The increase in the percentage of children who are less severely deprived on this dimension is due to the different options given to the respondents in the survey – all those with a pit latrine were classified as less severely deprived in 2004, while in 2009 it is possible to identify households with an improved ventilated pit latrine, who are not classified as being less severely deprived.



Source: Demographic and Health Survey, 2004 and 2009

Figure 3.1: Percentage of children severely deprived on each dimension, 2004 and 2009



Source: Demographic and Health Survey, 2004 and 2009

Figure 3.2: Percentage of children less severely deprived on each dimension, 2004 and 2009

Thus the indications are that there are fewer children who are deprived, with improvements made in the 5 year period highlighted. However, the percentage of children who are deprived on each dimension is high. Shelter and sanitation deprivation go hand in hand – with 34% of children being deprived on both of these aspects, while almost 18% are deprived of shelter, sanitation and information.

Any severe deprivation indicates a situation that may have an adverse influence on the child's wellbeing, development and general health – so even though only 9% of children are severely deprived in health these children are at high risk of disease. In fact, 5.5% of children are reported as having no vaccinations at all, putting them at risk of easily preventable diseases.

3.2.2 What factors are related to deprivation for children aged 0-5?

Do children suffer from multiple deprivations, or are there some children who suffer from very many? It is only possible to compare between five of the deprivations for those aged 0-5. Table 3.5 displays the number of children with no deprivations up to having all deprivations, for both 2004 and 2009 and for both severe and less severe deprivation. Again it is clear that deprivation is reducing – in 2004 only 13% of children did not have any severe deprivation – this had risen to 24% in 2009. Also, the numbers with only one deprivation had also increased, indicating that even when a child was deprived they were likely to have fewer deprivations. There is a stubborn rump of young children with multiple deprivations – almost 30% of children in 2009 had three or more deprivations, although this had reduced from 45% in 2004.

Table 3.5: Incidence of multiple deprivations for children aged 0-5, 2004 and 2009

	2004		2009	
Number of Deprivations	**Severe**	**Less Severe**	**Severe**	**Less Severe**
No deprivation	12.6	4.9	23.7	4.0
Only one	18.8	10.7	24.2	13.9
Two	24.1	20.6	21.4	25.9
Three	26.0	30.2	18.6	30.0
Four	16.0	25.4	11.1	21.4
Five	2.6	8.2	1.1	4.8

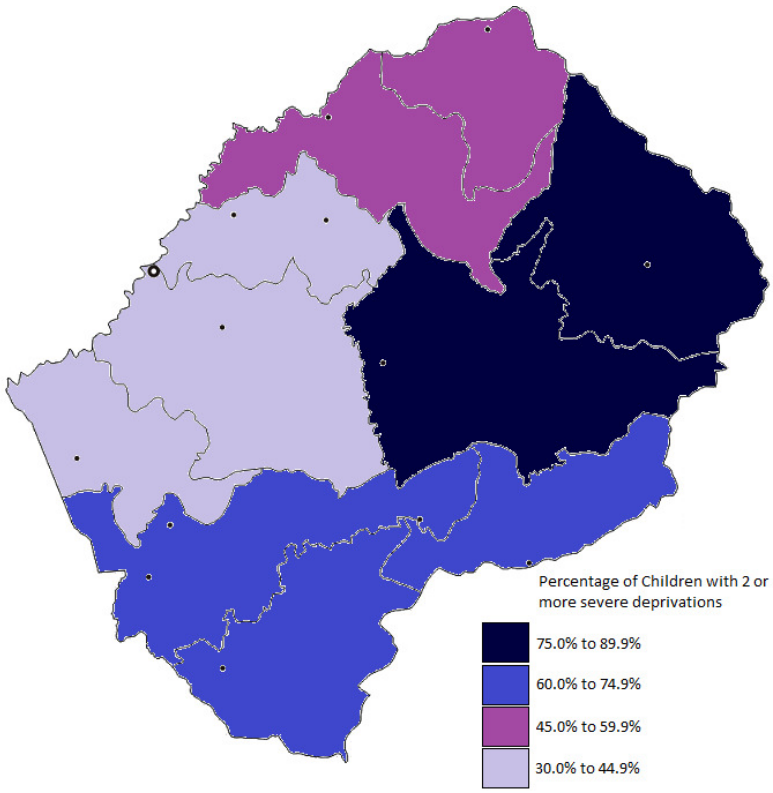
Source: Demographic and Health Survey, 2004 and 2009

As already seen the percentage of children with less severe deprivation is much higher than those with severe deprivation. In fact, only 4% of children were not less severely deprived on at least one dimension in 2009, slightly fewer than in 2004. In fact there was not much change between 2004 and 2009 on the number of dimension indicating that children who have been taken out of severe poverty have not managed to escape the less severe version.

The figures above only tell a part of the story – what is of importance is the factors that are related to deprivation. Are some children more likely to suffer from deprivation than others? To investigate this question the percentage of children who had at least one severe deprivation was compared with various factors to assess the differences between groups. The same was done for those with two or more severe deprivations.

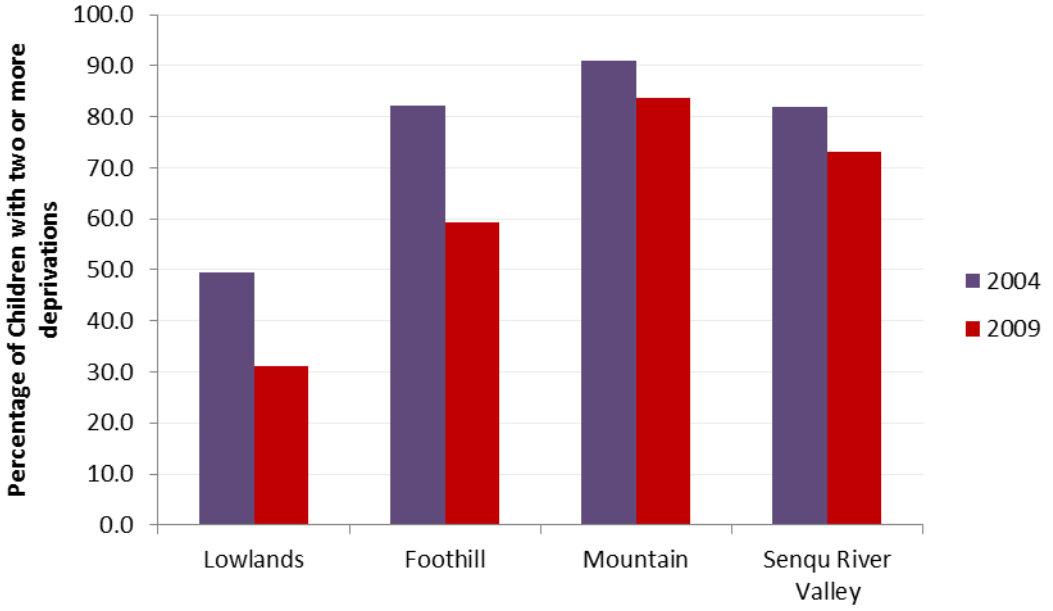
There are clear variations in deprivation by district – in Maseru only 30% of children were deprived on at least two deprivations – this increased to 85% in Mokhotlong and Thaba-Tseka. The variation can be seen in Figure 3.3. These differences between districts hide the great variation by ecological region – 31.3% of children in the Lowlands have two or more deprivations, compared with 59.2% in the Foothills, 73.1% in the Senqu River Valley and 83.8% in the mountains. The comparison with 2004 for the ecological region is shown in Source: Demographic and Health Survey, 2004 and 2009

Figure 3.4 – and it is clear that the regions that have had greatest improvements are the Lowlands and Foothills, who were starting off from a better level anyway. The Mountain and Senqu River Valley are being left behind, with only small reductions in the deprivation incidence. Living in an urban area also has a positive effect – the percentage with at least one deprivation is 46% in these areas, compared with 86% of children in rural regions of the country.



Source: Demographic and Health Survey, 2004 and 2009

Figure 3.3: Percentage of children with two or more severe deprivations, 2009

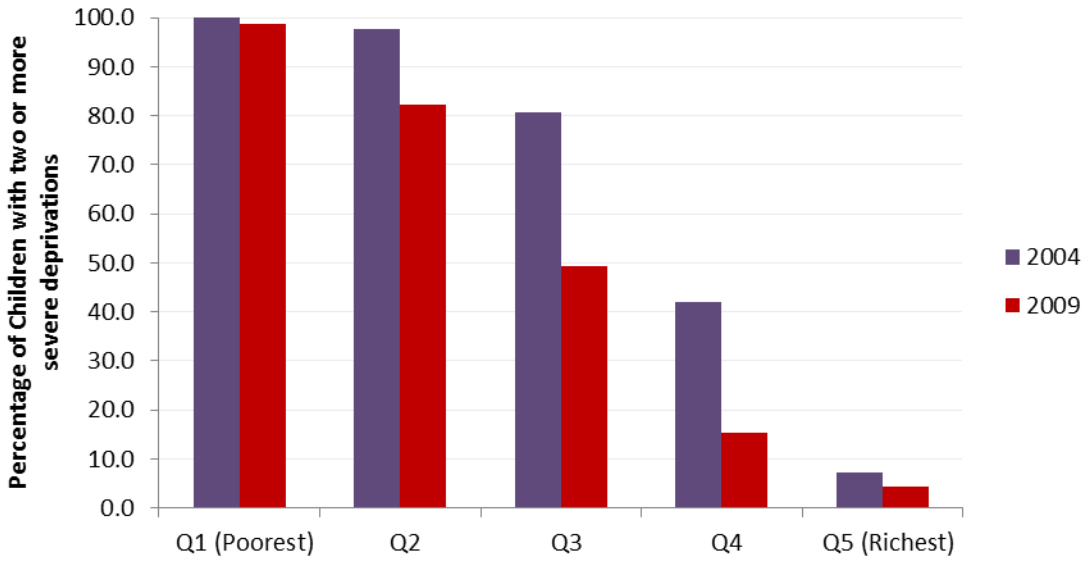


Source: Demographic and Health Survey, 2004 and 2009

Figure 3.4: Percentage of children with two or more severe deprivations by ecological region, 2004 and 2009

Regarding the individual characteristics of the child, there are few differences between males and females and the different years of age. Yet the household has a large effect – children living in larger households have a higher probability of being deprived to some extent – especially if there are more than five people living with the child. The education of the mother is also closely associated with deprivation – if the mother has secondary or higher education then 61% of children have at least one deprivation; if there is just primary education the deprivation percentage increases to 87%. For those children with mothers with no education the percentage deprived is 91%.

Wealth would be expected to be associated with deprivation, and this is what is found. Yet the differences between 2004 and 2009 will indicate whether certain groups are improving fastest. From Figure 3.5 the groups that have improved most are those in the middle and above of the wealth distribution – those in the 3rd, 4th and 5th quintile. There is hardly any deprivation in the richest quintile, while almost all of those in the poorest quintile have two or more deprivations. Yet in the middle wealth bracket deprivation has fallen dramatically – from 80% in 2004 to 50% in 2009 for those in the 3rd quintile and from 42% to 15% in the 4th quintile. Thus again the picture is of the more well off improving much faster than those who have many deprivations.



Source: Demographic and Health Survey, 2004 and 2009

Figure 3.5: Percentage of children with two or more severe deprivations by wealth quintile, 2004 and 2009

Some families are more vulnerable to poverty than others. Children living in households with an orphan child or an elderly resident (older than 70 years) are more likely to experience deprivation than those without, while if there is a high dependency ratio (4 of more children per adult) then all children are classified as having at least one deprivation. However, a single parent household is no different to those with two parents.

It has already been noted that there are differences in deprivation by district and ecological region. This is replicated for each individual deprivation, as shown in Figure 3.6. There are obvious differences by dimension of poverty, with food and health deprivation much lower than shelter and sanitation. However, the pattern of deprivation between the districts differs. For instance, for shelter and sanitation the districts of Mokhotlong and Thaba-Tseka have the highest percentages of deprivation, with Berea and Maseru the lowest. However, for water deprivation the region of Leribe has a high poverty incidence, while Qacha's Nek has the highest prevalence of information deprivation. Butha-Buthe and Quthing have poor statistics on health. Maseru performs the best on all dimensions except health.

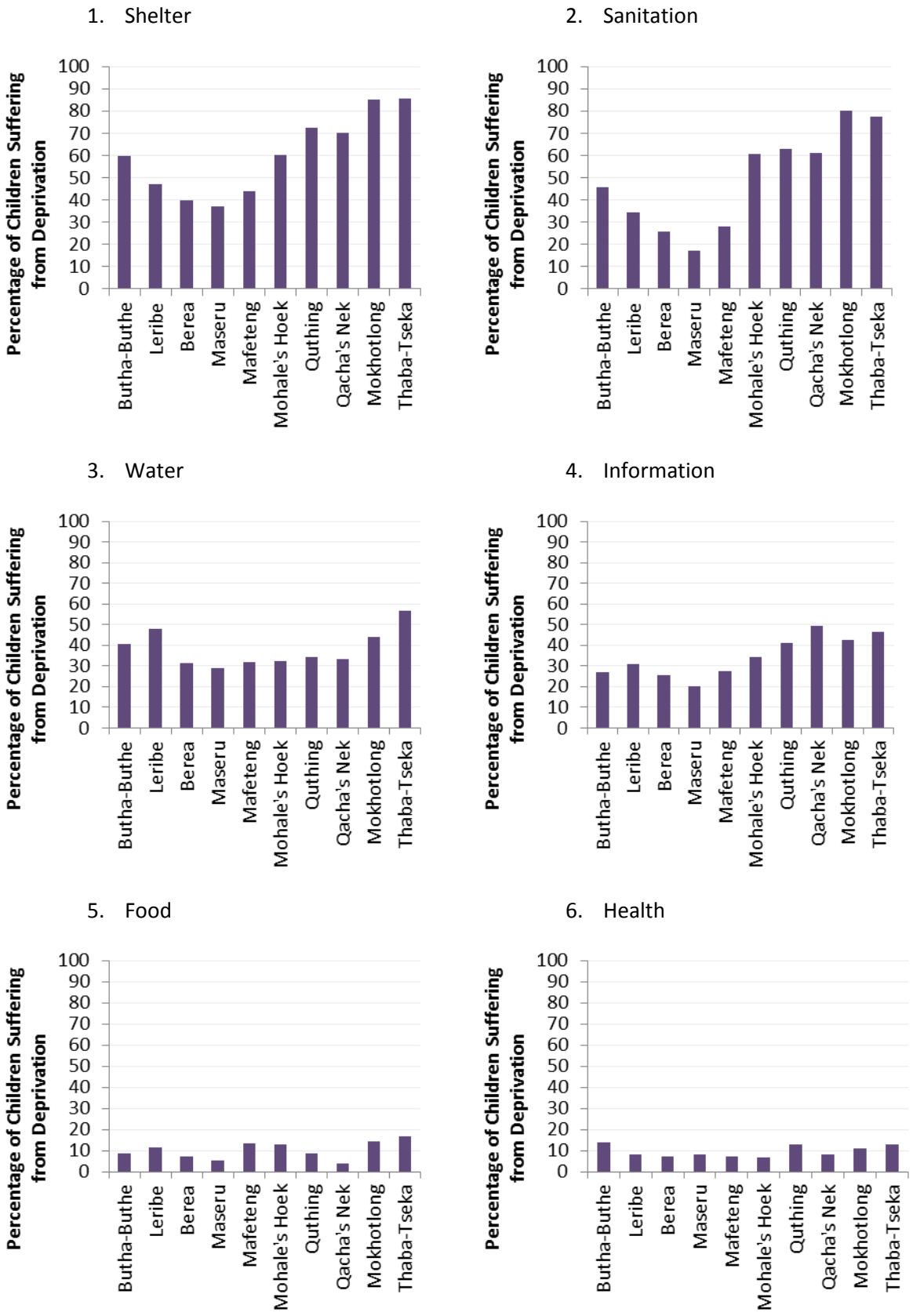
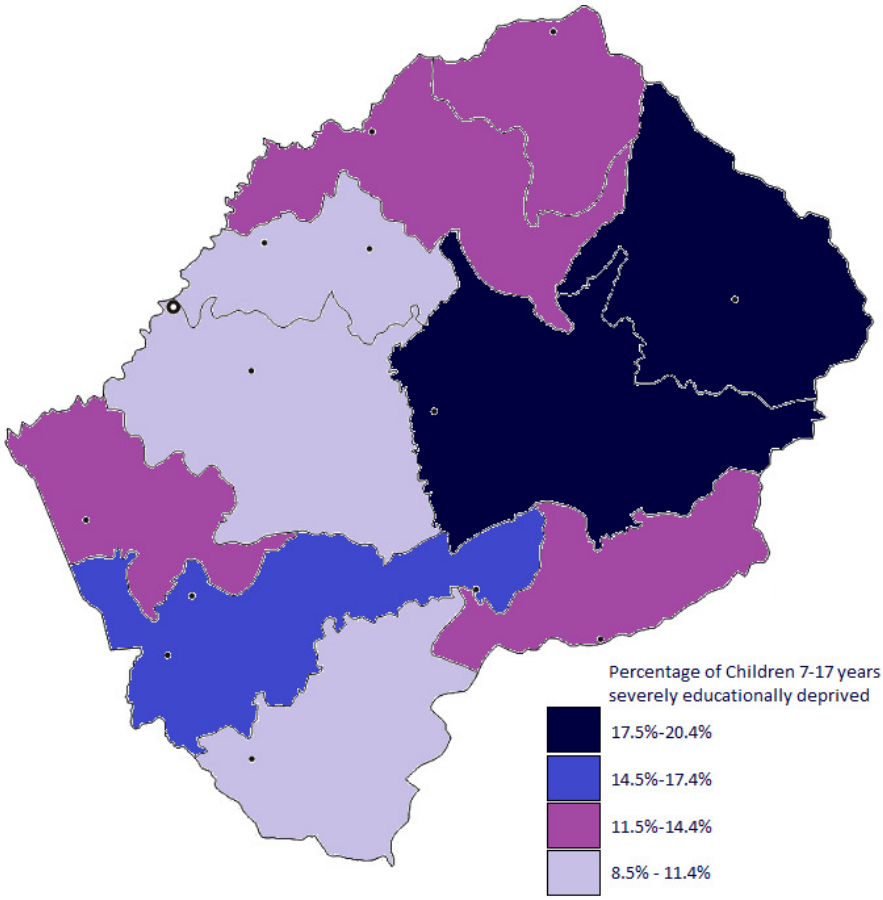


Figure 3.6: Percentage of children aged 0-5 suffering from severe deprivation for each dimension, by district, 2009

3.2.3 What factors are related to deprivation for children aged 7-17?

As noted earlier, the percentages of children aged 7-17 who are deprived is very similar to those seen for those aged under 5. This section will assess the correlates of deprivation for these children briefly.

Educational deprivation varies by district, from 8.9% in Maseru to 20.1% in Thaba-Tseka, as shown in Figure 3.7. The pattern is similar to expected, with those in the East of the country having the highest levels of poverty.



Source: Demographic and Health Survey, 2009

Figure 3.7: Percentage of children aged 7-17 with severe educational deprivation, 2009

The numbers of deprivations suffered by the older age group of children again mirrors that seen for the younger group, as seen in Table 3.6. Almost a quarter of children have no severe deprivations, with another quarter having just the one – while a small percentage, 3%, have no less severe deprivations. The most common number of less severe deprivations to have is three.

Table 3.6: Incidence of multiple deprivations for children aged 7-17, 2009

	2009	
Number of Deprivations	**Severe**	**Less Severe**
No deprivation	24.5	3.3
Only one	25.8	11.5
Two	22.3	23.7
Three	17.6	29.2
Four	8.5	23.1
Five	1.3	9.2

Source: Demographic and Health Survey, 2009

Other correlates of child deprivation are the household size and the wealth of the household, while the gender of the household head and the gender and age of the child do not have a relationship with deprivation.

3.3 Child Survival and Equity

The previous section measured poverty through examining a series of deprivations, while poverty as calculated through income or consumption was discussed in section 3.1. There is a third way by which poverty can be investigated – through looking at the ultimate poverty of death. This section will look at the mortality rates of children under the age of 5 to provide an alternative view of poverty.

Five different childhood mortality rates will be examined. These are all expressed as the numbers of children who have died for each 1000 live births. The different mortality rates are described in Box 3.2.

Box 3.2

Neonatal mortality – the probability of a child dying between birth and 28 days of life

Postneonatal mortality – the probability of a child dying between 28 days of life and a year

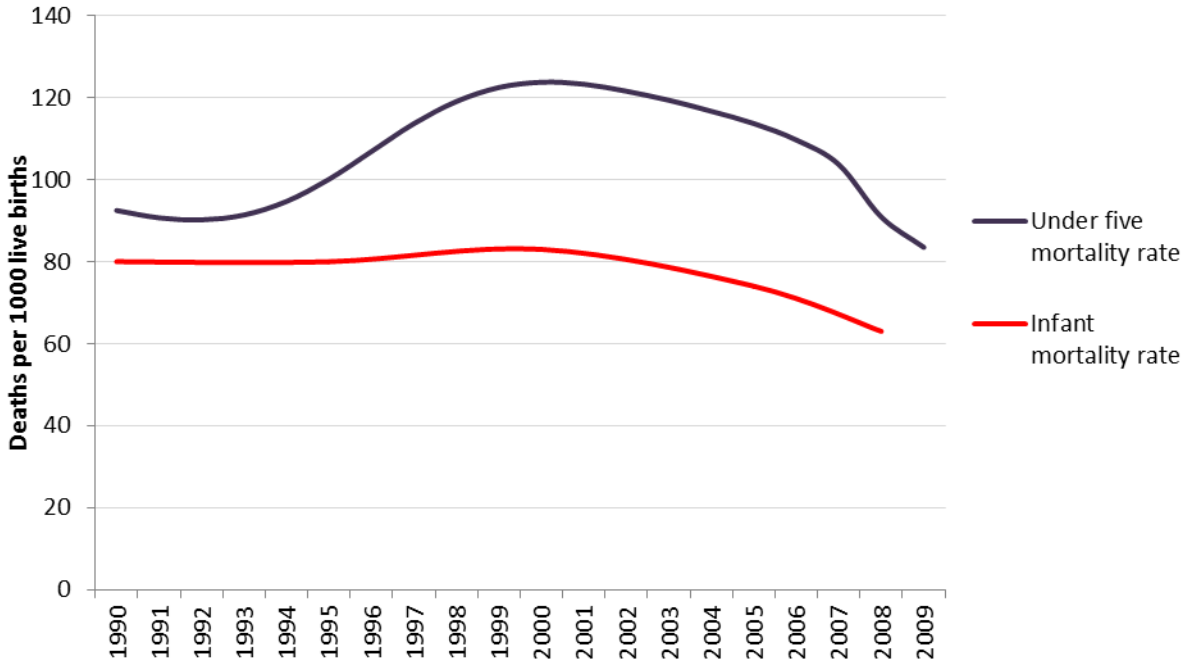
Infant mortality – the probability of a child dying within the first year of life

Child mortality – the probability of a child dying aged between one and five years

Under-five mortality – the probability of a child dying before their fifth birthday

The general trend for mortality since 1990 is one of stagnation, with the rates varying over time before falling since 2000. Figure 3.8 shows the trends for infant and under-5 mortality since 1990,

and there is clearly a rise in under-5 mortality between 1993 and 2000. This is due to the HIV/AIDS pandemic – children are infected through mother-to-child transmission. The mortality increase was halted and today the under-five mortality rate is not far below the rate for 1990.

