

**EXPLORING FORMAL AND INFORMAL ARRANGEMENTS FOR CARE OF
ORPHANS: A STUDY IN THE MASERU DISTRICT OF LESOTHO**

By

SYLVIA MAKANANELO MAKAPE

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DECLARATION

I declare that this research report is my own unaided work. It is submitted for the Degree, Master of Arts in Sociology at the University of Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other University.

(Name of Candidate)

----- Day of-----, 2008

ABSTRACT

This study explores both formal and informal arrangements for care of orphans in the Maseru district of Lesotho. The study adopted a qualitative approach using both in-depth interviews and documentary research as the primary methods of data collection. The research findings show that care of orphans in Lesotho is predominantly in the hands of non-governmental and church based organisations. The government's role is limited to the provision of technical support, including the formulation of policies and laws and some welfare grant provision in the form of free primary education. Care of orphans in the communities is undertaken not only by the extended family members of orphans, but also non-relation community members. It is clear however that while such informal arrangements might provide care and protection to orphan, many are struggling in the face of extreme hardship and poverty. A crisis of social reproduction is therefore increasingly apparent in Lesotho.

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CHAPTER 1: INTRODUCTION

The number of orphans in Sub-Saharan Africa in the last two decades has grown at an alarming rate, and by the end of 2005 the number had reached 48.3 million (UNICEF¹ 2006). Sub Saharan Africa also has almost double the proportion of orphans than other regions in the world, where twelve percent of all children are orphans compared with 6.5 percent in Asia and 5 percent in Latin America and the Caribbean (UNICEF 2003).

There are many factors that have led to the increased number of orphans. Orphans are defined as children under the age of 18 years who have lost either one or both parents from any cause (CIDA 2006²). In much of Africa, harsh environmental conditions, wars, migration and HIV/AIDS have exacerbated the conditions of poverty and have caused diseases that have resulted in deaths of parents (UNICEF 2006). HIV/AIDS has had the strongest impact on the increase in the number of orphans. According to a UNICEF (2003) report entitled *Africa's Orphaned Generations*, the proportions of orphans whose parents died from HIV/AIDS rose from 3.5 percent to 32 percent world wide. The World Health Organization's mortality database shows that in Africa 40 percent of deaths between the ages of 15 and 49 years and 20 percent of all adult deaths in 2000, were attributable to HIV related causes (Dorrington 2001). These statistics suggest that countries such as Botswana, Lesotho, Swaziland and Zimbabwe will have an increased number of orphaned children by 2010.

Consequently, traditional safety nets that have cared for orphans are unraveling as an increasing number of adults die in large numbers. The *Africa's Orphaned Generations* report (2003) shows that extended families in Africa had historically formed an intricate and resilient system of social security that usually responded quickly to the death of a parent. For instance in many Sub Sahara African communities, it was traditional for the deceased father's nearest male relative to 'inherit' the deceased man's wife and children.

¹ United Nations Children's Fund

² Canadian International Development Agency

This ensured that orphans were taken care of. Diseases and other factors are however eroding such practices by creating a larger number of orphans than families can afford to support (UNICEF 2003). The demand for care and support of orphans outside of these traditional family arrangements is overwhelming in many areas especially in countries that have experienced civil and ethnic wars and those that have a high HIV/AIDS prevalence. More and more children are deprived of development within the conventional family setting and some are forced to grow up in care providing institutions or in foster care. Makoe, Rwambali and Mphahle (2000) show that in Lesotho the family is already undermined by the migrant labour system, AIDS and urbanization, which have in turn affected household assets and income, as well as leaving children as orphans. Worst still in Sub-Saharan African countries, states are seriously handicapped as providers of social welfare due to an economic crisis especially as a result of structural adjustment policies (UNDP ³2000).

It is in this overall context that this study seeks to explore the various ways in which orphan care is provided in the Maseru district of Lesotho. In order to guide this exploration, a distinction is made between formal institutions and informal arrangements of care.

Formal Institutions applies to the orphanages that care for orphans. In Maseru, such orphanages are mostly run by non-governmental organisations, religious organisations and community members with grants from international donors. There are no state run orphanages in Lesotho. Sabbaro and Coury (2004) point out that in these settings, orphans are cared for by social workers, and their basic needs such as shelter, food, clothing and education are generally taken care of. Equally important however are **informal arrangements**, which are arrangements that include children living with extended family members such as uncles, aunts, grandparents and older siblings as well as neighbours, friends and other community members (CIDA 2006).

The study attempts to address the following related questions:

³ United Nations Development Program

To what extent is orphan care taken up by non-governmental organisations and church based organisations?

What role does the government of Lesotho play in the care of orphans?

What is the nature of informal arrangements of care within the family/community environment?

What factors shape the conditions under which some children are placed in formal institutions while others are incorporated into informal arrangements of care?

What kind of benefits do formal and informal arrangements provide?

What challenges are the formal and informal arrangements faced with?

The Norwegian Institute for Urban and Regional Research (2005) has done several studies in Europe, Russia and other parts of the world on formal institutional care for orphans. In contrast, studies in African countries like Zimbabwe, Zambia and Malawi focused on community based orphan care as opposed to institutional care. Caldwell and Caldwell (1993) argued that formal institutional care has not been adapted to the African context, and that it represents a break with family and community structures, impeding the child's well being and socialization and failing to meet his or her needs.

Research in Lesotho on this issue is lacking hence an exploratory study of the kinds of care provided for orphans was undertaken. In addition Lesotho has its own social, economic and cultural dynamics which shape the kinds of care which are provided to orphans. In a patriarchal society like Lesotho, Basotho men are expected to take care of their families, but since so many have been migrant workers in the mines of South Africa, women are left to take care of the families in their absence. In addition because of problems such as a high rate of unemployment, the retrenchment of male migrant workers from South African mines, poor agricultural production and poverty, the extended family is no longer in a position to grant care and support as it did in the past. Children are abandoned because families cannot care for them. All these issues were worth examining further to find out how they affect care of orphans. Anecdotal evidence suggested that in Lesotho care was diverted to church run programs and non

governmental organisations. It was vital to find out why this was the case and what impact this may have had on the care of children and the social implications for families.

On the same note, there was no evidence that showed why orphaned children ended up being cared for in different kinds of care arrangements. Social factors that compelled families to decide on the kind of care for their children were just as important to provide a broad picture of orphan care in Lesotho. Lesotho in the past years provided the biggest number of migrant labourers in the South African mines. A large number of men died in the mines and many did not return home for various reasons leaving families to be headed by women. At the same time women who were left behind abandoned children in search of jobs, and others died leaving children to fend for themselves (UNDP 2000). These factors contributed to the increasing number of orphans in the country. Furthermore Lesotho is among the countries with the highest HIV/AIDS prevalence rates in Southern Africa, resulting in many parents dying and leaving orphaned children.

The study is of great importance in that it helps in contributing to the debates on orphan care in Lesotho and outside the country. Moreover the information collected through addressing these questions will assist in formulating policy guidelines for the care of orphans. The information could be used by child rights activists in advocating for the wellbeing of children in Lesotho and outside the country. The assessment of all the above questions will help in determining the implications for the care of orphans in Lesotho.

CHAPTER 2: LITERATURE REVIEW

The aim of the study is to explore the ways in which orphan care is provided in Lesotho, focusing particularly on the nature and experiences of both formal and informal arrangements of care. The literature review addresses these aims through several issues such as the emergence of orphans both internationally and in Africa. The review will also evaluate the quality and effects of care on children in the formal institutions of care and informal arrangements through studies done in other countries. Finally the reasons why children are placed in institutions will be discussed.

Brief overview of the international context: The orphan problem and responses

According to UNICEF (2006) an orphan is a child under 18 years of age whose mother, father or both parents have died from any cause. The emergence of orphans in the developed world can be traced back prior to the industrial revolution where families lived together and the majority of the population depended on agriculture for their livelihood. By the end of the eighteenth and beginning of the nineteenth centuries the lives of the rural poor had been dramatically altered (Hendriques 1979). Due to famine, civil wars, crop failure and many other disasters the number of destitute people grew. In addition, the industrial revolution had brought a great deal of inequalities between the people. Traditional families were broken up as landless laborers moved into the towns and cities. As a result of this influx into the cities, a number of children were abandoned by the poor as many could not take care of their children.

The problem of orphans was addressed through institutionalizing children. In England for instance, children who were considered poor were housed in workhouses. The main aim was to help them acquire good morals, education and independence. Kidd (1999) asserts that education was considered as one of the most important means of eradicating the germs of pauperism in the rising generation. More common was the individual workhouse schools which housed mainly children who were orphaned or deserted by

their parents. In other European countries such as France, institutions were first founded in 1633 by a religious organization (St. Vincent de Paul, of the Sisters of Charity). They devoted their energies to the care for needy and unfortunate children. But the first modern institutions were established during the Napoleonic decree in 1811 when children were taken to boarding schools at the expense of the government (Kidd 1999).

Institutional care in America dates back to 1729 when the Ursuline Convent in New Orleans made provision to shelter children orphaned through the Indian massacre (Trotzkey, 1974). The institutions were founded primarily to provide religious training and educational advantages. Trotzkey (1974) asserts that up to the beginning of the nineteenth century, the prevailing method of dealing with children of poverty-stricken parents whose relatives were unwilling or unable to care for them, was to turn them over to the custodial care of poor houses. As public institutions, these homes for the poor were administered by officials appointed for political reasons. Though institutions were considered a solution, it was argued that the institutional workers did not appreciate the importance of preserving and conserving the dependent child's natural home. Moreover they were accused of erroneously viewing the child in isolation to the family.

Similarly in England there was a growing body of opinion critical of institutional care. The critics argued that children raised in institutions were unable to cope with the pressures of life outside the walls once they left the institutions to seek an independent livelihood (Kidd 1999). During the First World War conditions in Great Britain brought attention to the problems of the children who were separated from their families. In trying to cope with the number of people who were injured, the authorities however continued to place children in residential care. These places were located in isolated rural communities.

According to Berry (1997) the Second World War saw the emergence of the welfare state, which was meant to provide cheap housing for the poor, best health care for all and pension provision for a comfortable retirement. The main aim was to bridge the gap between the poor and the rich since industrialization was seen to be creating a gap

between them. The state created a way in which every worker contributed to the state run system of compulsory insurance and money was deducted from weekly or monthly wages. The funds were used to support the workers and their families and the benefits were provided such that they benefited both the wives and children. The widows were given an allowance and guardians of children were given grants. In cases where there were big families, all children were provided for to avoid families having problems in future (Berry 1997). The decline of the Welfare state in the 1970s was brought about by the decline in the economy. This initiated new ideas of care such as day care since women were now working. The debate about the new forms of care which are suitable for children still continues.

It is important to mention that care of orphans in the developed world today is made possible by the fact that the developed countries have stable social, cultural and political conditions. As a result, provision of care for orphans and vulnerable children is also made easier by the fact that developed countries are able to set funds aside that are meant to assist people with their welfare needs.

The Orphan Problem in Africa: Emergence and Responses

The existence of orphans in Africa can be traced back to the time prior to the AIDS pandemic. Many countries in Africa have been through wars which have killed and displaced millions of people from their countries. As a result children have been left behind with no one to care for them. The 2006 UNICEF Annual Report states that half a million women die in pregnancy every year, leaving countless infants and children motherless.

Before the AIDS pandemic in the 1980s orphans constituted a small number in Africa. In Sub-Saharan Africa orphans made up approximately 2 percent of children (Kilbride & Kilbride 1990). Moreover, in most African cultures children who were orphans were taken care of by the community (UNICEF 2004). The type of relationships that existed between the family members made it easy for people to assume responsibilities of care if

they needed to. Family members were socialised to take care of each other and their children during times of hardships. Kilbride and Kilbride (1990) continue to show that the intergenerational solidarity network within the extended family allowed the traditional system to operate. However tensions created by different crises such as collapsing economies which have led to unemployment, poverty, breaking up of families and cultural practices make it difficult for the traditional system to survive, and a central crisis is the HIV/AIDS pandemic.

According to the *Children on the Brink Report* (2002), in Sub-Saharan Africa alone there are over 48 million orphans. Lesotho, which is the focus of my study, is also part of Sub-Saharan Africa and has an estimated 150,000 orphans of which 97,000 are due to the AIDS pandemic (Kimane 2005). Although the region may be affected by the same factors, with regard to the AIDS pandemic, the consequences of these factors differ with individual countries. For instance the major problem that Lesotho faces right now is the shortage of food and the level of poverty is also high (UNDP 2000). As a result of this increasing number of orphans, orphanages have also increased in Lesotho (Kimane 2002).

Currently there are about six orphanages in Maseru that are run by churches and Non Governmental Organizations to care for these orphans while some of them are being taken care of by community members in their own villages. There may still be others in the other districts as well. There are also cases where orphaned children are not being cared for in the orphanages but have been absorbed into informal arrangements of care. This aspect was very important because my study explored the different kinds of orphan care that are provided in Lesotho.

In addition, as the number of orphans increased in Africa in the 1990s, the number of orphan care institutions also increased, such as both unregistered and registered children's homes and orphanages. The United Nations Convention on the Rights of the Child (1989) covers all aspects of children's lives, including access to health and education, care, protection and identity and rights to survive. The guiding principles calls

for long term general inputs that pave the way for children's development. They also call for special inputs for disadvantaged children such as those in institutional care. The need for guiding principles to protect and fulfill the rights of orphaned children has led to formal and informal meetings and consultations amongst organizations and individuals world wide. These consensus principles to guide programs for vulnerable children now serve as a common point of reference for many organizations at all levels to encourage actions that are child-centred, family and community focused and human rights based (United Nations 1989). In trying to heed the message of the United Nations Rights of the Child many Non-governmental organizations such as SOS children's Village have tried to provide a home for orphans by building orphanages in Africa. In African countries, the growth of institutionalization, which in this case is the practice of putting children in orphanages can be seen as an expedient social policy response to the growing numbers of children in need of care and protection (Phiri and Webb 2002:14). In 2001 there were between eight and ten million children in the world living in various types of institutions (Klingvall 2001).

