



**The Kingdom of Lesotho**

**National Strategic Plan on Vulnerable Children  
April 2012 - March 2017**

**Ministry of Social Development**

**AUGUST 2012**



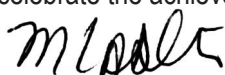
## Preface

Children become vulnerable when their rights to survival, development, protection and participation are not fulfilled as a result of conditions and circumstance beyond the ability of their primary caregivers. The Situation Analysis of Orphans and other Vulnerable Children in Lesotho (2011), estimates that vulnerable children in Lesotho are between 10% and 13% (125,000) of all children (1,072,974) between the ages 0-17 years.

Lesotho has made significant progress in the protection, care and support of vulnerable children. According to the Situation Analysis of Orphans and other Vulnerable Children in Lesotho report (2011), at least 93.2% of households received one kind of support. When primary health care and education are not considered 61% of households received one kind of support. While these statistics indicate some progress it is necessary to maintain and even upscale the coverage during the implementation of the National Strategic Plan on Vulnerable Children period. This will help to improve national efforts to ensure that survival and development rights of all children are upheld. The Government of Lesotho is committed to fulfilling its duty bearer obligations for all children. In this regard the Government enacted the Children's Protection and Welfare Act (CPWA) in March 2011. The Act seeks to protect the social and economic well-being of all children including vulnerable children. The Act represents national efforts to address the provisions of both the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The Government has further facilitated the development of the Strategic Plan on Vulnerable Children April 2012 to March 2017. The Strategic Plan will be used to operationalize the CPW Act. It will also inform and guide the national multi-sectoral and decentralised response to vulnerable children. The Government calls on all stakeholders to participate in the implementation of the Strategic Plan based on their mandates and comparative advantage.

The development of the new Strategic Plan has taken cognizance of the lessons (positive and negative) learnt during the implementation of the out-going plan, the results and recommendations of the Situation Analysis of OVC in Lesotho conducted in 2011 that are equally complemented by various other studies and surveys conducted to generate the evidence that was required for decision making, planning and defining national priorities for the response. The plan is also aligned with regional (SADC) and international protocols and guidelines informing the planning process for vulnerable children and in particular in the context of social protection. The Strategic Plan calls for meaningful involvement and participation by all stakeholders in the national response to vulnerable children. Consequently, Lesotho has adopted a multi-sectoral and decentralised approach to the implementation of the national response. The approach is premised on the realization that challenges facing vulnerable children are complex and multi-faceted and require a unified approach. The multi-sectoral approach demands that stakeholders harmonise and align their responses to vulnerable children with national priorities and anticipated results. The implementation of the Strategic Plan will be through the National Operational Plan (NOP). The NOP has articulated specific operational strategies and activities necessary to achieve the desired results. A National Monitoring and Evaluation Plan for the Strategic Plan has also been developed. The M&E plan provides detailed information on the monitoring processes including the indicators that will be used to measure each result.

There has however been a transition during the development of this document. The Department of Social Welfare which was part of the Ministry of Health and Social Welfare has become the Ministry of Social Development. As thus, in the document, the Department of Social Welfare is analogous to Ministry of Social Development. Furthermore, I wish to pass my gratitude to Dr Mphu Ramatlapeng, the former Minister of Health and Social Welfare, for her support and dedication in the development of this document. It is my sincere wish that the aspirations reflected in the Strategic Plan would translate into concrete and real results that will improve the lives of vulnerable children in Lesotho. I do hope that at the end of the five years we shall all celebrate the achievements we will have made.



Honourable Mrs 'Matebatso Doti  
**Minister of Social Development**

## Acknowledgement

The Ministry of Social Development wishes to acknowledge with gratitude the valuable contribution of all individuals and organisations that made the formulation of the National Strategic Plan on Vulnerable Children April 2012 - March 2017 a success. These include the Technical Working Group of the Ministry of Social Development, who provided technical backstopping to the team of consultants during the formulation of the strategic plan, the development partners, and in particular USAID/Pact and UNICEF who provided financial and technical assistance. Our gratitude is especially extended to United States Agency for International Development (USAID) through the U.S President's Emergency Plan for AIDS Relief (PEPFAR) for providing financial assistance to meet the cost of formulating the Strategic Plan.

Our appreciation also goes to all stakeholders who made inputs during the consultative workshops that were held to review the drafts and solicit their inputs. We applaud the special efforts by World Vision Lesotho in organising and facilitating the Children's consultative workshop in Berea district. The workshop provided children with an opportunity to share their experiences, express their needs and challenges, and articulate what they would like to see included in the Strategic Plan. We wish to extend our heart-felt appreciation to all the children who participated in the workshop for their valuable inputs.

Finally we wish to thank the consultants Dr. Simon Muchiru, and Mr. Khoai Matete for putting together the strategic plan and its accompanying national operational plan and the M&E plan, and the staff of the Ministry of Social Development and PACT staff who provided the logistical support. Thank you all.



**Mrs. Selloane Qhobela**  
Principal Secretary  
Ministry of Social Development

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## Acronyms

|        |  |
|--------|--|
| AIDS   | Acquired Immuno-Deficiency Syndrome  |
| ART    | Antiretroviral therapy   |
| BOS    | Bureau of Statistics   |
| CBO    | Community-Based Organisation   |
| CPWA   | Children's Protection and Welfare Act                                      |
| CSI    | Coping Strategy Index  |
| CRC    | Convention of the Rights of the Child                                      |
| CEDAW  | Convention on the Elimination of all forms of Discrimination Against Women |
| LCGP   | Lesotho Child Grants Programme   |
| LVAC   | Lesotho Vulnerability Assessment Committee                                 |
| CGPU   | Child and Gender Protection Unit   |
| CHAL   | Christian Health Association of Lesotho                                    |
| CRC    | Convention on the Rights of the Child                                      |
| CSO    | Civil Society Organisation   |
| DCPT   | District Child Protection Teams  |
| DSW    | Department of Social Welfare   |
| ECCD   | Early Childhood Care and Development                                       |
| EMIS   | Education Management Information System                                    |
| EU     | European Union   |
| FBO    | Faith-Based Organisation   |
| FNCO   | Food and Nutrition Coordination Office                                     |
| FPE    | Free Primary Education   |
| GFATM  | Global Fund to Fight AIDS, Tuberculosis and Malaria                        |
| GOL    | Government of Lesotho  |
| HIV    | Human Immuno-Deficiency Virus  |
| IGA    | Income Generating Activities   |
| ISA    | Institute of African Studies   |
| LANFE  | Lesotho Association of Non-Formal Education                                |
| LVAC   | Lesotho Vulnerability Assessment Committee                                 |
| M&E    | Monitoring and Evaluation  |
| MAFS   | Ministry of Agriculture and Food Security                                  |
| MDG    | Millennium Development Goals   |
| MFDP   | Ministry of Finance and Development Planning                               |
| MOHA   | Ministry of Home Affairs, Public Safety and Parliamentary Affairs          |
| MJHRCS | Ministry of Justice, Human Rights and Correctional Service                 |
| MOET   | Ministry of Education and Training   |
| MOHSW  | Ministry of Health and Social Welfare                                      |
| MOLGC  | Ministry of Local Government and Chieftainship                             |
| MPS    | Ministry of Public Service   |
| NAC    | National AIDS Council  |
| NCPI   | National Composite Policy Index  |
| NDP    | National Development Plan  |



|        |   |
|--------|---|
| NHTC   | National Health Training Centre                                   |
| NOCC   | National Orphans and Vulnerable Children's Coordinating Committee |
| NOP    | National Operational Plan   |
| NSP    | National Strategic Plan   |
| NSPVC  | National Strategic Plan on Vulnerable Children                    |
| NUL    | National University of Lesotho                                    |
| OVC    | Orphans and Vulnerable Children                                   |
| OVCY   | Orphans and Vulnerable Children, and Youth                        |
| PEP    | Post Exposure Prophylaxis   |
| PLWHA  | People Living with HIV and AIDS                                   |
| PMTCT  | Prevention of Mother To Child Transmission (of HIV)               |
| PSS    | Psychosocial Support  |
| PRS    | Poverty Reduction Strategy  |
| RBM    | Results-Based Management  |
| SRP    | Self Reliance Programme   |
| TRA    | Touch Roots Africa  |
| TWG    | Technical Working Group   |
| UNAIDS | United Nations Joint Programme on HIV and AIDS                    |
| UNGASS | United Nations General Assembly Special Session                   |
| UNICEF | United Nations Children's Fund                                    |
| USAID  | United States Agency for International Development                |
| VC     | Vulnerable children   |
| WFP    | World Food Programme  |
| WHO    | World Health Organisation   |
| WVI    | World Vision International  |

## Structure of the strategic plan

The National Strategic Plan on Vulnerable Children (April 2012-March 2017) is organised in the following five sections:

- Executive Summary**    **Executive Summary:** The executive summary provides a synthesis of the contents of the strategic plan. It articulates key policy guidelines, highlights the key strategies, impact and outcome results for the vulnerable children’s response.
- Section 1:**    **Introduction:** This section provides background information including key operational definitions, articulates the purpose of the plan, guiding principles, the strategic orientation, and outlines the process that was followed in developing the plan.
- Section 2:**    **Strategic Interventions:** This section constitutes the core of the strategic plan. It provides detailed information on the national priorities and key strategies, identifies strategic intervention areas and provides a justification as to why the areas are not only essential but also strategic for the national vulnerable children’s response. The section also includes the outcome results.
- Section 3**    **Coordination and Management of the Vulnerable Children’s response:** The section focuses on the institutional arrangement of the multi-sectoral and decentralised vulnerable children’s response. It provides policy guidelines on the coordination mechanisms and outlines roles and responsibilities of the key stakeholders. It contains information on stakeholder analysis and sustainability of the response.
- Section 4:**    **Strategic Information Management:** This section provides an overview of the monitoring and evaluation system of the national vulnerable children’s response. The section highlights the need for research to generate evidence, and new knowledge on vulnerable children. Detailed M&E and research strategies are contained in a separate document entitled the “National Monitoring and Evaluation Plan”.
- Section 5**    **Annexes:** This section contains all the annexes referred to in the main body of the strategic plan.

## Executive Summary

### Background

The Lesotho National Strategic Plan on Vulnerable Children covers a five-year period from April 2012 to March 2017. It replaces the outgoing National OVC Strategic Plan (2006-2010) that came to an end in December 2010. The current strategic plan is multi-sectoral and its implementation is decentralised.

The development of the strategic plan was informed by the results of the Situation Analysis of OVC in Lesotho conducted in 2011, and complemented by several other technical studies. Analysis of such reports provided the evidence that informed the identification of national priorities and setting of performance targets of the response to vulnerable children.

During the development of the strategic plan stakeholders (government, civil society organisations, development partners, organisations of PLWHA) participated in different ways ranging from consultative workshops, representation in technical working groups, provision of additional documents for desk review, to reviewing and commenting on drafts. A special children's consultative forum was organised to solicit their views and inputs.

### Strategic orientation of the national response to vulnerable children

The Situation Analysis of Orphans and other Vulnerable Children (2011) estimated that Lesotho has a total child population of 1,072,974 of whom 363,526 are orphans. Approximately 10 to 13 per cent (125,000) of all children are considered to be vulnerable children. The National Policy on Orphans and Vulnerable Children (OVC) has defined an orphan as a "person who is below the age of 18, who has lost one or both parents due to death". The Children's Protection and Welfare Act (CPWA, 2011) has defined a vulnerable child as "a person who is below the age of 18, who has one or both parents who have deserted or neglected him (her), to the extent that he has no means of survival and as such is exposed to dangers of abuse, exploitation or criminality and is therefore in need of care and protection".

The Situation Analysis of OVC in Lesotho (2011) redefined a vulnerable child as "a child whose rights to survival, development, protection and participation are not met" because of certain conditions or circumstances. This means that children become vulnerable when their rights to survival, development, protection and participation in social and economic issues affecting them are not fulfilled. All three definitions above are broad, and inclusive of most children.

The overall aim of the Strategic Plan is to improve the quality of life of vulnerable children and to ensure that they enjoy their basic human rights. Consequently, the Strategic Plan has set a paradigm shift from "business as usual" to more human rights and results-based approaches. The shift from social welfare to social development will be progressive, taking cognizance of existing capacity and operational systems. It will focus on child vulnerability rather than their orphanhood status. Services will be designed to respond to children's needs based on a life cycle and family-centred approach. Strengthening service delivery systems will be prioritised to ensure efficiency and effectiveness of the response.

## Purpose of the NSP

The Strategic Plan will provide guidance for the national response to vulnerable children, facilitate a systematic approach of generating evidence required for decision making and planning. The plan will serve as a tool for resource mobilisation and will support strategies that improve efficiency and effectiveness of service delivery, and coordination of the national response.

## Guiding principles

The implementation of the National Strategic Plan on Vulnerable Children will be guided by a set of principles that include the “best interests” of the child; respect, promotion and protection of children’s basic rights; empowerment of families and communities to protect and care for children; meaningful child participation, strong leadership and political commitment.

## Strategic Interventions

The following are the priorities for the national response to vulnerable children in Lesotho.

- Priority 1:** Raising awareness and commitment to vulnerable children’s rights and needs through advocacy and social mobilisation
- Priority 2:** Strengthening the capacity of families and communities to protect, care for, and support vulnerable children
- Priority 3:** Strengthening social, legal and judicial protection of vulnerable children and their families
- Priority 4:** Scaling up availability and access to services by vulnerable children and their families
- Priority 5:** Systems strengthening

Communities and community leaders will be mobilised and sensitised on issues of vulnerable children with the aim of improving their levels of support and participation in community-based interventions for vulnerable children. Their capacities for advocacy will be strengthened.

Family and community capacity to protect, care for, and support vulnerable children will be strengthened based on their mandate and comparative advantage. The focus will be on strengthening planning and management skills, networking, the ability to use strategic information in the planning of community-based interventions for vulnerable children. Similarly, family skills for succession planning will be improved and economic empowerment initiatives improved. Economic empowerment is premised on the understanding that deepening poverty, breakdown of traditional social and economic safety nets, and decline in economic growth affect vulnerable children in different ways including increasing food insecurity, decline in household income and more importantly the inability to meet their basic needs.

Where the passage from childhood to adulthood is uncertain often vulnerable children find themselves in compromising or life-threatening situations including being neglected, abandoned, physically or sexually abused, exploited, trafficked or engaged in child labour including sex work. Protecting vulnerable children and their families from these challenges calls for effective and efficient social and legal protection systems. To address these challenges, support will be provided for social protection of vulnerable children and their families. The strategy is to reduce socioeconomic risks and vulnerability, alleviate extreme poverty, deprivation through transformational strategies that change social policies and attitudes; promote strategies that enhance earning capacity; preventive strategies - that help avert

deprivation; and protective strategies that offer relief from deprivation.<sup>1</sup> These strategies overlap and allow necessary interaction.

The Government of Lesotho has put in place some social protection strategies and programmes that include the Old Age Pension Scheme, the Child Grants Programme, the Public Assistance Scheme, bursaries for secondary schools, free primary education and the school feeding programme.

The legal and judicial protection of vulnerable children and their families is premised on the existence of appropriate policies, legislation and a functional and effective legal and judiciary system. The Strategic Plan aims at strengthening the capacity of service providers (law enforcement officers and judicial staff) to offer child-friendly services taking cognizance of the sensitivities involved. Service providers will be sensitised on children's rights and needs. Strategies for prevention of child abuse and violations of their rights will be developed and implemented as part of the continuum of child protection, care and support. Child protection systems will be strengthened through provision of qualified personnel, improving the referral system, making sure that Village Child Justice Committees and children's courts are functional. The implementation of the Lesotho Constitution (Article 32), and the Children's Protection and Welfare Act will enhance children's legal and judicial protection. This will be complemented by ensuring compliance with the provisions of the UN Convention of the Rights of the Child and the African Charter on the Rights and Welfare of the Child (ACRWC).

Strategic partnerships will be established and strengthened between civil society organisations and communities. The implementation and enforcement of the Children's Protection and Welfare Act and related policies is key to social and legal protection of children.

The Strategic Plan is developed to support the implementation of strategies that will scale up birth registration, psychosocial support, access to adequate nutritional food, access to education, quality health care, shelter, clean water and appropriate sanitation. Communities will be mobilised to register birth of their children soon after birth. For children who are older and their births are not registered efforts will be made to ensure that such births are registered. Birth registration services will be decentralised and brought closer to the people.

Psychosocial support will be intensified and integrated within other essential services to increase availability and utilisation taking cognizance of cultural and age sensitivities. In order to ensure service quality, training of psychosocial support service providers will be standardised.

Education is a basic right of all children. The Strategic Plan aims at supporting efforts to improve children's enrolment and retention in ECCD, primary and secondary schools. Barriers that prevent children from completing their education will be considered and addressed. Provision of grants and bursaries will be expanded. Access to ECCD will be improved, and services harmonised and standardised. Vocational training for out-of-school vulnerable children will be offered.

Access to quality and comprehensive health services will be facilitated. Such services will include but not be limited to HIV prevention, provision of ART, treatment of opportunistic infections, provision of nutrition, improved access to sexual and reproductive health services, HIV testing and counselling and psychosocial support. The Strategic Plan on Vulnerable Children will also support stakeholders' advocacy work on provision of clean water, sanitation and shelter for vulnerable households.

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<sup>1</sup> Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF

Many households are food insecure. The Strategic Plan has articulated strategies for improving food security and nutrition for vulnerable households. Such strategies include the development of backyard and communal gardens, small stock farming and poultry among others. Household capacities (skills) necessary for improved food security and nutrition will be developed, complemented by periodical mentoring and supervision, and provision of labour-saving technologies. Farming and consumption of nutritious and locally available foods will be promoted and supported.

Not all vulnerable children will have adequate and quality care from their families. As a result, alternative care will remain an important component of the national response. Alternative care methods identified in the strategic plan include foster care, adoption, and institutional care. Communities will be encouraged to foster or adopt vulnerable children as the first choice. Institutional care will be considered as the last option. National standards of care will be developed to regulate the quality of care and support. The capacity of DSW will be strengthened to coordinate and manage alternative care systems.

In systems strengthening the Strategic Plan focus will be on social protection / social development systems. This is premised on the fact that health and community systems strengthening are integral components of the broader national health care, and HIV and AIDS response. Social protection systems are inclusive of social and child protection, justice, police and DSW among others. When social protection systems are functioning well, children and their families have access to an array of quality services that promote their well-being and protection from harm.

Social protection systems strengthening will involve a broad range of actions from human resources, leadership and governance, sustainable financing and strategic information management among others that help to ensure the efficient and effective service delivery. It will also include strengthening community-based and led structures that facilitate community-based interactions, coordination and collective decision making processes.

### **The coordination and management of the national response**

The focus will be on improving the effectiveness and efficiency of the national response. Prioritised strategies take cognizance of the complexity and dynamics of the response given the different mandates, governance structures, operating systems, methods of accountability, different planning methods and operational timeframes, reporting formats and channels. To improve efficiency and effectiveness, a multi-sectoral approach has been adopted within the context of the “three ones” concept of having one national Strategic Plan on Vulnerable Children, one coordination mechanism and one M&E framework. The application of the “three ones” concept enhances the clarification of roles and responsibilities; improves transparency and accountability in service delivery; strengthens a participatory and enabling policy, social and legal environment that supports and promotes strategic partnerships and alliances.

A pre-requisite will be strengthening the capacity for coordination and management of service delivery at all levels including at the level of DSW (or its successor institution in the future) and the review and strengthening of the roles, responsibilities and mandate of national coordinating structures, the district level teams, public sector institutions, local political authorities, civil society and community level structures.

## **Sustainability of the response**

During the period of the Strategic Plan the Department of Social Welfare (or its successor institution) will develop a sustainability strategy. The strategy will consider five areas of sustainability including organisational, community engagement, empowerment and programme ownership, intersectoral collaboration for comprehensive service delivery and effectiveness and finally accountability for resources and actions taken at community level.

Sustainability initiatives are closely tied to capacity issues, management of strategic information, leadership and governance, community and children's participation and retention of experiences and knowledge acquired over time.

## **Strategic Information Management**

Strategic information is considered more valuable than any other resource available for care and protection of vulnerable children. Such information will be generated through routine monitoring, periodical evaluations and reviews of the strategic plan and through research and documentation.

Monitoring will be an on-going activity carried out at national, district and community levels. At national level, monitoring will focus more on issues of national level advocacy, enforcement of laws and policies, resource mobilisation and trends in vulnerable children. At district level, monitoring will focus on the implementation of the district response including services uptake, equitable distribution, and alignment with national policies. Similarly, at community level monitoring will focus on the same issues as at district level, but within the context of the community scale.

Overall, monitoring will track performance of the response implementation, whether resources are being used efficiently and for the intended purposes. The process will enhance the capacity to identify emerging barriers that may compromise implementation and services uptake. Finally, it will keep track of how capacity is being developed, the extent of knowledge sharing, sharing of best practices and skills transfer and the improvement of the service delivery system.

Formal evaluations of the national response will be conducted at mid-term and end-term of the strategic plan. Additional evaluations will be commissioned as need arises. Research required to build the evidence base will be commissioned as planned in the operational plan.

Strategic information management systems will be reviewed and strengthened to ensure that available information is analysed, and packaged in usable formats by stakeholders including planners, decision makers and implementing partners. New and innovative methods for information dissemination will be explored, developed and utilised.

The Department of Social Welfare will coordinate monitoring and evaluation of service delivery in all sectors that have a mandate to provide basic services for vulnerable children. Different sectors will be required to report the extent to which they reach vulnerable children with appropriate services.

The Government of Lesotho will collaborate with regional (SADC), continental and global institutions to report progress on the implementation of its obligations and commitments on children. In particular, timely reports will be prepared and submitted to SADC in line with the SADC Monitoring and Evaluation Framework for Orphans, Vulnerable Children and Youth – 2012 - 2015





## Section 1: Introduction

### 1.1 Background information

This document presents the five-year Lesotho National Strategic Plan on Vulnerable Children covering the period from April 2012 to March 2017. The plan will guide and inform the national multi-sectoral and decentralised vulnerable children's response. It replaces the outgoing National Orphans and Vulnerable Children's Strategic Plan (2006-2010) that came to an end in December 2010.

The strategic plan will be operationalized through the National Operational Plan (NOP), and will be monitored and evaluated based on the guidelines articulated in the National Monitoring and Evaluation Plan for the vulnerable children's response. The M&E plan has detailed information on anticipated impact, outcome and output results and the indicators necessary to measure those results.

The purpose of the plan is to:

- i. Provide strategic technical guidance to the vulnerable children's response in Lesotho taking cognizance of the multi-sectoral and decentralised nature of the response.
- ii. Guide and inform the development and implementation of the response to vulnerable children at stakeholders and sector levels.
- iii. Facilitate the generation of evidence to inform planning and decision-making through monitoring, evaluation and research.
- iv. Improve the efficiency and effectiveness of coordination and management mechanisms of the vulnerable children's response.
- v. Facilitate resource mobilisation and efficient utilisation of the resources to support the implementation of the national response to vulnerable children.