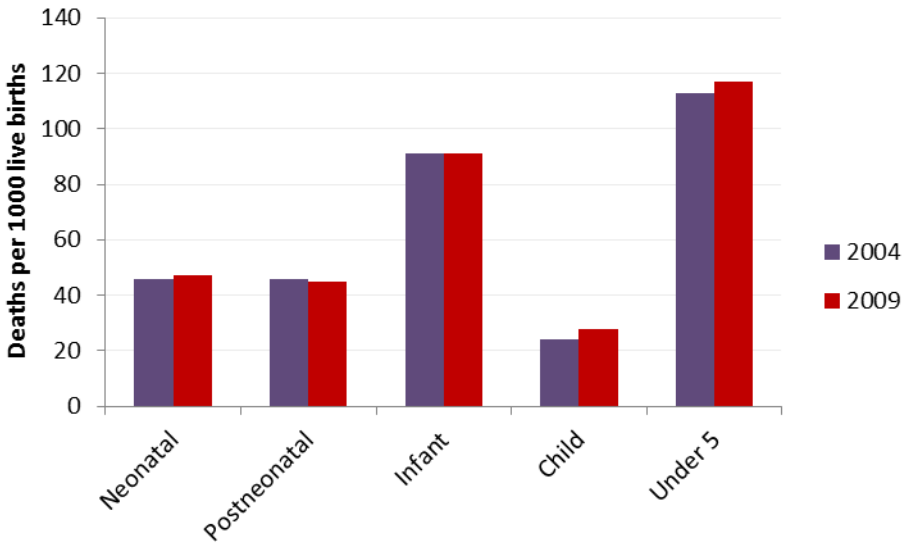


Source: World Development Indicators, 2011

Figure 3.8: Infant and under-five mortality over time, Lesotho

Mortality rates can be easily calculated from the DHS used throughout this chapter. The two years of 2004 and 2009 when this survey was implemented can be compared to see where improvements have been made. This is shown in Figure 3.9 – and it is obvious that there have been no large changes in any of the rates in the 5 intervening years. This is a concern – especially as the rates for child and under-five mortality appear to be increasing (although there is no statistically significant difference between the two years).

Neonatal mortality is closely tied with the maternal mortality ratio – a child whose mother dies in childbirth is far more likely to die themselves. Maternal mortality in Lesotho is extremely high at 570 deaths per 100,000 live births – a lifetime risk of dying of 1 in 62 for a woman. It is difficult to envisage the neonatal mortality falling unless the maternal health issue is tackled.



Source: Demographic and Health Survey, 2004 and 2009

Figure 3.9: Childhood mortality rates in Lesotho, 2004 and 2009

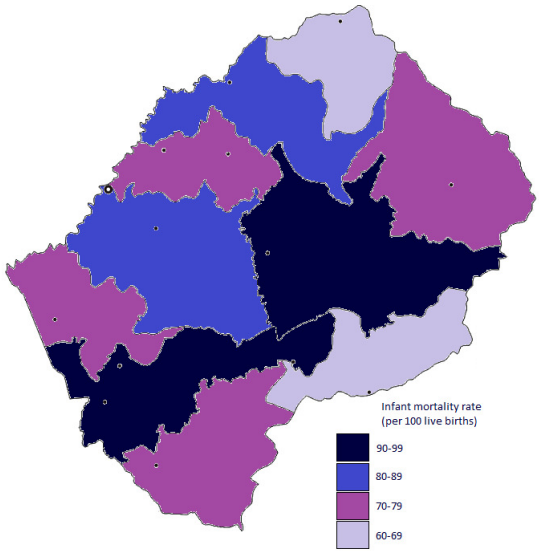
The mortality rates can be broken down by different factors, such as by gender, wealth and region. The rates for infant and under-five mortality for a number of factors are shown in Table 3.7. It is a well-known phenomenon that male children are more likely to die than females, and this is seen here for both mortality rates. The differences between wealth quintiles are not large, although the richest consistently have the lowest mortality – the variation is due to small numbers of deaths. Interestingly there are differences by the religion of the mother – children borne into Roman Catholic families have higher mortality than those of other religions. This will not be due to the religion, but due to the characteristics of the people who are of each religion. Finally, there is no difference seen depending on the gender of the household head.

Table 3.7: Infant and under-five mortality rates by selected correlates, per 1000 live births, 2009

		Infant Mortality	Under-five Mortality
Sex	Male	99	122
	Female	66	86
Wealth	Q1 (Poorest)	88	107
	Q2	93	125
	Q3	76	96
	Q4	91	115
	Q5 (Richest)	65	80
Religion	Roman Catholic	97	126
	Lesotho Evangelical	87	110
	Pentecostal	86	111
	Other	89	108
Gender of Household Head	Male	92	116
	Female	91	119

Source: Demographic and Health Survey, 2009

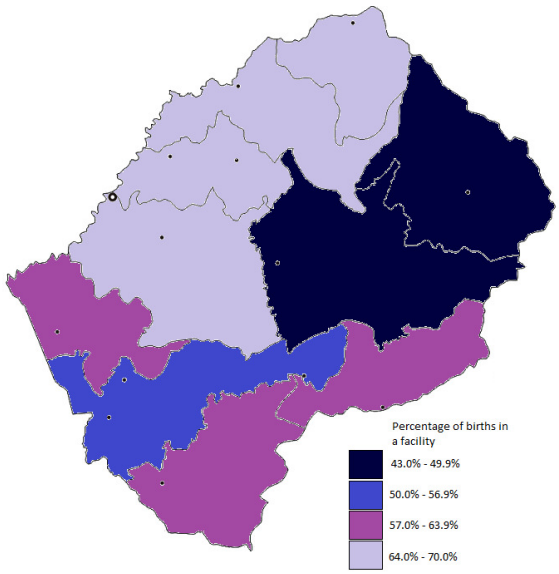
Variation by district has been observed throughout this chapter – for mortality it is no different (see Figure 3.10). However, the pattern observed is different to that seen previously – the lowest rates are in Butha-Buthe and Qasha's Nek, while the highest are in Thaba-Tseka and Mohale's Hoek. Maseru has the third highest infant mortality rate.



Source: Demographic and Health Survey, 2009

Figure 3.10: Infant mortality rate by district, 2009

A close correlate of infant death is the percentage of births taking place in a hospital or medical facility. If a child is borne at a facility there is more chance of help if the birth does not go according to plan. Increasing this is another key strategy to reduce child death. The results are shown in Figure 3.11.



Source: Demographic and Health Survey, 2009

Figure 3.11: Percentage of births in a facility by district, 2009

The map of facility births differs from the map of infant mortality – the facility births do not 'match' the infant mortality rate, except for Butha-Buthe where the mortality rate is low and facility births are high. Yet this lack of correlation does not mean that facility birth is not important.

3.4 Key Findings

This chapter has studied child poverty and deprivation using a variety of methods. The results are conflicting – but they all point towards the issues that are important to consider when developing policies to improve child outcomes in Lesotho.

The lack of recent information about income and consumption poverty is a hole in this report that is difficult to fill. The data used, from 2002 is now likely to be out of date due to the large changes that have happen to the Basotho economy within the context of a global slowdown. However, the scale of poverty in 2002 is worrying if the estimates for numbers of children affected are close to reality – with a quarter of the population of the country identified as children who are in poverty. However, in 2003 household poverty was improving, so it may be hoped that poverty has continued this trend and is still getting better. Only new data sources will be able to assess this.

The childhood deprivation approach clearly indicated that fewer children were severely and less severely deprived using the most recent figures compared to five years beforehand. However the percentages of children who were deprived are clearly worrying and policies are required to speed up the improvements already obtained. The numbers of children living in inadequate housing – due to the construction of the house (poor flooring), sanitation (a lack of a hygienic toilet facility) or a water source that is not close by or sanitary – are extremely high. A focus on these aspects – at the household level rather than at the individual child level – should be a priority. The individual level deprivations, such as food and health, indicated much greater coverage and are less of a worry. Yet even noting this, the percentages of children who are severely deprived on these two elements are high and these deprivations should also be targeted where possible.

Few children are severely deprived on education, although there are far higher percentages that are less severely deprived. The difference between severe and less severe mainly focuses on secondary school – so the great jump in percentages suffering mainly indicate those children who do not progress to secondary school. Reasons for this will be discussed in the next chapter.

Absolute poverty is defined, using this methodology, as a child who has two or more deprivations. In 2009 the percentage of children in absolute poverty was 52%. This is clearly high, but compares

favourably with Tanzania, a country that has also conducted a child poverty study. The percentage of children in Tanzania in absolute poverty was 71%.

The final analysis, of childhood mortality, indicated that the situation was not improving on this front, with mortality rates stagnating (or even slightly rising). Lesotho is signed up to the MDGs – and Goal 4 is to reduce child mortality. It is clear at the current rate of improvement that the MDG target will be missed – further efforts need to be made in this direction, hand in hand with efforts to reduce the maternal mortality ratio.

Chapter 4 Pillars of Child Well-being

4.1 Introduction

Childhood wellbeing can be thought of as being underpinned by five 'pillars', which related to public policy. These pillars are nutrition, health, child protection, education and social protection. An analysis of the governmental policies related to each of these areas will highlight the strategies that have been enacted to reduce poverty, while studying the outcomes will indicate whether these policies are having a positive effect. This chapter will take each of these pillars in turn, acknowledging the close links between them and studying the stated. However, to start, the national programme context is discussed, highlighting the various programmes that relate in some way to the wellbeing of children. These programmes will be briefly described, before a more in depth appraisal will be made within each of the pillars, where appropriate. After the five pillars have been discussed the remaining programmes that do not focus on the child specifically but still have an effect on wellbeing.

4.2 Nutrition

Malnutrition is known to be a significant problem in Lesotho due to chronic food insecurity arising from the lack of livelihood options and falling agricultural yields. Lesotho has one of the highest rates of chronic malnutrition in the world (as manifested by stunting). In the 2007 National Nutrition Survey, it was found that 54.9% of children in Thaba Tseka were stunted. Furthermore, 13.8% of children under five were found to be chronically underweight; compared to the MDG target of 8%. This not only irreparably impacts on people's long run mental and physical development, but it also makes people more susceptible to becoming infected with HIV and less able to fight the disease when they have it. Anti-Retroviral Treatment is not effective unless the recipient has adequate nutrition levels, further hindering the fight against HIV.

Childhood nutrition is not specifically mentioned in the Lesotho Constitution. However, it is highlighted in the National Vision, where it states that:

'The people will also be highly careful about hygiene and proper nutrition'

Nutrition is also clearly related to the Millennium Development Goals, where the first Goal is to 'eradicate extreme poverty and hunger'.

The Poverty Reduction Strategy (PRS) is clear that improving the nutritional status of vulnerable groups is vital, with children clearly highlighted as those that suffer the most when there is a significant shortage of food.

4.2.1 Policy Framework

The Ministry of Agriculture and Food Security (MAFS) has identified several core objectives to improve the nutritional status of the residents of the country. These include the promotion of:

- Household and national food security
- Diversification of agricultural production
- The adoption of improved and appropriate farming methods and technologies
- Appropriate use of improved inputs
- Commercialization of agriculture
- Appropriate natural resource management programmes

To achieve these objectives, MAFS developed the Agricultural Sector Strategy (2003). This is augmented by the Lesotho Food Security Policy (2005) and the National Action Plan for Food Security (2006). The Ministry's policy is to restrict its role from direct intervention in agriculture but to provide an enabling environment and legal framework for allowing private sector led growth in agriculture.

The key goal of the Lesotho Food Security Policy is to halve the number of undernourished Basotho by 2015, which is to be achieved by pursuing the following five objectives:

- Promotion of agriculture and food production
- Effective monitoring of the impact of employment policies on food security
- Promotion of improved utilisation of food at the household level
- Development of food security and information systems
- Strengthening the institutional framework for implementation, monitoring and evaluation

The Action Plan is focussed on eight core strategies:

- Employment promotion to ensure sufficient and stable access to food
- Effective monitoring of the impact of employment policies on food security
- Promotion of agriculture and food production
- Promotion of infrastructure and services to support livelihoods
- Promotion of public transfer and social safety nets for the very vulnerable
- Mainstreaming HIV/Aids within the Food Security Policy
- Effective management of commercial food imports, food aid deliveries and food stocks
- Promotion of improved utilisation at household level

4.2.2 Primary School Feeding

Currently, the Government of Lesotho (GOL), with the assistance of the World Food Programme (WFP), provides free school meals to all 390,000 primary school children between Standard 1 and Standard 7. The Government of Lesotho provides for 325,000 children in 951 primary schools, at a cost of M202.6 million in the 2009/10 Annual Budget. In comparison, the WFP provides for 65,000 children in 476 schools, predominantly in remote areas at a rough cost of M16 million in 2009/10. The GOL assisted schools provide only lunch, with a set menu that varies on different days of the week. The WFP assisted schools receive both breakfast porridge and lunch, although the lunch is the same every day (150g fortified maize meal, 40g pulses, 20g vegetable oil).

Reflecting the fact that the Government provides mainly for schools in the lowland, where food supply is more stable and markets are deeper, the Government pays contractors to procure and prepare food. This simplifies logistics although the monitoring of caterers remains a concern. As WFP caters for schools in more remote areas where supply markets are less developed, it provides food to schools, delivered by the Government, and contractors are engaged to prepare it. The Government covers the cost of the contractors (currently M1.30 per meal).

The 2009/10 Annual Budget allocation for primary school feeding was a large increase from M175 million the year before. This reflected the taking over by the Government of some schools which were previously served by the WFP, who are phasing out their support to primary school feeding and instead concentrating on methods of support that build livelihoods. The budget increase also reflected an increase in spending per meal from M3 to M3.50 to increase the nutritional content of each meal and overcome rising food prices. Additional funding to expand feeding to Early Childhood Care and Development Centres and Secondary Schools was requested by the Ministry of Education and Training but rejected by the Government of Lesotho due to financial constraints.

A review of the School Feeding Programme carried out in 2007 for the Southern Africa Regional Hunger & Vulnerability Programme (RHVP), supplemented by a 2009 review by the Ministry of Finance and Development Planning, shows that the school feeding programme has substantial development impact. This manifests itself in improving nutrition, health (including a protective effect against HIV) and encouraging children, especially the most vulnerable, to attend school. This programme also increases a child's capacity to participate in learning activities. The WFP catered schools provide take home rations for several orphans with care responsibilities for their families to minimise the downside effects of preventing them from generating income. 68% of school administrators reported improvements in attendance since the introduction of primary school feeding.

There are known to be some shortcomings to this school feeding programme. These include:

- The meals provided by GOL provided inadequate energy and nutrients to school children. The target is to provide 1/3 of the required recommended daily allowance of calories, macro- and micro-nutrients. Depending on the age of children, this would necessitate receiving between 492 and 850 kCal per day. However, the average meal provided only 368.4 kCal and was especially poor at providing enough carbohydrates and iron. However, the meals provided by WFP were generally sufficient due to the provision of breakfast and the fortification of the maize meal used.
- A lack of monitoring of caterers, leading to highly variable quality and quantity of food depending on the area
- Logistical issues with storage and distribution that frequently lead to the spoilage of foodstuffs, especially affecting micro-nutrients
- Cumbersome disbursement procedures; 97% of caterers reported delays in getting paid

4.2.3 Agriculture-based income generating projects

The 2006 Census indicates that approximately 76% of the population derive their livelihoods from agriculture, a figure that is ever increasing due to the global economic slowdown and a contraction in the access to other livelihood options. Agriculture in Lesotho can be considered as a 'dual sector' industry, with medium-large scale commercial farming existing, based mainly in the lowlands, which has limited direct impact on poverty alleviation. Most individuals, however, are engaged in smallholder subsistence farming, where produce is grown mainly for consumption with little, if any, marketable surplus.

Projects to boost the output of smallholder farmers enable them to meet more of their subsistence needs. These include *Conservation Agriculture*, which aims to increase crop yield and prevent soil erosion through the application of techniques that reduce interference with the soil. Trials of Conservation Agriculture have been proven in Lesotho to raise the production of smallholder farmers above subsistence levels. Furthermore, in recent years the Government has been providing a 30-50% subsidy of agricultural inputs to smallholder farmers, often through *Input Trade Fairs*, supported by FAO, the European Commission and the International Fund for Agricultural Development (IFAD).

Other projects aim to help those households without the available adult labour or land to practice agriculture – for example households headed by the disabled, the elderly and orphans. These include *homestead gardens* which produce food but require very little physical effort. For vulnerable households, these gardens can form a primary source of household nutrition, food security and income. This is especially important for those on ARV treatment – because the therapy is only effective if the recipient has adequate nutrition. Homestead gardening has been promoted by the Livelihoods Recovery through Agriculture Programme (LRAP) – a joint initiative between MAFS, Care-Lesotho and DfID, as well as the FAO and several NGOs in Lesotho, including World Vision.

4.2.4 Food Aid

The World Food Programme, on top of its school feeding programme, provides targeted food aid to 178,000 beneficiaries at a total cost of US$31.9 million over a 32 month Protracted Relief and Recovery Operation programme. Government spending on this is estimated at approximately M88 million in 2010/11. Food assistance is targeted at chronically poor and food insecure beneficiaries, including the recipients of Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy and Tuberculosis treatment as well as pregnant and lactating mothers and the Child Grant Programme beneficiaries. Some of these are done in partnership with other service delivery agents including UNICEF and UNFPA.

4.2.5 Outcomes

As would be expected following the focus that has been placed on improving nutrition in Lesotho, indicators have improved over time, especially for children. There are three outcomes for children that are commonly used to assess childhood nutrition:

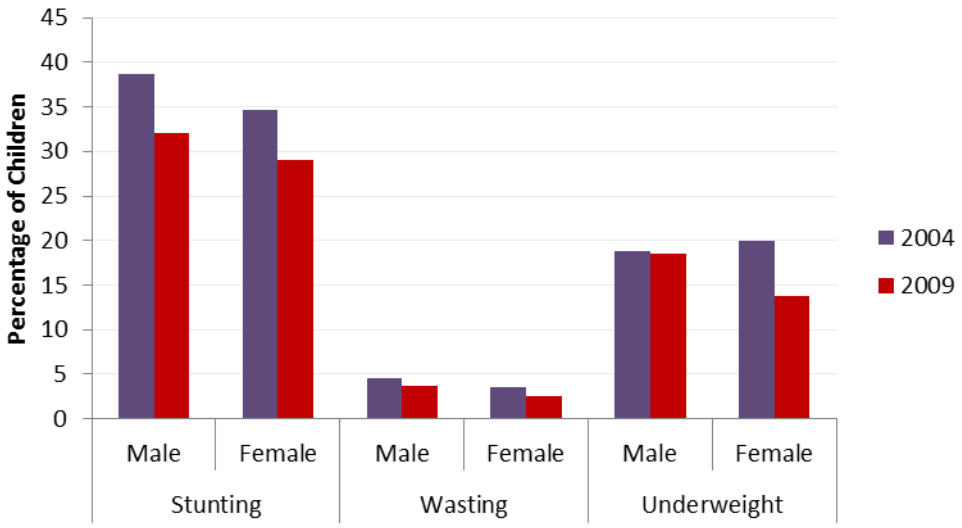
- Stunting: a child who is short for their age
- Wasting: a child who is light for their height

- Underweight: a child who is light for their age

Each of these indicators in calculated for a child who is then compared against a reference population to see if they are below or above the levels expect of a child of that age and sex.

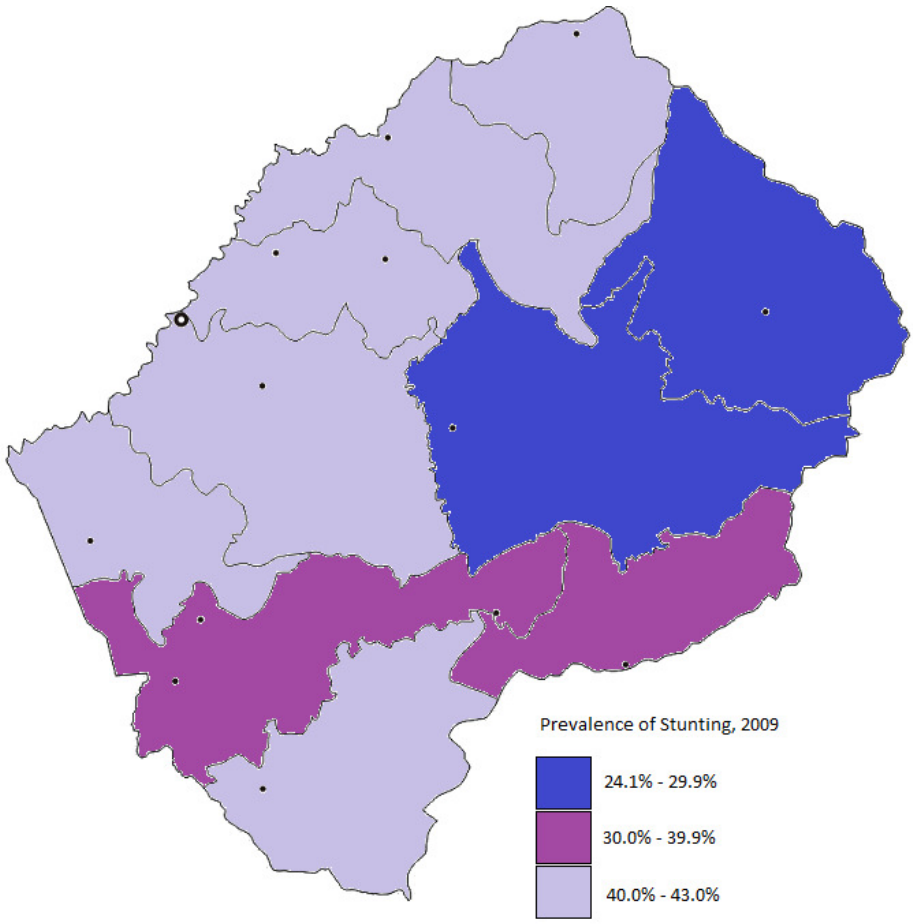
Between 2004 and 2009 the percentages of under-fives suffering from these conditions dropped, although they still remain at a very high level. The percentage of those who are stunted dropped from 37% to 30.5%, with a fall from 4% to 3% for wasted and 19% to 16% for underweight. These changes can be seen for each sex in Figure 4.1. Males are always more likely than females to be classified as having poor nutrition.

