



NATIONAL POLICY
ON
ORPHANS AND VULNERABLE CHILDREN

DEPARTMENT OF SOCIAL WELFARE,

MINISTRY OF HEALTH AND SOCIAL WELFARE



ABBREVIATIONS AND ACRONYMS

ACPHR	-	African Charter on Human and People's Rights
ACRWC	-	African Charter on the Rights and Welfare of the Child
AIDS	-	Acquired Immune Deficiency Syndrome
BOS	-	Bureau of statistics
CBCC	-	Community Based Care Centres
CBO	-	Community Based Organisations
CEDAW	-	Convention on Elimination of All Forms of Discrimination Against Women
CPA	-	Child Protection Act
CRC	-	Convention on the Rights of the Child
DMA	-	Disaster Management Authority
DSW	-	Department of Social Welfare
ECCD	-	Early Child Care and Development
FPE	-	Free Primary Education
GOL	-	Government of Lesotho
HBC	-	Home Based Care
HIV	-	Human Immunodeficiency Virus
ILO	-	International Labour Organisation
LLRC	-	Lesotho Law Reform Commission
MOET	-	Ministry of Education and Training
NFE	-	Non-Formal Education
NPOVC	-	National Policy on Orphans and Vulnerable Children
NGO	-	Non-Governmental Organisation
OVC	-	Orphans and Vulnerable Children
PRS	-	Poverty Reduction Strategies
RAAAP	-	Rapid Assessment Analysis and Action Planning
SADC	-	South African Development Countries
SOA	-	Sexual Offences Act
STI	-	Sexually Transmitted Infection
UN	-	United Nations
UNGASS	-	United Nations General Assembly Special Session
UNICEF	-	United Nations Children's Fund
UNAIDS	-	United Nations global Programme on HIV and AIDS
WHO	-	World Health Organisation
WFP	-	World Food Programme

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POLICY ON ORPHANS AND VULNERABLE CHILDREN

1.0 INTRODUCTION

1.1 *Policy Background*

Poverty, the HIV and AIDS pandemic and food insecurity are currently the biggest threat to the survival, care, protection and development of children in Lesotho. Together, they are constraining the provision of basic social services and jeopardizing the protection of children. The opportunity of children to survive and thrive depends upon these twin pillars of protection and provision of basic services. But it is an opportunity which is not afforded equally to all: The contrast of the targets as set out in the Millennium Development Goals (MDGs) and the actual experience is evident. Infant and under five mortality are estimated at 81 and 113 per 1000 live births respectively, translating to an estimated 6,000 children dying every year before their fifth birth day from causes that are easily preventable such as diarrhoea, acute respiratory infections and malnutrition. For those who survive, thousands are blighted by poverty.

The proportion of the population falling below the poverty line has been estimated at 60% (BOS), with many households increasingly finding difficulty in meeting the basic needs of their families particularly children. Although progress in securing primary education has been remarkable, an estimated 15% of school age children are still not attending school despite the government policy of free primary education.

While orphanhood and child vulnerability is not a new phenomenon and was well contained within the strong social fabric of Lesotho, its scope and magnitude has been worsened by the triple threat of HIV and AIDS, poverty and food insecurity. This threat while disproportionately placing orphans and vulnerable children (OVCS) at even greater risk, is also contributing to increasing the numbers of OVCS. The

vulnerability of orphans is best illustrated by the national Nutrition and EPI cluster survey (2002) which examined the relationship between underweight and orphan hood. While underweight prevalence in children with both parents was just over 15%, it rose slightly in children with one parent only (about 20% in children with a mother only, and about 21% in children with a father only), and increased dramatically in children with neither parent to nearly 40%. Vulnerability is sustained as the children grow older as shown in the DMA-WFP survey (2003) on orphans, where 30% were found to be out of school. Without this protective environment, they are placed at higher risk of resorting for survival to various forms of risky behaviours and hazardous labor, including commercial sex, domestic work, trafficking and herding.