Vulnerable children's service providers will be encouraged to align and harmonise their responses with the national priorities based on their institutional mandate and comparative advantage. They will be expected to identify their strategic niche, design and implement appropriate evidence-based, human rights-based and results-focused interventions that contribute to national results.

### 1.2 Review and Lessons learnt from National OVC Strategic Plan 2006-2010

In 2006, Lesotho developed and launched the National OVC Strategic Plan 2006-2010. It was envisaged that the plan would guide and inform a multi-sectoral response for OVC. The Strategic Plan was evaluated in 2009. The evaluation noted some achievements and challenges that were encountered during the implementation period.

The key achievements included the development of the National OVC Policy (2006), the establishment of the National OVC Coordinating Committee (NOCC) and the DCPT at national and district level respectively. The Child Help Line was established in 2008. The DSW initiated the review of the Child Protection Act (1980)<sup>2</sup>. In collaboration with the Ministry of Local Government OVC registers were introduced in 2007. The DSW defined the essential services package for OVC that included education, health, food security and nutrition, and protection, care and support. An M&E Unit was established in 2008 that was followed by the development of the a) OVC Monitoring Plan (2008-2011) b), a draft Manual for Social Welfare Indicators, and c) draft Procedure Manual for Social Welfare Routine Information Systems (SWRIS). Attempts were made to develop a national OVC database. Despite the

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<sup>2</sup> DSW (2009): Report - Review of the OVC Strategic Plan 2006-2010, and NAP 2006.

efforts to improve strategic information management, reporting on progress on OVC service provision has been poor.

The implementation of the Strategic Plan encountered a number of challenges. The review noted that implementation was slow, fragmented and often characterized by duplication of efforts. Coordination of the various service providers remained weak. Given the lack of clarity of the roles and mandate of NOCC, its operations remained weak and ineffective, and lacked effective linkages with DCPT.

The greatest challenges with the implementation of the OVC response were identified as weak policy and legal framework, inadequate human and financial resources both in government and among civil society organisations. The quality and sustainability of services have remained a daunting challenge in Lesotho while stigma and discrimination continue to be a barrier to services uptake by OVC and their families.

The development of the current Strategic Plan on Vulnerable Children has taken cognizance of these achievements and challenges. The Strategic Plan has articulated strategies to scale up interventions that worked and were effective, and strategies that will turn the challenges into opportunities.

### **1.3 Strategic orientations of the vulnerable children's response**

The vision of the strategic plan is to improve the quality of life of vulnerable children and ensure that they enjoy their basic human rights fully. To achieve this vision, stakeholders (duty bearers) commit themselves to developing and implementing quality and comprehensive services.

The development of the current strategic plan is informed by lessons (positive and negative) learnt during the implementation of the outgoing National OVC strategic Plan 2006-2010. The process has also mainstreamed best practices that ensure the best interests of the child in all aspects of the response. Evidence generated by the "Situation Analysis of OVC in Lesotho" (2011) and other studies has informed the selection of strategies and interventions that have the potential to contribute to the achievement of the impact, outcome and output results.

The following are specific paradigm shifts that move the national response to vulnerable children from "business as usual" to a human rights and results-based response:

- i. **A shifting from welfare to social development:** The shift from social welfare to social development will be gradual taking cognizance of existing capacity, institutional changes and systems. The strategic plan will support strategies for the change process. In addition the Government of Lesotho is formulating a social development policy that will inform and guide the process.
- ii. **A focus on vulnerability rather than orphanhood status:** While the focus on orphanhood status has had some benefits, it has not been sufficient to provide meaningful support to vulnerable children and is stigmatising. The response will shift from focusing on orphanhood status to a child's vulnerability, with orphanhood being one of the many possible causes of vulnerability.
- iii. **Focus on the life cycle of the vulnerable child:** The response will focus on the life cycle of vulnerable children taking cognizance of specific needs according to their age and stage of development as well as challenges, and the overall development requirements during the passage from childhood, adolescence to adulthood.

- iv. **A family-focused approach:** A family setup provides the most important social safety net for vulnerable children. In most cases vulnerable children live in vulnerable households, and hence it is important to address the needs of individual vulnerable children in the context of the needs of their families.
- v. **A child rights-based approach:** The planning of the national response is premised on a human rights-based approach to programming in order to ensure that duty bearers (service providers) including other sectors and stakeholders are accountable for service delivery and the rights holders (beneficiaries) are able to claim their right to access and utilise the services.
- vi. **Systems strengthening:** Efficient and effective service delivery for vulnerable children and their families is premised on the existence of strong and functional social protection systems, community and health systems. However, the strategic plan will focus on social protection systems given that health and community systems strengthening are already on-going activities with other sectors. Advocacy work will be carried out to promote partnerships and collaboration between sectors to ensure effective service delivery to vulnerable children.
- vii. **Making use of indigenous practices:** Caring for and protecting vulnerable children is a family as well as a community responsibility. The strategic plan will facilitate a process where good indigenous practices in care, support and protection of children are adequately utilised.
- viii. **Gender dimensions of the response:** Stakeholders will take into account gender differences between boys and girls and the associated risks and vulnerabilities while developing their respective responses. This is important given that boys and girls are affected differently.

## 1.4 Strategic priorities

The following priority strategies will be used to guide the implementation of the National Strategic Plan on Vulnerable Children April 2012 – March 2017. The strategies are inter-related and mutually reinforcing.

**Table 1:** Strategic Priorities

|             |   |
|-------------|---|
| Priority 1: | Raising awareness and commitment to vulnerable children’s rights and needs through advocacy and social mobilisation                 |
| Priority 2: | Strengthening the capacity of families and communities to provide comprehensive protection, care and support to vulnerable children |
| Priority 3: | Strengthening social, legal and judicial protection of vulnerable children and their families                                       |
| Priority 4: | Scaling up availability and access to services by vulnerable children and their families  |
| Priority 5: | Systems strengthening for a holistic, multi and inter-sectoral service delivery response  |

The Strategic Plan has used the life cycle approach to identify and sequence the national priorities for the vulnerable children’s response. The life cycle approach has taken cognizance of children natural passage from infancy, childhood (pre-school), to school age children and adolescence. Each of these periods presents unique opportunities, challenges and risks for children in general hence the need for an integrated approach in service delivery. This is better illustrated using the example of how

HIV and AIDS affect children across the life cycle from infancy to adolescence as shown in the table below.

**Table 2:** How HIV and AIDS can affect children across the life cycle

| Infants   | Pre-school children  | School-age children  | Adolescents   |
|---|--|--|---|
| <p><b>Exposure to mother to child transmission through birth and breastfeeding</b></p> <ul style="list-style-type: none"> <li>• Frequent infections</li> <li>• Poor nutrition</li> <li>• Poor growth</li> <li>• Emotional deprivation</li> <li>• Development delays</li> <li>• Attachment disorder</li> </ul> | <p><b>Loss of social contact and stimulation</b></p> <ul style="list-style-type: none"> <li>• Begin to experience and respond to trauma of loss</li> <li>• Poor nutrition and growth</li> <li>• Exposure to abusive environments</li> <li>• Frequent infections</li> </ul> | <p><b>Becoming caretaker for parents and siblings</b></p> <ul style="list-style-type: none"> <li>• Losing schooling access</li> <li>• Increased awareness of stigma</li> <li>• Sexual abuse</li> <li>• Physical and verbal abuse</li> <li>• Depression</li> <li>• Increasing work load (child labour)</li> </ul> | <p><b>Further increase in responsibilities as they assume role of provider and caretaker</b></p> <ul style="list-style-type: none"> <li>• Exclusion from education</li> <li>• Poor self-esteem</li> <li>• Depression</li> <li>• Sexual abuse / pregnancy</li> <li>• STIs including HIV</li> <li>• Exclusion from formal employment</li> </ul> |

Source: Unicef 2011; adapted from Makhweya, A. and Robbins D. (2003)

Taking opportunity of each stage in the life cycle and addressing the various challenges and risks will improve the outcome results. Children’s participation especially during the school going period and adolescence is critical in ensuring services uptake, and the use of services or the adherence to treatment protocols. The interventions described in section 2 take cognizance of the life cycle approach, and the need for human rights and gender sensitivity.

Stakeholders will form strategic partnerships and alliances to work together to address the challenges experienced by vulnerable children in their passage from childhood to adulthood. Working together will ensure that the challenges illustrated in the life cycle passage are adequately addressed.

## 1.5 Guiding principles

The National Strategic Plan on Vulnerable Children is guided by the following principles:

- i. **“Best interests” of the child:** All stakeholders providing services for vulnerable children will do so taking into consideration the principle of the “best interests of the child” and in particular vulnerable children.
- ii. **Respect, promotion and protection of the rights of vulnerable children:** All stakeholders will endeavour to promote, respect and protect the rights of all vulnerable children and their families.
- iii. **Empowerment of families and communities:** Families are the most immediate and direct safety nets for vulnerable children. They will be empowered with knowledge and skills to

provide quality and comprehensive care and protection to vulnerable children. The second critical safety net for vulnerable children is the community whose capacity will be strengthened to take a proactive role in caring for and protecting vulnerable children, including the use of positive indigenous practices.

- iv. **Vulnerable children's participation:** Community systems will be strengthened to ensure effective vulnerable children's participation in the planning, prioritization, and implementation of interventions that are intended to benefit them. Meaningful participation by children in decision-making, planning, implementation and evaluation of vulnerable children response is a pre-requisite for successful implementation of this strategic plan. Strategies to promote child participation will be mainstreamed in all aspects of the response as a cross-cutting issue. Children will be mobilised and given adequate opportunities to voice their views and issues. Specific efforts will be made to encourage and support vulnerable children aged 15-17 years to actively engage and participate in the national programmes.
- v. **Political commitment:** The Kingdom of Lesotho is committed to ensuring the well-being of all children including vulnerable children as required by the Constitution and Vision 2020 and the Children's Protection and Welfare Act (2011).
- vi. **Gender consideration:** During the implementation of the strategic plan gender dimensions that put child at risk of new infections, violence and sexual abuse, or contribute to factors that disadvantage them socially, economically or otherwise will be addressed with special attention to the girl child.
- vii. **Multisectoral and Decentralised response:** The strategic plan is designed to support a multisectoral and decentralised response involving all relevant stakeholders in the public and private sectors, and civil society organisations. It is anticipated that different sectors will identify their respective niche in the strategic plan implementation based on individual sector mandate and comparative advantages. The strategic plan is aligned with the existing sector plans or where necessary it calls for alignment of sector plans with the national response in order to ensure a harmonised and effectively coordinated vulnerable children's response.

## 1.6 The process of developing the strategic plan

The process of developing the strategic plan started with a national review of the OVC national response conducted in 2009. This was followed by a comprehensive situation analysis on the status of OVC in Lesotho in 2011. Stakeholders participated in different ways ranging from being represented in technical working groups, bilateral consultations, and through stakeholders' workshops. The consultative process engaged diverse stakeholders ranging from government institutions, community representatives, civil society, people living with HIV and AIDS (PLWHA), private sector and development partners. A stakeholders' validation and a children's consultative forum were also organised in October and November 2011.

## Section 2: NSPVC Strategic Interventions

### 2.1 Definition of orphans and vulnerable children

In the past Lesotho's response to OVC was primarily premised on orphanhood status. While the focus on orphanhood status has had some benefits, it has not been sufficient to provide meaningful support to vulnerable children and has contributed to stigmatising OVC. Consequently, Lesotho has made a strategic paradigm shift from focusing on orphanhood status to a child's vulnerability. The consideration also notes that some of the orphans are among the category of vulnerable children. This shift has influenced the articulation of the NSPVC operational definition of vulnerable children.

The Children's Protection and Welfare Act (CPWA, 2011) adopted in March 2011, has defined a vulnerable child as **"a person who is below the age of 18, who has one or both parents who have deserted or neglected him, to the extent that he has no means of survival and as such is exposed to dangers of abuse, exploitation or criminality and is therefore in need of care and protection"**. Analysis of this definition shows that it is limited to vulnerable children being deserted or neglected and hence does not cover all issues that make children vulnerable or put them on harm's way.

In order to provide a broader definition that encompasses all factors that make children vulnerable the Strategic Plan on Vulnerable Children April 2012 – March 2017 has adopted the following definition, as proposed in the report of the Situation Analysis of Orphans and other Vulnerable Children in Lesotho (2011), i.e. **"vulnerable children are those whose rights to survival, development, protection and participation are not met because of certain conditions or circumstances beyond their individual control"**. This definition will be used to operationalise the legal definition in a broader context.

### 2.2 The status of orphans and other vulnerable children in Lesotho

A comprehensive situation analysis on the status of orphans and other vulnerable children in Lesotho was completed in 2011. The report estimates the total number of children (0-17 year olds) at 1,072,974. Of these, 33.8% (363,526) were orphans. The analysis indicates that of the total number of orphans, 58.7% (213,248) were paternal and 17.8% (64,647) were maternal orphans. The total number of double orphans (lost both parents) is estimated as 23.6% (85,631). The total number of vulnerable children is estimated at 10% to 13% (125,000) of all children.

The increase in the number of orphans and vulnerable children has in particular been fuelled by HIV and AIDS. In 2009, the National HIV and AIDS Estimates noted that there were 180,000 orphans in Lesotho of whom 122,000 were as a result of AIDS.

Various studies including the Situation Analysis (2011), the Lesotho Vulnerability Assessment Committee reports, and the Child Poverty Study have identified various causes of child vulnerability. These include poverty, inadequate food and nutrition, economic insecurity, poor shelter, violence, exploitation, disabilities, child trafficking, high levels of unemployment, lack of family care, chronic illness including the impact of HIV and AIDS.

In 2011, the Lesotho Vulnerability Assessment Committee (LVAC) quarterly report noted that approximately 513,774 Basotho would be food insecure in 2011/12. Retrenchment of Basotho from South African mines in the last two decades has created high levels of unemployment among men who

used to be breadwinners, and has negatively impacted on the quality of life of their families including children. The latest Labour and Employment survey found that on average 45% of adults are employed at any one time in the country. The Land Policy Review Commission of Inquiry of 2000 found that in many communities in the country, land that was used for farming was rapidly disappearing as it is being used for building residential houses. Agricultural land is also being affected by soil erosion. Agricultural production on the other hand has declined over the years as a result of unpredictable climate conditions and loss of soil fertility due to high levels of soil erosion. The high adult HIV prevalence rate estimated at 23% (LDHS, 2009) has caused increased mortality among parents, which has in turn resulted in rapidly increasing numbers of orphans and other vulnerable children in the country.

## 2.3 The context of the response to vulnerable children

The National Strategic Plan on Vulnerable Children is premised on the social protection framework. A comprehensive social protection system is comprised of transformative, preventive, protective and promotive interventions that are inter-related and mutually re-enforcing. They collectively contribute to an overall reduction of social and economic risks, vulnerability, and also contribute to alleviating household poverty and deprivation.

The use of the social protection framework is premised on the evidence that while government has put in place policies and strategies to promote social development and economic growth, benefits have not sufficiently reached the poorest and vulnerable households and individuals. It is evident that the socioeconomic impacts of HIV and AIDS have increased households vulnerability. The impacts are manifesting themselves at households and communities in different forms, ranging from increasing number of orphans and vulnerable children, narrowing of livelihood options, food insecurity, weakened service delivery and breakdown of traditional social safety nets.

The relationship between the HIV epidemic, household poverty and vulnerability are reciprocal. On the one hand, social and economic circumstances such as poverty, abuse, violence, prejudice and ignorance (i.e., pre-existing vulnerability before HIV infection) increase an individual's susceptibility to HIV infection and therefore fuels HIV infection and eventually results in full-blown AIDS. On the other hand, being HIV positive generates and re-enforces vulnerability that enables the epidemic to thrive and further worsens the quality of life of the person affected.

To address these challenges within the context of providing comprehensive and quality protection, care, and support to vulnerable children, strategic and innovative interventions will be required. Such interventions need to be anchored in strategies that have proven effective in reaching out to vulnerable, socially and economically excluded population groups and in particular children. The use of the social protection framework in the design of the National Strategic Plan on Vulnerable Children presents the opportunity for the Kingdom of Lesotho to comprehensively address vulnerable children's challenges. The services are premised on the minimum package of services for Lesotho, that is aligned with the SADC Minimum Package of Services for Orphans and other Vulnerable Children and Youth.

**Table 3:** SADC Minimum Package of Services for OVCY

- i. Education and vocational skills
- ii. Health care, clean water and sanitation
- iii. Food security and nutrition
- iv. Child and youth protection
- v. Psychosocial well-being and support
- vi. Social protection

The overall approach for the strategic plan is to provide essential services to vulnerable children through a "family-centred" and HIV sensitive approach. A combination service delivery strategy will be

used that implies that no one strategy will be sufficient and effective to achieve the anticipated outcome results alone. Hence, the need to implement strategies simultaneously creating synergy between them, with the right intensity and scope.

## **2.4 The Strategic Plan Priority Areas**

The following section presents the strategic plan's prioritised interventions. Each section provides a brief situation analysis, information on the strategic orientation, gaps and challenges and operational strategies and outcome results.

### **2.4.1 Raising awareness and commitment to vulnerable children's rights and needs through advocacy and social mobilisation**

Successful implementation and uptake of essential services by vulnerable children and their families is dependent on the existence of an enabling policy, legal and social environment. In strengthening the existing environment, it will require a strong community and political leadership that is sufficiently aware, knowledgeable and understands vulnerable children's issues. This is necessary in enabling them to make informed decisions that guide policy, practice and advocacy work on vulnerable children's care, support and protection.

Efforts to strengthen the enabling environment will include **social mobilisation, mobilising and engaging community (chiefs and religious leaders) and political leaders** at all levels of society. It will further require implementation and enforcement of existing policies and legislation necessary to remove barriers to services uptake such as stigma, discrimination and gender inequalities.

#### **2.4.1.1 Social mobilisation**

##### **Situation analysis and response orientation**

The OVC Situation Analysis report (2011) has noted that social mobilisation, including mobilising and engaging community and political leaders in the vulnerable children's response, has been inadequate. In most cases it has been ad hoc and largely uncoordinated compromising its effectiveness. Despite the inadequacy in social mobilisation, the conclusions of the situation analysis highlight the importance of involvement of community leaders and community-based organisations in the vulnerable children's response.

In the case of children, effective mobilisation and their meaningful participation have the potential of achieving effective outcome results. This is demonstrated by children's involvement in advocacy work around the Children's Protection and Welfare Act through the Children's Parliament. Children's mobilisation will be linked to creating broad awareness of their rights to protection, care and support, and participation

Social mobilisation will also target caregivers with interventions on awareness on children's rights and needs. Specific interventions will target the elderly caregivers in particular. All caregivers will be sensitised on social protection systems and how they can use them for the benefit of the children. Awareness will be created on the provisions of the Children's Protection and Welfare Act (2011).

In order for the multi-sectoral national response to vulnerable children to become effective, it is critical that all stakeholders including public and private sectors, and civil society organisations (NGOs, FBOs,



support groups) be sufficiently mobilised to collaborate towards holistic service delivery for vulnerable children.

Stakeholders will be sensitised and encouraged to implement the minimum package of essential services for OVC. The essential services package for HIV and AIDS offered by the Ministry of Local Government and SADC minimum packages will be harmonised to ensure the required services will reach vulnerable children.

The sustainability of a comprehensive vulnerable children's response is dependent on meaningful and sustained engagement with communities, civil society organisations, public and private sector institutions, and the leadership. This calls for an effective social mobilisation to galvanise support and partnerships while maintaining vulnerable children issues on the national social, development and political agenda. Social mobilisation is equally necessary in strengthening issues of accountability and responsibility of duty bearers.

### Key achievements

- i. Basotho children were mobilised and played a critical role in advocating for the adoption of the Children's Protection and Welfare Act, through their communities and the Children's Parliament.
- ii. Children's participation in annual events such as World AIDS Day, and the Day of the African Child has increased their awareness of social, health and basic child rights.
- iii. Radio and television programmes have been facilitated by civil society organisations and have helped to put children's issues on social and community agendas.

### Gaps and challenges

- i. Absence of a Social Mobilisation strategy that facilitates meaningful participation of children and other stakeholders in the national vulnerable children's response.
- ii. Current systems have not adequately empowered children to participate and play a leadership role in some of the interventions intended to benefit them.
- iii. Inadequate care and support for caregivers especially the elderly.

### Operational strategies

- i. Facilitate the development of an advocacy and communication strategy on key children's issues.
- ii. Strengthen advocacy, communication and social mobilisation skills of duty bearers and rights holders for meaningful participation in social mobilisation.
- iii. Develop the capacity of District Councils<sup>3</sup> to facilitate social mobilisation.

**Table 4:** Social Mobilisation outcome results

|     |   |
|-----|---|
| OC1 | Females and males with basic knowledge of social and legal/judicial protection of vulnerable children increased by 50% in 2014/15 and by 80% in March 2017  |
| OC2 | Boys and girls aged below 18 years who are vulnerable according to the national operational definition <sup>4</sup> are reduced from approximately 13% (125,000) in 2011 to below 5% in 2014/15 and maintained below that level by March 2017 |

<sup>3</sup> Target group: Community Council and health teams

## **2.4.1.2 Mobilising and engaging community (parliamentarians, councillors and chiefs) and religious leaders in vulnerable children's response**

### **Situation analysis and response orientation**

Community and political leaders play an important role in influencing the way communities, public and private sector institutions respond to issues of national interest such as care and protection of vulnerable children. Vision 2020 calls for leaders to take a more proactive role in the social and economic development of their respective communities and constituencies including children. The Vision has emphasised the need to address social and economic inequalities, especially among the most vulnerable people such as vulnerable children. Under the Children's Protection and Welfare Act of 2011, community leaders are expected to play a critical role in social and legal protection of children and in particular in managing restorative justice through the Village Child Justice Committees. At global level similar calls were made by Heads of State and Government in the UN Declaration of Commitment (UNGASS) in 2001 and by the UN World Summit on Children in 2002.

Involvement of community leaders in the response to vulnerable children has largely been through their participation in the structures of community councils. Through the gateway approach, introduced by the Ministry of Local Government, district and community councils have been mobilised and capacitated to address issues and challenges of vulnerable children. During the period of the strategic plan, community leaders are expected to play a critical oversight role to ensure that vulnerable children are protected, cared for, attend school and access other basic services. Their capacity will be strengthened and knowledge of vulnerable children improved.

### **Key achievements**

- i. Community-based structures such as district and community councils have provided community leaders (chiefs) with a strategic platform for their engagement and involvement.

### **Gaps and challenges**

- i. Inadequate mobilisation and engagement of community leaders in vulnerable children response.
- ii. Lack of information on religious leaders involvement in protection, care and support of vulnerable children.
- iii. Lack of clarity on the roles and responsibilities of community leaders. In some cases this has translated into conflicts and power struggle between chiefs and community councillors.