Rural children are more likely to have nutritional problems than those who live in urban areas, and there is a wide variation by district too. This can be seen in the map of stunting (Figure 4.2), where there is a clear North-South divide, with the North of the country having much lower rates of stunting than those in the South. This is highlighted by difference by ecological zone, with the children in the Mountain zone showing much more disadvantage than those in the Lowlands and Senqu River Valley. Wealth shows a clear relationship with stunting and underweight, although not with wasting. Indeed, those children who live in households in the poorest fifth of the population are about twice as likely to be classified as underweight than those in the richest fifth.



Source: Demographic and Health Survey, 2004 and 2009

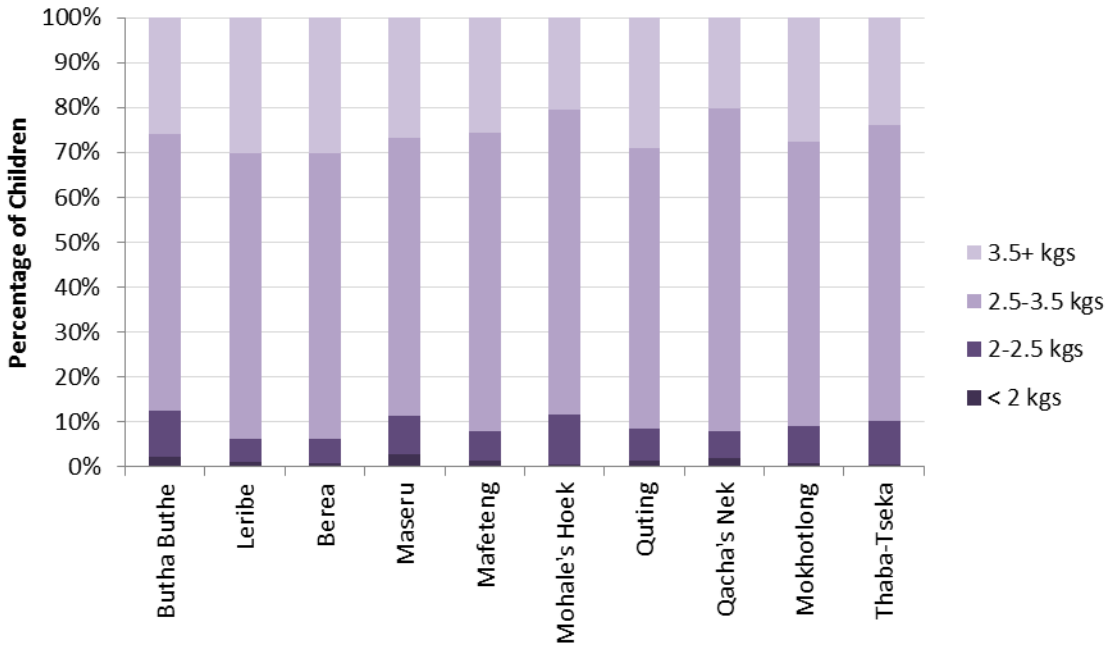
Figure 4.1: Prevalence of Stunting, wasting and underweight by gender, Lesotho 2004 and 2009



Source: Demographic and Health Survey, 2009

Figure 4.2: Prevalence of stunting by district, 2009

The percentage of children with low birth weight (LBW) is a further way to assess nutrition – albeit maternal nutrition during pregnancy. There is a large correlation between the food intake of the mother and the weight of the child. Children with LBW (defined as a weight of less than 2500g) are known to be at higher risk of death and illness, both in the short and long term. The World Health Organisation estimates that 13% of newborns have a LBW, indicating widespread nutritional deficit during pregnancy, albeit not at very high levels seen in other countries. This does vary by district, with Butha Buthe having the highest percentage of LBW infants, and Leribe and Berea the least (see Figure 4.3). One issue with these comparisons using birth weight is that many infants will not be weighed at birth – these infants are usually those at most risk of poor nutrition.

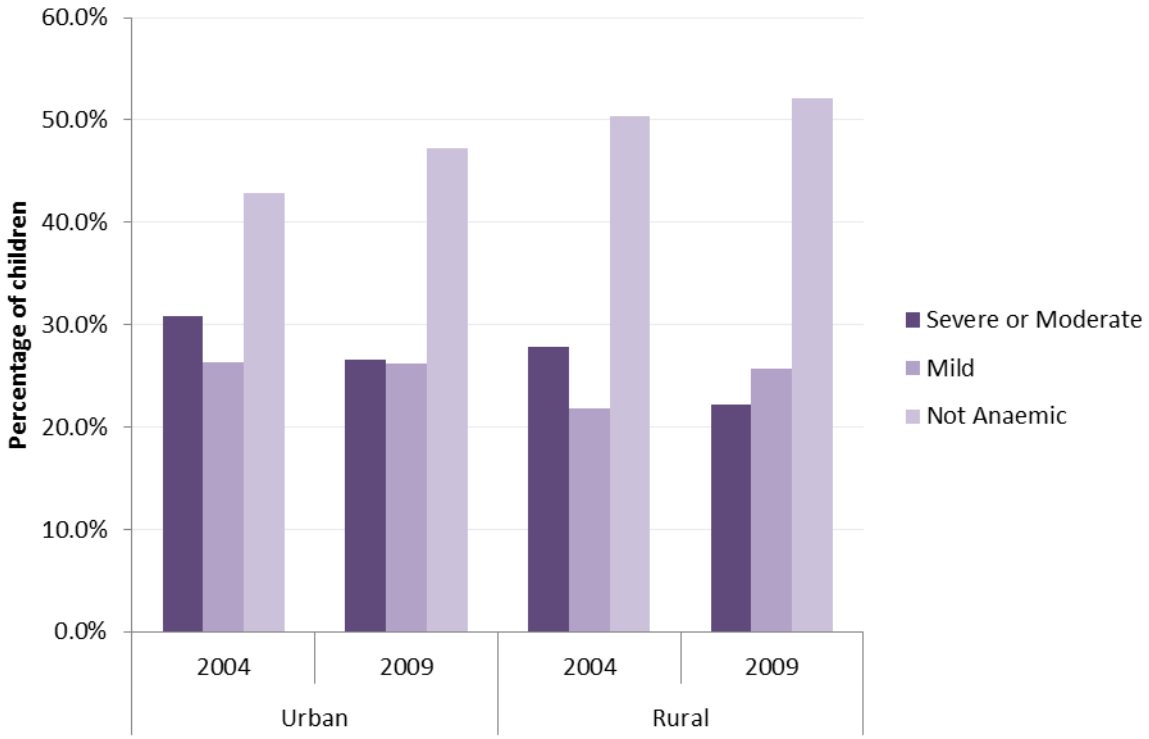


Source: Lesotho National Nutrition Survey, 2007

Figure 4.3: Birth weight of newborn children, Lesotho, 2007

A further source of poor health and poverty through nutrition are micronutrient disorders, including anaemia. This is known to be related to an increased susceptibility to disease and hinders cognitive development. The main cause of anaemia is iron deficiency due to poor nutrition, although there are many other causes, including malaria (although this is not a problem in Lesotho due to the absence of this disease) and parasitic infections.

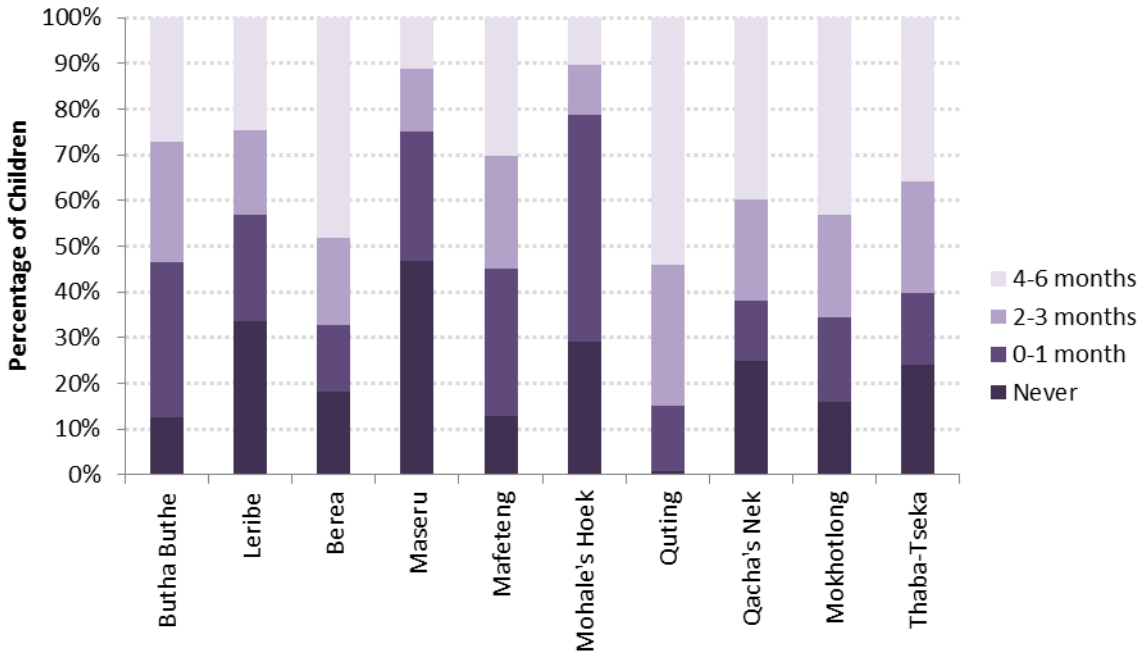
Anaemia in children under 5 years old indicates that there has been progress made, especially in rural areas. Figure 4.4 displays the percentage of children with severe/moderate anaemia (defined as a haemoglobin level of less than 9.9g/dl), mild (10.0-10.9g/dl) and without anaemia. Clearly there is an increase in the percentage of children without anaemia in both urban and rural areas between 2004 and 2009, while the percentage of those with severe anaemia has fallen. Anaemia is closely related to age, with younger children more susceptible to the condition, especially those aged between 6 months and a year and a half old. This may be due to feeding practices in early life – breastfeeding and food intake during and after weaning. These are areas that may need to have a close focus in order to reduce this burden on the population.



Source: Demographic and Health Survey, 2004 and 2009

Figure 4.4: Percentage of children aged 0-5 with anaemia, Lesotho 2004 and 2009

A final way to study nutritional outcomes is by investigating caring practices during childhood, including breastfeeding. It is recommended that all babies are exclusively breastfed, including the critical first feeding soon after birth, for six months. Complementary feeding should be introduced after this stage. The Lesotho National Nutrition Survey in 2007 indicates that a large percentage of children are never exclusively breastfed, but that this varies widely by district, as can be seen in Figure 4.5. In Maseru almost half of children are never breastfed, while in Quting almost everybody has at least some breastfeeding, with over half having more than four months. The variation in breastfeeding rates may be related to the HIV/AIDS pandemic, with mothers not breastfeeding due to the possibility of infecting their child. However as antiretroviral therapy is available (although not universal) the variation in rates is likely not only to be due to this.



Source: Lesotho National Nutrition Survey, 2007

Figure 4.5: Duration of exclusive breastfeeding by district, 2007

4.2.6 The Way Forward

The proportions of children who are stunted, wasted or underweight is still unacceptably high in Lesotho and needs close attention to ensure that progress in reducing the proportions of children suffering is seen. This is clearly a priority of the government, but nutrition of the child is intrinsically linked to the nutrition of the population – children are usually given the food that the household has at their disposal, so improving the nutrition of the nation will also have a great positive effect on children. However, food security needs to be taken into account – especially with rising global prices and climate change that is likely to affect Lesotho to a greater degree over the coming years.

The governmental programmes that are targeted, either directly or indirectly at improving the nutritional status of the nation as a whole, as well as at children, are a good start. The three policies – the Agricultural Sector Strategy, Lesotho Food Security Policy and the National Action Plan for Food Security show the commitment to tackle these issues. The central pillar, of Primary School Feeding works in tandem with free and compulsory primary schooling – children will, in theory, consume a high proportion of the recommended daily requirement of nutrients. Unfortunately the data limitations did not allow an investigation of the effect of this programme, but it is clear that there has been an effect of the free meals on general health, although the extent and coverage of

these positive outcomes is impossible to verify. Thus programme should be commended, but enhanced with the issues noted above considered – improving the nutritional content, greater monitoring of the caterers with quality standards for the meals, improvement of storage and distribution facilities and ensuring timely payment of caterers which will then improve relationships between government and supplier.

It is important to monitor the average cost of providing nutritious meals too – in the context of rising food prices it would be simple to allow the quality of food provided to slip, negating the aims of the policy. The Primary School Feeding initiative is a large part of the governmental budget – and this should continue. A well-nourished child learns better, will be better educated and thus will improve the future of the country. However, due to budgeting constraints there may need to be more partners involved in delivering this policy, in the same manner as the WFP is involved. Greater information about the effect of the policy, studying variations by region (and thus a proxy for different levels of nutrition provided in primary schools), would give the evidence needed to get further development partners on board.

Other policies are not targeted at children in particular, but at the nation as a whole. This is the correct manner to do this with Food Aid and Agriculture projects. Much of the population still survives on subsistence agriculture – improving the production of food in the context of climate change will indirectly help children.

One aspect that needs to be considered is greater emphasis on child nutrition practices. This is difficult in the context of the widespread HIV/AIDS pandemic, with the fears of mother-to-child transmission of the virus, but the lack of breastfeeding in many regions is contributing to the high levels of malnutrition observed. Strong emphasis on the role of breastfeeding needs to be made, coupled with ART where appropriate may enhance the statistics on this, and give children the best start that they can have in life. Supplementation – especially of Vitamin A and iron – could also have positive effects on the neediest children.

4.3 Health

The population in Lesotho has historically had better health than in many sub-Saharan African countries. However, this is no longer the case, with a steep deterioration in health indicators since 1990, highlighted by the twin MDG health goals of reducing maternal and child mortality being classified as being off track with little likelihood of achieving the goals. The third health MDG, of combatting HIV/AIDS and other diseases is also not progressing well. These outcomes all indicate a

problem with the provision of health services, which will have large repercussions on child health and wellbeing.

The two core problems in the health sector are poor access to the services that are needed and poor quality of the services once they have been obtained. The reasons for this are many, including the 'brain drain' of skilled health workers, HIV/AIDS, which not only directly affects people's health, but also robs the health service of key workers and increases the strain on existing healthcare facilities, and high unit costs of providing social services due to the topography of Lesotho. The worsening health of the nation is a result of many interlinked factors, including the spread of drug resistant tuberculosis, widespread malnutrition and poor sanitation.

The Government of Lesotho has not been passive in their attempts to halt this decline, including implementing a wide-ranging Health Sector Reform Project, a 'Health for All' policy, where all basic health services are free, and construction of new health facilities. Indeed, the 425 bed primary referral hospital and three referral clinics are designed, built and will be operated by a private company, Tšepong, on a Public Private Partnership basis. Lesotho is one of the first LDCs to pioneer a PPP approach in the health sector. This can be taken as tacit recognition that existing systems are struggling to meet the large demands placed upon them as a result of the HIV/AIDS and general healthcare crisis.

Box 4.1: Health and Disability in Lesotho

Both healthcare and disability feature highly in the Lesotho constitution and the National Vision 2020. These inform the healthcare policies aimed at the nation in general and children in particular.

In the Constitution, Article 27 states that:

'Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to:

(a) provide for the reduction of stillbirth rate and of infant mortality and for the healthy development of the child;

(b) improve environmental and industrial hygiene;

(c) provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) create conditions which would assure to all, medical service and medical attention in the event of sickness; and

(e) improve public health.'

While Article 33, relating to disability, states:

'With a view to ensuring the rehabilitation, training and social resettlement of disabled persons, Lesotho shall adopt policies designed to:

(a) provide for training facilities, including specialised institutions, public or private; and

(b) place disabled persons in employment and encourage employers to admit disabled persons to employment.'

The National Vision 2020 aims that:

'Basotho shall be a healthy nation with a well-developed human resource base. The country will have a good quality health system with facilities and infrastructure accessible and affordable to all Basotho, irrespective of income, disabilities, geographical location and wealth. Health personnel will provide quality health service and patient care. All Basotho will be conscious of healthy lifestyles and will engage in sporting and recreational activities. There shall be no new HIV and AIDS infections. There will be care and support for the orphans, the HIV infected and affected patients.'

It goes on to state that:

'Men, women, and people with disabilities will be equal before the law; and will be accorded equal opportunities in all aspects of life.'

4.3.1 Strategies for improving health

The government of Lesotho has made health a focus of development policies, with references to health throughout the Poverty Reduction Strategy (2004/5-2006/7) and the Interim National Development Plan (2008/9-2010/11). The PRS aimed to improve access to quality health care through establishing a sustainable health financing system, improving the health infrastructure, equipment, maintenance and supplies, improving health personnel capacity and through strengthening disease prevention strategies. There was also a focus on HIV/AIDS, where the institutional and policy framework was identified as needing strengthening, while combating the spread of the disease and mitigating the effect of HIV on affected households.

The INDF was more focused on the strategies that the country was planning relating to the health of the population. As noted, these strategies may have a direct effect on children, although most will indirectly influence the health of those under the age of 18. Areas included in this include training of healthcare workers in rural areas to alleviate the shortages seen and improve general standards of care, providing support to alleviate poverty related conditions such as malnutrition and improving essential clinical services. The scaling up of anti-retroviral therapy and strategies to prevent Mother-to-Child transmission of HIV are also included in the INDF.

4.3.2 Health Sector Reform Project

Since 2006 the Government has focused on implementing health reform, supported by the World Bank, Millennium Challenge Corporation, Clinton Foundation, Irish Aid, WHO, UNICEF and ADB. This project includes activities on:

- Improving Health Centres for all the Districts
- Constructing ART Clinics in all the Districts
- Renovating Mohlomi Hospital
- Constructing a Blood Transfusion Centre
- Building Capacity within the Ministry of Health and Social Welfare to strengthen programme planning and management
- Improving the capacity of the ECCD unit to plan, monitor and evaluate the health and hygiene status of children 0-8 years
- Supporting the development and implementation of quality assurance guidelines
- Curbing the spread of disease through training health personnel
- Improving medical waste management
- Increasing access to ARTs

4.3.3 HIV/AIDS

Lesotho has the third highest prevalence of HIV in the world, with an estimated 23% of adults aged between 15 and 49 infected (LDHS, 2010). This pervades every part of life and policy in the country and has a huge effect on children, not only in the direct transmission of HIV from mother to child. Adults who are ill with the virus find it more difficult to work or care for their children, feed the family and resources are diverted to healthcare and away from other important family aspects. Children who have lost one or two parents are vulnerable to poverty, with lower educational levels and a higher chance of contracting the disease themselves. The education, health and agricultural sectors lose those in their prime, holding back the development of the country, again affecting the present and future prospects of children. Table 4.1 provides the statistics associated with HIV in Lesotho.

Table 4.1: HIV/AIDS in Lesotho

Target	1990	2000	2005	2010	2015 target
Adult (15-49) prevalence %	4.0	23.9	23.2	23.0	17.0
HIV prevalence amongst pregnant women attending antenatal clinics %	2.3	21.0	27.0	27.7	15.0
Condom use rate as % of the contraceptive prevalence rate	-	16.0	12.9	20.2	-
Women (15-49) using condoms %	-	6.5	8.1	9.5	30.0
Death rates associated with sputum positive TB %	10.0	14.0	10.0	11.0	6.0
Life expectancy at birth (years)	59.4	48.9	44.3	-	63.0

In full view of these challenges, the Government established the National AIDS Commission (NAC), to form the institutional driving force in the fight against HIV and AIDS. The Health Sector HIV Response Medium Plan (2004-2007) has therefore been replaced by the National HIV and AIDS Policy 2006, which provides the framework within which all initiatives, interventions and programmes operate. Further, the HIV/AIDS Strategic Plan (2006-2011) has been developed with a Monitoring and Evaluation Framework to track the implementation of the national framework on the fight against HIV/AIDS. Other initiatives include the development of the National Action Plan on Women, Girls and HIV/AIDS 2006 and the associated Implementation Plan, and the HIV/AIDS Bill which seeks to provide for special needs of people living with HIV and AIDS and also regulation of services provision. Therefore, Lesotho has enacted the Labour Code Amendment Act 2006 which provides for mandatory HIV and AIDS work place policy for all employers with 50 and above employees.

The GoL, with the assistance of its development partners, have also made a significant progress in the fight against HIV and AIDS through prevention, treatment and mitigation initiatives. On the prevention dimension, the GoL initiated the Know Your Status (KYS) campaign aimed at achieving universal voluntary HIV counselling and testing to prevent new infections among adults. To prevent intergenerational transmissions, the GoL, in partnership with the World Health Organisation (WHO) and United Nations Children Fund (UNICEF), introduced the Prevention of Mother to Child Transmission of HIV (PMTCT) programme in 2003. As of June 2009, 87% of the 2,016 facilities were providing PMTCT services (MOHSW Annual Joint Review Report, 2009). But many of the local health clinics, where most women access antenatal services, still do not offer HIV testing, let alone PMTCT. PMTCT coverage was estimated at 31% in 2007 (MOHSW Annual Joint Review Report, 2009).