The triple threat either singly or in combination has resulted in a dramatic increase in the number of orphans from 4,320 in 1996 to 68,000 (BOS) in 2001 to 92,000 in 2003, and currently estimated at 100,000 (UNAIDS 2004). However it is acknowledged that HIV and AIDS is the single most immediate contributor to the dramatic increase in orphan hood and vulnerability. From the first case reported in 1986, the numbers of AIDS- related deaths have soared exponentially to 936 AIDS between 1986 and 1995. It is estimated that the cumulative number of AIDS deaths now stands at 200,000 with an estimated 70 people dying every day from AIDS, many of whom are adults with children. With the current HIV and AIDS prevalence of 23.2%, projections reveal that by the end of 2003 Lesotho had 300,000 people aged 14-49 years and 22,000 children aged 0-14 living with HIV and AIDS (UNAIDS: 2004). Given the high prevalence of HIV and AIDS in the most reproductive age groups of 15-19 years (25%) and 20- 24 years (40% MOHSW: 2003), a fertility rate of 4% and the limited access to antiretroviral therapy, the future is forecasting a situation of increasing orphans and vulnerable children. Present data also indicates a gender dimension to the epidemic where 51% of 15-24 year old women are infected as compared with 23% of males in the same age group (UNAIDS 2002). In addition to AIDS, other preventable causes of the increasing number of orphans is maternal death due to pregnancy and its complications. The Maternal Mortality Rate (MMR) in Lesotho is estimated to be 419/100,000 live births and this translates to approximately 300 maternal deaths a year. The thousands of children who are left without a mother as a consequence of maternal deaths due to pregnancy-related causes and HIV and AIDS (40% of all orphans are maternal or double orphans) are 3-10 times more likely

to die within two years of their mothers' death compared to those whose mothers survive.

Since 2000 Lesotho has experienced unprecedented levels of acute food insecurity. Only 30 per cent of food needs are covered by domestic crop production, the rest being supplemented by food aid and imports. HIV and AIDS and food and nutrition insecurity are becoming increasingly entwined in a vicious cycle. Food insecurity heightens susceptibility to HIV exposure and infection, while HIV and AIDS in turn heightens vulnerability to food and nutrition insecurity. The relationship between orphan hood and nutritional status has been alluded to above.

The care and protection of this overwhelming number of children deprived of their parent/s and without the nurturing and protective environment of their primary caregivers is a national challenge in the absence of appropriate policy and legislative framework specifically addressing their rights to access to services and entitlements.

1.2 Government's Action in Mitigating the Impact of Poverty, Food Insecurity and HIV/AIDS

The Government of Lesotho has given high priority to addressing chronic poverty since 2000. In collaboration with development partners, it has embarked on a process that included community consultations and studies, of identifying the root causes of poverty and designing policies and strategies for reducing it. The process resulted in the formulation of the Poverty Reduction Strategy Paper (PRSP) finalized in 2004. The main goals to be achieved within the medium-term, have been prioritized as employment creation, food security, deepening governance, safety and security, infrastructure development, promoting access to quality essential health care and social welfare services, improving the quality of and access to education, combating HIV and AIDS, environmental conservation and improvement of public service delivery.

The food security context for Lesotho has changed markedly over the last decade and this demands a fresh approach to address food security issues in the country. A food security policy is in the process of being finalized. Its goal is to

ensure that by 2015, the numbers of people undernourished in Lesotho shall be half of the number undernourished in 1990. The government committed itself to this goal in 1996 at the World Food Summit, and this was reiterated in commitments made to the Millennium Development Targets in 2000. The main objectives of the food security policy are to: To improve the adequacy and stability of access to food at household level, improve the utilization of food at household level and to improve adequacy and stability of food supplies at national level. Amongst the strategies to achieve these objectives that are relevant to the policy on OVCs, is the mainstreaming of HIV and AIDS within the Food Security Policy to maximize the impact of policy measures on households affected by HIV and AIDS, and improved food security and vulnerability information systems to continuously monitor and identify households and communities that are food insecure.

The Government of Lesotho has committed itself at a number of international and regional fora to address and scale-up the national response to HIV and AIDS and its impact on children. These include the Outcome Declaration of the UN General Assembly Special Session on HIV and AIDS (2001), the UN General Assembly Special Session on Children (2002) and the Maseru Declaration (2002) from the SADC Summit on HIV and AIDS. Lesotho has also ratified the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) that mandate the State Party to ensure the development, care and support and protection of its children. The Child Protection and Welfare Bill (2004) which is awaiting approval by Parliament incorporates the principles laid out in these instruments and shall be reinforced by this policy.