Evaluation of the quality of care

There is a vast body of material on formal orphan care institutions. Studies in Africa and Europe do however, for the most part criticise formal institutions and advocate for informal arrangements of care. Informal orphan care arrangements have been praised in that they represent a more humane service delivery. To others they are conceived of as being potentially a cheaper way of providing services to children (Webb & Tossell 1995). This was important in that the study explored the kind of care that was being provided to the orphans by formal institutions and informal arrangements of care and the challenges that they faced in providing these benefits.

A study done by the Norwegian Institute for Urban and Regional Research (2005) in Europe and Russia found that orphan care institutions such as orphanages, shelters and children's homes are not good for the well being of the children, since long term stay in any large scale children's home is damaging to the child. Olson, Knight and Foster

(2006) cite one study that was done by the World Bank in Tanzania which found the cost of operating orphanages to be six times higher than the cost of caring for children in the community. For example in some countries like Rwanda, the cost of keeping one child in an orphanage is \$649 per month.

However Wolff (1998) argues that research on the quality of these institutions has focused only on the negatives and therefore it is not fair to disregard them based on negative findings. For him formal institutions are still an alternative care needed to nurture orphans and provide care that the children need such as shelter, education and food. But Cantwell (2005) points out that while formal institutions nurture children they do not provide the holistic care that children are entitled to for all round development. As a result these children have lower levels of educational attainment, have problems adjusting to independence after leaving the orphanage, lack basic living skills, and have more difficulty with relationships. Cantwell (2005) has also argued that children who live in formal institutional care have a problem with their cultural, spiritual and kinship ties, while those in informal arrangements of care remain integrated in their extended family, language, and religion and support network. Theories on child development argue that the absence of a close, continuous relationship with a caring mother or surrogate, spells doom for the psychological well-being of the child and it becomes difficult for children who have been brought up in institutions to reintegrate into their communities when they become adults. For example children in institutional care are more likely to suffer from attachment disorder, developmental delay and deterioration in brain development (Johnson et al 2006).

Some Agencies such as USAID argue that formal institutional care should not be used as an effective way to care for the increasing number of orphans (USAID 2000). Their argument is that care provided in formal institutions fails to meet the developmental needs of children. However there is a consensus though amongst the writers that for a small number of children formal orphan care will be necessary and that other alternatives may not be appropriate. For example, children who need temporary shelter because they are returning home and have been in wars may be put in residential care. But the aim

must be to avoid as far as possible uprooting children from their communities and cultures when an alternative care solution has to be envisaged, whether temporarily or permanently (Carter 2005:4). Furthermore, although formal institutions are not favoured compared to informal arrangements, Zimmerman (2005) argues that if correctly managed, formal institutions can provide good care to orphans but they are never an alternative to community care. They can help with behaviour and emotional difficulties in children.

On the other hand there are those who are concerned that the emphasis on informal arrangements will increase the domestic burden on women and restrict their opportunities for paid employment and their personal prospects because of the fact that they spend most of their time caring for their families. This home carework involves caring for children, the sick and the old in their families. But the advantage of informal arrangements for care of orphans is that community children are cared for by the extended family, neighbours or guardians from within the community in an environment that is familiar to them. Furthermore the community and its leaders take responsibility for the care and support of the orphans, keeping them within their charge. However, Marais (2006:76) argues that informal care appears to be a more realistic or affordable option because its true costs are hidden, deflected back into the domestic zones of the poor. In short, the poor are taking over the responsibility of the state by caring for these orphans. Therefore my study explored the role that communities played as well as the challenges that they faced in the care of orphans in Lesotho. This was an important issue to consider when examining the role of both formal institutions and informal arrangements in the care of orphans in Maseru, Lesotho.

Reasons for placing children in Formal Institutions and Informal arrangements of care

One of the key questions of this study was to explore the ways in which families make decisions to put some children in formal institutions while others are absorbed into informal arrangements of care. In the context of this research there is not enough

information in Lesotho with regard to the decision making processes that are followed when children are placed in either formal institutions or are placed in informal orphan care arrangements. Most importantly the literature on Lesotho does not give any indication of how such decisions occur. Having said that, what follows is a discussion of research concerning this issue in Sub-Saharan African countries.

Klingvall (2001:8) points out that formal institutions are seen as a resource and an option by poor people in developing countries. For parents, having their child placed in a formal institution is often a survival strategy as a way out of a desperate situation. Formal institutions relieve the parent's burden of supporting a family, thus enhancing the survival capacity of the child's siblings who remain at home. A study done in Southern Africa, by Klingvall (2001), shows that children are put in institutions because of poverty and also because institutions offer education. The study suggests that the parents are poor and unable to support their children. They also do not see any chance of giving their children any future than they themselves have. Formal institutions are therefore able to offer both subsistence and basic education for the children. Klingvall (2001) points out that the parent's primary intention is not to abandon their children but to give better living conditions that they themselves are not able to provide.

As Klingvall (2001) has pointed out, in some instances care in family or informal settings is increasingly being compromised by lack of as well as access to resources. Poverty, AIDS, unemployment and poor urban housing conditions exacerbate the pressure on families making it difficult for them to take care of their children. Single women who are destitute and cannot take care of their families or relatives also end up putting their children in formal institutions. He continues to show that the structures of social security such as relatives and neighbours are disintegrating and leaving a vacuum and as a result of these harsh conditions, children are usually put in formal institutions because families cannot cope with this new situation. Thus, children are either abandoned by their relatives of their deceased parents or they themselves desert their families (Klingvall 2001).

Studies done in Europe by Browne, Hamilton, Giahritsis, Johnson and Ostergren (2004) found that 69% of children were placed in institutions because of abuse and neglect. Available data from Asia, Eastern Europe and Sub-Saharan Africa also demonstrate that the majority of children in institutional care have a surviving parent or contactable relative, hence those who are in favour of institutional care argues that children end up in institutions because they are abused, neglected and abandoned.

Concluding Remarks

The literature shows that orphan care is a world wide problem and this is seen by the way orphan care evolved in Europe and America until now. In Africa the literature also shows how children were cared for in the communities in the past but that this care has been threatened by the sheer extent of the problem as a result of the HIV/AIDS pandemic. Poverty, unemployment, poor agricultural productivity and family breakdown have exacerbated the problem. Moreover it makes reference to the formal and informal orphan care and the concerns raised on the quality of care in these institutions.

CHAPTER 3: CENTRAL CONCEPTS IN THE SOCIOLOGICAL STUDY OF ORPHAN CARE

The study aims to explore the formal and informal arrangements for care of orphans. This chapter highlights the different concepts that are important in the analysis of the research questions.

Social Security

According to Kasente (2000) The International Labour Organisation defines social security as the protection which society provides for its members through a series of public measures against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction in earnings resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care and the provision of subsidies for families with children. The concept of social security is important for this research because it explores different types of social security. In the case of the study the use of the concept will shed some light on the types of social security that are found in Lesotho and how they contribute to orphan care.

State-based security

Social security that is offered by the state includes the social security schemes as well as specific policy measures like transfers, subsidies and provision of social grants such as among others pension funds and child care grants (Kasente, 2000) Understanding this concept in the case of the state is essential since one of the research questions seeks to find out the role that the state plays in the care of orphans in Lesotho. Social security is important in understanding this role especially in Lesotho given the fact that social security in the Third World countries is limited. It is also important in understanding how people cope in the absence of state-based social security. This leads to the other forms that security can manifest such as semi-formal social security.

Semi-formal social security

According to Kasente (2000) semi-formal social networks have developed in response to the absence of formal social security systems that can be accessed easily by the majority of the population. They are also a response to the weakening of the extended family system. These systems tend to emerge from the consequences of economic and social change and hardships as well as from pressures related to such trends as urbanisation. Also referred to as self help organisations, semi-formal systems often offer the only chance of guaranteeing a minimum of social and economic security. They take different forms including savings associations based on mutuality and self help organisations with common funds and resources. The concept was vital for the study in that it would aid in finding out if semi-formal social security applied in the context of Lesotho and how this kind of security was being used in the care of orphans.

Traditional social security

These are kinship based systems that follow the principles of solidarity and reciprocity. They operate by mobilising resources within the extended family to support members in need by giving them money or other materials (Kasente 2000). Traditional social security is relevant in that it will provide an insight in the way the family copes with problems such as loss of a breadwinner. In the case of the study, the concept gives a clear understanding of what household security means in terms of orphan care in Lesotho and how the family copes when there are problems such as when parents are dying and children become orphans. It also provides an understanding of how support is provided by members of the community in the absence of family support.

Social reproduction

Brenner and Laslett (1986) define the concept of social reproduction as the activities and attitudes, behaviours and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis and intergenerationally. Among other things it includes how food, clothing and shelter are made available for immediate consumption, the ways in which the care and socialization of children are provided and the social

organisation of sexuality. According to Benner & Laslett (1986) historically the work of social reproduction has been done within families. Although their organisation and structure has varied, nonetheless the family ought to be understood simply as one possible institution for accomplishing these tasks. Marxists believe social reproduction is important to maintain capitalism and economic relationships while Structural Functionalist believes that it is vital for the functioning of the society as a whole.

Social reproduction differs from care (discussed below) in that care is defined in terms of the reproduction of a particular segment of the population, namely those who are dependent upon others and are for the most part out of the labour force (Kofman 2005). The concept of social reproduction is important for this study because orphan care is one important component of social reproduction processes in society. More importantly, researchers have increasingly referred to a crisis in social reproduction, meaning that important changes in social organisation have occurred due to factors like HIV/AIDS. As a result some of the work of social reproduction is then shifted out of the family to state institutions such as old-age pensions, family assistance allowance, health care systems and others such as day care for children and house cleaning services (Brenner and Laslett 1986).

Care

Waerness in D'Cruz (2004) defines **care** mainly in physical terms as custodial or maintenance help or services rendered by a family member for the well being of relatives who cannot perform such activities themselves. Graham (1983) defines **care** as something that goes beyond mere physical assistance. According to the latter, the provision of care encompasses the emotional aspects of managing feelings, establishing and maintaining relationships. It is also defined as the activities and relations involved in meeting the physical and emotional needs of dependent adults and children together with the economic and social frameworks within which these are assigned and carried out (Daly and Lewis 1998). Whyte and Whyte cited by Christiansen, (2003) define care as mutual help, enjoyable company and emotional commitment. In order to understand care it is important to define carework, which the *Gender and Media Southern Africa report*

defines as paid and unpaid provision of services within the household or by community members to individuals or households in communities. Amstrong and Amstrong (2004:4) add that care-work is women's work. Paid and unpaid, located at home involuntary organisations or in the labour force, the overwhelming majority of care is provided by women. It is often invisible, usually accorded little value and only sometimes recognised as skilled. Care and care-work were important in the study because they helped to differentiate the different forms of care in Lesotho and also assisted in findings out who were the people who providing care either in the community or in the formal institutions.

Culture

A key assumption of this research is that culture will play a significant role in understanding care of orphans in Lesotho and the influence it has on decision making processes. The concept of culture is defined by Landis (2000) as a complex set of learned and shared beliefs, customs, skills, habits, traditions and knowledge common to the members of a society. Mazrui in Airhihenbuwa and Webster (2004) defines culture as a system of interrelated values active enough to influence and condition perception, judgement, communication and behaviour in a given society. For Anthropologists culture represents the distinctive way of life of a group of people, their complete design for living. According to Landis (2000) a culture evolves through time, it is continually modified and its complexity reflects its sources in human creativity and is shared by the members of a society and is learned through the socialisation process. Culture has two distinctive types which are material and non material cultures. Landis (2000) defines material culture as concrete things that a society creates and uses such as architecture and the abstract creations of a society. Non material culture are customs, laws, ideas, values, beliefs and rules for conduct which are done in specific situations and they are called norms. The study focuses on the non material aspects of culture which deals with the norms, values and customs which have an impact on decision making processes. In terms of the study, non material culture will help in determining how this type of culture affects the decisions that are made for care of orphans in the context of Lesotho.

Vulnerability

According to Moser (1996) vulnerability is the well being of individuals, households or communities in the face of a changing environment. Moser (1996) points out those environmental changes that threaten the well being can be ecological, economic, social or political. Therefore analyzing vulnerability involves identifying not only the threat but resilience in exploiting opportunities and in resisting or recovering from the negative effects of the changing environment. Vulnerability is linked to asset ownership of both tangible and intangible assets. These assets include labour, Social and economic infrastructure, household relations and social capital. Moser continues to show that for households to be able to overcome vulnerability and increase their productivity they need to convert their assets into income, food or other basic needs. Assets can be transformed into two distinct ways. They can be transformed into the intensification of existing strategies and through the development of new or diversified strategies (Moser 1996). The concept of vulnerability is important for this study because it discusses the importance of assets in relation to household vulnerability during difficult times. The importance of this concept is that it shows the measures that people, households and communities take in times of hardship and how they overcome their vulnerability.

Labour as an Asset

Moser (1996) discusses labour as an asset and the way households use labour to overcome vulnerability. Moser's analysis is that during the times of economic hardships and restructuring of the formal sector household income is usually reduced. As a result households are forced to come up with new measures to counteract their difficulties. Women join the informal sector with long hours and low pay and this also means that women spend long hours from home as well as increasing their work load. Children also assist by taking care of younger siblings so that the mother can work.

Social and Economic Infrastructure as an Asset

Social and economic infrastructure contributes to the ability of households to overcome vulnerability. As Moser (1996) points out social services such as education, allow people

to gain skills and knowledge. But absence of economic infrastructure such as water, transport and electricity and health care affects the ability of households to use their skills and knowledge in a productive manner. Lack of public spending by governments increases vulnerability of the poor. Moreover in cases where access to services has declined, the poor take longer to carry out household chores which also affects the welfare of the family especially children. Social and infrastructure as assets help in determining how households in the study are affected by the presence or absence of social and economic services and how they deal with the problem.