On the treatment dimension, the Government, with support of Donor Partners like PEPFAR and the Clinton Foundation, has made available low cost anti-retroviral therapy (ART) and is presently increasing access to ART, especially among pregnant women, with clinics having been established throughout the country. Currently, 34% of patients known to be in need of ARTs have been provided with them.

Many initiatives have come from the NGOs and the private sector. The Apparel Lesotho Alliance to Fight AIDS (ALAFA) was launched in May 2006 to provide prevention and treatment services for the more than 40000 mainly women Basotho workers in the textile and apparel industry. It provides education, testing and counselling services as well as treatment for HIV positive workers and, since 2009, also their spouses. ALAFA received the Drivers of Change Award in the business category in 2008. The project was also commended in the 2009 Business Excellence Awards of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria.

Lastly on the support dimension to HIV and AIDS, a joint UN programme involving UNDP, UNAIDS, FAO and WFP has been designed to facilitate the greater involvement and empowerment of people living with HIV and AIDS by developing a national action plan to ensure implementation of rights of those living with the disease; build capacity of the newly established Lesotho Network of the People Living with HIV & AIDS (LENEPWHA) in areas of organizational development and enhancing the advocacy skills of members; and increased sustainable employment opportunities addressing food security, livelihood activities and placement of HIV-positive field workers in committed partner organizations. This is on top of the other interventions discussed elsewhere in this study. Special programmes have also been undertaken by the Ministry of Justice within prisons, with a counselling, testing and treatment programme for prisoners.

4.3.4 Outcomes

Children's health can be measured in a number of ways – these include measuring when a child gets ill, what happens when they are ill, preventative measures for illness and knowledge about how to prevent illness. This section will study each of these.

The prevalence of diarrhoea, fever and acute respiratory infection (ARI; defined as a child with a cough and short, rapid breaths) highlights the probability of getting ill. Information about children who were ill in the two weeks preceding the interview with any of these three conditions was collected. The percentage of children with diarrhoea in 2009 was 11.2%, with fever was 17.2% and ARI 6.7%. These are high figures, since they cover only a 2 week period.

Illness is highly related to wealth – all three conditions showed that as wealth increased the percentage of children suffering decreased, as shown in Figure 4.6. This is obviously linked with the conditions in the household – diarrhoea is closely associated with sanitation facilities, which have already been noted as being in a poor state in many households.

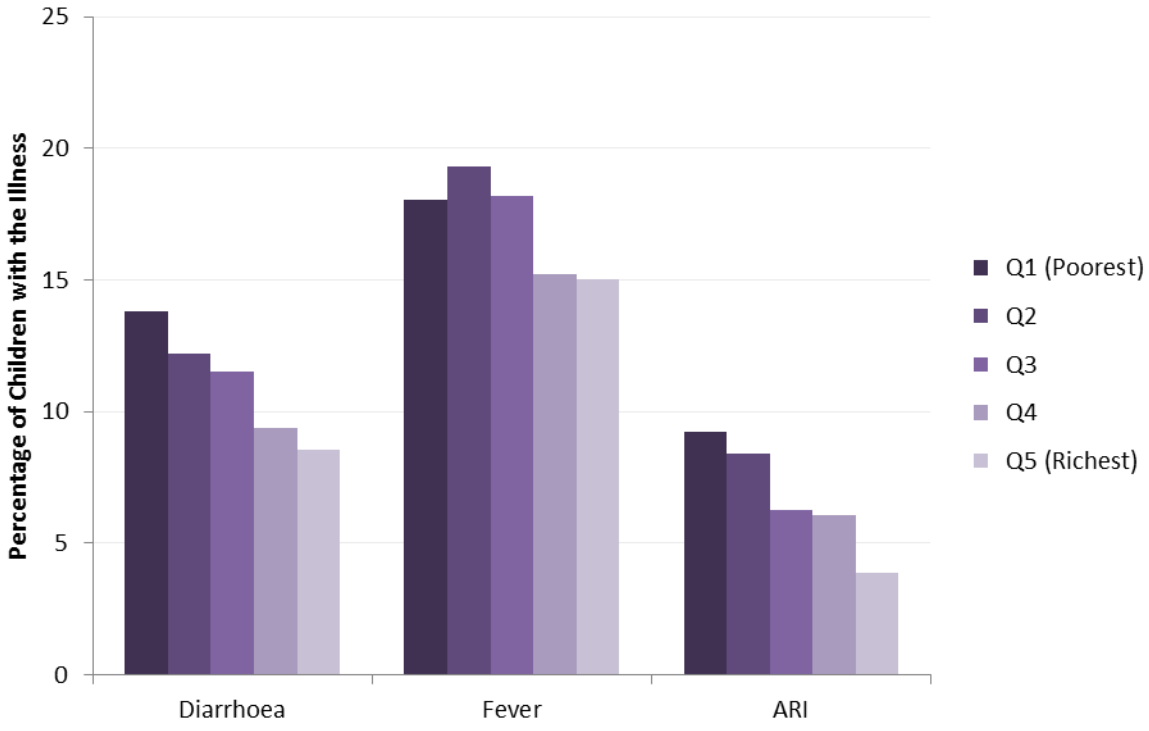


Figure 4.6: Percentage of children with diarrhoea, fever and ARI in the 2 weeks prior to Interview, by Wealth Quintile, 2009

Associations between illness and place of residence are common – those living in urban areas are much less likely to suffer from any of the conditions – indeed only 4.1% of urban children were estimated as having ARI in urban areas, compared with 7.8% in rural areas. This leads to differences by ecological zone – with the mountain area having over double the level of ARI than the Foothills.

The treatment of these illnesses is crucial. If a child is ill then they should be taken to a medical practitioner for care and to obtain antibiotics or oral rehydration salts, if appropriate. Care for children with diarrhoea and ARI was assessed. Over half of those with diarrhoea were taken for medical treatment (i.e. were taken to a location classified as being medical – not a shop or a traditional practitioner) while two-thirds of those with ARI were also taken for treatment. This is encouraging – it would not be expected that all children were taken for care as the range of illness severity will be large.

Treatment for both illnesses was not related to sex, age of the child, household size nor gender of the household head in any consistent manner – it must be appreciated that the number of children analysed is small and hence there will be variation shown. Ill children in urban areas were more likely to have received care than those in rural areas and there was variation by district, although not to the scale observed for previous outcomes. One correlate that did show variation was when there are over four children per adult in the household – a high dependency residence. Only 20% of children were taken for care for diarrhoea and 44% for ARI – a much lower percentage than the households that were not high dependency.

The best way to guard against illness is for there to be a consistent and universal level of vaccinations for children. It is important for as many children as possible to be immunised – for the individual themselves (to guard against disease) and for society (due to herd immunity). It is recommended that children should have had at least 8 vaccinations by the time they are 2 years old – including BCG, three doses of DPT and polio and measles.

The percentage of children aged 2 and over who have had at least 8 injections is 73.8% - so almost a quarter of children are not fully protected. Although this figure should be improved further the high percentage fully immunised is encouraging. The poorest children with the least education mothers are the most likely to not have a full vaccination record. This will further hinder their development and may affect their nutrition – children who are often ill are more likely to be malnourished.

Interestingly there is hardly any difference in full coverage by urban and rural residence, but there are differences by district, as shown in Figure 4.7. The South of the country – Quthing and Qacha's Nek – are the districts with the lowest coverage, while Mafeteng has the highest.

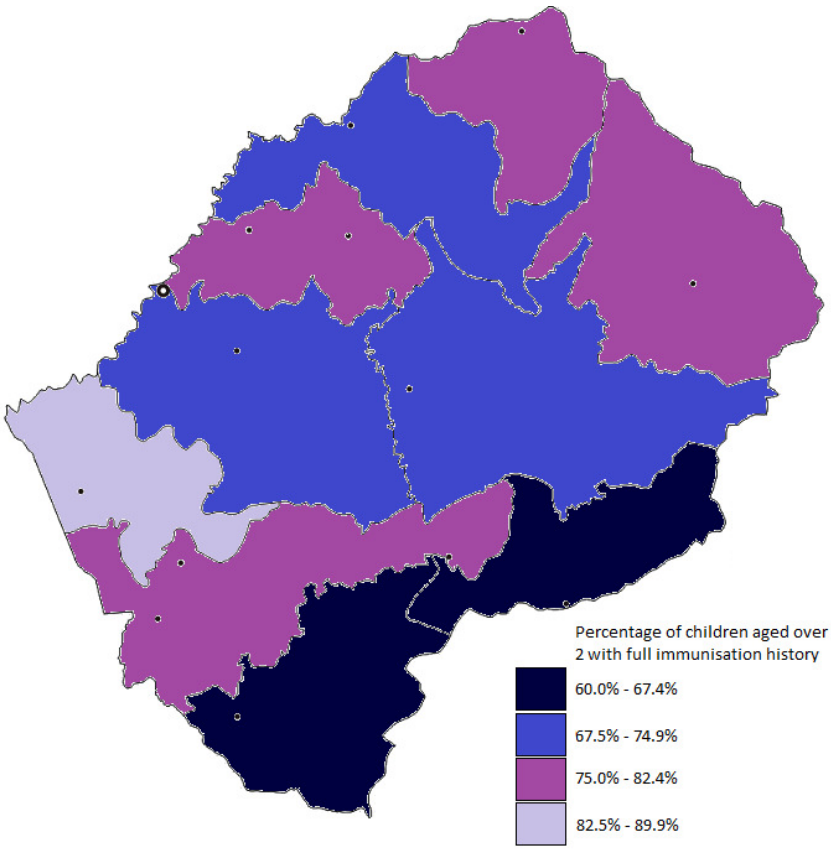


Figure 4.7: Percentage of children with full immunisation coverage by 2 years old by district, 2009

If the percentage of infants with full coverage of vaccinations in 2009 is compared to the percentage in 2004 there is not much change – in 2004, 73% of over 2 year olds were fully immunised, compared with nearly 74% in 2009. This indicates little progress in getting more children to be vaccinated. Patterns by region are similar in the two time periods.

The final outcome that can be measured is knowledge of illness and methods to avoid infection. In Lesotho the major aspect to consider is HIV/AIDS – there is a high prevalence amongst 15 to 49 year olds. Understanding how to prevent HIV/AIDS from spreading, as well as being counselled on this during pregnancy is a key element in the protection of the individual. The more young adults who appreciate how HIV can be prevented will aid in the fight against the disease.

The percentage of women aged 15-24 who have comprehensive knowledge of HIV/AIDS methods of transmission is much lower than hoped, and expected given the level of infection in Lesotho. Only 36% of women had comprehensive knowledge. This involved:

- Knowing that the risk of catching HIV can be reduced by not having sex, always using a condom and having one sexual partner

- Stating that HIV cannot be caught through mosquito bites, sharing food with an HIV positive person or through witchcraft or supernatural means

Knowledge is better for the older group – 20-24 years old compared with 15-19, which is worrying as those in the younger age group are entering the age of sexual activity and are at risk of catching the virus. Knowledge is also better for the richer members – while the rich are also more likely to be counselled about HIV transmission during pregnancy at an antenatal visit. Variation by region is clear – in Maseru almost half of those questions had comprehensive knowledge, while under a quarter had this knowledge in Mokhotlong.

Mother-to-child transmission advice, given during an prenatal visit, was given to almost 84% of the mothers who have given birth in the five years prior to the survey. This was related to the education of the expectant mother – with the most educated more likely to be given advice. Those in rural areas and the mountain ecological zone are less likely to have this advice.

4.3.5 Disability

Disability is a key cause of poverty and vulnerability as it can dramatically diminish the livelihood options available to people whilst also leading to social exclusion and discrimination. Frequently, it is not only the disabled person who is impoverished, but his or her entire household, as relatives use up time and resources providing care and support. Disability is more widespread than is often realized; the World Health Organisation (WHO) estimates that 10% of the world's population live with a disability.

The Government is committed to eliminating the attitudinal and institutional barriers that preclude persons with disabilities from participating fully in mainstream society. Since 1993, the country has adopted laws and policies aiming at achieving equalisation of opportunities for people with disabilities by promoting their rights and ensuring their full and equal participation in society. This has often been in direct response to the provisions of the Constitution, as well as other relevant regional and international policies and conventions that the country is signatory to.

The Ministry of Health and Social Welfare, with support from NORAD and the EDF, have an ongoing project aimed at building capacity for disability support. This is focussed upon strengthening the response and support for people with disability (PWD), developing a national policy and strategic plan for PWD, advocating for the formulation of protective legislation for PWD, promoting prevention and early detection strategies at the community level and strengthening vocational training for PWD.

Apart from strengthening the ability of Government and stakeholders to meet the needs of persons with disabilities, strategies have focussed on strengthening disabled persons organisations (DPOs). More specifically, there is much current emphasis on Community Based Rehabilitation, which focuses on education, training and employment to promote social and economic inclusion of people with disabilities, and hence equalisation of opportunities and poverty reduction.

In 2007, a draft National Policy on Equalisation of Opportunities for People with Disability into Society was developed. If endorsed, it will be followed by legislation that will ensure that the plight of PWDs is considered when developing physical environment such as: access into public buildings and public transport; making public information accessible to all persons including those with hearing and visual impairment; and exemption from payment of services like healthcare.

Furthermore, disability issues have been mainstreamed into the 2006 National HIV and AIDS Policy. The policy states that the Government will:

1. Ensure that HIV-related prevention information, education, treatment, care and support strategies and materials are tailor-made for, and accessible to the people of disabilities.

2. Ensure protection of all disabled persons from abuse that leads to the increased risk of contracting HIV.

3. Ensure that all responses to HIV and AIDS consider the implications for people with disabilities and plan for more effective responses based on models of national and international best practice."

The Interim National Development Framework stated that the elimination of attitudinal and institutional barriers was a key aim with regards to those who have a disability, while the equalisation of opportunities was to be facilitated through laws and policies. It was also noted that disabled persons organisations needed to be strengthened.

4.3.6 The Way Forward

The key health concern in Lesotho is HIV/AIDS – all discussions related to child health in the country have to be conducted with this knowledge and background. The disease has a huge effect on children and children's health – both directly and indirectly. Those growing up in households where HIV is present are more likely to catch the disease themselves and to suffer from poverty through the indirect effects of the virus.

The poor access and quality of health services is being confronted by the government, but while salaries are low for medical workers there will be a lack of resources due to out-migration. The construction of the new health facilities and the innovative ways by which these are being done are to be commended. The Health Sector Reform Project is clearly having an effect at a population level, although it will take some time for the reform to be felt by all, including children.

Child health itself is a concern, with high percentages of children with diarrhoea and ARI which is closely related to household wealth. This relates to deprivations in shelter, water and sanitation – those who do not have a good water supply are more likely to get diarrhoea – and also more likely not to be close enough to a medical facility to obtain care. To improve children's health in this regard a more general development strategy is needed. This is long term, but will have the most benefit.

The coverage of vaccinations is a key test of a country's health system – and Lesotho actually performs adequately on this. Yet there does not seem to be any advances in coverage over time, which is the worrying factor. A vaccination drive should be considered a priority, to get all children immunised with the required vaccinations at the required time.

Knowledge on HIV transmission is the greatest worry, and surprise, however. The low percentage of young adults with full knowledge must be increased if the HIV epidemic is to be halted. Although mother-to-child counselling is common there are misconceptions about how the virus is transmitted. The diversion of resources to educational activities should be considered.

4.4 Child Protection

Children are vulnerable and need protection. Services and interventions that aim to protect the child against abuse, neglect, exploitation and violence need to be at the forefront of policy, which is why this is considered a pillar of child well-being. A child needs to be protected, which starts immediately with registration of the birth – giving the child an official record and status in society. This is followed by protection against abuse, employment, early childbearing and early marriage. It also requires extra protection when there is family breakdown through death or divorce – the child is often forgotten. In this section, the legal framework surrounding child protection in Lesotho will be examined, before specific issues and responses to those issues including physical and sexual abuse, child labour and human trafficking are considered. Aspects of child protection are difficult to analyse quantitatively, but the figures that are available will be examined to assess the outcomes of protection policies.

4.4.1 Legal Framework

Lesotho ratified the Convention of the Rights of the Child in 1992, and the optional protocol on the sale of children, child prostitution and child pornography in 2003. In terms of domestic legislation, child welfare is governed by the Child Protection Act of 1980 and Article 32 of the Constitution which provides for protection and assistance to all children and young persons and protects them from economic and social exploitation. The Constitution also states that the employment of children and young persons in work harmful to their morals or health or dangerous to life or likely to hamper their normal development is punishable by law. Age limits are also noted for paid employment.

A recent study by the Open Society Institute of Southern Africa (OSISA), which reviewed the laws surrounding child welfare in Lesotho, found that 'existing legislation in its present form does not adequately address the needs and interests of orphaned and vulnerable children'. The reasons for this conclusion include:

- Lesotho has not ensured the full incorporation of the international treaties on child welfare into domestic law
- Much of the existing legislation has been in existence for a long time and does not adequately address the emerging realities of Lesotho's children
- There is no legal provision for key institutions or structures relevant to the care and protection of vulnerable children, while social workers lack statutory authority to handle social protection matters
- There is little legislative guidance for courts when they are called upon to resolve sensitive problems which relate to consent through marriage, ages of adulthood, methods of discipline, inheritance and child labour
- There is disharmony between the domestic pieces of legislation themselves, particularly on the definition of a child
- Disability is not covered by legislation

4.4.2 Child Protection and Welfare Bill

To try and address some of these legislative shortcomings, a Child Protection and Welfare Bill has been presented to Parliament. This has taken some time to be passed into law, but if passed it will be an important milestone in child wellbeing in Lesotho as it formalises the right for every child to 'be protected from exploitative labour…and to access education, adequate diet, clothing, shelter, medical attention, social services or any other service required for the child's development'. Specifically, it:

- Legislates that only children aged 13 or over can undertake 'light work' and only children aged 15 or over can be employed
- Giving a legal mandate to the state – specifically the Department of Social Welfare – to determine whether a child is in need of care and ensure that care is provided
- Raises the age of consent for marriage from 15 to 18
- Criminalises abuse, neglect and abandonment
- Ensures restorative justice for children through non-custodial sentencing
- Gives children the right to legal representation and the ability to give independent instruction and express opinions freely

The Bill also covers issues such as family property, fostering, adoption and includes provisions on children affected/infected by HIV, orphaned and vulnerable children, children living on the streets, children with disabilities and victims of abuse and exploitation. The drafting of the CPW was finished in 2004. It was first presented before Parliament in 2010, and it is hoped to pass in the near future.

4.4.3 Physical and Sexual Abuse

Being subjected to physical or sexual abuse is one of the strongest violations of children's rights. The abuse of people around them (for example mothers and siblings) can also have severe long run psychosocial consequences. The Sexual Offences Act of 2003 was passed to give women full sexual autonomy. It also has several clauses related to children's rights, including criminalising persistent sexual abuse, molestation and exploitation including prostitution – and the failure to report such offences

Despite the legal changes around the Sexual Offences Act, large numbers of women and children in Lesotho are also subject to sexual violence, rape, abduction and domestic violence. Many women are afraid to report such instances for fear of future reprisals, due to ignorance of their legal rights or because of the social stigma attached to women who suffer from these offences. A recent PhD study on the subject found that prevailing social norms discriminate against the victim; 80% of parents surveyed agreed with the statement "women who get raped must have led on the men who raped them" and 75% with the statement that "agreeing to be visited by a male friend calls for rape".

There is also anecdotal evidence, reported in the Government's Interim National Development Plan, that levels of abuse are increasing due to the impact of changing employment trends which have challenged traditional gender identities and forced men to negotiate new forms of masculinity. Because retrenched men find it difficult to assert control as household head as wives have become accustomed to managing the household independently in their absence, and as women are

increasing their contribution to household incomes, feelings of powerlessness have contributed to a marked increase in domestic violence.

There have been very few activities undertaken to address the issues of physical and sexual abuse. As shown in the OSISA study 'most programmes focus more on providing for the immediate physical and material needs of OVC and less on developing emotional and psychosocial competencies'. This is somewhat confirmed by the financial analysis undertaken in this report. Two local NGO's, the Lesotho Child Counselling Unit, and Touch Roots Africa, support survivors of abuse and provide psychosocial support respectively. Both are supported by international Donors. Two core public initiatives have been the setting up of the Child and Gender Protection Unit within the Lesotho Mounted Police Service and the creation of a 24 hour Child Helpline. Furthermore, the Child Protection and Welfare Bill will criminalise abuse, neglect and abandonment once passed.

The Child and Gender Protection Unit (CGPU) was set up in 2002 to deal with crimes against women and children, especially abuse and domestic violence. It has branches in all 11 police districts and aims to enhance the legal system's ability to protect survivors and prosecute perpetrators in accordance with the existing legal frameworks. It also aims to provide a comprehensive and integrated approach towards managing sexual abuse, including ensuring that appropriate emergency (Post Exposure Prophylaxis) and medical treatment and psychosocial support and care is provided through a health centre facility. With the support of UNICEF, a computerised database and National Guidelines for the Management of Survivors of Sexual Abuse have been developed, and staff have been trained on psychosocial support. Between January and June 2006, 789 sexual offences were reported, and 179 involved children.

In 2008, a 24 hour free National Child Helpline was set up to provide a channel of communication between children and service providers. Housed by the NGO Lesotho Save the Children, it enables children to access information, assistance and resources. By August 2009, the helpline was receiving 1339 calls a month.

4.4.4 Child Labour

The Constitution of Lesotho makes provision for ensuring that 'the employment of children and young persons in work harmful to their morals or health or dangerous to life or likely to hamper their normal development is punishable by law' and that 'there are age limits below which the paid employment of children and young persons is prohibited and punishable by law'. Lesotho also ratified the ILO Convention 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour in 2001.

To operationalize these, the Government prohibited in the Labour Code the employment of children 15 or younger – except in the immediate family of the child where the family establishment employs five or fewer people. However, the code is limited in coverage to the extent that it does not cover the informal sector and the self-employed due to difficulties in enforcement. Therefore, many children are engaged in activities which fall outside the jurisdiction of the labour code – for example those engaged in informal 'street work'. This leaves them open to abuse and harassment by unscrupulous employers who are aware that there is limited legal protection for those engaged in these activities.

