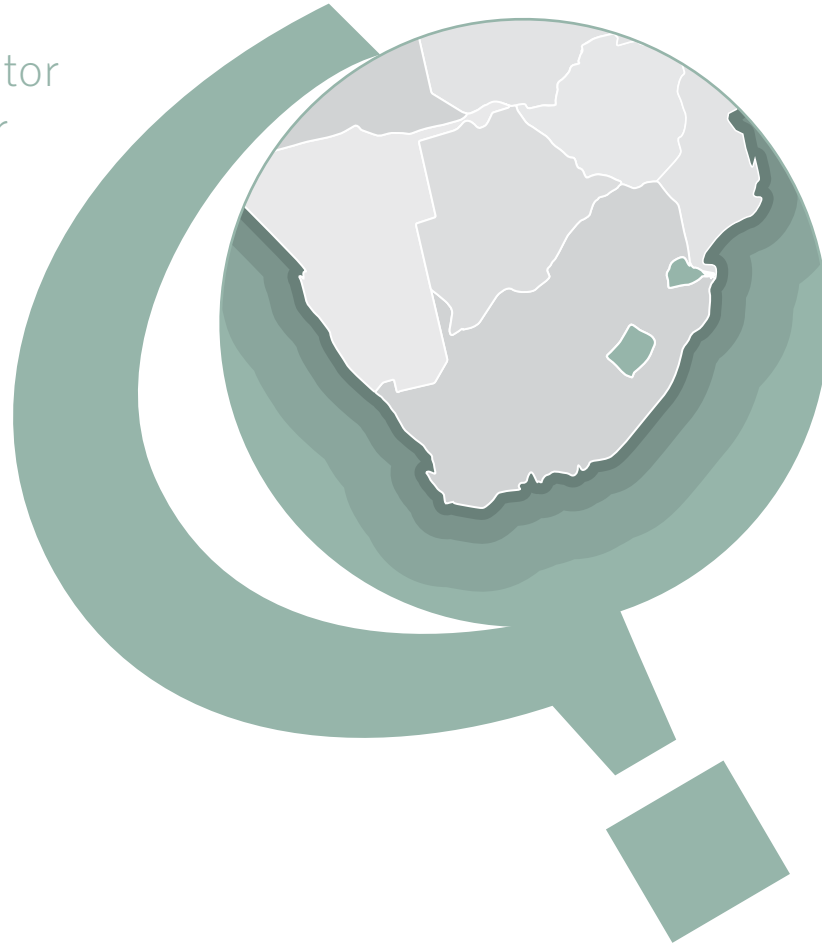The Role of the Education Sector
in Providing Care & Support for

Orphans & Vulnerable Children in Lesotho & Swaziland

O?ENLEARNING

07

**OPEN SOCIETY
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OSISA

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for Southern Africa

The swelling tide of children orphaned or made vulnerable by HIV and AIDS, or made more vulnerable by the disease as it intensifies background conditions of poverty and food insecurity, is a difficult reality to document. The consultants hope that this modest effort to examine some emerging best practices in responding to these children will contribute to the alleviation of the more general burden of poverty and epidemic diseases affecting the entire southern African region.

Executive Summary

As the HIV epidemic continues to unfold across southern Africa, countries are still struggling to find effective means to address many of its negative impacts at individual, family and community levels. One of the most complicated challenges is how to support the growing number of orphans and other children made vulnerable, or made more vulnerable, by the direct and indirect effects of HIV on their households. In particular, there have been many individual and institutional efforts to assist these children through schools and other educational services and institutions. But there has been little research into the actual impact of most of these interventions.

The Open Society Foundations Education Support Program (OSF ESP) and the Open Society Initiative for Southern Africa (OSISA) have been involved in some of these programmes and came to the realisation that too many interventions within the education sector have not been adequately documented nor have they been evaluated rigorously enough to be certain that they are producing positive lasting benefits for the children. So OSF ESP and OSISA agreed to fund a study of multi-sectoral efforts to assist orphans and vulnerable children (OVC) through schools in two of the countries most affected by the epidemic, Lesotho and Swaziland. In particular, the study intended to probe in greater depth, and within the more systematic frame of a

research methodology, the achievements of two current initiatives in each of the countries.

The four cases described in this report each present an innovative approach to improving the care and support of vulnerable children within schools. Some of that support is direct and individually focussed (Lesotho Girl Guides Association and Moya Centre), while some is more indirect and focussed on strengthening systems and general community capacity (World Vision Lesotho or the Bantwana Schools Integrated Programme). However, what is common across all cases is the magnitude of the need within communities, not only for the support of vulnerable children but also for the community as a whole.

Another common feature is the general fragility of the education sector. Schools were in decline, teachers were overburdened and poorly motivated, and surrounding communities were unable to provide additional support to their schools before the interventions began. Consequently, there was a need to strengthen the overall system to make the schools stable and optimally functional institutions, alongside the specific interventions to assist vulnerable children. In each case, there is also a clear recognition of the multi-faceted needs of vulnerable children and the need to work in partnership with others to address them.

While none of the profiled interventions can demonstrate cross-cutting and sustained change across the population of children they assist, each programme can provide numerous compelling examples of individuals whose lives have been transformed and this, for the time being, appears to be sufficient. And in some senses, sustainability is an impossible achievement. Given the increasing number of vulnerable children across the region, any intervention is quickly overwhelmed and then is faced with the dilemma of how to continue providing support for as long as it is needed. The desire or even the imperative to help more children shoulders out considerations about what scale, or type, of programme can realistically be sustained into the future.

And the reality is that children were impoverished and denied opportunities for education before the full impact of HIV and AIDS was felt in either country. The epidemic has not only exposed these structural faults, it has also made them wider and deeper. Teachers in schools are not able to explain the degree of neglect they witness in their classrooms with respect to their learners. No institutional response can completely address this since the effectiveness of efforts to provide care and support for children in schools will be limited when basic social structures can no longer fulfil their role. So in tandem with efforts to

strengthen the capacity of the educational sector to do more for vulnerable children, there must also be a full community effort to protect and nurture them as well.

What is evident is that the same institutional commitment and investment that has built country-level HIV and AIDS responses has not yet been mobilised to address the needs of vulnerable children, particularly with respect to guaranteeing access to education and providing optimal conditions for educational achievement. The societal impact of this gap is profound and lasting.

Conclusions and recommendations

- It is important to collect baseline data in order to understand the range of needs of children within an intervention area and to guide programme development.

- A systems strengthening approach, or investing in schools and the skills and abilities of teachers, has a broader reach than using the same funds to sponsor individual children. There is also enough evidence to show that using schools as focal points achieves a more coordinated approach to addressing the comprehensive range of needs of vulnerable children.

- Food security and adequate nutrition are an endemic challenge in schools and communities so vulnerable children are first drawn to assistance programmes or centres because of a lack of food. Addressing food security and providing growing children with sufficient nutrition must be core components of any school or community-based interventions

- Interventions that require counterpart commitments up front are more stable over the long term and have greater impact in terms of delivering sustained change

- It is important to maintain the balance between direct practical assistance and mobilising and strengthening families, communities, schools and other institutions to mount their own responses to development challenges

- The need for urgent practical assistance can easily overwhelm any intervention to support and protect vulnerable children, including those implemented through schools

- Responses are fragile, and sustainability is uncertain given the scale and scope of need, and the limits on what can be mobilized to address this from community to national to regional level. However, there is a critical need to move away from fire-fighting and to build stronger systems of care and support in schools and in communities.

- Stemming the tide of need is a massive effort and within Lesotho and Swaziland, the signs of this emerging are not clear. Meanwhile, there is also the question of whether the needed levels of investment to implement a comprehensive strategic approach will emerge in time.

- The Southern African Development Community (SADC) has the opportunity to coordinate a regional response and to host a forum for dialogue on best-practice and high-impact efforts. This will also be a mechanism for coordinating advocacy efforts to strengthen rights-based responses within the context of urging countries to comply with their national, regional and global level commitments to the entitlements and well-being of children.

- Finally, the move to establish a minimum package of support for vulnerable children, including through the education sector, is a big step forward towards defining the entitlements of children and the opportunities for countries to fulfil them. There is a role for OSISA, OSF ESP and their civil society partners to continue to push for the adoption and implementation of this and to ensure that, throughout the process of change and improvement, the voices of children and youth are not only heard but also listened to.

CONTENTS

INTRODUCTION AND OBJECTIVES

"too many interventions within the education sector to assist vulnerable children have not been adequately documented nor have they been evaluated or studied rigorously enough to be certain that positive, lasting benefits accrue to children"

Background

As the HIV epidemic continues to unfold across the southern African region, its negative impacts at the individual, family and community levels intensify. One of the most visible signs of this devastation is the endlessly swelling tide of orphans and other children made vulnerable, or made more vulnerable, by the direct and indirect effects of HIV on their households. All countries in southern Africa are struggling to address the needs of the hundreds of thousands of children and adolescents whose life circumstances have been fundamentally destabilized in this way.

Under normal circumstances, most children and adolescents spend the better part of their developmental years attending school within a national, formalised education system. Indeed progress across the region in achieving basic education for all children has made attending school a tangible and claimable right and a cornerstone of every child's health and development. These efforts have also included additional interventions to achieve equity in access to education for children facing various forms of disadvantage and inequality. Instituting free primary education, providing bursaries, school feeding programmes,

and the provision of practical support (in the form of school uniforms, books, stationery, toiletries for personal hygiene, and funds for transport, among others) are some of the more predominant efforts to achieve equity across southern African.

Schools and other educational services and institutions have always been aware of children or adolescents in their midst struggling to stay in school due to difficult or even catastrophic life circumstances. There have been many individual and institutional efforts to assist these learners. What is unprecedented now is the sheer scale of this need within southern Africa. One dilemma amongst many has become painfully prominent as a result of this situation. It is the realisation that, on the one hand, education and skills development offers multi-faceted benefits for the health and social development of these children, but, on the other hand, the urgent and multiple needs of many of these children is beyond what teachers, schools, even educational systems themselves can provide. The southern African region has reached a critical stage where the gap between what these vulnerable children and adolescents need to claim their entitlement to basic education and skills development is growing at a much faster pace than both governmental and non-governmental interveners at local, national, regional and global levels can effectively address. Many children and adolescents remain beyond the scope of these efforts and, to the extent that they are able to participate in educational programmes, do so amidst the daily challenges of hunger,

poverty, illness, disability, social and cultural discrimination, family disintegration from disease and death, neglect, exploitation, and physical and sexual abuse.

While it is clear that the descent of more and more of the region's children into a variety of moderate to extreme states of vulnerability is far beyond what the education sector alone can address, the sector has firmly recognized the critical role it can play amongst the broader multi-sectoral efforts that are currently underway. UNICEF, UNESCO and UNAIDS have been among the regional multi-lateral agitators for more recognition and support for what the education sector can do to mitigate the compounding, negative impacts of the many forms of vulnerability affecting a substantial portion of the region's children.

The Open Society Foundations Education Support Program (OSF ESP) and the Open Society Initiative for Southern Africa (OSISA) have also been part of these efforts. What has emerged within this work is the realisation that too many interventions within the education sector to assist vulnerable children have not been adequately documented nor have they been evaluated or studied rigorously enough to be certain that positive, lasting benefits accrue to children from the perspective of their own individual well-being. Moreover, where a best-practice approach has been substantiated, the proliferation of this knowledge has been limited along with the frequency of replication across similar settings.

As part of their contribution to improving knowledge about the effectiveness of school-based intervention to assist vulnerable children, OSF ESP and OSISA have collaborated on an initiative to study such interventions in Lesotho and Swaziland, two countries in the region with the highest burden of HIV and AIDS. This report is the culmination of the multi-stage project to study and document the range of efforts within these countries to assist children and adolescents through schools. It presents detailed findings regarding children and vulnerability within these two countries and the impact of these on access to, and performance and retention in, both formal and non-formal educational settings. It also documents two interventions in each country aimed at providing comprehensive care and support to children and adolescents struggling in the face of multiple barriers and challenges to participate in and complete educational and skills development programmes. Emanating from a discussion of the findings, the report proposes recommendations on how education-centred approaches for the care and support of children and adolescents might be strengthened at the local, national and regional levels.

Rationale for the study

In 2007, the Open Society Initiative for Southern Africa (OSISA), in collaboration with the Open Society Foundations Education Support Program (OSI ESP), began a discussion on the role of school-based models of care and support as a

means to address the region's growing challenge to ensure the rights and entitlements to education of orphans and other vulnerable children (OVC).[1] Based on the outcomes of a conference held in October 2007, OSISA and its partners developed a research programme to document existing interventions within the education sector to provide support to OVC in Swaziland and Lesotho.

In Phase I of the programme, a literature review was completed and four case studies of programmes in Swaziland were developed. It was envisaged that the next phase in the programme would be an in-depth impact assessment of two of the case studies. The assessment was to lead to the identification of best-practice approaches, which would, in turn, inform recommendations on strengthening and expanding the role of the education sector in providing care and support for OVC. In June 2009, Phase I was completed in draft form, focusing exclusively on Swaziland. A decision was subsequently made to revise and extend the Phase I deliverables to include data and examples from Lesotho before proceeding to Phase II. The Phase I deliverables were completed in mid-2011. This report represents the final, consolidated deliverable for the research and documentation components of the project.

Study design and methodology

The joint OSF and OSISA project found, even in its early stages, that there appeared to be no systematic or best-practice approach among the different efforts to provide comprehensive support for OVC within schools across southern Africa, and, more particularly, within Lesotho and Swaziland. However, there did seem to be individual interventions with some degree of success and some tangible evidence of positive impact. Why these very individualised and context-specific approaches seem to predominate, at least in Lesotho and Swaziland, is not clearly understood. Each has its strengths and weakness from a number of perspectives, including from the point of view of the children they involve. Given evidence of a growing population of children likely to be able to benefit from school-based interventions, it is becoming more and more critical to understand, within a context of high need and limited capacity, what it is about these local level, collective efforts that helps them form; what enables them to meet the needs of the children they support; and, what enables them to continue within such an unstable context.

Study purpose and research questions

The propose of the study was to probe in greater depth, and within the more systematic frame of a research methodology, the dynamics of two current initiatives aiming to provide support to vulnerable children in both Lesotho and Swaziland. Each of the four interventions had within their programme designs a main emphasis on enabling school enrolment and sustaining school attendance. At the same time, the interventions looked to support the more comprehensive needs of vulnerable children and, by doing so, to enhance their overall life situation. The research findings from these case studies were intended to contribute to both national and regional knowledge about 'what works' in complex, heavily burdened, and resources-limited settings.

The main research questions guiding the study were:

a) What are the range and type of resources (human, financial, physical or spiritual) that are involved in these interventions?

b) What is the return or the 'value' that is derived from this use of resources?

c) How is that 'value' defined and measured? To what extent is it child-centred or child-focussed?

d) What facilitates coordinated interventions and what inhibits this kind of collaboration?

e) What defines 'impact' and how can this be measured in order to capture the comprehensive effects on child well-being?

f) What are the ingredients of sustainability?

g) What has potential to be replicated? Why, or why not?

What guidance can the experience of these interventions provide for the on-going regional effort to engage, to capacitate and to resource the education sector to play a more effective and comprehensive role in safeguarding the welfare of vulnerable children?

Study design

The assessment of the interventions used a case study design which allows for in-depth examination of projects and their impacts from multiple data sources and multiple perspectives (Yin 1994).

Case selection process

Two interventions were selected from each country based on preliminary information captured during the rapid assessment stage of the project.[2] Considerations involved in the selection of cases included rural or urban, primary school or secondary school, school-based or community-based. Practical issues of availability of information, and accessibility of key informants, particularly current and former children as participants in these interventions, also influenced the final selection.

Based on this approach, the two interventions chosen from Lesotho were the Lesotho Girl Guides Association's 'Children in the Street' project, implemented in partnership with the Boitelo Primary School in Maseru; and the

Nthabiseng Area Development Programme (ADP) intervention by World Vision Lesotho in rural regions of Butha-Buthe District. For Swaziland, the two interventions chosen were the Moya Centre, operating in the Manzini region; and, the Bantwana Integrated Schools Programme, located in the Lubombo region and supported by World Education Incorporated, a US-based international non-governmental organisation (NGO).

Identification of key informants and other data sources

The data needed to support the multi-dimensional nature of case study analysis was collected for each intervention from a broad range of sources. These included individuals such as current and former learners or participants, project staff, teachers, administrators, local and district level officials, national level counterparts, chiefs, church leaders and community members. Participant selection followed an informant-driven sampling approach. Children and adolescents were selected through both project and school-based staff. The purpose of the study was explained to the respective groups by the researchers in the presence of the staff. An invitation to voluntarily participate in a focus group discussion was subsequently offered. Focus groups were conducted according to a focus group guide. The importance of informed consent was explained verbally to the group

and prospective participants were asked to remain if they agreed to join the discussion. No names or other identifying information was collected from focus group participants.

Additional data sources were identified through the key informant interviews and the focus group discussions. These included various types of documents such as project reports, project proposals, aggregated child status measures, evaluation reports or impact assessments, and, to a limited extent, direct observation. The case studies for Swaziland relied mainly on data collected in 2008 and 2009 during site visits by an OSISA-engaged consultant. To complete the studies, no additional primary data was collected. However, a number of secondary sources were used to augment each case description. For all cases, the availability of quantitative information to establish longitudinal trends was a challenge and mostly not available within the scope of the data collection process.

Study administration

The study was conducted on behalf of OSISA by Armstrong Associates Consulting based in Maseru, Lesotho. The study was carried out between June 2011 and January 2012.

2. LITERATURE REVIEW

"A vulnerable child was seen as someone who has little or no access to basic needs or rights."

Overall approach and methodology

In order to position the study within the wider context of what is known or not known regarding effective ways of providing care and support for vulnerable children through schools, a literature review was conducted. The literature addressing the many dimensions of children's vulnerability across southern Africa and the rest of the continent is vast. This review includes literature addressing links between children and adolescents, vulnerability, HIV and AIDS, and access, retention and completion of schooling up to the end of secondary school. Primary searches for scholarly articles were conducted using Ebsco and other electronic databases available through the University of the Witwatersrand's Research Portal. More general internet searches were used to capture literature from United Nations (UN) agencies, international, regional and local organisations. The main search terms were orphaned and vulnerable children, OVC, education or schooling, care and support, or HIV and AIDS. References lists within each article or report were then used to extend the scope of the search.

The key questions guiding the literature review were:

a) What is the consensus on terminology to identify the target group?

b) What is the target group?

c) What are the vulnerability factors with significant influence on educational experience of the target group?

d) What interventions are common and what is the evidence of their effectiveness in relation to educational accessibility and vulnerability factors for children?

e) What is the state of evidence of effectiveness at a policy level?

f) What best-practice collections are available to guide school-based interventions for OVC?

Findings

The findings of the review are organised according to sub-topics informing the purpose of the research. The search was greatly assisted by two recently completed reviews on similar topics (SADC 2010a; MIET 2010).

Defining the target population

Responses to children orphaned or made vulnerable by HIV and AIDS have been developing for almost two decades. Defining what types of children these interventions target has been an evolving challenge. Already, at the beginning of the last decade, Boler and Carroll (2003) described the OVC category as problematic since both the centre and the boundaries of the category were loosely defined. Children with different types of vulnerabilities experienced life challenges in relation to their well-being in equally different ways. To be conceptually useful, sub-categories of vulnerable children needed to be identified and specifically tracked in order to understand how vulnerability arises and is perpetuated in the lived experience of a child.

While outlining the problem of conceptually loose terminology for identifying appropriate target groups of children in need of interventions, these authors also argued that:

...it is important to retain some definition of children who are affected by the AIDS epidemic, whilst acknowledging that the impact of the epidemic on children is multi-faceted. Therefore, a spectrum of vulnerability unfolds with individual children falling under multiple areas of disadvantage. Consequently, a spectrum of educational disadvantage also unfolds, and an array of educational responses is needed.

Too loose a usage of the term OVC can obscure the distinct needs of actual children and can subsequently lead to poorly designed, poorly targeted and poorly understood interventions aiming to address the 'multiple areas of disadvantage' that children in need of assistance experience.

On a similar theme, Skinner et al. (2006) noted that, initially, children targeted for support were grouped under the very broad umbrella of OVC. While social status as an orphan, either single or double, was straightforward to define, this did not capture the additional impacts of HIV and AIDS that made children vulnerable in general. As part of the preparation for a multi-country study on OVC interventions, the authors explored both the theoretical and practical concepts for 'orphans' and 'vulnerable children' among organisations targeting OVC in Zimbabwe, Botswana and South Africa. They arrived at the following functional definitions for identifying orphans and other vulnerable children:

A vulnerable child was seen as someone who has little or no access to basic needs or rights. They may have both parents, but the child might be compromised in other ways. The definition of vulnerability was felt to reflect certain aspects of the context of the child.

As for the term orphan, the researchers found the following:

An orphan is a child who has lost either one or both parents. The remainder of the definition needs to centre around three core areas. The relative importance of each will be defined by context: Material problems, including access to money, food, clothing, shelter, health care and education; Emotional problems, including experience of caring, love, support, space to grieve and containment of emotions; Social problems, including lack of a supportive peer group, of role models to follow, stigma or of guidance in difficult situations, and risks in the immediate environment; Vulnerability may be defined according to what is immediately seen in a situation and what is more easily measurable.

Given the multiple factors within the social context where children become orphaned or vulnerable, definitions require flexibility so that they can be both context dependent and context specific. The broad categories of material, emotional, and social challenges added on to a child's social status as an orphan improve the understanding of the vulnerability of this group of children and can refine the targeting process within efforts to provide assistance.

Definitions of OVC can be used for both analytical and operational purposes. According to Sherr et

al. (2008), there should be careful distinctions between these two uses of OVC terminology:

It is important that definitions for evidence gathering are not confused with definitions for support and resources. The political need for inclusion of a wide range of children into the provision arena has ensured that many children benefit from support and also stigma is avoided.

While within a research frame, more precise definitions of children who are vulnerable are needed, these should not necessarily be replicated within the operational domain. Confusion within the two spheres risks excluding vulnerable children from interventions that would assist them.

According to Kendall (2008), how children are identified as vulnerable, and the terms used to define them as such, are connected to a wider web of meanings and relationships that may, in some situations, increase rather than alleviate vulnerability:

Evidence and analysis presented in this paper and elsewhere suggest that current discourses and frameworks may at times operate in practice to make the lives of children targeted by development interventions harder and less secure.

This extends to the 'universalist' framing of children's realities within the context of a borderless conception of children's rights:

The child's experiences are therefore viewed through the lens of this particular rights framework, making visible those aspects of their experiences that relate to these rights, but obscuring those that do not. Because of the framing of children as rights holders and adults as duty-bearers, if a child's current life situation does not guarantee their rights, then it is the duty of adults, not the right of the child, to change the child's life situation.

Such framing has the tendency to place children in a passive position as needing sustenance and support from service providers or adults. At worst, it can 'de-centre' the lived experiences of children from the perspective of the child itself. Kendall (2008) nevertheless identifies positive trends in naming and framing the approach to children and vulnerability:

There is a growing call to shift from a model of individual vulnerability to one of communal or geographic vulnerability in which all members of a heavily AIDS-affected community are targeted for programming....Such models view children as members of multi-generational communities.

As a result of this shift, a broader analysis and understanding of the vulnerability of children is emerging. Consensus is growing that orphanhood on its own is not necessarily a marker of vulnerability. Variables such as poverty, sero-status, physical ability, household composition and gender have greater predictive value for identifying and assessing degrees of childhood vulnerability

and their consequent needs for assistance. In a sense, then, a vulnerable child could be defined as one that is disadvantaged in distinct and tangible ways on two or more dimensions of children's vulnerability – orphaned and destitute, for example, or destitute and disabled.