Household relations as an Asset

The importance of household relations as an asset is mainly due to the fact that a household's composition, structure and cohesion of family members can reduce its vulnerability. This can be done by determining its ability to mobilise additional labour (Moser, 1996). The ability of households to respond to changes in the external environment is influenced by changes in household structure and the erosion of household relations which may also affect the household's ability to respond to outside factors. This may also hinder decision making processes and resource allocation that are vital for the well being of the household. Moser (19996) adds that household relations therefore enable households to work together as well as care for one another during times of economic difficulties thereby reinforcing their safety nets. This asset is vital in the study because it shows how household relations are important in reducing household vulnerability. It also important in that it shows how households cope in the absence of this asset as well as how household relations reinforce safety nets in times of difficulties.

Social Capital as an Asset

According to Moser (1996) the norms, trust, and reciprocity networks that facilitate mutually beneficial cooperation in a community, in this case social capital are an important asset, one which reduces and increases opportunity. When poverty increases the ability for households to utilize their social capital gets eroded making it difficult for households to cope with their difficulties. Moser (1996) asserts that reciprocal

relationships have their origin in networks based on kin and place of origin and social networks. The ability of households and community to reduce vulnerability depends on the networks they have with Community Based Organisations and Non Governmental Organisations. Social capital as an asset explains how communities and households are able to overcome their vulnerability by using their networks.

CHAPTER 4: METHODOLOGY

STUDY AREA

Lesotho

Lesotho is a landlocked country completely surrounded by South Africa. It is divided into ten districts (Maseru, Leribe, Butha-Buthe, Berea, Mafeteng, Mophale, Quthing, Quthing Qachas'nek, Mokhotlong and Thaba-Tseka). It has an estimated population of 1.8 million people and a GDP of around USD1.4 billion. The country's economy is open, with strong financial and commercial ties to South Africa. The country depends heavily on inflows of worker's remittances from South Africa and receipts from South Africa Customs Union (SACU) revenue pool. Despite having the highest literacy rates in Sub-Saharan Africa, Lesotho is ranked 149th out of 177 countries by the United Nations in its 2006 Human Development Index, owing mainly to the low GDP per capita as well as the highest incidence of HIV/AIDS, which has dramatically reduced life expectancy in Lesotho. Lesotho remains one of the countries with the highest HIV/AIDS prevalence rates, estimated at around 29%. The high infection rate could over time, contribute to high mortality rates, a loss of productivity and real income, mounting fiscal pressures and deeper social and humanitarian stress. Poverty, the HIV/AIDS pandemic and food insecurity are currently the biggest challenges to the survival, care, protection and development of children in Lesotho.

The proportion of the population in Lesotho below the poverty line has been estimated at 60 percent 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 (Industrial Development Corporation Lesotho Risk Assessment Report 2007).

Maseru

Maseru is the capital town of Lesotho with an estimated population of 180,000. The city occupies a total area of 138 square kilometres. Most of the economic and political activities are situated in Maseru. Many old buildings from early in the century can still be seen. In recent years the city has seen a greater degree of growth and modernisation. Over the past years the town has seen a growing number of textile industries run by Chinese nationals. The population of the city has increased as a result (Romaya and Brown, Maseru City Profile).

In order to examine the care of orphans in the Maseru district, three formal institutions were selected for the study. These institutions were selected purposively, to represent the various formal institutions run by an NGO, Church and community member respectively. What follows now is a brief description of each.

Formal Institutions of Orphan Care

SOS Children's Village

The orphanage was opened by SOS-Kinderdorf International. This non governmental, private organisation is a non-political and non-denominational Child Welfare Organisation. The orphanage was opened in June 1994 to address the growing problem of orphans in the country. Children in need of care and who have lost their parents through death or been abandoned are provided with extensive support. SOS provides a permanent home for 163 children in small family-type groups which are called SOS families.

By Town

By Town orphanage is run by the Sisters of Charity of the Roman Catholic Church. It is situated about 10 kilometres north east of the city centre. Initially the orphanage started as a home for children whose fathers died in the South African Vaal Reefs mine tragedy in 1995 when an underground locomotive plunged more than a mile down the mine's

shaft and smashed into a lift cage carrying 105 miners (Buanews 1995). The orphanage now admits orphans from all over the country.

Lesotho Child Counselling Unit

The institution is situated in the district of Maseru about 15 kilometres south of the capital town in the village of Mazenod. It was started by a Mrs Katleho, who was driven by sympathy to orphaned and abandoned children. Up to 20 children at a time are fed and housed in the unit.

OVERALL APPROACH

The study aims to explore formal and informal arrangements for care of orphans in the Maseru district. Furthermore the aim was to find out why some children were placed in orphanages while others were absorbed in informal arrangements of care. The questions were therefore concerned with the meanings, perceptions, experiences and decision making processes of the formal and informal care arrangements thereby necessitating a qualitative study. Maxwell (1998:49) describes a qualitative study as a broad approach in social research that is based upon the need to understand human and social interaction from the perspective of insiders and participants in the interaction. Qualitative research is appropriate when the researcher is exploring a new territory or a new way of looking at a familiar topic. That is why this approach was chosen for the study.

RESEARCH METHODS

The methods that were used to collect data were in-depth interviews and documentary research.

In-depth Interviews

In-depth interviews were used to gather data on care in formal institutions and informal arrangements. An in-depth interview is described as a conversation with an individual conducted by an interviewer that usually collects specific information about a

phenomenon or a person. Moreover Giddens (2006) points out that in-depth interviews allow for greater flexibility in questioning the respondent as a result the researcher is able to examine issues in greater detail during interview. It was therefore important to use in-depth interviews to uncover the dynamics of care in two forms of care provision as well as factors that influenced decision making processes. This method enabled me to ask for clarification in cases where issues were not clear or enough information was not given. Two government Social Workers were interviewed in the department of Social Welfare. Three heads of formal institutions were interviewed, four caregivers in SOS, two caregivers in By Town as well as one caregiver in Lesotho Child Counselling Unit (Ha Mantlatilane). Six heads of families were also interviewed.

Documentary research

Documents such as strategic plans, policies, reports and brochures of formal institutions and government were used in the study. The documents were used to supplement the information that was collected from the interviews and to find out more about the activities of formal institutions and the government. The documents were of importance in that the researcher was able to verify information without disrupting those being studied. According to Maxwell (1998:65) documents are non reactive, which means that the researcher does not intervene in the context and therefore does not have to rely on the cooperation of participants. The documents are listed below:

Department of Social Welfare Strategic Plan

The strategic plan was useful in providing information on the short and long term plans of the department on orphan care. Moreover, the document provided information on which areas were of strategic importance in making sure that orphans were getting the care they need. There was also more information on the background of the orphan problem in Lesotho and how the government is dealing with the problem.

Department of Social Welfare National Policy on Orphans and Vulnerable Children.

The national policy on orphans and vulnerable children helped the researcher with information concerning policy measures that the government of Lesotho is taking in making sure that orphans in Lesotho are being provided for. It was useful in that the document provided a clear direction that the government is taking to make sure that orphaned children are cared for.

Department of Social Welfare Guidelines and Standards of Residential Care for orphaned Children.

The document was used in order to find out how the government of Lesotho is regulating formal institutions that provide care for orphans. This provided critical information such as why the government put these guidelines and standards for residential care in place, which then provided answers as to how the formal institutions as well as the government operated before the standards were put in place.

SOS Children's Village, By Town and Lesotho Counselling Unit Brochures

The brochures were useful in providing background information such as when and why the institutions were started, the support that they get as well as the benefits that are provided to the orphans. This information was used to supplement the information that was collected from the respondents.

Progress Reports

Progress reports from the formal institutions were used to find out about the achievements, progress that the institutions had made in providing care for orphaned children. These report were also important in showing the challenges they faced in their work.

SAMPLING

While access to three institutions was guaranteed from previous personal interaction with them, these institutions were also sampled purposively. Purposive sampling is detecting cases within extreme situations for certain characteristics or cases within a wide range of situations in order to maximize variation. That is to have all possible situations (Gobo 2004). Since this research aimed at examining the various ways in which care was provided, it was important to obtain the processes and experiences in the different kinds of formal institutions namely those run by a religious organisation, community member and non governmental organisation. In addition the Department of Social Welfare of the Lesotho government was also identified as a government department that deals with care of orphans. In terms of sampling participants I relied on the heads of the institutions to direct me to the social workers. With the Department of Social Welfare, in-depth interviews were done with two social workers in the department. The aim was to find out the views of the government with regard to care of orphans in Lesotho and what the government was doing to assist in orphan care.

In the case of informal care arrangements snowball sampling was employed in identifying the families who were caring for orphans. Snowball sampling means selecting subjects who feature the necessary characteristics and through their recommendation, finding other subjects with the same characteristics (Gobo 2004:449). Adult caregivers who had taken in orphaned children of extended and immediate family members were the major group of those sampled to represent informal arrangements of care. World Vision Lesotho in Nazareth area was asked to assist in identifying the families as they knew the area very well and interact with the community frequently. The first family was identified and the head of the family introduced me to the others who were caregivers and had also taken in orphans. Interviews were then done with the heads of these families.

METHOD OF DATA ANALYSIS

Qualitative data was collected for the study. According to Maxwell (1998) qualitative research consists of systematic and detailed study of individuals in their natural setting.

Qualitative methods in this case, in-depth interviews and documentary research collect data in the form of words: transcripts of open ended interviews, written observational descriptions of activities, conversations, discussions and people's actions. They are then analysed in a way that retains their inherent contextual nature. The goal of qualitative method is to understand the phenomenon from different points of view of participants.

According to Anderson et al (1994) cited by Nyirabahire (2006), in qualitative research analysis data are arranged into categories that allow comparison between components of the same category and between categories. The categories may be drawn from theory, experience or from the categories of the people studied. Data that was collected was coded to come up with the themes. The themes that emerged from the study were different kinds of care, survival strategies (in the case of informal arrangements) support provided to both formal institutions and informal arrangements of care, challenges and decision making processes that both formal and informal arrangements of care were experiencing and involved in. The themes helped in providing information that was then matched against the research questions to find out if the data collected met the objectives of the study.

ETHICAL ISSUES

According to Babbie and Mouton (2001:520) ethical issues arise out of our interaction with other people, other beings (such as animals), and the environment, especially where there is potential for or is a conflict of interest. In the case of research, they describe the word ethical as conforming to the standards of conduct of a given group. Before the interviews with the respondents commenced, the researcher assured the respondents of confidentiality by not revealing their identity in the research report. Since the method that was used was in-depth interviews, it was not possible to guarantee anonymity. But the respondents were assured that the findings of the study would be used only for the purpose of the study. A letter to the government of Lesotho was provided by the supervisor confirming the researchers' status as a student at the University of the Witwatersrand. A summary of the research and methodology was also handed in to the

Lesotho Department of Social Welfare in which the director gave me permission to interview the social workers.

Potential institutions were also sent a letter requesting permission to do research in the institutions. The letter tabled the nature of the research and the purpose of the study. In the letter, emphasis was put on the fact that the institutions were under no obligation to participate in the study and that they were entitled to withdraw at any time. The participants were also provided with an information sheet introducing the research and purpose of the study. Consent forms were also attached for people who were interested in taking part in the study.

STRENGTHS AND LIMITATIONS OF THE STRATEGY

The study is of a qualitative nature and as a result the findings cannot be generalised due to the limited number of participants who were interviewed. It has enabled me to provide a new perspective with regard to the subject of orphan care in Lesotho. One limitation was that, although orphans themselves could provide an insight into the benefits and disadvantages of both forms of care, they were not interviewed for ethical reasons. Furthermore one limitation was that at the time I was doing my field work, it was during the Christmas break and people were in a hurry to finish up the interviews and go for the holidays, and that may have affected the study in that they were not answering the questions in detail. I also realised that some of the respondents may have exaggerated their situations to a certain degree.

CHAPTER 5: THE ROLE OF GOVERNMENT IN ORPHAN CARE

This chapter outlines the role of the government of Lesotho in orphan care. Background information on their role is provided followed by discussions of the actual activities of the government in terms of care of orphans, support that the government receives, challenges that the government faces as well as decision making processes that take place when determining suitable care for orphans.

BACKGROUND

The Department of Social Welfare in the government of Lesotho was first established in 1976 as a response to increasing poverty and other social problems. The department was initially based in the Ministry of Justice; it was then moved to the Ministry of Interior and Ministry of Employment respectively. In 1993 the mandate of the Ministry of Health was enlarged to serve vulnerable groups and the Department of Social Welfare became part of this ministry. According to the 2005 Ministry of Health and Social Welfare National Policy on Orphans and Vulnerable Children, the role of the department is to alleviate human suffering and the improvement of the quality of lives for marginalised groups and to enable them to participate in community and socio-economic development initiatives. As a result, the department is required to coordinate all the social welfare services in the country, especially the development of national policies of vulnerable children and orphans. The department is also required to coordinate and provide technical advice to the development of legislation and guidelines for implementation of these policies.

Questions were asked to determine the scale of the problem of orphans in the country and Mrs Maneo Ts'epo, a senior social worker in the department explained that the number of orphans in Lesotho increased dramatically in the past few years, from 85, 543 in 1996 to 100,000 in 2003. The number of orphans in Maseru alone was said to have increased from 17,000 in 1996 to 18,947 in 2003. The respondents could not provide the current statistics of the number of orphans because the department did not have the current statistics. The government was still waiting for the results of a study done in 2007 by

United Nations Development Programme. Mrs Maneo Ts'epo said that the total population of Lesotho had decreased from 2 million to 1, 8 million due to the problem of HIV/AIDS, suggesting that orphan numbers have increased from the 2003 figures.⁴

CARE

Care of orphans by the government of Lesotho will be discussed in terms of social security that the government is able to provide to the communities that do not have the means to care for themselves such as orphans.