Follow-up regional workshops in which Lesotho officially participated have been held to scale up national responses for children affected by HIV and AIDS (Namibia 2002 and Maseru 2003). These events coincided with the Government's formulation of a national policy in 2003 for scaling up a country wide response to the pandemic. This has subsequently led to the establishment of the National AIDS Commission (NAC) responsible for moving forward the national strategy and revised action plan. In mid-2003, Government in collaboration with World Food Programme undertook a national survey of orphaned children. In 2004, under the leadership of the Department of Social Welfare - the official government focal agency for co-

ordinating activities on Orphaned and Vulnerable Children - a Rapid Assessment, Analysis and Action Planning (RAAAP) exercise on OVC was undertaken in consultation with key sectors and civil society partners. It has resulted in the development of a comprehensive costed OVC National Action Plan. Since 2004, the Department of Social Welfare in collaboration with the Registrar of Births and Deaths in the Ministry of Local Government is developing a computerized database to register orphaned children at the district level in all 10 districts. This key initiative will enable Government to budget appropriately based on accurate data at district level and provide basic services that respond to the felt needs of orphaned children.

For these efforts to have a positive impact, the Government shall ensure a co-ordinated provision of services that will be guided by the appropriate legal framework and policies. It shall provide clear guidelines for identification of OVC, set-up standardised referral systems and provide adequate counselling and health services. All institutions established for the welfare of children must be registered with the Department of Social Welfare. To be registered:

- Such institutions shall meet basic guidelines as developed by the Department of Social Welfare in such areas as definition of clientele, maximum capacity, qualifications and number of staff, building guidelines and minimum standards of service.
- Institutions shall also be open for monitoring and evaluation by the Department of Social Welfare and failure to comply with these set standards will result in closure.

The Department of Social Welfare shall institute comprehensive foster care and adoption systems.

1.3 Definition of Orphans and Vulnerable Children (OVC)

An Orphan is any person who is below the age of 18, who has lost one or both parents due to death.

A vulnerable child is any person who is below the age of 18, who has one or both parents who have deserted or neglected him/her to the extent that he/she has no means of survival and as such is exposed to dangers of abuse, exploitation and/or criminalisation and is, therefore, in need of care and protection. Vulnerable children include orphans, children living on the streets, children with challenging behaviour, children in need of legal and other forms of protection, children who have been or are physically, psychologically, emotionally, or sexually abused, neglected children, children who behave in a manner that may harm them, children involved in child labour, children with disabilities, children involved in commercial sex work, children who frequent the company of immoral persons, children infected or affected by HIV and AIDS and other chronic diseases, children whose parents are delinquent and/or children who cannot be supervised by their parents or guardians and children who by virtue of their age are vulnerable (under 5).

1.4 Justification for the Policy

The increasing number of orphans and vulnerable children, the lack of legal protection to safe guard their rights to accessing basic social services, the high risk of being dispossessed of their rightful inheritance and the increased risk of being exposed to neglect, abuse, exploitation and violence calls for a stronger policy framework to ensure the care and protection of vulnerable children.

The policy shall provide the necessary framework for reference from which will flow the strategic action guidelines for all stakeholders. There is a need for promotion of quality care, transparency, accountability and co-ordination of service delivery to OVC. The guidelines provided by this policy will make this possible.

2.0 MISSION, VISION AND VALUES

2.1 Mission Statement

To provide an enabling environment in which orphans and vulnerable children are adequately cared for, supported and protected in all respects, enjoy their rights and fulfil their responsibilities.

2.2 *Vision*

To have a society within which all orphans and other vulnerable children are free from discrimination, live in dignity and to their full potential and have their rights and aspirations fulfilled.

2.3 *Values*

The core values shall be guided by 4 principles of the Convention on the Rights of the Child:

- Survival, care and development;
- The best interests of the child;
- Non-discrimination; and
- Children participation in national activities

3.0 POLICY GOAL

The ultimate goal of NPOVC shall be to ensure the prevention of orphanhood and vulnerability, protection, care and support and development of OVC. To achieve this goal, the policy shall, align itself with the National Vision, the Poverty Reduction Strategy (PRS) initiatives in the achievement of the Millennium Development Goals.