Factors affecting children's access to education

In support of Kendall's (2008) conclusions, evidence is emerging about which aspects of children's vulnerability interfere with access to education and successful attainment of educational goals. In a study on the impact of the introduction of free primary education in Lesotho, a World Bank (2005) research team found that the economic or wealth status of the child, for example, affected participation in education regardless of social status as orphan or non-orphan. The study found that, in 2002, 10 percent of 6 to 14-year-old children had never been in school. For boys the proportion was 13 percent; for girls it was 7 percent. However, between wealth quintiles, a 10 percent difference emerged for overall non-attendance in this age group. Moreover, it appeared that orphanhood itself did not prevent children from going to school as 10.6 percent of orphans and 10.4 percent of other children had never been in school.

The same study found that other factors had a greater influence on children's participation in education. The educational attainment of

the head of the household predicted school attendance in that the lower the attainment, the less likely children were to be in school. Children from poor households were less likely to attend school than others. The distance to the nearest school was also found to have a significant influence on school attendance. Furthermore, while orphans and non-orphans had similar rates of participation in education, orphans were more likely to drop out. Examining on-going barriers to participation in education in Lesotho, more than five years after the introduction of free primary education, Nyabanyaba (2009) showed that there continued to be high repetition rates, high drop-out rates, and a significant portion of school-aged children who did not attend school. The impact of HIV was one of the causes of this but it was really the on-going effect of poverty and deprivation that was the more proximal cause.

In a study of ten sub-Saharan countries, using data from demographic and health surveys, Case et al. (2004) made similar findings that, "…gaps between orphans and non-orphans are dwarfed by gaps in enrolment between poor and non-poor children."

In an earlier study, Filmer and Pritchett (1999) demonstrated that enormous differences arise with regard to wealth status and school enrolment. Despite a considerable variation across the 35 countries included in their analysis, they constantly found that poor children either begin school and drop out in droves, or never attend school at all.

Within the household (rather than between households), differences in school participation can arise between orphans and non-orphans. Case et al. (2004) found that orphans were less likely to be attending school than non-orphans within the same households because of differences of investment in children's education. The larger the distance in kinship between a child and the household head, the lower the investment and the greater the likelihood of not being in school:

As a general pattern, the probability of school enrolment is inversely proportional to the degree of relatedness of the child to the household head – whether the child is an orphan or not.

Kurzinger (2008), using data on 20,000 children in 7,000 households in Tanzania and Burkina Faso, found that variables such as age, religion, family of origin, the relationship between the child and the head of household, and the dependence ratio of the household better explained differences in educational participation more than orphan status alone. Overall, no significant difference was observed in Tanzania between orphans and non-orphans regarding school enrolment or school delay. Similarly in Burkina Faso, orphans were no less likely than other children to be enrolled in school.

Similar findings arose for Mishra et al. (2007) in Kenya, but their study also demonstrated that children living with single mothers were likely to

be more disadvantaged than other children on all indicators. Within South Africa, Operario et al. (2008) found that there was a reduced likelihood of school attendance and completion, particularly for females, in households experiencing the death of either parent. Oleke (2007) found that, in Uganda, the more elderly the heads of households, the more likely that all children would be in school compared to younger household heads. Moreover, households headed by widowed or single females were more likely to have all children in school than married females. In focus group discussions with caregivers, who were 50 years or older and caring for school-aged children, Kakooza and Kimumna (2005) found that maintaining support for children's participation in school was paramount for this group.

In earlier research in eastern Zimbabwe, Nyamukapa, Foster and Gregson (2003) documented the catastrophic impact of the death of the mother on children's access to education in comparison to the death of the father or of both parents within a household. These observations were subsequently affirmed in additional research (Nyamukapa and Gregson 2005) where it was observed that maternal orphans, rather than paternal or double orphans, continued to have lower school enrolment rates. The authors concluded that low primary school completion among maternal orphans must result from the lack of support from fathers and stepmothers, as well as other less prominent factors related to household composition, and

social or economic status. Bhargava (2005), in an assessment of 1,000 children in Ethiopia whose households had experienced maternal death, found that in these settings, "variables such as income, good feeding and clothing conditions were significant predictors of school participation." Conversely, the presence (or absence) of the father, household income, feeding and clothing conditions, and attitude of the fostering family were found to be significant inhibitors to school participation for dependent children. Similar findings were made by Kobiane, Calve and Marcoux (2005) using data from Burkina Faso, and Evans and Miguel (2007) in Kenya.

In a systematic review conducted by Richter et al. (2008), the researchers found that in a significant proportion of the published literature, methodological gaps and challenges significantly discounted the strength and scope of what the studies claimed to have found in terms of understanding children's vulnerability factors and their influence on access and completion of educational programmes. Of the 15 studies included in the review with acceptable methodologies, most identified negative impacts on some aspect of education, whether it was enrolment, attendance, performance or completion, due to children's status as orphans. Gender, poverty, and age had confounding effects meaning that when combined with a child's status as an orphan, the negative impact on education increased.

Finally, as this evidence has emerged of the multi-factorial nature of the vulnerability, there is growing consensus to move away from a too narrow targeting of OVC interventions, both because not all orphans are vulnerable and because targeting orphans specifically risks identifying and consequently stigmatising children with this social status. As more and more experience has been gained with social and child protection schemes, using extreme poverty with one or two other factors, such as food security or kinship relations, appears to identify more clearly those children in need without the problem of linking children so explicitly to HIV and AIDS in their social environment. The evidence is legion that identifying children as orphans and either infected or affected by HIV and AIDS brings upon them stigma and discrimination in both the educational and community settings.

Interventions and evidence of effectiveness

With regard to efforts to address, mitigate and resolve children's vulnerability and the barriers to participating in education that arise from this, a large range of interventions have been documented (Subararo and Koury 2004, O'Grady et al. 2008, UNICEF 2009). As noted previously, Richter et al. (2008) have systematically reviewed this literature and pointed out that in many instances a lack of evidence underpinning the development and implementation of interventions compromised any assessment of their effectiveness: "Overall, there is very weak

evidence to support programming, with only a small minority of studies having sufficient methodological rigor to support the conclusions drawn." Schenk (2007), in focusing specifically on evidence of effectiveness for community-based programmes, similarly noted that:

...existing evidence on the evaluation of community programmes addressing the circumstances of children and families affected by HIV is undermined by variable methodologies and inconsistent data quality.

There are, nevertheless, a significant number and type of interventions profiled within the published literature to provide at least some guidance on what have emerged as more effective approaches than others.

In the study by Oleke (2007), it was found that households receiving external support were more likely to have all orphans under their care in school. This finding occurred in the midst of evidence showing that the range of barriers to school attendance and school performance is large and includes children being obligated to work and lack of food, even when the education itself is free. Consequently, it was recommended that more interventions involving the provision of practical support were needed, at least in the short term, to enable impoverished children to attend and remain in school.

Foster (2002) put more emphasis on addressing the psycho-social needs of vulnerable children

as part of interventions to assist them. In a small, in-depth analysis of 20 children between 10 and 14 years old, Chitiyo (2008) concluded that, "A concoction of challenges like anxiety, grief, trauma, depression, stigma and discrimination makes OVC's educational needs exceptional." The author recommended that a special curriculum for OVC be developed with an emphasis on life-skills, and practical skills for daily living. It was also recommended that this curriculum address all four areas of psycho-social support, including emotional, social, spiritual and physical well-being. However, these recommendations were tentative since at the time there was "...a dearth of research to identify [effective] intervention strategies for this special group of children."

In relation to school curricula, as well as the way that formal education programmes are organised, Robson and Sylvester (2007), in their study of four high prevalence schools in rural Zambia, assessed the impact of HIV and AIDS on teachers, students and the educational system. The study found that the inflexibility of schools' practical organisation (class timetable and yearly schedule of semesters) impeded changes that could make it easier for OVC to access education. The study noted that simple measures such as the provision of lunches, books and pencils could prevent absence or dropout. The study also found that better collaboration between agencies was essential so that students affected by HIV and AIDS, who had difficulty in attending school, could be provided for with alternative and more flexible ways to learn.

Nordtveit (2008) came to similar conclusions. That study probed the need to provide comprehensive or holistic responses and recommended coupling alternative, or non-formal educational opportunities with other services or interventions addressing poverty and deprivation. In a similar vein, the focus on the role of 'open, distant and flexible learning' (ODFL) has been identified as another viable approach to creating more opportunities for vulnerable children to participate in educational programmes (Boler and Caroll 2003, Nyabanyaba 2008, Pridmore 2007).

Poulsen (2006) in studying the impact of HIV and AIDS on communities in Free State Province in South Africa and Swaziland, in particular its effect on school attendance, found that children were dropping out of school in large numbers even in the midst of interventions designed to support their continued attendance. The study concluded that pervasive, poverty-related factors influencing the rate of dropping out were exacerbated by the impact of HIV and AIDS. It was also noted that there was a gender dimension in the sense that such poverty-related impacts and school-related barriers affected female children and adolescents more than their male counterparts. The study concluded that interventions to assist children in this context must address not only financial constraints to schooling but also less direct and less obvious barriers related to gender and poverty.

Foster (2008) has assessed and found value for vulnerable children in well-coordinated and well-

executed interagency responses. Such a finding has been echoed time and time again given the range and complexity of contexts where children find themselves in situations of severe to extreme vulnerability. Such complexity has led a growing number of countries and researchers to test social cash transfer schemes as a way of mitigating the complexity of poverty and deprivation (Save the Children UK 2009). South Africa, Malawi and Lesotho are among a number of southern African countries implementing such schemes. Richter et al. (2008) in their review noted that there was early, emerging evidence of sustained impact. This was particularly the case with regard to increases in school enrolment, retention and achievement for children from households receiving the cash transfers.

Within schools themselves, there is no doubt that the needs of vulnerable children place additional demands on teachers and that the challenges that HIV imposes within school settings has a dual effect on teachers. Firstly, teachers experience the greatest burden within schools in terms of providing support, both material and psycho-social, to children in their classrooms. Teachers in general experience anxiety about the overwhelming number of children in need, their lack of referral knowledge, options for training, HIV/AIDS-related secrecy and discrimination and stress (MIET 2010). For those that take on the role of providing assistance, there can be increased job fulfilment even when this role compromises other spheres of their lives, especially if they

are personally affected by HIV and AIDS. Some training materials have incorporated this concern about balance and role confusion when individuals take on roles as teachers and as parents in both the institutional and household settings (REPSSI 2007). There is a growing awareness of the need for more concrete action to provide more support to teachers in their critical role with respect to, firstly, identifying vulnerable children and, secondly, proving care and support within a more holistic learning environment in the classroom (Boler and Caroll 2003; MIET 2010).

Secondly, teachers may themselves be HIV-positive or be living in households with HIV-positive members. Experience to-date suggests that teachers on the whole do not perceive their professional environment as supportive (Global Campaign for Education 2005, Bundy et al. 2009). Most have no intention of disclosing their status to either colleagues or management for fear of stigma and discrimination. This has been shown to cause chronic absenteeism as teachers struggle to manage their HIV disease. There is a strongly voiced sense that, within learning institutions, not enough is being done by ministries of education to create a more supportive environment for addressing all aspects of HIV and AIDS, not just the needs of HIV-affected teachers. Research conducted by the South African Institute for Distance Education (SAIDE) showed that many school leaders have begun to intuitively respond to the increasingly complex challenges they face in the context of the AIDS pandemic by creating

networks of support for learners around their schools (Marneweck et al. 2008). The study also showed that many schools had started implementing learner support programmes around nutrition, aftercare and counselling. According to the research, "in some schools, as a result of the implementation and management of these support programmes, the leadership style became more systematic and sustainable."

Factors within either the school or the surrounding community environment can have a large influence over the degree to which the educational needs of vulnerable children are addressed. Moreover, such things can either enable or inhibit teachers and other school-based professionals from carrying out their roles and responsibilities with respect to HIV and AIDS. This most commonly emerges in the area of life-skills curricula and the degree to which they are successfully taught and absorbed by the children and adolescents for whom such programmes are meant. The more controversial aspect has always been sexual and reproductive health (Lloyd 2007). There has been a great reluctance on the part of many educators to put their full effort into addressing this topic. This reluctance arises within schools that are either directly or indirectly intolerant of such things or out of concern for parental reaction in communities where the dominant norm is silence on these matters (Plummer et al. 2006). Finally, there is no doubt that stigma and discrimination is still pervasive and strong across southern Africa. This

has a profoundly inhibiting role in terms of the development and implementation of effective and sustainable responses within school settings to address the HIV-related needs of learners and teachers alike (UNAIDS IATTE 2009).

A desk review undertaken by Badcock-Walters (2009) for UNESCO on the special needs of HIV-positive children within schools identified that these needs arise from the fact that these children, "...have a stigmatizing illness, and their lives are at stake if their illness is not identified and treated." This means that:

As a consequence of the infection, they are more likely than other children to be orphaned, malnourished and deprived of an education. The biological effects of HIV are severe, and the health problems of infected children can affect school entry and progress....[T]hey are more vulnerable to opportunistic infections and schools should be especially vigilant with respect to hygiene in order to protect the children's health in crowded situations.

While the participation of HIV-positive children in education has profound, positive impacts on their physical and mental health, schools on their own are challenged to meet all of the needs of these learners (Kvalsvig, Chhagan and Taylor 2007, Greifinger 2009). Teachers and school administrators must promote inclusiveness and be vigilant of either direct or indirect stigmatisation. Close links and coordinated service provision have been shown

to be essential for sustaining such children and ensuring their full participation in school. Supportive institutional and national policy contexts, derived from the obligation to protect the rights and entitlements of such children, and to promote their health and well-being, are equally necessary. However, the pace at which such essential components of an enabling environment for HIV-positive learners in schools are being put in place has lagged behind the growth in the number of both HIV-infected and severely HIV-affected children emerging in classrooms throughout the region's education systems.

One final issue to consider regarding the link between children's or adolescents' schooling and its mitigating effects on the impact of HIV on young lives is the extent to which educational attainment prevents HIV infection. The link was first posited by Vandemoortele and Delamonica (2002) in a critical response to Hargreaves and Glynn (2002). With respect to this link, Boler and Caroll (2003) argued that:

...a general foundation in formal education serves as a protective barrier to HIV infection. In other words, there is a negative correlation between HIV susceptibility and educational attainment.

The Global Campaign for Education (2005) found that, in a review of 18 countries in southern Africa and Latin America, basic education had a preventative effect for young women. The

term 'social vaccine,' referring to participation and attainment in education, has been used to describe this effect. The study noted that completion of primary education was the turning point at which risk for HIV infection started to fall for children and adolescents. There was, however, a strong qualifier to this finding:

[T]he protective benefits of education are being missed when one in two African children either fails to enrol in primary school at all, or drops out before finishing.

Bastien (2008) found that:

Among young people who do not attend school, risk may be as much or more related to the complex set of circumstances which led to their non-attendance at school...as it is to knowledge about HIV.

Birdthistle et al. (2009), working with adolescent girls in Harare, found positive associations between the timing of sexual debut and schooling:

[T]hose who were out of school had more than twice the odds of having had sex, and the odds increased to four times for those who left school before Form 4."

The heightened risk of HIV infection applied across out-of-school female adolescents whether they were categorised as OVC or not. Working in Zimbabwe, Gavin et al. (2006) found that adolescent females who were married, not attending school, and were unemployed had a

heightened risk of HIV infection. Finally, Jukes et al. (2008), in a comprehensive literature review, found increasing evidence to support the link between educational attainment and school enrolment as effective measures in HIV prevention for children and youth:

Both simple enrolment and the cumulative benefits of educational attainment are associated with lower levels of risky behaviour from early sexual initiation to unprotected sex.

Legal and policy context

Given the complexity of the cause and effective analysis with respect to improving the participation of vulnerable children in education, it is not surprising that challenges arise at the level of policy. As Case et al. (2004) noted:

The diversity of conditions dictates mitigation measures that are tailored to the needs of specific countries; policymakers need to resist the temptation to advocate for a single 'best practice' model for all countries regardless of the extent or source of orphan enrolment differentials.

The Global Campaign for Education (2005) identified a number challenges with respect to policy development and planning processes, where "too many HIV and AIDS education sector plans are not implemented because they are developed in isolation from policy and budgetary processes." The study also concluded that

ministries of education and other stakeholders were not taking sufficient steps to ensure that HIV and AIDS infected and affected children can stay in school. Using an index of basic legal and policy instruments to protect and support vulnerable children as a measure of readiness and capacity, Monasch et al. (2007) showed that across 36 African countries, the average score was 48 percent with only five countries scoring 70 percent or above.

Most countries in the region have ratified regional, continental and global instruments defining the rights and entitlements of children and adolescents (Ward, Truluck and Kola 2009). This includes the UN Convention on the Rights of the Child, the African Union Charter on the Rights and Welfare of Children and, more recently, the African Youth Charter. In all of these instruments, the rights of children and youth to education and to the means for health and well-being are clearly articulated (UNESCO and UNICEF 2007). However, it has been shown that the capacity to make these entitlements tangible and claimable in the day-to-day lives of the region's children is inconsistent from country to country (Ward, Truluck and Kola 2009, Human Rights Watch 2005). There are weaknesses across all sectors. In some countries, such as Lesotho and Swaziland, this is changing. As noted later in this report, both countries have taken significant steps forward to domesticate these regional and global instruments, at least at the level of policy and legislation. However,

significant challenges remain with respect to translating these instruments into practice to the extent that they benefit individual children.

But support for the rights-based approach to providing care and support to vulnerable children within educational settings is not universal. Kendall (2008), for example, has argued that the rights-based approach that promotes the entitlement of every child to the same schooling, seldom includes equity concerns, such as whether different educational models, opportunities, or resource inputs might better serve different groups:

Thus, most international development efforts to fuel equity and opportunity through increased school access provide the same service – fee-free schooling – to all children, regardless of their vulnerability. Efforts to fuel equity through improved school quality focus almost exclusively on school practices, providing little response to the issues faced by children who cannot make it to the schoolhouse door.

Rights-based approaches can be somewhat two-dimensional in the face of the multi-dimensional nature of vulnerability and impoverishment. There is insufficient dialogue at the moment on whether to strengthen schools as they are and to fill gaps between this and the needs of vulnerable children; or, conversely, to advocate that schools need a complete transformation to properly address their care and support needs.

Regional trends

a) Schools as centres of care and support

Momentum is building across the Southern African Development Community (SADC) region to strengthen and institutionalise schools as the nodal point for provision of care and support for vulnerable children and adolescents. As result of sustained and ground-breaking work by the Media in Education Trust (MIET) to develop and validate a 'Schools as Centres of Care and Support' model, SADC Ministers of Education adopted the approach as a regional standard in 2008. To the three original pilot countries, Swaziland, South Africa and Zambia, three more countries were added to the initiative, Madagascar, the Democratic Republic of Congo and Mozambique (SADC and MIET 2010, Argall and Allemano 2009). In this expansion phase, the initiative has been renamed 'Caring and Support for Teaching and Learning' (CSTL).

An evaluation of the regional pilot phase found that the initiative had brought the issues and challenges of vulnerable children to the forefront resulting in an unprecedented collective response from all stakeholders. However, problems included gaps in capacity at the SADC level to provide coordination and leadership; differences in how target populations were defined; insufficient community participation and ownership where the success of the model depends on it; and a lack of focus on out-of-

school youth, particularly beyond primary education level. Concern was also raised about missed opportunities for the systematic and on-going evaluation of the model at a regional level and for regional, inter-country sharing of achievements at the outcome and impact level. The model continues to gain support, most notably in Swaziland and in South Africa where it has been integrated within national education policies and institutionalised across the education sectors.

b) SADC strategic framework and business plan for orphans, vulnerable children and youth

In 2008, SADC released the Strategic Framework and Programme of Action (2008-2015): Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (SADC 2008). The priorities within the framework revolve around development and harmonisation of policies and strategies addressing orphans, vulnerable children and youth (OVCY); mainstreaming of programmes and services for OVCY across all sectors, including the education sector; strengthening partnerships for a coordinated, multi-sectoral approach; facilitating the provision of technical expertise to support SADC members; and promoting evidence-based policies and programmes.

Subsequently, SADC issued a Business Plan on Orphans, Vulnerable Children and Youth 2009-2015 (SADC 2009). The business plan is rooted

in regional and global instruments safeguarding the rights and entitlements of children, adolescents and youth, particularly with respect to education and health. It has a strong emphasis on building capacities at country level for the development and implementation of integrated and comprehensive policies and strategies to address the vulnerability of children and youth. It also has a focus on generating evidence to guide the development of policies and strategies at the regional and country level. The total cost is estimated at US$14.6 million – with US$4.3 million having already been committed.

c) SADC minimum package of services for orphans and other vulnerable children and youth

In 2011, after a substantial amount of preparatory work to build evidence and achieve consensus, SADC released its Minimum Package of Services for Orphans and Other Vulnerable Children and Youth. The development of the package is meant to address the challenge that:

...the current delivery of services in each SADC Member State is too piecemeal, vertical and sectoral, short term and grossly inadequate to respond to the complex needs of orphans and other children and youth.