### **Operational strategies**

Strengthen the capacity of community and religious leaders to address issues of vulnerable children including improving their knowledge and awareness of vulnerable children.

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<sup>4</sup> The operational definition for the strategic plan is based on the recommendations in the report of the Situation Analysis of Orphans and other Vulnerable Children in Lesotho (2011). It is intended to complement, clarify and expand the scope of the legal definition in the CPW Act.

**Table 5:** Mobilising and engaging community and religious leaders outcome result

|     |  |
|-----|--|
| OC3 | Community <sup>5</sup> and religious leaders with comprehensive knowledge of vulnerable children's issues in their localities increased to 50% by 2014/15 and to 80% by March 2017 |
|-----|--|

### 2.4.1.3 Advocacy to reduce stigma and discrimination

#### Situation analysis and response orientation

Stigma and discrimination remain critical barriers to accessing and utilising social protection and welfare, and HIV services by vulnerable children and their families. The impacts have resulted in PLWHA failing to adhere to treatment, to access services in time, children dropping out of school for fear of being stigmatised and ridiculed, attempts of suicide, isolation and loss of self-esteem<sup>6</sup>. According to the Situation Analysis of OVC in Lesotho (2011), vulnerable children indicated having been stigmatised.

The stakeholders will design and implement interventions that protect vulnerable children and their families from being stigmatised and or discriminated against in both formal and informal settings. Policy guidelines will be developed to inform and guide targeted interventions. The implementation of innovative and effective existing or new interventions will be accelerated, intensified and coverage expanded. An effective monitoring system will be put in place. The capacity of stakeholders will be developed to support the implementation of effective stigma and discrimination reduction strategies.

#### Key achievements

- i. Non-governmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs) have increasingly become active in creating awareness on stigma and discrimination at community level.

#### Gaps and challenges

- i. Lack of information on the extent of stigma and discrimination among vulnerable children. No specific studies on children, stigma and discrimination have been conducted so far.
- ii. There is no strategy or guidelines that inform stigma and discrimination reduction among vulnerable children

#### Operational strategies

- i. Facilitate the generation of evidence to inform the understanding of the extent and impact of stigma and discrimination on vulnerable children.
- ii. Intensify awareness and education on stigma and discrimination among vulnerable children and their families.
- iii. Conduct advocacy work to enforce policies and legislation on stigma and discrimination reduction.

**Note:** Additional strategies for addressing stigma and discrimination are articulated in the National HIV and AIDS Strategic Plan 2011 – 2016, and the National HIV and AIDS prevention strategy.

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<sup>5</sup> Community leaders include parliamentarians, councilors and chiefs.

<sup>6</sup> Stakeholders Consultations Reports (2009): This information was generated by communities during the stakeholders' consultations for the National HIV and AIDS Strategic Plan that incorporated a section on vulnerable children.

**Table 6:** Advocacy to reduce stigma and discrimination outcome result

|     |  |
|-----|--|
| OC4 | Males and females aged 6 and above expressing accepting attitudes towards people living with HIV increased <sup>7</sup> to 50% in 2014/15 and to 80% by March 2017 |
|-----|--|

## **2.4.2 Strengthening the capacity of families and communities to protect, care for, and support vulnerable children**

Sustainable care and protection systems for vulnerable children and individuals are those that have strong family and community support. Such systems have depended on the skills, knowledge and resources within the family setup. The capacity of households has been severely weakened, compromising the quality and comprehensiveness of protection, care, and support systems and services. As the HIV epidemic unfolds and more people succumb to AIDS these skills and knowledge are being lost before they are passed from one generation to another. This trend is likely to be reversed as a result of the impacts of ART.

The Strategic Plan on Vulnerable Children has adopted a “family-centred” approach in improving service delivery to vulnerable children and their caregivers. Recent studies show that a family-centred approach of care and support produces better outcomes. This approach requires systematic development of family capacity in terms of skills, knowledge, information, caring practices and protection, planning, financial, technical and material resources. It is necessary to strengthen family preparedness capacity (e.g. preparing a succession plan or a will in the event of death) as part of the broader coping mechanism. Capacity development for families and communities will focus on the following areas:

- i. Capacity development of families and communities in child protection, care and support
- ii. Succession planning
- iii. Economic empowerment through sustainable livelihood

### **2.4.2.1 Capacity development of families and communities in child protection, care and support**

#### **Situation Analysis and Response Orientation**

Although the HIV epidemic has affected all ages, the most affected people are in the economically productive age groups that are also skilled and experienced in providing quality and comprehensive care and protection to vulnerable children. Increasingly grandparents who are in most cases not skilled are assuming the responsibilities for care and protection of vulnerable children. Similarly, children in child-headed households have assumed these responsibilities. This analysis points to the need for capacity development for families and communities. By so doing, it does not imply that families and communities replace people employed by government or civil society organisations who hold the mandates of duty bearers, but complement their efforts.

Capacity development for families and communities must be aligned with their basic obligations, mandates and their comparative advantage. A pre-requisite in strengthening family skills will be developing a minimum understanding of children’s care and development, their needs (health, nutrition, PSS, education, protection) as well as their human rights. Currently some of these services are

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<sup>7</sup> Note: The LDHS 2009 noted that 37.6% of males and females aged 15-49 years expressed accepting attitudes towards PLWHA.

provided by CBOs and support groups. Available literature review indicates that although training modules vary from one service provider to another the general topics covered include home-based care, counselling, psychosocial support, skills for starting income generation activities such as vegetable production, poultry, small stock farming, sewing, vaseline making, etc.

### Key achievements

- Civil society organisations have been conducting a variety a capacity development activities for families and communities ranging from training, financial and material support.
- Community volunteers, working through community-based support groups have played a key role in family and community support in responding to vulnerable children’s rights and needs.

### Gaps and challenges

- i) There are no standardised set of guidelines for training of families, households and communities in care and protection of vulnerable children.
- ii) Training programmes are fragmented and coordination between service providers especially civil society organisations remains ineffective.

### Operational strategies

- i. Provide tools (i.e. guidelines, manuals, etc.) necessary to support training of families and communities in care and protection of children.
- ii. Improve and harmonise community-based training of families and communities in vulnerable children’s care and protection.

**Table 7:** Capacity development of families and communities outcome results

|     |  |
|-----|--|
| OC5 | Vulnerable households with capacity <sup>8</sup> to protect, care for, and support vulnerable children increased to 25% in 2014/15 and to 50% by March 2017  |
| OC6 | Vulnerable children reached with one or more external free basic <sup>9</sup> support in the last twelve months increased from 61% in 2011 to 98% by 2014/15 and maintained above that level by March 2017. <sup>10 11</sup> |

## 2.4.2.2 Succession planning

### Situation Analysis and Response Orientation

Succession planning is an important component of mitigating children’s and widow’s vulnerability. It can alleviate emotional distress and anxiety, fear of death and loss of inheritance, of being abandoned, abused or separated from other siblings. Succession planning helps parents plan for their children’s future, and the children’s preparedness of a future without their biological parents. Despite its importance, succession planning is still not a routine or common practice.

<sup>8</sup> Capacity is defined here to mean – having been trained in an appropriate skill, received some financial and material support, technical support, and being able to monitor and report progress to relevant institutions.

<sup>9</sup> Free basic external support is defined to include education, health care, social/material support and psychosocial support.

<sup>10</sup> This outcome result is different from the output result “OVC who have three minimum basic material needs for personal care” – the areas of focus are substantially different.

<sup>11</sup> Disaggregated by sex (boys and girls).

The majority of families in Lesotho depend on the Laws of Lerotholi (customary law) in determining inheritance. The cornerstone of the laws of inheritance in Lesotho is Section 11 of the Laws of Lerotholi. The direct effect of this law on vulnerable children is that younger siblings cannot inherit family property, as this is a preserve of the eldest boy child. Common law also provides for inheritance by the child. However, laws related to inheritance seem fragmented and sometimes not consistent. Lesotho has initiated a process where inheritance laws will be reviewed and harmonised.

However, among the elite Basotho an increasing number of families prepare wills to determine how their property should be inherited upon their death. Until recently women had no decision-making role in inheritance issues. However, the Legal Capacity of Married Persons Act 2006 has established a legal framework for equality among men and women and has empowered women to make family decisions, including preparing a family will.

Where policies and laws (common and customary) that are intended to inform inheritance exist, their implementation and enforcement remain weak. More often than not there is need to harmonise the interpretation of statutory and customary laws as they relate to the rights of orphans and widows.

During the implementation of the strategic plan, the capacity of parents of vulnerable children in succession planning will be developed. The approach will be comprehensive to ensure that essential skills ranging from guidance in disclosing their health status, making a will, to identifying a children's caretaker will be developed. A key aspect is articulating the management (handover) of important documents such as birth certificates and title deeds of movable and immovable property.

In order to ensure that succession plans are implemented and enforced, it will require harmonisation and enforcement of existing legislation. The process of harmonising current laws (statutory and customary) that deal with inheritance has been started. It will also require strong partnership with civil society organisations that can help to conduct the training, mentorship and monitoring.

### **Key achievements**

- i. The Children's Protection and Welfare Act was adopted in March 2011, and provides guidance on protection of orphans' inheritance under the principle of the "best interests of the child".
- ii. The passage of the Legal Capacity of Married Persons Act 2006 is intended to empower women including widows in decision making on family property.

### **Gaps and challenges**

- i. Conflicts between customary and statutory laws with regard to issues of inheritance.
- ii. Insufficient awareness of existing legal instruments such as the Legal Capacity of Married Persons Act 2006, that empower women to participate in decision making on inheritance issues.
- iii. Inadequate enforcement of policies and laws that protect vulnerable children's inheritance.

### **Operational strategies**

- i. Strengthen the capacity of families and communities in succession planning. This will also involve the participation of custodians of customary laws.
- ii. Strengthen the capacity of District Social Services Committees.

**Table 8:** Succession planning outcome results

|     |  |
|-----|--|
| OC7 | Vulnerable households who have a written succession plan increased from 3.7% <sup>12</sup> in 2011 to 20% by 2014/15 and to 40% by March 2017  |
| OC8 | Primary caregivers who have identified a standby guardian who will take care of the children in the event that the caregiver is incapable of caring for them has increased from 22.5% in 2011 to 45% by 2014/15 and to 60% by March 2017 |

### 2.4.2.3 Economic empowerment through sustainable livelihood

#### Situation Analysis and Response Orientation

The Lesotho Child Poverty Study (2011) noted that the major underlying drivers of social change in Lesotho are un-employment and HIV and AIDS. The study found that in 2009 some 52% of children in Lesotho were living in “absolute poverty” defined as children who had suffered from two or more deprivations associated with lack of access to basic needs. The mid-term review (2009) of the National Strategic Plan for HIV and AIDS 2006-2011 found that deepening poverty, breakdown of traditional social and economic safety nets, and decline in economic growth affected vulnerable children in different ways including increasing food insecurity, decline in household income and more importantly the inability to meet their basic needs.

Several initiatives have been started by Government and civil society organisations to improve household economies and household incomes. However, the discussion paper (2010) for the development of the National Strategic Development Plan observed that many such livelihood initiatives had not been sustainable. This was attributed to the nature of the livelihood initiative, the resource investment in it and more importantly lack of adequate project and financial management skills by the beneficiaries.

To ensure sustainability of economic livelihood, household capacities for planning, implementation, management and monitoring will be developed. Capacity development will address broader capacity needs such as ability to increase household savings, access to financial and materials resources, inter-generational transfer of appropriate skills and knowledge necessary to sustain the livelihood projects. Stakeholders will ensure gender equality in skills development.

#### Key achievements

- i. Some capacity has been developed for vulnerable households through government and civil society initiatives. These include skills training related to income generating activities, business management and marketing. Some families have also been trained in coping mechanisms and in particular in life skills, psychosocial support and child protection strategies.

#### Gaps and challenges

- i. Lack of awareness of existing resources for supporting community livelihood initiatives, and procedures or systems to access those resources to support sustainable livelihood.
- ii. The current operational environment is not enabling for micro-level economic livelihood given the economic down turn and its impact on material inputs.
- iii. Inadequate training in project and financial management skills.

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<sup>12</sup> This data was specifically for double orphans. The TWG agreed to use the figures as proxy for this indicator.

- iv. Most livelihood projects are unsustainable.
- v. While several initiatives for vulnerable children and their families are being developed and implemented, the linkage between them with government rural livelihood programmes is limited.

### Operational strategy

- i. Develop skills and competencies for households with vulnerable children and communities to initiate, manage and sustain livelihood interventions.

**Table 9:** Economic empowerment through sustainable livelihood outcome result

|     |   |
|-----|---|
| OC9 | Vulnerable households that have more than one sustainable livelihood in the last twelve months increased to 25% by 2014/15 and to 50% by March 2017 |
|-----|---|

### 2.4.3 Strengthening social, legal and judicial protection of vulnerable children and their families

The priority for any national vulnerable children’s multi-sectoral response is to strengthen existing community and national systems for social and legal protection of vulnerable children and their families. Adequate care and protection is a pre-requisite for vulnerable children’s survival, growth and development. Where the passage from childhood to adulthood is uncertain, vulnerable children often find themselves in compromising or life-threatening situations including being neglected, abandoned, physically or sexually abused, exploited, trafficked or engaged in child labour including sex work. Protecting vulnerable children and their families from these challenges calls for effective and efficient social and legal protection systems.

#### 2.4.3.1 The policy and legal environment

For purposes of this strategic plan social policy has been defined as “the entire range of public policies and instruments that relate to conditions of human well-being, including health, education, housing, water, sanitation, social protection” as well as the overall legal framework guiding activities that have similar impact such as the labour laws and property rights.

The policy and legal environment for vulnerable children’s response in Lesotho has been informed by a number of policies. The most significant policies are the National Policy on Orphans and Vulnerable Children (2006) and the National Social Welfare Policy (2003). Other policies that have been adopted that contribute to the well-being of vulnerable children include the health, education, youth, gender, National Disability and Rehabilitation Policy among others. In October 2011, the Government initiated the process of formulating the National Social Development Policy.

In the case of legislation, the Constitution of Lesotho has provided for the protection and social development of children in general. Until recently the Children’s Protection Act (1980) provided the legal basis for child protection. The Education Act 2010 has provided for the education of all children including vulnerable children. Primary education is free and compulsory. The Sexual Offences Act (2003) protects children from sexual abuse and exploitation. Lesotho has also ratified the Convention on the Rights of the Child. The process to strengthen the legal environment culminated in the Children’s Protection and Welfare Act enactment in March 2011. From a development perspective, Lesotho’s Vision 2020, the Poverty Reduction Strategy (PRS), and the Millennium Development Goals (MDG) have mainstreamed strategies that promote social and legal protection of children.



These policies and legal instruments are necessary to inform and guide the advocacy, practice, planning and resource mobilisation for vulnerable children’s care and protection. The policies taken together provide the strategic framework against which interventions to address the challenges facing vulnerable children are based.

**Table 10** : Enabling social, policy and legal environment outcome result

|      |   |
|------|---|
| OC10 | National Policy and Planning Effort Index <sup>13</sup> (NPPEI) score for vulnerable children |
|------|---|

### 2.4.3.2 Social protection

#### Situation Analysis and Response Orientation

Over fifty six per cent (56.6%) of Lesotho population (1,876,633)<sup>14</sup> lives below the national poverty datum line, while 43.3% lives on one dollar a day. This population lives in vulnerable households<sup>15</sup> that are characterised by poverty, food insecurity, poor shelter and inadequate access to clean water and sanitation. It is these households that need social protection most. However, social protection has been compromised by lack of adequate knowledge of social protection systems, human and financial resources. These challenges are further compounded by issues of stigma, discrimination, isolation, gender-based violence, and physical, emotional, and sexual abuse.

The Government of Lesotho has also identified social protection as one of the key areas for the National Strategic Development Plan, that is currently being developed.

The National Strategic Plan on Vulnerable Children aims at scaling up social protection interventions. The interventions are contextualised within the Social Protection Framework<sup>16</sup>. The Framework approach enhances the possibility of reducing social and economic risks and vulnerability, alleviating extreme poverty, deprivation through transformational strategies that change social policies and attitudes; promote strategies that enhance earning capacity; preventive strategies - that help avert deprivation; and protective strategies that offer relief from deprivation.<sup>17</sup> These strategies overlap and allow necessary interaction. The table below illustrates social protection interventions for vulnerable children and their families.

<sup>13</sup> The NPPEI reflects national efforts on how well the country is doing in eight areas (situation analysis, consultative process, coordination, action plans, policy, legislation, M&E, and resources) of the response to vulnerable children based on the opinions of a select sample of respondents. The index is intended to measure policy and planning effort independent of programme outputs. For example, policy and planning efforts include items such as the degree of political support, availability of policies and legislation, and the extent to which policies have been reviewed, availability of resources. An example of programme outputs is “number of vulnerable children issued with a birth certificate”. The index measures not only the activities of the government but also of civil society organisations.

<sup>14</sup> 2002/2003 Household Budget Survey, Government of Lesotho

<sup>15</sup> Moleli-Habi, M. and Liphapang-Sefako M. (2011): Population Dynamics and HIV and AIDS: Situation Analysis in the Context of National Development Planning in Lesotho – Government of Lesotho

<sup>16</sup> Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF

<sup>17</sup> Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF

**Table 11:** Social protection interventions for vulnerable children and their families

| Transformative<br><i>[Address power imbalances that create or sustain vulnerability]</i>   | Preventive<br><i>[Avert deprivation once a shock has occurred]</i>  | Protective<br><i>[Provide relief from deprivation]</i>  | Promotive<br><i>[Enhance income and capabilities]</i>  |
|--|---|---|--|
| <ul style="list-style-type: none"> <li>• Development of social development policy</li> <li>• Legislative and regulatory reform</li> <li>• Sensitization campaigns</li> <li>• Social communication to promote behaviour change</li> <li>• Strengthening legal system for protection of vulnerable children</li> </ul> | <ul style="list-style-type: none"> <li>• Development of social protection schemes (child grants, pensions, public assistance, disability grants, etc.)</li> <li>• Child grants</li> <li>• School bursaries</li> <li>• Affordable health insurance</li> <li>• Savings and credit schemes</li> <li>• Burial societies</li> <li>• Disaster / crop insurance</li> </ul> | <ul style="list-style-type: none"> <li>• Public works programmes</li> <li>• School feeding programmes</li> <li>• Child protective services i.e. Village Child Justice Committees</li> <li>• Cash transfers</li> <li>• School fee waivers</li> <li>• Family support services</li> <li>• Humanitarian relief – food supplies, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Life skills</li> <li>• ECCD</li> <li>• Conditional cash transfers</li> <li>• Asset building and livelihood development</li> </ul> |

**Source:** *Social Protection In East and Southern Africa: A Framework and Strategy for UNICEF, 2008*

### Key achievements

The Government of Lesotho has put in place some strategies and programmes for social protection. These include the Old Age Pension Scheme, the Child Grants Programme, the Public Assistance Scheme, bursaries for secondary schools, free primary education and the school feeding programme. Some of these programmes will use the National Information System for Social Assistance (NISSA) for targeting beneficiaries among other things.

The Child and Gender Protection Unit (CGPU) has been established within the Police Department to enhance child protection. CGPU services range from providing child protection for abandoned, neglected or abused children, for victims of sexual abuse and harassment. They also offer referral services to other service providers.

### Gaps and challenges

- Lack of adequate awareness of social protection strategies and issues.
- Inadequate coverage and implementation intensity of social protection interventions.
- The National OVC Policy and the Social Welfare Policy are yet to be reviewed.
- Regulations to operationalize CPWA 2011 are yet to be developed.
- Inadequate implementation, enforcement and monitoring of compliance with policies and legal instruments.

### Operational strategies

- Facilitate coverage, expansion and availability of social protection services that have the greatest impact at household and community levels.
- Facilitate the development and implementation of a policy and legal foundation for the development and sustenance of social protection interventions, i.e. formulation of a national social development policy.

- iii. Facilitate the implementation of existing policies and legal instruments aimed at creating an enabling environment for children and in particular vulnerable children.
- iv. Strengthen mechanisms for monitoring child rights violations, or lack of compliance with policy guidelines and legal provisions aimed at protecting children.
- v. Facilitate the review and harmonisation of existing policies to mainstream policy guidelines for social and legal protection of children.
- vi. Facilitate the dissemination of such policies and legal instruments to duty bearers and rights holders (children).

**Table 12:** Social protection outcome result

|       |  |
|-------|--|
| OC 11 | Vulnerable households caring for children who received cash assistance in the last twelve months increased to 50% by 2014/15 and to 75% by March 2017<br>(Disaggregated by form of cash transfers) |
|-------|--|

### 2.4.3.3 Legal and judicial protection

#### Situation Analysis and Response Orientation

The legal and judicial systems are inter-twined and complement each other in providing child protection. Child protection is defined as “preventing and responding to violence, neglect, exploitation and abuse” of all forms. The legal protection of vulnerable children and their families is premised on the existence of appropriate policies, legislation and a functional and effective legal and judiciary system. The UN Declaration of Commitment on HIV and AIDS urged governments to develop and implement policies and legislation that inform and guarantee the provision of quality care and protection services for vulnerable children and their families. This requirement is also contained in the Convention on the Rights of the Child (CRC) that Lesotho has ratified. The CRC provisions are complemented by the African Charter on the Rights and Welfare of the Child (1990).

At the national level, Article 32 of the Lesotho Constitution provides for the protection and assistance to all children from all forms of abuse, economic and social exploitation. In March 2011, the Government of Lesotho enacted the “Children’s Protection and Welfare Act” that has made provision for reform of the justice system to treat children in a child sensitive manner recognising their vulnerability. At village level Village Child Justice Committees have been established to facilitate children’s legal protection and provide restorative justice. The Child and Gender Protection Unit has also been established in the Police Department. The mandate of the Unit is to address children’s cases that constitute a criminal offence. However, where other civil cases are reported, the Unit is able to refer the client to appropriate service providers.

While the Government is ultimately responsible for the protection of vulnerable children, families, communities, other sectors (including civil society organisations and private sector) are equally responsible. The Strategic Plan will support interventions that strengthen the capacity of families, communities and children to develop community-based child protection mechanisms. The Strategic Plan will further support initiatives that promote a better understanding of the legal and judicial systems. Communities will be mobilised and sensitised on legal and social child rights.

An effective judicial system for protecting children and in particular vulnerable children relies on sufficient capacity of duty bearers in law enforcement, systems such as the police and the judiciary. However, community participation in law enforcement activities is crucial in the implementation of law enforcement strategies. Communities can play an important role in reporting cases of violence,

exploitation, abuse, neglect or where children have been deserted. The situation analysis shows that a number of legislation and policies exist, however their implementation, legal enforcement and monitoring have remained inadequate. Sufficient capacity for duty bearers including law enforcement and community systems is lacking. In most cases judiciary units responsible for children's issues are under-staffed with inadequate operational (i.e. funds, transport, etc.) resources.