Kasente (2000) asserts that social security is the protection which society provides for its members through a series of public measures against the economic and social distress that is caused by the stoppage or substantial reduction of earning resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care and the provision of subsidies for families with children. This definition implies social security which is state-based, that is, measures are introduced and implemented by the state. State-based security refers to social security that is offered by the state. These include transfers, subsidies and provision of social grants such as among others pension funds and child care grants. It is important to look at this concept because it helps in determining the role of the government of Lesotho in orphan care.

The government of Lesotho considers its main role in orphan care as providing policies and guidelines for other entities that are involved in orphan care. Orphans who are currently being assisted by the Department of Social Welfare have been reported by community members or by their relatives. Before children can be assisted, government social workers have to first establish the situation of the child and this includes finding out who they live with, where and how they live so that a determination can be made regarding whether the child does in fact require assistance.

⁴ Ts'epo Maneo. (2007). Interview : Maseru

Due to high numbers of orphans in the country, there are different arrangements of care in the communities. The government officials said that from their interaction with the communities, the department discovered that there were child headed households; grand parents who were caring for orphans; children who were being cared for by relatives such as aunts and uncles; and also that communities had devised a way of caring for orphans by establishing support groups. The officials continued to point out that communities have set up support groups that are made up of both men and women to care for orphans in the villages. The group's main activity is to go around to orphan's homes to help them with vegetable gardens and as well as cleaning their homes. They also gather information about orphan families. The support groups raise their own funds to support the orphans and solicit support from different organisations. The department of social welfare offers advice to these groups and where possible they mobilise material support for them. For example there is one support group in Thaba-Bosiu which the department helped to acquire sewing materials by recommending them to one of the NGOs that was giving out sewing machines. The department has also established child to child support groups of children infected and affected by HIV/AIDS. These are aimed at giving the children an opportunity to provide psychosocial support to each other.

Mrs Maneo Ts'epo showed that besides community members who have set up support groups to care for orphans, non governmental organisations and church based organisations are the ones that are providing most of the care for orphans in Lesotho. The reason that is given is that these organisations are able to raise funds and are therefore able to provide care for orphans. As result there are no state owned orphanages in Lesotho. Furthermore the official also mentioned that the government would never establish orphanages because they are expensive to run and that the government supported the idea that children are better cared for in their own environment. But the government is making efforts to provide cash transfers to the families that care for orphans with the help of European Union and this is still at an early stage. What are available for orphans are uncoordinated efforts in the form of food parcels to orphans as well as payment of school fees only to a few numbers of orphaned children.

The reason for this, as one of the social workers in the Department of Social Welfare pointed out, is that the government does not have funds to sustain social grants. Lack of funds for social security initiatives may be partly explained by the fact that countries such as Lesotho are rated as poor and therefore do not have funds to help the poor communities with welfare services. This poverty needs to be located in the implementation of Structural Adjustment Programmes which affected the countries negatively instead of promoting economic growth. The programmes were introduced in the 1980s to try and curb poverty in Africa by the World Bank and International Monetary Fund. African countries were required to adopt these programmes in order for them to be eligible for loans. The countries were required to cut government spending on services such as education, health, housing and water which were crucial to the poor, the aged and children. They were also required to remove import controls, devalue their currencies, privatize of government enterprises and tight control of money supply. The effects of all these policies resulted in poverty and countries that struggled to provide basic needs for the people. Lack of welfare services in Lesotho is still blamed on the poverty which was intensified by Structural Adjustment Programmes.

The senior social worker was asked about the measures that government is taking to care for orphans in the country and the answer was that due to an increase in the number of support groups across the country, the Department of Social Welfare has taken up an initiative to work with the support groups by providing them with training on orphan care and how to help the orphans overcome their problems. So far the department has conducted training in all the districts and would continue to provide refresher courses and training the trainers to make sure that the efforts of the groups to care for orphans were sustainable. The Department is also working with the orphanages in Maseru.

Even though orphanages are run by the organisations other than the state, assistance is provided by the state in counselling, health care and educational skills. The department liaises with relevant organisations such as health centres and counselling centres and refers them to the orphanages depending on the needs of the orphanages. Doctors are also encouraged to help with check-ups for the children in the orphanages.

The department also pays for school fees for orphans who are having difficulty going to school due to lack of funds. The Senior Social worker was quick to admit that not all orphans were being assisted because the department was not able to reach all the orphans due to a shortage of staff. In some instances families are assisted with food production in the sense that they are given seeds to grow crops in order to cater for food. According to Mrs Maneo Ts'epo, there are also cases where the department pays for medical expenses of orphans when they are sick. But this does not happen often due to bureaucratic procedures that have to be followed in the government when funds are requested. By the time the child is taken to a clinic or hospital the disease has often advanced.

The opening of the **Child and Gender Protection Unit** is considered as one of the major initiatives that the department has embarked on in order to protect children in the country. To emphasise its importance Mrs Maneo Ts'epo said,⁵

“One of the measures that the government has done was to establish Child and Gender Protection Unit. The reason was because we were aware that orphans were abused and that their family properties were taken from them by their relatives. This unit was established as a protection measure so that we can have somewhere where issues that concern orphans can be dealt with without any hindrance so that these children can have the protection they need.”

The unit is situated within the Police Department and the reason for that is because the police are already dealing with a lot of children's cases. This would also help the police to trace people who abuse children easily because they will be able to have information at close reach.

Besides the establishment of the Child and Gender Protection Unit, the department has been instrumental in the review of the **Children's Protection Act of 1980** which has been the law that was used to protect children. As Mrs Ts'epo said ⁶

⁵ Ts'epo, Maneo. (2007). Interview : Maseru

⁶ Ts'epo Maneo. (2007). Interview : Maseru

“The Law had loop holes and was not helping us to protect children in this country. It was reviewed for a number of years and the last year was 2004 but we are frustrated because as I am speaking to you now, it is still a bill. This delay is holding our hands because children especially orphans are not protected and yet this is a very comprehensive law.”

Through the interviews I learned that the department also reviewed some of the laws in order to improve their work. A brief information of the laws and bills is provided below:

Child Welfare and Protection Act no. 60 of 1980

This is the main child protection law which was reviewed into the Lesotho Child Protection Bill in order to protect children in Lesotho. The law focussed only on children who were in conflict with the law. The law was silent on how categories of children such as those without parental care like abandoned and orphaned children, those with disabilities, those who were victims of violence and other forms of abuse and exploitation including sexually abused child labourers, children in institutional care as well as those infected and affected by HIV/AIDS were to be protected (Kimane 2005).

Lesotho Children’s Protection Bill 2004

The main aim of the Lesotho Children’s Protection Bill 2004 is to regulate the rights of children living with their parents as well as the responsibility of such parents towards their children including custody, guardianship and maintenance. The bill also provides for children in need of care and protection including foster care, residential care (institutions) and adoption. Children in conflict with the law, children in rehabilitation and those at risk of offending are also catered for. It further provides special protection for certain vulnerable groups such as children at risk of trafficking and abduction, orphaned children who may lose their property rights, children at risk of being used as child labourers and those who may require medical testing and treatment. It is designed to extend, promote and protect the rights of children as defined in the United Nations Convention of the Child, the African Charter on the Rights and Welfare of the Child (Kimane 2005).

National Orphans and Vulnerable Children Policy

The National Orphans and Vulnerable policy was put in place in order to address the growing number of orphans in the country. According to the department of Social Welfare, the policy will provide 1,3 million from the government's budget over the next five years. The budget is aimed to provide free health and education services as well as funds to help set up small-scale businesses that are geared towards supporting caregivers and the orphaned children. The aim of the policy is to also ensure that the government provides an environment where children are free of abuse and neglect as well as regulating institutions that care for orphans (National Orphans and Vulnerable Children Policy 2005)

Guidelines for residential care facilities

The guidelines were produced by the department of Social Welfare with the help of UNICEF. The reason for putting the guidelines and standards in place was that the government was concerned about the increasing number of orphanages in the country which were not regulated. The standards are meant to facilitate a process toward good practice while at the same time ensuring the protection and well being of the children. They provide the minimum goals to be reached and maintained by practitioners, programmes and residential care centres.

The standards include management and leadership, in which it is stated that the management of the residential care must be trained and well informed about children's issues and rights. The document also states that children must live in a child friendly environment that is clean and hygienic. The document emphasise the importance of issues such as care, proper admission of the child, medical care, respectful positive discipline and therapeutic and development interventions (Lesotho Residential Care Guidelines and Standards 2006).

The government also established a **National AIDS Commission** which is a body that oversees the government's initiatives on HIV/AIDS as well as on orphans and vulnerable

children. The main role of the commission is to coordinate society-wide anti-AIDS activities.

Evidence from the study show that the government of Lesotho does not provide social security to the poor or people who need help like orphans in the form of grants, transfers and subsidies as the literature suggests social security to mean. State-based social security is mainly provision of actual formal, regularised and procedural measures but Lesotho does not provide that kind of security. What is remarkable though is that the government is aware of its shortfalls and is partnering with other stakeholders to help in the care of orphans. The government has also made an effort to provide security by implementing free primary education, revising the child protection law, providing policies as well as guidelines for the stakeholders to make sure that care of orphans is done properly. Furthermore, it shows that care of orphans by Lesotho government focuses mainly on making the environment conducive for the stakeholders to fulfil their work.

The government provides social security but this is done at a minimal level in Lesotho compared to what is being done for the poor in the First World countries. This has resulted in the communities taking initiatives that are geared towards relieving social security problems. But the communities themselves are ill equipped to be able to provide security to those who need it like orphans. For instance in the study, the government is training support groups to care for orphans. These are made up of people who are already struggling. Marais (2006) argues that as much as informal institutions are seen as more appropriate in terms of care for orphans, they are also struggling and cannot cope due to the situation that they are in. The government is shifting the responsibility to communities that are afflicted by high unemployment, lack of services and poverty (Marais, 2006). Social Welfare Services in the form of grants can help in reducing the poverty and vulnerability of the communities especially those that are caring for orphans.

SUPPORT

The government of Lesotho receives significant support from its partners to enable it to achieve its objectives in caring for orphans in the country.

The government of Lesotho is partnering with NGOs and other stake holders to try and provide care to orphans in that country. UNICEF (United Nations Children's Fund) is the biggest partner of the department of Social Welfare. All the documents that the department of Social Welfare produced, from the child protection policies, the strategies and the guidelines for orphanages were done with the help of UNICEF, being the biggest organisation that advocates for the rights of the Child. UNICEF's participation is crucial because the organisation's interest is to further the aims of the UN Convention on the Rights of the Child which lay the foundation of all the work of the department. United Nations Educational Scientific and Cultural Organisation (UNESCO) has also been another agency that is working with the department in providing training on care of orphans to both high school and primary school teachers.

Another organisation that has come on board in supporting the government to achieve their strategic plans is the European Union. The relationship between the Department of Social Welfare and the EU started last year, when the organisation pledged to help the department of Social Welfare with their orphan care programme. The organisation pledged to help the department by providing direct assistance to the orphans by way of focussing on issues such as hygiene, clothing, transportation and other needs. The organisation will also provide cash transfers to the families that are taking care of orphans all over the country. At the time when the interview was conducted, the Senior Social Worker said that the project was yet to be piloted in three areas namely Matelile (semi-urban area), Semonkong (rural but accessible) and Lebakeng (rural and not accessible). The piloting was to start in February, which fell outside the time scope of this study. According to Mrs Maneo Ts'epo, the project will help in providing the much needed funds by the families that care for orphans and if it goes well it will be rolled out in the whole country. When stressing the importance of the project she said,⁷

⁷ Ts'epo, Maneo. (2007). Interview : Maseru

“This is something new in Lesotho, so we have to make sure that there are no mistakes. That is why we have to do it in stages so that we are able to work on the problems as we go along. We really want this one to work. And to make sure that it works, UNICEF will run the project since they will be able to monitor the project properly and again EU was not willing to give us money if it was going to be administered by the government. The past experience has been that the funds that have been donated to the government were not used or sometimes used for purposes that they were meant for. This is really a big partnership because other government ministries have come on board too. We will be working with the ministry of agriculture, local government on the other aspect of the project which has to do with orphan registration and food production and we are really excited about it”

The study shows that the government of Lesotho gets most of its support from the International agencies such as UNICEF, UNESCO and recently from the European Union. Non Governmental Organisations in the country are also supporting the government. Most of the orphan care support comes in the form of grants from International organisations especially from those that are aligned with agencies such as the UNAIDS. The NGOS mainly provide the support at the community level and they are the ones who run a range of programmes as well as orphanages that are meant to help orphans. This support is given directly to children (as items such as clothes, medical care and food).

The government also gets support by way of funds from Global Fund through proposals and the funds have been used in several orphan and HIV/AIDS care projects through the office of the First Lady (this is an office that is run by the Prime Ministers wife, but it is not clear what its role is). Some of the support groups have been trained using these funds. But the official was quick to mention that the office of the First Lady works in isolation.

According to a UNDP (2000) report, in Sub-Saharan African countries states are unable to provide social welfare to poor families. There is some truth to the statement in that in Lesotho, the government has for a long time relied on the support from NGOs and international agencies due to the fact that they have the capacity and funds to achieve their work.

The injection of funds without providing training to government officials in the Department of Social Welfare will not yield sustainable results. When grants are not available, there is no guarantee that the activities will continue. Sometimes this also depends on whether the donors are satisfied with the way progress is being made (Garcia, Deininger and Sabbaro 2003). I think coordinated support will help the government of Lesotho achieve its work and also that of the stakeholders that are providing the support. According to Garcia et al(2003) the right interventions in support of orphans will have an important role to play in helping those affected cope with their situations.