The intended outcome of the package in this regard is, "the promotion of a more holistic and comprehensive service delivery approach." This includes the education sector, which has the

responsibility to remove barriers to education for OVCY from early child development to primary and secondary schooling, tertiary education, vocational training, and non-formal education. The package also stresses the role of complimentary services across sectors, "...without which effective teaching and learning for vulnerable children and youth cannot take place." With similar emphasis, the package advocates for mobilising and empowering OVCY, in line with their developing capacities, to access or generate livelihoods on their own or through empowered families and communities.

d) Other regional initiatives

There are other interventions in the region also focussing on schools as centres of care and support. This includes UNICEF's Child-Friendly Schools (CFS) programme, promoted at country level through its country offices (UNICEF 2006).[3] It also includes, among others, Circles of Support, which was developed by a private consultancy, HDA Ltd (SADC 2007); promotion of the UNESCO Good Policy and Practice in HIV and AIDS and Education guides; the World Bank's Accelerate Initiative (Bundy et al. 2010); and the tools and guides on the provision of psycho-social support for vulnerable children produced by the Regional Psycho-social Support Initiative (REPSSI), and funded by the United Kingdom's Department for International Development.
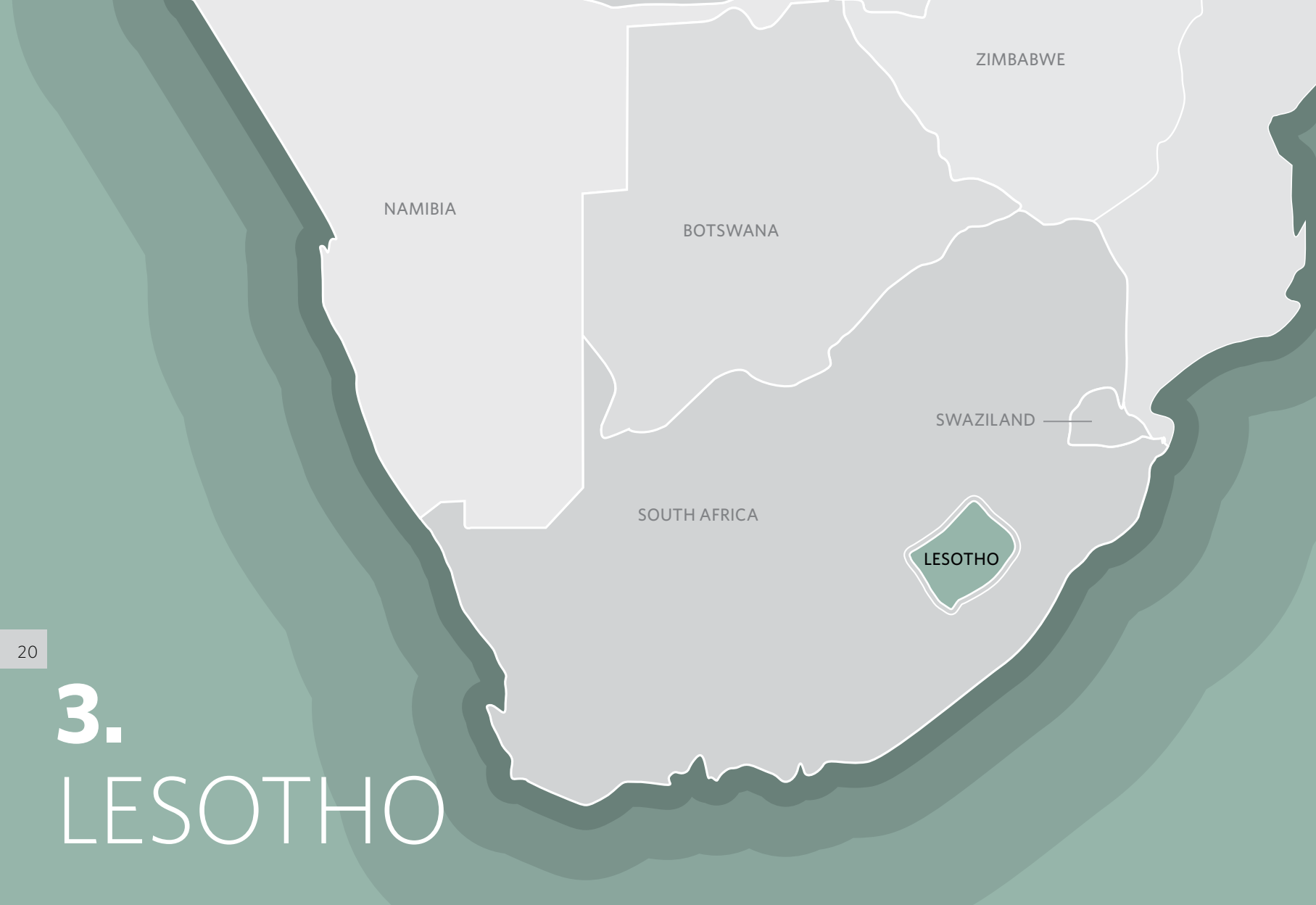
ZIMBABWE

NAMIBIA

BOTSWANA

SWAZILAND

SOUTH AFRICA

LESOTHO

3.
LESOTHO

3.1 CHILDREN AND VULNERABILITY

"500,000 children under the age of 18 were considered to be living in poverty"

Children and poverty

Deeply entrenched poverty coupled with on-going social and economic inequalities make significant contributions to the vulnerability of households, families and children in Lesotho. 43.2 percent of the population lives on less than US$1.25 per day, while 68 percent lives on less than US$2 per day (UNDP 2009, Oxford Policy and Human Development Initiative (2011). Limited natural resources and a narrow production and export base continue to make the country extremely vulnerable to external economic shocks. Lesotho remains dependent on inflows of workers' remittances and receipts from the Southern African Customs Union (SACU). Low prices for gold and platinum in 2009 caused some mines in South Africa to suspend operations and to reduce their labour force. This resulted in retrenchment of Basotho working in the sector and an overall decline in total remittances (GOL 2010). After reaching historic highs in 2009, SACU revenues were expected to decline from M4.9billion to M2.16billion in 2010/11 and M1.6billion in 2011/12 (SACU revenues are expected to recover in 2012/13). This prompted the Government of Lesotho (GOL) to introduce national austerity budgets beginning

from the 2010/2011 fiscal year. It also led to the need for an agreement with the International Monetary Fund for a three-year Extended Credit Facility worth US$61.4 million.[4]

Although the GOL has pledged to maintain its commitments during this austerity period to support the poor and the vulnerable through its existing social assistance and social protection programmes, it has not been able to fully shield these groups from the broader impacts of fiscal austerity and financial uncertainty. In a recently completed study on child poverty in Lesotho, it was estimated that the richest 10 percent of the population held 40 percent of the country's wealth, while the poorest 10 percent held only 1 percent (UNICEF Lesotho 2011). An estimated 500,000 children under the age of 18 were considered to be living in poverty, with 25 percent of this group being children under the age of 5. These distributional inequalities fuel social inequalities for families and children in the poorest stratum of the population.

Children and HIV and AIDS

Currently, the adult HIV prevalence rate (ages 15 to 49) in Lesotho has begun to stabilise at 23 percent (MOHSW and NAC 2011). In 2010, there were an estimated 282,532 people living with HIV of which 50,494 – or 18 percent – were children and adolescents below the age of 19. 55 percent of this group were female. Indeed, the HIV epidemic in Lesotho has a very significant gender dimension. Overall, 60 percent of HIV-positive adults and children are female. For the age groups from 15 to 24 years and 25 to 29 years, over 70 percent are female.

With respect to the provision of anti-retroviral treatment (ART), 62,190 – or 51 percent of the 113,286 HIV-positive adults (15 to 49 years) in need of ART – were receiving it at the end of 2009 (MOHSW 2011). At the same time, there were an estimated 23,000 children aged 14 years or less in need of ART – of which 9,841 or 43 percent were receiving it. Almost half the country's HIV-positive children are under the age of 5 years, indicating that most of them were infected at birth. Lesotho still struggles to reach all HIV-positive pregnant women with interventions to prevent mother-to-child transmission (PMTCT) of HIV. In 2010, of the estimated 13,336 HIV-positive pregnant women in the country, only 6,347 – or 48 percent – were reached with PMTCT interventions.

Results released in 2009 from the 2006 population census showed that the number of orphaned children had risen 41 percent to approximately 221,000 since the previous census in 1996 (GOL 2009). Estimates developed by the MOHSW in 2010 showed that of all orphans, approximately 25 percent had lost both parents. 67 percent of all cases of orphanhood were estimated to have arisen as a direct result of the HIV epidemic (MOHSW and NAC 2011).

Maternal and child mortality

The impact of the HIV epidemic is linked to broader health and development challenges for Lesotho. A number of key indicators regarding infant and child survival have been deteriorating since the year 2000. In 2009, for example, the country's under-five mortality rate was 117 per 1,000 live births, far above Lesotho's goal of reducing this to less than 37 per 1,000 by 2015 (UNDP 2010). Along with Malawi, Mozambique and Zambia, Lesotho has the highest under-five mortality rates in the SADC region. Reflecting a similar trend, the maternal mortality rate has continued to increase – reaching an estimated 960 deaths per 100,000 live births in 2009 from 416 deaths per 100,000 in 2004 (MOHSW and IFC Macro 2010). Along with Malawi, Lesotho has the highest maternal mortality rate in the SADC region (MOHSW 2011).

Immunisation coverage for young children has been declining in Lesotho since 2004 from 67 percent to 61 percent in 2009 (MOHSW and IFC Macro 2010). This was far below the country's target of reaching 90 percent coverage of the country's children. One reason for this was found in the 2009 accreditation survey of health facilities, which showed that only 25 percent of the hospitals and only 14 percent of the health centres provided routine immunisation for new born children before they were discharged (Ibid).

Children with disabilities

According to the 2006 population census, 3.7 percent of the population in Lesotho is considered to have a disability of one form or another (GOL 2009). Approximately 1.5 percent of the population aged 0 to 19 years is disabled. Amputations of digits or limbs, congenital paralysis or lameness, blindness, deafness, mental illness and mental retardation are the most frequent types of disability found in the population.

In the age group 10 to 14 years, covering the end of primary education and the beginning of secondary level education, a recent survey found that while 90.4 percent and 96.4 percent of non-disabled males and females were students, only 78.5 percent and 85.1 percent of disabled males and females were in the same position.

Nutrition and food security

Chronic malnutrition and food insecurity continue to negatively affect the survival and development of children in the country. Uncommon weather patterns continue to cause problems for Lesotho's fragile agricultural sector. Subsistence farming, the

dominant form of agricultural production in the country, remains highly sensitive to changes in the natural environment. Emergency food assistance continues to be required across the country for poor households, particularly those with family members, including children, living with HIV or TB. The impact of these challenges on children is evident. Wasting in children continues to be a significant factor in child morbidity. Overall, 4 percent of children under 5 are wasted, with 1 percent being severely wasted (MOHSW and IFC Macro 2010). Currently, there is still a substantive proportion of underweight children in all districts across the country even though prevalence has been in decline. The 2009 LDHS showed a national improvement in underweight prevalence from 15.7 percent in 2004 to 13.2 percent in 2009 (Ibid). Growth retardation, indicated by a low height-for-age index (stunting), is the main nutrition-related problem in Lesotho. The prevalence of stunting has not declined significantly over the past decade. Currently, it ranges from 30 percent to 50 percent across the different districts of the country.

Abuse, neglect and abandonment

Recently, with assistance from UNICEF, Lesotho conducted an assessment of alternative care systems (UNICEF 2009 Lesotho). This included an examination of the effectiveness of guidelines and supervision arrangements for residential child care facilities. As noted previously, approximately 25 percent of the country's children have no surviving parents. This burden has been felt to a great

degree in relation to Lesotho's ability to care for and protect abused, neglected or abandoned children. The assessment revealed that a high percentage of children placed in alternative care facilities were abandoned by extended families and communities. The assessment also revealed that although standards were developed for alternative care facilities in 2005, they were not completely implemented due to a range of factors, including lack of both human and financial resources to meet the standards. Nor were they codified in regulations with adequate enforcement mechanisms to ensure quality and safety for the services that were provided. Supervisory systems within the Child Welfare Unit of the DSW were found to be not adequate and, consequently, not accurate in terms of the number of children residing in these facilities, the circumstances that placed them there, or the opportunities for re-integration within communities.

Children in conflict with the law

A recently completed, national situational assessment of children in conflict with the law found that there was effectively no juvenile justice system. The authorities within the existing system that dealt with child offenders had very poor knowledge or experience with the specific, specialised requirements for effective children's justice. In addition, within the Juvenile Training Centre, the country's only institution for juvenile offenders, most of the residents at the time of the assessment were orphans and many were not completely aware of why they had been confined in the facility (Kimane et al. 2010).

Child trafficking

Although there is no comprehensive data on the magnitude of child trafficking in the country, anecdotal reports suggest that such activity may be occurring and that it is increasing. The global report on trafficking in persons, which was conducted by US Department of State, found that Lesotho is potentially a source and transit country for trafficking of women and children despite the absence of evidence (US Department of State 2011). In addition, a rapid assessment conducted in 2010 found that trafficking was present in Lesotho for purposes such as organized crime, sexual exploitation and labour exploitation (De Sas Kropiwnicki 2010). However, the lack of data made it impossible to assess the extent of these activities. It also found that many cases go unreported due to ignorance, fear, stigma and the absence of clear and available reporting mechanisms.

Child labour

The 2006 population census estimated that approximately 24,660 children between the ages of 10 and 17 were involved in the labour force (GOL 2009). Approximately 51 percent were male orphans. In addition, the census estimated that 32,183 children were involved in domestic work. Household poverty increases the chances of small children being sent out to work either as herders or domestic workers. In 2008, an International Labour Organisation Committee of Experts noted that animal herding by boys was considered one of the

worst forms of child labour because it prevented boys from attending school. It also involved long hours, including night work, and exposed boys to harsh weather conditions.

General progress in mitigating the vulnerability of children

Despite the scale and complexity of some of these challenges, Lesotho has been making some progress in addressing and mitigating the vulnerability of children, particularly since 2009. The following are among the more significant of these advances:

a) In early 2011, parliament enacted the Children's Protection and Welfare Act (CPWA). The provisions of the CPWA signal a fundamental change in the focus and intensity of Lesotho's efforts to support and protect its children. Overall, the CPWA fully domesticates the provisions of the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The task remains to develop a robust implementation and monitoring framework to ensure that children in every family and community are empowered to claim what is promised to them in the CPWA.

b) At the end of 2010, parliament enacted the Education Act, which sets out the legal framework for free and compulsory primary education for all school-aged children. In

addition, revised School Supervision and Management Regulations were issued in 2010. These efforts will lead to important changes in the lives of children. The Act sends a direct signal to all families and communities that access to education is a fundamental right and that Lesotho is serious now with respect to its responsibility as a duty bearer to ensure that this entitlement is tangible and claimable by every child.

c) The development and roll-out of the Lesotho Child Grants Programme (CGP) equips the country with a powerful tool to address poverty and deprivation, two of the most prominent causes of vulnerability for children. Once the programme has national reach and is fully implemented, in complementarity with other child protection interventions, it will become a strong core around which to build a comprehensive, effective and sustainable child protection and social welfare system to safeguard and enable the well-being of children.

d) With assistance from UNICEF, the European Union (EU), the Global Fund to Fight AIDS, TB and malaria and other partners, the technical and operational capacity of the Child and Gender Protection Units (CGPU), the Child Help Line, and the capability of governmental and non-governmental stakeholders to provide effective, reliable and responsive child protection systems

continues to improve. This includes a growing capacity to identify children in distress and to reach them with supportive interventions to protect their well-being and to remove them from situations and environments where they are in danger of sexual or physical abuse, exploitation or neglect (LCRS 2006). Similarly, more child-friendly, appropriate and effective programmes for assisting children in situations of conflict with the law or customs are being implemented, including restorative justice and diversion processes. (However, coverage is still not adequate, leaving too large a proportion of children without safe and immediate access to essential child protection systems.)

e) Key policies, regulations and strategic plans and other documents guiding the national, multi-sectoral effort to address and resolve the vulnerability of children have either been revised or are in the process of revision. These include the National OVC Strategic Plan, the new National HIV and AIDS Strategic Plan (NAC 2011), and the National Strategy to Eliminate Mother-to-Child Transmission of HIV (MOHSW 2011b) among others. These efforts have been motivated by the collection and dissemination of more comprehensive and reliable evidence of the causes and effects of vulnerability as well as the true scale and scope of the challenge the country faces to safeguard and support its children.

"Some families enrol young children in Standard 1 even though they are underage because they cannot afford fees for IECCD."

Overview

The current status of the education sector in Lesotho is described in the Medium Term Sector Plan (MTP) 2009/2010–2011/2013 released in 2009 (MOET 2009). The Plan reviews progress in the education sector against the Education Sector Strategic Plan 2005-2015 (ESSP) (MOET 2005). The MTP report identifies significant on-going challenges in the provision of quality and accessible education for Basotho at all life stages.

Integrated Early Childhood Care and Development

Involvement with the education sector begins for some children with Integrated Early Childhood Care and Development (IECCD) programs. Since the early 1990s, IECCD has been part of the basic education framework. Available to children aged 2 to 6, IECCD is offered through home-based and centre-based IECCD providers. It also includes reception classes for 5 and 6-year-olds, which are attached to primary schools. In 2008, there were 56 home-based IECCD providers, 1744 centre-based providers and 218 reception classes. IECCD is considered by the MOET to be an integral part of its ESSP. According to the strategy, IECCD prepares young children for primary school and this has a positive influence on retention and completion rates. IECCD also has secondary benefits allowing women, in particular, to participate in employment and also, in some cases, to offer IECCD programs from their homes as a source of income. However, the MTP report notes that access to IECCD is mainly for higher income families in urban areas. IECCD is measured by coverage rate and in 2007 the rate was 40 percent of eligible children. In an attempt to expand access to IECCD, the MOET is offering bursaries as well as providing nutritional support. Some families enrol young children in Standard 1 even though they are underage because they cannot afford fees for IECCD.

Primary education

In Lesotho, only 10 percent of primary schools are operated by the GOL (MOET 2006). Religious organisations operate most primary schools. The two largest proprietors are the Roman Catholic Mission (36 percent) and the Lesotho Evangelical Church (33 percent). Lesotho has implemented free primary education since 2000. While intended to reduce the number of school-age children not in school, FPE has had mixed results. According to an assessment of FPE conducted by the World Bank in 2005, between 2000 and 2002, "...the introduction of FPE did not significantly reduce the proportion of children who never attended school." What it did achieve was a reduction in disparity in access to schooling between the different socio-economic groups. In the succeeding years of implementation, the proportion of children not in school has reached 16 percent. However, there is now better understanding of why these children do not attend school. The main factors include the level of education of the parents, socio-economic status of the family (children from very poor households are least likely to be in school), and the distance to the nearest school. Being an orphan was not a predictor of school enrolment. However, orphans had a higher likelihood of dropping out and not continuing in school once enrolled (World Bank 2005).

The MTP provides further data on OVC and primary school attendance. In 2007, the proportion of enrolled children who were categorized as OVC was 34 percent, an increase from 30 percent in 2006. Fifty percent of these children had lost one parent and 22 percent has lost both. There was an equal proportion of boys and girls within the OVC group. In the overall primary school population, since 2005 fewer boys than girls of school going age have been enrolled in school. Repetition rates are high for Standard 1 with as many as 28 percent of enrolled children not continuing to Standard 2. In addition, despite legislation entitling children to free primary education, other legitimate and illegitimate costs still function as barriers to enrolment and continuity. As the MTP states:

An analysis of educational statistics over the past years showed a disturbing trend where an increasing number of primary schools are charging fees, in spite of the policy of free education. The imminent legislation to make primary education not only free but also compulsory is expected to assist in protecting children from either being barred from entering schools or being expelled from school for reasons such as illicit school fees and repetition that often leads to dropout.

The MOET has identified a number of reasons for the poor performance of children and schools at primary level. These included a shortage of certified teachers, high teacher-student ratios, particularly in the early grades, and a lack of consistent attention to educational quality, including the conduciveness of the school environment itself. One strategy the MOET does implement to maintain enrolment and to improve student performance is the school feeding scheme, which is implemented in collaboration with the World Food Programme. The need for the scheme is expected to continue indefinitely. In the coming years, the MOET is intending to establish primary schools as "centres for [the] care and development of all children." Neither the MTP nor the ESSP provide, at the moment, many details on how this will be achieved.

Secondary school

The implementation of FPE has put tremendous pressure on the secondary school system in Lesotho. While there were 1,423 primary schools in 2007, there were only 310 secondary schools. The GOL operates 7 percent of secondary schools while religious organisations operate the remainder with the Roman Catholic Mission operating 33 percent of secondary schools and the Lesotho Evangelical Church 30 percent. In 2006, 69 percent of learners completing primary school went on to enrol in secondary school. However, school capacity is extremely limited. The country needs an additional 141 class rooms per year to accommodate 90 percent of those enrolling in secondary school by 2015. OVC currently account for 30 percent of enrolled students at secondary level.

Lack of sector capacity (i.e. too few schools) and school fees are the main barriers for young people wanting to attend secondary school. The MOET has proposed a double-shift system, increasing the number of schools and boarding facilities, maintaining the bursary scheme and standardising school fees at LSL1,000 (US$130) per year as strategies to address lack of capacity and other barriers to secondary school access. The 2007 pass rates show challenges in teaching quality and effectiveness. The average pass rate for the Junior Certificate between 2003 and 2007 was 71 percent. For Cambridge Overseas School Certificate during this same period, it was 50 percent. In a cohort of secondary school learners studied between 2002 and 2006, of the 26,226 learners who enrolled in Form A, only 9,593 – or 36 percent – were still enrolled by Form E (MOET 2006).

Non-formal education (literacy and numeracy training)and distance teaching

In addition to its formal education system, the MOET provides literacy programmes and distance learning for children and adults unable to attend school on a regular basis. There is a JC and COSC programme as well as one addressing basic literacy and numeracy skills. The MOET offers these programmes in six of the country's ten districts. Up until 2009, for the literacy component, the other districts were covered by NGOs belonging to the Lesotho Association for Non-Formal Education (LANFE suspended

"The country needs an additional 141 class rooms per year to accommodate 90 percent of those enrolling in secondary school by 2015."

operation at the end of 2008 due to lack of funds). The literacy programmes are offered through learning posts in rural and remote areas by animators or facilitators (the two terms are used but essentially describe the same function). These individuals work with children and adults through a basic curriculum addressing literacy, numeracy, life skills training, and, to a limited extent, vocational skills training in carpentry or tailoring, for example. The facilitators receive a small monthly incentive and periodic supervision and support from the central level. In 2008,

6771 learners participated in the MOET's NFE programme through 273 learning posts. Completion rates were low – only 30 percent of enrolled learners passed the national literacy exam in the same year.

Technical and vocational education and training

Within the ESSP, technical and vocational education and training (TVET) occupies an important place as one means of supporting

economic development in the country and alleviating poverty. The MOET operates two institutions as full programmes of the ministry. It provides budget support in the form of instructor salaries to six other institutions. The MTP notes that few institutions are operating at full capacity and that the student body is predominantly male. Discussion is on-going regarding where the TVET program should place its emphasis in terms of the skills that are relevant to the current opportunities for employment. For example, there is no institutional programme on textile production and yet the textile industry is one of the major employers in the country. The MOET does provide some bursary support to enable enrolment for disadvantaged students. In 2008, approximately 400 bursaries were awarded to TVET students.

Tertiary education

Lesotho has seven institutions of higher learning – namely the National University of Lesotho, the Lesotho College of Education, Lerotholi Polytechnic, the Centre for Accounting Studies, National Health Training Centre, Lesotho Agricultural College and Limkokwing University of Creative Technology. In addition, there are training schools for nurses and nursing assistants that are operated through hospitals and health facilities owned by religious organisations. The first three institutions are directly under the auspices of the MOET. Student enrolment is facilitated through bursaries and student loans.

Students may also request and receive financial assistance to attend universities in South Africa provided that the course is not already offered in Lesotho and falls within labour force training priorities (currently, for example, health sciences are emphasised and students wanting to pursue health-related careers are given priority). Government support for tertiary level education skews the balance of investment across the education sector. More funds per student are invested in tertiary level education than in primary or secondary level education.

Children, vulnerability and access to education

It is clear from the information presented so far that certain types of vulnerability have a significant impact on a child's access to education. Poverty is the most prominent of these influences. Disability is another strong factor. When either of these is combined with orphanhood, the vulnerability is magnified and, in some cases, becomes extreme. In 2009, the ratio for school attendance between orphans and non-orphans (10 to 14 years old) was 0.98 overall. However, between wealth quintiles, the attendance ratios were 0.99 for the lowest to 1.01 for the highest (MOHSW and IFC Macro 2010). The proportion of children attending school in the lowest quintile was 86.7 percent for orphans and 87.5 percent for non-orphans. For children in the highest quintile, the proportion attending school was 100 percent for both groups.

These results suggest that level of poverty is a greater predictor of school attendance than orphanhood. It is estimated that approximately 18 percent of school-aged children do not enrol in primary school in Lesotho. Approximately 29 percent of these children are kept out of school because of ancillary costs for items such as special levies, uniforms and learning materials.[5] In regions of the country where the CGP operates, it is known that education costs (other than school fees for young children) are among the top priorities for the use of the quarterly grant for eligible households.

As children grow older, the barriers to pursuing education become more difficult to overcome. School attendance at secondary level is 34.3 percent among all secondary-school-aged children in Lesotho. There are large differences between urban and rural settings (57.2 percent for urban and 27.6 percent for rural). The lowest rates of secondary school attendance are found in Mokhotlong and Thaba-Tseka at 20.8 percent and 16.8 percent, respectively. The differences in rates of attendance are the greatest between wealth quintiles, with 10.7 percent of children attending secondary school in the lowest group against 61 percent in the highest. As noted previously, the major reason for low secondary school attendance is the cost of school fees. Clearly, this has a much greater deterrent effect for adolescents in poorer households.

3.3 EFFORTS TO PROVIDE CARE AND SUPPORT TO OVC WITHIN SCHOOLS

"the assessment documented a number of inefficiencies and challenges..."

Overview

MOET efforts to address HIV and AIDS and OVC

The MOET is aware of the growing burden of OVC and the other equally significant impacts of HIV and AIDS on the education sector. Addressing the impacts of HIV and AIDS on the sector is a priority within both the ESSP and the MTP. In addition, an HIV and AIDS policy was drafted in 2007. The policy addresses a comprehensive range of HIV-related topics, including commitments regarding the provision of care and support to HIV affected children within schools (including OVC). It also sets out the role of the education sector in contributing to the national response to the epidemic. Finally, a new global education sector policy is in the final stages of approval and includes HIV and AIDS-related policy items. Described below are the main on-going initiatives within the sector specifically addressing HIV-and-AIDS-affected children.