4.0 POLICY OBJECTIVES

The objectives of the OVC policy are to:

- Ensure that legal, policy and institutional frameworks for child protection are developed and strengthened at all levels;
- Strengthen/establish co-ordination structures for OVC programmes and increase resource mobilisation to utilise them efficiently;

- Work towards formalising the existing non-formal institutions for OVC and to build capacity of support systems involved in their management;
- Improve provision of care and services for OVC and their families;
- Streamline and strengthen registration of OVC and maintain databases for the same;
- Promote multisectoral, integrated culture and gender sensitive approaches to services delivered to OVC and families;
- Support strategic direction and resource allocation and frameworks for OVC and families; and
- Promote the rights based approach to plan implement and monitor interventions by and for OVC and their families.

5.0 GUIDING PRINCIPLES

The guiding principles for the National Policy on OVC shall be:

5.1 Political Commitment

The Government recognises that political support and pro-active leadership are fundamental to accelerate the national response to OVC issues. It has recognised the seriousness of the OVC situation in the country and has made commitments towards their protection and wellbeing. (UNGASS: 2001)

The Government shall, therefore, develop and implement national policies and strategies that will built and strengthen capacities of government institutions, civil society, NGOs, children, families and communities to enable them to provide a supportive environment.

5.2 The best interests of the child

The Government shall ensure that all actions concerning OVC, whether undertaken by public or private social institutions, courts of law, administrative authorities or legislative bodies, take full account of the principle of “The Best Interests of the Child”.

5.3 Promotions and Protection of the Rights of the Child

The Government shall ensure that actions by the nation, including government ministries, sectors and civil society are geared towards promotion, protection and respect of fundamental rights of all orphans and vulnerable children at all levels. It shall take positive action to eliminate all forms of discrimination based on age, sex, colour, status, religion, language, political or social origin.

5.4 Empowerment of families and communities

Government shall, in collaboration with Community-Based Organisations (CBOs) and Non-Governmental Organisations (NGOs), endeavour to empower the family as the basic unit for the growth and development of orphans and vulnerable children. It will encourage re-integration of vulnerable children into families with a caring adult, and ensure that families do not disintegrate further.

Where it is not possible to find families for the children, local communities will be empowered to be able to give care and support to such children until a long term solution for their situation can be found.

5.5 Reduction of Vulnerability

The Government recognises the importance of reducing vulnerability of OVC and undertakes to have strategies and policies that shall address factors such as economic and food insecurity, poverty, lack of education, health and nutrition and social protection. The Government shall address these issues through the responsible line Ministries.

5.6 Non-Discrimination and Gender Equality

The Government shall strengthen, enact and ensure implementation of legislation, regulations and other measures to eliminate all forms of discrimination against OVC. Gender responsive policy strategies shall be developed to ensure that boys and girls have equal access to resources and opportunities.

5.7 Strengthening Partnerships

The Government shall strengthen partnerships at all levels to include NGOs, community groups, private sector, development partners, professional associations and other civil society organisations to ensure sustainable delivery of quality services to OVC.

5.8 Access to quality services, information and resources

In order to ensure accessibility to quality basic services, the Government shall provide guidelines for equitable allocation of all available resources and information and shall also ensure that OVC access services that are age-appropriate, gender sensitive and child friendly.

5.9 Mitigating the Impact of HIV and AIDS

Comprehensive, cost-effective and quality care and support will be made accessible to OVC. The Government shall ensure that:

- The parent(s) who need Anti Retroviral Treatment shall have access to it in an effort to prolong lives and reduce orphanhood;
- All pregnant mothers shall have access to Prevention of Mother to Child Transmission of HIV and AIDS services to decrease transmission of HIV and AIDS infection to new born babies;

- To prolong the life of children with HIV and AIDS, Paediatric Anti Retroviral Treatment shall be made accessible;
- Victims/survivors of sexual violence shall have immediate access to Post Exposure Prophylaxis (PEP) treatment.