CHALLENGES

The interviews with the government officials have shown that the government has challenges in achieving its objectives. Key amongst these is that although there are efforts being made by different stake holders to address the problem of orphans in the country, these efforts are not being coordinated and also stakeholders are not collaborating. As a result efforts are being duplicated. This is what Mr Sello Thamae said⁸

“Our efforts have not been fruitful because everybody wants to be seen to be doing something. It is like we are in a competition. You see some of the communities receiving all the benefits from different stakeholders, and you wonder can’t people see when they have done enough? It is really disturbing”.

The major challenge is coordinating the efforts of the government with different ministries and the stakeholders which makes it difficult for the problems of orphans to be addressed. This can be done with proper planning by all the concerned departments and

⁸ Thamae,Sello.(2007). Interview : Maseru

organisations. As it is now the country does not have an orphan registry which clearly shows how many children are orphans in the country. It is possible that many of them are not reached by the Department of Social Welfare.

To try to overcome this problem, the government through the department of Social Welfare together with the other stakeholders has established Districts Child Protection Teams to ensure that the work that is being done at the grassroots level is coordinated and that information flows properly and to all stakeholders. Moreover efforts are also being made to put a vital registration system in place that will be used to record the list of orphans from all different districts. This will be done with the help of UNICEF and the Ministry of Local Government. The local leadership including chiefs are being trained on how to fill in the new forms that will be used to collect information about orphans in the communities. It was highlighted that the reason for only installing these systems now is because initially there was no policy on orphans. This made it difficult for the government to establish who the orphans and vulnerable children were. This was the information needed to draft the orphan registration forms.

The other challenge is that people who are responsible for passing bills into laws are not doing their job, making it difficult for the department of Welfare to protect orphans in the country. As Mrs Ts'epo said:⁹

“We are embarrassed to say to you now that Lesotho does not protect its children. The 1980 Child Law was not a law that we could mention to other countries. But what we thought would be a good law that would protect children in this country has been a bill since 2004. People are abusing children because there is no law that protects children. We still have a long way to go.”

The department is not able to fulfil their mandate due to the fact that they do not have enough staff. The staff that is currently in the department is doing generic social work which means that the service that is provided by the department is too broad. Mr

⁹ Ts'epo, Maneo. (2007). Interview : Maseru

Thamae¹⁰ said that they still needed more people who will be able to infiltrate the communities to make them aware of the protection of children. At the moment the staff is not able to reach remote areas in the mountains where orphans are said to be many and neglected. There are plans in place to establish a new unit that will have specialised program that will help the government to best address the problems of orphans. Currently there are people who have been sponsored by the government to go to school and specialise in courses such as counselling. At the moment the government through the department of Social Welfare is working with other stakeholders and the community to identify orphans as well as counsel them.

According to Mutangadura (2005) HIV/AIDS in Sub Saharan Africa is increasingly becoming one of the major impediments to sustainable development. The disease has also increased the number of orphans in the countries creating more challenges for the governments to deal with the disease and the growing number of orphans.

Furthermore the findings suggest that HIV/AIDS is also one of the major challenges in Lesotho, as outlined in the Lesotho National Policy on Orphans and Vulnerable Children. The government of Lesotho is however making an effort to address the problems of orphans in the country. The efforts that have been done so far are nothing compared to the crisis at hand. Most of the efforts that will have a direct impact on the orphans, except free primary Education are still in the early stages. These include Cash Transfer intervention that is sponsored by the European Union. The country depends on outside organisations to help it in tackling this problem and this creates unsustainable programmes. Lesotho is one of the poor countries in the world, and their efforts are not trickling down to the orphans who need the help due to lack of capacity and funds.

DECISION MAKING

¹⁰ Thamae, Sello. (2007). Interview : Maseru

The decisions that are made on where orphaned children are cared for in the case of the government are important in order to find out what influences their decisions. The analysis of this will assist in understanding the processes that influence these decisions.

Mrs Ts'epo¹¹ mentioned that there are several reasons that make people decide to put children in orphanages and those reasons range from death of the parents and poverty that the relatives find themselves in. As a result people see orphanages as the best places where children can be provided with good care. At the same time I also established that orphanages have increased in the country and the reason for the increase is that people see orphanages as an easy way of making money. What is perpetuating this view according to the government officials is that foreigners come to the country and visit homes that have been turned into shelters for orphans and start promising money to owners of the homes without establishing whether they are legal.

With regard to the aspect of whether culture plays a role in the decisions that people make with regard to care of orphans, the officials said that from their experience, they have realised that unlike in the past, people only decide to take orphans in their care if they can get something in return. People look at the family that the child comes from and if the parents had properties, then you find people fighting for custody of the children so that they can use the properties for their own benefit. Mrs Ts'epo referred to a case where a relative was living with orphans and was getting money from the investments of the children's parents and said,¹²

“The children were never told about the money. Rental money from their parent's house was used for the relative's family and not the orphans. The relative's neighbour reported the matter to the police that is how the department got to know about the case, because the children had to be removed from there. This kind of behaviour results in children running away from their homes to the orphanages because their relatives mistreat them and this results in increase of the number of children in the orphanages.”

¹¹ Ts'epo, Maneo. (2007). Interview : Maseru

¹² Ts'epo, Maneo. (2007). Interview : Maseru

The government does not consider institutional care as the best care for orphans. For them the best care for orphaned children is the one that is provided by family members. To emphasise this point, here is what the Mrs Ts'epo said.¹³

“As a government, we feel that children are better cared for in the community. It is the place they are used to, most of their relatives are there and they are able to take part in community activities.”

According to Klingvall (2001) children are put in orphanages for different reasons. Many of the children are put in orphanages due to their parents' death, poverty and abandonment. The findings also revealed that before a child is put in an orphanage, the social workers investigate the child's family background. This implies that there is a level of consultation that takes place with either relatives or the chief in the village before a child can be referred to a place of safety such as an orphanage. It is also clear that an attempt is made to consult relatives in cases where children do not have parents. This is in line with the Sesotho culture where relatives are supposed to take responsibility for their relatives's child whose parents have died. It has emerged though from the study that relatives are also having problems to care for their relative's children who are orphans. In cases where children were living with their relatives and are abused, the study shows that they are automatically removed from their relatives' care. This implies that when children are in danger social workers act quickly by removing children out of danger. The decisions that are taken by the Social Workers are influenced by the law. I say this because the head of Lesotho Child Counselling Unit (it will be discussed in chapter 5) revealed that the police and social workers are the ones who deal with removal of children from abusive homes. It is clear that their actions are influenced by the laws or guidelines that guide their work.

The findings also show that interventions by foreigners who are helping some of the community members who are opening up their homes to orphaned children, influence

¹³ Ts'epo, Maneo. (2007). Interview : Maseru

people to decide to put children in orphanages, thereby increasing the growing number of children in orphanages. This suggests that such decisions are made due to the impression that people may have that children who live in orphanages are given everything they need.

Concluding Remarks

Although the government prefers community based care for orphans, most of the orphans in the formal institutions have been referred there by government social workers which implies that the government acknowledges the good work that is done in the orphanages. Most of the decisions, especially those that involve children in orphanages, are done with the government social workers involved. While NGO and church-run orphanages may take the lead in formal institutions care of orphans in Lesotho, the findings suggest that the state engages in efforts to establish close linkages to these institutions. It is therefore important that decisions are made in a co-operative environment in order to minimise problems and to maximise the interventions geared towards helping orphans in Lesotho.

The study also shows that although the government of Lesotho prefers community care for orphans, the government is making a great effort in trying to provide orphan care. This is done by involving agencies such as the EU, UNICEF and other various organisations in orphan care thereby providing indirect state- based social security. It is therefore important to mention that in the developing world the meaning of state based social security should be viewed differently from the developed world. The reason being that in the study it is evident that the government's facilitation of provision of welfare to orphans is in itself a form of state-based social security.

CHAPTER 6: THE ROLE OF FORMAL INSTITUTIONS IN ORPHAN CARE

Formal institutions apply to the orphanages that care for orphans. Sabbaro and Coury (2004) point out that in these settings, orphans are cared for by social workers and the basic needs such as shelter, and food clothing and education are generally taken care of. Three formal institutions of care were chosen for the study and this was done such that all three represented all spectrums of institutions in the district, SOS Children's Village, By Town and Lesotho Child Counselling Unit. The institutions are run by Non governmental organisations, churches and community members respectively.

This chapter outlines the role of formal institutions in orphan care. This will be done by firstly describing the three formal institutions; secondly the types of care provided in each institution are discussed. Then the discussion of the support that the institutions receive, the challenges and the decision-making processes are outlined respectively.

DESCRIPTION OF FORMAL INSTITUTIONS

SOS Children's Village

The orphanage is situated about five kilometres from Maseru in an area called Lepereng. The place is accessible by taxi from the city centre. The orphanage was built on a large piece of land, and exists within its own village with houses for the children and the staff. The village has a clinic, primary school, kindergarten, recreational facilities and gardens.

The orphanage was opened by SOS-Kinderdorf International. This non governmental, private organisation is a non-political and non-denominational Child Welfare Organisation. The orphanage was opened in June 1994 and the first child settled in August of the same year. The reason for opening this orphanage was because there was a growing problem of orphans in the country. As a result the orphanage was opened in order to support the children who were in need of care and had lost their parents through death or had been abandoned for other reasons. SOS provides a permanent home for 163 children in small family-type groups which are called SOS families.

Children live with house mothers in groups of eight to ten, and they grow up as brothers and sisters. The setting is such that families stay in their own houses which make it easier for the families to function as individual families. The house mothers are expected to love, care and guide the children as their own. The “father figure” influence in the lives of children is provided by the Village Father who is in charge of the Village. He is supposed to support and guide the children with the help of the house mothers. The children who are currently in the village have been admitted through referrals from the children’s Courts and Social Welfare department. The procedure for admitting a child into the village involves an investigation that is done by the orphanage’s social workers on the situation of the children waiting to be admitted into the orphanage. An extensive investigation, involving interviews and paperwork is done to confirm that the child is eligible to be admitted into the orphanage. In order for a child to be eligible, he or she must be either a single (lost one parent) or double orphan (lost both parents) with no one to take care of him or her. Some of the information that is needed includes, information about the parents, the extended family who referred the child and the date when the case was reported to the authorities, whether within the community or outside.

According to **Mr Sebua**¹⁴, the head of the orphanage, most of the children admitted in the orphanage have lost their parents and have been abandoned by the relatives. For example some of them are brought to the Village because they are left with their grandmothers who cannot take care of them. The Village admits children from the ages of 0 to 18 years and these children come from all the districts of Lesotho. In cases where there are many children from one family, who are eligible to be admitted in the orphanage, only the two youngest siblings are admitted to the orphanage, due to limited space. The rules of the orphanage do not allow siblings to be separated since it is regarded as an advantage for the children to stay together. The advantage is that the children who come with their siblings into the orphanage give each other emotional

¹⁴ Sebua, Lehlohonolo. (2007). Interview : Maseru

support. SOS children are not eligible for adoption at any stage which makes it different from the other orphanages. To make this point, the head of the orphanage said,¹⁵

“Unlike other orphanages, we provide a permanent home for our children. Nobody can adopt a child from us”.

The head of the village also mentioned that when the children are sixteen years old, they are transferred to youth houses that are also run by SOS Children’s Village. At this stage they are provided with their own money, they manage their funds and the houses they live in. In this regard, under the guidance of a live-in youth leader, the youths learn how to share resources and chores, manage their household budget and take responsibility for their decisions and actions. According to the head of the orphanage, SOS Children’s Village remain in charge of these youths until they are prepared to start their independent lives as capable and productive members of society.

Lesotho Child Counselling Unit

The institution is situated in the district of Maseru about 15 kilometres south of the capital town. It was started by a Mrs Katleho who was driven by sympathy to the increasing number of orphans and abused children. In the interview with her I learned that she opened the place in 2001 when she came back from Norway where she was working with traumatised children. When she came back she had a conviction to open a place in her home village to cater for orphans, abused and neglected children. This institution admits abused and neglected children as well as orphans. The institution is run like an orphanage but its main aim is to provide counselling to the children and this resulted in her naming the place Lesotho Child Counselling Unit. The initial problem that she had with opening up the institution was that she did not have a place to house the children. Her family gave her one of the family houses with two rooms and a kitchen to use for the children. In 2002 the first children who were admitted were two siblings who had been abused by their father. Up to 20 children at a time are fed and housed in the

¹⁵ Katleho, Limpho. (2007). Interview: Maseru

unit. Presently a new purpose safe house is being built and is expected to house about 40 children.

The institution admits children from the ages of 2 to 18 years and the children are brought by the social workers from the department of Social Welfare, the police and as referrals by the courts. Most of the children in the institution have lost either one or both parents. The head also mentioned that children who were currently in the centre were abused children and 70% of the girls had been sexually abused.

By Town Orphanage

By Town orphanage is run by the Sisters of Charity of the Roman Catholic Church. It is situated about 10 kilometres north east of the city centre. Initially the orphanage started as a home for children whose fathers died in the Vaal Reefs mine tragedy in 1995 when an underground locomotive plunged more than a mile down the mine's shaft and smashed into a lift cage carrying 105 miners (Buanews 1995). Many of the people who died were breadwinners and as a result By Town was established to help the families, especially the children. The Roman Catholic Church was selected by the government of Lesotho and the mining representatives from Vaal Reefs mine as one institution that would best care for the children. One of the sisters realised that there was a growing problem of orphans in the country and decided to take in other children into the orphanage. The first orphans besides the ones whose parents died in the mines were admitted into the orphanage in 2000 and the children were referred by Social Welfare.

The orphanage admits children from the age of 3 to 18 years old. At the time of the research the orphanage was taking care of 61 children with the number still growing. The orphanage is run by two sisters (nuns). One of the sisters started the orphanage and is the Director of the orphanage while the other is there to provide support. There are also two matrons who look after the children. The orphanage is more or less run like a boarding school with boys and girls having their own separate quarters. Children who are admitted in the orphanage come from all the districts. So far three children have been adopted by couples from the Netherlands. The children are provided with shelter, health care,

education and life skills. The orphanage also allows people to adopt children from them with the help of the department of Social welfare.