According to Bureau of Statistics figures, 24% of 10-14 year olds are economically active – not including those performing domestic chores. As outlined in previous chapters, this is driven by poverty as households are forced to resort to ever more desperate livelihood strategies. Paradoxically, the high level of adult and youth unemployment has continued to maintain the child labour economy; children are forced to work when their parents cannot support them. Furthermore, the HIV and AIDS pandemic has left a considerable number of households headed by either children or very old people who can no longer work; in these situations, a large number of underage children are forced to find work to support their households.

While in many cases, having to work does not affect children negatively, problems arise when children are denied schooling and other basic rights, or when they are involved in the Worst Forms of Child Labour (WFCL), defined in Lesotho as covering domestic workers, street workers, sex workers and herders. Children in these four activities are exposed to a range of health hazards including both physical and emotional abuse. Furthermore, these children often work long hours under extremely poor working conditions. For example, a study conducted by the United Nations Children's Fund (UNICEF) in 2001 found that young domestics often work as much as 16 hours a day. Long working hours are a common phenomenon for many working children. These and other difficulties are compounded by the fact that most of these children are not free to express their feelings and needs to their employers, parents and/or guardians as culturally children are not supposed to questions adults.

The Lesotho Labour Force Survey rom 2007 estimated that 2.9% of children aged 6 to 14 years old were working – and these children are more likely to be male than female and in the older ages. Indeed, 5.1% of boys in this age range were employed, while only 0.8% of girls were. Employment increases with age too, with 1.2% of 6-9 year olds working. The main form of employment for children was in agriculture for subsistence, while economic activity in private households was also

common. There was wide variation by district – with over 17% of boys employed in Leribe, compared with less than 4% in Berea.

4.4.5 Worst Forms of Child Labour

One of the most common forms of child labour in Lesotho is the practice of herding. Whilst this need not be harmful, indeed it is regarded by many as a rite of passage for young men, it can prevent children from going to school – hence the lower educational enrolment rates for boys than girls in Lesotho. In the worst cases, boys work almost 24 hours a day looking after the animals while they graze during the day and guarding them at night against thieves and other hazards. Furthermore, herding has been abused by some people who hire young children, often those who have been orphaned or deserted, to herd their animals and exploit them in terms of meagre payments as well as through physical and verbal abuse.

The second major type of child labour is street work, made up of those who live on the streets and make their living from begging, washing cars, selling newspapers etc., and those who live at home but spend their days on the streets doing similar activities or helping families e.g. selling fruit and vegetables. Street children are very vulnerable to physical, verbal and emotional abuse by customers, older fellow workers and employers. A joint study between the Ministry of Labour and Employment and the ILO found that 90% of street children worked six or more days a week and many worked more than eight hours a day, which obviously prevented them from attending school.

Domestic work is also prevalent in Lesotho, especially amongst young girls. Domestic chores are generally regarded as part of the socialisation of a child, but, in some cases children do this work for periods between 8 and 12 hours a day. When this is the case, their involvement in this work interferes with the child's development where in some instances children are even denied their education as they are forced to leave school in order to perform domestic chores. Paradoxically, this is driven by the increase in female participation in the labour force; some women who would typically have performed domestic work themselves are now engaged in full time wage employment. Furthermore, many households actively choose to employ younger girls; they can be paid less and are less aware of their rights.

Another form of child labour in Lesotho is sex work, predominantly carried out by girls. Much sex work is performed by girls who need the income to support their family, frequently those who have been unable to find textile jobs in urban areas. There are also young girls who hang around in bottle stores and shebeens hoping to exchange sex for money and/or beer. Sex workers are extremely vulnerable to physical and emotional abuse as well as sexually transmitted diseases like HIV and

AIDS. It is reported that there is an increased demand for younger girls as they are less likely to be HIV positive.

4.4.6 The Response

One of the biggest issues with child labour is that it can violate a child's right to education. As shown in the section below on Education, non-formal education programmes, included learning posts, have been used to try and flexibly provide education programmes to herdboys. As the Education Act 2010 has made primary education compulsory, this should help better enforce children's rights and reduce child labour. The Child Protection and Welfare Bill also includes provisions that only children aged 13 or over can undertake 'light work' and only children aged 15 or over can be employed.

4.4.7 Human Trafficking

Lesotho passed the Optional Protocol to the Convention of the Rights of the Child to 'Prevent, Suppress and Punish trafficking in Persons, especially Women and Children' in 2000. However, although a number of national laws refer to the trafficking of persons as a crime indirectly through reference to child labour, servitude and slavery, labour exploitation, child prostitution etc., there is no comprehensive legislation against the trafficking of persons specifically. Lesotho's history of labour migration, combined with increasing levels of vulnerability, make Basotho highly susceptible to human trafficking. Children are especially vulnerable directly – but they can also be affected by the trafficking of someone in their household.

Migration – both internally and transnationally – is seen as normative in Basotho culture, as shown in previous chapters. This means that often, people do not question a false offer of transportation or employment in another community or country. The porous nature of the Lesotho border and the extent of the movement of people across it makes identifying human trafficking incredibly difficult.

The drivers of socio-economic change have increased levels of vulnerability and hence the susceptibility of many Basotho to human trafficking. Women are particularly vulnerable to trafficking as they are put under increasing pressure to generate income to support themselves and their children and are increasingly willing to take away any opportunity to improve their lives and those of their children. They are susceptible to false offers of domestic work and sometimes are forced in exploitative situations (e.g. prostitution) when they cannot find employment. The rise in rural male unemployment also makes men more vulnerable to labour exploitation to enable them to conform to socio-cultural constructs of masculinity and maturity.

Migration is very common for children as well, especially those who are orphaned or whose parents are themselves migrants, as they seek to find their parents, or care, or are attracted by the money earned by other children in Maseru. This makes them highly vulnerable to exploitation and trafficking. Adolescent children are also highly susceptible to promises of educational opportunities in South Africa.

The Rapid Assessment carried out for the Ministry of Home Affairs and UNDP found that trafficking was prevalent in Lesotho – primarily for sexual exploitation, labour exploitation and organised crime – although it is almost impossible to compile accurate statistics. Many cases go unreported out of ignorance, fear, stigma and the absence of clear reporting mechanisms

The Multi-Sector Committee Against the Trafficking of Persons has developed a Draft National Action Plan (2010) to address Human Trafficking. Its core objectives are to:

- Make people aware that trafficking in persons exists, what it is, how to avoid being trafficked and its consequences
- Have those people in power deliver the message to large groups of constituency to give the issue legitimacy
- Provide a point of reference to focus efforts and to target most vulnerable populations and to provide statistics for international reports
- To develop a uniform approach to address the problem & to treat the victims with respect, and avoid traumatising them further by giving them support and security
- To provide victims with a safe and secure location until you are able to integrate them into the community. Assist with safety, security and reintegration.
- To restore normality and a sense of belonging to a victim of trafficking and thereby re-establish self-confidence and self esteem
- Strengthen cooperation with South African authorities

4.4.8 Outcomes

There are few outcomes related to child protection that are measurable, especially when there is little data that has been collected on the subject. Areas that do indicate the levels of child protection afforded in a country include birth registration, orphanhood and vulnerability, child labour and early marriage.

Birth registration

The act of registering a birth gives a child a permanent, official and visible evidence of legal recognition of existence. Certain human rights are generated by this simple act, while practical needs are supported through registration, such as access to health care, vaccinations, education, employment and obtaining proof of nationality. An up to date system of registration also allows planning to be conducted as the numbers of children are known.

Registration is improving in Lesotho, with the latest figures from 2009 indicating that almost 50% of births are registered (i.e. there is a birth certificate or the birth was reported to the civil authority). This is a large improvement on 5 years previously, where about a quarter were registered. There have been improvements in all districts, but Leribe and Maseru have the lowest percentages of children registered, while Butha-Buthe and Berea have the highest. Mafeteng, Quthing and Qacha's Nek have increased registration the most out of the regions, while the poorest have benefited most from the drive to register a child soon after birth. However, 50% of births registered is still low, with more effort needed to increase this figure further.

Orphanhood

The family unit is obviously the main place where care and protection of children is undertaken. Yet in Lesotho this unit is often disrupted – through the results of HIV/AIDS, migration or other health issues. A large percentage of children do not live with both of their parents – in 2009 about 28% of children do not have both of their parents living with them. This figure has not changed since 2004 (see Table 4.2).

Table 4.2: Percentage of orphans, by sex, age and year of survey

	2004		2009	
	Male	**Female**	**Male**	**Female**
0-4 years	14.3	13.5	9.6	10.0
5-9 years	26.2	25.8	21.5	23.3
10-12 years	33.1	33.2	35.2	37.9
13-14 years	39.0	37.0	40.9	42.4
15-17 years	39.3	38.4	46.6	44.3

Orphanhood is closely related to the head of the household. If the head of the household is female then a child living in that house is likely to be an orphan, while only 17% of children living in households with a male head are classified as an orphan. Regional variation is also clear, with over a third of children in Quthing classified as an orphan, while only 25% in Berea and Mokholtong are the same.

Child Labour

The latest figures relating to child labour are noted above – with 2.9% of children aged 6 to 14 working with significant differences between regions. These figures are from 2007, which can be compared with similar figures from 2002. The comparison indicates that there has been a rise in the percentage of children who work. The earlier figures also split down employment into separate categories – those who work at home and those who conduct paid work outside of the household. To compare between 2002 and 2007 only those who conduct paid work outside of the household are reported.

In 2002 only 1.2% of children aged 5-14 are reported as employed outside the household, which increased to 2.9% in 2007 (for ages 6-14, so there is a slight disagreement in the age range investigated, although this will not affect the figures to a large degree). The increase has mainly come from increased employment for boys, which increased from 1.8% to 5.1%, indicating that there is a larger need for employment in 2007.

Early marriage

Marriage is closely related to childbirth – the earlier a woman is married the sooner it is expected that she bears children. The legal age for marriage is currently 15 years old, rising to age 18 when the Child Protection and Welfare Bill is passed into law. This is needed to protect children from forced marriages when they are young and should aid in the reduction of the maternal mortality rate.

There is a small amount of evidence that girls are getting married earlier. In 2004 1.3% of 15-19 year olds were married by the age of 15, rising to 1.6% in 2009 – while the percentages married by the age of 18 increased from 13.3% to 14.3%. However, the overall percentage of women aged 15-49 who were married before the ages of 15 and 18 is falling. In 2004 3.8% reported stating that they were married before 15, falling to 2.6% in 2009. For under 18 marriage the percentages fell from 27.4% to 23.1% over the same time period. It must be noted that there may be reporting error for the age at marriage, so these figures should be taken as a guideline, rather than fact.

Early marriage is closely related to the educational level of the woman – over half of women with no education were married before the age of 18 – while only 11% of those with secondary or higher education said the same. Wealth was also clearly related to early marriage, as can be seen in Figure 4.8.

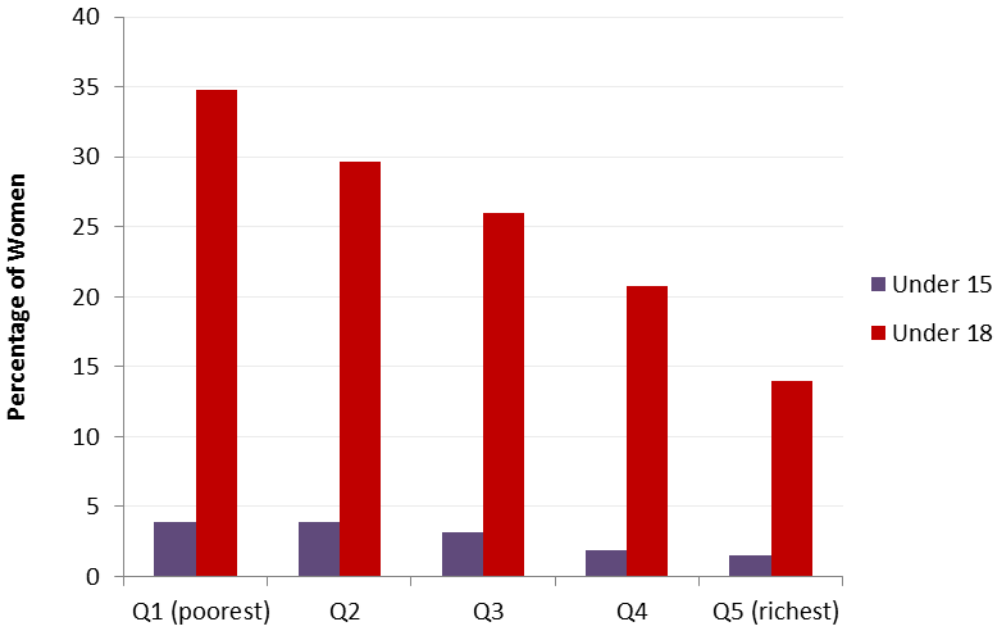


Figure 4.8: Percentage of women aged 15-49 married before the ages of 15 and 18 by wealth, 2009

Rural women are married at an earlier age than those in urban areas – over a quarter were married before 18 years in rural areas, while only 17% stated the same in urban locations. This therefore has a large impact on the variation by district – under 20% are married by 18 in Berea and Maseru, while over 30% stated that they were married by this age in Thaba-Tseka.

There is a large difference in the percentages of women married under the age of 15 and under the age of 18 highlighting that this age range is a popular time for marriage. Raising the age at marriage will therefore delay a large number of marriages by girls between the ages of 15 and 18, if the law is properly enforced. Indeed, the percentage of women who still report getting married below the age of 15 indicates that the current law is not strictly applied – which must change to improve the protection of young adults.

4.4.9 The Way Forward

The Child Protection and Welfare Bill is a key piece of legislation which must be enacted as soon as possible. The delays to the ratification of this law have delayed the protection of children in Lesotho, leading to needless exploitation, harm and a loss of childhood for some. Although not a magic panacea for all child protection problems it will go a long way in ensuring that children are protected from abuse. It is wide-ranging, but a number of issues stand out, including the legislation against child labour and marriage before the age of 18. However, when this Bill is passed into law there needs to be the resources and political willpower to make sure that the provisions of the Bill are actually enacted. For example, there are still a significant minority of children who get married

before the age of 15, which is currently against the law. If this practice has not been stopped then it is difficult to see how the rising marital age will be enforced.

Lesotho faces many issues – and children partaking in the worst forms of child labour and human trafficking are amongst the most pressing. Herding is a rite of passage for young men, but it does interfere with education and have long term implications on employment in later life, while sex work for children is thought to be becoming more common, especially due to the global economic recession. Reducing these practices will be easier after the Child Protection and Welfare Bill is passed, but a focus on these children by the government will be needed over and above this.

Orphanhood, due to many reasons, is common. These children need special care so that their disadvantage in early life does not manifest itself throughout their adult life too. The government is undertaking an ambitious programme to record each orphan in the country – after the orphans are known it is much easier to deliver services and interventions to them. This aim must be applauded and efforts stepped up to ensure all orphans are listed. This is also related to birth registration – simply knowing who is at risk helps the targeting of interventions.

Child protection has clearly been of high importance for the Government of Lesotho – now is the time to ensure this commitment is furthered through the passing of the Child Welfare Bill, followed by the resources diverted to enforce the major elements of this Bill.

4.5 Education

The significance of education cannot be understated – both for the individual child and for a nation as a whole. For the child it teaches important skills that will be of use throughout life both in employment and around the home, increasing awareness on how to avoid disease, the expertise to avoid poverty and maximise their ability. At a country level education improves productivity of the workforce and therefore the economy – a long-term solution to for a country to develop is to improve education. With a higher level of education in a country there is a promotion of social justice.

Education has been a core priority for the Government of Lesotho for a long time and has been devoted significant resources. In 2010/11, 18.5% of the total Government budget (M2.02 billion) was dedicated to education spending, the third highest percentage globally (UNDP). The Government's response is guided by the Medium Term Education Sector Plan 2009-2012. As a result, Lesotho has made great strides towards achieving the Millennium Development Goal of universal primary enrolment (see Table 4.3).

Table 4.3: Education indicators for Lesotho over time

Indicator	1990	2000	2005	2015 target
Net enrolment rate %	76.0	82.0	83.1	100
Proportion of pupils in Standard 1 who reach Standard 5 (%)	65.0	89.7	72.5	100
Adult literacy rate %[1]	47.0	82.0	87.2	100
Teacher : pupil ratio	55.0	48.0	41.6	40
Pupil : classroom ratio	99.0	65.1	63.0	40
Dropout rate %	7.1	7.3	6.0	0
Primary completion rate	59.3	87.5	85.5	100

The education budget was predominantly spent on primary education, mirroring the commitment to supply free primary education to all children. Over a quarter of the budget was also spent on tertiary education, with smaller amounts spent on secondary schools. The budget allocation can be clearly seen in Figure 4.9.

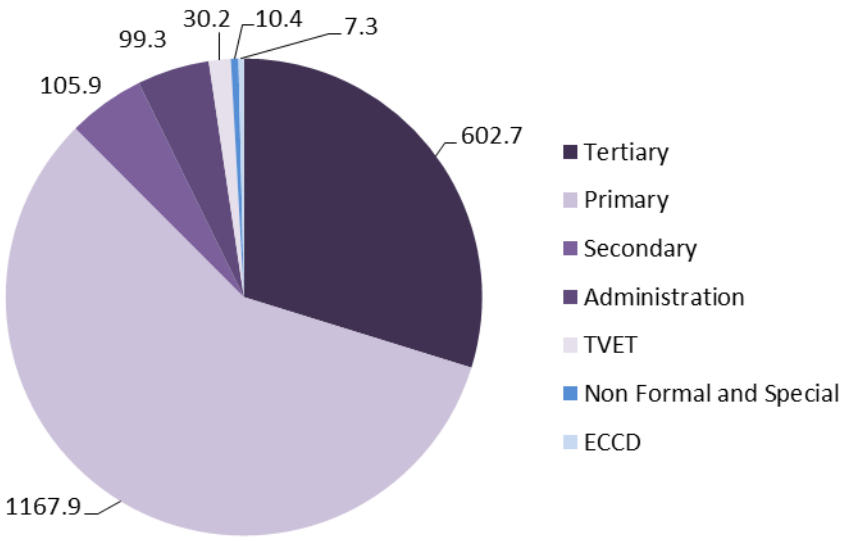


Figure 4.9: Education expenditure by type, 2010/11, Maloti (million)

Education plays a large part in both the Constitution and National Vision 2020. Box 4.2 indicates the areas that are highlighted in these documents.

1

Box 4.2: Education in the Lesotho Constitution and the National Vision 2020

The constitution highlights education in Article 28. It states that:

Lesotho shall endeavour to make education available to all and shall adopt policies aimed at securing that:

(a) education is directed to the full development of the human personality and sense of dignity and strengthening the respect for human rights and fundamental freedoms;

(b) primary education is compulsory and available to all;

(c) secondary education, including technical and vocational education, is made generally available and accessible to all by every appropriate means, and in particular, by the progressive introduction of free education;

(d) higher education is made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular, by the progressive introduction of free education; and

(e) fundamental education is encouraged or intensified as far as possible for those persons who have not received or completed their primary education.

The National Vision takes up many of the same themes, highlighting that:

Basotho will have access to quality education fully responsive to the country's needs, accessible at all levels and limited only by intellectual ability not by income or wealth. Lesotho will have the system of education that is closely linked and well researched to enhance the student's talents and capabilities. Education will be free and compulsory up to senior secondary level.

Lifelong learning, vocational, technical and entrepreneurial education will be the main focus in the education system. The education system will produce a competent, skilled and productive labour force. In this regard, Lesotho will serve as a service country exporting human capital to other countries whilst retaining a reasonable proportion in the country.

Each of the educational levels can be studied separately to indicate the policies and interventions that have been made at each stage.

4.5.1 Early Childhood Care and Development (ECCD)

There is increasing international recognition that pre-primary education has a strong impact on children's later physical, cognitive, social and emotional development. Community run ECCD is also an important method for communities to support those in need, such as children in child-headed households. As a result, the Government introduced pre-primary education in 2006. By 2009, 220 reception classes were established in 120 schools and enrolment reached 43,825 in 2008 (although enrolment in the mountain districts was very low).

In 2009, 165 bursaries were provided at ECCD levels from the recurrent budget of the ECCD unit, and a further 1,706 were introduced in 2010 funded by the European Commission. A Certificate in Early Childhood Education (CECE) was introduced at the Lesotho College of Education to improve the standard of teaching, with 29 graduates in 2009. The challenge is to institutionalise this level of education, expand access and look into providing complementary services to those in need. As the diagram above shows, ECCD only made up 0.4% of total education spending in 2010/11.

4.5.2 Primary Education

Following the introduction of Free Primary Education (FPE) in 2000, the net enrolment rate jumped from 69% to 85% in 2003. This was a huge commitment by the Government of Lesotho; the costs of providing FPE amount to 57.7% of spending on education and over 11% of the Government's entire budget.

The massive expansion of enrolment initially caused the quality of primary education to suffer due to the lack staff and facilities. This manifested itself in a large increase in repetition rates, with 20.9% of enrolled students in 2007 repeating a year. In support of the programme, 203 new schools have been constructed and 1500 classrooms installed. Challenges remain, especially in terms of the standard of facilities (52% of classrooms currently do not meet expected standards) and retaining qualified staff who are attracted to the higher salaries on offer in South Africa. In the 2008/09 Budget, qualified teachers were rewarded with a 32% pay rise to ensure the retention of existing staff and the attraction of new ones, and to provide an incentive for teachers to gain qualifications. A satellite campus of the Lesotho College of Education was opened in the mountain region of Thaba-Tseka to boost teacher training, especially in mathematics and science.

Despite the provision of Free Primary Education, net enrolment has declined slightly in recent years, to 81.4% in 2007. This partially reflects the additional costs of education, including school books and uniforms, which many families struggle to afford. Furthermore, as a result of the HIV/AIDS pandemic, there is an increasing trend of girls dropping out of school to assume responsibility in the household, especially in terms of caring for the family. Whereas in 1990, there were 121 girls attending primary school for every 100 boys – making Lesotho the only developing country with a gender bias in education in favour of girls, this had fallen to only 101 in 2005.

To address the falling enrolment rate, in 2009, Lesotho passed the Education Law which makes primary education compulsory for all children of school age. It is as yet unknown about the impact of this law and whether it has improved net enrolment statistics.