6.0 POLICY PRIORITY AREAS

6.1 Socio-economic Security

The Government shall promote socio-economic interventions to empower OVC and caregivers. Empowering interventions that enhance individual and household coping mechanisms shall be promoted. The interventions shall include:

- Safeguarding rights of OVC to livelihood, protection, inheritance, health care, education, information and child participation;
- Improving household food production for care-giving households;
- Promoting apprenticeships, vocational, life-skills and livelihood-skills training;
- Establishing effective community-based mechanisms for monitoring the socio-economic welfare of OVC;
- Promoting micro-finance initiatives to benefit households caring for OVC; and
- Child-labour prevention programmes.

6.2 Food Security

Government shall ensure that OVC have access to sufficient quantities of quality food and shall:

- Put in place fair land tenure practices for OVC;
- Improve productivity and storage of food in households caring for OVC;

- Ensure provision of adequate nutritious food to vulnerable households caring for OVC and children in difficult situations with built-in exit strategies;
- Strengthen nutrition and agricultural education targeting OVC households;
- Establish community-based warning food security systems and mechanisms; and undertake regular surveillance of nutrition status and food security at household level and develop early warning systems.

6.3 *Quality Care, Support and Protection*

The Government shall empower families and communities to be able to provide OVC with good quality care, support and protection. Care, support and protection of OVC will include provision of basic physical, cognitive, emotional and psycho-social needs of orphans, vulnerable children and their caregivers on a sustainable basis. These will include addressing homelessness, elimination of all forms of child abuse, exploitation, child labour, protection of OVC's inheritance rights, and providing for the psychological effects of orphaning. The Government shall ensure this by:

- Empowering families, communities and child-headed households to provide quality care and support for orphans and other vulnerable children;
- Providing for basic needs;
- Providing livelihoods for caregivers;
- Providing life-skills for OVC and their caregivers;
- Providing training and support on Home Based Care initiatives;
- Ensuring access to universal birth and orphan registration;
- Providing comprehensive and quality Psychosocial Care and Support.

6.4 *Education*

The Constitution of Lesotho provides for access to education as the basic right of every child. The Government shall ensure that schools provide children with opportunities for physical, cognitive, emotional and spiritual growth and support.

Quality education empowers OVC, through provision of life-skills, and in the long term contributes towards poverty alleviation and employment opportunities.

The Government shall ensure that all OVC have access to quality education from ECCD to tertiary education. The Government shall ensure a protective school environment that provides for the special needs, including psychosocial care and support of OVC.

6.4.1 Pre-school Education

Government shall continue to support ECCD centres and ensure that they are easily accessible for OVC. It will ensure implementation of the existing standard curriculum and shall ensure provision of:

- pre-service and in-service training by teacher education institutions on Early Childhood education, including psychosocial care and support for OVC;
- Sustainable school feeding at ECCD centres; and
- Establishment of Community-based centres.

6.4.2 Primary Education

Government shall ensure that the Free Primary Education scheme is continuing and that it is compulsory for all children including OVC. It will put in place mechanisms to ensure that every child of the school-going age is at school and remains there until completion of their primary education. This will be monitored accordingly. It shall also promote curriculum transformation that emphasises development of life skills. In addition, the Government shall facilitate equitable distribution of learning material and quality teaching.

6.4.3 Post Primary Education

The MOET shall strengthen and continue to provide bursaries to meet the educational needs of the OVC. It will also introduce some mechanisms for making learning materials available to OVC and all pupils.

6.4.4 Higher (tertiary) education

The Government shall ensure provision of a revolving fund from which candidates access loan scholarships with reasonable re-payment rates. Government shall review the stringent admission requirements, such as application and registration fees into these institutions to enable access by OVC.

6.4.5 Non-Formal Education

The Government shall support and strengthen NFE initiatives so that they offer quality alternative learning opportunities. The majority of individuals and groups including OVC who cannot attend full-time school, should be encouraged to register in these programmes on a short and/or long term basis for acquisition of basic literacy and numeracy skills and higher qualifications. The government shall promote self-reliance and self-sufficiency for OVC by developing a comprehensive NFE curriculum including life-skills, with emphasis on health, agriculture, community development and environment issues. It will also improve delivery capacity of learning centres and develop flexible mechanisms to facilitate the transfer of academic credits from non-formal to formal education settings, to achieve equivalence in education qualifications. This will promote equal opportunities for all children.