Bursary scheme

For more than a decade, the MOET has operated a school bursary scheme to increase access to education for OVC, particularly those affected by HIV and AIDS. The programme was recently assessed due to the rapid increase in the number of bursaries being offered – an increase that still does not address all the children requiring assistance (for the moment the scheme is targeted mainly towards double orphans or children of single parent households where the parent is chronically ill and unable to work) (Mwansa 2010). The assessment included a review of other efforts by the MOET to support OVC beyond the bursary scheme. The participants in the assessment spoke of their strong support for the scheme, including the bursary recipients themselves. However, the assessment documented a number of inefficiencies and challenges – problems that have arisen mainly as a result of the significant mismatch

between demand and the existing capacity with the Bursaries Unit and the MOET to efficiently manage the volume of bursary recipients.

Bursaries are offered at all levels of schooling from IECCD to secondary school. Modest support is provided to primary school learners and is targeted towards ancillary needs such as contributions to school feeding programmes, the purchase of uniforms, stationery and other school supplies. Bursary support is more comprehensive for IECCD and secondary school learners, covering in most cases school fees, books, uniforms, boarding costs, and stationery and hygiene supplies. Bursary support is also provided to OVC wishing to attend TVET institutions. In 2008, the MOET awarded 22,000 bursaries. This number includes approximately 3,100 bursaries provided through support from the Round 2 and 7 Global Fund grants to Lesotho. Additional undocumented support was also provided through NGOs, individual schools themselves, and from different individuals in families and communities across Lesotho.

School feeding

As noted above, the MOET operates a school feeding scheme at the primary level in collaboration with the WFP. Within the larger group of all learners, the scheme assists OVC as well as impoverished children to remain in school or at least not be denied schooling due to lack of food security. In 2010, for example, the WFP provided two meals a day (morning porridge and lunch) to 66,000 pupils in 400 primary schools located in remote and economically-disadvantaged highland and mountainous regions of the country.

Life-skills training

With support from Lesotho's Global Fund Round 2 grant, beginning in 2004, the MOET has developed and implemented a life-skills training curriculum for Standards 5, 6 and 7, and Forms A, B and C. The curriculum aims to build competencies in self-awareness, self-esteem, assertiveness, decision-making, responsibility, refusal skills and resistance to negative peer pressure, self-control, empathy, critical thinking, effective communication skills, and negotiation skills. In 2009, the curriculum underwent a review and amendments were made. Funds from the Global Fund's Rounds 7 and 9 grants to Lesotho will support the revision and reprinting of the life-skills materials. By mid-2009, 4,821 teachers had been trained to deliver the life skills curriculum and 233,718 learners had participated in the programme.

HIV and AIDS competency and lay counselling

To address the impacts of HIV and AIDS at the individual school level, the MOET is attempting to train one staff person per school in HIV and AIDS topics. There is also a plan to place one lay counsellor per school. By 2009, 3,500 teachers had been trained as well as 74 district education officers as part of this initiative.

Initiatives at school level

There are many actions taken at the individual school level to address the care and support needs of OVC. Research by Nyabanyaba (2008, 2009) has described some of them. One key informant from a faith-based proprietor of schools in Lesotho, who was interviewed for this study, noted that caring for and supporting children, including OVC, was part of the calling of the teacher. However, the same informant noted that teachers are becoming overwhelmed with the burdens placed upon them and, at the moment, there are no national programmes to provide either technical or professional support for these individuals.

Contributions of NGO partners

NGO partners operate a range of community development initiatives addressing the needs of OVC in Lesotho. This group concludes World Vision, Catholic Relief Services, ActionAid International and CARE, among others. Their comprehensive approaches are comprised of elements such as community mobilisation, food security, livelihoods development, peer education and life-skills training. The Lesotho Red Cross Society, for example, has developed an Integrated Community Home-based Care Project that operates in the Thaba-Bosiu region, involving 10 villages and 400 OVC. The integrated approach combines interventions addressing food security, material support, health care, educational support, income generation, psycho-

social support, stigma reduction, advocacy, HIV and AIDS prevention, and the promotion of community ownership and management of OVC care. The programme has been documented as a best-practice within the International Federation of Red Cross and Red Crescent Societies (LRCS 2006). However, the challenge with these efforts is that they are limited in scope and include as yet only a small proportion of the total children in need of such support.

Additional details on Lesotho's efforts to respond to the needs of OVC within the context of education and schools are contained in the case studies that follow.

CASE STUDY 1:

Children in the Streets Programme – Lesotho Girl Guides Association and Boitelo Primary School

Introduction

Through its groups across the country, the Lesotho Girl Guides Association (LGGA) offers assistance to abused and neglected children, child-headed households, disabled children, herd boys, orphans, people living with HIV and AIDS, and street children. This case explores their education based interventions to support vulnerable children and their partnership with the Boitelo Primary School in Maseru. The following analysis is based on a review of available documentation from the LGGA, interviews that were held with key personnel and focus group discussions that were held with child beneficiaries and teachers.

Lesotho Girl Guides Association

The Lesotho Girl Guides Association was originally established in 1925 as the local chapter of the global girl guides sorority, the World Association of Girl Guides and Girl Scouts (WAGGGS). LGGA was formally registered as an NGO in 2004 and describes itself as an 'independent, voluntary, non-profit making, self-governing and non-denominational organisation'. The main aim of LGGA is to bring the strengths and benefits of the guiding movement to Lesotho in order to "assist girls to grow up to be good citizens of their country; to instil better understanding of guiding principles, values, attitudes, and social responsibility among girls and young women; and, to encourage the spirit of volunteerism among its members."

LGGA works with schools throughout the ten districts of Lesotho. Girls can join between the ages of 6 and 12 when they are inducted as Brownies. They then progress through different levels of achievement. Girls from 13 to 15 become Girl Guides; adolescents from 16 to 19 become Rangers; young adults from 20 to 30 become

Young Leaders; and, adults aged 30 or more become Adult Leaders.

Strategic framework

The LGGA aspires to empower girls and young women with life skills, career guidance, awareness of emerging issues and social responsibility. The organisation's four strategic aims are to:

- Empower girls and young women with skills necessary to make informed decisions;
- Instil a better understanding of guiding principles, values attitudes, and social responsibility among girls and young women;
- Ensure the spirit of volunteerism among guides; and,
- Develop leadership skills in girls and young women through contact and exposure.

The operational goals of the LGGA are set by the WAGGGS. For the period 2009 to 2011, there were six operational areas: adult training; educational programme; membership development; organisational structure and

management; relationship to society; and finance management and sustainability through resource mobilisation. WAGGGS does not provide direct funding to support LGGA operations. However, it does facilitate partnerships between LGGA and other global WAGGGS members. For example, in 2011, the Danish Guiding Association facilitated training courses for LGGA adult leaders and the Swaziland Girl Guides Association to develop staff and national board members. The Girl Guides Association of South Africa (GGASA) was responsible for coordinating the project known as the South-South Partnership project.

Organisational structure

The national centre for LGGA is located in Maseru. There are three paid staff members – an administrator, a field commissioner and a vocational skills instructor. This small group is complimented by volunteers including the chief commissioner, members of a national executive council, and Girl Guides. The relationship of these individuals to each other within the organisational structure is shown in Figure 1. Depending on the availability of resources, there may also be cooks and other supervisors for vocational training present at the centre.

LGGA capacity

The capacity of LGGA to work with OVC was assessed through a review of available administrative records and through interviews
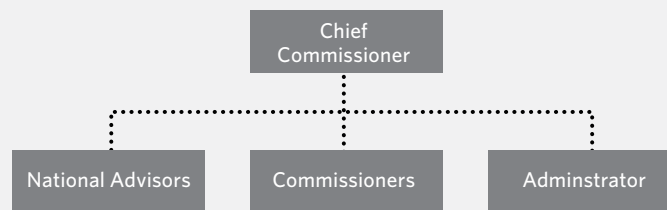

Figure 1: LGGA *Organisational Structure*

which were conducted with the chief commissioner, the field commissioner and the administrator. An assessment was made of the management, the resources available and the general capacity of the organisation

Management and human resources

As discussed above, LGGA has three paid employees who are active in the daily running of the centre in Maseru. The day-to-day management of LGGA is largely undertaken by the administrator, who manages the national centre in Maseru and supervises national projects. The duties of the field commissioner involve national recruitment and retention of Brownies, Girl Guides, Rangers, Youth Leaders, Adult Leaders and Guild members.

However, as a consequence of limited resources, a large proportion of the field commissioner's responsibilities is dedicated to supporting the education and social outreach activities of the LGGA. The field commissioner is a retired teacher. The vocational skills instructor is at hand to

assist with the general maintenance of the centre and with the training of the out-of-school youth. The administrator and instructor are paid from income-generating projects run by LGGA. The field commissioner is on secondment from the MOET and is paid by the ministry.

In addition to the volunteers, the field commissioner, administrator and instructor form the core of human resources that are engaged in the interventions to assist orphans and vulnerable children. They have received training on handling and working with vulnerable children, education psychology, social protection policies and legal frameworks. However, much of this training has been informal or offered through other NGOs.

Financial resources

LGGA receives no on-going funding. All of its activities to assist OVC must be supported through resource mobilisation activities. This includes receiving project funding for time-

limited activities from Irish Aid, UNICEF, EU, the Global Fund and the Firelight Foundation, among others. It also includes revenue from LGGA's income-generating activities, including brick-making, catering and rental of their facilities to other NGOs. LGGA also receives in-kind donations from time to time. For example, World Vision Lesotho provided for the construction of meeting halls in 2004 and 2007. A local hotel group has donated bedding for the shelter and WFP made a one-time donation of food rations in 2008.

LGGA activities

Through the operational goal regarding 'Relationship with Society', the LGGA carries out a number of different activities both in Maseru and in the districts across Lesotho that affect OVC directly or indirectly. Some of these are specific interventions, while others are on-going activities and include:

• Outreach where Girl Guides support communities through activities such as teaching handicrafts as a life skill, planting trees, building and fortifying trenches to combat soil erosion, providing basic solar power, and distributing food and clothing to needy families and children;
• Partnering with NGOs such as Durham Link and Kick-4-Life to encourage children to participate in outdoor activities. Through these activities, the children are taught life skills such as team building, respect for others, and engage in confidence-building exercises.
• Providing literacy activities for vulnerable children, including abandoned children, using volunteers. These activities take place four days per week at two sites in Maseru and two sites in Mohale's Hoek. This activity has been on-going since 2005; and,
• Offering literacy classes to herd-boys and young domestic workers in rural and remote areas. Classes for boys in Maseru are often facilitated by a male correctional officer, a field officer and other volunteers who function as mentors and serve as positive male role models for the boys.

Other activities offered by LGGA through their Maseru site include provision of temporary accommodation as a transit home for up to 20 children at a time. Finally, LGGA also provides a career guidance and life counselling service for adolescents and young people.

Activities supporting OVC and access to education

Most of the activities undertaken by LGGA to assist OVC are centred around access to education. According to the views of the field commissioner and the administrator, it is through education that children can attain independence and work towards the long-term betterment of their lives. LGGA's access-to-education interventions have included the following:

• Since 1997, LGGA has operated a literacy programme to enable those who are unable to continue with formal education to receive education through non-formal means. The project targets OVC, school drop-outs, domestic workers and herders. LGGA assists with the delivery of basic literacy classes and continuing education classes at primary and secondary levels using volunteer facilitators in various subject areas. During 2011, LGGA joined with LANFE to support these learners utilising funds from UNICEF and the Global Fund. The MOET provides students studying at primary school level with books through its LDTC.
• As an expansion of its existing literacy programmes, LGGA participated in a national Education for All (EFA) project led by the Campaign for Education Forum, in partnership with the Lesotho National Federation of Organisations for the Disabled and Lesotho Save the Children in 2010. The project targeted vulnerable children in order to ensure their access to basic education programmes. It did this by working with partners to provide for school fees and learning materials for primary school learners as well as non-formal educational opportunities for those unable to access education through schools during the day. The target group included orphans, impoverished children, children in the streets, children with disabilities, herders, out-of-school youth and young domestic workers. LGGA implemented this programme in five districts: Maseru, Mafeteng, Mohale's Hoek, Berea and Leribe. Its activities included sensitisation of

traditional and community leaders on access to education; provision of grants for tuition and examination fees for learners; registration of out-of-school learners with LDTC; and purchasing of learning materials.

- With support from the Firelight Foundation, and through its income-generating activities, LGGA pays school fees and provides for the other educational needs (uniforms, shoes, books and stationery) of children and adolescents that come to the centre for assistance. In 2011, LGGA assisted 27 children around the country with the payment of school fees and provision for other educational needs. Many of the young children assisted by LGGA are enrolled at Boitelo Primary School, which is a government-owned institution. The school accepts the children from LGGA at any time during the school year. The school also provides for uniforms, stationery and other general needs arising from school attendance. Guiding groups in districts outside Maseru mobilise resources for similar purposes in their local communities.

- LGGA received support from the EU through UNICEF to implement a Sister for Sister Project. Seven core Girl Guide facilitators, trained in a partnership with the Lesotho Planned Parenthood Association, supported a team of more than 70 peer educators (both Girl Guides and Young Leaders) to work in schools and communities to engage their male and female counterparts on HIV prevention, risk reduction and avoidance skills. A component of the Sister for Sister Project was adapted to address adolescent girls not in

school, either due to early marriage or pregnancy. However, funding for this component was not provided due to the suspension of the civil society funding programme operated by the National AIDS Commission.

The members of LGGA carry out other activities focussed more generally on the well-being of children but which nevertheless have an impact on the children's schooling, including the provision of counselling and play therapy when possible. In Maseru, this also includes the provision of a daily meal for children and adolescents living at the centre and for vulnerable children in the surrounding community.

Children in the Streets programme

Since 1977, LGGA has operated a programme to provide protection and support to street children in Maseru. While there is no official estimate of the number, children living in the streets have become a daily and painfully visible reality, particularly as the impact on families and communities of the HIV epidemic has intensified. Although there is no formal project document guiding the implementation of the programme, LGGA staff and volunteers involved with street children say that the main aims are to:

- Establish a relationship with the children while still in the streets so as to build trust and eventually bring them into the project;
- Counsel the children, either alone

or with their families;
- Rehabilitate and reconcile the children with their families (when and where possible);
- Provide a place of safety, including food and shelter, while or until the children can be reconciled with their families or have regained control over their lives;
- Assess, counsel and prepare an action plan for their individual rehabilitation;
- Enable younger children to attend school; and,
- Provide literacy programmes and vocational skills training for both illiterate and older children who cannot go to school.

As part of this programme, Girl Guide volunteers go into the streets to identify street children and offer them a place of safety and support. The children's ages range from 4 to 19. Children are also referred to the centre through various means, including teachers in schools or community members who notice that the children are in distress. Once these children agree to come into the shelter, staff and volunteers start to form relationships with them and attempt to work out a programme of rehabilitation to prevent these children from returning to the streets.

While in the shelter, the children are provided with food and clothes and arrangements are made to place each child at an appropriate level in Boitelo Primary School. For those children who, for different reasons including age, are reluctant to go back to school, LGGA provides vocational training in brick-making and brick-laying, leather work,

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and sewing or tailoring. As noted above, these activities in turn function as sources of income for LGGA and the activities working with OVC (including the Children in the Street Programme). At the time of the study, there were 4 young men residing at the LGGA transit home.

Partnerships for the care and support of children

In addition to supporting school attendance through BPS, LGGA has also built a partnership with the district staff of the Department of Social Welfare (DSW). The DSW at central level sits within the Ministry of Health and Social Welfare. The DSW has the country-wide mandate for protection and support of OVC. Within Lesotho's decentralised service provision and local governance structure, district level staff work within the Ministry of Local Governance and Chieftainship. At this level, there are social workers and auxiliary social workers who identify and work with OVC in collaboration with district level education officers and bursary officers, special education officers, district-level staff within the OMHC, police officers located within CGPUs, and members of the district health management teams (DHMTs).

Through the DSW entry point at district level, LGGA has been able to successfully refer children for family re-unification or placement in foster homes, placement in alternative care facilities, bursaries for secondary schooling or full-time attendance at one of the country's vocational training institutions, or health services including adolescent-friendly HIV and sexual and reproductive health programmes. The partnership with DSW has also provided training for teachers at BPS on child protection and psycho-social support for OVC, among other topics. There are many success stories from the programme whereby vulnerable children have been able to address their life circumstances, to gain independence, and to seek out employment or pursue education as far as tertiary level.

Results

The 2011 annual report states that:

• Membership in LGGA continued to grow. While in 2008, there were 2,711 members across the country, in 2009 this exceeded 4,000;
• Through the Sister for Sister HIV and AIDS project, 9,600 adolescent girls were reached in 126 schools in two six month implementation periods from 2010 to 2011;
• Only 10 children were assisted to participate in non-formal education programmes. The late arrival of funds meant that other children identified for this support were no longer reachable by the centre.

LGGA continued to provide training to poor communities on the use of solar cookers. It also worked to maintain its HIV and AIDS and life skills programmes, either through volunteer labour or with minimal support from its own income-generating activities. There are no specific results stated for the Children in the Streets Programme. One staff member estimated that, at the time the report was written, 17 children were being fed on a daily basis at the centre in Maseru.

Views of children assisted by LGGA

Two focus group sessions were convened, one with children currently participating in the programme and another with young adults who had been assisted before.

Views of current LGGA child beneficiaries

Other than being approached directly by LGGA staff or volunteers, children in need of assistance heard about LGGA through family, friends and other children who were already being assisted. Prior to being assisted by LGGA, children faced a range of problems, including no income and, consequently, no food in their households; no school uniform or shoes, and no books or other learning materials; having to take care of younger siblings or ailing family members, including parents. In the words of the children themselves, there were a number of barriers:

• *I was self-conscious and did not want to go to school not clean. I did not have school books or other things that I needed.*
• *My mother was sick and unemployed. There was no money for the school uniform.*

"I had to stay at home to take care of my sister's baby."

• I did not have an adult to take care of me and to make sure that I attended school.
• I had to stay at home to take care of my sister's baby.

Many of these barriers were resolved through the intervention of LGGA and its partners. For example, in one case a relative was found to care for an ailing parent allowing the child to attend school. In all cases, what the children benefitted from through LGGA assistance are the provision of school related materials and supplies, regular meals, a place where they felt safe and cared for, and opportunities to gain life skills and to work out their life situation.

As for the benefits and the impacts of LGGA assistance, the children were clear.

• My self-esteem has improved. Now I can even go

to church without worrying about how I look because I now have presentable clothes.
• I was able to attend the school I like and have had assistance with my school fees since I started school to the present.
• I just finished Standard 7 and now I am going to be able to select a [secondary} school I wish to attend.
• I am in high school and I live in a boarding house. When I have any problems the centre helps me.

The children also mentioned opportunities to participate in non-school activities, including camping trips, sports competitions, and, for some, the chance to attend a football match at the 2010 World Cup. LGGA's primary partners in providing these additional activities for children are Lesotho Durham Link and Kick-4-Life.

Views of Former Beneficiaries of LGGA Support

As for the young adults who were assisted in their childhood by LGGA, the sentiments of gratitude were similar. Most of these individuals had heard that LGGA assisted children in need either from friends or family members who were Girl Guides, or through their teachers and fellow students at school. At the time, many of these young adults were in situations of moderate to extreme vulnerability.

• I did not feel like I was getting enough love from home and I could not attend school. But once I joined LGGA, I felt loved and was able to attend school.
• I lived on the street and LGGA took me in and now takes care of me.
• My father had some difficulties and had to leave the country in 1998. This resulted in some difficulties for my family. My school fees could not be paid for

> *"I was working and going to school at the same time. I was under a lot of stress and I received a lot of support from LGGA."*

until LGGA helped me.
- *I was working and going to school at the same time. I was under a lot of stress and I received a lot of support from LGGA.*
- *My mother was struggling to get me and my three other siblings into school. So I decided to leave school so that she could afford to enrol my brothers and sisters who were more interested in going to school.*

As for the kind of assistance that meant most to them, the participants said the following:

- *LGGA helped me to change my attitude. I had developed a negative view on life. I got counselling from them and now I am very positive about life.*
- *It helped me change my attitude and gave me a place to stay.*
- *LGGA helped me to go to school. It helped me to grow as a person.*

The young adults also described the impact of the assistance LGGA gave them:

- *I was able to go to school because of LGGA. Today I am aware of who I am. I am aware of the goals that I have set for my life.*
- *Being a part of LGGA has helped me improve my self-esteem.*
- *LGGA has helped me grow as a person and has given me exposure to the international world though being able to represent LGGA in forums held in other countries.*
- *Because of LGGA, I am now a peer educator and I can now pass on what I learned from the organisation on to others.*

Finally, the participants expressed their concern about the ability of LGGA to continue to offer the support they received to other children in need. They collectively wished that

LGGA could find stable funding in order to increase the number of children it supports. They also wished that LGGA had more partners to provide for the needs of the children it supports.

Profiles of child beneficiaries of LGGA

The structures that are in place at LGGA to assist OVC are informal and therefore the assistance offered to each child is managed on an individual basis according to the needs of each child. To gain further insight into the needs of the children and the impact LGGA has had, two children were interviewed and asked to discuss in detail their lives before and after the assistance. The personal details in these profiles have been changed to protect the confidentiality of the participants.

Palesa's experiences

Palesa is a 15-year-old girl currently in her fourth year of high school in the Maseru district. Her relationship with LGGA began when she started school at Boitelo Primary School in 2002. At the time that she was brought to LGGA, she had been removed from her maternal uncle's guardianship as a result of the abuse that she suffered while in his care. The whereabouts of her parents was unclear. It was believed that the Palesa's mother had mental health problems. Palesa was initially placed at the children's shelter and then placed under the care of her uncle's neighbours. LGGA has been assisting her with all her school needs including buying her school uniforms, school shoes, books and stationery. At Boitelo Primary School, there were no fees but since high school is not free in Lesotho, LGGA has been paying for her fees on a continuous basis. In addition, since she was first removed from her uncle's care, LGGA has been providing her with other personal items including clothes, toiletries and meals.

Although Palesa was placed under the neighbour's guardianship, the close proximity with her alcoholic uncle continued to cause problems for her. This led GGA to make contact with his estranged wife, who suggested that Palesa be placed with her mother in a village away from Maseru. LGGA was responsible for transferring Palesa to the village and finding her a school in the village. However, problems arose at her new home and LGGA intervened again and housed her at the centre in Maseru. During the

school holidays, Palesa returns to Maseru to live with the neighbours that took her in when she was young. She spends her days at the centre helping other girls her age that are being assisted by LGGA. The girls, along with Palesa, have reported that they enjoy being at the centre as it keeps them away from the street; they are taught how to be responsible; they are fed; and, they know that at the centre there are people who care for them. Although Palesa's abusive uncle has since died, Palesa has continued to be under the care of LGGA. Last year, in 2011, Palesa successfully completed her Junior Certificate exams with a 2nd class pass.

Palesa has developed a very strong relationship with LGGA over the years. In particular, she relies on the field commissioner to assist her with all her needs including emotional needs. The field commissioner said during an interview that Palesa is considered one of the neediest of children in their care and, as a consequence the trauma and hardships that she has endured, she is a "very sensitive" child who can sometimes respond aggressively when she feels threatened. However, LGGA has not been able to provide formal counselling to Palesa as a consequence of limited resources. Whenever Palesa has any problems or needs that require urgent attention, she contacts the field commissioner directly at any time of the day or night (she has been known to call the field commissioner at home at 1am and at 3am). Recently, when she was preparing to write her exams, at 11pm, she called the field

commissioner to remind her that she was soon going to be writing her maths exam and needed her math instruments. With the help of a Girl Guide leader, the field commissioner saw to it that Palesa had her instruments by the end of the week. Her reasons for assisting Palesa beyond her call of duty are clear: "She is a child and we want her to achieve so that she can have a future."