While the level of awareness among judicial officers on children's rights and needs is considered to be good, the way courts handle and manage children's cases remains a challenge. In most cases children's courts have been found not to be child-friendly. Similarly, not all duty bearers (i.e. judges, police, etc.) and rights holders (children, their caregivers) are sufficiently aware of the existence of legislation such as the CPWA, developed to protect vulnerable children. In cases where they know, they are not adequately informed on how to access and use the services. The situation analysis shows that the efficiency in which incidences of human and legal rights violations are handled leaves many would-be beneficiaries frustrated resulting in non-reporting.

Lesotho has been implementing a restorative justice programme since 2005, where child cases are handled outside the formal criminal justice system for first time minor offences. This is in line with the UN Justice For Children approach where children are dealt with as offenders, victims and / or witnesses. Through the Children's Protection and Welfare Act (2011), the Government of Lesotho has institutionalised the establishment of children's courts to manage child-related cases, taking cognizance of the sensitivities associated with children's issues. Further efforts are being made to consolidate laws relating to inheritance as a strategy of improving service delivery.

### **Key achievements**

In an effort to strengthen the legal protection of vulnerable children and their families the following achievements have been made:

- i. The Children's Protection and Welfare Act 2011 was adopted. The Act provides for the protection of the child based on all the basic rights articulated in the CRC.
- ii. The CPWA has established Children's Courts, and the Village Child Justice Committees.
- iii. The Legal Capacity of Married Persons Act was enacted in 2006 to provide for equality between men and women especially on social protection, property and inheritance rights.
- iv. Child Help Line was established in 2008 to enable prompt response to child abuse cases.
- v. The Master of the High Court, the statutory body protecting children's rights, has been decentralised to all districts to protect orphans' and widows' inheritance rights.

### **Gaps and challenges**

- i. The CPWA 2011 is yet to be disseminated and rolled out.
- ii. Some legal statutes are obsolete and have negative impact on vulnerable children. Examples include the Births and Deaths Act 1978, and the Administration and Estates Proclamation to regularize inheritance of family properties by orphaned children.
- iii. Conflicting interpretation of customary and statutory laws as they relate to the welfare of children, e.g. marriage of under-aged children.
- iv. Inadequate capacity of the judicial system to handle cases involving children as offenders, victims and or witnesses.
- v. Inadequate application of policy guidelines for reporting and dealing with cases involving children.

- vi. Insufficient understanding and experience by children, families and communities of how to use the judicial system for children’s protection.
- vii. The courts’ handling of children’s cases is often not child-friendly.

**Operational strategies**

- i. Accelerate the implementation of strategies that enforce existing legislation that protects children from all forms of violence, abuse, exploitation and neglect.
- ii. Strengthen the capacity of service providers to execute legal responsibilities for the protection of children.
- iii. Strengthen the referral system between service providers.
- iv. Strengthen the capacity of the judicial system to handle children’s cases more efficiently and sensitively, in line with the principle of the “best interests” of the child.
- v. Advocate for the accelerated efforts to consolidate the various legal instruments related to inheritance.
- vi. Accelerate the development of the “regulations” necessary to operationalise the implementation of the Children’s Protection and Welfare Act.

**Table 13:** Legal and judicial protection outcome results

|      |  |
|------|--|
| OC12 | Juvenile offenders diverted from the formal criminal justice system through Restorative Justice Committees at village level increased by 30% by 2014/15 and by 50% by March 2017 |
| OC13 | Orphans’ estates that require administration by the Office of the Master of the High Court increased from 161 in 2011 to 200 in 2014/15 and 250 by March 2017                    |

**2.4.4 Scaling up availability and access to services by vulnerable children and their families**

Article 16 of the United Nations Declaration of Commitment on HIV and AIDS calls for an increase and improvement of essential services to all people in need including vulnerable children and their families. This is also the goal of Lesotho’s Vision 2020. While most services are available, their access and utilisation by those in need remain problematic. In response the Strategic Plan on Vulnerable Children has prioritised scaling up of core HIV sensitive social services for vulnerable children and their families.

The prioritised services include:

- Birth and death registration
- Psychosocial support
- Education
- Health, water and sanitation
- Food security and nutrition
- Shelter

Successful implementation of these services will depend on the establishment of sustainable partnerships and alliances especially with communities and civil society organisations.

## 2.4.4.1 Birth and Death registration

### Situation Analysis and Response Orientation

Registration of birth and death is the single most important action in the life of a child. Both the birth and death certificates provide the legal instruments that the child needs in most cases to access essential services and secure inheritance. Government has established a decentralised mechanism for births and deaths registration. While there is some progress over the years in the numbers of children whose births are registered, the uptake has been slow. Registration of death has been a standard practice once a persons dies.

As a signatory to the Convention on the Rights of the Child (CRC), Lesotho is expected to ensure that every child has the right to a name, nationality, and the right to protection from loss of his/her identity. To fulfil this requirement Lesotho has introduced a system of registration of children at birth. According to the Situation Analysis of Orphans and other Vulnerable Children in Lesotho report (2011), over half (57.9%) of all children did not have a birth certificate with an additional 3.5% where caregivers were not certain of whether a birth certificate existed or not. Only 38.6% of all children had a birth certificate<sup>18</sup>.

The Government, through the Department of National Identity and Civil Registry in the Ministry of Home Affairs, is accelerating the process of births and deaths registration. Notification of birth has been decentralised to health facilities and local chiefs.

### Gaps and challenges

- i. Lack of awareness of the importance and procedures to follow for birth and death registration.
- ii. Birth registration services are not adequately decentralised
- iii. The requirement for birth and death registration is not adequately enforced.

### Operational strategies

- i. Intensify community education and awareness of the need to register the birth of a child. The role of religious organisations is important, for example the issuing of baptismal certificates by churches could complement the efforts of a child birth's registration.
- ii. Strengthen the capacity of the National Identity and Civil Registry department in order to enhance the efficiency of birth registration system process.

**Table 14:** Birth and death registration outcome result

|      |   |
|------|---|
| OC14 | All children aged 0 -17 whose births are registered in the Civil Registry in the last twelve months increased from 38.6% <sup>19</sup> in 2011 to 50% by 2014/15 and to 80% by March 2017 |
| OC15 | 100% of all deaths registered and death certificates issued to the next of kin  |

## 2.4.4.2 Psychosocial support

### Situation Analysis and Response Orientation

<sup>18</sup> DSW/MOHSW (2011): Situation Analysis of Orphans and other Vulnerable Children in Lesotho, Pg 99.

<sup>19</sup> DSW/MOHSW (2011): Situation Analysis of Orphans and other Vulnerable Children in Lesotho, Pg 99.

Psychosocial support (PSS) is one of the most important interventions for vulnerable children and their families. As vulnerable children transit from neonatal to adolescent stages, the nature of psychosocial challenges and needs change. Vulnerable children experience anxiety, fear of death or loss of income, and from grief and trauma associated with death of a parent. In the case of children living with HIV, the types of psychosocial challenges associated with paediatric ART include children's unwillingness to share distress due to fear of being stigmatised, isolated or rejected.

While in many instances psychosocial support is targeted at individual clients, the need to target different social units such as families, friends and the wider community has increasingly been identified as a good practice. This is premised on the understanding that the individual psychosocial client is a part of the large social setup that inevitably is essential for sustained support.

It is also strategically important to integrate psychosocial support in all the other services and support systems for vulnerable children. In ensuring effective mainstreaming of psychosocial support services, sufficient capacity must be developed. Careful consideration of cultural and age sensitivities while providing psychosocial support is essential.

According to the OVC Rapid Assessment report of November 2009<sup>20</sup>, the majority of psychosocial support service providers lack the capacity (human and financial) to sustain provision of psychosocial support. Consequently, psychosocial support services have been found to be ad hoc and fragmented. In some cases quality has been compromised due to lack of adequate and standardised training.

### **Key achievements**

- i. Various registered service providers provided psychosocial support to 586 OVC in 2009/10 and to 991 in 2010/11.<sup>21</sup>
- ii. Guidelines for provision of psychosocial support and training of service providers have been developed.

### **Gaps and challenges**

- i. The majority of service providers that are working with vulnerable children do not possess adequate psychosocial skills.
- ii. Lack of data of empirical evidence / data on the psychosocial needs of children and how those needs are being or have been addressed.
- iii. Resource capacity limitations prohibit sufficient coverage by service providers of providing psychosocial support to vulnerable households.

### **Operational strategies**

- i. Strengthen the capacities of families and communities to respond to psychosocial needs of vulnerable children and their caregivers.
- ii. Accelerate the up-scaling of psychosocial support services, through mainstreaming psychosocial support in pre-service training programmes for service providers such as police social workers, nurses, teachers, as well as in major programmes and services or interventions targeting vulnerable children.

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<sup>20</sup> DSW/MOHSW (2009): OVC Rapid Assessment Report – Technical assistance to conduct the identification and formulation of € 27M; Human Development Programme, European Union, November 2009.

<sup>21</sup> MOHSW/ DSW (2011) Annual Joint Review Report – 2010/11 Financial Year.

- iii. Accelerate provision of psychosocial support at households level and other forms of kids groups or clubs.

**Table 15:** Psychosocial support outcome results

|      |   |
|------|---|
| OC16 | Boys and girls in need of psychosocial support who received psychosocial support in the last twelve months increased to 25% by 2014/15 and to 50% by March 2017 |
| OC17 | Service providers who have mainstreamed psychosocial support for vulnerable children in their programmes increased to 50% by 2014/15 and to 75% by March 2017   |

### 2.4.4.3 Education

#### Situation Analysis and Response Orientation

The Constitution of Lesotho guarantees to all children the right to education. This guarantee is re-enforced by the CRC and the African Charter on the Rights and Welfare of the Child. Commitment to this guarantee was restated by Heads of State and Government during the UN General Assembly Special Session on Children in 2002.

Schools provide a safe and socially supportive environment for vulnerable children. Keeping children in school reduces the risk of HIV infection by increasing knowledge and awareness of HIV, developing skills and creating opportunities for adopting safe prevention behaviours. Equally, education plays an important role in the growth and development of children especially learning how to interact and develop social networks that are important for vulnerable children. In the case of vulnerable children, education can leverage significant improvements in their lives ranging from development of self-esteem and access to psychosocial support when they are not stigmatised, discriminated against, rejected or isolated.

The strategic plan has considered access to education by vulnerable children through Early Childhood Care and Development (ECCD), primary and secondary education, non-formal education, and vocational training as presented below:

#### (a) Early Childhood Care and Development

The Early Childhood Care and Development (ECCD) is an important stage in the development of children aged 0-6 years. It can determine the future destiny of any child given that it is during this period that the child's brain develops to 90% of its capacity. It is here that extra attention is required for a child to successfully make the critical adjustment into formal schooling and preparations for their passage from childhood, through adolescence to adulthood.

In Lesotho ECCD is provided for children between ages 3-5 years. The pre-school services are provided by privately owned ECCD centres that charge fees, tuition free home-based centres and pre-primary reception classes attached to Government and community primary schools. The Medium Term Education Sector Plan 2009–2012 and Education Information Management System (EIMS) show a general trend of increased enrolments in ECCD programme from 22,724 pupils in 2005 to 43,825 in 2008. On average ECCD enrolment rose by 34% between 2005 and 2008. Although the proportion of vulnerable children enrolled in ECCD centres has not been documented, anecdotal data suggest that access to tuition paying ECCD centres by vulnerable children is much more difficult compared to reception classes supported by Government.



## Key achievements

- i) In 2009, the Government of Lesotho established 220 reception classes which enrolled 53,588 children in 2010<sup>22</sup> compared to 43,825 enrolled in 2008.
- ii) The Government has introduced bursaries for vulnerable children attending tuition paying ECCD centres.

## Gaps and challenges (for ECCD)

- i) Some of the ECCD centres are not registered with the MOET and hence children attending such centres are also not registered. Un-registered vulnerable children cannot access bursaries.
- ii) Shortage of qualified and experienced ECCD and pre-school teachers.
- iii) Fees charged by ECCD centres are high and are not regulated. This is a barrier to enrolment of vulnerable children who cannot afford.
- iv) Limited budget for bursaries for vulnerable children attending ECCD. In 2008, the budget could only support 200 vulnerable children.
- v) Many communities especially in the mountain districts lack capacity to establish ECCD centres resulting in no pre-school education for their children.
- vi) The policy on ECCD is yet to be finalised.

## (b) Primary schools

Primary education is free and compulsory in Lesotho. That means all children, including vulnerable children of school going age, should be in school. To ensure that children enrol and attend school the Government has put in place strategies that remove barriers to education including abolition of fees for primary education, provision of child grants to vulnerable children's families, and provision of bursaries for community pre-schools, secondary education, technical and vocational training. Child grants for education support have proved effective in promoting enrolment and retention of vulnerable children in both primary and secondary schools. Bursaries are particularly important in secondary schools, where the demand for fees, books and other supplies is much higher than for primary schools.

Introduction of school meals and when combined with take home rations serves as an important school retention strategy especially in areas where food security is a problem. This serves as a good incentive for vulnerable households to send children to schools, and even contribute to the reduction of unwanted pregnancies for teenage girls. Data analysis (Education Statistics Bulletin 2009) indicates that on average, Lesotho has attained gender parity in primary education.

The number of orphans enrolled in primary schools increased from 113,35 in 2007 to 121,175 in 2008 out of the total enrolment of 424,855 learners. However this number declined in 2010 to 120,463.

## Key achievements

- i. In 2010, the Government introduced free and compulsory primary education through the Education Amendment Act.
- ii. Life skills education was introduced in schools as a strategy to reduce new HIV infections among learners.

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<sup>22</sup> Child Poverty Study in Lesotho, 2011.

## **Gaps and challenges**

- i. The quality of education remains a national challenge.
- ii. Retention of pupils in schools is problematic.
- iii. Low levels of completion of primary education.
- iv. Inadequate skilled and experienced teachers.

### **(c) Registered secondary schools**

A review of the Education Statistics Bulletin 2009 reveals that the number of orphans enrolled in secondary schools increased by 39.3% from 36,870 in 2008 to 43,862 in 2009. By 2010 a total of 49,076 orphans were attending secondary schools representing a 12% increase over the 2009 figure.

## **Key achievements**

- i) The Government established a bursary scheme for vulnerable children, including orphans and children with disabilities, attending secondary school. By 2009, a total of 26,900 vulnerable children benefited from the Government bursary scheme. Additional bursaries are provided by civil society organisations. In the case of government bursaries priority is given to double orphans.
- ii) Life skills have been introduced in secondary schools.

## **Gaps and Challenges**

- i) High cost of secondary education prevents vulnerable children who cannot access bursaries from enrolling and attending secondary education.
- ii) The demand for bursaries has increased as more vulnerable children enrol in secondary schools.
- iii) Late payment of fees for vulnerable children by some private and public agencies that support them. The failure to pay fees on time results in disruption of classes for vulnerable children.
- iv) Inadequate skills among teachers to deal with vulnerable adolescents.
- v) Many vulnerable households and children are un-aware of the bursaries.

### **(d) Basic education for out-of-school vulnerable children**

The Non-formal Education Department of the Ministry of Education and Training (MOET) and the Lesotho Distance Teaching Centre (LDTC) cater for out-of-school learners, including vulnerable children enrolled on literacy and numeracy, and distant learning programmes. The centre also offers life skills training to out-of-school youth through radio and week end classes. Through non-formal and distance education, MOET develops and implements programmes which ensure acquisition of functional literacy among Basotho and the development of a productive, quality human resource base. According to EIMS (2010) non-formal education enrolment in distance learning increased from 7,319 in 2005 to 10,275 in 2007 and then declined to 8,905 in 2009. Literacy enrolments increased from 1,877 in 1999 to 6,759 in 2010.

## (e) Vocational skills training for vulnerable children

Training of vulnerable children in vocational skills has been facilitated through the following interventions:

- i) Provision of bursaries to vulnerable children attending Technical and Vocational Institutions. In 2008, 400 vulnerable children attending technical and vocational training were provided with bursaries through MOET<sup>23</sup>.
- ii) The MOET has developed modularized vocational and life skills training programmes to be offered to registered out-of-school vulnerable children through technical and vocational institutions.
- iii) In collaboration with Technical and Vocational Department (TVD), the Directorate of Youth Affairs provides entrepreneurial skills to vulnerable children and youth through the Poverty Reduction Programme in Youth Training Centres and a Youth Employment Promotion Programme that is currently implemented in five districts. The Lesotho Distance Teaching Centre provides training in income generating activities for out-of-school vulnerable children.

### Gaps and challenges

- i. Limited financial and human resources.
- ii. Limited access to mountainous districts due to difficult terrain, poor information technology and communication network.
- iii. Limited capacity to provide bursaries to all needy and vulnerable children attending vocational training.

### Operational strategies

- i. Review and remove critical barriers that prevent vulnerable children's enrollment and retention in primary and secondary schools.
- ii. Develop the capacity of education service providers to provide comprehensive and quality education, and develop skills especially for out-of-school vulnerable children.

**Table 16:** Education outcome results

|      |   |
|------|---|
| OC18 | Boys and girls enrolled in primary schools completing a full course of study increased to 100% by March 2017  |
| OC19 | Boys and girls enrolled in secondary schools completing a full course of study increased to 100% by March 2017  |
| OC20 | Boys and girls who are vulnerable according to the operational definition <sup>24</sup> who have enrolled and completed a prescribed vocational training course increased to 50% by 2014/15 and 75% by March 2017 |

## 2.4.4.4 Health care

### Situation Analysis and Response Orientation

<sup>23</sup> Ministry of Education and Training. Medium Term Education Sector Plan 2009-2012.

<sup>24</sup> The operational definition for the strategic plan is based on the recommendations of the Situation Analysis of Orphans and other Vulnerable Children in Lesotho report (2011). It is intended to complement, clarify and expand the scope of the legal definition in the CPW Act. It considers and addresses factors that make children vulnerable in a broader context.

Good health is a core indicator of human development while poor health is considered as an early warning indicator of a person's vulnerability. HIV and AIDS, and poverty have compromised the quality of life of many people and in particular vulnerable children. These are manifesting themselves in declining life expectancy, increased mortality and morbidity, poor nutrition status especially among children under five.

Stakeholders providing services to vulnerable children and their caregivers will conduct advocacy work with government, civil society and private sector institutions to ensure that services are easily accessible by vulnerable children. Access and utilisation of services will contribute to a reduction of morbidity among vulnerable children. Health care services will range from general wellness and basic hygiene; early diagnosis and treatment including treatment of opportunistic infections such as STIs and TB; care, support and rehabilitation of vulnerable children with disabilities, to prevention of HIV infections, and provision of ART and ART prophylaxis, and nutrition among other services. Other services will include adolescent sexual and reproductive health.

The Strategic Plan on Vulnerable Children will also consider issues of access to clean water, sanitation and shelter. These are essential complementary services to ensuring comprehensive and quality care and support for vulnerable households.

The core objective of this Strategic Plan is to improve the quality of life of vulnerable children and in particular their health. Good health is an assurance to proper growth and development and provides unique opportunities for accessing and utilising other services such as education.

The Health Sector is being strengthened through implementation of the Health Sector Reform Project that started in 2006. This will improve the availability and delivery of health care services. In some instances the improvement entails construction of facilities such as ART clinics or renovating existing facilities.

The Child Poverty Study (2011) found that the most common deprivation among children is shelter, with over half of children being severely deprived on this dimension. Further, the Situation Analysis on OVC (2011) found that 14% of all households could be considered to be severely inadequate, and therefore containing vulnerable children who are vulnerable due to housing status (61,781 households).

## **Key achievements**

### **a) Health**

- i. Vulnerable children have access to comprehensive care and support including provision of ART and treatment of other opportunistic infections.
- ii. Nutritional supplements are being provided to clinically malnourished children including children under 5 years.
- iii. At community level home-based care services are being provided and are accessible by vulnerable children and their families.
- iv. Primary health care is free.

### **b) Water and sanitation**

- i. Most households have access to improved sources of water. Such sources include water pipes, public taps, boreholes, protected springs, and rain water in place.

## Gaps and challenges

- i) High attrition of qualified and experienced staff in the health sector. This has been attributed to un-conducive conditions and benefits of employment.
- ii) High costs of health services in hospitals - unaffordable by most vulnerable households.
- iii) Limited resources for health service delivery.
- iv) Inadequate sanitation and availability of decent toilets. The Demographic and Health Survey 2009 shows that 76% of all households don't have improved sanitation facilities, while 66.7% don't have decent toilets.

## Operational strategies

- i. Advocate for the strengthening of health systems to ensure friendly access and utilisation of affordable health services by vulnerable children.
- ii. Advocate with health service providers for the development of strategies to support vulnerable children transiting from paediatric to adult ART.
- iii. Collaborate with MOHSW to strengthen the monitoring system to track treatment adherence for vulnerable children especially those in vulnerable households.
- iv. Advocate for the improvement of water and sanitation for vulnerable households and provision of decent toilets.
- v. Facilitate advocacy work for the development of decent shelter for vulnerable households.

**Table 17:** Health care outcome result

|      |  |
|------|--|
| OC21 | 100% of males and females aged 0-17 years in need of health care who accessed and utilised health services by March 2017 |
|------|--|

### 2.4.4.5 Food security and nutrition

#### Situation Analysis and Response Orientation

Food and nutrition play a critical role in the growth and development of a child. Available information indicates that the majority of vulnerable households have neither adequate access to food nor the purchasing power to buy foodstuffs. Most of the vulnerable households are dependent on subsistence farming that is subject to erratic weather conditions. Chronic food insecurity caused by diminishing agricultural yield and the absence of other livelihood options has become a serious survival problem.

Food insecurity has significant long-term implications on the care and protection of vulnerable children and their families. Weight loss and malnutrition in children and parents are likely to accelerate disease progression, increase mortality and morbidity, weaken immune system, increase susceptibility of opportunistic infections. These effects impact on the growth and development of vulnerable children and reduce life expectancy of other persons. Three factors contribute to malnutrition – intake of food, nutrients mal-absorption and increased energy expenditure.

Some of the food security interventions that have become models for vulnerable households include backyard and communal gardens, small stock farming and poultry among others. In strengthening these initiatives capacity and skills development efforts, mentoring and supervision in partnership with civil society organisations and provision of labour-saving technologies, will be conducted. The strategies will

take cognizance of environmental factors such as climate, geography and socioeconomic systems. The role of women in food production is seen as a determining success factor.

In Lesotho, as a result of food insecurity and poor nutrition children's stunting has become a common occurrence with 39% of children under 5 being stunted, of whom 15% were severely stunted (DHS, 2009). DHS 2009 further reports 4% of wasting among children of whom 1% are severely wasted. Children that are underweight constitute 13% of children under 5 years, and 4% are severely underweight.

The Ministry of Agriculture and Food Security (MAFS) has been taking initiatives to improve food security at household level, by facilitating establishment of communal and homestead gardens, supporting small stocks projects and the introduction of innovative gardening technologies such as the keyhole gardens. Vulnerable households have been trained in food production, nutrition and food preservation and storage skills.