6.4.6 Special Education

Special education is a critical need especially for OVC with disabilities and special needs. The Government shall ensure the provision of appropriate physical and other facilities and resources for OVC who are affected by a variety of physical, mental, emotional and psychological disabilities. It shall also ensure provision of special training to teachers who will take care of the educational needs of OVC and shall establish mechanisms for monitoring that such children have access to services.

6.5 *Health and Nutrition*

Government recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illnesses and rehabilitative health. It shall therefore ensure that no child is deprived of his/her right of access to primary and preventative health care services.

“Health refers to a state of complete mental, physical, social, emotional, and spiritual well-being of an individual and not merely the absence of disease or infirmity.” (WHO: 1948). Health and nutrition status of OVC will be addressed within the framework of the Primary Health Care (PHC) strategy of 1998.

The Government shall, in collaboration with all stakeholders in the health sector,

- intensify health education to promote preventative, curative and rehabilitative health behaviours at all levels;
- facilitate the improvement and enhancement of available Health Care Services to provide age-appropriate, gender sensitive and child friendly services;
- ensure access to quality health and nutrition to OVC at all levels of service provision;
- monitor nutritional status of children in places of safety and other institutions, including schools, correctional services and hospitals;
- establish social safety-net mechanisms at all levels of service provision;
- promote preventative interventions, such as immunization, for averting ill health and disabilities.

7.0 LEGAL AND INSTITUTIONAL FRAMEWORK

7.1 Legal framework

The National OVC Policy shall operate within the broad spectrum of International and Regional instruments and shall be cross-referenced with existing National legislation and policies.

7.1.1 International level

The Government undertakes to implement international instruments that it has ratified to ensure provision of protection, care, support and development of children. These include the Convention on the Rights of the Child (CRC), Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), ILO Convention No. 138 on the Minimum Age for Admission to Employment (1973) and ILO Convention No. 182 on Prohibition of the Worst Forms of Child Labour (1999).

7.1.2 Regional Level

Government undertakes to observe and implement the African Charter on the Rights and Welfare of the Child and SADC Declaration on the Elimination of Violence Against Women and Children (2000).

7.1.3 National Level

The Government shall ensure compliance with legislation and policies that protect children. These include the Constitution, Children's Protection Act, Sexual Offences Act No.3 of 2003, National Social Welfare Policy (2003), Gender Policy, The Married Person's Equality Bill (draft), and a number of policies from various Government Ministries and departments whose mandates deal with OVC related issues.

7.2 Institutional Framework

Government shall ensure that the OVC policy is implemented using a multi-sectoral approach. The duty to co-ordinate line ministries and other stakeholders will remain the responsibility of MOHSW through the Department of Social Welfare. The

Department will ensure that available information and other resources are used optimally and that duplication of efforts is avoided. It will also intensify the use of existing legal instruments, institutions and structures to protect and safeguard the welfare and interests of OVC, monitor the activities of various Service Providers and improve communication channels between all stakeholders.

7.2.1 Local Authorities

The role of the Local Authorities will be to co-ordinate, supervise, monitor and mobilise resources for the support and care of OVC at district and community levels. Registration of orphans will be modified to include other vulnerable children. Community councils as front line structures of response in OVC issues will play a major role at the village level to maintain updated records of registration of orphans and vulnerable children, through the completion of official registration forms (registration form attached). This exercise will be undertaken in conjunction with the Office of the Civil Registrar and its district level structures.

7.2.2 Civil Society Organisations

The Government shall build sustainable partnerships with and provide support to civil society organizations, to design, implement and monitor initiatives for improved care and support for the protection of OVC.

7.2.3 Community

The communities within which OVC reside shall be empowered to continue to play a major role in care and protection of OVC. They shall be responsible for:

- providing guidance, care and support to the needs of OVC;
- strengthening the existing, and addressing new community-based support mechanisms to promote, protect and monitor the wellbeing of OVC;
- mobilising resources to improve care and support of OVC at community level;

- encouraging and engaging community and OVC in discussions and planning for their own wellbeing; and
- ensuring reintegration of OVC into their original and extended families and where this is not possible, to find alternative homes and places of safety. Institutionalisation of OVC shall be the last resort.