CARE

This section firstly provides a description of the types of care provided in each institution, followed by an analysis of important conceptual issues which emerge.

According to Christiansen (2003) **care** is a culturally objectified notion and is related to local morality about proper allocation of resources including emotions, knowledge and material support. Apart from the definition that is provided by Christensen (2003), Waerness in D'Cruz (2004) defines **care** mainly in physical terms as custodial or maintenance help or services rendered by a family member for the well being of relatives who cannot perform such activities themselves. Graham (1993) defines care as something that goes beyond mere physical assistance. According to him, the provision of care encompasses the emotional aspects of managing feelings establishing and maintaining relationships. The definition given by Daly and Lewis (1998) is that **care** is the activities and relations involved in meeting the physical and emotional needs of dependent adults and children together with the economic and social frameworks within which these are assigned and carried out. Weisner in Christiansen (2003) care taking of children has certain universal features such as affection, physical

The concept of care is also understood in terms of care work which is defined by Amstrong and Amstrong (2004:4) as women's work, paid and unpaid, located at home, involuntary institutions or in the labour force. The findings reveal that there is a similarity to what this concept means and what is happening in the care work. In all the three institutions, women are in the fore front of caring for orphans. The orphanages are either run by women or care of orphans is provided by women. In all three institutions the matrons and the carers are women. According to comfort, assistance, shared solving of problems, provision of food and other resources. It is therefore not difficult to understand

why women are the ones caring for orphans given the fact that women's role has always been to care for their families.

Given these various definitions of care, this chapter is going to understand care through different activities that are provided by organisations that care for orphaned children as well as the families that provide care for orphans. This will also be understood through perceptions and meanings attached to the actions of care that are provided by these organisations. In the study, this will be done by drawing from Daly and Lewis's definition of care which is defined as activities and relations involved in meeting the physical and emotional needs of children.

At **SOS Children's Village** children are given the best care that is far better than what other orphanages can offer.

Shelter- SOS children are provided with shelter in the village. They stay in houses that are equipped with everything that is needed to make a child feel at home. For instance the houses are big enough to house 10 children, they have dining rooms, sitting rooms bathrooms and kitchens. Unlike other orphanages, SOS provides children under its care with a family which they can identify with. Children stay with their house mothers whom they consider to be their mothers. They also stay with other children in the family and their relationships grow into one of brothers and sisters. The house mother being a mother figure for the children is given funds and she has to provide food and clothing for the children. I was also told that families do not necessarily have to do similar things every day, but there are rules that have to be followed in order to make sure that children were given the best care. The house mother is allowed to run the house the way she likes as long as the rights of the children are not infringed on. For instance, the orphanage does not compromise when it comes to the quality of food that the children are supposed to be provided with. But families do not necessarily have to have the same meals. I realised that important dates such as birthdays are important for the families. Most of the mothers talked about their children's birthday parties.

Health care- Children in the village are provided with health care services from the clinic that is owned by the orphanage when they were sick. Their health is monitored regularly to make sure that they are healthy. Moreover, since the orphanage admits children from 0 to 18 years of age, children who are below five are immunised and their growth monitored according to the health standards of the country. Children are given oral hygiene lessons and the teenagers are educated on health issues such as hygiene, reproductive health as well as HIV/AIDS. Furthermore regular counselling is done so as to enable the children to talk about their problems especially in cases where they may not feel free to speak to their housemothers. One of the housemothers, said,¹⁶

“Counselling is important because normally children who come to orphanages have emotional problems that take time to root out. So anything that reminds the children about their past problems is enough to dampen their spirits. We need to constantly remind these children that they are loved”.

Education- there is a primary school and a Kindergarten in the compound of the orphanage and the young children who are still at primary school level attend school there. In the case of those that are in high school, they are given a choice regarding schools that they want to go to as long as they have performed well in their studies. Most of them attend school within the country. School needs were fully paid for by the orphanage as soon as children were admitted to their respective schools. The same thing applied to those that are eligible to go to institutions of higher education. Mr Sebu said,

“When it comes to our children the sky is the limit. Why deny a child an opportunity to study wherever they want, if they are doing well at school? I can tell you now that we have children in South African Universities, we have children as far as Ghana and Namibia and some are studying at Machabeng College (a multiracial school in Maseru) doing their O levels”¹⁷

¹⁶ Adoro, Lineo. (2007). Interview : Maseru

¹⁷ Sebu. Lehlolonolo. (2007). Interview : Maseru

SOS also pays attention to children who are struggling in their studies and these children are given other alternatives such as being enrolled into sewing schools, driving schools and catering schools so that they are able to take care of themselves when they are old enough to leave the orphanage.

Unlike SOS Children's Village, **Lesotho Child Counselling Unit** is a transitory institution, meaning that children are not kept for a long time. But the amount of time that a child takes in the centre depends on how well the child is doing after counselling and whether relatives are willing to take the child back. Furthermore the time also depends on the availability of the counsellors because the institution depends on the social workers from the Department of Social Welfare as well as students who are volunteering their skills while they are still at school. The release of the children is also determined by how efficiently the police work on their cases. Those that stay for a long time (1 year) are those who do not have anywhere to go. Mrs Limpho Katleho mentioned that since it started, 400 children have been helped.

To highlight their commitment to not keeping children in the centre for a long time, Mrs Katleho said this,¹⁸

“I always demand to know how long the children will stay here. We keep them here during their problems so that they can get good care while their problems are being sorted out”.

Follow-ups are done on the progress of the children, and Mrs Katleho pointed out that they do not always have success stories. After returning some of the children back to their relatives, some of them run away to escape bad treatment that they receive from their relatives and most of them have ended up in the streets.

The benefits that the unit provides are shelter, food, guidance and counselling and education while children's cases are still being reviewed by the courts. Orphans in the

¹⁸ Katleho, Limpho. (2007). Interview: Maseru

villages surrounding the institution are also being helped through food production such as vegetable gardens. Unlike the other orphanages where the first thing one sees is the colourful playground, this place does not have a playground. The unit has only one housemother whose job is to cook and guide the children. Currently the house mother looks after 20 children. The maximum time that a child is allowed to spend in the institution is 6 months. Part of what Mrs Katleho does is to sensitise the community about the problems that face them. This is done with the hope that the community will also lend a hand in assisting their neighbours to protect orphans and vulnerable children in the villages. Awareness campaigns with the help of the police are held in different areas to try and pass the message to the community.

Children who are in **By Town orphanage** receive benefits such as,

Health care - the orphanage provides health for the children in the sense that there are doctors who visit the orphanage as volunteers to check on the children. Young children are checked to make sure that they are still growing well. Before any child settles into the orphanage they are also checked to make sure that they do not have any life threatening diseases. This helps in that the children are diagnosed and receive immediate medical attention as soon as possible.

Education - The orphanage has a preschool in the compound and a play ground for small children in primary and pre-schools. Sister Lydia also mentioned that they have a relationship with the schools in the area that children in the orphanage be given a space in the schools. Their high school fee is paid for by the orphanage and their school needs are also catered for. Those who are at tertiary level are helped to get sponsors for their education. Many of the children who have been in the orphanage have managed to go to university and nursing schools in the country and are being sponsored by the government.

Shelter and Food - The orphanage has a very beautiful place where the children live. The place is fully furnished and has everything that they need for a good shelter. The bedrooms have enough beds, bathrooms and the rooms are big enough for children to

sleep in. The orphanage also has vegetable gardens, rear pigs and poultry and there is also a milk cow. All their protein is provided by these animals and the orphanage also sells eggs and some of the vegetables to the community nearby.

Children are also encouraged to help in the kitchen as well as wash their own clothes. They take turns to help with the cleaning of their own premises, cooking and looking after the reared animals. The reason for allowing them to take part in the work is to enable them to be independent. The orphanage also makes sure that children are in contact with their relatives and they are encouraged to visit their relatives during school holidays. The same practice is done at SOS Children's Village but when I was there it was during the holidays and noticed that there were still many children who were still around. Sister Lydia mentioned that often orphanages are accused of doing everything for children under their care, such that when the children visit their relatives they are not able to do household chores. She said,¹⁹

‘What we are simply doing is to make sure that when they leave this place, they are able to take care of themselves and not depend on other people to do things for them’

The older children are also encouraged to help the matron to look after the young ones who are not yet able to do things for themselves. All the children respect one another regardless of age and sex. They all called each other ‘ausi’ (sister) and ‘abuti’ (brother). They address one another this way regardless of whether others are younger or older.

The findings of the study with regard to care of orphans in the formal institutions demonstrate Daly and Lewis (1998) definition of care. All three institutions provide care that is geared towards addressing the emotional and physical needs of the children under their care taking into consideration the social frameworks under which they provide this care. For instance, these institutions are aware of the emotional and social difficulties that the orphans under their care have. As a result they are employing counselling services to

¹⁹ Mahapa, Lydia. (2008). Interview: Maseru

help the children. In SOS the model that is used allows for the children to live in households with their housemothers giving them a chance to have a relationship with a mother even though she is not a biological mother.

Children in these facilities are given health care, education, shelter as well as emotional support in the form of counselling. The institutions also make effort to connect the children with their relatives by allowing them to visit them during the school holidays as well as weekends and when families have ceremonies. But this still depends on the participation of the relatives. In two of the institutions (SOS and By Town) children are allowed to do household chores which suggest care and also facilitating independence.

Although the activities may not be the same in all the institutions it is clear that they focus on different aspects of the children's lives. Even though children in the formal institutions are given everything, the type of care that is provided by formal institutions may not be culturally acceptable. Moreover it may breed children who are not familiar with their communities, given the fact that children visit their relatives only for a short time. For those who are not able to visit their relatives at all, they stay in the orphanages and are likely to lose touch with their communities. This argument has been mentioned by Caldwell (2005) who argues that children in institutional care have challenges with their cultural and kinship ties. While those in informal arrangements of care remain integrated in their extended family this cannot be blamed on the orphanages alone as the extended families also have a role to play in making sure that these children do not lose ties with their extended families.

Contrary to what agencies such as USAID suggest about care in formal institutions failing to meet the developmental needs of children, the study reveals that formal institutions go an extra mile to make sure that children are well taken care of, and that they have moved from just providing basic needs. Zimmerman (2005) has argued that formal institutions can in fact provide good care if managed properly. This notion transpired in the study in that the institutions are run well and in cases where communities and extended families are not caring for orphaned children, they can be an

alternative as long as they are sensitive to the fact that orphaned children need to participate in the family cultural activities. Furthermore formal institutions do not work in isolation. These institutions are aware that children need to be protected and the government is also assisting them with guidelines and policies that will ensure that children are protected.

Given this, governments must understand that non-government formal institutions play an important role, especially in Third World countries where state social security is not provided. The only problem may be that formal institutions depend on funding from international donors for them to survive and this may be seen as a disadvantage. What is remarkable is that all of the formal institutions are involved in income generating projects which may be able to sustain them. For instance, SOS Children's Village hires its buildings for ceremonies and the clinic and school are open to the public. **By Town** has a poultry and vegetable project where eggs and vegetables are also sold to the public. Vegetable gardens are also established in the Lesotho Child Counselling Unit.

Formal institutions are mostly involved in the care of orphans in Lesotho. Just as the anecdotal evidence suggested, the bulk of this work is done by these institutions. The institutions are doing much of the work because the government has no funds to do it itself. Given social and economic problems that prevail in the communities, some families find it easier to ignore orphans and as a result children end up in orphanages.

SUPPORT

The support that is afforded the formal institutions comes from the government through the Department of Social Welfare. This is done in the form of laws, policies and technical support through the assistance of the social workers. The support is born through the working relationship that has been formed between the government and the formal institutions. Support in the case of the study mainly refers to funding and technical support that enables the orphanage to meet its objectives. This support is discussed in detail below.

In the case of **SOS Children's Village** being an international entity, the orphanage receives most of its support from outside the country. SOS Children's Villages are run in a similar way regardless of where the village is situated globally. Their support comes from international donors in the form of sponsorship funds. These come from individual sponsors who sponsor individual children in the orphanage. The funds that are raised through sponsorship are used to run the orphanage and to pay the staff as well as to cater for the needs of the children in the orphanage. Support from the government is relatively minimal and this may have led to the orphanage to rely more on international donors.

The Village also has a primary school and a kindergarten that are open to the public in which children who enrolled into the schools are required to pay school fees. The Village also has a clinic within the compound which is also open to the public as well as catering for the health needs of the children in the Village. All the money that is raised in these facilities is used to meet the needs of the children in the orphanage.

The other support that the orphanage receives is from private firms, food outlets and the local public. Mr Sebua said that,²⁰

“We also raise our own funds through dinner dances, fun walks, hiring out our yard for wedding ceremonies, we sell clothes that we get from the textile firms and food outlets such as Kentucky Fried Chicken have sponsored our campaigns”.

Although the orphanage receives support from businesses in the country, they have never had any financial support from the government and their interaction with the government is minimal.

The Lesotho Children's Counselling Unit receives support in the form of funding and technical support as well as counselling and workshops. Ever since the unit was established, it has been receiving funds from a support group in Norway. The support group was set up by Mrs Katleho's friend. She has mobilised people in Norway who

²⁰ Sebua, Lehlohonolo. (2007). Interview : Maseru

pledge money every month to support the unit. The funds that come from this support group are used for the day to day running of the unit.

Besides the monthly grant from the support group in Norway, I was informed that the counselling unit is also supported by Sentebale, an organisation that was started by Prince Harry of England and Prince Seeiso Bereng Seeiso of Lesotho. Prince Harry and Prince Seeiso (who is now Lesotho's High commissioner to the United Kingdom) visited Lesotho in 2004. While there they visited a number of orphanages and this unit was one of the places they visited. When they went back to United Kingdom they raised enough funds and started a Charity named Sentebale. The Charity is now sponsoring some of the orphanages that the princes visited. Mrs Katleho said that starting from 2008, Sentebale is going to be their biggest donor and would also cover the running costs of the unit. The organisation also helped them to hire social workers who had been working in the unit as volunteers. In the past the institution received support from different donors. After the house that was used by children burned down, the institution received funds from Standard Bank Lesotho to build a bigger place so that they could provide the necessary shelter that was needed for children in the unit.