The overall goal of the vulnerable children strategic plan is to support initiatives that contribute to the improvement of household and community food security and nutrition. Available evidence shows that providing ART to PLWHA and ensuring good nutrition increase the possibilities of living longer and hence prolonging the lives of parents or caregivers and hence delaying orphanhood.

The "Coping Strategy Index" (CSI) will be used to measure the frequency and severity of actions taken by households in response to the presence or threat of a food shortage. A lower score implies reduced stress on the household and thus relatively better food security. Monitoring of the CSI will allow for trend analysis.

## **Key achievements**

National and sector levels

- i. The Lesotho Food Security Policy was developed in 2005. The policy informed the development of the National Action Plan for Food Security in 2006.
- ii. A draft National Nutrition Policy has been developed.
- iii. Free micronutrients for malnourished infants are being provided through health facilities.

## **Gaps and challenges**

- i. Inadequate implementation of policies intended to improve food security and nutrition. This problem is compounded by lack of sufficient investment in food security and nutrition interventions.
- ii. Un-coordinated interventions leading to duplication of efforts by service providers working towards improving household food security and nutrition uptake.
- iii. Decline in government funding for school feeding programme. In 2009/10 fiscal year only M202.9 million were made available for school feeding programme.
- iv. Lack of standardised guidelines for the preparation and provision of meals for school feeding programme by external suppliers.
- v. Weak and unsustainable food production projects in secondary schools.
- vi. The Lesotho Vulnerability Assessment Committee estimated that some 513,744 Basotho would be food insecure in 2011/2012.

## Operational strategies

- i. Strengthen household food production systems and food support mechanisms to promote food security and access to nutrition.
- ii. Increase family and community knowledge and skills in nutrition (including aspects such as frequency and diversity of feeding).
- iii. Accelerate the implementation of policies and regulations that promote community and household food security.
- iv. Strengthen coordination mechanism of service providers involved in food security.

**Table 18:** Food security and nutrition outcome results

|      |   |
|------|---|
| OC22 | Households with children who are food insecure reduced from 32% in 2010 <sup>25</sup> to 20% by 2014/15 and to 10% by March 2017                              |
| OC23 | Children under 5 years who are chronically malnourished (stunted) reduced from 39% in 2009 <sup>26</sup> to 25% by 2014/15 and to less than 15% by March 2017 |

### 2.4.4.6 Placement of children without family care

#### Situation Analysis and Response Orientation

The priority for Lesotho is to ensure that vulnerable children have appropriate family care and support. However, not all vulnerable children will have adequate, comprehensive and quality care from their families. This is because HIV epidemic and chronic poverty have compromised the families' ability to do so. When families cannot provide adequate and comprehensive care and protection of vulnerable children, the community becomes a safety net.

A number of options are available that include fostering, adoption, and institutional care as a last resort. In considering any of the options the best interests of the child must be a primary criterion. A key consideration in offering vulnerable children any of these services must be child sensitivity, the appropriateness of the form of care, the suitability of the care provider and the general environment. Providing good opportunities for vulnerable children to be fostered or adopted in their respective communities remains the greatest challenge. Doing so has multiple benefits. First, it is much easier for the vulnerable children to accept and get integrated with families as they know them having grown in the community. Second, if vulnerable children are adopted or fostered in the same family, siblings separation by distance does not become a barrier for them to maintain a family bond.

#### Fostering and adoption

In the Basotho culture, legal adoption of children is not a common practice, as children who are vulnerable would normally be placed under the care of a relative in the family. This system is however breaking down as more families are unable to provide care and support let alone meet their basic needs due to the socioeconomic impacts of HIV and AIDS, and poverty. A review of the MOHSW Annual Joint Review Report for 2010/2011 fiscal year confirmed the low local adoption rates compared to adoptions outside the country facilitated by international adoption agencies. Whilst external adoption is inevitable,

<sup>25</sup> World Food Programme, (March 2010): Fact Sheet

<sup>26</sup> MOHSW / Macro International (2009): Lesotho Demographic and Health Survey, Pg 132

local adoption is preferable. The Government is in the process of developing the foster care guidelines and adoption policy guidelines.

### **Institutional care**

According to the Department of Social Welfare, 34 institutions were registered in 2011. They were providing care and protection to approximately 1,980 vulnerable children, including those with disabilities. Many of these institutions are run by non-governmental organisations (NGOs) and faith-based organisations (FBOs).

Services provided by the institutions range from caring for HIV infected and affected babies, children with disabilities, abandoned children, facilitating foster care and child adoption, to providing early childhood learning to young children and psychosocial support. National Guidelines and Standards for Residential Care for Vulnerable Children and Youth were developed by DSW 2006.

### **Key achievements**

- i. Development and approval of the Guidelines and Standards of Residential Care for Vulnerable Children and Youth (2006).
- ii. By 2011 approximately 1,980 OVC were placed in 34 institutions that were registered with DSW.
- iii. In 2010/11 DSW facilitated 50 international and 7 local adoptions.<sup>27</sup>
- iv. In March 2011, the Government of Lesotho enacted the Children's Protection and Welfare Act.

### **Gaps and challenges**

- i. Not all institutional service providers are registered with the DSW.
- ii. Institutional care is compromised by inadequate and unskilled human resources and lack of financial resources necessary for expansion and procurement of basic commodities.
- iii. Inadequate implementation of and monitoring of compliance with DSW's Guidelines and Standards of Residential Care for Vulnerable Children and Youth by service providers due to resources constraints.
- iv. Inadequate awareness of adoption and fostering processes.
- v. Absence of support to fostering families in need.
- vi. Policy and regulations to guide and inform fostering and adoption are yet to be developed.

### **Operational strategies**

- i. Facilitate the establishment and strengthening of alternative options for vulnerable children including fostering, adoption and appropriate institutional care.
- ii. Facilitate the assessment and registration of all institutional care service providers.
- iii. Strengthen the capacity for monitoring registered institutions.
- iv. Accelerate the development of a policy and regulations on foster care and adoption.
- v. Facilitate the development of a framework for support to institutions providing residential care for vulnerable children.

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<sup>27</sup> MOHSW / Department of Social Welfare: Annual Joint Review Report 2010/11



**Table 19:** Placement of children without family care outcome results

|      |  |
|------|--|
| OC24 | 100% of vulnerable children who meet the national criteria for foster care in the last twelve months are fostered annually |
| OC25 | Child-headed households reduced from 0.03% to 0% by 2014/15 and maintained at that level by March 2017                     |
| OC26 | 100% of orphans who are identified and meet the national criteria for adoption in the last twelve months are adopted       |
| OC27 | 100% of vulnerable children in need of institutional care are temporarily placed in a residential child care facility      |

## 2.4.5 Systems strengthening

### Situation Analysis and Response Orientation

A system is a group of interacting, interrelated and inter-dependent components that form a complex and unified whole. In this strategic plan, care and support for vulnerable children are viewed as a system because there are many issues and processes involved, all of which interact and are inter-dependent on each other for effective service delivery for vulnerable children to take place. Systems strengthening has been defined as efforts to improve the functioning of a system for better outcomes, including increased access, coverage, quality and efficiency. It recognises that individual components within the system work together towards shared objectives and that such components interact. All components of the system must be strengthened or addressed collectively to ensure sustainability and efficient service delivery<sup>28</sup> to achieve the desired impact, outcome and output results for the child.

The core systems that are essential for the protection, care and support of vulnerable children include health, community and social protection systems. The National Strategic Plan on Vulnerable Children takes cognizance of the fact that “no single system for vulnerable children exists and it would not make sense to construct one”<sup>29</sup>. The interactions between these systems are essential for efficient and effective service delivery to vulnerable children. The NSPVC takes cognizance that strengthening of health and community systems have been on-going with other sectors. However, not much has been done to strengthen social protection systems and social welfare sub-systems.

The strategic plan will prioritise strengthening of social protection systems that include the police, justice, child protection, and social welfare sub-systems. Strengthening social protection systems will involve a broad range of actions from human resources, leadership and governance, sustainable financing to strategic information management among others that help to ensure efficient and effective service delivery.

Strengthening the police system will entail several aspects including creating awareness on the rights and needs of children, and their families, facilitating the establishment of strategic partnerships and alliances between the police and the communities, ensuring that the Child and Gender Protection Units (CGPUs) are functional and services are accessible, strengthening capacity for monitoring and follow up of cases that are reported, and in ensuring an efficient and functional referral system. Adequate and sustained financial and experienced human resources will be required to achieve the intended

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<sup>28</sup> UNICEF (2011): Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV and AIDS.

<sup>29</sup> UNICEF (2011): Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV and AIDS.

objectives. Strategic Information Management at police services level is critical given that it is the entry point for other services especially in the case of Justice System service delivery.

Community participation in law enforcement is equally important. Community complementary services may include and not limited to community surveillance and reporting of cases of violence, abuse and neglect of children, and provision of psychosocial support. This calls for strengthening community-led structures and mechanisms used by communities through which community members, community-based organisations and groups interact, coordinate and deliver complementary social and legal protection services.

In the case of the justice system the focus will be to ensure that the rights and needs of the children, and in particular vulnerable children, are protected, respected and fulfilled in accordance with existing policies and legislation. Awareness of children’s rights and needs will be developed among justice system personnel including through the dissemination of the CPW Act. The capacity of the justice system will be developed to ensure that cases and other matters involving children are handled efficiently taking cognizance of “the best interests” of the children. Advocacy work will focus on ensuring the implementation of the CPWA and its provisions, especially the operationalisation of the Children’s Courts and the restorative justice system.

The capacity of the Department of Social Welfare will be strengthened and consolidated to ensure effective coordination and management of the national vulnerable children’s response. The capacity of DSW to deliver social services will also be strengthened in line with its mandate. When social welfare systems are functioning well, children and their families have access to an array of quality services that promote their well-being and protection from harm. Special emphasis will be to ensure an efficient and effective referral and M&E systems.

Overall in strengthening the social protection and welfare systems, the focus will be on the six core areas illustrated in table 20 below.

**Table 20:** Components of social welfare systems strengthening

| <b>Component</b>                 | <b>Description</b>  |
|----------------------------------|---|
| <b>Human resources</b>           | Skilled and competent human resources are a pre-requisite for efficient service delivery. The focus will be to develop appropriate skills and competencies.   |
| <b>Strategic information</b>     | Strategic information provides the evidence required to make informed choices and decisions in planning, resource allocation and planning. The capacity of the Department of Social Welfare, and other collaborating partners, will be strengthened to ensure efficient strategic information management  |
| <b>Service delivery systems</b>  | The focus will be on strengthening the synergy, efficiency and effectiveness between community, health and social systems to ensure timely delivery of quality and comprehensive (sufficient) services. According to the SADC, Minimum Package of Services to be delivered includes: health, water and sanitation, education and vocational skills, food security and nutrition, child protection, psychosocial support, and social protection. |
| <b>Capacity development</b>      | Capacity development will include human resources, operational systems, financial and material resources that are necessary to ensure the implementation of the vulnerable children’s response.   |
| <b>Leadership and governance</b> | Community, religious and political leaders will be mobilised, sensitised and trained on vulnerable children’s issues in an effort to strengthen their engagement and participation in the national response to vulnerable children’s response.  |

| Component                    | Description  |
|------------------------------|--|
| <b>Sustainable financing</b> | The strategy will be to improve systems that support efficient and effective use of financial resources and leverage additional resources. |

All systems components must be addressed adequately by relevant sectors to ensure that they deliberately target vulnerable children within their day-to-day sectoral operations based on their institutional mandates. Targeted and concerted efforts will enable sectors to monitor and report on their progress.

### Operational strategies

- i. Advocate for the strengthening of social protection systems (police and justice sub-systems) to ensure efficient and effective service delivery.
- ii. Support the strengthening of social welfare systems and in particular the Department of Social Welfare to provide effective coordination, monitoring and evaluation of the national vulnerable children's response, in addition to capacity for social services delivery.

**Table 21:** Systems strengthening outcome result

|      |   |
|------|---|
| OC28 | National Policy and Planning Effort Index <sup>30</sup> (NPPEI) score for vulnerable children |
|------|---|

<sup>30</sup> The NPPEI reflects national efforts on how well the country is doing in eight areas (situation analysis, consultative process, coordination, action plans, policy, legislation, M&E, and resources) of the response to vulnerable children based on the opinions of a select sample of respondents. The index is intended to measure policy and planning effort independent of programme outputs. For example policy and planning efforts include items such as the degree of political support, availability of policies and legislation, and the extent to which such have been reviewed, availability of resources. The index measures not only the activities of the government but also of civil society organisations.

## Section 3: Coordination and Management

### 3.1 Institutional arrangement

#### Situation Analysis and Response Orientation

The coordination of the national response to vulnerable children is complex and dynamic involving multiple and diverse stakeholders at different levels. The complexity transcends institutional boundaries that have different mandates, governance structures, operating systems, methods of accountability, different planning and operational timeframes, reporting formats and channels. To improve efficiency and effectiveness will require a multi-sectoral approach that is premised on the “three ones” concept of having one national Strategic Plan on Vulnerable Children, one coordination mechanism and one M&E framework. The application of the “three ones” concept enhances the clarification of roles and responsibilities; improves transparency and accountability in service delivery; strengthens a participatory and enabling policy, social and legal environment that supports and promotes strategic partnerships and alliances.

The coordination of the vulnerable children response takes place at three levels i.e. national, district and community levels.

#### Levels of Coordination

The coordination and management of the national response to vulnerable children will take place at national, district and community levels. Each of these levels has both distinct and complementary roles and responsibilities.

##### (a) National Level

The Department of Social Welfare (DSW) is responsible for providing leadership in the national response to vulnerable children. In particular they are expected to provide policy guidelines and develop plans for vulnerable children’s response. Its capacity has been increased through restructuring and establishment of new positions. The establishment of the position of Principal Secretary as the head of Social Welfare has significantly enhanced the leadership capacity to address social welfare issues. DSW has Child Welfare Offices in all ten districts. However these offices remain under-staffed and under-resourced and are not able to provide social welfare assistance adequately.

The multi-sectoral National OVC Coordinating Committee (NOCC) was established in 2006 and charged with the responsibility of coordinating and networking across various sectors involved in the response to vulnerable children. According to the review conducted in 2009<sup>31</sup>, NOCC has remained largely non-functional and ineffective for a number of reasons. It does not have statutory authority to execute its mandate and its members have not displayed commitment and accountability. Its functioning has been sporadic without a strategic agenda. These findings were confirmed by the Situation Analysis of OVC in Lesotho (2011).

Latest efforts carried out in 2011 to enhance the effectiveness of NOCC include the drafting of its revised terms of reference. This revision also looked at the composition of NOCC and streamlined its membership. The Thematic Working Groups (TWG) that were set up to support and guide the work of NOCC in different technical areas (e.g. resource mobilisation, advocacy, research) have not been

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<sup>31</sup> MOHSW/DSW (2009): Review of the OVC National Action Plan 2006 and the OVC Strategic Plan 2006-2010

active. While NOCC membership is based on stakeholders representation, the TWG is premised on expertise.

During the period of the current strategic plan, the mandate, role and responsibilities of NOCC will be strengthened. Based on the new terms of reference, the mandate and functions of NOCC will be institutionalised. The functions of NOCC will be aligned with the expectations of the strategic plan and the CPWA provisions. Clear linkages between NOCC and DCPT will be articulated.

The capacity of self-coordinating institutions especially civil society umbrella organisations will be strengthened to ensure an effective sectoral coordination. Selected umbrella organisations will represent their constituencies in NOCC.

### (b) District Level

The District Child Protection Teams (DCPT), in each of the ten districts, serve as the decentralised arm of NOCC. DCPT have continued to be active and meet on a regular basis. According to the Department of Social Welfare all ten DCPT have been trained in children’s rights and OVC programming in 2009 and 2011. The terms of reference of DCPT have been reviewed as part of the overall terms of reference of NOCC taking cognizance of the requirements of a multi-sectoral and decentralised vulnerable children’s response.

### (c) Community Level

At community level, Community Councils facilitate coordination of vulnerable children’s interventions. They work closely with civil society organisations (NGOs, CBOs, and FBOs; Support Groups of PLWHA) and other agencies working on child welfare issues.

Coordinating structures perform better when they clearly understand their mandates, roles and responsibilities. For purposes of the current Strategic Plan, the core functions of the different coordinating structures at national, district and community levels are illustrated in the table 22 below.

**Table 22:** Current roles and responsibilities of coordinating structures at central, district and community levels

| Structure                           | Functions  | Responsible organisations   |
|-------------------------------------|--|---|
| <b>National level coordination</b>  | <ul style="list-style-type: none"> <li>• National and multisectoral coordination and management</li> <li>• Resource mobilisation</li> <li>• Monitoring and evaluation</li> <li>• Partnership development and coordination</li> <li>• Identification and coordination of operational research issues</li> </ul>   | Department of Social Welfare , NOCC<br><br>NGO umbrella organisations |
| <b>District level coordination</b>  | <ul style="list-style-type: none"> <li>• District multisectoral coordination and management</li> <li>• Facilitation of resource flows</li> <li>• Programme integration</li> <li>• Community mobilisation</li> <li>• Identification and registration of vulnerable children</li> <li>• Identification and registration of foster parents and homes</li> </ul> | DCPT<br>Community Councils  |
| <b>Community level coordination</b> | <ul style="list-style-type: none"> <li>• Coordination of community level implementation of interventions</li> <li>• Community-based planning and monitoring</li> <li>• Community-based resource mobilisation</li> <li>• Identification and registration of vulnerable children</li> </ul>  | Community Councils  |

## Key achievements

- i. A Principal Secretary for DSW has been appointed.
- ii. The Department can now submit independent budget.
- iii. The National OVC Policy is in place.
- iv. NOCC has been meeting on a quarterly basis since 2007 and represents a useful platform for information sharing among key stakeholders.

## Gaps and challenges

- i. The Report on Capacity Development Needs Assessment (MOHSW, 2010) found that leadership at DSW was inadequate to provide comprehensive strategic directions of the national response to vulnerable children. However, with the appointment of the Principal Secretary this is likely to change.
- ii. Lack of understanding of the role, mandate and functions of NOCC.
- iii. The DCPTs remain under-resourced and hence their effectiveness has been compromised. They are also not provided with the necessary guidance to deliver their role.
- iv. Absence of an effective system of coordination of the various stakeholders working at national, district, community, and household levels in the national response to vulnerable children.
- v. Absence of a functional monitoring and evaluation system for the national response to vulnerable children.

## Operational strategies

- i. Strengthen the efficiency and effectiveness of the coordination and management systems for vulnerable children response.
- ii. Develop leadership and management skills at national, district and community levels.

**Table 23:** Coordination and management outcome result

|      |   |
|------|---|
| OC29 | The national response to vulnerable children is effectively coordinated and managed by March 2017   |
| OC30 | Vulnerable children's service providers who have aligned their programmes with the National Strategic Plan on Vulnerable Children increased by 50% by 2014/15 and by 75% by March 2017. |

## 3.2 Resource mobilisation & sustainability of the response

Sustainability has been defined as a process of making sure that services being provided to vulnerable children are long lasting and go beyond the funding period and or the limits of individual organisations. To ensure sustainability services are expected to be comprehensive and of good quality, and focused on specific needs of different vulnerable children. In particular the concept of sustainability implies that in the absence of one service, the condition may not compromise the overall outcome. Similarly, sustainability strategies avoid specific factors such as those that create dependency, client (beneficiary) fatigue, or inefficient use of resources.

Developing a sustainability strategy is a priority for the vulnerable children response given the diminishing resources not only to support vulnerable children, but also HIV and AIDS response in general. The strategic plan has considered five factors that will ensure sustainability – i.e.

organisational, financial, community, services and accountability. Sustainability initiatives are closely tied to the process of capacity development and management of strategic information.

## Operational strategies

In strengthening sustainability of the vulnerable children response, specific actions are suggested in table 24 below.

**Table 24:** Sustainability elements

|                                      |  |
|--------------------------------------|--|
| <b>Organisational sustainability</b> | <ul style="list-style-type: none"> <li>i. Strengthen the capacity of families, communities and civil society organisations to develop, deliver and monitor sustainable community-based services for vulnerable children. Such capacities many include those related to planning, social protection, care and support among others.</li> <li>ii. Strengthen the policy environment to make it conducive for communities and CSO to provide support to vulnerable children and their families.</li> </ul>  |
| <b>Financial sustainability</b>      | <ul style="list-style-type: none"> <li>i. Train communities and CBOs in resource mobilisation, proposal writing, grant negotiation skills.</li> <li>ii. Train CBOs and communities in financial and grant management including financial accountability.</li> </ul>  |
| <b>Community sustainability</b>      | <ul style="list-style-type: none"> <li>i. Conduct community and social mobilisation on issues of vulnerable children, community ownership of community-based solutions, and improve participation of the community and the vulnerable children themselves.</li> <li>ii. Train communities and CBOs and vulnerable children in participatory approaches to promote meaningful engagement. This will also enhance appreciation of roles and responsibilities, and accountability.</li> <li>iii. Mobilise and strengthen the capacity of community leadership to take responsibility, leadership and ownership of children care and support efforts.</li> </ul> |
| <b>Services sustainability</b>       | <ul style="list-style-type: none"> <li>i. Strengthen service delivery systems to ensure efficiency and effectiveness. For example in making sure that services are delivered on time, to children who need them, reducing competition and duplication of efforts by service providers among others.</li> <li>ii. Ensure that services are relevant and that supply is demand-driven.</li> <li>iii. Ensure partnerships and networks to reduce duplication of efforts.</li> <li>iv. Ensure equitable distribution of services.</li> <li>v. Strengthen intersectoral referral system / mechanisms.</li> </ul>  |
| <b>Accountability</b>                | <ul style="list-style-type: none"> <li>i. Train service providers on the use of human rights-based approaches to programming. This will ensure that stakeholders are aware and understand their roles and responsibilities from both the duty bearers and rights holders perspectives. The process will enhance transparency, and good governance.</li> </ul>  |

Given that sustainability goes beyond financial sustainability, stakeholders involved in the implementation of the vulnerable children strategic plan will need to consider and address the following issues as part of the core process of developing sustainability strategies:

- i. **Good governance and leadership:** Good governance and leadership are necessary in ensuring transparency and accountability. Improvements in these areas will help in retaining donor support.
- ii. **Community ownership and participation:** Many interventions have failed due to lack of acceptability and ownership by communities or the intended beneficiaries. Stakeholders will have to engage and involve vulnerable children, their families and communities in a more meaningful manner in all aspects of the projects from planning, implementation to monitoring and evaluation.

- iii. **Human resources retention:** The inability to retain experienced and qualified staff and volunteers is a major threat to community projects and organisational sustainability.

### Operational strategies

- i. Improve the efficiency and effectiveness of service delivery mechanisms. A key consideration will also be addressing the limited absorption capacity.
- ii. Develop a sustainable financing strategy for vulnerable children’s response.