Interestingly, although the field commissioner has formed a very close relationship with Palesa, she has not visited her home. When asked about this, the field commissioner explained that this is because Palesa will always call her or come to the centre when she needs help. Due to limited resources, unless it is necessary to visit the homes of the children, the field commissioner and other staff members will not visit the homes of the children they are assisting. The field commissioner highlighted the fact that the centre is in need of a social worker. Social workers are available through the DSW but they are usually only called upon in relation to the rehabilitation of children living in the streets.

Lereko's experiences

Lereko is a 16-year-old boy in his third year of high school. Lereko was formerly a child living in the streets before he came to live at the LGGA centre in 2006. His guardian, a female relative, brought him to Maseru following the death of his mother but abandoned him after three weeks.

One Sunday, he was sent to town and when he returned home, the family had moved without informing anyone of their whereabouts. He has never been able to find them. Lereko lived in the streets until he was brought to the centre by a Girl Guide leader who found him. Lereko underwent a process of rehabilitation during which LGGA attempted to find and establish contact with family members – but to no avail so he has continued to live at the centre the past five years.

LGGA provides him not only with shelter but with clothes, food, and all his other basic needs such as toiletries. With respect to his schooling, LGGA initially secured a place for him at Boitelo Primary School and since completing his studies there, he has been attending high school and his fees are paid for by LGGA along with all his other school needs. The LGGA centre in Maseru is located opposite to the National Tennis Courts, and since being at the centre, Lereko has learned to play tennis to the extent that he attends regional tournaments and has his trophy and medals displayed in the LGGA offices. LGGA tries to assist him where possible, but most of his tennis sponsorship comes from the National Tennis Association, which liaises regularly with LGGA to inform the staff of his progress.

Views of Boitelo Primary School teachers

A focus group discussion was conducted with teachers at Boitelo Primary School to ascertain their views on the needs of the children and the assistance provided by LGGA to its child beneficiaries. To start with, teachers were asked to identify the main sources of vulnerability of children at the school and the two main causes that were identified were the death of parents and poverty. As a consequence of vulnerability, the teachers said that most of the affected children were faced with hunger and were poorly clothed. Other problems that were identified included lack of love, lack of stable homes, abuse at home, prostitution and poor academic performance.

The interventions by LGGA were found to have had a positive influence on the behaviour of the students at Boitelo Primary School. The attendance of the children at school significantly improved, along with their academic performance and their mental and emotional well-being. As the children's self-esteem improved they performed better both academically and socially.

On-going challenges

LGGA has had many successes in its education-based interventions to assist OVC. Many children have been able to proceed through primary school to high school and even as far as tertiary education. But despite its achievements, LGGA struggles to maintain both its Girl Guide programmes as well as its support for OVC. At the time the case study was conducted, LGGA was facing a significant challenge in funding for its interventions to assist OVC. Although staff were sometimes not paid regularly, a strong commitment to the organisation remained.

However, financial constraints have had an adverse impact on the capacity at LGGA. In separate interviews with the chief commissioner, the field commissioner and the administrator, all three concurred that funding was their greatest difficulty and that it had limited the capacity of the organisation as they were unable to hire a book-keeper and a much needed social worker. As discussed above, in the case of Palesa, while she has been supported for many years by LGGA and has formed very close relationships, her psychological needs have not been adequately addressed nor have any home visits been conducted to assess her living conditions. Therefore, the monitoring of children being assisted by LGGA is compromised. The organisation relies on the children themselves reporting back to the centre regularly and at the end of each academic year to bring copies of their report cards.

Although a strategic plan for the period 2012-2014 had been completed, none of the main activities are yet funded. Finally, there was evident concern that the growing number of children in need of support, encountered both through LGGA's outreach to street children but also through its regular activities in each district, was burdening the organisation and taking it away from some of its core activities around the promotion of LGGA values and the development of girls and young women to be independent and responsible members of their local communities.

CASE STUDY 2:

World Vision Lesotho: Nthabiseng ADP – Comprehensive, community-centred approach to child protection

Introduction

World Vision International (WVI), the global development and relief NGO, was first established in 1950. Its original mandate was to provide for the needs of the world's OVC.[6] Currently, WVI operates from its global headquarters in Monrovia, California. The organisation's global focus had grown to encompass child-well-being within the capacities of families to build sustainable futures. It has also grown to include advocacy to promote international development, transparency and sustainability. WVI has 48 county offices employing approximately 22,500 people. WVI's total annual income is estimated at US$1.9 billion.

WVI's global partnership is guided by six objectives: addressing children's well-being; community resilience; child participation; caring relationships; changed values and lifestyles; and, justice systems and structures.

World Vision Lesotho (WVL) opened in 1987 as the country office for WVI. WVI's work in Lesotho dates to 1975 when the first interventions were made through the WVI office in RSA. WVL is one of the largest and long-standing international NGOs working in Lesotho. WVL's main sources of funds for this programme are child sponsorship (see below), World Vision

Australia, the EU and UNICEF. This case explores one of its interventions, the Nthabiseng Area Development Programme (ADP).

Nthabiseng ADP

Among its overall programme, WVL manages three ADPs. The Nthabiseng ADP, profiled in this report, is located in the northern Butha-Buthe district and was established in 1999. It covers three constituencies: Hololo, Qalo and Butha-Buthe. There are twenty-six villages under the Principal Chief of Butha-Buthe, Chief Retselisitsoe Mopeli. The traditional authority of chieftainship is highly respected in the villages. However, there are also local community council authorities, whose main function is to spearhead development initiatives. The villages have been grouped together into five community council constituencies for ease of administration.

Activities within the Nthabiseng ADP are funded through World Vision Australia, which does not believe in focusing interventions on particular children but rather on entire families and the community at-large. More specifically, World Vision Australia advocates capacity-building of communities as a more sustainable intervention. Therefore, even gifts-in-kind (non-financial) donations are pooled to contribute to the community. Consequently, in Nthabiseng ADP, far fewer children receive direct assistance from World Vision than in ADPs that are supported by World Vision USA.

The target population of the programme when assessed in 2006 was 6,333 households comprised of approximately 38,000 adults and children (9,485 boys, 10,275 girls, 8,755 men, and 9,485 women). The average household size was 6. Males headed the majority of households (56.7 percent), while most of the beneficiaries were between 5 and 18 years old (37.7 percent) or 19 and 49 years (36.2 percent). 16.1 percent of the people were over 50 but the largest number of household-heads was from this age group (WVL 2006).

Most of the programme area is in the foothills – a topographical region between the northern lowlands bordering the Caledon River and the southern mountainous part of the district. Major crops include maize, sorghum, potatoes, vegetables, fruits and legumes (beans, peas and lentils). The villages are joined together by gravel or dirt roads. Very few villages have electricity or telephone lines. The poverty rate is high. In 2006, 43 percent of households were categorized as poor, 18 percent as very poor.

At the time of the assessment in 2006, almost 80 percent of children of school-going age were enrolled in school (79.2 percent of eligible boys and 76.5 percent of eligible girls). 945 children were attending kindergarten or pre-school, 3,350 were attending primary school and 1,750 were attending secondary school.

Like the rest of the county, food insecurity was the major challenge interlinked with high HIV prevalence rates, particularly within the 30-to-40-year age group (40 percent or more of men and women in this group are HIV-positive). This had led to decreased productive capacity of affected households while the burden of care and support on able-bodied household members had increased. To cope with the increased burden, households were often forced to sell productive assets (cattle, sheep, or chickens, for example). As a result, the households became even more vulnerable to financial problems and food security shocks.

Programme framework

WVL's ADP interventions have seven main characteristics – namely they are child-focussed; community-based; empowering (capacitating communities to carry out their own development process); long-term (from 10 to 15 years); multi-sectoral; funded by multiple sources; and, sustainable (communities are able to sustain improved livelihoods).

In relation to Nthabiseng ADP, the programme goal is to reduce poverty levels among 38,000 beneficiaries by 2013 through a development process that is transformational, sustainable and empowering. There are four key outcomes:

• Improved food and livelihood security for 300 families in Nthabiseng ADP;

• Boys and girls are able to access and use knowledge, information, skills and services around HIV prevention;
• Improved access to quality water and sanitation facilities for 20 percent of households; and,
• Improved participation of children and their families in sponsorship issues within the programme area.

Programme management structure

WVL has developed both a national and local level structure for its ADP interventions. For the day-to-day programme management of the Nthabiseng ADP, WVL employs 17 staff (Figure 2).

When any ADP intervention starts, a local leadership structure is developed by selecting representatives from the participating villages who form the ADP Executive Committee, which manages and controls the operations of the ADP through a Working Committee made up of ten members of the Executive Committee. WVL also mobilises a number of different community structures to participate in the ADP projects. These include Community Care Coalitions (CCCs), Church HIV and AIDS Task teams (CHATs), District Paralegal Teams (DPTs), Village Disaster Management Teams (VDMTs), Nutrition and Livelihood Groups, and Disaster Risk Reduction clubs, amongst others.
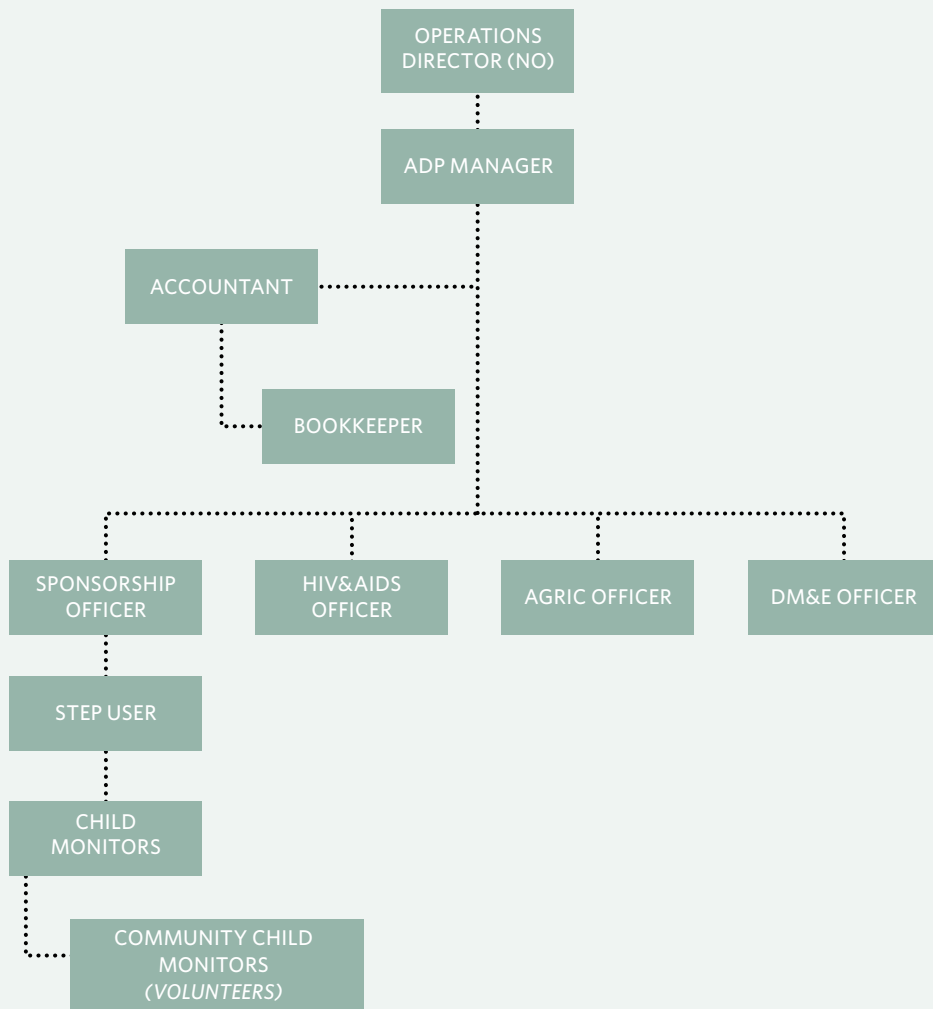
Figure 2: Nthabiseng ADP Programme Management Structure

Project components

There are four inter-related projects that make up the Nthabiseng ADP.

1. Food security

This component aims to improve food security across the ADP through the achievement of three main outcomes: increased crop and vegetable production; increased sustainable livelihood income; and, improved community resilience towards external shocks. The activities included training of households on homestead gardening; training of farmers on market outlets and provision of fertilizer to be sold in local markets; and, facilitation of the development of community-level disaster management plans.

2. HIV and AIDS

This component aims to raise awareness around HIV and AIDS across the ADP and to capacitate children and youth with HIV risk-reduction and avoidance skills. The outcomes for this component included an increased number of boys and girls in and out of school who were able to understand HIV prevention and risk reduction strategies through the provision of life skills; parents and teachers with increased capacity to discuss issues of HIV prevention with boys and girls; and, community structures with increased capacity to care for and support HIV infected and affected people.

The activities under the HIV and AIDS component included:

- Strengthening the organisational capacity of local structures, such as CCCs, CHATs and PLWHA support groups, through the provision of income generation tools. Proceeds were then used to support OVC for school fees and other necessities;
- Developing HIV prevention skills among youth through the Hope Initiative;[7]
- Undertaking public education by the DPTs on advocacy, children's rights and protection;
- Building local partnerships between the police, district-level government ministry staff, and NGOs to address social problems such as crime, alcohol abuse, anti-social behaviour. This resulted in the training of local partners to address HIV and AIDS, range management, alcohol and drug abuse, leadership, dispute resolution and conflict management;
- Increasing the involvement of parents and teachers in children's education and life skills development; and,
- Strengthening the capacity of local community-based groups and CCCs to provide care and support for OVC (health, education, food and shelter).

There were also efforts to improve data collection and monitoring skills. A district children's committee was formed and its members trained. Finally, there was facilitation of the spiritual development of children through partnerships with local churches.

3. Water and sanitation

This component had two outcomes which were to improve knowledge and the proper use of safe water and good sanitation practices; and, raise awareness about the prevention of waterborne diseases. The activities included supporting the creation of water and sanitation committees at community level; training local leaders and community members about the prevention of waterborne diseases; creating water retention schemes; highlighting the importance of good hygiene; and, developing better waste disposal management practices.

4. Child sponsorship

Child sponsorship is one of the principal means used by WVI and WVL to raise funds to support their ADP interventions. Under this project component there were two main outcomes: increased number of children, parents and communities that were educated about sponsorship; and, increased number of children that participated in and benefited from the sponsorship process. The activities included training of community volunteers to monitor registered children; training and awareness on WVL's vision, mission and sponsorship standards; conducting a child census to verify which registered children were still in the ADP and still eligible for sponsorship; and, performing child monitoring visits.

OVC care, support and education components

Through the integrated implementation of the ADP projects, OVC received a number of direct and indirect benefits with respect to care and support, and access to education, including:

- Provision of school bursaries and support for other education related needs through the MOET school bursary programme. WVL facilitated the selection of eligible children at the community level. The list was subsequently put before the District Bursary Officer as the communities' recommendations for which children should receive bursaries (bursaries are usually awarded individually based on a review of applications by the bursary officer only);
- Provision of bursaries and support for other education related needs through proceeds from income generation projects;
- Practical support to vulnerable children and households (food, clothing, agricultural inputs);
- Monitoring of vulnerable children and households through child sponsorship and through CCCs, CHATs and other community-level structures;
- Strengthening education and awareness among teachers, parents, caregivers and learners themselves on child protection and the rights and entitlements of children;
- Facilitation of child participation in local-level governance and decision-making structures; and,
- Facilitation of local collaboration within communities for child protection and support.

Programme budget

The five-year budget for the ADP is shown in table 2. Within the budget for each project, there are other direct costs including the WVL staff working specifically on the project, local implementation expenses and an allocation for national office activities. The Child Sponsorship and Programme Management budget, covering 51 percent of the total budget for the ADP, includes the full administrative costs for the child sponsorship process, as well as staff salaries, and costs for the routine monitoring of children.

Component	Budget (USD)	percent
Food Security	647,656.00	21
HIV and AIDS	537,722.00	17
Water and Sanitation	313,131.00	10
Child Sponsorship & Programme Management	1,577,355.00	51
TOTAL	3,075,864.00	100

Table 2: ADP Budget 2009-2013

Results

This section reports on results up to the end of March 2011, the latest period for which data was available for all components of the Nthabiseng ADP. As stipulated in WVI's Design, Monitoring and Evaluation (DME) guidelines, indicators are comprised of both quantitative and qualitative measures (WVI 2007). The M&E framework tracks specific output and outcome indicators contained within the programme documents. It also tracks transformational development indicators as well child well-being outcomes. Finally, this section includes relevant findings from key informant interviews and focus group discussions carried out with WVL staff and adults and children participating in the Nthabiseng ADP.

a) Outputs

The outputs of the programme, since it began in 2009, are shown in Table 3.

Indicators	Base-line	Target	6 month Target	6 month Actual	FY11 target	FY11 Actual
Objective 1: Improved food and livelihood security in Nthabiseng ADP by 2013						
Number of households who have access to food throughout the year		300	300	357	300	
Number of community members with increased crop and vegetable production diversity		300	300	357	300	
Number of farmers trained on improved farming practices		50	0	NA	50	
Number of households with increased income		200	100	89	200	
Number of households with increased cash crops		200	100	89	200	
Number of farmers and schools assisted		20 farmers and 2 schools	20 farmers and 2 schools	NA	20 farmers and 2 schools	
Number of community members with increased knowledge and skills in environmental conservation		400	200	667	400	
Objective 2: To contribute to the reduction in the spread and impact of HIV/AIDS for 3500 households within Nthabiseng area by 2013						
1000 boys and girls in- and out-of-school understand HIV prevention measures and risk reduction strategies through effective life skills		1,000	500	1,500	1,000	
Increased capacity of parents and teachers to discuss issues of HIV prevention with boys and girls		1,000	500	NA	1,000	
Improved care and support for 1000 OVC and HIV affected families		3,000	500	NA	1,000	
Increased capacity of community members to advocate for the rights and protection of vulnerable groups		1,000	500	NA	500	
Increased capacity of community structures to care for and support mothers and children under 5		100	50	NA	100	
Increased quality of technical and managerial support to all HIV and AIDS related activities						
Number of community members with increased knowledge and skills in environmental conservation		400	200	667	400	
Objective 3: Improved access to quality water and sanitation facilities for 20 percent of households of Nthabiseng ADP by 2013						
Number of households with reduced incidents of water-borne disease		350	175	317	350	
Number of households with adequate household hygiene facilities(refuse pits, VIP latrines)		350	175	98 percent	350	
Proportion of households with access to safe water all year round		360	180		360	
Number of households with improved water facilities		1,000	500	0 percent	1,000	
Number of water facilities maintained		5		1		

Table3: Selected Output and Outcome Indicators and Results

The most significant reasons for either over- or under-achievement of targets were:

- More participants or wider programme reach than originally planned (HIV/AIDS, food security);
- Local government counterparts not available or not yet trained to contribute their support for project activities (water and sanitation);
- Local NGO counterparts lacked adequate capacity to undertake activities (HIV/AIDS); and,
- Inconsistent levels of coordination between WVL-supported activities and those of other donors operating in the area.

Budget utilisation

Programme expenditure for the project year 2010/11 is shown in Table 3. The elapsed implementation time was 6 months or 50 percent of the total one-year duration.

It was stated in many of the explanations that under-utilisation of resources was primarily due to the non-implementation of training activities, which was itself caused by a heavy schedule of internal trainings and workshops for the ADP staff.

Views of parents

According to mothers of child beneficiaries who participated in a focus group discussion, WVL's programme boosted their ability to meet the

Component	Budget (USD)	Actual (USD)	Variance (USD)	Percent
Food Security	149,687.00	77,637	72,050.00	48
HIV and AIDS	131,997.00	48,385	83,612.00	63
Water and Sanitation	65,411.00	12,366	53,045.00	81
Child Sponsorship & Programme Management	289,980.00	157,015	132,965.00	46
TOTAL	**637,075**	**295,403**	**341,672.00**	**54**

Table 3: Budget Absorption 2010/11

basic needs of their children. They defined the main challenges in their community to be poverty and unemployment, and the negative effects on their children. WVL assisted them to address these challenges through the provision of food assistance and uniforms, payment of school fees, and provision of shoes, books, and toiletries. More generally, WVL provided some houses with toilets, assistance to build green houses, provision of other agricultural inputs, training for children in life skills and basic literacy, and training for children on improved hygiene.

However, as for overall impact, one participant stated:

The impact has not been significant as children do not receive much direct assistance [at the moment]. However, one positive impact has been the training of children as peer educators in life skills, child protection laws and first aid.

Other participants were seriously concerned about the planned phasing-out of WVL support to their community. There was no indication that they felt that they could replace this support from locally-available resources.

Views of teachers

In contrast to parents, teachers in the community were much more aware of the challenges for children in the school, home and community environments. They were also more able to identify significant positive outcomes of WVL's support through the ADP. Teachers tended to describe the main challenges for children to be related to parenting and household environment:

Some children become vulnerable once their parents die because there is no one left to take care of their needs and people are usually hesitant to volunteer to help.

Vulnerable children are sometimes not well taken care of at home. Some parents have given in to poverty and do not use their hands to make a living for their families. This makes living conditions very hard for the children.

Teachers were also able to identify vulnerable children, orphaned or not, in their classes through physical and behavioural clues:

Vulnerable children refer to children whose parents are negligent and also orphans who have other family members still alive but who do not take care of them. At our school we have mechanisms of identifying those two types. We visit these families in the community and that is where we will identify whether the children who live in those families are vulnerable or not.

We are able to identify these children in class. Vulnerable children are often affected emotionally and are usually thin and have a frail physical appearance.

Such children usually require both financial and practical assistance to attend and to stay in school. Teachers are aware that children with no one to care for them outside of the school tend to drop out.

There was strong consensus that WVL had assisted children in meaningful ways. This included assistance with food baskets for children, school fees, uniforms, school supplies, and shoes. WVL representatives visited sponsored children at least once a year and brought them Christmas cards from their sponsors. In addition, WVL facilitated

competitions and events amongst schools and children, often with cash prizes. Schools then used the prize money for provision of additional practical support to children.

The teachers also noted the support of WVL to bring community members together to identify and to monitor vulnerable children. WVL had hosted workshops with teachers to get their insights into the extent of vulnerability of children in the community. WVL had also supported selected teachers to monitor vulnerable children to keep the WVL staff up-to-date on their findings. Finally, WVL had assisted with referrals for children in need of additional counselling and support beyond what could be provided in the school.

In addition to WVL support, teachers themselves provided for OVCs through their own means. Some advised parents or caregivers on how to obtain bursaries and other assistance for children. Teachers donated clothes from their households and some even paid school fees.

When asked to indicate the impact on children of WVL activities, all teachers were clear that the results were positive and affected children in profound ways.

• *The children started looking happier and were more lively after getting assistance; they start behaving like normal children and their school work also improves.*

"The children started looking happier and were more lively after getting assistance; they start behaving like normal children and their school work also improves."

- *The children start to have a positive outlook on life; they show a lot of respect towards their teachers; they are no longer self-conscious at school because they have proper school uniforms and shoes.*
- *When the children notice that they are loved and being cared for, their behaviour changes; they become well-behaved and grateful.*
- *Not all children exhibit positive change. Some children still have a hard time at school and some of them end up dropping out.*

When asked about improvements to suggest to WVL, the teachers mentioned timeliness in the provision of benefits and supports. They also mentioned the need for more transparency and accountability in some of the community-level structures that receive resources from WVL that they then pass on to community members. However, overall, teachers were very aware of the positive meaning and the extent of support from WVL. This not only included the practical support for OVC mentioned previously, but also drug rehabilitation, provision of a water tank to a school, provision of sporting equipment, and organisation of sporting competitions.