4.5.3 Secondary Education

Due to the high costs of Free Primary Education, there has been very limited space in the Government's budget for secondary education, which made up only 5.2% of the Government's education budget and less than 1% of total Government expenditure in 2010/11. As a result, the cost of secondary education has to be borne by individuals, putting it beyond the reach of many. School fees are around M800 per quarter but the additional costs of education – uniforms, books and exam fees – restrict access to the wealthiest and contribute to the high drop-out levels witnessed in Lesotho. In 2007, net enrolment rates were only 27% (33.4% for girls, 20.8% for boys).

However, in recent years, enrolment has increased from 94,545 in 2006 to 98,775 in 2008. This has been driven by several factors:

- The construction of 19 secondary schools and 250 classrooms since 2006
- Combining primary and secondary schools and a double shift policy
- A textbook rental scheme to try and reduce the costs of attending school

However, the biggest driver of increased enrolment, especially amongst the poorest has been the provision of secondary school bursaries. In order to improve enrolment and completion rates amongst orphaned and vulnerable children, in 2001 the Ministry of Education and Training (MOET) introduced bursaries for selected OVCs in junior and senior secondary schools. The scheme has grown quickly; in 2009, over 29,000 bursaries were awarded, compared to 22,735 in 2007 and 6,421 in 2004. The majority of bursaries are funded by the Government, with assistance from various Donor Partners such as the European Commission and Irish Aid. In 2010, the Government of Lesotho funded 20,948 bursaries, the Global Fund provided another 7,425 and smaller numbers were administered by other agencies such as the Red Cross, World Vision and Office of the First Lady. The average package is worth US$792 (c. M5900).

A review of the administration of the bursary scheme was undertaken by MOET in 2010. It found that there were no clear guidelines on the selection of recipients. As a result, MOET was prioritising double orphans as the most likely to need assistance. However, the review suggested that it would be better to prioritise on the basis of vulnerability as there was an imperfect correlation between vulnerability and orphan status. In fact, school enrolment rates are not significantly different for orphans and non-orphans.

The review also made further suggestions as to how the bursary scheme could be made more efficient and effective:

- Standardise the bursary package amongst different service providers (for example the MOET package does not include uniforms but the Global Fund package does) and improve coordination and collaboration amongst providers
- Review and definite the roles and responsibilities of different levels of governance; selection is currently partially decentralised but the financial aspect is highly centralised
- Develop an operations manual and guidelines
- Expand the number of staff and improve disbursement procedures and M&E systems

4.5.4 Tertiary Education

Whilst students attending tertiary education are not classified as children, higher education (both in universities and the 23 Technical and Vocational Education and Training (TVET) institutions) is an important determinant of employment and household income and hence can indirectly affect child wellbeing. Scholarships and subventions for tertiary education make up a very high proportion (29.8%) of total spending on education. Indeed, over five times as much is spent on tertiary education than secondary, ECCD and non-formal education combined.

4.5.5 Special Education

The Special Education Unit of the MOET was founded in 1987 and became operational in 1991. Its primary objective is to cater for students with disabilities and special needs and to provide for the integration of such students into the regular school system. Besides advocacy and supporting policy implementation, the special education unit also engages in teacher training, monitoring progress of students with special needs, sensitizing the public to the educational needs of students with disabilities, and collaboration with NGOs on disabilities issues.

4.5.6 Non-Formal Education

Non-formal education (NFE) programmes complement formal education programmes and cater for the poorest sectors of society, such as school dropouts and adults who missed out on earlier chances of acquiring education. The Lesotho Distance Teaching Centre supports education for out of school herdboys, focussing on basic English and a variety of practical skills. In 2006/07, 15,855 learners

were enrolled in literacy programmes at 220 Learning Posts and 602 were enrolled in Continuing Education.

4.5.7 Outcomes

Attendance at school is a good indicator of the success of policies. Both the net attendance ratio (NAR) and the gross attendance ratio (GAR) can be calculated[2]. Encouragingly, the NAR for primary school is 94.3% in 2009, increased from 84.6% in 2004. The GAR has also increased over this time period – from 127.9 to 169.9. This large increase in GAR is due to both the higher numbers of children enrolled in primary school and, in the main part, due to the larger numbers of children who have to repeat at least one year of primary school or started school later than the official entry age. The introduction of free primary education in 2000 may have caused a number of children to start school late – and in 2009 they would still be in primary school but would be older than 12 years of age – the age at which primary school is scheduled to finish.

Girls are more likely than boys to attend primary school, although this does not hold for urban areas where males have a higher enrolment. There is also a gradient in net attendance by wealth, with the poorest children least likely to be going to school. This is likely to be related to the hidden costs of schooling, as primary education is legislated to be free.

Variation by district is clear, alongside variation by gender. Figure 4.10 highlights this for the gross attendance in 2009, while Figure 4.11 shows the overall net enrolment ratios for each district.

[2] NAR is the percentage of the primary or secondary aged population that is attending primary or secondary school. GAR is the number of primary or secondary school students as a percentage of the total numbers of primary or secondary aged children – if there are many children who repeat years at school then this percentage can exceed 100 i.e. there are more people in primary school than children of primary school age.

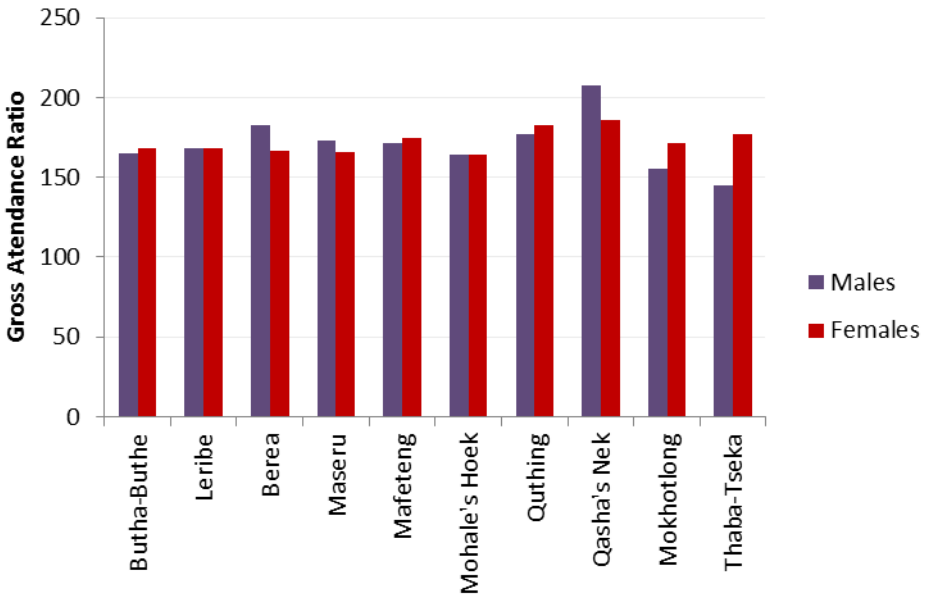


Figure 4.10: Gross attendance ratios, by district and gender, 2009

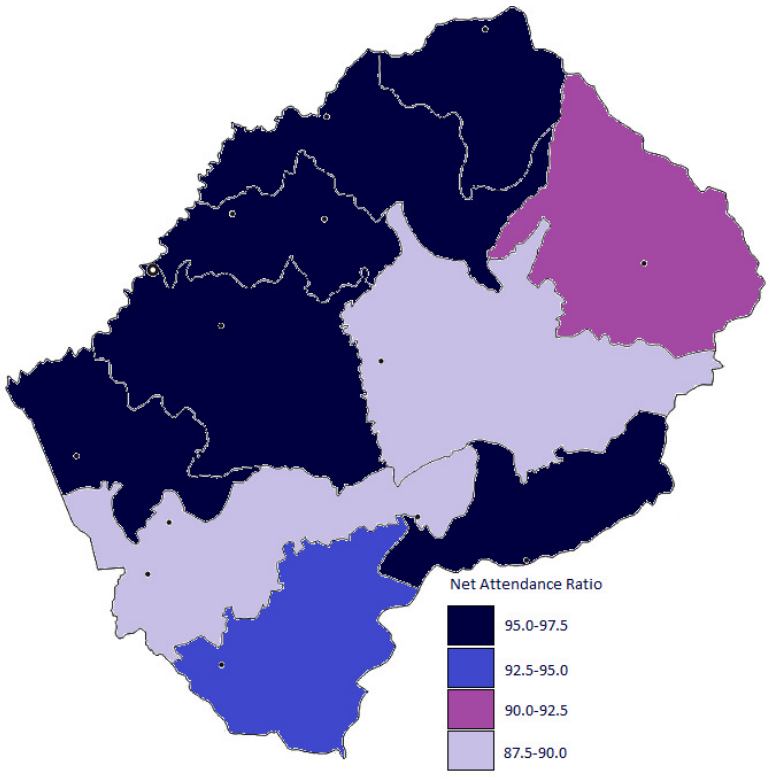


Figure 4.11: Net attendance ratios, by district, 2009

For secondary school the net and gross attendance ratios are much reduced, as expected, as this stage in education is not free. The NAR is only 34.3, while GAR is 46.7. There is still a large female bias, with females attending secondary school in greater proportions than males, although again this

advantage is lost in urban areas. The variation by wealth is much greater than for primary school – the NAR is about six times higher for the richest than the poorest for secondary school. This can easily be observed in Figure 4.12, which compares differences by wealth for both primary and secondary net attendance.

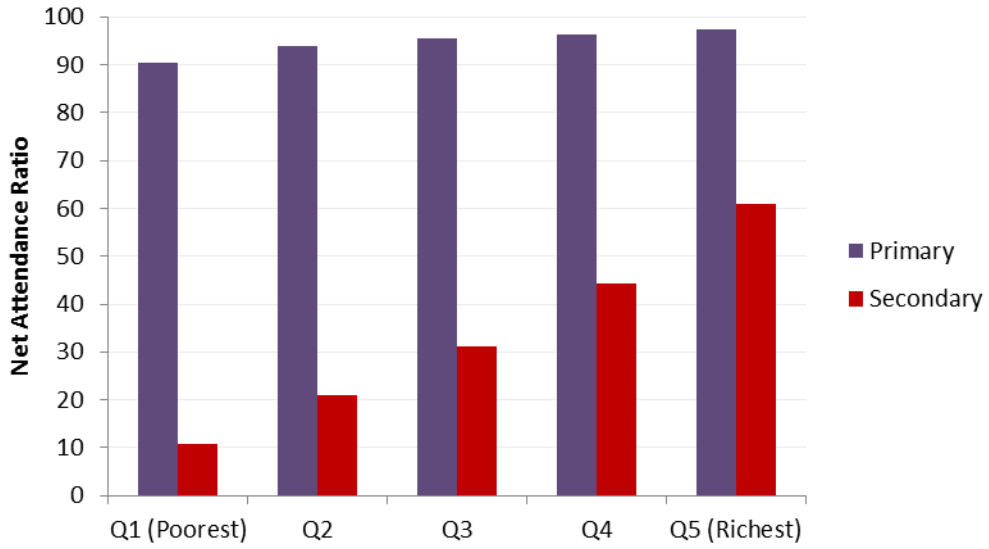


Figure 4.12: Net attendance ratios for primary and secondary school by wealth, 2009

There are variations by region again, as the map indicates (Figure 4.13). These variations are larger than for primary attendance, but the general pattern is similar to before, with those in the North and North-West of the country having higher enrolment than those in the South and South-West.

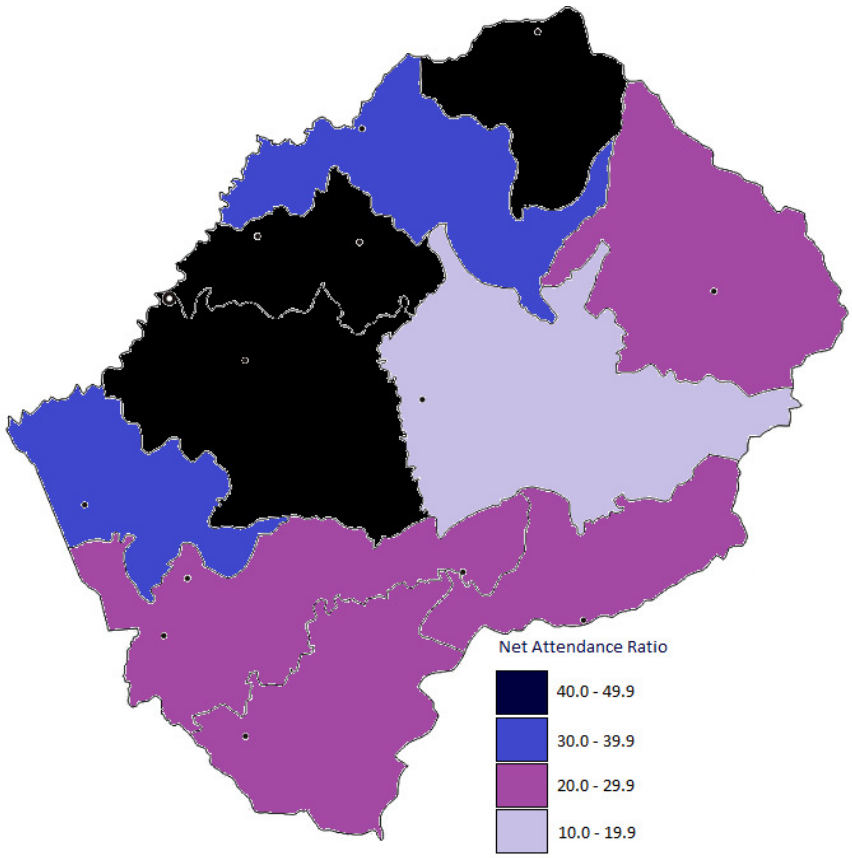


Figure 4.13: Net attendance ratios for secondary school by region, 2009

4.5.8 The Way Forward

The Education Sector Strategic Plan, designed to cover the period of 2005 to 2015 clearly sets out the aims of the government over the next few years. This includes:

- Expanding and promoting Early Childhood Care and Development
- Ensuring all children have access to and complete basic education
- Improving the quality of basic education
- Developing and expanding Technical and Vocational Education and Training (TVET)
- Strengthening non-formal education programmes for such groups as the herdboys
- Increasing access to and relevance of tertiary education

The fact that education has been a core pillar for the Government has meant that the educational outcomes are superior to those that might be expected. Almost a fifth of the budget is placed into education, comparing extremely favourably with the rest of the world.

The way forward is to continue with what is currently being undertaken, with more strategic decisions made regarding access to those who are missed. Secondary education is not on the agenda at the moment, although with the large numbers of children coming through and completing primary school this should start to rise through the priority list. This may be at the expense of tertiary education – and there appears to be a possibility of a greater balance between secondary and tertiary funding from the budget.

4.6 Social Protection

The government of any country has a duty to protect its citizens from risk and vulnerability. This includes protection against poverty and can be done in many different ways. There is also an equity dimension, with a general aim of providing this protection to all groups of the population. Social protection for children includes all aspects that have already been discussed – nutrition, health, child protection and education. However, this section studies the policies and interventions that are used to improve child outcomes through the generation of income or protection against shocks to the level of income. These policies may not be directly targeted at children but at their carers – parents, grandparents or other carers.

The Lesotho constitution highlights equality in Article 26, stating that 'Lesotho shall adopt policies aimed at promoting a society based on equality and justice for all its citizens regardless of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.' It follows this by stating 'In particular, the State shall take appropriate measures in order to promote equality of opportunity for the disadvantaged groups in the society to enable them to participate fully in all spheres of public life'. This is furthered by the National Vision, where it states that 'The citizenry will enjoy the benefits of the social protection fund without any discrimination' and that 'this state of prosperity will be manifested in reduced poverty levels where every Mosotho will afford a basic nutritious meal, adequate shelter and attain a relevant and productive education which will enhance the standard of living.'

The Government of Lesotho has designed a number of methods that offered social protection.

4.6.1 Cash Grants

Cash grants are becoming increasingly popular worldwide due to their empowering effects and flexibility (Regional Hunger and Vulnerability Programme, 2007). In an environment where the HIV/AIDS pandemic has such far reaching effects, poverty and vulnerability are multi-faceted phenomena. The increasing plurality of household composition in Lesotho (e.g. those headed by

children or the elderly) mean that different households have different needs in terms of services and support; for some households who are unable to farm, nutritional support to complement anti-retroviral therapy is of primary concern; for some child headed households, psychosocial support may be more pressing; for others, access to health services to deal with the effects of AIDS (and associated problems like TB) may be the binding constraint on household welfare.

As a result of this diversity of needs, service delivery by the Government, civil society and Development Partners is incredibly difficult – targeting in that kind of environment is exceptionally complex and costly. Cash grants allow households to direct resources to whatever areas are most needed. A review of a pilot cash grant project by World Vision in Lesotho in 2008 found that cash transfers enabled households to access more food, but also dramatically improved access to healthcare, education, clothing and farm inputs.

Furthermore, the problems that are frequently associated with cash grants are not so much of a problem in Lesotho. In a country where population density is fairly high, and private sector distribution channels are well established even in remote areas, due to the prevalence of imported goods, giving out cash was found not to lead to local price inflation, which would erode the value of the cash grants. Therefore, there are many reasons as to why cash grants are an appropriate social protection strategy in Lesotho. This is especially so as it is proven that communities are adept at redistributing cash transfers to those most in need, meaning that even if targeting is imperfect, communities tend to be able to solve inclusion and exclusion errors. A study of the Old Age Pension by the Institute of Southern African Studies found that 40% of the value of the pension was donated to other poor households who did not qualify to receive it.

There are three main cash grants available in Lesotho: the Old Age Pension, the Public Assistance Grant and the Child Grant.

4.6.2 Old Age Pension (OAP)

Whilst the OAP is targeted at the elderly, it is highly important in improving the wellbeing of all household members, especially children. Lesotho was the first LDC to introduce a universal, non-contributory old age pension when it started providing M150 in cash to all Basotho individuals not receiving alternative state pensions and who were over age 70 in 2004. By the 2009/10 fiscal year it was worth M300 per month. The OAP is generally considered a model of good public service delivery practice in developing countries, and shows the feasibility of a large scale cash transfer even in a very poor country.

The Old Age Pension is entirely financed by the Government of Lesotho without any technical or financial assistance from Donor Partners. It was received by 79,587 persons in 2009/10 at a cost of M288 million, or 3.6% of total expenditure. The OAP is administered by the Directorate of Financial Affairs in the Ministry of Finance and Development Planning. It is distributed through the Post Office network – using over 300 pay points. In some rural areas, additional pay points have been set up in schools, health centres and chief's offices. In very remote areas, cash is delivered by military helicopter. 85% of recipients collect the pension themselves; for the others, recipients are allowed to nominate delegates to collect the pension on their behalf, subject to monitoring by local Chiefs. The large number of pay points means that average time taken to reach pay points is only 45 minutes, at an average cost of 5% of the value of the pension.

The use of an existing infrastructure network means that the costs of delivering the OAP are very low; only M3 million (2%) was allocated for additional administration costs in 2008/09. Coverage is believed to be almost universal. Given the lack of birth registration, eligibility is determined by ages stated on Voter Registration Cards and attested by Chiefs, feasible in such a small country. There may even be some ghost pensioners due to the lack of reporting of deaths.

The Old Age Pension has had a large impact on poverty reduction both amongst the elderly but also more generally – especially amongst orphaned and vulnerable children. The elderly in Lesotho are often poor in their own right, given their tendency to lack income generating capacity. The OAP directly improves their wellbeing by giving them control over resources but also improves their relative bargaining rights within households, helping them attain their rights of self-fulfilment, independence, care, dignity and participation. However, as the current elderly were the generation that by and large missed the large increase in HIV infections, and due to the increased mortality rate in the 19-40 age groups, they bear a disproportionate burden of caring for dependents, including the sick, orphaned children and the disabled. Therefore, the OAP, by boosting household incomes, provides an indirect benefit to all vulnerable groups. 70% of persons over 70 were found to be de jure or de facto household heads. On average, 40% of the value of the pension has been found to be spent on other members of the household, not the direct recipient of the pension, and a further 30% of the value was donated to other households.

The pension allows households to increase spending on food and access to healthcare and education for all its members. 66% of the value of the pension is spent on food. It was found that the proportion of households reporting that they "always" had enough food to eat increased from 20.6% of eligible households before the pension was introduced to 47.9% afterwards. Spending is both on increasing the quantity and quality (switching from purely vegetables to meat, eggs and dairy

products) of food consumed. 20% of pensioners provided direct educational support to children, and the pension was found to allow households to send members requiring healthcare to clinics and hospitals rather than just traditional healers and untrained village health workers.

Overall, the pension has the effect of reducing the average household poverty gap from M135 per month to M90 per month. However, the poverty gap was much higher for households looking after dependents such as orphans. This reflects the increased needs of these households and shows that whilst the pension has a strong impact on reducing child poverty, it has not been a complete solution.

Whereas some cash transfers are believed to have a national or local inflationary impact, there is little evidence that this is the case with the OAP in Lesotho, due to the relatively well functioning markets in a small country that is geographically embedded in a large market economy with excellent transport and communications infrastructure. The main debate around the OAP is over the eligibility age criterion. There are many persons aged 60-69 who are too old to work productively but are not eligible for the OAP (exclusion error). Furthermore, it has been suggested that the OAP should be replaced with a means tested social grant to cover the poorest households irrespective of the age of its members, especially as there are persons over 70 who are not poor (inclusion error).

However, due to the strength of social sharing mechanisms in Lesotho, it could be argued that communities are good at redistributing received resources to those most in need, so the introduction of a complicated and costly targeting mechanism may not be worth the benefits. The OAP is simple, efficient and cost effective. Other social protection programmes such as the Child Grant and the Public Assistance Grant can be used to help poor households not receiving the OAP. Furthermore, lowering the eligibility age is not fiscally feasible in a climate of reduced resources. It is estimated that reducing the eligibility age to 65 would double the total cost of the programme.

4.6.3 Public Assistance Grant

The Public Assistance Package is administered by the Department of Social Welfare in the Ministry of Health and Social Welfare. It is largely comprised of a Public Assistance Grant of M100 a month, paid through the Post Bank, sub-Accountancies and District Hospital Accounts Officers. In 2009 there were 6090 beneficiaries with a total budget of M7.3 million.