Firelight Foundation helped to buy the land and for purchasing building materials that were used to build the new centre. Architects for Aid took over project management of the new building while Ad hoc assistance was provided by individuals, churches and overseas schools. Kellogg Foundation also assisted with a grant for food production and this involved the growing of vegetables for the children. The reason for building the new place was that they would like to have a place that caters for every emotional need of the child. Central Banks of Lesotho also supported the institution by providing them with a car that is used for running the errands of the unit.

The government through the department of Social Welfare only provides support through training and workshops for the social workers and for the people who are in charge of the orphanages. The institution has never received any financial support from the government. Different departments and non governmental organisations such as Red

Cross have also donated things such as food and clothes for the children. Volunteers also give support in different ways. Currently the volunteers that come to help are students. Individuals also came to provide moral support or to seek for more information about the place so that they could also assist.

In the case of **By Town orphanage**, funds from Global Fund, created by former United Nations Secretary Kofi Anan were secured through proposals and the funds were used to build the orphanage in order to accommodate a large number of orphans. By Town orphanage also received its financial support from donors from Canada through individual sponsors of the children. The funds were used to help in the day to day running of the orphanage. There are children who are being sponsored by people from different countries such as Ireland and the Netherlands and these funds help to supplement the funds of the orphanage. The orphanage also receives R12, 000 subventions (funds that are given to institutions by government to keep them running) from the Ministry of Planning but the money is only received once every two years through the department of Social Welfare.

The orphanage also has support from volunteers from Canada and the United Kingdom who come to visit and help in tutoring high school children. These are just ordinary people and students who want to lend a hand in helping orphans in Lesotho. During the day they help in teaching the pre-school children in pre-school and in the evening, they help high school and primary children with their homework as well as equipping them with computer skills. The computers that are used by the children were donated by World Vision Lesotho.

Individuals and businesses also support the orphanage in different ways such as providing food, clothing and assisting in buying school needs for the children. For instance companies such as Lesotho Telecommunication Company, Irish AID, World Vision and Global Fund assisted in providing food, blankets, poultry and such things as water tanks and chairs and a television in the dining room for the children. All these were requested by the orphanage from these institutions.

The department of Social Welfare also works with the orphanage to ensure that the orphanage provides good care to the children. The Social workers visits the orphanage often to check on the children and the running of the orphanage.

CHALLENGES

The challenges that formal institutions experience in their work to provide care to orphans are vital for the study. These are important in that they help us understand these challenges and how they come about and how they affect formal institutions in their work. A detailed analysis will follow.

One of the challenges that **SOS Children's Village** faces is that the orphanage does not get much support from the government. Most of the support the orphanage gets comes from outside the country and business and individual sponsors. Mr Sebua admitted that they are having challenges in their work. Some of the challenges that were mentioned include, the fact that it is a difficult task to raise children who are orphans regardless of whether the children are given every thing that they need. Miss Adoro who is one of the housemothers also mentioned that orphans are never satisfied and do not appreciate the kind of care that they get.²¹

The biggest challenge that the orphanage is facing is teenage pregnancy. It was mentioned that as much as the children are given guidance and counselling as well as reproductive health education, there is still a problem of teenage pregnancy.

One of the issues that the orphanage is having as a problem is the fact that the community members stigmatise children who live in the orphanage. The head of the orphanage said that they are trying very hard to make the children in their care feel like any other child, but the attitude of the community towards the children hinders their efforts.

²¹ Adoro, Lineo. (2007). Interview: Maseru

Children are encouraged to meet their relatives and every time schools close those that are in contact with their relatives visit them for the duration of the holidays. One of the social workers pointed out that they usually receive complaints from the relatives about the children, after they have visited their relatives. Some of the relatives are said to complain about the fact that the children do not adjust very well outside the orphanage. As one of the housemothers reiterated,²²

“Relatives complain that when the children visit them, they demand food that they eat in the orphanage, when they know very well that it is not available.”

The challenges that are facing the **Counselling Unit** in trying to achieve their work are not really different from that of the other institutions that are providing care to orphaned and vulnerable children. In the case of the counselling unit, the interviews revealed that the unit did not have enough staff. ‘Me Katleho said that they needed more staff so that they would be focussed in their work. The unit needs social workers and people who have studied Law and can advocate for children. She said,²³

“At the moment there is no Child Protection Law and we need people to be aware of children’s problems”.

It was also mentioned that one of the challenges is that the newly set-up Child and Gender Protection Unit is not friendly to children and also the unit is only open during the day and some of the abuses happen at night. It then becomes difficult to remove a child from an abusive environment at night. Furthermore another challenge is that the courts take a long time to work on children’s cases, and this affects the work of the unit in that while their primary goal is not to let children stay in there for a long time, they end up staying longer due to the inefficiency of the courts. The relatives are also posing challenges in that usually when it is time for the children to be taken back home, relatives are normally not found. This creates a problem for the unit in that it became difficult to

²² Khosi, Melita. (2007). Interview: Maseru

²³ Katleho, Dimpho. (2007). Interview: Maseru

take children back since once the children are out of the unit their place is taken up by another child.

Like other orphanages, **By-Town** also has challenges that sometimes hinder them to achieve their objectives. The challenges that were mentioned are discussed below.

The orphanage depends on the funds that come from overseas and the funds do not cover all the expenses of the orphanage. The subvention fund is provided once every two years and there is no guarantee that the orphanage will always receive them. In most cases the orphanage has to approach companies for support. During the interview Sister Lydia mentioned that one thing that will help them with regard to funding is if the government provided child grants.

One of the challenges is that it is proving to be difficult to take care as well as make orphans under their care accept their situation, as the counselling services that the orphanage is receiving, is not provided often. This according to the one of the matrons is a problem in that children often act out of character and the matrons can only assist up to a certain degree, while a professional counsellor is able to help more.

The orphanage hosts children who are being supported by Gold Reefs Mine and those who are orphans from all over the country; one can clearly see the difference between those children and the others that are not supported by the mines. This difference is mainly seen by the clothes that the children wear and just the appearance of the children. This difference has created two distinct groups of children in the orphanage with the ones who are not assisted by the mines, appearing as if they are not well looked after. The head of the orphanage also mentioned that although they try very hard to provide everything for the children, it becomes difficult for them to keep children on the same standard. She mentioned that all the children in the orphanage receive the same kind of care even though there are some differences here and there but they are trying to make all the children feel at home.

The findings of the study reveal that formal institutions face challenges in their work. The institutions take in children who are emotionally scarred and it becomes difficult for them to deal with the children without involving the counsellors. **In SOS Children's Village** and **By Town** orphanages, it was pointed out that one of the most challenging aspects of their work is making the children feel at home in the orphanages.

There are no state run orphanages in Lesotho because the government considers orphanages to be expensive. This unfortunately seemed to be the case. Two of the institutions' heads mentioned that over and above the funds they get from their donors, they have to raise their own funds locally to supplement their budgets. But besides this, orphanages seem to function very well and are able to manage the problems they come across. It is also clear from the findings that people are not aware of how the orphanages function. For instance, Mrs Mabea said:²⁴

“Children who live in orphanages are spoiled. Children do not do any household chores. Everything is done for them. When these children come back to the village, they cannot do any thing.”

One of the reasons could be that orphanages are a new phenomenon in Lesotho. As a result many accusations are levelled upon the orphanages but this can be solved by teaching people about the functions of these institutions because they provide care to many children.

One of the challenges, that was brought up by the heads of the formal institutions is that there is no Child Protection Law. Absence of a proper environment with regard to laws that protect children may prove to be a big challenge. Already institutions are not considered to be fit to look after the children and yet much of the problems are due to the fact that governments do not do their part in protecting children.

²⁴ Mabea. Malipuo. (2008). Interview: Maseru

DECISION MAKING

According to Klingval (2001) the reason why people take children to orphanages is a survival strategy that they use in order to get out of difficult situations. Studies that were done in Malawi, Zambia and Zimbabwe also found out that children are taken to orphanages because orphanages provide education and basic needs. Evidence from the study show that economic situation of the relatives is the reason why children are put in the orphanages. Evidence from the interviews with the heads of the formal institutions as well as the heads of informal institutions alluded to this. For instance many of the interviewees from both formal and informal arrangements of care have shown that orphans have a lot of emotional problems. They believe that this may also be one of the reasons why people do not want to take care of orphans. The other reason that came up in is that children are neglected by their relatives once their parents die. This could be true because many of the children in the orphanages are said to have lost parents to HIV/AIDS. For example, Lesotho Child Counselling Unit admits children who have been neglected or left with the grandparents who are unable to care for them. This is similar to what Klingval (2001) mentioned as one of the reasons that affect placement of children.

There is no evidence that suggests children are put in orphanages if their parents are still alive, or because orphanages provide good education or because orphanages provide basic needs. This shows that children are put in orphanages because they do not have any one to care for them. This also shows that such decisions are made because there are no other alternatives. It is also important to show that some of the children have relatives but they are not willing to care for them. As a result Social Workers find it appropriate to put them in orphanages. To show this, this is what Mrs Katleho said²⁵

“One of the children that we admitted here was a three year old boy who looked very sick and yet he was malnourished. I could see that he was the way he was because his caretakers were not feeding him. He was brought here by government social workers after the neighbours reported his case to the police”

²⁵ Katleho, Dimpho. (2007). Interview: Maseru

The study shows that decisions that influence people to put children in orphanages are poverty and unemployment. The reason why the two factors are put first is that usually when people are poor and unemployed they end up neglecting children in their care by not providing food, clothes and emotional support. This then results in them making a decision to put children in orphanages where they are provided with basic needs such as food, shelter and education. Sister Lydia said,²⁶

“I have two children here who were brought to the orphanage by their uncle. He told me that he could not care for the two girls. I asked him why and he said he was not working but as soon as he finds a job he will come to get the girls. I have never seen him since.”

One other reason that compels people to put children in orphanages is that unlike in the past when orphaned were taken care of by their relatives, now people no longer have the means to care for the orphans. In the past families had fields and animals and it was easy for them to sell their animals in order to provide for the orphans. Furthermore the perception that people have about orphans has changed. The perception is that orphans are not easy to care for, therefore people do not want to commit themselves, and they would rather take them to an orphanage and let them visit occasionally. Miss Adoro a housemother at SOS Children’s Village said,²⁷

“What I have realised, from the experience of my work as a housemother is that usually what perpetuate this kind of thinking is the fact that people are struggling too. They cannot afford to care for their own families and as a result they feel that it is a burden to take in other children besides their own.”

When asked, if they would take children in their care to an orphanage, most of the housemothers said they would because children in orphanages receive good care although children have minimal contact with their relatives. Mrs Neo Masitha who is a matron at

²⁶ Mahapa, Lydia. (2008). Interview: Maseru

²⁷ Adoro, Lineo. (2007). Interview: Maseru

By Town also mentioned that many of the parents have neglected their children and moved to South Africa where they do not keep contact with their relatives. Many children are left with their grandmothers who eventually bring them to the orphanage because they are unable to care for them. In cases where a mother is still around, many children have been left by their mothers who have moved to South Africa in search of jobs. It usually becomes difficult for relatives especially grandparents to provide for the children. The head of the counselling unit also said that people also take children to the orphanages because they are running away from their responsibilities which is not fair on the children and also because people have been given food for along time that they tend to look for others to take care of their responsibilities.

From the interview with the head of By Town orphanage and the matrons, their view is that relatives contribute to a high number of children in orphanages. This is due to the fact that people do not want to raise orphans in their own homes. Like in other orphanages, what leads to an increase of children in orphanages is that people complain that raising orphans is not easy as orphans have emotional problems.

Concluding Remarks

It is clear that care of orphans is largely provided by NGOs and church based organisations. Formal institutions play an important and significant role in the care of orphans in Lesotho. These institutions have made good efforts in moving away from providing orphans with basic needs only. They provide care beyond provision of basic needs to encouraging a relationship between the children and their extended families. The success of these institutions can only be realised if they are wholly supported by the government.

The views that are shown in this section are those of the staff at the formal institutions as the researcher did not actually speak to people who had placed children in orphanages.

CHAPTER 7: INFORMAL ARRANGEMENTS OF CARE AND THEIR ROLE IN ORPHAN CARE

This chapter focuses on informal arrangements of care and the role they play in orphan care. Firstly the description of the households is provided. Secondly, the benefits that these households provide to orphans are discussed in detail. Lastly, the chapter then discusses related themes such as survival strategies, support, challenges and decision making.

Household Description

Mabea Household

The **Mabea** household is headed by Mrs Mabea who is separated from her husband. She has four children, twin girls and two boys. The twins are 5 years old and the other two are 8 and 11 years old. Her two older children are in primary school while the twins stay at home because she cannot afford pre-school. Mrs Mabea also lives with a 14 year old boy who is an orphan and is also mentally disabled. Both his parents died from a long illness about three years ago. She took the child into her home because she is related to him and also that after his parents' death the child was staying alone. She also felt that given his condition, the child needed more care. Moreover, she realised that some times he would spend days without eating. Although they are not close relatives, she felt it was her duty to care for him that is why she took him in. The family lives in a three roomed house built by Mrs Mabea's husband while he was still working in the mines in South Africa.