Views of children

For the children that are assisted by WVL, the impact that the organisation has on their lives is clear. According to the focus group participants, most children heard about WVL in their communities. Children look to WVL to provide many of their basic necessities. This includes adequate food, clothing, school uniforms and shoes, school fees and, to a lesser extent, counselling and support. At the time that WVL began to assist the children, they were living in impoverished households with no money and not enough food: "We went to school hungry."

The support children received from WVL included blankets, clothes, food, shoes, toiletries, school uniforms, and books. WVL also assisted some of their families with the ploughing of the fields and seeds for planting. Some children's families also received assistance from Social Welfare, including a monthly 'paupers' allowance of LSL100. As for the overall benefit in their lives, children said that they were no longer hungry at school and were able to concentrate and to play with other children.

Profiles of WVL child beneficiaries

WVL, in its projects in the community within the Nthabiseng ADP, places a strong emphasis on community capacity development so that the community can play a stronger role in assisting OVC. The result of this type of intervention is that it is sometimes difficult to determine the direct impact of interventions on the individual lives of children. For this study, two children were profiled in order to clarify the effect of WVLs work on their lives. The personal details in these profiles have been changed to protect the confidentiality of the participants.

Thabo's experience

Thabo is a 17-year-old boy who comes from a destitute household. Prior to receiving assistance from WVL, he suffered from hunger to such a degree that he had health problems and he performed poorly at school. He used to ask himself, 'Will I manage to go to school since my mother is struggling to pay my school fees?' Fortunately, he was identified by WVL volunteers in the community and was assisted with food, a uniform, and school supplies. "Now things are better than before...I can concentrate at school because I no longer think about my mother struggling to pay school fees for me."

Tsepo's experience

Tsepo is a 23-year-old young adult. As a consequence of having a mentally ill mother, and due to poverty in his household, he was unable to attend school until he was a teenager. In 1999, a neighbour helped him to enrol in primary school when free primary education was introduced. Although he was enrolled in school, he still struggled with having enough to eat, and with purchasing a school uniform and his school books. It was towards the end of his primary school period that he first heard about WVL through a gathering of community children called by the local chief. The gathering was called to inform children about an initiative to set up a Child Committee and children were requested to elect two representatives. Tsepo was elected by his peers to be a representative. His

involvement on the committee drew the attention of a member of the ADP Executive Committee who referred his case to WVL. Tsepo was then able to obtain assistance with all his school needs. He completed his primary school education with a 1st class pass and proceeded on to high school which he completed last year with continuing support from WVL.

Participation on the Child Committee had a huge influence on Tsepo's life. As a representative he was trained in public speaking, child rights and responsibilities, advocacy and life skills. It was his responsibility as a peer educator to train the children in the community. Describing the impact of WVL on his life he says: "World Vision equipped me with essentials skills and self-esteem." Among the opportunities Tsepo has had through WVL support was an opportunity in 2006 to attend a workshop at the Child Resource Centre in Cape Town. It was his first experience of travelling outside Lesotho. The workshop was conducted in English and he felt insecure about his fluency in English. He returned with a "bleeding wound" because he was not able to express himself and he vowed to learn to speak English fluently. So he read everything and took all opportunities to speak English. Tsepo has now completed high school and aspires to be a journalist. WVL recently funded him to attend a week-long youth journalism training workshop hosted by the Lesotho Child Counselling Unit. The aim of the workshop was to train youth to publish a children's newspaper.

Views of community partners

To represent the views of community partners, a priest and a teacher, both with defined roles within the ADP, were interviewed. Both individuals worked to coordinate the relationship between WVL interventions and the community. The teacher, for example, maintained the list of registered children, while the priest worked to identify vulnerable children, including children with disabilities, for WVL assistance and to provide spiritual counselling to improve the children's psycho-social health.

According to these individuals, the WVL intervention had enhanced community level capacities, including leadership, advocacy, proposal writing, and organisational management, particularly financial management. Community members had also been sensitised on the rights of children and how to identify instances of physical or sexual abuse of children. Both individuals played their roles within the community on a voluntary basis.

Prior to their involvement with WVL, both individuals noted that there were problems with the abuse of children and the denial of their rights. These included theft of property, neglect, and physical and sexual abuse. One individual noted that Habitat for Humanity would come to build houses for

destitute children and that after completion, children would be forced out of the houses by their relatives. Children would also be very inconsistent in their attendance at school because of lack of food and school uniforms, and an inability to cover other school costs.

In their view, WVL also provided a complete range of support to assist the community to care for its children and to improve their overall well-being. This assistance included development of the CCCs, provision of seeds and fertilizer, training on keyhole gardens, provision of toilets and training on sanitation systems, provision of foot-bridges, provision of housing, and improvement of the communities' ability to provide care and support to OVC. WVL had also created a monitoring system for documenting the progress of improving the health and well-being of the communities' children.

As for the future, however, these individuals expressed concerns regarding whether the community systems and structures created through the WVL intervention would be sustained. As one individual noted, "The greatest problem is that not enough people volunteer. They want to be paid." According to both individuals, there was growing unease regarding the phasing-out of the ADP, including a lack of clarity regarding why WVL was not going to stay in the community on a permanent basis.

NAMIBIA

BOTSWANA

SWAZILAND

SOUTH AFRICA

LESOTHO

4.
SWAZILAND

4.1 CHILDREN AND VULNERABILITY

"69 percent of the population lives below the nationally defined poverty level"

The Kingdom of Swaziland is the smallest country in southern Africa. It is divided into four administrative regions: Manzini, Shiselweni, Hhohho and Lubombo. Approximately 69 percent of the population lives below the nationally defined poverty level; 80 percent of the country's poor live in rural areas and depend on small-scale subsistence agriculture for survival. Eighty-two percent of the population lives on less than US$2 per day (UNDP 2009, Oxford Poverty and Human Development Index 2011). Unemployment is officially estimated at 40 percent using a very expansive definition of employment to include homestead work and other types of non-salaried, occasional labour.

Like Lesotho, Swaziland has a highly open economy with only a very small export base of textiles, sugar, and natural resources. Approximately 60 percent of the national budget is made up of revenues from the Southern African Customs Union (SACU). The steep decline in SACU receipts since 2009 has caused a fiscal crisis for the country. The Government of the Kingdom of Swaziland (GKS) has initiated a Fiscal Adjustment Roadmap (GKS 2010a). According to the plan, the swelling public deficit is to be addressed through severe cost reductions within the public sector and an improved environment for foreign direct investment.

Children and HIV and AIDS

HIV prevalence is measure in two ways in Swaziland. The HIV prevalence rate for the population aged 2 and above is 19 percent (GKS and NERCHA 2010b). For the 15-to-49 year group, the HIV prevalence is 26 percent, the highest country level prevalence in the world. There are approximately 187,000 adults and 16,000 children living with HIV in Swaziland. Like most of southern Africa, the HIV epidemic in Swaziland has a significant gender dimension. The overall HIV prevalence by gender is 31 percent for females and 19.7 percent for males. Already,

at 15 years, 10 percent of females are HIV-positive and only 2 percent of males. By age 20, 38 percent of females and 12 percent of males are HIV-positive, rising to 49 percent and 12 percent, respectively at age 25. By the time males and females are 30 years old, 45 percent of both groups are HIV-positive.

The reasons for high HIV prevalence in the country are not fully understood, particularly from the perspective of gender. 46 percent of 20-to-24-year old females were sexually active by the age of 18 (only 5.9 percent by the age of 15). 85.6 percent of 15-to-24-year-old females became sexually active with a partner up to 10 years older (only 3.5 percent with a partner of the same age). The country experiences high rates of gender-based violence and, particularly in rural areas, maintains cultural traditions that substantially disadvantage females at all ages.

Coverage for ART is continually expanding. As of 2009, it was estimated that 89 percent of adults and 59 percent of children needing ART were receiving it. PMTCT coverage for the same year was 69 percent. In 2008, it was estimated that 130,000 or 30 percent of all children in Swaziland were OVC. 23 percent of this group were orphans while the remaining were considered to be vulnerable due to being HIV-positive or residing in households where one or more adult members are ill with HIV; or, due to poverty, discrimination, child labour, or

exclusion. At the time it was expected that the number of OVC would reach 200,000 by 2010.

Maternal and child mortality

Maternal and child mortality rates for Swaziland remain amongst the highest in the region. The maternal mortality rate was measured at 590 per 100,000 live births in 2007 (Central Statistical Office and Macro Int. 2008). In the same year, the under-5 mortality rate was 83 per 1,000 live births, while the infant mortality rate was 59 per 1,000 live births. The immunization rate was 82 percent nationally.

Nutrition and food security

The nutritional status of the country's children has been improving. Between 2000 and 2007, the prevalence of stunting among children under 5 declined from 30 percent to 24 percent. Similarly, over the same period, the prevalence of underweight declined from 10 percent to 7 percent of all children, although the prevalence of wasting remained between 2 percent and 3 percent. During 2009/2010, it was estimated that 256,383 adults and children were food insecure (Swaziland Vulnerability Assessment Committee 2009). The GKS has stated that, "the dependence on rain-fed agriculture is no longer a viable option for a sector that is considered as a livelihood source for a significant proportion of the population."

General progress in mitigating the vulnerability of children

Recently, efforts to mitigate the vulnerability of children have gained momentum in Swaziland. In 2006, the country submitted its first periodic report on the domestication of the UN Convention on the Rights of the Child. Subsequently, in 2008, a member of the UN's compliance monitoring committee visited the country to assess progress in strengthening human-rights-based frameworks for children and to review Swaziland's general efforts to secure their health and well-being. Recent developments in this respect include (Save the Children Swaziland 2011):

a) Movement through parliament of a new Child Protection and Welfare Bill. Similar to Lesotho, this proposed law aims to fully domesticate the provisions of the UNCRC and other international and regional children's rights instruments;
b) Approval of a new National Children's Policy (discussed in section 4.5.2. below);
c) Establishment of the National Children's Coordination Unit within the Deputy Prime Minister's Office;
d) Uptake of children's issues within key parliamentary portfolio committees;
e) Establishment of a Human Rights Commission with special provisions for children; and,
f) Establishment of the Children's Consortium to coordinate NGOs active on children's issues.

4.2

EDUCATION SECTOR –
OVERVIEW, ACCESS AND EQUITY

Overview

The education sector in Swaziland was recently the subject of two comprehensive assessments conducted by the World Bank (World Bank 2006, Marope 2010). The reports are guiding the country's efforts to transform its education sector to become a more substantive driving force in Swaziland's development, particularly now that the country is at a critical economic juncture.

Like Lesotho, the formal education sector in Swaziland is comprised of six institutional programmes:

Integrated early childhood care and development

IECCD programmes and pre-primary programmes are largely offered by NGO providers or individuals in both urban and rural settings. Neighbourhood Care Points (NCPs) and KaGogo centres also provide these opportunities for young children or facilitate their participation where they are provided in the community. Access to IECCD and pre-primary programmes is limited due to the number service providers relative to the population of eligible children, and because fees are charged for these services. It was estimated in 2009 that only 34 percent of eligible children participated

in either IECCD or pre-primary programmes. It has been suggested that the children in households in the wealthiest quintile are ten times more likely to be enrolled in IECCD than children from households in the two poorest quintiles (World Bank 2006). Only 6.3 percent of children with special needs attend IECCD or pre-primary programmes. The same study found that 52 percent of IECCD centres indicated that they were not equipped to provide for children with special needs.

Primary school (basic education)

As of 2007, there were 556 formally recognised primary schools in Swaziland operated by both governmental and non-governmental providers. The 232,572 learners enrolled in school at the time that the 2006/07 DHS was carried out represented 84 percent of eligible children – of which 48 percent was female (Central Statistical Office and Macro Int. 2008). Enrolment is beginning to increase sharply as Swaziland roles out free and compulsory primary education. However, currently school fees have only been eliminated for Standards 1 and 2.

Junior and senior secondary school

In 2007, there were 43 junior secondary schools enrolling

60,002 learners, and 157 senior secondary schools enrolling 22,834 learners (Marope 2010). 48 percent of each group was female. An estimated 3,000 learners were enrolled in illegal or non-recognised schools operating as private businesses and hence not included within the relevant institutional policies and processes. The enrolment figures illustrate the stark reality of severely limited opportunities for older children and adolescents to pursue education after primary level. It is estimated that 74 percent of age-eligible children and adolescents for junior secondary school and 88 percent of age-eligible adolescents for senior secondary school are not enrolled in any one school year (Marope 2010)

Non-formal education (literacy and numeracy training) and distance teaching

For youth and adults not participating in formal school programmes, Swaziland offers adult basic education and training programmes as well as remedial opportunities for those who did not complete primary or secondary education. In 2008, it was estimated that there were approximately 2,408 learners enrolled in basic education and training, and 700 in remedial programmes.

Technical and vocational education and training

There are 57 publicly funded and 27 privately supported institutions providing TVET programmes in Swaziland. In 2009, there were

approximately 1,000 spaces across all of the public and private programme providers (Marope 2010). It has been estimated that the annual number of school leavers both desiring and eligible to participate in TVET is 14,000. Only 7 percent of this group gains admission to TVET programmes in any one academic year.

Tertiary education

The University of Swaziland (UNISWA), which was established in 1982, is the only tertiary institution in the country. In 2008, UNISWA enrolled 5,440 students. This represented approximately 4.2 percent of the eligible young adults wanting to pursue their education to the tertiary level.

Children, vulnerability and access to education

While it is clear that across the education system in Swaziland there are significant barriers to enrolment, retention and completion at all levels for all children, orphaned or vulnerable children face additional barriers that, in many ways, serve to compound or deepen their already compromised social and economic status.

As noted previously, 69.2 percent of the population lives below the nationally defined poverty line with 37 percent living in extreme poverty and unable to meet their basic food requirements. 76 percent of all rural households

live in poverty. Poverty makes education inaccessible for poor children, although government-sponsored bursaries for orphans alleviate this barrier for some households. Where poverty is the result of unemployment, households have very little incentive to invest in the education of children. Recent analysis shows that across Swaziland, household income has the greatest effect on whether or not children attend school (World Bank 2006).

The impact of HIV and AIDS at the community and household level compounds poverty and further decreases the likelihood that children in HIV-affected households will attend school. Either the death of parents or other members of the household or family in caretaker roles leaves children as orphans or otherwise vulnerable to abandonment and neglect; or, the burden of sick household members and the consequent burden on household income forces children to leave school to provide support in the home or to take on income-earning activities.

Factors of gender and household composition further confound the efforts of children to attend and to remain in school. The average enrolment of orphaned girls aged 7 to 19 was estimated at 70 percent compared to 81 percent of their non-orphaned counterparts. In addition, more than any other factor, the death of the mother in the household is likely to cause female children and adolescents to drop-out or never have the opportunity to attend school.

4.3 EFFORTS TO PROVIDE CARE AND SUPPORT TO OVC WITHIN SCHOOLS

"the rights and entitlements of children continue to be a critical priority."

Overview

Very recently, Swaziland has generated good momentum in terms of creating opportunities for care and support for OVC associated with schools. The concept of schools as centres of care and support for OVC is now institutionalised across the education sector as a result of the new Education Sector Policy (see below). Many NCPs have become permanent, on-going entities following a pilot phase for these places of safety and support for children at community level that was supported by UNICEF (UNICEF Swaziland 2010a). Maintaining support for school bursaries within a very difficult public sector fiscal environment and continuing to roll-out free basic education within this same context are two other examples of government and leadership level commitment to the educational needs and entitlements for all children and adolescents in Swaziland (Save the Children Swaziland 2007). Finally, the country's

efforts to position children's issues strategically within the government structure and through leadership-level multi-sectoral partnerships have shown that, despite challenging times, the rights and entitlements of children continue to be a critical priority.

Policy

The Education Sector Policy (ESP) commits the GKS and the education sector as whole to a number of system strengthening efforts and targeted interventions to care for, protect and support OVC (GSK 2011). The ESP establishes life skills education as a compulsory component of the national curriculum. It states that guidance and counselling functions in schools will be strengthened and expanded.

It also provides that OVC in schools will be routinely monitored and that schools will be assisted to respond to OVC needs. In addition, the ESP commits the sector to full protection for learners from all forms of sexual abuse in schools, including harassment, exploitation, molestation, and rape.

Through the ESP, the GKS will develop additional vocational training opportunities and set national curriculum standards for IECCD. The provision of guidance and psycho-social support will be a compulsory subject in both pre-service and in-service teacher training programmes. Teacher training programmes will be strengthened to ensure that:

...all teachers are fully and recurrently capacitated on issues of counselling, guidance, health, psycho-social support, life skills, adolescent reproductive health, HIV and AIDS, sexually transmitted infections awareness and prevention.

Within the classroom, the ESP will provide for the development of appropriate teaching and learning resources that are evidence-based, sex and age appropriate, and geared towards learners' needs.

Finally, the ESP will enable a special emphasis on the needs of OVC. The goal for the ESP in this respect is to, 'monitor and support OVC and other educationally stigmatized and marginalized learners at every level of the education system'. To move forward immediately, the ESP calls for

the creation of a multi-sectoral OVC task team 'to coordinate the social sector OVC response and confirm the role and sectoral responsibilities of the MOET in this response'.

Schools as Centres of Care and Support programme (SCCS)

Within the multi-sectoral effort to address the needs of OVC in Swaziland, the SCCS programme has become in many respects the flagship programme. Swaziland participates, along with Zambia and South Africa, in the regional SCCS programme started in 2005 through a collaborative partnership between MIET, based in South Africa, and the southern African regional programmes for UNICEF and UNESCO. Between 2006 and 2010, the SCCS programme was implemented in Swaziland through a Memorandum of Understanding between UNICEF and other UN agencies (UNESCO, WFP, FAO, WHO and UNDP) and their governmental and non-governmental counterparts. Starting with an initial pilot of 180 schools in four regions in 2005, the programme was operating in 360 schools by 2012 (UNICEF Swaziland 2010b). It was the intention of the MOE to implement the SCCS programme in all schools over the longer term. As part of the programme, schools have received water tanks, gardening equipment and seedlings. In addition, children have received uniforms, and school nutrition programmes. School health programmes have also been strengthened and expanded to reach children in school at least twice per year.

Neighbourhood Care Points (NCPs)

NCPs were first established in Swaziland by UNICEF as a pilot initiative to mobilize local community responses for the care and protection of OVC. Operating on a daily basis, members of communities received stipends to coordinate community partners to provide food and nutrition, basic health care, non-formal education, recreational opportunities, and psycho-social support to OVC. By 2005, 438 NCPs had been established across Swaziland caring for approximately 33,000 children. In 2006, UNICEF carried out an assessment of 62 NCPs in four regions (UNICEF Swaziland 2006). The assessment found that the NCPs were mostly established with rudimentary stick and mud structures. Each NCP looked after approximately 58 children and the provision of food, either once or twice per day, was the main activity. Most (more than 60 percent) had no access to piped or borehole water. Nor did they have livestock or established gardens, or sufficient supplies for the provision of basic health care. Each centre had between 3 and 10 caregivers, 95 percent of whom were women.

The assessment noted that children attending NCPs were selected by the local traditional leadership structures with input from the community and from NCP caregivers. Once selected, children attended regularly. Prolonged absences of children were followed-up by caregivers. Children were generally destitute.

57 percent were double orphans or children living in households in deep poverty, meaning no source of income whatsoever. Children attended NCPs mostly for food but also for schooling, clothing, and care and support. It was noted in the assessment that NCPs had good success in returning children to school. Overall, the assessment concluded that NCPs played a critical role within communities to support OVC. The assessment recommended that NCPs be absorbed into the institutional structure, and stabilised, strengthened and expanded.

Additional details on Swaziland's efforts to respond to the needs of OVC within the context of education and schools are contained in the case studies that follow.

CASE STUDY 1:

The Moya Centre

Introduction

The Moya Centre was started informally in 1999 by a group of individuals living in the same community. It is located in Malkerns in the Manzini administrative region on the border of a poor rural community. The Centre is governed as a Trust with seven trustees. The indvuna (assistant to the chief) of Mahlanya is the Patron. The community centre was built in 2000 on an acre of a family farm donated by one of the seven Trustees. The organisation is firmly rooted in the community it serves and the programmes have evolved organically in response to community needs. The Centre's initial activities involved the provision of vitamins and supplements, teaching of life skills, dissemination of information on HIV and AIDS and positive living, and community mobilisation for improved nutrition. Subsequently, the Centre introduced sustainable gardening methods to increase the affordability and availability of fresh fruit and vegetables through all seasons.

In 2002, at the request of the induvuna and his umphakatsi (the chief's council), a pre-school for OVC was started. When the pre-school children were ready to proceed to primary school, funds were raised to pay their school fees. When a substantial sum was raised, the Centre approached UNICEF and the MOE for advice on the best way to assist the largest number of children. During these discussions, it became clear that, instead of sponsoring individual children to attend school, all the children would benefit if the funds were used instead to build the capacity of teachers to deliver better quality literacy and numeracy programmes. The funds would also be best invested to provide poor rural schools with assistance to strengthen their administrative capacity and their basic physical infrastructure.

Once the children graduated from primary school, the support expanded to programmes in high schools. In June 2004, the Swaziland component of the regional Education for All (EFA) programme was launched. At that time, a professional team – including an education specialist from UNICEF, two school inspectors from the MOE, and the Director of the Centre – was formed to oversee this national initiative. The EFA approach facilitated the bringing together of donor funding, government bodies, NGOs, community services, community leaders, parents or guardians, school staff, and learners themselves to enhance the quality of education in schools with a focus on vulnerable children and families. The EFA approach was launched

in three selected schools, which most of the Centre-supported children attended.

Currently, the Centre has five full-time staff and, consequently, relies heavily on volunteers in the provision of its programmes.

Strategic framework

The vision of the Centre is that, in all of its implementation areas, all school-aged OVC, especially those in child- or elderly-headed households, will be in school, or attending an NCP. These children will have access to a supportive community network to facilitate emotional well-being, good health and safety. The mission of the Centre is to contribute to Swaziland's initiatives in strengthening protective domestic, school and community environments for OVC, with a special emphasis on its target population of children in child- or elderly-headed households.

The Centre's main goals are to:

- Strengthen community capacity for to provide and monitor protective environments for children in child- or elderly-headed households;
- Enhance the capacity of school managers and teachers for effective management of school resources, participatory school planning and to implement and institutionalize child-friendly approaches in their teaching and interactions with children; and,
- Ensure safety, adequate shelter, clean water and

sanitation, strengthened life kills, adequate food, and health and emotional well-being for children in child- or elderly-headed households.

The Centre carries out its work by working with partners in government, civil society and community groups to capacitate community duty bearers for children; facilitating capacity strengthening of school managers and teachers in collaboration with MOE, development partners and local NGOs; providing direct support to child- or elderly-headed households; and, facilitating links between child- or elderly-headed households and community service providers.

Moya Centre programmes

The Centre operates five main programmes: support for schools; the Moya Community Centre; primary health care; support to individual children and families in crisis; and, food security interventions.

a) Support for schools

As noted above, early on in its development, the Centre shifted from individual support for school fees to investing in schools. The Centre now funds educational programmes at three primary and secondary schools. In 2008, through this direct support for schools, 247 primary school children received uniforms and stationery while their school fees were covered through a government bursary. In a similar manner, 102 high school children were assisted. They received top up

fees to supplement government sponsorship and were also provided with funds for transport if necessary. Also in 2008, there were 16 children attending the Centre's pre-school programme.

Through the EFA project, a number of capacity-building activities were carried out in the three primary schools attended by the Centre's children. These activities included:

- Training of school committees on management skills;
- Training of head teachers and other teachers on financial skills, particularly budgeting;
- Sensitising teachers on OVC issues and ways of supporting them;
- Training of teachers about all types of abuse and on basic skills in guidance and counselling, in collaboration with service providers and the MOE;
- Providing opportunities for head teachers to consult with their peers about personnel management and to share ideas on team-building and improving motivation;
- Building up school libraries, strengthening skills of teachers and helping them to source books;
- Purchasing science equipment and related supplies for secondary schools; and,
- Expanding infrastructure within schools by building classrooms; providing desks and chairs; ensuring a potable water supply by providing water tanks, boreholes and pumps; providing a vehicle; improving security through provision of fencing and gates; establishing food gardens

for school kitchens; and, providing gardening materials and training.