People can apply to receive the Public Assistance Grant and are subjected to a means test by officers from the Department of Social Welfare. It is a useful medium to ‘mop-up’ the poor and vulnerable who are not receiving other targeted interventions e.g. the elderly who are below the pension minimum age, people with disability, the chronically ill and orphans who cannot engage in economically productive activities. However, demand far outstrips supply, despite the limited public

awareness of the programme and there is a long waiting list. DSW can give out emergency relief packages to those on the waiting list. These packages comprise 10 kg Maize meal, 1 kg Morvite, 1kg Beans, 1kg Split peas, 1pkt Candles, 1pkt Matches, 750 ml cooking oil, 500ml long life milk, 500g salt, 1kg powdered salt, 500g sunlight soap, 500g Vaseline. The total value is around M431.70.

Those receiving either the Public Assistance Grant or the emergency relief packages are also entitled to exemptions on medical bills and free coffins. The total budget for the emergency relief packages and medical exemptions and coffins was M1.03 million in 2009/10.

4.6.4 Child Grants Programme

The Child Grants Programme (CGP) is a cash grant of M360 per quarter given to households who are responsible for directly looking after vulnerable children (whether or not they are orphaned). The Child Grants Programme is part of a larger programme of support to the Government of Lesotho, funded by the European Commission, which also focuses on improved access to education, HIV prevention programmes, health and psychosocial support and nutrition. UNICEF, through its cooperation agreement with the European Commission, is providing technical assistance for the whole OVC Programme.

The CGP, was instituted in 2007. The Department of Social Welfare in the Ministry of Health and Social Welfare is the overall coordination and implementing partner. The Child Grant Technical Team provides technical expertise to the design and implementation planning of the grant. The Technical Team reports to the NOCC (the National Orphans and Vulnerable Children Coordinating Committee) – a multi-sectoral body responsible for the overall coordination of issues relating to orphans and vulnerable children in the country.

At the district and local levels, District Child Welfare Services, under the Department of Social Welfare, with support from village chieftains and voluntary community committees will be responsible for targeting, verifying eligible applicants, enrolment, attending to beneficiary queries, appeals and complaints, payments to beneficiaries and case management.

4.6.5 Why target those directly looking after OVCs?

The Child Grants Programme aims to support those looking after Orphaned and Vulnerable Children. As HIV/AIDS primarily affects those of working age, an estimated 100,000 children have been orphaned by the pandemic. The burden of care often falls on the elderly or other extended family members – but the sheer number of orphans often puts these carers under immense stress, especially when, like the elderly, they are likely to have limited means of generating resources to

support their dependents. Other households are headed by orphaned children themselves; frequently having to drop out of school to earn money to support their siblings. Even many nuclear families struggle to support their children due to the high and persistent levels of unemployment in Lesotho; the latest Labour and Employment survey found that only 45% of adults were in work at any one time.

Targeting those who bear the burden of looking after OVC's but who have least resources to support them – is therefore a highly efficient means of improving the welfare of OVC's.

4.6.6 Putting in place the infrastructure for the Child Grants Programme

The CGP was instituted in 2007 but disbursements in the pilot areas only commenced in 2009. In the interim, much investment was made in the mechanisms, staff and systems underpinning the CGP to ensure that it became a sustainable, efficient and effective means of delivering assistance to the poor and vulnerable.

The Department of Social Welfare in the Ministry of Health and Social Welfare is responsible for overall delivery of the project. Yet it also manages an enormous workload in the face of extreme staff and capacity shortages, especially at a decentralized level. Finding the right technical and administrative staff and training them – as well as establishing monitoring systems – has taken much time. There are now District Social Welfare Officers, District Child Welfare Officers and Auxiliary Social Welfare Officers in place to help deliver at a decentralized level services targeted at OVCs.

4.6.7 How the Child Grants Programme works

The programme aims to support those households who directly look after orphaned and vulnerable children but need support to successfully achieve this. Therefore, the targeting exercise is based on the poverty and vulnerability of households rather than whether the children are orphans. Therefore it includes households looking after orphans, child headed households and poor households with non-orphaned vulnerable children.

Households are eligible for the CGP if they have lived in the pilot community for 12 months and have at least one child under 18 permanently living in the household. A multi-stage community targeting system is then used to identify those eligible households who are the most in need of the CGP.

Broadly speaking, the targeting system involves the following steps:

- Auxiliary District Welfare Officer will make home visits to verify info contained in application forms

- Based on its familiarity with households in the village, a Village Verification Committee (VVC) will also assist in verifying information provided by applicants
- The VVC will rank households according to vulnerability using indicators developed by the Bureau of Statistics
- A list of eligible households will be prepared for the Village Verification Committee and posted in public spaces in the community for two weeks. Community members will get an opportunity to make adjustments to the list through the Community Appeals and Complaints Committee within the two week period
    - To minimize exclusion and inclusion errors, and to make the process as transparent as possible to minimize the impact on community dynamics, all villagers have the right of appeal to decisions made by the VVC.
- The final list of eligible households will be signed by the Village Chief and District Child Welfare Officer and posted in villages with information on the dates, times and places for enrolment

Enrolled households receive a programme ID coupon/receipt book that contains a sequential number unique to each household's representative. This enables them to receive disbursements. The money is disbursed by a security company, with the means of disbursement advertised well in advance. The Community Appeals and Complaints Committees also address any concerns from applicants, beneficiaries or civil society regarding poor service, mismanagement, problems with receipt of benefits and decisions about eligibility.

Furthermore, the CGP is accompanied by a community development component to sensitise the community on the purpose of the cash grant – i.e. that it should be used for the children's benefit.

4.6.8 The experience of the Pilot

An extensive pilot of the CGP has been undertaken to develop and test efficient systems for targeting, enrolment, payment to beneficiaries, monitoring, procurement and financial management, training of stakeholders, public awareness and community involvement.

The pilot was run in three areas; Mathula, in Mafeteng District, Semonkong in Maseru District and Thaba Khubelu in Qacha's Nek. Mathula is an area where citizens enjoy better access to services and transport and communications infrastructure is such that the CGP is easier to disburse. Thaba Khubelu is a much more isolated community in the mountains away from existing infrastructure so represents a different set of challenges in terms of instituting the CGP and managing disbursement.

Semonkong represents a half-way house between these two extremes. As a result, it has been possible to learn lessons about the different types of systems required for these different types of communities.

The pilot aimed to target 1250 households (responsible for looking after 5000 OVCs). By the end of 2009, 922 had received three quarterly disbursements of M360 – 439 in Mathula, 234 in Semonkong and 249 in Thaba Khubelu. These households comprised 2365 beneficiary OVCs. 18 were headed by children.

To prepare for the pilot, 125 Village Verification Committees were set up and trained (using existing guidelines) and 3530 eligible households were identified.

4.6.9 Scaling up

Many lessons have been learnt from the Pilot Project in terms of the most efficient and effective systems and mechanisms for delivering the CGP in different environments. These lessons, combined with the investments made in deepening the capacity of the Department of Social Welfare, especially at District level, should facilitate the nationwide rollout of the CGP.

However, it has been clear that institutional capacity remains an issue, especially in terms of human resources (with very high staff turnover), transport facilities and office furniture and equipment. Furthermore, it is clear that the participatory approach used in the Pilot has been highly time consuming – although by using local knowledge it has improved the accuracy of the targeting methods and it helps minimize conflict within communities arising from the CGP.

4.6.10 Outcomes

It is difficult to quantitatively measure many aspects of social protection – especially in Lesotho where there are no available data indicating receipt of the different types of grant. One method to guard against shocks is to have insurance. This is especially necessary with regards to health insurance, as a serious illness may have long-term effects on both the individual and the wealth of the household.

In 2009 it is estimated that 9% of women aged 15 to 49 are covered by health insurance. This is an extremely low figure – and especially low for those who are youngest. Only 2.5% of the 15-19 year olds have insurance, compared with over 10% for those aged over 25. This is highly related to education and wealth, while households with no adult working have far lower insurance coverage. Variation by ecological region, district and place of residence is also clear, as the map below indicates (Figure 4.14). Maseru has the highest percentage of women with health insurance, while

the districts of Butha-Buthe, Leribe and Mafeteng have a very low percentage, which may indicate a high vulnerability to unexpected health shocks.

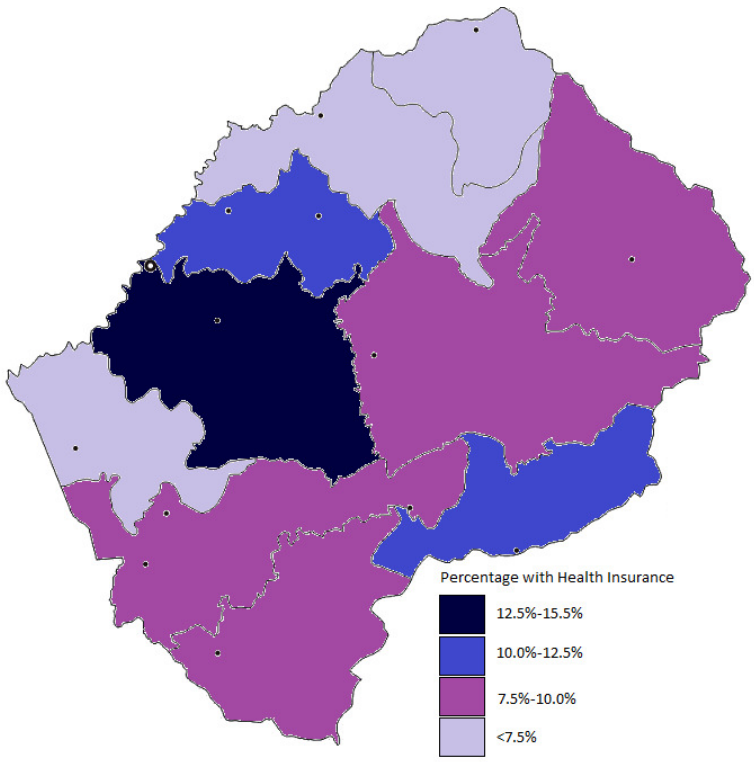


Figure 4.14: Percentage of women with health insurance, by district, 2009

4.6.11 The Way Forward

Throughout this section suggestions have been made regarding the best way to improve social protection for children. The Old Age Pension, Public Assistance Grant and the Child Grant are all structures to improve the life of all Basotho in the country, but have an impact on children indirectly if not directly. The OAP is a key structure in ensuring that children are cared for, especially in the context of high levels of orphanhood and older adults caring for orphans. The Child Grant programme should be rolled out nationwide, taking account of the findings of the pilot scheme. This will have a positive effect on the most vulnerable members of society. Clear monitoring of the efficacy of this study is needed though, to ensure that those that are targeted are the actual beneficiaries.

4.7 Gender

In some areas of development, Lesotho is one of the few countries with a reverse gender gap in favour of women, especially in terms of educational attainment and literacy which, arguably, enable them to compete for employment. In an effort to promote gender equality, the GoL has enacted the

Gender and Development Policy (2003) which ‘aspires for a nation that perceives women, men, girls and boys at all levels and spheres of life as equal partners’ based upon ‘principles of equal participation in development, non-discrimination and the empowerment of the marginalised women and men, girls’ and boys’.

Article 30 of the Constitution states that Lesotho shall adopt policies aimed at securing just and favourable conditions of work and in particular policies directed to achieving:

(a) remuneration which provides all workers, as a minimum with-

(i) fair wages and equal remuneration for work of equal value without distinction of any kind, and in particular, women being guaranteed conditions of work, including pension or retirement benefits, not inferior to those enjoyed by men, with equal pay for equal work; and

(c) equal opportunity for men and women to be promoted in their employment to an appropriate higher level, subject to no considerations other than those 'of seniority and competence;

(d) the protection of women who are in employment during a reasonable period before and after childbirth

Consequently, the GoL passed the 2006 Legal Capacity of Married Persons Act that abolished the law that took women as minors and placed them under the perpetual custody and protection of men. Furthermore, with the assistance of the Millennium Challenge Corporation (MCC), the GoL has developed the Land Amendment Bill (2008) which seeks to give women equal rights as men in terms of land and property ownership, where they have historically been disadvantaged. The passing of the Sexual Offences Act 2003 has also been seen as a significant stride in the effort to protect the rights of women in Lesotho, giving women full sexual autonomy (APRM, 2009).

To further attest its commitment to elimination of discrimination and gender inequality, the GoL is signatory to a number of international and regional instruments, including: the Convention on the Elimination of Discrimination against Women (CEDAW), the Belgium Declaration and Platform for Action (1995), the Protocol on Gender and Development Declaration of the Southern African Development Community (SADC) of 1997, the protocol of the African Charter on Human and People’s Rights and the Rights of Women in Africa (2003). As a result, gender representation and participation are now entrenched in the provisions of the Constitution of Lesotho which gives equal rights to women and men to participate in public life. Further, the GoL passed the National Assembly Amendment Act of 2001 and the Local Government Electors (Amendment) Act of 2005 to promote women participation in legislative-decision making. The Local Government Electors (Amendment)

Act of 2005, reserves no less than 30% of the seats in the local councils for women and in the local elections of 2005, Lesotho reached 58% representation thereby far exceeding the SADC requirement of 30%. Currently, women are 32% of cabinet ministers (and 50% of assistant ministers), 42% of judges and 38% ambassadors. In this respect, Lesotho has however achieved its Millennium Development Goal (MDG) of 30% women representation in the National Assembly.

However, even though many legal impediments have been removed, women are still disadvantaged in terms of their access and control over productive resources and their decision making, particularly over their sexual and reproductive health rights (Interim National Development Framework). This is because of the legacy of prevailing patriarchal beliefs, which ensure that many Basotho believe that men should dominate decision making structures. Women's bargaining power is further weakened by their exclusion from the formal economy, which makes them economically dependent. This powerlessness prevents many women from making decisions regarding their fertility and sexual interactions which makes them powerless when men make sexual demands. This makes them vulnerable to sexually transmitted diseases, such as HIV and AIDS, and unplanned pregnancies as they are unable to negotiate safe sex within relationships.

There have also been many interventions aimed at adapting the socio-economic norms that continue to disadvantage women. The Ministry of Gender and Youth, Sports and Recreation has undertaken sensitisation campaigns against gender based violence (with 85000 people having attended workshops or *pitsos*), economic and political empowerment. And the country now observes the 'sixteen days of activism against gender-based violence'. Furthermore, in 2008 an outreach centre was opened in Maseru for abused women and children, partially funded by UNFPA, which provides them counselling and psychiatric services as well as meals and accommodation on a short term basis. The Ministry hopes to roll out similar centres into the districts over the coming years.

Chapter 5 Voices of the Children

5.1 Introduction

The right to be heard – as provided for in Article 12 of the UN Convention on the Rights of the Child– is one of the four key principles of the Convention. In 2009 the UNCRC Committee issued a General Comment giving guidance to governments on how to apply Article 12, stating the Convention "cannot be fully implemented if the child is not respected as a subject with her or his own views..." - Mária Herczog Eurochild President, Member of the UN Committee on the Rights of the Child (EUROCHILD, 2010).

The findings of this report so far illustrate the key issues in Lesotho with regards to child poverty. However all of the quantitative data analysed here is drawn from sources operating at some distance from the children of Lesotho themselves. The aim of this chapter is to provide depth of understanding and give insight into the issues of child poverty which are important to children. The way children view and conceptualize poverty may be different to other groups within society so it is vital in a study such as the global study of child poverty in Lesotho to consider the children's point of view. Using a qualitative methodology will allow us to explore children's own view of what poverty is in their own words and how it affects the quality of their daily lives. Qualitative data analysis looks for both commonalities and diversity of experiences and as such allows for the multidimensionality of poverty as a concept and lived experience. For this reason qualitative data can be particularly insightful in terms of policy responses.

This study is based on an inclusive definition of child poverty which will allow the children themselves to identify and define the issues in their own terms. This fits in with the UNICEF model C definition of child poverty which can encompass the emotional and spiritual aspects of child deprivation along with material poverty. Spiritual resources include stimuli, meaningfulness, expectations, role models and peer relationships, and emotional resources include love, trust, feelings of acceptance and inclusion.

Participating in qualitative research can often be an intimidating experience for children, additionally with a complex topic such as poverty articulating a response with no stimuli is a significant cognitive burden. This study used an innovative methodology called the Photovoice approach to overcome

these barriers and make participation in the study a fun and meaningful experience for the children involved.

5.2 Methods

5.2.1 Participant selection

Potential study participants were identified with the assistance of a number of NGO's operating in and around Maseru. These included National Coalition of Lesotho (NGOC) a national child rights umbrella organization, Kick4Life a sports based children's foundation, Lesotho Save the Children (LSC), Lesotho Girl Guides Association (LGGA), Monna Ka Khomo (Lesotho Herdboys Association) and St. Angela's Cheshire Home for the Disabled Children. Each of the organizations was approached by the research team and asked for their assistance in identifying children who they thought would be potential candidates. Representatives from the organizations then contacted the individuals and asked if they would be interested in participating. A meeting between participants was then arranged and the study process was explained in full to the participants. Participants were ultimately selected on a first come first served basis contingent on their willingness and ability to participate along with their personal characteristics. The study aimed to include children living in a number of different circumstances specifically including street children, school going children, juvenile offenders and herd boys.

5.2.2 Data collection

Data collection took place in and around Maseru during a period from July – September 2010. Each participant was given a short training session by one of the research team in how to use the disposable camera and participants were then given some simple instructions. Each child was told that they would have the camera for a 24 hour period with the exception of the children living on the streets. It was felt that for these children having possession of the camera overnight presented a non-negligible risk to the child and so the cameras were collected in the evening of the same day giving the street children around 12 hours to take their pictures. The participants were asked to take pictures of their everyday lives and surroundings along four key themes: things that make you happy, things that make you sad, things you want to see more of and things you want to see less of. Beyond this general direction the participants were encouraged to be creative and to use the cameras to show the research team what was important to them.

Once the cameras were returned the pictures were developed and a time and place arranged with the participant for interview. The participants were all interviewed in a location with which they

were previously familiar, in most cases on the premises of the organization that had originally identified them as participants in the study. The participants were first shown their photographs and given some time to look through them. They were then asked to pick out five picture; the ones that best represent the four categories they were asked to think about (makes you happy, makes you sad, more or and less of) along with their favourite picture. These five pictures were then used as a basis for a one-to-one discussion following the prepared question guide. The interviews were digitally recorded and lasted between 20 and 45 minutes and at the end of the interview each participant was given a set of pictures for them to keep along with a snack.

5.2.3 Analysis

The interviews were simultaneously transcribed and translated into English. The transcripts were then matched with the corresponding photographs and a thematic analysis was carried out. The data was initially organized into a deductive thematic framework based on the original interview schedule. An inductive and analytical process was then carried out to identify themes arising within the data. The analysis included consideration of both themes arising from the written data and themes underlying the photographs themselves.

The results of the study are presented below with the use of photographs and verbatim quotes to illustrate the issues arising in the original images and words of the participants.

5.3 Results

5.3.1 Poverty and Vulnerability

When asked directly to define poverty the participating children often referred to material deprivation. They characterize someone who is poor as ‘having no money to by things’, ‘being a person without food and wearing torn clothes’ and ‘being dirty because they do not have things like soap’.

> ***“Poverty means to starve, what can I say, it means not having enough to eat.”***
> ***(Female aged 16 school-going)***

In addition people were identified as being poor or being vulnerable to poverty based on their family circumstances and living conditions. In particular orphans, or ch8ildren who live alone, and those who live on the streets are identified as being most vulnerable to poverty and its potentially harmful effects.

Figure 5.1: Photo of vulnerable child

"I think he is very vulnerable because, because his life is in danger, he does not know what could happen when he is sleeping here without a cover, who could come at night or something could come at night and harm him" (Male aged 17, street child)

Given that Lesotho currently has an HIV prevalence rate aged 15-49 of 23.6 (UNICEF Lesotho)[3] it was anticipated that this would be a frequent topic raised by the participants, however it was mentioned relatively rarely. As would be expected HIV/AIDS was raised chiefly as an explanation in how children become orphaned.

> ***"You see these days, I think it is children who get more affected by poverty Because HIV is always after their parents and they are left as orphans while still very young." (Male aged 16 school-going)***

[3] http://www.unicef.org/infobycountry/lesotho_statistics.html#76

The issue of HIV in relation to children's own health was also raised but only in the context of the very specific issue of commercial sex work.

> ***"Some people have HIV virus and they can transmit it. Some men pay two hundred for sex and thereby infecting the girls with the virus because they don't want to use condoms. These put the girls' lives at risk, as a result of a mere sex, because the girls want money without considering their own health." (Male aged 17 street child)***

The children who participated in this study clearly expressed the need for support and care from the adults surrounding them and identified this lack of support system as the chief source of their own vulnerability to poverty. As mentioned previously the main issue here is physical abandonment due to the death of parents, mainly due to HIV/AIDS, however there are other forms of abandonment which were felt by the participants. Poor relationships with extended family, drug and alcohol abuse and failure to work by adults are all considered as forms of abandonment of responsibility for children.

Figure 5.2: Photo of lone baby

"Its parent just left it there. You see it is something like this; I was walking with a child if the child gets at my nerves I leave it right there so I can do some of my other stuff. Maybe I drink beer, I leave it there to go and drink beer, with time I go back to find it hungry. So it is not something good to leave a child this young alone." (Male aged 17, street child)

5.3.2 Poverty and Livelihoods

As was previously mentioned work, or lack of work, is seen by children as a key driver of poverty and the study participants often mentioned livelihood strategies as ways to avoid being materially deprived. The participants most often identified rural livelihoods as potential sources of employment such as growing food or tending animals.

Figure 5.3: Photo of farmer

"We can defeat poverty through farming" (female aged 14, school-going)

Work is also seen as a way of avoiding negative behaviours such as stealing, being lazy or drinking or taking drugs. The participants feel that people resort to these behaviours only out of desperation and therefore if they have a stable income they, and by extension their children, will not engage in such behaviours.

Figure 5.4: Photo of woman at market

"It makes me happy to see women doing good work and making a living so that they don't have to go and shoplift or steal." (Male aged 17, street child)

Interestingly although the majority of the participants reside in urban settings there was not much mention of alternative urban livelihoods or professional careers or occupations. When urban occupations did arise it was mainly related to selling agricultural produce. Many participants' initial thoughts on poverty were related to consumerism and the ability or inability to acquire consumer goods. For these children is seems that success is equated with abundance and consumption. These ideas create an interesting dichotomy where participants' think in terms of rural livelihoods but equate success with urban materialism.