**Table 25:** Resource Mobilisation and Sustainability outcome results

|      |   |
|------|---|
| OC31 | Domestic and international funding for the response to vulnerable children increased by 50% in 2014/15 and by 75% by March 2017 |
| OC32 | Lesotho has developed a sustainable financing framework for the response to vulnerable children by March 2017                   |

## Section 4: Strategic Information Management

### Situation Analysis and Response Orientation

Lesotho has adopted evidence-based and results-focused planning approaches. The approaches demand generating empirical data and strategic management of such data. The M&E system for vulnerable children is intended to provide a mechanism for generating and managing such data. While the system exists the processes of managing strategic information remain inadequate. As a result, the potential for using such information to inform strategic planning, policy formulation and resource allocation has been compromised.

A separate M&E action plan has been developed to facilitate monitoring and evaluation of the Strategic Plan on Vulnerable Children. The following section gives an overview of the M&E plan and presents the indicators for impact and outcome results. The output results are presented in the National Operational Plan.

### 4.1 Monitoring

Monitoring of the national response to vulnerable children will be an on-going activity carried out at national, district and community levels. At national level, monitoring will focus more on issues of national level advocacy, enforcement of laws and policies, resource mobilisation and trends in vulnerable children. At district level, monitoring will primarily focus on the implementation of the district response including services uptake, equitable distribution, and alignment with national policies. Similarly, at community level monitoring will focus on the same issues as at district level, but within the context of the community scale. Monitoring and Evaluation will be spearheaded by the Department of Social Welfare through its M&E Unit. However, the capacity of the M&E unit in the DSW will need to be strengthened. Additional experienced and skilled human resources, more financial support and provision of appropriate technology will be required to ensure that the pre-requisite capacity for a functional M&E system is available.

Monitoring will focus on outcome and output results. Monitoring outcomes will seek to establish the impact of services on vulnerable children and the institutions that serve them. In the case of output



results, the process will focus on making sure that the inputs (resources) and activities are sufficient and relevant to deliver the desired outcome results of this strategic plan.

Overall monitoring will attempt to track the following:

- i. Implementation progress based on the operational work plan at individual organisational, sector, district and community levels. Reports will aim at ascertaining whether implementation is making progress towards attaining the results and targets agreed upon and contained in the results framework.
- ii. Whether resources (human, financial and material) are being used efficiently and effectively targeted at the intended activities.
- iii. The involvement and participation of vulnerable children, their families and the communities in general.
- iv. The emerging barriers that have the potential to negatively impact on the response and service delivery in particular.
- v. How the Strategic Plan strategies are facilitating capacity development, knowledge and skills transfer, the improvement of service delivery systems, and information management among others.

## **4.2 Evaluation**

The evaluation of the response to vulnerable children will seek to establish the extent to which vulnerable children are accessing and utilising services, and in particular the impact such services are making to improve their quality of life, including alleviation of deprivation and vulnerability.

Evaluation of the national response will be conducted two times during the life span of the Strategic Plan on Vulnerable Children. A mid-term evaluation will be conducted in 2014/15 and will primarily focus on the effectiveness of the response at mid-term. An end-term evaluation will be conducted in March 2017. The end-term evaluation will assess the extent to which the response strategic results and targets have been achieved and if not why. Additional evaluations of the specific response components will be commissioned as and when required to generate evidence.

## **4.3 Building the evidence base through research**

Based on data emerging from the response monitoring, strategic areas for research will be identified and research commissioned. Research protocols will be developed and subjected to the normal screening based on national guidelines.

## **4.4 Strategic Information Management Systems**

A key component of the vulnerable children strategic information management is the establishment of a national vulnerable children database. The database could be part of the National Information System for Social Assistance (NISSA) with linkages to other national databases such as the HMIS, EMIS, the Civil Registry in the context of vulnerable children's birth registration and with the Bureau of Statistics. In addition specific information products will be developed including quarterly and annual reports, and briefing papers for advocacy and social mobilisation in general. Implementing partners will be required to provide narrative and financial reports on a quarterly basis for purposes of tracking progress. The reports will articulate the following issues among others:

- The status of implementation.
- Achievements made during the quarter in terms of targets and other outputs.

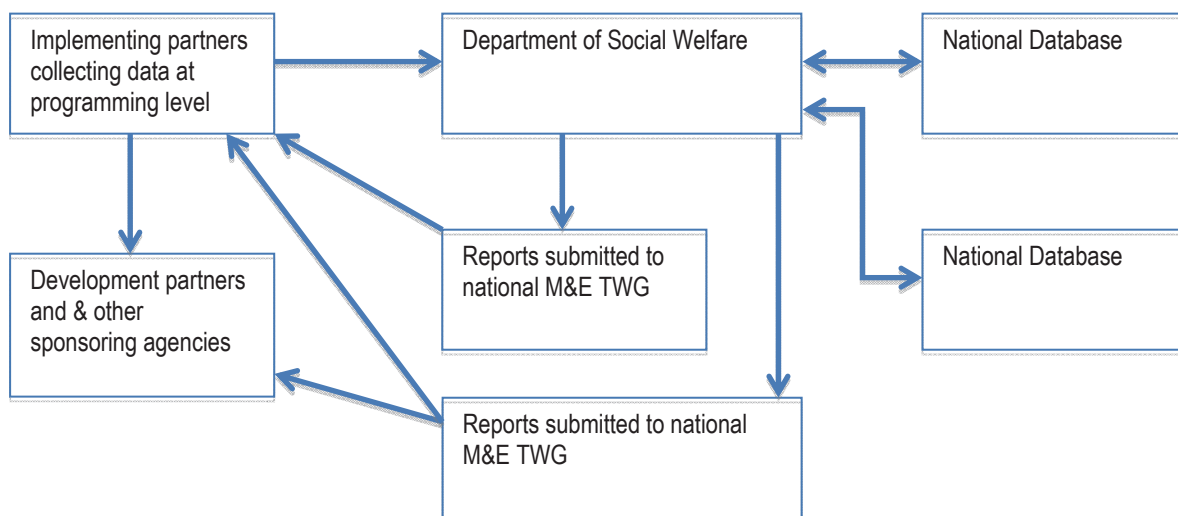
- Emerging challenges and how they were addressed, and / or not addressed.

The financial reports will be in the form of a balance sheet analysis indicating how much funds were received, from where and for what purposes. Resource tracking is necessary to ensure monitoring of resources being spent to support vulnerable children initiatives. Financial resource tracking will be conducted from both supply (donors) and demand (implementing partners) sides. The reports should also contain information on environment changes such as prices changes, for vulnerable children commodities, and the availability or lack of materials, etc.

Consistent with the regional integration agenda of SADC, Member States are expected to report progress to the SADC Secretariat. Reporting on vulnerable children at regional level is aligned with the SADC M&E Framework for Orphans and Vulnerable Children and Youth (OVCY). The reports will also contribute to Lesotho reporting on the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

Data will be collected at national, district and community levels. The flow of data will be both bottom-up and top-down. Designated M&E focal point persons under the supervision of DSW will serve as focal point persons at community and district levels. Service providers will submit their M&E information to them, and they will be responsible for providing feedback regularly. The following diagram illustrates the envisaged data flow:

Diagram 1: Data and information flow chart



Data from districts and from other sectors including national level civil society organisations, and the private sector will be submitted to the M&E unit in the Department of Social Welfare. The Department will be responsible for final data analysis, compilation, auditing and dissemination. At national level the flow of information will be reviewed and strengthened. This will not only focus on information being sent to the national level but also for feedback information to those who originally generated the information.

**Table 26:** Monitoring and evaluation outcome result

|      |   |
|------|---|
| OC33 | The national M&E system <sup>32</sup> has provided 100% of the indicator values by March 2017 <sup>33</sup> |
|------|---|

<sup>32</sup> It is assumed that the functioning of the national M&E system is dependent on the functionality of other M&E sub-systems, especially at district and sector levels.

<sup>33</sup> Including baselines, annual, mid and end term targets.

## Annex 1: Results Framework <sup>34</sup>

| Code  | Impact  | Code | Outcome  | Code | Output  |
|-------|---|------|--|------|---|
| 2.4.1 | Raising awareness and commitment to vulnerable children's rights and needs through advocacy and social mobilisation |      |  |      |   |
|       |   |      | <b>Social Mobilisation</b>   |      |   |
| 1     | Increased knowledge of vulnerable children's rights and needs   | OC1  | Females and males with basic knowledge of social and legal/judicial protection of vulnerable children increased by 50% in 2014/15 and by 80% in March 2017   | OP1  | 80% of community councils reached with information on the rights of vulnerable children through community based forums by 2014/15                   |
|       |   | OC2  | Boys and girls aged below 18 years who are vulnerable according to the national operational definition <sup>35</sup> are reduced from approximately 13% (125,000) in 2011 to below 5% in 2014/15 and maintained below that level by March 2017 | OP2  | 100% of children have their vulnerability status established and disaggregated by nature of vulnerability, sex and age                              |
|       |   |      | <b>Community and Religious Leaders</b>   |      |   |
|       |   | OC3  | Community <sup>36</sup> and religious leaders with comprehensive knowledge of vulnerable children's issues in their localities increased to 50% by 2014/15 and to 80% by March 2017  | OP3  | 80% of community leaders (councillors, chiefs and religious leaders) reached with information on children's rights and protection issues by 2014/15 |
| 2     | Vulnerable children and their families are not stigmatised or discriminated against                                 |      | <b>Stigma and discrimination</b>   |      |   |
|       |   | OC4  | Males and females aged 6 and above expressing accepting attitudes towards people living with HIV increased <sup>37</sup> to 50% in 2014/15 and to 80% by March 2017  | OP4  | 50% of vulnerable households trained on strategies to reduce stigma and discrimination by 2014/15   |
| 2.4.2 | Strengthening the capacity of families and communities to protect, care for, and support vulnerable children        |      |  |      |   |

<sup>34</sup> The assumption for all activities that appear under the results framework is that the economy is stable, support from development Partners is constant and that the political will stays the same.

<sup>35</sup> The operational definition of a vulnerable child is the one articulated in the Situation Analysis of Orphans and other Vulnerable Children in Lesotho (2011). It complements the national definition in the Children's Protection and Welfare Act of March 2011.

<sup>36</sup> Community leaders include parliamentarians, councillors and chiefs

<sup>37</sup> Note: The LDHS 2009 noted that 37.6% of males and females aged 15-49 years expressed accepting attitudes towards PLHIV

|         |   | <b>Capacity development of families and communities</b> |   |             |  |
|---------|---|---|---|-------------|--|
| 3       | Improved quality of protection, care and support for vulnerable children    | OC5   | Vulnerable households with capacity <sup>38</sup> to protect, care for and support vulnerable children increased to 25% in 2014/15 and to 50% by March 2017   | <b>OP5</b>  | 100% of community councils and community leaders trained in children's rights based planning for vulnerable children by 2014/15  |
|         |   | OC6   |   | <b>OP6</b>  | 50% of CBOs trained in children's rights based planning for vulnerable children by 2014/15   |
| 2.4.2.2 |   | OC7   | Vulnerable children reached with one or more external free basic <sup>39</sup> support in the last twelve months increased from 61% in 2011 to 98% by 2014/15 and maintained above that level by March 2017. <sup>40 41</sup> | <b>OP7</b>  | Vulnerable children aged 0-17 who have free minimum basic material support (shoes, clothes, needs for hygiene care) in the last 12 months increased from x% in 2011 by 50% by 2014/15 and by 80% by March 2017 |
|         |   | OC8   |   | <b>OP8</b>  | All vulnerable households have been assessed and registered for social support and protection by March 2017  |
| 4       | Orphans are adequately cared for and their inheritance rights are protected | OC7   | <b>Succession planning</b><br>Vulnerable households who have written a succession plan increased from 3.7% <sup>42</sup> in 2011 to 20% by 2014/15 and to 40% by March 2017   | <b>OP9</b>  | Vulnerable households that have developed succession plans increased to 20% by 2014/15 and to 40% by March 2017  |
|         |   | OC8   |   | <b>OP10</b> | 60% of households have prepared a will for their children by March 2017  |
| 2.4.2.3 |   |   | <b>Economic empowerment through sustainable livelihood</b>  |             |  |
| 5       | Improved household income   | OC9   | Vulnerable households that have more than one sustainable livelihood in the last twelve months increased to 25% by 2014/15 and to 50% by March 2017   | <b>OP11</b> | 50% of identified vulnerable households received start up capital for livelihood projects by 2014/15 and maintained above that level by March 2017   |

<sup>38</sup> Capacity is defined here to mean – having been trained in an appropriate skill, received some financial and material support, technical support, and being able to monitor and report progress to relevant institutions

<sup>39</sup> Free basic external support is defined to include education, health care, social/material support and psychosocial support.

<sup>40</sup> This outcome result is different from the output result " OVC who have three minimum basic material needs for personal care" – the areas of focus are substantially different.

<sup>41</sup> Disaggregated by sex (boys and girls)

<sup>42</sup> This data was specifically for double orphans. This indicator is being used as a proxy.

| 2.4.3   |  | Strengthening social, legal and judicial protection of vulnerable children and their families |  |
|---------|--|---|--|
| 2.4.3.1 | Policy and Legal Environment   |   |  |
| 6       | Prevalence of all forms of child abuse reduced by 50% by 2016/17                         | OC10  | National Policy and Planning Effort Index (NPPEI) score for vulnerable children  |
| 2.4.3.2 | Social Protection  |   |  |
| 7       | Improved quality of life   | OC 11   | Vulnerable households caring for children who received cash assistance in the last twelve months increased to 50% by 2014/15 and to 75% by March 2017<br>(Disaggregated by form of cash transfers) |
| 2.4.3.3 | Legal and judicial protection  |   |  |
| 8       | The rights of children are protected, respected and fulfilled                            | OC12  | Juvenile offenders diverted from the formal criminal justice system through Restorative Justice Committees at village level increased by 30% by 2014/15 and by 50% by March 2017                   |
|         |  | OP14  | Law enforcement officers who are trained on legal and judicial protection of children increased by 50% by 2014/15 and by P% in March 2017  |
|         |  | OP15  | Village Child Justice Committees trained in legal and judicial child protection increased to 50% by 2014/15 and to 80% by March 2017   |
|         |  | OP16  | Communities reached with information on child social and legal protection increased to 60% by 2014/15 and to 80% March 2017  |
|         |  | OC13  | Orphans' estates that require administration by the Office of the Master of the High Court increased from 161 in 2011 to 200 in 2014/15 and 250 by March 2017                                      |
|         |  | OP17  | All Presiding Officers and their designated assistants in children's courts trained in social and legal rights of the child by 2014/15 and maintained at that level by March 2017                  |
|         |  | OP18  | All vulnerable households in need of legal aid, who received aid by 2014/15 and maintained at that level by March 2017   |
| 2.4.4   | Scaling up availability and access to services by vulnerable children and their families |   |  |
| 2.4.4.1 | Birth and Death registration   |   |  |
| 9       | 100% of all children aged 0-17 years have a birth certificate.                           | OC14  | All children aged 0-17 whose births are registered in the Civil Registry in the last twelve months increased from 38.6% in 2011 to 50% by 2014/15 and to 80% by March 2017                         |
| 10      | All vulnerable children whose both parents have died have                                | OC15  | 100% of all deaths registered and death certificates issued to the next of kin   |
|         |  | OP19  | All communities reached with information on children's birth registration by 2014/15 and maintained at the same level by March 2017  |
|         |  | OP20  | All communities reached with information on the importance of death registration by March 2017   |

|                |   |      |   |             |   |  |
|----------------|---|------|---|-------------|---|--|
|                | been issued with a death certificate  |      |   |             |   |  |
| <b>2.4.4.2</b> |   |      | <b>Psychosocial support</b>   |             |   |  |
|                |   | OC16 | Boys and girls in need of psychosocial support who received psychosocial support in the last twelve months increased to 25% by 2014/15 and to 50% by March 2017                                     | <b>OP21</b> | Community caregivers and service providers equipped with psychosocial skills based on national guidelines increased by 60% by 2014/15 and by 80% by March 2017      |  |
| 11             | Improved quality of psychosocial well-being   | OC17 | Service providers who have mainstreamed psychosocial support for vulnerable children in their programmes increased to 50% by 2014/15 and to 75% by March 2017                                       | <b>OP22</b> | 100% of psychosocial service providers trained in PSS mainstreaming in their operational plans and service delivery strategies by March 2017.                       |  |
| <b>2.4.4.3</b> |   |      | <b>Education</b>  |             |   |  |
|                |   | OC18 | Boys and girls enrolled in primary schools completing a full course of study increased to 100% by March 2017  | <b>OP23</b> | Number of boys and girls aged 2-5 years enrolled for ECCD services increased by 60% by 2014/15 and maintained at that level by March 2017                           |  |
|                |   | OC19 | Boys and girls enrolled in secondary schools completing a full course of study increased to 100% by March 2017  | <b>OP24</b> | Boys and girls attending primary schools increased to 90% by 2014/15 and to 100% March 2017   |  |
| 12             | All vulnerable children have completed a full course of primary, secondary or vocational training after enrolment | OC20 | Boys and girls who are vulnerable according to the operational definition who have enrolled and completed a prescribed vocational training course increased to 50% by 2014/15 and 75% by March 2017 | <b>OP25</b> | Boys and girls attending secondary schools increased by 50% by 2014/15 and to 80% by March 2017   |  |
|                |   |      |   | <b>OP26</b> | Boys and girls enrolled for skills training at vocational training centres increased by 60% by 2014/15/ and to 80% by March 2017                                    |  |
|                |   |      |   | <b>OP27</b> | 50% of vulnerable youth with a vocational qualification accessing start-up capital for livelihood projects by 2014/15 and maintained above that level by March 2017 |  |
| <b>2.4.4.4</b> |   |      | <b>Health Care, Water, Sanitation, and Shelter</b>  |             |   |  |
|                |   | OC21 | 100% of males and females aged 0-17 years in need of health care who accessed and utilised health services by March 2017  | <b>OP28</b> | Community-based health and social services outlets increased by 50% in 2014/15 and maintained above that level by March 2017  |  |
| 13             | Vulnerable children have access to comprehensive and quality health care  |      |   | <b>OP29</b> | Households with access to clean drinking water increased from 80% in 2009 to 90% in 2014/15 and to 100% by March 2017   |  |
|                |   |      |   | <b>OP30</b> | 100% of vulnerable households without proper shelter provided with shelter by 2014/15 and maintained at that  |  |

|                |  |      |  |  |  |                     |  |  |
|----------------|--|------|--|--|--|---------------------|--|--|
|                |  |      |  |  |  | level by March 2017 |  | 50% of households with adequate sanitation facilities  |
| <b>2.4.4.5</b> |  |      |  |  |  |                     |  |  |
|                |  |      |  |  |  |                     |  |  |
|                |  |      |  |  |  |                     |  |  |
| 14             | 50% of vulnerable households are food secure by March 2017                                       | OC22 |  |  |  |                     |  | Vulnerable households trained in food security strategies increased by 50% by 2014/15 and by 80% by March 2017   |
|                |  | OC23 |  |  |  |                     |  | Vulnerable households receiving food support in the last 12 months increased by 50% by 2014/15 and by 80% by March 2017  |
|                |  |      |  |  |  |                     |  | Children benefiting from school feeding programme increased by 50% by March 2017   |
| <b>2.4.4.6</b> |  |      |  |  |  |                     |  |  |
|                |  |      |  |  |  |                     |  |  |
|                |  |      |  |  |  |                     |  |  |
|                |  |      |  |  |  |                     |  |  |
| 15             | All vulnerable children are adequately protected and cared for                                   | OC24 |  |  |  |                     |  | National policy guidelines on adoption and foster care developed and approved by December 2012   |
|                |  | OC25 |  |  |  |                     |  | 100% of vulnerable children in need of alternative care are properly cared for by March 2017   |
|                |  | OC26 |  |  |  |                     |  | Vulnerable children who are not living in the same household with their siblings reduced by 50% in 2014/15 and by 75% in March 2017                              |
|                |  | OC27 |  |  |  |                     |  | Households accepting to adopt orphans increased by X% in 2014/15 and by Y% <sup>45</sup> in March 2017   |
| <b>2.4.5</b>   | <b>Systems strengthening</b>   |      |  |  |  |                     |  | 100% of institutions providing vulnerable children with temporary residential care are assessed and registered by 2014/15  |
|                |  |      |  |  |  |                     |  |  |
| 16             | Vulnerable children have access and are utilising the minimum package of services based on their | OC28 |  |  |  |                     |  | 75% of service providers whose capacity has been strengthened to provide social welfare and child protection (with emphasis on legal and judicial) by March 2017 |

<sup>43</sup> World Food Programme, (March 2010): Fact Sheet

<sup>44</sup> Lesotho Demographic and Health Survey 2009

<sup>45</sup> Values could not be determined because there has not been a study on the subject.

|            |  |      |  |             |  |  |
|------------|--|------|--|-------------|--|--|
|            | individual needs   |      |  |             |  |  |
| <b>3</b>   | <b>Coordination and Management</b>   |      |  |             |  |  |
| <b>3.1</b> |  |      | <b>Institutional Arrangement</b>   |             |  |  |
| 17         | Equitable distribution of services, less duplication and increased collaboration between service providers     | OC29 | The national response to vulnerable children is effectively coordinated and managed by March 2017  | <b>OP41</b> | Coordination structures at national, district and community levels are capacitated to coordinate the vulnerable children's response        |  |
|            |  | OC30 | Vulnerable children's service providers who have aligned their programmes with the National Strategic Plan on Vulnerable Children increased by 50% by 2014/15 and by 75% by March 2017 | <b>OP42</b> | 100% of service providers to vulnerable children develop and implement annual plans that address issues in the NSPVC 2012-2017             |  |
| <b>3.2</b> |  |      | <b>Resource Mobilisation and Sustainability of the Response</b>  |             |  |  |
| 18         | Provision of the minimum package of services for vulnerable children is maintained in the medium and long-term | OC31 | Domestic and international funding for the response to vulnerable children increased by 50% in 2014/15 and by 75% by March 2017  | <b>OP43</b> | Domestic and external funds devoted to vulnerable households increased from 14% in FY 2008/2009 to 20% in 2014/15 and to 30% by March 2017 |  |
|            |  | OC32 | Lesotho has developed a sustainable financing framework for the response to vulnerable children by March 2013  | <b>OP44</b> | Lesotho has developed a sustainable financing framework for vulnerable children's response by March 2013                                   |  |
| <b>4</b>   | <b>Strategic Information Management</b>  |      |  |             |  |  |
| <b>4.1</b> |  |      | <b>Monitoring and Evaluation</b>   |             |  |  |
| 19         | Programmes for vulnerable children are evidence-informed.  | OC33 | The national M&E system <sup>46</sup> has provided 100% of the indicator values by March 2017 <sup>47</sup>  | <b>OP45</b> | A functional M&E system for the national response to vulnerable children in place by March 2014  |  |
|            |  |      |  | <b>OP46</b> | M&E officers in key positions in DSW and key implementing partners trained in data collection, analysis and reporting by March 2014        |  |
|            |  |      |  | <b>OP47</b> | M&E systems for vulnerable children harmonised and aligned with the national M&E system by March 2014                                      |  |
|            |  |      |  | <b>OP48</b> | 100% of projected research on vulnerable children conducted and disseminated by March 2017   |  |
|            |  |      |  | <b>OP49</b> | Department of Social Welfare research capacity on vulnerable children's issues developed by March 2015                                     |  |
|            |  |      |  | <b>OP50</b> | 100% of districts establish a Vulnerable Children's database by March 2014   |  |

<sup>46</sup> It is assumed that the functioning of the national M&E system is dependent on the functionality of other M&E sub-systems especially at district and sector levels.