In 2009, the National Emergency Response Council on HIV and AIDS (NERCHA) began to provide food to secondary schools not previously included in school feeding schemes. A condition of participation was that schools had places to store and prepare food. As a result, the Centre began to assist secondary schools in its intervention areas to build proper facilities. The Centre first required schools to make their own investment in the process by building storage and kitchen facilities to window height with local materials. The Centre then offered to complete the structures. Prior to 2009, the Centre had helped secondary schools establish gardens and had bought cooking equipment and utensils for them.

To improve the provision of guidance and psycho-social support for OVC, the Centre engaged a clinical psychologist to train guidance teachers and regular teachers. The training had a practical focus of equipping teachers with basic counselling skills. A system for recording and tracking the use of the training in helping children was also put in place.

b) Activities at the Moya Community Centre

Through the Moya Community Centre, a number of activities are offered for children and adolescents. An Afternoon Club primarily serves OVC but all children from the local community are welcome. During this time, the pre-school teachers help children with literacy and volunteers facilitate reading groups for older children and assist them to use the small library at the Centre. For secondary school students, extra maths and science lessons are offered and there is a youth club with a focus on building life skills, particularly for adolescents.

During these activities, staff and volunteers use the opportunity to identify and support very needy children with either food or emotional support. In some cases, the Centre engages the school or a child's caregivers to address more complex needs. The Centre may also organize home visits to monitor children struggling with illness or emotional difficulties. Food is the greatest need that the Centre is called on to address. Direct food support is only offered to destitute children. Otherwise, the Centre provides assistance to families to grow their own food in the form of gardening tools, seeds or fertilizer.

c) Direct support to individual children and their families

The Centre recognizes that 'a child who is sick, hungry, abused, grieving, cold or exhausted does not flourish in school'. Consequently, it offers a number of programmes to address family and home circumstances that impact negatively on children's capacity to learn. The Centre maintains a number of partnerships for this purpose, including Save the Children Swaziland,

"Food is the greatest need that the Centre is called on to address."

the Swaziland Action Group Against Abuse, and the local NCPs. The Centre also works with Rural Health Motivators, the umpakhatsi for land issues and protection, and the police who assist with abuse cases or abandonment.

Wherever possible, the Centre engages the community to solve problems. This includes working with local communities to resolve overcrowding in homes or to repair places where children's safety is clearly at risk. Families in severe crises can be supplied with basic provisions, such as food or access to safe water. As noted previously, some children are provided with support to attend school, such as topping up their school fees, or assistance with transport in the form of bus fare, or bicycles when distance is a problem. For child- or elderly-headed households, assistance is provided to establish gardens with the provision of training, tools, seeds and fertilizer. The Centre may also mobilise the community to

provide chickens or other livestock. The Centre works with neighbours, local churches, and the umpakhatsi, among other community resource people, to ensure that these households are monitored and supported.

There is a special focus on psycho-social support for children within the Centre's programme. The Centre organises workshops, for example, to provide guidance and counselling to children and to help them develop emotional resilience and other life coping skills. At times, when individual children or adolescents encounter challenges, such as pregnancy, anti-social behaviour, addiction, and other problems that require immediate attention from an adult in that child's life, the Centre staff will provide counselling and support, and assist with finding solutions that involve the school and the family whenever possible.

d) Primary health care

The Centre offers basic primary health care to all community members free of charge two mornings per week. This includes provision of vitamins and other supplements, some homeopathic remedies, advice on nutrition and positive living, de-worming for children, and basic first aid. In addition, health care advice is provided for caregivers, and, when necessary, referrals to appropriate health centres and hospitals are made. A health worker supports children and adults who are HIV positive, and

HIV testing and counselling and treatment for STIs are provided in partnership with a local health clinic operated by the Salvation Army.

The sexual abuse of learners in school is a major problem in Swaziland. In 2007, for example, ten primary school children reported sexual abuse by three different teachers in the same school. An investigation was undertaken with the result that one of the teachers resigned, and two were dismissed. In abuse cases, the Salvation Army provides testing, counselling and treatment for STIs if necessary. The Centre provides interim care for an abused child and coordinates its assistance with the police and other social services. Such children are monitored on an on-going basis through their participation in the Centre's Afternoon Club.

For HIV-positive children and adolescents, the Centre links with the Baylor International Paediatric AIDS Initiative (BIPAI). BIPAI provides a day clinic at the Centre for paediatric HIV diagnosis and treatment. BIPAI also does outreach to surrounding communities and works with primary schools. Working in partnership with BIPAI, the Centre sensitises schools on how to identify children who may be positive and to assist them in seeking testing. Teachers frequently ask the Centre's staff to talk to parents because of a lack of confidence and issues of stigma in the community. To complement the efforts of BIPAI and the Centre, workshops are offered in communities by health workers from Ministry of

Health on HIV and AIDS, home-based care and support, and positive living.

e) Food security interventions

As mentioned previously, food security is a major problem in Swaziland and consequently this is a major focus of the Centre's activities. After an initial training in 2001, the Centre has been promoting trench gardening across all of its intervention areas. The Centre has trained many other community groups and service providers, including NCPs, rural health motivators, agricultural extension officers, members of agricultural clubs, students and teachers. In partnership with the SAHEE Trust, based in Switzerland, the Centre has also worked in the community to promote homestead kitchen gardening.[8] The approach is innovative in that it relies on a high level of interest from the participants and avoids the potential conflict that can arise in programmes that support community gardens. The programme starts by advertising the training opportunity through the local leadership and community radio stations. Everyone who is interested attends an initial training on fencing with an emphasis on using locally available materials. Potential participants then return to their homes and fence the area they plan to use. The training team then visits all these sites and takes photographs that are displayed at a meeting with all the prospective participants. In a group of 60 participants, the training team will then select the 30 best fences

and those become the participants for the full training programme.

The training programme takes place over one week each month. The first two days are site visits by the training team to see how the training is being understood and applied, followed by the next block of group training over three days. There is an assignment after each block, and before the next block, the team will check on how the previous lessons are being applied. A standard form is used to monitor gardening activities and outputs, with additional information gathered through informal conversations on such topics as water, pests and harvests. Photographs are taken of the gardens for monitoring purposes. Participants are encouraged to keep simple records of their harvests in order to track whether they are able to grow foods that make a significant contribution to their household food supply.

Materials and tools are only provided well into the course and only when it is clear they that are needed and will be well utilised. The training is practical rather than theoretical and encourages participants to informally share ideas and lead by example. Participants see other gardens and get interested and learn by seeing others doing it. The course includes discussion about the environmental impacts of cultivation, including soil erosion and loss of soil.

CASE STUDY 2:

Bantwana Schools Integrated Programme (BSIP)

Introduction

Bantwana is a US-based international NGO based in Boston, Massachusetts. It was launched in 2006 by World Education Inc., a private voluntary organisation founded in 1951. World Education Inc. seeks to meet the needs of the educationally disadvantaged around the globe through training and technical assistance focussing on non-formal education. The organisation currently works in 50 countries on four continents. The Bantwana initiative focussed specifically on the needs of OVC in sub-Saharan African countries with high HIV prevalence.

In its country level programmes, Bantwana focuses on the following intervention priorities:

• Building the management and technical skills of community-based
  organisations to provide a comprehensive package of support;
• Linking organisations to one another, and to other policy and
  funding networks to share best practices;
• Monitoring and evaluating what works and why;
• Convening policymakers, government officials, funders, and
  communities to track and share knowledge, expertise, challenges,
  and successes;
• Focusing on adolescents (who make up more than 60 percent of all
  OVC); and,
• Mobilising and leveraging resources for advocacy in partnership
  with existing local, national, and global efforts.

"The most threatening challenge, mentioned by 66 percent of children profiled, was the issue of insufficient food within the household."

Bantwana works with small organisations and communities already providing support to OVC. Through a detailed assessment process, Bantwana identifies promising community efforts and helps build management, technical and advocacy capacity to enable communities to care for children over the long-term. It capacitates these local organisations to provide an integrated, holistic package of care for OVC, including psycho-social support and child protection.

Bantwana, with assistance from its US-based partners, including Harvard University, has developed a range of tools to assess the capacity of the organisations it works with. The tools not only measure capacity to provide quality assured and comprehensive OVC services, they also attempt to measure the impact these services have on children's well-being. The tools include the NGO OVC Capacity Assessment Tool and the Child Profiling Tool, which measure both organisational progress and reach, and changes and improvements in well-being at the level of the child. Once this information is collected, the organisation assists its partners to share the results with all stakeholders, including communities, families, schools, public officials, policy makers and donors. This process also helps to identify best-practice and to inform replication of such programmes in relevant settings.

The Bantwana programme in Swaziland began in 2008. There are three main initiatives:

Bantwana Schools Integrated Programme; School Health Outreach Programme; and, Bantwana Advocacy Initiative in Swaziland. Bantwana's programmes have a primary focus on adolescents.

Bantwana Schools Integrated programme

The Bantwana Schools Integrated Programme (BSIP) began in 2008 in Lubombo, a largely rural and impoverished region in Swaziland. Working with the MOE, the MOHSW and three national partners – Luhlelo Lolunotsisa Temabhizinisi (LULOTE), School Health and Population Education (SHAPE) and Africa Co-operative Action Trust (ACAT) – BSIP aims to capacitate schools as points of intervention for delivery of a full range of essential and comprehensive services. These include nutrition, basic health care, psycho-social support, education, economic strengthening, HIV prevention and child protection. BSIP began as a 10-school pilot programme with funding from a consortium of private foundations, which included OSF ESP and OSISA. Following an external evaluation, BSIP expanded to 18 schools with support from PEPFAR. Over the longer term, Bantwana plans to scale-up BSIP to all schools in Lubombo and eventually to schools across the country. A Memorandum of Understanding has been signed with the SCCS programme to ensure synergies and to avoid wasteful duplication.

Strategic framework and programme priorities

The main goal of the BSIP is to offer comprehensive, critically needed and integrated support services to OVC within schools in the Lubombo region. It aims to build the capacity of the schools so that school management committees are able to make decisions, plan and implement small local projects, and actively engage the community in overseeing and advocating for the support of OVC.

The objectives of BSIP are to:

- Use local schools and build the capacity of school committees as the node of intervention to offer a range of integrated support and services to OVC;
- Strengthen the capacity of local communities to better support OVC in their midst;
- Enhance the capacity of local NGOs to provide on-going support in building the skills of local school committees; and,
- Reach adolescent OVC with a range of appropriate and needed services.

The specific outcomes at the school and community level include:

- Increased financial and programme management skills;
- Improved outreach and communication between school committees, parents and the surrounding community regarding the needs of OVC;
- Increased ability of school committees to form and manage sub-committees for specific OVC outreach services, including health, counselling, food security and livelihoods development;
- Increased ability of school committees to manage, implement and monitor school improvement projects that benefit OVC and their caregivers;
- Improved and increased retention of students in school, especially adolescent girls; and,
- Improved communication between communities and education officials resulting from a greater capacity to advocate on behalf of their schools and the needs of OVC.

BSIP intends to ensure that all adolescent OVC attend school and that they have access to training on gardening, school health programmes (including reproductive health), peer education and life skills (including HIV and STI prevention, and protection against abuse), counselling and psycho-social support, information on legal rights and entitlements, and access to vocational training for livelihoods development.

Results from child profiling study

Using its child profiling tool, a child profiling study was completed in 2009 for children in the BSIP intervention area (Borisova and Vilane 2009). The main findings of the study were,

- While there were no notable differences recorded between genders in terms of caregiver arrangements, the study found that older children (adolescents) were much more likely to have lost one or both of their natural parents, and were more likely to be in the care of extended family and siblings;
- The majority of children lived with 2-4 adults and 3-7 other children in their home (including siblings, cousins, neighbours and friends), meaning that children lived in households that were large (6-11 individuals);
- The most threatening challenge, mentioned by 66 percent of children profiled, was the issue of insufficient food within the household;
- Of the children profiled, 55 percent felt that they could not solve the problems in their lives, emphasising the importance of the care and protection of guardians, but 92 percent reported that they still had hope for their future – a positive finding considering the many challenges these same children identified;
- There were only minimal differences in caregiver support between the different groups of children, which indicated that overall even double orphans were experiencing good levels of care and support from adults in their lives. Similarly, it was found that both girls and boys reported comparable levels of adult support and affection;
- Only 61 percent of the children managed to pass the last school term. One possible reason for this was the lack of support children received for their school work from the adults in their lives.

Only 58 percent of children claimed to have ever received any help with their school work from parents or guardians;

- The majority (67 percent) of the children's school fees were paid for by the GKS. Only 16 percent of the children's school fees were paid for by natural parents, 5 percent by their relatives, and 4 percent by NGOs;
- 64 percent of sexually-active children reported having used a condom the last time they had sex. Various reasons cited for using condoms were preventing pregnancy, HIV and STIs, among others. 3.5 percent of children admitted that they had been raped or forced into intercourse, and that condoms were not used;
- 27 percent of participants reported having been physically hit hard and left with bruises. Most (64 percent) of this physical abuse happened at home. Physical abuse was also experienced at school (27 percent), as well as other public locations. Eight percent of children interviewed had been inappropriately fondled or made to fondle someone without their permission;
- Physical abuse was experienced more frequently by boys in primary schools than for girls at either schooling level. However, girls suffered from sexual abuse and much more often than boys (75 percent of the children who reported sexual abuse were girls);
- The most common challenges experienced by children (40 percent) was unemployment of the primary wage earner in the child's home, followed by home responsibilities interfering

with a child's school work (31 percent). 30 percent of children also reported that they had to take on heavy family responsibility in the past school term and 25 percent of youth had to take on a job in order to support their family (more common among older youth);

- The main source of income for most of the children's households was self-employment (32 percent) or formal income earning by either the child or family member (35 percent). Only 11 percent of children's families relied on remittances;
- Approximately 45 percent of children had no one else besides the parent or caregiver to support them with money. Those who had other financial support received it from either grandparents (5 percent), siblings (17 percent) or extended family members (19 percent);
- 27 percent of children said that they had never been educated about child abuse, and 46 percent were not aware of any local organisation dealing with child protection issues;
- Children who were not receiving enough material support were struggling not only materially but also emotionally because of loss of hope, lack of self-esteem, and poverty;
- The study identified four main predictors of positive psycho-social health, including a positive connection with an adult caregiver; having friends; passing grades in school; and, having all basic needs provided for. Consequently, the most powerful predictors of psycho-social problems were found to be

a combination of three main factors: many hardships, high levels of perceived stigma, and low levels of positive adult connection. These effects were found to be true irrespective of orphan status, gender, or age.

- Finally, the study revealed that older children were more likely to fail than younger children. Most notably, however, was the finding that that girls were just as likely to pass (or fail) as boys. A positive connection with an adult was associated with higher rates of passing.

Preliminary Results from programme implementation

In its start-up phase, BSIP conducted an initial round of training for school committees. Examples of activities generated by the school committee training included the following:

Home visits to OVC

Certain school committees identified sites within the community where they could conduct home visits for double orphans. Some visits necessitated that children be accommodated in their neighbours' houses at night to reduce risk, or be taken in by extended family members. A major challenge has been the issue of land and maintaining it in the possession of OVC. School committee members have engaged local chiefs in discussions on this issue and the local chiefs have promised to make sure that OVC are not dispossessed of their inherited land.

a) Care-giver interventions

One school committee engaged single parents that were struggling with family issues and counselled them on their responsibility to provide for their children. This was found to be a common problem in cases where the parent was working away from the household and not providing for his or her children.

b) Foster school parents

Some school committees introduced a 'Foster School Parents' programme. This involved parents who volunteered to supervise and support OVC during extracurricular activities. This intervention was designed to close the gap for OVC growing up without the presence of a caring adult in their lives.

c) OVC study support

Some primary schools introduced an hour long study period either after school, during sports time, or during the third term. This allowed students to seek assistance from their peers or their teachers with their school work. Another local initiative was to set up supervised homework assistance classes in the community to provide students with assistance on their homework outside of school hours. Completing homework was found to be a challenge for OVC, especially in the rural areas, where most people who could assist were not available during allocated study times.

d) Civil days

Some schools introduced 'civil days' when students were free not to wear their uniforms in return for payment of a small fee. The funds collected during civil days were then utilised for purchasing basic items like shoes or school supplies for OVC in their schools.

Other results achieved to-date by BSIP include:

- Development of a core service package that addresses the physical, emotional, academic, and social well-being of children;
- Support for livelihoods activities for adolescents, as well as for school committee members and teachers, that have raised funds to support OVC needs;
- Establishment of enhanced school feeding programmes and permaculture gardens to improve child and household nutrition, and to generate income;
- Provision of small grants to support schools to procure teaching tools and equipment; and,
- Establishment of corner libraries in schools to boost students reading and writing skills, and to assist teachers to conduct extra learning sessions outside of the regular school timetable and curriculum.

School Health Outreach Programme (SHOP)

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"The child profiling study found that general health and sickness were two of the main predictors of absenteeism, which underscored the importance of providing health services to children within schools."

predictors of absenteeism, which underscored the importance of providing health services to children within schools. In the study, 25 percent of children who experienced some kind of illness did not seek help due to lack of funds.

In order to strengthen and expand the capacity of the MOHSW Lubombo Regional School Health Outreach team, Bantwana secured a grant from the Izumi Foundation in 2009. The goal of the grant is to increase access to basic primary healthcare services for vulnerable youth in the Lubombo region. The specific objectives of SHOP are to:

• Build the capacity of the Lubombo regional school health outreach team to provide primary health care to 14,800 children in 37 schools in Lubombo;
• Strengthen the capacity of teachers and community health outreach volunteers in basic first aid and universal precautions; and,
• Improve coordination between technical line ministries to expand access to primary healthcare, health education, and urgent referrals for children.

The grant supports a full-time nurse to work in tandem with the MOHSW's school health outreach team to increase the range and timeliness of health care interventions within schools.

In the first year of SHOP, significant results were achieved:

• 7,265 students received basic health services and treatment;
• 86 school visits were conducted by the Bantwana nurse;
• 117 students were referred for additional treatment;
• 71 teachers were trained in first aid and universal precautions;
• 23 first aid kits were distributed to schools; and,
• 2,400 students were trained in health and hygiene-related topics.

SHOP has brought other benefits, including improving the morale of the school health outreach team and community health outreach volunteers. The project has also influenced the MOHSW to improve stock management to reduce the number of times that essential medicines are not available. As a result of providing first aid training, teachers felt more confident to address health needs in their schools. Teachers also found that students were absent less frequently.

Psycho-social support, HIV prevention and reproductive health

To build the capacity of schools to address the psycho-social needs of learners, BSIP provided introductory training on basic psycho-social concepts and the importance of addressing psycho-social needs within schools. The participants were mainly teachers and school committee members. A sub-set of this group were subsequently given more intensive training in order to serve as focal points in their schools and community for building awareness and mobilising resources to provide psycho-social support to children. This has addressed the concern that teachers generally felt burdened, disempowered, unsupported and overwhelmed by the needs confronting them in classrooms. Broader community involvement meant that teachers could rely on a number of different resources to provide the support that learners needed. BSIP has engaged a psycho-social specialist to provide follow up support, including counselling individual students and providing peer support to teachers and principals.

BSIP has also trained learners as peer educators in order to undertake HIV prevention activities in schools. These individuals help to form health clubs in schools, which provide adolescents with opportunities to socialise in a safe, teacher-facilitated environment that promotes peer interactions and positive healthy behaviour. The clubs also provide opportunities for education and discussion on HIV prevention and sexual and reproductive health. Teachers trained in psycho-social support facilitate the health club sessions using a standardised life skills manual compiled by the Swaziland

National Youth Council and NERCHA. This life skills manual covers an array of topics such as physical and emotional health, choices and decision making, peer pressure, and stigma and discrimination.

After head teachers raised concerns about the growing number of adolescent girls leaving school because of pregnancy, BSIP developed a broader strategy to provide sexual and reproductive health support for all students, regardless of whether or not they participated in health clubs. To-date, BSIP has worked with principals, teachers, and school committees to ensure that career guidance teachers are trained to work in adolescent and child friendly ways to provide sexual and reproductive health information and support, including HIV prevention interventions.

Food security

In order to improve food security within schools and within individual households, BSIP has implemented the following:

- Training of teachers and school committee members on improved management of school feeding programmes, including improving food storage and food preparation processes;
- Training of school committees on permaculture gardening techniques and provision of fencing and seedlings;
- Assistance to individual households to start

homestead gardens, including mobilisation of community assistance to clear land, to build fences and to provide manure and other start-up supplies. The gardens are monitored by trained school committee members, ACAT extension officers, and agricultural extension workers from the Ministry of Agriculture; and,
- Provision of food hampers to children in families in extreme situations. Families are screened by teachers and school committee members before they are assisted. In addition, school committee members visit the homesteads to ensure that the food is being eaten by the children.

Child protection and support

School committee members have been mobilised to conduct home visits and to intervene in situations where children without parents are living in dangerous situations. The members organise community volunteers to stay in child-headed households in the evenings. They also arrange for volunteers to mentor children without parents and to organise after school study sessions to assist these children with their studies.

BSIP also provides small grants for OVC action plans at the school level. The grants facilitate income generating activities, which in turn provide schools with funds to finance OVC-related activities, such as school fees and material assistance. The average grant amount per year is US$1,800 per school.

Educational support

BSIP participating schools have received grants of US$1,000 to purchase additional educational material and equipment for the school. The introduction of the International General Certificate of Secondary Education (IGSE) curriculum in Swaziland has put rural schools at a pronounced disadvantage in comparison to most urban schools. The new curriculum has introduced oral and listening comprehension testing, requiring the use of tape recorders or DVD players. Schools are expected to play DVDs and tapes for some subjects and to use tapes for oral exams. In addition, exams in science and other subjects require raw materials for schools to provide practicals for learners in these subjects. Some of the items purchased by schools through the BSIP grant include: tapes, cassette players, microphones, science kits, supplementary English reading books, wind vanes, thermometers, calculators, dictionaries, and world maps.

5.

DISCUSSION

"what is common across all cases is the magnitude of need within communities, not only for the support of OVC, but also for the community as a whole."

The four cases described in this report each present a relatively unique approach to improving the care and support for OVC within school settings. Some of that support is very direct and individually focussed (LGGA, for example); some is more indirect and focussed on strengthening systems and more general community capacities (WVL or BSIP). However, what is common across all cases is the magnitude of need within communities, not only for the support of OVC, but also for the community as a whole. For example, in three cases (WVL, BSIP and Moya Centre), food security features prominently as a community-wide challenge and not solely for children in schools. This is equally the case for the deeply entrenched poverty that affects all communities reached by the four projects.

5.1. Programme environment

Another common feature is the general fragility of the education sector independent of the additional burden of the growing number of vulnerable children. Schools were in

decline, teachers were overburdened and poorly-motivated, and surrounding communities were unable to support their schools before these interventions were launched. Consequently, the interventions have been stretched further than initially expected by the need to strengthen the system as a whole. Interventions like the Moya Centre, which began with a focus on destitute children, have shifted somewhat to focus more on systems strengthening for schools. One substantive – and not necessarily initially intended – benefit of the effort to provide care and support within schools for vulnerable children has been systems strengthening for schools more generally as well as increased community involvement and focus on the educational needs of children.

5.2. Efficiency – return on the value of resources invested

There is a challenge to draw comparisons across the four cases in terms of resources invested and benefits gained. The LGGA project is the smallest and the most fragile, given is current funding crisis. It has the smallest staff

and the fewest volunteers, while WVL has substantially more staff, volunteers and resources invested. Similarly, the Moya Centre operates on a smaller scale than BSIP. Both the WVL and BSIP interventions are highly structured and work within an institutional framework that goes beyond what is implemented within their intervention areas.