Figure 5.5: Photos of aspirational material goods

Right: "I love this car, it's beautiful – I like beautiful things, they make me happy" (male aged 17, Street child) top left: "If we have the money we will buy food and other things." (male aged 16, Street child) bottom left: "Shoes at the mall – Nike – I like them; I would like to wear them." (Male aged 16, school-going)

5.3.3 Poverty and Education

The most frequently raised topic among all of the children participating in the study was education to which all participants attribute great importance. All types of participants see education as the best and in some cases only, way of avoiding or escaping poverty as they are growing up. Gaining education and literacy was directly linked to the potential for future employment and earnings and regarded as key to success; to improve individual and the collective future of children.

> ***"In our lives, it is only education that can save us from living difficult lives, and from finding ourselves running from our families and living on the streets. Maybe when you have education, you will be able to do things such that you would not end up on the streets." (Male aged 16 orphan living at Lesotho Girl Guides Association)***

In addition some participants alluded to the more tangential effects of education such as improving a person's social standing, their own self-efficacy and their ability to access support from their social institutions.

> ***'The importance of her learning and me learning is that in our adulthood we will get help just because we are educated. But when we are not educated, we will not get help just because we did not learn. And since jobs are found through education'. (Female 14 years home for the disabled)***

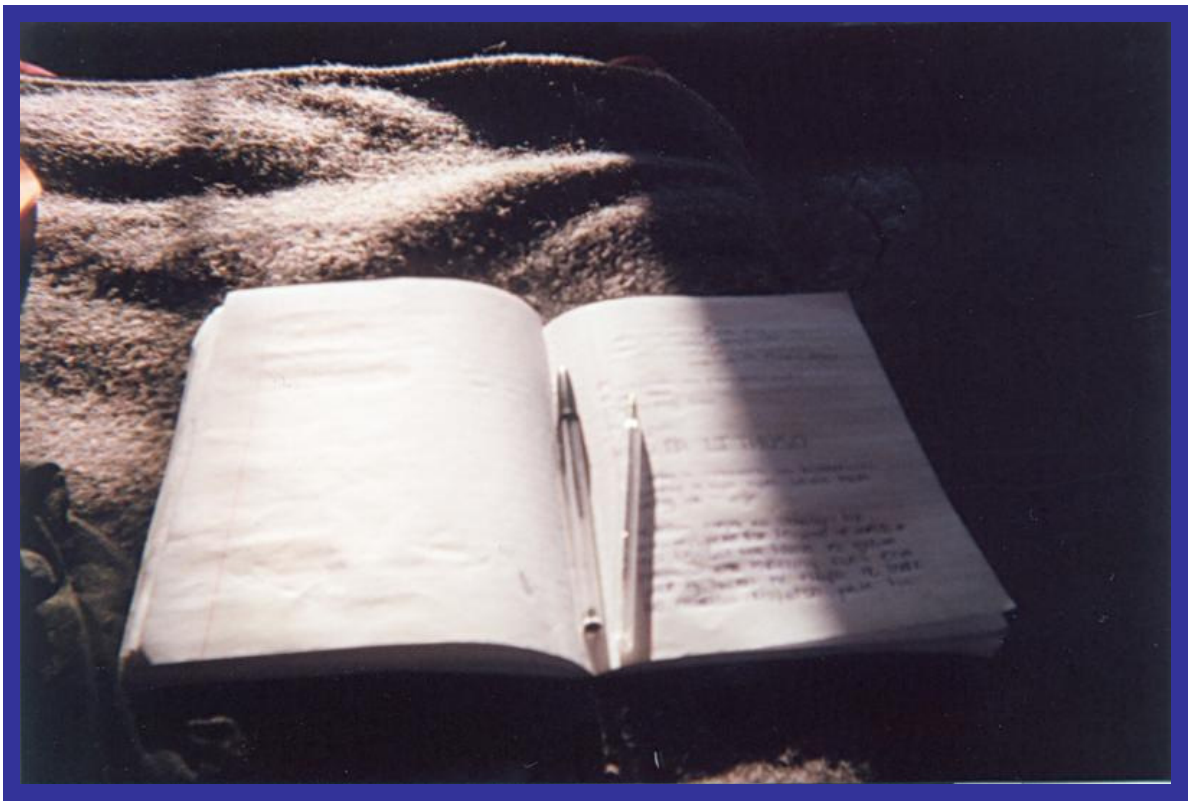


Figure 5.6: Photo of school book

"Every time it is Saturday I feel sad, because it feels like the week should not end because I enjoy school. I like school very much, at school I know that I pass. " (Female 16 years old, Juvenile Training Centre)

Regarding their current situations the participants has a very strong willingness and desire to go to school and for those not currently attending this was a source of sadness and frustration. With the belief that education is the key to future success those currently prevented from gaining education feel that they are already trapped in a cycle of poverty and prevented from progressing. The issue of not being able to afford school fees was raised as the primary reason for not currently attending school and the link was made that as children these participants are actually relying on the adults around them to facilitate their education. In this sense orphan hood or lack of strong family bonds is severely detrimental and it is primarily the street children who are not attending school. The participants have a strong sense of community and collective goals and the school going children were often equally upset and frustrated by non-attendance at school of their peers.

> ***"I would like to see all children in Lesotho go to school and happy. Not living on the streets and not engaging in things like smoking and using drug, which are useless. I would like to see them going to school." (Female aged 15 school-going)***

Figure 5.7: Photo of animals

"This makes me sad. These animals when I think of the children who are not going to school because of the animals." (Male aged 15, herdboy)

5.3.4 Poverty and the Environment

A theme commonly raised by the study participants is the physical environment. Many participants strongly felt that the physical environment is a reflection of quality of life in general and took pictures of aspects of their environment which made them feel sad. Garbage in particular was seen as problematic and considered untidy and potentially hazardous to health.

Figure 5.8: Photos of rubbish

"I have observed that people who live in a mess often get sick." (Male aged 15, School going)

The issue of untidiness and garbage in urban settings is seen as particularly problematic by the children given that they themselves can see a potential solution to the problem.

> ***"Maybe the government should get into the villages to provide work to the people even if they could be given work to collect garbage in the streets." (Female aged 16 school going)***

The participants expect that protection and care for the physical environment is the role of the government however there is also understanding of the limitations of the government system and the local infrastructure which prevent this from happening. This is also noted by the participants in respect to natural resources, such as water, which the participants also feel require management and governance.

Figure 5.9: Photo of water going to waste

"This makes me sad because water should not go to waste" (Male aged 17, herdboy)

The aspects of the environment which were most often pictured as creating happiness were flowers, plants, crops and green spaces. Within the urban setting these were considered attractive and inspirational. In a more rural context the environment is considered as essential to livelihoods and is considered both beautiful and functional.

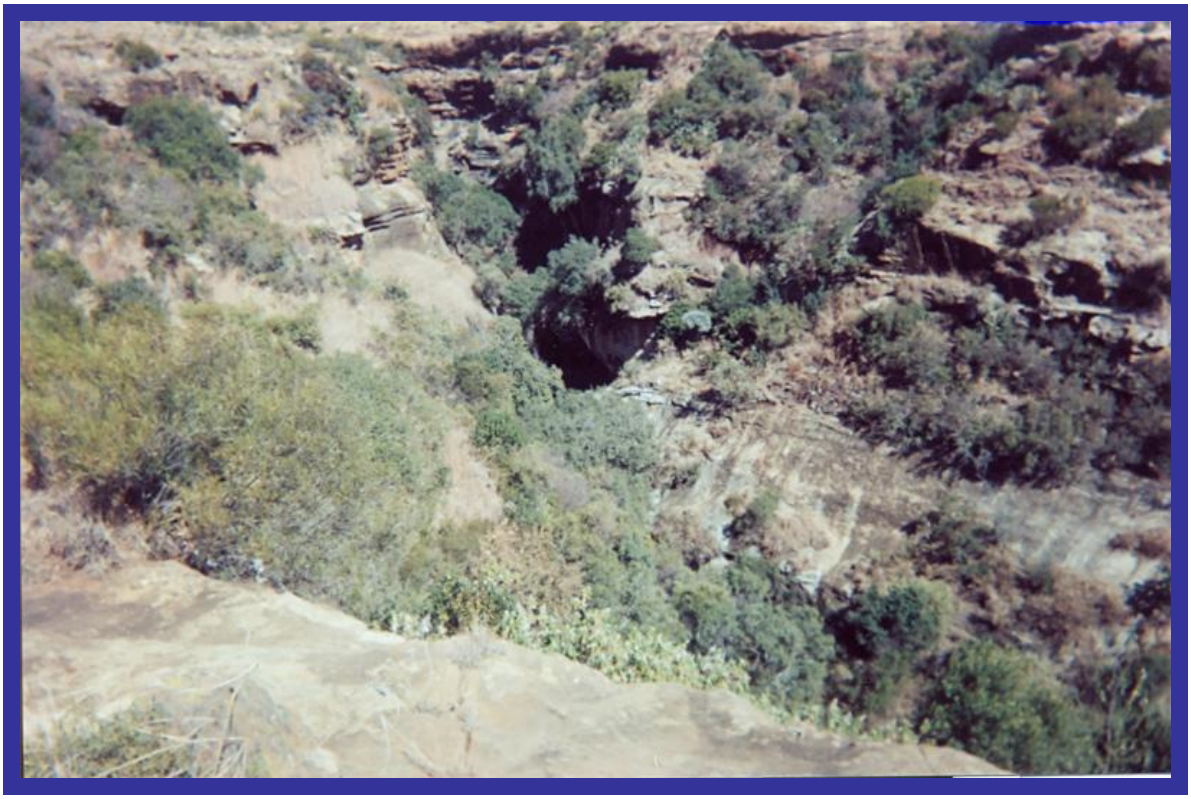


Figure 5.10: Photo of landscape

"Where water flows into the river; is beautiful, and there are trees which help with soil erosion" (Male aged 17, herdboy)

5.4 Conclusion - Overcoming poverty

The children who participated in this study perceive poverty on a consumption deprivation basis with food and shelter being primary concerns. However, the link between poverty and education is really the key issue for these participants who see a lack of access to education as a consequence of poverty and education as the main route out of poverty. Education is seen as being essential for future livelihoods despite the fact that many of the livelihood strategies discussed are based on farming and rural occupations. Orphan hood (or lack of care and support from parents) was seen as the main factor contributing to children vulnerability to poverty. Obviously there is a clear link between the number of orphans and the HIV and AIDS epidemic. The statistics on Lesotho tell us that this is most of the country's orphans are without one or both parents due to HIV/AIDS however this issue was surprisingly infrequently raised among the participants of this study. The research team speculate that HIV/AIDS and its associated mortality is now so common place among this population that it has ceased to become a noteworthy topic for discussion but rather is assumed.

The participants rarely mentioned the role of the government or other civil society institutions in their lives and do not seem to feel that poverty is an issue to be solved at institutional level but rather is the responsibility of individuals and families. Some of the participants are pessimistic about the prospects for eradicating poverty in the future. However others feel that it is within the capacity of individuals to change their circumstances and work themselves out of poverty. Education is the key to increase the autonomy and efficacy of individuals and give them the life skills and resilience to improve their own situations.

> ***"Everyone was born with the ability to think of what it is they can do to overcome poverty. If one does not find job, they can look at what they have at home and use that, like if there is a big garden which only requires the hands, the feet and the spade." (Male aged 17, herdboy)***

Chapter 6 A Comprehensive Strategy to Improve Child Outcomes

6.1 Introduction

Children form a large proportion of the population in Lesotho – almost 4 out of every 10 people are aged 15 or under, totalling about 640,000 children. They are an important group – because they are extremely vulnerable to abuse and exploitation and also because they represent the future of the country. Lesotho aims to grow and become a stable, prosperous country – today's children will be the leaders of tomorrow realising this goal.

This report has shown that in many respects the youth in Lesotho are improving in their well-being – many indicators show an improvement over time. Some of these improvements are dramatic – others are subtle – but there is a definite movement towards less deprivation and children fulfilling their hopes and dreams. Yet there are still many issues that need to be confronted, while many aspects of child well-being could not be investigated thoroughly due to a lack of available information.

The approach taken here was to treat children as individuals where possible – rather than count them as part of a household. Each child is different – a fact that is forgotten in many poverty analyses. It is not enough to count children as being deprived if they live in a household that is counted as being poor, because the flip side of this is that as a result of this view those that live in a household that is not poor are considered non-poor themselves. A 'wealthy' household may contain children who are deprived, which traditional measures do not count.

Deprivations usually cluster together – a child who is deprived of good health is often deprived of proper nutrition or the proper amount of education. Rural areas and some districts show this – there are some areas in Lesotho that a child is clearly at a disadvantage if they live and are raised there. Policies should target these children, especially if they are in hard to reach communities.

This conclusion will draw together the evidence presented in this report and summarise the gaps in knowledge, while proposing a coherent strategy for continuing the change children in Lesotho. A policy strategy and partnership approach will be highlighted.

6.2 What needs to be done?

Lesotho is classified by the World Bank as a lower middle-income country – although it is at the lower end of this grouping. The lack of information about the current economic situation at the household level hinders a good assessment of the poverty in the country. Estimates of the numbers of households in poverty are now out of date, especially in this fast moving globalised world. However, a rough estimate of the number of children living in poverty indicated that about a quarter of the population would fall into this category. Even if this has improved since 2002 at the same rate as other indicators this would still mean that many children are in poverty. The lack of information is a major gap in the fight against poverty, as monitoring the situation and assessing which policies are successfully reducing poverty rely on good quality, timely data.

The results shown throughout this document indicate wide inequalities on most aspects of poverty and deprivation, especially between urban and rural areas. This is tied to accessibility of services which need to be provided for children in hard-to-reach areas. Some districts have poor outcomes for many of the children that live there – again this is simply related to how easy it is for children to access what is provided.

Education: It is obvious that the development of the country is closely associated to the improvement of child outcomes – it is almost impossible to take large numbers of children out of poverty without the economy driving this change. Development would provide a larger budget for the government to spend on reducing poverty as well as increase the numbers of employment opportunities for adults, which would then benefit the children. However there is a counter cycle – development can only take place when there is a good quality workforce available, acquired through education. The Government has acknowledged this, providing free primary school education, backed up with primary school feeding and a recent decision to make primary education compulsory by law. This is the right move.

A gap for children is after primary school ends. Suddenly their free education stops alongside the free school feeding – a double hit. Secondary school involves payment with no guaranteed meal. The price may push children out of the education system. The school bursaries for the poorest OVCs is a step in the right direction, but more needs to be done to ensure that the good start that children have is not lost once they leave primary school. The Ministry of Education and Training receive 16% of the Total Government Budget Allocation – the highest percentage of all ministries in 2010/11. The budget is spent on policies and programmes that, using the available information, are working. This should continue to be a priority in the country.

Nutrition: The nutrition of children is of concern – with too many children underweight, stunted or wasted. The primary school feeding programme is an excellent way to tackle this issue for older children – but those under the age of 5 are somewhat forgotten. Other projects aim to improve the subsistence agriculture of households, while there is Food Aid to the neediest beneficiaries. This is clearly not comprehensive enough – the percentage of children who are nutritionally deprived far outweighs the numbers who receive Food Aid. Thus greater efforts must be made in this direction – and this could come from the ongoing project to list all OVC in the country. This would provide a list of households that could be taken as being in most need for Food Aid. This, coupled with feeding at school, might improve the anthropometric indicators of children younger than school age through to teenagers. Iron supplementation in meals given at primary school may also have a positive effect on learning through the reduction in anaemia, which is a severe problem amongst children.

Health: The spectre of HIV pervades all aspects of poverty in Lesotho. All children will be affected by this condition, either directly or indirectly. Families are put at risk by the illness or death of one of the members – through a reduction in income, the cost of funerals, the cost of caring for those that are ill. These effects are long running – immediately there may be a financial cost, but in the long term there is likely to be a psychological and social cost to any child experiencing the death of a close family member.

This study has highlighted that there are lower levels of knowledge about HIV than would be expected. Relatively few people could answer all the questions relating to HIV correctly, including the best methods to prevent transmission and the fallacy of certain statements about the transmission vectors. Increasing awareness of HIV is important from a very young age – a surprising proportion reported never having heard of HIV or AIDS, an amazing fact in a country with one of the highest prevalence in the world.

The treatment of sick children is concentrated in urban areas, again pointing towards the urban bias in a predominantly rural country. Outreach services need to be considered to enhance the percentage treated when there is an illness. This could be coupled with services to enhance immunisation coverage – the percentages vaccinated in full are increasing very slowly. Ensuring that there is an accessible health facility in areas with few services is difficult – but mobile clinics may be an option in the Mountain and Senqu River Valley areas.

Child protection: The views of the children themselves are important. Firstly this is to engage the youth in the debates regarding their own future. It is also to highlight what poverty means to them – which may be very different to that envisaged by the policy makers. In this study the children were

asked to identify what poverty means to them – and the results indicated that shelter and nutrition were two key elements. There was also the poverty of protection – from adults around them. This ranged from the need to be protected from those who spread HIV to child sex workers to simply the need to be protected from abandonment. Child protection is therefore a key element of a child's perception of poverty, which means that it is one of the main 'pillars' of child wellbeing analysed here. Unfortunately there is a dearth of adequate data to look at this issue in great depth, but what was analysed indicated that more needs to be done in this area.

The National Development Planning Process in Lesotho is currently driven by the National Vision 2020 statement, alongside the Millennium Development Goals and the Constitution. From these the National Development Plans are hewn. Children are included in these documents, but should be set prominently at the heart of them so the future of the country is assured. It has been noted throughout this document that the Child Protection and Welfare Bill currently in parliament is vital for child protection services to move forward. This would protect the child on many fronts, if implemented with enough resources to make it affected. A key output from this report would be to push this legislation through quicker. This would have immediate benefits for the large group of children currently growing up – and due to the falling fertility rates the current numbers of children may be the largest cohort in Lesotho.

Social Protection: The implementation of the Old Age Pension has enhanced the lives of those who receive it, but it also had positive ripple out effects on those surrounding in the community, including children. The disbursement of the pension to those around the pensioner is a lifeline to some of those. As a result lives are improved – a key result. Although costing the government a relatively high amount of money the pension should be kept and, it could be argued, enhanced. Other social protection mechanisms may need to also be rolled out further, including the Child Grant. The identification of OVCs in Lesotho will aid in this regard.

Deprivations: The deprivations approach highlighted the main areas of need for the children – namely shelter and sanitation facilities. Again this is linked to development rather than child outcomes themselves – infrastructure development is key to helping children. This has begun, but the rate of progress over time indicates that further and stronger efforts are required to keep up with demand. There are signs that overall deprivation, as measured by a lack of well-being, is receding, albeit slowly. More infants have no severe deprivations today than five years ago, although the reduction in those with less severe deprivations has not been as marked. The main factors related to deprivation are more at the household level – the water supply, the floor material and the toilet facility. Again, the overall development of the country is more likely to lift people out of

absolute poverty, as measured in this way, than targeted interventions at specific children and households.

Child survival: This is one area where progress has been halting. It is currently improving, albeit slowly. However, due to the increases in the rate observed during the 1990's the rate now is only just below that of 1990 even with these improvements. Focus is required in this area to implement policies to reduce the number of children who die, and to reduce it quickly. Obviously in the context of the HIV epidemic child and infant survival takes a back seat to the treatment of adults with the virus, but it shouldn't be like this. The children who die are the future of Lesotho and every effort must be made to ensure their survival.

Millennium Development Goals: Education is clearly the area that has seen the most improvements, showing what political will can do to improve child outcomes. Educational policies are expensive and have taken up a large proportion of the budget. But they work. This is indicated by the progress of Lesotho towards achieving the Millennium Development Goal targets for education. The net enrolment ratio is improving, albeit slowly, while the pupil-teacher ratio target has been surpassed.

However, the success of this policy has somewhat obscured the difficulties in other MDGs relating to children – eradicating poverty, measured by the prevalence of underweight children and reducing child mortality. Child mortality is improving as noted, but not quickly enough. Attention must not be diverted from the drive to improve education, but there also needs to be strategies in place to reduce the number of children who die before their fifth birthday – and closely tied to this is the proportion of mothers who die during pregnancy, childbirth or soon after.

A mother's future is closely tied to the child, and it is impossible to separate these two goals from each other. The expansion of cost-effective access to skilled attendance at birth and emergency obstetric care at delivery will help in reducing maternal mortality, as well as treatment for HIV during pregnancy and beyond.

If all these ideas are taken together, it can be seen that there are three areas of policy that would enhance child wellbeing in Lesotho:

1. Implement the policies and laws that are currently in place – or nearly in place. The policies that have been implemented so far are clearly having a beneficial effect, but need to be stepped up.
2. Look at the child in the context of the country – a country that is developing economically will have clear benefits for the child. This includes infrastructure development – sanitation

and water supply are a high priority for the country as a whole and the individual children who will benefit from this.

3. Target those children in most need – through identifying these children - the orphans and vulnerable, those with poor nutrition, those with poor health through a lack of immunisation and those who do not have the education desired – it will be possible to improve the lives of the individuals.

This is not simple, and takes resources. The budget analysis conducted in section 2.4 showed that social protection policies, especially that relating to Education and Training, and Health and Social Welfare are a high proportion of the overall budget. This is to be commended, especially in the establishment of the Old Age Pension, which has many benefits for children.

6.3 Conclusions

Lesotho faces a wide range of difficulties – mining retrenchment, HIV/AIDS and the textile industry facing the global recession leading to high unemployment. Yet the country should be celebrating the advances made on child poverty – fewer children in absolute deprivation, greater numbers in education – and also the obvious gender equality in educational outcomes. Yet it should be mindful of the areas that have not improved – child survival, unemployment, health care – and make these the focus of the drive to reduce poverty.

Tackling poverty can only be done when there is knowledge about who the poor are and where they live – alongside the reasons why these people are in poverty. Lesotho must develop the knowledge base through the conduct of regular fact finding surveys. This is happening, with the advent of the Continuous Multi-Purpose Household Survey, but more is needed, especially studying household budgets. Not only this, there needs to be a cadre of professionals who use this information to inform policy.

Children find it hard to have a voice– often ignored they don't have the power to join national debates about the direction of policy. Strong advocates for children are required to ensure that their voices are heard during policy formation, budget discussions and priority formation. Children are the nation's resources, especially in a country with a relatively small population such as Lesotho. Investing in them will bring many benefits to the fore – for the children themselves, their families, communities and Lesotho as a whole.