<sup>47</sup> Including baselines, annual, mid and end term targets.



## Annex 2: Glossary of terms used in the Strategic Plan

|                        |  |
|------------------------|--|
| Access                 | The ability to reach out to and utilise essential services freely.   |
| Accountability         | Obligation to fulfil commitment by demonstrating work has been done or service delivered in accordance with agreed standards.  |
| Child                  | A person between 0-17 years of age.  |
| Child-headed household | A house where a child below the age of 18 years assumes the role and responsibilities of the head of the house.  |
| Coverage               | The percentage of population needing a service that has access to the service.   |
| Data auditing          | A process of verifying the completeness and accuracy of data.  |
| Database               | An organised set of records done manually or electronically.   |
| Duty bearer            | The person or institution with a legal mandate to provide certain services to another person in need.  |
| Effect                 | Intended or un-intended change that is directly or indirectly attributed to an intervention.   |
| Effectiveness          | The extent to which an intervention objective was achieved or is expected to be achieved.  |
| Efficiency             | A measure of how economic resources / inputs are converted to results.   |
| Evaluation             | The systematic assessment of an on-going or completed activity or project  |
| Family                 | A social unit by blood, marriage, and or adoption, defined by common line relationship of a paternal, maternal or parental nature. This can be biological or adoptive. It can be described as nuclear (parents and children) or extended (the conjugal family as well as other relatives or ascendants of the husband or wife). <sup>48</sup>  |
| Impact evaluation      | A systematic identification of the long term effects whether positive or negative, intended or not, on individuals, households, institutions or the environment caused by a given activity.  |
| Input                  | Resources such as financial, human and material that are used for an intervention.   |
| Orphan                 | A child who has lost one or both biological or adoptive parents.   |
| Outcome                | A change in behaviour, situation or knowledge resulting from a single or multiple interventions.   |
| Output                 | Products, goods, and services that result from an intervention.  |
| Performance            | Degree to which an intervention as been implemented towards achieving desired results.   |
| Process evaluation     | Examination of procedures and tasks involved in implementing an activity or programme.   |
| Psychosocial           | A term used to emphasise the close connection between psychological aspects of our experience (that is our thoughts and emotions) and our wider social experience (that is our relationships, practice, traditions and culture), both of which interact to form the human experience. It also takes into account spiritual (value systems, beliefs) and physical aspects of an individual. <sup>49</sup> |
| Results                | The output, outcome or impact of an intervention.  |
| Results chain          | The causal sequence for an intervention to achieve impacts, moving from inputs and activities to outputs, outcomes and impacts.  |
| Rights holder          | A person who has a human and or legal right to claim for services from another   |

<sup>48</sup> <sup>48</sup> MOHSW, et al (2011): Lesotho Guideline for Psychosocial Support Resource Material – Overview of resources materials used and their use in psychosocial support work with children and youth.

<sup>49</sup> MOHSW, et al (2011): Lesotho Guideline for Psychosocial Support Resource Material – Overview of resources materials used and their use in psychosocial support work with children and youth.

|               |  |
|---------------|--|
|               | person or institution with the mandate to provide such services.   |
| Risks         | The probability that a person may be affected negatively by a condition or behaviour.  |
| Survey        | A method of collecting information from respondents – who can be either a sample of population, targeted organisations or facilities.  |
| Sustainable   | An intervention that is capable of continuing for a long time without being affected severely by short or medium term social, economic and other impact.   |
| Target        | A pre-determined quantifiable or qualitatively described indicator to be achieved by a given time.   |
| Utilisation   | Percentage of the population in need of a service that actually receives and uses it   |
| Vulnerability | A state of high risk deprivation, or “expected loss above a socially accepted norm, which results from risky or uncertain events, and the lack of appropriate risk management instruments. <sup>50</sup> ” |

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<sup>50</sup> SADC: SADC Strategic Framework and Programme of Action: - Comprehensive Care and Support for OVCY 2008-2015.

## National Operational Plan - Output Results and Activity Matrix

| Code    | Output Results  | Activity code | Main activity  | Sub activity code | Sub activity  | Implementation period |   |   |   |        |   |   |   |      |      |      |                                    | Lead Agency | Collaborating Agency       |     |      |
|---------|---|---------------|--|-------------------|---|-----------------------|---|---|---|--------|---|---|---|------|------|------|------------------------------------|-------------|----------------------------|-----|------|
|         |   |               |  |                   |   | Year 1                |   |   |   | Year 2 |   |   |   | YR-3 | YR-4 | YR-5 |                                    |             |                            |     |      |
|         |   |               |  |                   |   | 1                     | 2 | 3 | 4 | 1      | 2 | 3 | 4 |      |      |      |                                    |             |                            |     |      |
| 2.4.1   | Raising awareness and commitment to vulnerable children's rights and needs through advocacy and social mobilisation               |               |  |                   |   |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            |     |      |
| 2.4.1.1 | Social mobilisation   |               |  |                   |   |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            |     |      |
| OP1     | 80% of community councils reached with information on the rights of vulnerable children through community based forums by 2014/15 | 1.1           | Organise community based advocacy campaigns on children's rights and needs | 1.1.1             | Organize community meetings on the rights and needs of vulnerable children in each community council                                  |                       |   |   |   |        |   |   |   |      |      |      | MJHRCs; MOLGC(Community Councils). |             |                            |     |      |
|         |   |               |  | 1.1.2             | Establish child participation forums in each of the 67 community councils to advocate for the rights and needs of vulnerable children |                       |   |   |   |        |   |   |   |      |      |      |                                    |             | MOLGC(Community Councils). |     |      |
|         |   |               |  | 1.1.3             | Engage print media to publicize newspaper articles on children's rights and needs in three local newspapers                           |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            | DSW |      |
|         |   |               |  | 1.1.4             | Organise radio and television talks on children's rights and needs involving vulnerable children                                      |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            | DSW |      |
|         |   |               |  | 1.1.5             | Resuscitate the schools' radio programme for primary schools and incorporate a issues on the rights and needs of vulnerable children  |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            |     | DSW  |
|         |   |               |  | 2.1.1             | Organize, review and compute data on vulnerable children  |                       |   |   |   |        |   |   |   |      |      |      |                                    |             |                            |     | MOET |

|     |   |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         |                                       |                    |                  |
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| OP2 | 100% of children have their vulnerability status established and disaggregated and by nature of vulnerability, sex and age                                    | 2.1 | Develop and maintain a database of vulnerable children  | 2.1.2  | Review and organize the existing architecture of NISSA to accommodate all data on vulnerable children                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DSW/M&E | BOS |          |         |         |                                       |                    |                  |
|     |   |     | 2.1.3   | Integrate data base on vulnerable children into NISSA. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          | DSW/M&E | BOS     |                                       |                    |                  |
|     |   |     | 2.1.4   | Update selected database modules every three months    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         | DSW/M&E | BOS                                   |                    |                  |
|     |   |     | <b>Mobilising and engaging community and religious leaders</b>                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         |                                       |                    |                  |
| OP3 | 80% of community leaders (councillors, chiefs and religious leaders) reached with information on children's rights and protection issues increased by 2014/15 | 3.1 | Create awareness and knowledge of children's rights and needs among community and religious leaders | 3.1.1  | Develop a four-page fact sheet on the rights and needs of vulnerable children  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         | DSW | MJHR;WVI |         |         |                                       |                    |                  |
|     |   |     |   | 3.1.2  | Translate the factsheet into Sesotho   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         | DSW     | PHELA & Mantsopa& Other relevant CSOs |                    |                  |
|     |   |     |   | 3.1.3  | Produce 10000 copies (3000 in English and 7000 in Sesotho) and disseminate the fact sheet to stakeholders in 67 community councils |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         | DSW                                   | CSOS&FBOs          |                  |
|     |   |     |   | 3.1.4  | Prepare an advocacy poster on the rights of vulnerable children  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         | DSW                                   | PHELA & Mantsopa   |                  |
|     |   |     |   | 3.1.5  | Produce 5000 posters (2500 in English and 2500 in Sesotho) for district and community councils                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         |                                       | DSW                | PHELA&Mants opa  |
|     |   |     |   | 3.2.1  | Identify and profile community leaders who demonstrate good role modelling qualities in the 67 community councils                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         |                                       | Community Councils | Local Chiefs;DSW |
|     |   |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |     |          |         |         |                                       |                    |                  |

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| 2.4.1.3 | Advocacy to reduce stigma and discrimination | Support community outreach advocacy campaigns for community leaders   | 3.2.2 | Train community leaders on advocacy and communication skills focused on children's rights and needs in the 67 community councils                                  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 | DSW     | Relevant CSOs |         |         |     |  |
|         |  |   | 3.2.3 | Integrate advocacy and communication campaigns to be conducted by community leaders into the Gateway Approach in all community councils                           |   |   |   |   |   |   |   |   |      |      |      | MOLG    | DSW           |         |         |     |  |
| 2.4.1.3 | Advocacy to reduce stigma and discrimination | 4.1<br>Conduct a stigma and discrimination survey focusing on vulnerable children, their families and communities | 4.1.1 | Commission a nationwide stigma and discrimination survey (HASI)   |   |   |   |   |   |   |   |   |      |      |      | DSW&BOS | NAC           |         |         |     |  |
|         |  |   | 4.1.2 | Present the stigma and discrimination report to stakeholders for consideration and adoption   |   |   |   |   |   |   |   |   |      |      |      |         |               | DSW&BOS | NAC     |     |  |
|         |  |   | 4.1.3 | Produce 500 copies of the report and circulate among to stakeholders  |   |   |   |   |   |   |   |   |      |      |      |         |               |         | DSW&BOS | NAC |  |
|         |  |   | 4.1.4 | Develop and disseminate 5000 copies (2000 English and 3000 Sesotho) of guidelines on stigma and discrimination reduction and management strategies to communities |   |   |   |   |   |   |   |   |      |      |      |         |               |         | DSW     | NAC |  |

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| OP4   | 50% of vulnerable households trained on strategies to reduce stigma and discrimination by 2014/15           | 4.2 | Campaign for the reduction of stigma and discrimination of vulnerable children and their families | 4.2.1 | Produce 5000 copies(2000 English and 3000 Sesotho) of IEC materials on stigma and discrimination reduction and circulate to district and community councils            |  | DSW       | NAC  | DSW       |
|       |   |     |   | 4.2.2 | Conduct community advocacy campaigns on reduction of stigma and discrimination in the 67 community councils per quarter  |  | CSOs&FBOs | HIV&AIDS community council committees        | CSOs&FBOs |
|       |   |     |   | 4.2.3 | Organize community and school based children social networks to protect vulnerable children from stigma and discrimination in the 67 community councils per quarter    |  | CSOs&FBOs | MOLGC, HIV&AIDS community council committees | CSOs&FBOs |
|       |   |     |   | 4.2.4 | Train HIV&AIDS Community Council Committees in skills to monitor and report cases of stigma and discrimination of vulnerable children in all the 67 community councils |  | CSOs&FBOs | DSW  | CSOs&FBOs |
| 2.4.2 | Strengthening the capacity of families and communities to protect, care for and support vulnerable children |     |   |       |  |  |           |  |           |

| 2.4.2.1 |   | Capacity development of families and communities for child protection, care and support |  |       |  |  |  |  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5                 |           |     |
|---------|---|---|--|-------|--|--|--|--|---|---|---|---|---|---|---|---|------|------|----------------------|-----------|-----|
| OP5     | 100% of community councils and community leaders trained in children's rights based planning for vulnerable children by 2014/15 | 5.1   | Conduct a rapid assessment of capacities of households and communities in care, support, and protection of vulnerable children | 5.1.1 | Design and pre-test a capacity assessment protocol; conduct rapid assessment of household capacity to protect, care and support vulnerable children in the 67 community councils; and develop a capacity building plan for households and community councils |  |  |  |   |   |   |   |   |   |   |   |      |      | DSW                  | CSOs&FBOs |     |
|         |   |   |  | 6.1.1 | Outsource capacity building to competent community based organizations through a 3-day workshop of CSO&FBO service providers   |  |  |  |   |   |   |   |   |   |   |   |      |      |                      |           |     |
| OP6     | 50% of CBO trained in children's rights based planning for vulnerable children by 2014/15                                       | 6.1   | Provide technical assistance to community based organisations to provide mentorship for vulnerable households and communities  | 6.1.2 | Mobilize resources for CBOs operating at community level   |  |  |  |   |   |   |   |   |   |   |   |      |      | Development Partners | DSW       |     |
|         |   |   |  | 6.1.3 | Provide CBOs with training on parenting skills in the 10 districts of the country  |  |  |  |   |   |   |   |   |   |   |   |      |      |                      |           | DSW |
|         |   |   |  | 6.1.4 | Provide follow up mentorship for trainee community councillors and leaders through mentoring visits in all the 67 community councils   |  |  |  |   |   |   |   |   |   |   |   |      |      | CSOs&FBOs            | DSW       |     |

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| <b>OP7</b><br>Vulnerable children aged 0-17 who have free minimum basic material support (shoes, clothes, needs for hygiene care) in the last 12 months increased from x% in 2011 to 50% by 2014/15 80% by March 2017 | 7.1<br>Empower vulnerable households to provide consistent care and support to vulnerable children | 7.1.1 | Train vulnerable households in protection, care and support of vulnerable children in all the 67 community councils |  |  |  |  |  | CSOs&FBOs | DSW |                    |                               |
|   |  | 7.1.2 | Develop standard guidelines for care and support of vulnerable children   |  |  |  |  |  |           | DSW | CSOs&FBOs          |                               |
|   |  | 7.2.1 | Provide basic material support to vulnerable children   | Identify, assess and register vulnerable children in need of basic material support in all the 67 community councils           |  |  |  |  |           |     | DSW                | CSOs&FBOs                     |
|   |  | 7.2.2 |   | Provide the basic material support (shoes, clothes, food and hygiene kits) to all deserving vulnerable children                |  |  |  |  |           |     | DSW                | Business community; CSOs&FBOs |
|   |  | 8.1.1 |   | Identify, assess and register vulnerable households in need of external support in all the 67 community councils               |  |  |  |  |           |     | DSW                | CSOs&FBOs                     |
|   |  | 8.1.2 |   | Provide medical (treatment, counselling, micronutrients supplementary feeding etc) care to all deserving vulnerable households |  |  |  |  |           |     | Ministry of Health | CHAL institutions             |



|         |   |     |   |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                      |                          |           |  |  |  |
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| OP8     | All vulnerable households assessed and registered for social support and protection by March 2017               | 8.1 | Provide basic external support to vulnerable households   | 8.1.3 | Provide education (uniforms, shoes, grants, etc) support to all deserving vulnerable children                             |  |  |  |  |  |  |  |  |  |  |  |  |  | CSOs&FBOs | DSW; Business community  |                      |                          |           |  |  |  |
|         |   |     |   | 8.1.4 | Provide psychosocial support for vulnerable households through trained care givers resident in the 67 community councils. |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          | TRA; CSOs&FBOs       | DSW                      |           |  |  |  |
|         |   |     |   | 8.1.5 | Train vulnerable households service providers in the use of the referral system in all 67 community councils              |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                      | CSOs&FBOs                | DSW       |  |  |  |
|         |   |     |   | 8.1.6 | Refer vulnerable children and their families to other essential services  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                      | CSOs&FBOs                | DSW       |  |  |  |
| 2.4.2.2 | <b>Succession planning</b>  |     |   |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                      |                          |           |  |  |  |
| OP9     | Vulnerable households that have developed succession plans increased to 50% by 2014/15 and to 80% by March 2017 | 9.1 | Develop a standard module for succession planning training, including inheritance and property rights | 9.1.1 | Develop training materials on inheritance, property rights and succession planning in a workshop of stakeholders          |  |  |  |  |  |  |  |  |  |  |  |  |  |           | Master of the High Court | FIDA, DSW; CSOs&FBOs |                          |           |  |  |  |
|         |   |     |   | 9.1.2 | Conduct training of CBOs on succession planning, including inheritance and property rights.                               |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                      | Master of the High Court | DSW; FIDA |  |  |  |

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| OP10    | 60% of households have prepared a will for their children by March 2017   | 10.1 | Train community leaders in advocacy skills and management of succession planning, property rights, and inheritance | 10.1.1 | Sensitize community leaders on existing laws and policies related to inheritance, property rights and succession planning in 67 community councils |   |  |  |  |  |  |  |  |  |  | DSW | Master of the High Court |
|         |   |      |  | 10.1.2 | Train local chiefs in the management of succession, inheritance and property rights in 67 community councils.                                      |   |  |  |  |  |  |  |  |  |  |     | DSW                      |
| 2.4.2.3 | <b>Economic empowerment through sustainable livelihood</b>  |      |  |        |  |   |  |  |  |  |  |  |  |  |  |     |                          |
| OP11    | 50% of vulnerable households received start up capital for livelihood projects by 2014/15 and maintained above that level by March 2017 | 10.1 | Establish a fund to support livelihood programmes for vulnerable households  | 11.1.1 | Train vulnerable households in the 67 community councils in development and management of livelihood projects                                      |   |  |  |  |  |  |  |  |  |  |     | MAFS&MTI CM              |
|         |   |      |  |        |  | Train community councils and civil society organizations in each of the 67 community councils in project proposal writing |  |  |  |  |  |  |  |  |  |     |                          |
|         |   |      |  | 11.1.2 | Identify sources of funding for establishing livelihood projects fund for vulnerable households  |   |  |  |  |  |  |  |  |  |  |     | CSOs&FBOs                |
|         |   |      |  | 11.1.3 | Develop and disseminate policy guidelines for the utilization of the fund  |   |  |  |  |  |  |  |  |  |  |     | CSOs&FBOs                |
|         |   |      |  | 11.1.4 | Produce and disseminate 500 copies of the policy guidelines to stakeholders  |   |  |  |  |  |  |  |  |  |  |     | DSW                      |

|         |  |      |   | 1      | 2   | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 |  |                            |     |                      |  |  |
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| 2.4.3   | Strengthening social, legal and judicial protection of vulnerable children and their families  |      |   |        |   |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
| 2.4.3.1 | The policy and legal environment   |      |   |        |   |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
| OP12    | NPPEI rating   |      |   |        |   |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
| 2.4.3.2 | Social protection  |      |   |        |   |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
| OP13    | All sectors working with children trained in programming and budgeting for vulnerable household activities increased to 50% by 2014/15 and to 80% March 2017 | 13.1 | Expand coverage of cash assistance to all vulnerable households | 13.1.1 | Identify, assess and register vulnerable households each year that are in need of cash assistance in the 67 community councils.                                     |   |   |   |   |   |   |   |   |   |   |      |      |      |  | Community Councils; Chiefs |     |                      |  |  |
|         |  |      |   | 13.1.2 | Provide child grants of M360.00 per household per quarter to vulnerable households who meet the national criteria in 67 community councils                          |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            | DSW | Development partners |  |  |
|         |  |      |   | 13.1.3 | Develop a policy for public assistance  |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
|         |  |      |   | 13.1.4 | Provide public assistance of M100.00 per vulnerable household that meet the national criteria in 67 community councils  |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
|         |  |      |   | 13.1.5 | Review the Old Age Pensions policy to incorporate adults from the most vulnerable households whose age is below the legal age for pensioning to qualify for pension |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |
|         |  |      |   | 13.1.6 | Advocate for 10% annual increases in cash assistance grants provided to vulnerable households   |   |   |   |   |   |   |   |   |   |   |      |      |      |  |                            |     |                      |  |  |

|             |                                      |   |      | 1  | 2      | 3   | 4                                | 1              | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 |  |  |  |  |
|-------------|--------------------------------------|---|------|--|--------|---|----------------------------------|----------------|---|---|---|------|------|------|--|--|--|--|
| <b>OP14</b> | <b>Legal and judicial protection</b> | Law enforcement officers who are trained on legal and judicial protection of children increased to 50% by 2014/15 and by P% in March 2017 | 14.1 | Mainstream child protection and rights issues in law enforcement officers training manual / curriculum | 14.1.1 | Develop training modules; training materials (training guide and learners') workbooks on legal and judicial protection of children.                                     | MJHRCS/ Master of the High Court | DSW; CGPU; NUL |   |   |   |      |      |      |  |  |  |  |
|             |                                      |   |      |  | 14.1.3 | Conduct training of law enforcement officers (preserve) in training institutions through a regular training course; and in the 10 districts through inservice training. | MJHRCS/ Master of the High Court | DSW; CGPU; NUL |   |   |   |      |      |      |  |  |  |  |
|             |                                      | Village Child Justice Committees trained in legal and judicial child protection increased to 50% by 2014/15 and to 80% by March 2017      | 15.1 | Develop paralegal skills among community caregivers  | 15.1.1 | Establish Village Child Justice Committees in each of the 10 districts of Lesotho   | FIDA; WILSA; Justice and Peace   | MJHRCS         |   |   |   |      |      |      |  |  |  |  |
|             |                                      |   |      |  | 15.1.2 | Develop a paralegal training manual / guide   | FIDA; WILSA; Justice and Peace   | MJHRCS         |   |   |   |      |      |      |  |  |  |  |
|             |                                      |   |      |  | 15.1.3 | Advocate for recruitment of members of Village Child Justice Committees in each of the 10 districts   | MJHRCS                           | DSW            |   |   |   |      |      |      |  |  |  |  |
|             |                                      |   |      |  | 15.1.4 | Train members of Village Child Justice Committees in the districts on legal and judicial rights and protection of children.   | FIDA; WILSA; Justice and Peace   | MJHRCS         |   |   |   |      |      |      |  |  |  |  |
|             |                                      |   |      |  | 15.1.5 | Train community based paralegal volunteers on legal and judicial rights of children   | CGPU; Master of the High Court   | MJHRCS         |   |   |   |      |      |      |  |  |  |  |
| <b>OP15</b> |                                      |   |      |  |        |   |                                  |                |   |   |   |      |      |      |  |  |  |  |