Regardless of the complexity of structure or intervention modalities, there is a clearly definable target population in all the cases, which, in the main, is vulnerable children whether their situation arises from social status as orphans, economic status as severely impoverished, or physical status as either HIV-positive or disabled. One cannot doubt that, from the perspective of the children, lasting benefits have been achieved. In each case, this appears to be how, ultimately, the value of the intervention is defined. Street children assisted by LGGA experience dramatic changes in their circumstances when provided with shelter, food and clothing, and cared for in a way that responds to their immediate needs and removes them from the isolation and daily threats they had previously experienced. Certainly for the staff and volunteers involved in the LGGA programme, this is more than sufficient return for the financial, spiritual, physical and emotional resources they invest. This is also true of the staff and volunteers who participate in the Moya Centre programmes and deal directly with vulnerable children.

For children who are assisted by these interventions – as well as through the Nthabiseng ADP and BSIP programmes – the value for them is immense given the urgency of their practical needs. While none of the profiled interventions can demonstrate cross-cutting and sustained change across the population of children they assist, each programme can provide numerous compelling examples of individuals whose lives are transformed and this, for the time being, appears to be sufficient.

5.3. Coordinated delivery of programmes

In each of the cases, there is clear recognition of the multi-faceted needs of vulnerable children and the need to work in partnership to address them. Even for a small intervention like LGGA, links have been established with the DSW, the Lesotho Mounted Police Services, the MOET, and a local primary school in order to provide for the range of needs that children have. WVL is perhaps the most complex in this respect. WVL has created additional structures at community level to improve community capacity to provide care and support for children, both within schools and in the community. In addition, WVL has mobilised and capacitated existing community structures. This has become a best-practice direction for WVI as a whole in terms of strengthening child protection through community mobilisation (Forbes et al. 2011). In both the BSIP and Moya Centre programmes, links with partners are integral to programme design and are critical to what,

ultimately, each intervention seeks to achieve. The needs of vulnerable children and the local environmental factors that place children in these situations require coordinated efforts to address. Only sustained support from communities and families will provide what these children need.

5.4. Evidence of impact – Sustained changes in children's well-being

Two of the cases have put in place ways to measure impact from the perspective of changes in children's well-being. BSIP, with its child profiling tool, has introduced a systematic way of tracking changes in the lived experience of the children it assists. In this way the BSIP intervention is equipped to gather reliable and valid data on child-related impacts. The contribution of child profiling to the quality and focus of the intervention is evident.

WVL collects information on registered children in the Nthabiseng ADP on a routine basis. However, while WVL can follow children in terms of certain indicators, including whether or not they have been immunised or received practical support in some form or another, the data that is collected does not directly measure sustained change or impact on a longitudinal basis. WVL relies more on qualitative evidence or self-perceived changes in children's lives to measure the differences its assistance makes. World Vision Australia (2010), the principal funder of the Nthabiseng ADP, has stated that:

With the revision of World Vision's monitoring and evaluation framework, and the development of child well-being indicators, it is critical that evaluation practices apply both qualitative and quantitative methods that will enable us to speak about the very specific impacts we are endeavouring to influence, while also capturing the rich, diverse complexity of changes we contribute to.

For the 2010 programme year, World Vision Australia made the following observation:

This year's findings echo last year's: the majority (91 percent) of evaluations reported positive change in local communities. Changes range from increased community awareness and capacity building, to improvements in child wellbeing and positive changes in the social, economic and physical conditions in communities. However, there is little evidence to suggest this change has a lasting impact beyond World Vision's presence in a community.

Staff and stakeholders within the Nthabiseng ADP have voiced concerns about the degree of permanent change that will have occurred by the time WVL completes its intervention in 2013. Will, for instance, the children that have been sponsored and monitored over the period of the ADP implementation constitute a new generation of community leaders pushing the development of their community forward and permanently out of its current state of poverty and deprivation? There are many actions and interactions that occur over the life of an ADP but the effects may be difficult

to measure in all of their dimensions (WVA 2009). Sustainable change may arise but it is not always possible to link it directly to some aspect of the ADP itself.[9]

While the Moya Centre programme is not as systematic as BSIP in collecting baseline, progress and impact data on the children it assists, the Centre does nonetheless monitor its most vulnerable children over time. In the material made available for the study, there were no statements or direct views of these children, nor was there any longitudinal data such as school pass or completion rates. It is clear that the Centre builds relationships with children over time and offers support to them at different stages in their development from infants to adolescents. No observation on impact can be made within the context of this study but the ingredients are most probably there in the Centre's programmes to achieve lasting change in children's lives.

For LGGA, 'impact' is more immediate and short-term. LGGA shelters children who would otherwise be in situations of extreme vulnerability. Former beneficiaries of LGGA, who are now young adults, describe the impact of this assistance on their lives in very concrete terms. LGGA was a lifeline for them in an otherwise desperate situation. Across southern Africa there are countless such stories. It is a reflection of the situation that vulnerable children find themselves in that basic practical assistance such as the

provision of school uniforms, shoes, or a reliable food supply, have such a transformative effect.

5.5. Sustainability

In some senses, sustainability is an impossible achievement. Given the scale of the need and the on-going increase in the number of vulnerable children across the region, it seems that any intervention is quickly overwhelmed and then is faced with the challenge of how to continue such support for as long as it is needed. The desire or even the imperative to help more children in the short term shoulders out considerations about long term sustainability.

The LGGA and the Boitelo Primary School are coming to the point where what they have attempted to do is no longer sustainable. On the LGGA side, the need to mobilise resources to keep the organisation operating, independent of the need for resources for its Children in the Street programme, has become a major preoccupation. LGGA can no longer assist as many children as previously. This is partly due to the need to use its facilities as much as possible to generate revenue. According to staff at the Boitelo Primary School, the challenge is the scale of need across all learners not just those referred through LGGA. Poverty and its negative impacts on children are clearly visible throughout the school and the resources available to alleviate these impacts are meagre in comparison. Teachers do as much as they can

but they need to balance the risks of physical and emotional stress in relation to what they do for these children with their own families' needs and responsibilities. The kind of personal contribution that teachers are currently making cannot be sustained on an indefinite basis.

The question of sustainability is also central to the Nthabiseng ADP. According to World Vision Australia (2010), sustainability is defined as 'the ability to maintain and improve upon the outcomes and goals achieved with external support after that support has ended'. One key ingredient in sustainability, for World Vision, is community participation. World Vision Australia noted in regard to this that

...we are not demonstrating community participation in almost one-third of the projects. This is a concern given that without community participation, the shared learning, responsibility and ownership that underpins community development may not be sustained.

By 2013, after a sustained presence since 1999, WVL will phase out its support to the Nthabiseng ADP. Will the ADP have reached the level of achievement that is promised within the strategic level language of the global World Vision partnership? Some change is bound to be lasting but given the range of activities across the ADP area it may be difficult to isolate this. As World Vision Australia (2009) stated

The complex nature of development means it's often difficult to measure the lasting, positive changes in the community which are a result of World Vision's work. Some of the indicators and milestones we use are testimonials, and measured changes in agriculture, school attendance, health and other indicators.

Clearly there are limits to sustainability in any intervention. However, there is optimism that having capacitated community structures, particularly in relation to child protection and the need to monitor and support vulnerable children, that those communities within the ADP will continue their vigilance and remain responsive to the needs of vulnerable children.

The level of support for sponsored children, particularly the aspect of routine monitoring and provision of materials and supplies for daily needs, will no doubt leave a gap. How this will affect these children is not clearly known. There are serious concerns on the part of WVL staff and local community leaders and partners that important gains achieved through the Nthabiseng ADP intervention will not be sustained. Food security, income generation, and support for the educational needs of children are programme areas where there is an increasing anxiety about the impact of WVL phasing out its support. There is a distinct lack of confidence about the capacity of communities to sustain these on their own.

For the Moya Centre and BSIP, there are equally important questions about sustaining changes that occur in the schools and communities where they intervene. The Moya Centre is an important service provider for impoverished children and households in Malkerns. The endemic poverty that surrounds the Centre, and the population of vulnerable children and households it has created, can never be fully addressed by the Centre on its own. While the Centre's accomplishments are impressive and the quality of the programme it offers to vulnerable children is inspiring, there is fragility at the core that is related to the on-going, daily need for resource mobilisation and for mobilising sufficient voluntary assistance, particularly individuals with the kinds of skills needed to provide adequate care and support for vulnerable children. The Centre has an emphasis on assisting families and communities to move beyond the current challenges of poverty, food insecurity and epidemic diseases. However, there is a question as to whether the Centre and its programmes can be sustained long enough for permanent change to occur or whether the level of need will eventually overwhelm it.

For BSIP, with is more intensive focus on systems within schools and communities, and on capacitating and strengthening what already exists, there is more optimism that permanent change will occur. The advocacy component in their programme also contributes to this through policy development and strengthening of institutional arrangements at the national level for the provision

of care and support to vulnerable children through schools and the broader education sector. BSIP's attention to generating evidence with its child profiling tool is another component that will help to perpetuate change. Where care and support within schools becomes a national policy direction and influences institutional arrangements, as it is beginning to in Swaziland, the potential for sustainability is more apparent.

5.6. Lessons learned and potential for replication

When reflecting on the four cases against the findings of the literature review and emerging best practice, what becomes apparent is that there are aspects of each case that should be considered for replication and other aspects that should not.

On the positive side, the following best-practice components from each case have the potential to contribute in a significant way should they be replicated at country level or across the region:

• It is important to collect baseline data in order to understand the range of needs of children within an intervention area and to guide programme development. For example, the BSIP profiling study found that a relationship with an adult that is interested in a child's education has a positive impact on educational attainment. This applied to all children, not just those defined as vulnerable. This subsequently led to important decisions in programme design. It was an aspect that might otherwise have been completely overlooked.

• A systems strengthening approach, or investing in schools and the skills and abilities of teachers, has a broader impact than using the same funds to sponsor individual children. Teachers are central to the provision of care and support in schools whether they are motivated to play this role or not. Teachers take up such responsibilities with more enthusiasm when they are part of a wider school and community network that can quickly intervene to provide the immediate practical support to the vulnerable children that they identify in their classes.

• Food security and adequate nutrition for growing children is an endemic challenge in schools and communities. Vulnerable children are first drawn to programmes or centres for assistance because of a lack of food. Addressing food security and providing growing children with sufficient nutrition must be core components of any school or community-based interventions. Motivating communities in innovative ways to collectively address food security, and similarly engaging learners and schools, can help to provide sustainable answers to the chronic lack of food.

• Interventions that require counterpart commitments up front are more stable over the long term and have greater impact in terms of delivering sustained change. The Moya Centre has begun to use this approach more consistently, particularly with respect to enhancing the capacity of schools to store and prepare the food provided by school feeding programmes. Counterpart commitment is an up-front requirement for

Bantwana to start assessing whether they will undertake a partnership commitment at country level. The organisation partners at country level only with those entities that have already demonstrated a commitment to assisting vulnerable children and youth, particularly with respect to their rights to education.

As for those elements that should not be replicated, the analysis suggests two key points:

• It is critical to avoid getting the wrong balance between direct practical assistance and mobilising and strengthening families, communities, schools and other institutions to mount their own responses to development challenges. As the Nthabiseng ADP staff reflect on twelve years of WVL's intervention and what change will endure as a result of this, there are some who believe that too much practical assistance was provided so that communities have not prepared themselves to be able to sustain the changes in their health and well-being once the project has closed.

• The need for urgent practical assistance can easily overwhelm any intervention to support and protect vulnerable children, including those implemented through schools. Without broader systems and policies that mobilise the entire education sector to respond to the current and future needs of vulnerable children, it is unlikely that these types of urgent interventions will have a sustainable impact on the lives of children and their communities.

6. CONCLUSIONS AND RECOMMENDATIONS

"Teachers are not able to explain the degree of family and community neglect of children, whose effects they witness in their classrooms."

Lesotho and Swaziland struggle under heavy burdens of epidemic disease, poverty and limited opportunities for economic development. One of the more painful symptoms of this predicament is the ever growing number of vulnerable children, particularly orphaned and impoverished children, struggling with inadequate systems of protection and support at the community and household level. A significant number of these children are first identified as significantly or extremely vulnerable at school. Consequently, it is in the school setting where the extent of the need initially becomes visible and where a first response for these children should be located. While there is strong consensus across SADC for schools to function as providers of care and support, the case studies in this document show that at least in Lesotho and Swaziland, there is a considerable amount of work to be done to ensure that the capacity of the education sector is adequate to meet the general needs of all children – let alone the specific additional needs of vulnerable children.

While defining the key needs of vulnerable children is relatively simple – food, clothing, shelter, safety, psycho-social and emotional support – meeting these needs is complicated. Children were impoverished and denied opportunities for education before the full impact of HIV and AIDS was felt in either country. The impact of the epidemic has not only exposed existing structural faults within the education sector, it has also made them wider and deeper. Where this gap may be the most serious is at the level of communities and families. Teachers are not able to explain the degree of family and community neglect of children, whose effects they witness in their classrooms.

No institutional response can successfully address this. The effectiveness of efforts to provide care and support for children in schools is limited when basic social structures no longer fulfil their role. So in tandem with efforts to strengthen the capacity of the educational sector to do more for vulnerable children, there must also be a full community effort to protect and nurture them. Somehow,

"Teachers are reaching out to help but end up taking on additional and unsustainable personal burdens"

families and communities need to renew their obligation to safeguard children and ensure that the fulfilment of the needs of their children as paramount. This will remain a difficult task in Swaziland and Lesotho so long as many families and communities face a daily struggle for survival in the face of epidemic diseases, endemic poverty and acute food insecurity.

At the moment, an enormous burden is being placed on both the education sector and individual schools. Teachers are reaching out to help but end up taking on additional and unsustainable personal burdens – when they provide clothing or pay school fees or simply spend time supporting vulnerable children. The indirect effect of this on the well-being of themselves and their own households is substantial. And schools also cannot cope with the additional needs without lasting, structural support and strengthening. No intervention profiled in this study operates without external support. This is either support through an international partner, or private contributions from generous individuals. Swaziland is gradually building the foundations of a more systematic response with new policy and legislation clarifying the roles that schools can play but also identifying what is necessary

for this to happen. However, when one looks at the example of NCPs, a question arises regarding whether this will happen quickly enough. NCPs appear to be vital points of care and support for children in communities but their strength is largely derived from the enthusiasm of the individuals that make them function on a daily basis. Can this initial level of enthusiasm be sustained over a decade or two as many of these children will continue to need assistance well into adolescence – and as more vulnerable children continue to queue up for NCP assistance?

In Lesotho, the LGGA programme is on the verge of collapse, particularly the primary school partner. The programme has managed to achieve remarkable gains for the children it has assisted but the signs of strain are clear since LGGA cannot mobilise funds fast enough. Working at the scale of an ADP seems to have made some progress but there are real concerns that momentum will dwindle when World Vision winds down its support. After 12 years, it is difficult to see a generation of children who have been strengthened and whose vulnerability has been significantly reduced. Much of the activity at this stage is still at the level of practical support and basic child protection interventions because the

basic needs remain paramount despite the years that WVL has been working in the area.

What is evident is that the same institutional commitment and investment that has built country level HIV and AIDS responses has not yet been mobilised to address the needs of vulnerable children, particularly with respect to guaranteeing access to education and providing optimal conditions for educational achievement. The societal impact of this gap is profound and lasting. This conclusion suggests the following actions and recommendations:

• The issue of capacitating schools remains urgent since there is enough evidence to show that using schools as the focal points provides a more coordinated and comprehensive approach to addressing vulnerable children's needs;

• Responses are fragile, and sustainability is uncertain given the scale and scope of the need, and the limits on what can be mobilised at community, national and regional levels. However, there is a critical need to move away from fire-fighting and to build stronger and more effective systems in schools and in communities;

- Stemming the tide requires a massive effort. Within Lesotho and Swaziland, the signs of this emerging are not clear. The Lesotho Child Grants Programme is moving in the right direction by identifying and supporting destitute houses in order to provide better care for vulnerable children. Swaziland also appears to be beginning to build more momentum. But in both Lesotho and Swaziland it is unclear whether the needed levels of investment to implement a comprehensive strategic approach will emerge in time; and,

- SADC has an opportunity to coordinate a regional response and to provide a forum for on-going dialogue on best-practice and high-impact efforts. This will also be a mechanism for coordinating advocacy efforts to strengthen rights-based responses and urge countries to comply with their national, regional and global level commitments to the entitlements and well-being of children.

- Finally, the move to establish a minimum package of support for vulnerable children, including through the education sector, is a big step forward towards defining the entitlements of children and the opportunities for countries to fulfil them. There is a role for OSISA, OSF ESP and their civil society partners to continue to push for the adoption and implementation of this and to ensure that, throughout the process of change and improvement, the voices of children and youth are not only heard but also listened to.

Endnotes

1. The semantic and operational challenges with the OVC terminology are discussed in section 2.2 of this report. At the time the project was developed, the UNICEF definition was the most commonly used descriptor for the group of children and adolescents deemed to be either orphaned, vulnerable or both (UNICEF 2004).

2. Armstrong R and M Moleli-Habi 2011. The Role of the Education Sector in Providing Care and Support for Orphans and Vulnerable Children in Lesotho. OSISA Rapid Assessment Report.

3. South Africa has mainstreamed CFS in its education sector as Safe and Caring Child-Friendly Schools. http://www.unicef.org/southafrica/education_6093.html

4. The IMF agreement can be viewed at http://www.imf.org/external/country/LSO/index.htm

5. UNICEF 2011. Internal data from Lesotho country office. Used by permission.

6. Information on WVI in this section is excerpted from www.wvi.org unless otherwise indicated. Selected details have also been excerpted from http://www.oneworldtrust.org/publications/doc_view/107-2006-gar-accountability-profile-wvi?tmpl=component&format=raw

7. For details on the Hope Initiative, see http://www.worldvision.org/content.nsf/getinvolved/hope-home

8. For more detail on the SAHEE Trust projects in Swaziland, see http://www.sahee.org/pages/swaziland.php?archiv=1&lg=en

9. It should be noted that WVI is implementing a new intervention methodology for its ADPs. This may address some of the challenges mentioned in this paragraph. See WVI (2011).

List of Acronyms

ADP ..... Area Development Programme
AIDS ..... Acquired immuno-deficiency syndrome
ART ..... Anti-retroviral treatment

BIPA ..... Baylor Paediatric AIDS Initiative
BOS ..... Bureau of Statistics
BPS ..... Boitelo Primary School
BSIP ..... Bantwana Schools Integrated Project

CARE ..... Co-operative for African Relief Everywhere
CBO ..... Community-based Organisation
CWBO ..... Child Well-being Outcomes
CCC ..... Community Care Coalition
CGP ..... Lesotho Child Grants Programme
CGPU ..... Child and Gender Protection Unit
COSC ..... Cambridge Overseas School Certificate
CPWA ..... Children's Protection and Welfare Act
CSTL ..... Care and Support for Teaching and Learning

DCPT ..... District Child Protection Team
DHMT ..... District Health Management Team
DSW ..... Department of Social Welfare
DVD ..... Digital video disk

EFA ..... Education for All
ESP ..... Education Sector Project
ESSP ..... Education Sector Strategic Plan
EU .... European Union

FPE ..... Free Primary Education

GDP ..... Gross domestic product

GOL .... Government of Lesotho
GOS ..... Government of Swaziland

HIV ..... Human immuno-deficiency virus

IECCD ..... Integrated early childhood care and development
ILO ..... International Labour Organisation

JC ..... Junior Certificate
JLICA ..... Joint Learning Initiative on Children and HIV/AIDS

LANFE ..... Lesotho Association for Non-Formal Education
LDHS ..... Lesotho Demographic and Health Survey
LGGA ..... Lesotho Girl Guides Association
LS ..... Lesotho
LSL ..... Lesotho loti

MDG ..... Millennium Development Goal
MIET ..... Media in Education Trust
MISA ..... Media Institute for Southern Africa
MOET ..... Ministry of Education and Training
MOFDP ..... Ministry of Finance and Development Planning
MOHA ..... Ministry of Home Affairs
MOHSW ..... Ministry of Health and Social Welfare
MOJHRCS ..... Ministry of Justice, Human Rights and Correctional Service
MOLGC ..... Ministry of Local Government and Chieftainship

NAC ..... National AIDS Commission
NCP ..... Neighbourhood Care Point
NERCHA ..... National Emergency Response Council on HIV and AIDS
NFE ..... Non-Formal Education
NGO ..... Non-Governmental Organisation

ODFL ..... Open, Distance and Flexible Learning
OMHC ..... Office of the Master of the High Court
OSI ..... Open Society Institute
OSISA ..... Open Society Institute for Southern Africa
OVC ..... Orphans and vulnerable children

PEPFAR ..... President's Emergency Fund for AIDS Relief
PMTCT .... Prevention of mother-to-child transmission of HIV

REPSSI ..... Regional Psycho-social Support Initiative
RSA ..... Republic of South Africa

SACU ..... Southern African Customs Union
SADC ..... Southern African Development Community
SAHEE ..... Sustainability for agriculture, health,
education and development
SCCS ..... Schools as Centres of Care and Support

TB ..... Tuberculosis
TRA ..... Touch Roots Africa
TVET ..... Vocational Education and Training

UNAIDS ..... United Nations Joint Programme on HIV and AIDS
UNDP ..... United Nations Development Programme
UNESCO ..... United Nations Educational, Scientific and
Cultural Organisation
UNICEF ..... United Nations Children's Fund
US ..... United States
USAID ..... United States Agency for International Development
USD ..... United States dollar

WAGGS ..... World Association of Girl Guides and Girl Scouts
WEI ..... World Education International
WFP ..... World Food Programme
WVA ..... World Vision Australia
WVI ..... World Vision International
WVL ..... World Vision Lesotho

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The Role of the Education Sector in Providing Care & Support for Orphans & Vulnerable Children in Lesotho & Swaziland

As the HIV epidemic continues to unfold across southern Africa, countries are still struggling to find effective means to address many of its negative impacts at individual, family and community levels. One of the most complicated challenges is how to support the growing number of orphans and other children made vulnerable, or made more vulnerable, by the direct and indirect effects of HIV on their households. In particular, there have been many individual and institutional efforts to assist these children through schools and other educational services and institutions. But there has been little research into the actual impact of most of these interventions.

The Open Society Foundations Education Support Program (OSF ESP) and the Open Society Initiative for Southern Africa (OSISA) have been involved in some of these programmes and came to the realisation that too many interventions within the education sector have not been adequately documented nor have they been evaluated rigorously enough to be certain that they are producing positive lasting benefits for the children. So OSF ESP and OSISA agreed to fund a study of multi-sectoral efforts to assist orphans and vulnerable children (OVC) through schools in two of the countries most affected by the epidemic, Lesotho and Swaziland.

In particular, the study probed in greater depth, and within the more systematic frame of a research methodology, the achievements of two current initiatives in each of country. The four cases described in this report each present an innovative approach to improving the care and support of vulnerable children within schools. Some of that support is direct and individually focussed (Lesotho Girl Guides Association and Moya Centre), while some is more indirect and focussed on strengthening systems and general community capacity (World Vision Lesotho and the Bantwana Schools Integrated Programme).

While none of the profiled interventions can demonstrate cross-cutting and sustained change across the population of children they assist, each programme can provide numerous compelling examples of individuals whose lives have been transformed. In each case, there was also a clear recognition of the multi-faceted needs of vulnerable children and the need to work in partnership with others to address them – as well as a realisation that it is vital to strengthen the overall system to transform the schools into stable and optimally functional institutions, alongside the specific interventions to assist vulnerable children.

What is also evident is that the same institutional commitment and investment that has built country-level HIV and AIDS responses has not yet been mobilised to address the needs of vulnerable children, particularly with respect to guaranteeing access to education and providing optimal conditions for educational achievement. This needs to be urgently addressed because the societal impact of this gap is profound and lasting.