8.0 INFORMATION SYSTEMS ON OVC

The Government shall ensure that OVC have access to the information and any other records pertaining to their development and wellbeing.

Availability of updated information on OVC in the country is very crucial. A system of keeping updated registers on OVC across the country shall be developed and regularly maintained by the relevant local structures in conjunction with the Office of the Civil Registrar and its district level structures.

9.0 PARTICIPATION OF OVC IN NATIONAL PROGRAMMES

The Government shall ensure that OVC participation in existing national programmes is intensified. They shall participate in identifying, planning, designing and implementing initiatives in collaboration with the Government and civil society that are aimed at improving their social, economic, physical, emotional and psychological wellbeing.

10.0 EMPOWERMENT OF CAREGIVERS AND SUPPORT GROUPS

There are a number of individuals and groups in the villages who provide care and support to OVC. These individuals and/or groups will be empowered and assisted by the Government to continue providing assistance to OVC. They will be trained on home-based care, health and nutrition, life skills, psychosocial care and legal support. Where possible they may be assisted to develop micro-finance initiatives to encourage self-reliance. Target groups will be people and support groups who are caring for OVC and child headed households at community level and other institutions.

11.0 PROMOTING ADOPTION AND FOSTER PARENTING

11.1 Adoption.

Adoption can be defined as a method provided by law to establish the legal relationship of parent and child between persons who are not related by birth. (Child Welfare League of America: 1978.11)

In Lesotho adoption is not only restricted to persons who are not related, it also includes relatives who wish to adopt children they are related to.

11.2 Foster Parenting

Foster parenting can be defined as bringing up a child that is not one's own by birth.

11.2.1 Types of Foster Care (Parenting)

There are two types of foster parenting for OVC, namely; family and temporary place of safety.

a) Family foster Care

Refers to when a child is fostered by a family regardless of whether it is a family related to a child or not.

b) Temporary Place of Safety

Refers to when a child in need of care and protection is temporarily taken into a place of safety (an institution) until such time that the family/community environment or alternative placement is deemed safe and conducive for re-unification and re-integration. This shall be used as the last resort.

The Government through the MOHSW shall ensure that adoption and foster parenting is done for the purpose of serving the best interests of the child. It shall:

- Mandate DSW to set standards for licensing new institutions of care and formalising the existing ones while still bearing in mind that institutionalisation of children should be the last resort;
- Legalise traditional foster care;
- Ensure that private adoption agencies are established, registered and work in close collaboration with DSW; and
- DSW shall be mandated to licence, set standards and shut down those agencies that do not comply with established standards.

The Government shall develop and co-ordinate grants, tax incentives and other packages of support for OVC and for persons and institutions caring for children pursuant to the provisions of this policy.

12.0 CULTURE, CUSTOMS AND OVC

One of the most significant traditional child-care practices among the Basotho is the extended family care for orphaned children. This is still regarded the most viable model of support for the OVC. The Government is committed to strengthen these family structures so that the ties do not weaken. Since the majority of these caregivers are elderly people who are themselves very poor and have no adequate economic and other resources, basics such as food and medical services shall be extended to their families through the support of their Village Councils.

13.0 MONITORING AND EVALUATION

The Government, through the Department of Social Welfare, shall undertake to monitor and evaluate the implementation of this policy and shall develop monitoring and evaluation mechanisms that will include:

- Building monitoring indicators in conjunction with OVC and care givers into activities in every sector starting from the planning stage;
- Establishing internal evaluation structures within the institutions that will look at the effectiveness and impact of the policy;

- Developing reporting systems that will link the village level with the local and Central government.
- Undertaking regular reviews of the policy involving OVC and care givers to regularly update the document to reflect new and emerging issues affecting OVC at national and international levels.

14.0 IMPLEMENTATION STRATEGIES AND PLAN

Taking into account the areas outlined in the National Action Plan, DSW will develop a strategic plan for implementing this policy.