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| <b>OP17</b> | All presiding officers and their designated assistants in children's court trained in social and legal rights of the child by 2014/15 and maintained at that level by March 2017 | 17.1   | Strengthen the capacity of Children's courts to handle child protection cases efficiently and in a child friendly manner | 17.1.1   | Identify suitable candidates for appointment as presiding officers and their assistants in Children's Courts                               |  |  |  |  | MJHRCS | MPS |  |  |  |
|             |  |  |  | 17.1.2   | Develop a compendium (reference guide) on children's rights based on national and international laws and conventions                       |  |  |  |  |        |     |  |  |  |
|             |  |  |  | 17.1.3   | Train presiding officers and their assistants in the ten districts of the country on children's rights, care and social protection issues. |  |  |  |  |        |     |  |  |  |
|             |  |  |  | 18.1.1   | Sensitise vulnerable households on protection services available and how to access them in all community councils                          |  |  |  |  |        |     |  |  |  |
|             |  |  |  | 18.1.2   | Train vulnerable households in social and legal protection rights in all community councils  |  |  |  |  |        |     |  |  |  |
|             |  |  |  | 18.1.3   | Prepare an information poster on children's social and legal rights;   |  |  |  |  |        |     |  |  |  |
|             |  |  |  | 18.1.4   | Produce 500 copies and circulate to districts and community councils   |  |  |  |  |        |     |  |  |  |
|             | <b>OP18</b>  | All vulnerable households in need of legal aid who received it by 2014/15 and maintained at that level by March 2017 | 18.1   | Empower vulnerable households with knowledge of their rights and skills to access services |  |  |  |  |  |        |     |  |  |  |
|             |  |  |  |  |  |  |  |  |  |        |     |  |  |  |
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| <p>OP24</p> <p>Boys and girls attending primary schools has increased to 90% by 2014/15 and to 100% by March 2017</p> |        |   |      |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 23.2.5 | Develop a qualification framework for all teachers providing ECCD services  | MOET | Assoc. of Pre-schools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 24.1.1 | Remove the barriers that prevent to boys and girls that are vulnerable from attending primary school through policies that address the barriers | MOET | CSOs; FBOs            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 24.1.2 | Expand the guidance and counseling programme in schools to include psychosocial support   | MOET | CSOs; FBOs            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 24.1.3 | Integrate life skills education into pre-service teacher training programmes of the Lesotho College of Education                                | LCE  | MOET                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| <p><b>OP25</b></p> <p>Boys and girls attending secondary schools has increased by 50% by 2014/15 and to 80% March 2017</p> | <p>25.1</p> <p>Develop strategies to expand enrolment and retention of boys and girls that are vulnerable in primary and secondary schools</p> | 25.1.1 | Train practising teachers in all districts to effectively teach life skills education   | MOET | Teacher Training Institutions               |  |  |
|  |  | 25.1.2 | Capacitate secondary schools in all districts to teach life skills education ( provide materials and teachers)  | MOET | CSOs&FBOs                                   |  |  |
|  |  | 25.1.3 | Advocate for the recruitment of auxiliary social workers and diploma graduates from NHTC to assist secondary schools provide care and support for vulnerable children | MOET | School proprietors                          |  |  |
|  |  | 25.1.4 | Provide bursaries to enable vulnerable children attend government secondary schools   | MOET | CSOs; FBOs                                  |  |  |
|  |  | 26.1.1 | Adapt life skills training materials for out of school vulnerable youth   | MOET | LANFE& Other distance Learning Institutions |  |  |
|  |  | 26.1.2 | Train CBO in life skills training for out of school vulnerable youth  | MOET | LANFE& Other distance Learning Institutions |  |  |
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| <p><b>OP26</b></p> <p>Boys and girls enrolled for skills training at vocational training centres increased by 60% by 2014/15/ and to 80% by March 2017</p>                                    | <p>Impart coping skills to in and out-of-school vulnerable youth (18-24)</p>                  | 26.1.3 | Provide out-of-school vulnerable youth with life skills training in evening and weekend distance learning centres in each district                    |  |  |  |  |  |  | MOET | LANFE& Other distance Learning Institutions; MGYSR |  |  |
|   |   | 26.1.4 | Identify and enrol vulnerable youth in vocational training centres  |  |  |  |  |  |  |      | DSW  | Vocational schools; CSOs&FBOs; MGYSR                       |  |
|   |   | 26.1.5 | Provide financial and technical support for boys and girls that are vulnerable to assist them start a livelihood project in all 67 community councils |  |  |  |  |  |  |      | DSW  | CSOs; FBOs; Business Community; MGYSR                      |  |
|   |   | 27.1.1 | Identify sources of funding for boys and girls that are vulnerable to start livelihood projects   |  |  |  |  |  |  |      | DSW  | Development partners; CSOs&FBOs; Business community; MGYSR |  |
|   |   | 27.1.2 | Start and maintain a revolving fund to support livelihood programmes for boys and girls that are vulnerable   |  |  |  |  |  |  |      | DSW  | Development partners; CSOs&FBOs; Business community        |  |
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| <p><b>OP27</b></p> <p>50% of vulnerable youth with a vocational qualification accessing start up capital for livelihood projects by 2014/15 and maintained above that level by March 2017</p> | <p>Establish a fund to support livelihood projects for boys and girls that are vulnerable</p> | 27.1   |   |  |  |  |  |  |  |      |  |  |  |
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| 2.4.4.4 Health care, Water, Sanitation; and Shelter |  |      |  |        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>OP28</b>   | Community-based health and social services outlets increased by 50% in 2014/15 and maintained above that level by March 2017 | 28.1 | Improve access and utilisation of health and social services by vulnerable children and their families | 28.1.1 | Conduct services availability mapping at community level in all the 67 community councils                                      | MOHSW                                  | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |      |  | 28.1.2 | Create awareness among vulnerable households of health and social services available in the community in 67 community councils | MOHSW                                  | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |      |  | 28.1.4 | Strengthen referral system to other complementary services   | MOHSW                                  | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |      |  | 29.1.1 | Provide community water stand pipes / or other means of water delivery   | Dept of Rural Water Supply             | CSO&FBOs  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>OP29</b>   | Households with access to clean drinking water increased from 80% in 2009 to 90% in 2014/15 and to 100% by March 2017        | 29.1 | Improve availability and access to clean drinking water  | 29.1.2 | Train communities in water purification and storage skills and techniques in all 67 community councils                         | Public Health Dept./MOH SW             | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |      |  | 30.1.1 | Outsource construction of basic decent shelter to vulnerable households  | Ministry of Public Works and Transport | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>OP30</b>   | 100% of vulnerable households without proper shelter provided with shelter by 2014/15 and maintained by March 2017           | 30.1 | Provide decent shelter for vulnerable households   | 31.1.2 | Train vulnerable households on basic hygiene including clean water management and sanitation in all 67 community councils      | Dept. of Rural Water Supply            | CSOs&FBOs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>OP31</b>   | 50% of households with adequate sanitation   | 31.1 | Strengthen household / community sanitation systems  |        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| 2.4.4.5     | Food security and nutrition   |      |  | 1      | 2   | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 |                              |           |      |                |                                      |  |
|-------------|---|------|--|--------|---|---|---|---|---|---|---|---|---|---|---|------|------|------|------------------------------|-----------|------|----------------|--------------------------------------|--|
| <b>OP32</b> | Vulnerable households trained in food security strategies increased by 50% by 2014/15 and by 80% by March 2017          | 32.1 | Strengthen community capacity to address food insecurity | 32.1.1 | Train community councils and households on food security initiatives in all 67 community councils   |   |   |   |   |   |   |   |   |   |   |      |      |      | MAFS                         | FMU, FNCO |      |                |                                      |  |
|             |   |      |  | 32.1.2 | Provide financial and technical assistance for community based food security interventions ( backyard gardening, poultry, small animal stocks etc)            |   |   |   |   |   |   |   |   |   |   |      |      |      |                              |           |      | FNCO           | Development partners: CSOs&FBOs, FAO |  |
|             |   |      |  | 33.1.1 | Identify and assess households in need of food and nutrition support in all 67 community councils   |   |   |   |   |   |   |   |   |   |   |      |      |      |                              |           |      | MAFS           | FMU, FNCO                            |  |
| <b>OP33</b> | Vulnerable households receiving food support in the last 12 months increased by 50% by 2014/15 and by 80% by March 2017 | 33.1 | Improve household access to food and nutrition           | 33.1.2 | Develop a standard food basket for most vulnerable households   |   |   |   |   |   |   |   |   |   |   |      |      |      | MAFS                         | FMU, FNCO |      |                |                                      |  |
|             |   |      |  | 33.1.3 | Provide most vulnerable households with a food basket every month   |   |   |   |   |   |   |   |   |   |   |      |      |      |                              |           | FNCO | CSOs&FBOs; WFP |                                      |  |
|             |   |      |  | 33.1.4 | Train care givers to provide nutritional counselling for vulnerable households in all 67 community councils   |   |   |   |   |   |   |   |   |   |   |      |      |      |                              |           |      | FNCO           | CSOs&FBOs                            |  |
|             |   |      |  | 33.1.5 | Strengthen capacity of National Food and Nutrition Coordinating Office on nutrition surveillance by addressing gaps identified in a capacity needs assessment |   |   |   |   |   |   |   |   |   |   |      |      |      | Office of the Prime Minister | MAFS      |      |                |                                      |  |



| 2.4.4.6 Placement of children without family care |   | 1    | 2  | 3      | 4  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 |     |  |
|---|---|------|--|--------|--|---|---|---|---|---|---|---|---|------|------|------|-----|--|
| OP35  | National policy guidelines on adoption and foster care developed and approved by December 2012                                      | 35.1 | Strengthen and consolidate the policy environment for child adoption and fostering           | 35.1.1 | Develop national policy guidelines on adoption and foster care and protection of children based on the Child Protection and Welfare Act 2011 |   |   |   |   |   |   |   |   |      |      |      | DSW | CSOs&FBOs; CGPU; Child Care Institutions |
|   |   |      |  | 35.1.2 | Produce and disseminate 2000 copies (1000 English and 1000 Sesotho) of the national policy guidelines  |   |   |   |   |   |   |   |   |      |      |      |     |  |
| OP36  | 100% of vulnerable children in need of alternative care are properly cared for by March 2017  | 36.1 | Strengthen the capacity of institutions that provide care and support to vulnerable children | 36.1.1 | Conduct capacity needs assessment of registered institutions that provide care for homeless vulnerable children                              |   |   |   |   |   |   |   |   |      |      |      | DSW | CSOs&FBOs                                |
|   |   |      |  | 36.1.2 | Develop and implement a capacity building plan for the institutions  |   |   |   |   |   |   |   |   |      |      |      |     |  |
| OP37  | Vulnerable children who are not living in the same household with their siblings reduced by 50% in 2014/15 and by 75% in March 2017 | 37.1 | Strengthen the capacity of households to provide care and support to vulnerable children     | 36.1.3 | Implement existing minimum standards and guidelines for residential child care institutions through circulating                              |   |   |   |   |   |   |   |   |      |      |      | DSW | Residential child care institutions      |
|   |   |      |  | 37.1.1 | Conduct capacity needs assessment of vulnerable households   |   |   |   |   |   |   |   |   |      |      |      |     |  |
|   |   |      |  | 37.1.2 | Develop and implement a household capacity building plan   |   |   |   |   |   |   |   |   |      |      |      | DSW | CSOs&FBOs                                |



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| <p><b>OP38</b></p> <p>Households accepting to adopt orphans increased by X% in 2014/15 and by Y% in March 2017</p> | <p>38.1</p> <p>Mobilise families to adopt orphans</p> | 38.1.1 | Disseminate the national policy guidelines on adoption and foster care for orphans and other vulnerable children to all 67 community councils |  | DSW | CSOs&FBOs; CGPU; Child Care Institutions |  |
|  |   | 38.1.2 | Assess and register households every month that accept to adopt orphans.  |  | DSW | CSOs&FBOs                                |  |
|  |   | 38.1.3 | Monitor the situation of adopted orphans at least four times per annum  |  | DSW | CSOs&FBOs                                |  |
|  |   | 39.1.1 | Sensitise communities on issues, processes and legal requirements for child adoption and fostering in all 67 community councils               |  | DSW | CSOs&FBOs; CGPU; Child Care Institutions |  |
|  |   | 39.1.2 | Identify, assess and register institutional care service providers according to national guidelines   |  | DSW | CSOs&FBOs                                |  |
|  |   | 39.1.3 | Establish databases for child care facilities, foster care parents and adoptive parents   |  | DSW | CSOs&FBOs                                |  |
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| <b>OP39</b> | 100% of institutions providing vulnerable children with temporary residential care are assessed and registered by 2014/15 | 39.1 | Review and strengthen national capacity for institutional care of vulnerable children without family care | 39.1.4                       | Update the database every three months   |  |  |  |  |  |  |  |  |  | DSW | CSOs&FBOs; CGPU; Child Care Institutions |     |                 |                                      |  |
|             |   |      |   | 39.1.5                       | Train care givers on minimum standards and quality of institutional care (including protection) in each of the 10 districts                                |  |  |  |  |  |  |  |  |  |     |  | DSW | CSOs&FBOs; CGPU |                                      |  |
|             |   |      |   | 39.1.6                       | Conduct quarterly supervision and monitoring visits by social workers to care institutions   |  |  |  |  |  |  |  |  |  |     |  |     | DSW             | MOLGC(Community Councils);CSOs&FBOs; |  |
|             |   |      |   | 39.1.7                       | Identify and register temporary places of safety in each district for abused and neglected children pending court action                                   |  |  |  |  |  |  |  |  |  |     |  |     | DSW             | CSOs; FBOs                           |  |
|             |   |      |   | 39.1.8                       | Monitor protection, care and support provided to abused and neglected children pending court action housed in temporary places of safety in each district. |  |  |  |  |  |  |  |  |  |     |  |     | DSW             | MJHRCS                               |  |
|             |   |      |   | <b>Systems Strengthening</b> |  |  |  |  |  |  |  |  |  |  |     |  |     |                 |                                      |  |
|             |   |      |   | <b>2.4.5</b>                 |  |  |  |  |  |  |  |  |  |  |     |  |     |                 |                                      |  |

|                              |        |   |                   |  | YR-3 | YR-4 | YR-5 |  |  |
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|                              |        |   |                   |  | 1    |      |      |  |  |
| <b>Systems strengthening</b> |        | Conduct a countrywide rapid assessment of the human resource capacity for providing services to vulnerable households | CSOs&FBOs;<br>DSW |  |      |      |      |  |  |
|                              | 40.1.1 | Recruit additional qualified and competent staff to fill gaps established by the rapid capacity assessment            | CSOs&FBOs;<br>DSW |  |      |      |      |  |  |
|                              | 40.1.2 | Advocate for employment of 10 auxiliary social workers - one for each district  | MPS               |  |      |      |      |  |  |
|                              | 40.1.3 | Conduct a capacity building needs assessment of CGPU.   | MFPD; MPS;<br>MHA |  |      |      |      |  |  |
|                              | 40.1.4 | Strengthen the capacity of CGPU   | MFPD; MPS;<br>MHA |  |      |      |      |  |  |
| 40.1.5                       |        |   |                   |  |      |      |      |  |  |
|                              | 40.1   | Strengthen human resources capacity to support service delivery   |                   |  |      |      |      |  |  |

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| 75% of service providers whose capacity has been strengthened to provide social welfare and child protection (with emphasis on legal and judicial) by March 2017 | OP 40 | 40.2                        | Strengthen use of strategic information management in decision making, planning and resource allocation for interventions for vulnerable children | 40.1.6                                       | Train stakeholders in each district on vulnerable child friendly service delivery approaches and systems  |  |  |  |  |  |  |  |  | DSW | CSOs&FBOs;     |  |     |            |            |            |
|  |       |                             |   | 40.2.1                                       | Document and produce 1000 copies on issues of good practices in care and protection of vulnerable children  |  |  |  |  |  |  |  |  | DSW | CSOs&FBOs;     |  |     |            |            |            |
|  |       |                             |   | 40.2.2                                       | Train decision makers and planners in all districts in human rights, evidence and results based management approaches   |  |  |  |  |  |  |  |  | DSW | CSOs&FBOs      |  |     |            |            |            |
|  |       |                             |   | 40.2.3                                       | Harmonise and align management of strategic information on vulnerable children with other databases (i.e. Bureau of Statistics, HMS, Education Database and civil registry) |  |  |  |  |  |  |  |  | BOS | MOHSW;<br>MOET |  |     |            |            |            |
|  |       |                             | 40.3  | Harmonise and align service delivery systems | 40.3.1  | Conduct annual joint planning and reviews of community based response initiatives to vulnerable children                                 |  |  |  |  |  |  |  |     |                |  | DSW | CSOs&FBOs; |            |            |
|  |       |                             |   |  | 40.3.2  | Develop and implement exit (that incorporates sustainability mechanism) strategy for all partners supporting community based initiatives |  |  |  |  |  |  |  |     |                |  |     | DSW        | CSOs&FBOs; |            |
|  |       |                             |   |  | 40.3.3  | Strengthen procurement and supply chain management of vulnerable children related commodities  |  |  |  |  |  |  |  |     |                |  |     |            | DSW        | CSOs&FBOs; |
|  |       |                             |   |  | Coordination and management   |  |  |  |  |  |  |  |  |     |                |  |     |            |            |            |
| 3  |       | Coordination and management |   |  |   |  |  |  |  |  |  |  |  |     |                |  |     |            |            |            |





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| <b>OP44</b>  | Lesotho has developed a sustainable financing framework for vulnerable children's response by March 2013                            | 44.1 | Develop a sustainability strategy  | 44.1.2 | Develop and implement a financial sustainability strategy based on identified strategies for resource mobilization     | 1 |  |                                  |  |  |  |  |  |  |  |  |  |  | MFPD | DSW;<br>CSO&FBO |     |      |                 |
|              |   |      |  | 44.1.3 | Conduct resource mapping and financial gap analysis annually   | 2 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     | DSW  | CSO&FBO;<br>DSW |
|              |   |      |  | 44.1.4 | Establish a resource tracking mechanism to monitor demand and supply of funds to vulnerable children's interventions   | 3 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     | MFPD | DSW             |
|              |   |      |  | 44.1.5 | Implement the resource tracking mechanism to monitor demand and supply of funds to vulnerable children's interventions | 4 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     | MFPD | DSW             |
|              |   |      |  |        |  |   |  | Strategic Information Management |  |  |  |  |  |  |  |  |  |  |      |                 |     |      |                 |
| <b>OP45</b>  | A functional M&E system for the national response to vulnerable children in place by March 2014                                     | 45.1 | Strengthen the capacity of the M&E system to monitor, evaluate, manage data and provide timely reports | 45.1.1 | Train M&E officers ( from all stakeholders) in data collection, analysis and reporting skills                          | 1 |  |                                  |  |  |  |  |  |  |  |  |  |  |      | BOS             | DSW |      |                 |
|              |   |      |  | 45.1.2 | Review and update data collection tools  | 2 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     | BOS  | DSW             |
|              |   |      |  | 46.1.1 | Train M&E officers in DSW in data collection, analysis and reporting skills  | 3 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     |      | BOS             |
| <b>OP 46</b> | M&E officers in key positions in DSW and key implementing partners trained in data collection, analysis and reporting by March 2014 | 46.1 | Strengthen the capacity of the M&E unit in DSW   | 46.1.1 | Train M&E officers in DSW in data collection, analysis and reporting skills  | 4 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     |      |                 |
|              |   |      |  |        |  | 5 |  |                                  |  |  |  |  |  |  |  |  |  |  |      |                 |     |      |                 |

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| <b>OP47</b> | M&E systems for vulnerable children harmonised and aligned with the national M&E system by March 2014 | 47.1 | Integrate the M&E system for vulnerable children into the national M&E system                                   | 47.1.1 | Establish linkages between the M&E system for vulnerable children and the national M&E system                   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | YR-3 | YR-4 | YR-5 | MFD      | BOS, DSW         |          |                  |                |
|             | <b>4.2 Building the evidence base through research</b>  |      |   |        |   |   |   |   |   |   |   |   |   |      |      |      |          |                  |          |                  |                |
| <b>OP48</b> | 100% of projected research on vulnerable children conducted and disseminated by March 2017            | 48.1 | Conduct research to develop the evidence and data required for planning and decision making on VC interventions | 48.1.1 | Complete an inventory of research on vulnerable children conducted in Lesotho                                   |   |   |   |   |   |   |   |   |      |      |      | NUL-ISAS | National Library |          |                  |                |
|             |   |      |   | 48.1.2 | Establish a national repository of all research work / including other programme reports on vulnerable children |   |   |   |   |   |   |   |   |      |      |      |          |                  | NUL-ISAS | National Library |                |
|             |   |      |   | 48.1.3 | Participate in the Lesotho Demographic and Health Survey (focus on vulnerable children) in 2014                 |   |   |   |   |   |   |   |   |      |      |      |          |                  |          | MOHSW            | MFD, BOS;      |
|             |   |      |   | 48.1.4 | Conduct a situational analysis of vulnerable children every three years   |   |   |   |   |   |   |   |   |      |      |      |          |                  |          | DSW              | NAC; CSOs&FBOs |
|             |   |      |   | 48.1.5 | Participate in the NASA   |   |   |   |   |   |   |   |   |      |      |      |          |                  |          | DSW              | NAC, MFD, BOS  |



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| OP49 | Department of Social Welfare research capacity on vulnerable children's issues developed by March 2015 | 49.1 | Develop an VC research agenda                              | 48.1.7 | Participate in the national census (focusing on issues of vulnerable children) in 2016        | 1 |   |   |   |   |   |   |   |  |  |  |  |  |  | DSW | BOS |     |                                      |                                      |
|      |  |      |  | 48.1.8 | Coping Strategies Index (CSI)   | 2 |   |   |   |   |   |   |   |  |  |  |  |  |  |     |     | DSW | CSOs&FBOs                            |                                      |
|      |  |      |  | 49.1.1 | Conduct a rapid assessment on research needs for the national response to vulnerable children | 3 |   |   |   |   |   |   |   |  |  |  |  |  |  |     |     |     | DSW                                  | CSOs&FBOs                            |
|      |  |      |  | 49.1.2 | Train stakeholders on operational research for vulnerable children                            | 4 |   |   |   |   |   |   |   |  |  |  |  |  |  |     |     |     | NUL                                  | DSW                                  |
| 4.3  | <b>Strategic Information Management Systems</b>  |      |  |        |   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |  |  |  |  |  |  |     |     |     |                                      |                                      |
| OP50 | 100% of districts establish a Vulnerable Children database by March 2014                               | 50.1 | Strengthen the capacity to manage VC strategic information | 50.1.1 | Develop a management information system for vulnerable children                               |   |   |   |   |   |   |   |   |  |  |  |  |  |  | DSW | BOS |     |                                      |                                      |
|      |  |      |  | 50.1.2 | Conduct periodical and routine M&E data collection  |   |   |   |   |   |   |   |   |  |  |  |  |  |  |     |     |     | DSW-District Social Welfare Officers | MOLGC(Community Councils), CSOs&FBOs |