Sapoto Household

The **Sapoto household** is run by an elderly couple whom I thought were probably in their late seventies or early eighties (I did not ask their age). The couple lives with their four grandchildren. It took me some before I could get the ages of the children because the grandparents were not sure when the children were born. While we were still discussing

their ages, one of their neighbours arrived and mentioned that the children were 8, 11 and 14 and that there was also a 16 year old boy. The 16 year old and the 14 year old are in high school doing Form A and Form B respectively. The grand parents were staying with the children because their daughter (and mother of the children) died and their father left them a long time ago (they could not estimate how long). Their mother was working in South Africa at the time she died. The family has three huts, and one is used for cooking and sleeping. On the fireplace outside, the couple were cooking mealie-meal that they got from their field. The other two huts are also used as bedrooms. The family has two fields that they use to grow crops. Like other families, there is a vegetable garden although it is small.

Thabo Household

The family stays in a three roomed house that is built with bricks and has corrugated roofing. I also learned that Mrs Thabo is the head of the family as her husband died. She cares for five of her grandchildren who are aged 3, 5, 9, 13, and 17 years old. The children's mothers died but their fathers never bothered to take responsibility. The family survives on subsistence farming. There is also a vegetable garden that looked like it was still being worked on and Mrs Thabo who met me outside told me that the family was trying to do a peace garden. The vegetables were planted in small gardens using compost manure.

When asked her why she was taking care of the orphaned children and Mrs Thabo said the children's mothers are her daughters and died very young and she feels like it is her duty to take care of them. At the time when they died she had just joined a support group in the village where they are caring for orphans and her daughters also wanted to join the group but could not because of ill health. She also told me that her daughters were very sick for a long time and the doctors told her that they were HIV positive. She had taken them to the hospital when she suspected that they may be HIV positive because she was aware of the signs of the disease and her worst fears were confirmed by the doctor. They died within two months of each other.

Lelimo Household

The family has two houses, one is a two roomed house and the other is a thatched hut. One room in the two roomed house is used as a kitchen and a family room while the other one is a bedroom. The hut is also used as a bedroom. Outside there was a vegetable garden and a pile of firewood and dried cow dung. When I arrived I was met by **Mrs Lelimo** who is looking after the family while her husband is working in the mines. She has two children aged 4 and 18 years of age and is looking after three other children who are orphans aged 6 and 10 years old. Unlike the previous three household, she is not related to the orphans. She started looking after them in 2005 six months after their parents died. She took the children in because they were her neighbours children, and after their parents died, they were struggling. She said:²⁸

“The children used to come to come and ask for food from me and I realised that they were struggling”.

She is not working but she felt compelled to help these orphans since there are many people who have died and children are left to fend for themselves. Through the interview, I discovered that the orphaned children used to spend most of their time at her place since they are friends with her children. For her this made it easier for the family to adjust to the new members of the family because the children get along very well.

Sefate Household

The **Sefate household** like many of the household I had been to before is run by a woman by the name of Mathabo Sefate. She stays with her three children and two other children whom she took in after their parents died in 2005. The children are boys aged 11 and 12. During the interview Mrs Sefate said she was not related to the children at all. But their mother was her friend. Her own children are aged 7, 9 and 13, two boys and 1 girl. After their parents' death she noticed that none of the relatives were coming to check

²⁸ Lelimo, 'Malerato. (2008). Interview : Maseru

on the children. They stayed on their own for a long time and the youngest started coming to her house everyday and that is when she realised that there was something wrong. Before she took them in, she consulted the village chief about the matter and to inform him that she was planning on taking the children into her house. The reason for taking the children into her house was to avoid the relatives accusing her of taking things from the children's home. Her major reason for looking after the children was because she wanted her neighbours to do the same when she had passed on. She said,²⁹

“I have been attending a lot of funerals. These days when I go, I do not cry for the dead. I think about the children that are left behind. I thought to myself what will happen to my children when I die? Then I decided may be if I take care of my neighbours children some one else will take care of mine when I am gone. So I decided to join the support group and eventually took these children into my home. I am not rich or anything but I think they are better off living with me than alone.”

The family has two houses of which one is a two roomed house and the other is a small hut. One could not help to notice the cleanliness in the house and the way things were neatly packed. Even the yard was just as clean with a vegetable garden that was planted with vegetables such as garden peas and spinach.

Teboho Household

Like most of the families the **Teboho household** is also run by a woman who is also a widow. She lives with four children. Two of the children are hers and the other two are orphans from a nearby home. She lives with all four children in a two roomed house built with mud but beautifully built. Her children are 8 and 10 years old and her neighbour's children are 11 and 14. She is looking after the children because their parents died three years ago (2005). Their father was the first to die and their mother followed two months later. Initially the children were living with their 19 year old sister who had just returned from her married life. Mrs Teboho said that the children's sister was always drunk and

²⁹ Sefate, “Mathabo. (2008). Interview : Maseru

also sold food that the children received from neighbours and NGOs such as World Vision and Red Cross. Furthermore the house was always occupied by people who were drunk and the children were not able to do their school work. Eventually one of the children reported what was happening at home. She reported the matter to the village chief who confronted the sister. The sister left without saying where she was going. She was never seen again. At first Mrs Teboho tried to help the children in their home but she realised that it was not a good idea to leave children at that age living on their own. Then she took them into her own house. I found out that although the children stay with her, she makes sure that they visit their home and clean the premises every week.

SUPPORT GROUPS

I first heard about support groups from the Social worker that I interviewed in the department of Social Welfare. When I arrived in the community I also heard about it again when the heads of the families I interviewed said they were members of a support group. A support group in this case is a group of people who have grouped themselves together with a primary goal of helping the orphans in any way they can. In this community the support group was started in 2005 by a group of women who were concerned about the rising number of orphans in their community. According to them, the children were left to fend for themselves and in most of the cases were staying alone or with elderly grandparents. In some cases their family properties were even taken away from them. The women then decided to group themselves to help the children. After going around to the orphan's homes, some of the women decided to take the children into their own homes.

The group has about fifteen members, most of whom are women and a few men who do not come to the meetings regularly. The group has a committee that oversees that every day activities are adhered to. The women meet twice a week to talk about their problems and the problems of the children as well as to support one another. Many of the women have praised the group for giving them the courage to continue to care for orphans.

The main work that is done by the group is to visit orphans who are living alone and to also help them in any way they can. One of the achievements of the group has been to introduce itself to the NGOs that are working in the area like World Vision Lesotho and Lesotho Red Cross. The group has also benefited from their relationship with the NGOs in that they have been included in health workshops that have been held by the NGOs where they were taught about HIV/AIDS. Furthermore they have been given a chance to cater for the workshops that are held in the area by the same NGOs. The money that was made from the catering job was used to buy chickens which were reared and sold to the community. But the project is no longer running as the group did not have money to buy new stock. They have been to many agencies also to try and get assistance for the orphaned children but to no avail. As Mrs Lelimo puts it³⁰

“We have been to the first lady’s office, Social welfare and many other places. They tell us write a letter and then we will see what we can do. We have written letters but help has not come”

The group has not lost hope as I learned that they believe that income generating projects coupled with business advice will help them come out of poverty. They are still pursuing this matter.

SURVIVAL STRATEGIES

Survival strategies as a theme in the study is of vital importance because it puts into perspective the strategies these families who have taken in orphaned children use to survive and also how their strategies help them to provide care for the orphans.

Households in the informal institutions revealed that the households experience extreme hardships due to high levels of poverty. As a result of the prevailing poverty and the fact that the households have also taken in orphaned children, they have devised ways of how to continue with their lives as well as care for orphans in such a dire situation.

³⁰ Lelimo, ‘Malerato. (2008). Interview: Maseru

Several studies including the ones done by the Webb and Tossel (1995) and the Norwegian Institute for Urban Regional Research (2005) have praised informal arrangements of care in that they present a more humane service delivery. But they have ignored the fact that in communities where there are high rates of unemployment like is the case in the Third World countries; households are more prone to vulnerability. Vulnerability according to Chambers (1989) in Moser (1996) introduces more complex aspects of livelihood security relating to survival, security and self-respect as well as people's subjective perceptions of their poverty. Lipton and Maxwell (1992) cited by Moser (1996) point out that vulnerability is more dynamic: "people move in and out of poverty". The concept of dynamic vulnerability is also linked to assets such as labour, land, housing, household relations and social capital in that the more assets a households have the less vulnerable they are (Moser, 1996).

The survival strategies for the families are different but most of the families survive on subsistence farming. The families have fields and vegetable gardens which are planted with different crops depending on the preference of the family. For instance the **Mabea household** has two fields from which they grow maize, sorghum and wheat and the family survives on the produce from these fields. They also have a vegetable garden in their yard like most of the families. But there are others who have taken up organic farming although it is done on a small scale like the Thabo family who plant their vegetables on small pieces of land. They use compost manure that they produce from potato peels. Apparently the family has learned to grow vegetables this way from one of the NGOs (World Vision) that works in the area. Training was provided to families who were interested to grow vegetables this way by the NGO.

Unlike the other households which depend on farming only, the Mabea household has someone who is working. Mrs Mabea's husband is working in the mines in South Africa and the family is guaranteed a regular salary. Households like the **Sapoto household** survive by entering into sharecropping with one of their neighbours. During the planting season, their son gives them money to buy seeds and their neighbour ploughs the fields with his own cattle. To ensure that the family gets food from the fields, the children have

to work in the fields during the weeding season. The harvest is then shared between the two families. The money that the Sapoto household gets from their son is used for agricultural purposes, which means that if their son did not assist them, they would not be able to produce food from their fields.

In some cases families have to join some of their neighbours where they help out in the fields and get paid. **Thabo household** survives by farming and helping out in their neighbours' fields. The household supplements their produce with little money that they get from working in their neighbours fields. In this case people gather to help in the fields especially during harvesting time as well as during weeding. While they are there they work in the fields and are given food for the day and even paid either with money or food.

After harvesting the families then decide what to do with the harvest. Some use it solely for consumption but families like the **Sefate family** sell their surplus to get money for other necessities that the family may need. This family only prefers to plant maize and sorghum because the soil in their fields is good for these crops and wheat is expensive to grow as well as harvest. Given the situation that the families find themselves in, it seems that subsistence farming is the most important way of surviving for the families. Others also depend on the NGOs to give them food. The **Teboho household** is one such family. Besides the produce from the fields, once in a while the family is given food rations by the NGOs like World Vision due to the fact that before the orphaned children lived with the Teboho family, they used to be given food rations by the NGO and this still continues.

The concept of dynamic vulnerability is demonstrated very well by the **Mabea household** in that the household like other households in the study have fields which are their greatest assets beside the houses that the families have. In the times of change such as when the family had to take in extra children, their fields proved to be a valuable asset that the household uses to produce food that is used to feed the family. In families such as the **Sapoto household** where there is a change in economic support such as loss of

income due to their daughter's death that there is a shift in the way the family lives. To cope with such stress the family is sharecropping with one of the neighbours in order to be able to feed the children and sustain the household. As Moser (1996) points out the ability of the households to avoid or reduce vulnerability and to increase economic productivity depends not only on their initial assets, but also on their ability to transform those assets into income food or other basic necessities effectively. This point is shown by the families such as the **Thabo family** who uses their labour to help out in other people's fields in order to supplement their produce. The **Sefate household** also sells excess produce to make money.

Coping mechanisms during the time of vulnerability is not only seen at the household level. The community's capacity to respond to changes in the external environment may also depend on its stock of social capital, the trust, norms, and reciprocity networks embedded in social organisations (Moser, 1996). This is seen in the study in the cases where the families are being assisted to grow vegetables and getting trainings from the NGOs that are working in the area. For instance the Thabo household and other households are involved in the production of vegetables that are planted organically because of the relationship that exist between the NGOs and the community. Many of the women who are part of the families that were interviewed mentioned that they are part of a support group which assists orphaned children and many of them have taken the children into their homes. The group has been getting the assistance in the form of training and catering opportunities due to the fact that they are working hand in hand with the NGOs. Such networks have helped the group to be involved in poultry projects. These networks are the ones that have proven to be of great assistance to the households and the community as a whole.

CARE

This section focuses on the evaluation of the concept of care in relation to the concept of social security in particular semi-formal social security and traditional security. Other

concepts such as social capital and vulnerability will be looked at to determine how they affect communities in the care for orphans.

According to Whyte and Whyte cited by Christiansen (2005) care is defined as mutual help, enjoyable company and emotional commitment. Care from the perspective of parents is discipline and developing the child's skills. Care in the context of informal arrangements of care is critical in showing how orphans are cared for in the informal arrangements.

The definition of care that is provided by Whyte and whyte in Christiansen (2005) is demonstrated by the **Mabea household** in that the head of the household, Mrs Mabea, believes that care is giving a child love and shelter. She said:³¹

“I believe the most important thing to give to a child is love. There are many people here in the village who claim to love their children and yet you hear them shouting at their children all the time. What kind of love is that? Children need to feel and see that they are loved. That is what I try to do to my children. To give them the best love that I can”.

In the case of the **Sapoto household** the concept is demonstrated by giving the children the cultural education in the form of stories that the grandparents tell to the children. As Mrs Sapoto stated:³²

“I like taking care of my grandchildren. In the evening we sit here and tell them a lot of stories about our time when we were growing up. Some people may pity these children but we are happy that at least we are able to pass our cultural knowledge to them”

³¹ Mabea. Malipuo. (2008) Interview : Maseru

³² Sapoto, Manthatsi. (2008). Interview : Maseru

Even the other households also have the same perception and understanding of what care is and how children should be cared for. These are in agreement with the definition in that for them care is all about developing a child's skills, mutual help, enjoyable company and emotional commitment.

Furthermore evidence gathered from the study shows that the meaning of care and the way people understand care is influenced by the social aspects of their lives. Many of the household heads who were interviewed mentioned that part of caring for orphans is giving them love and a sense of belonging. Furthermore many of them gave examples of their upbringing as being influential in the way they treat orphans under their care, alluding to the fact that understandings of care are shaped by the social context. As a result of this some people believe that a certain type of care is more appropriate for orphans than another. For instance, heads of formal institutions believe that they provide the best care for orphaned children by providing basic needs such as education, health care, sanitation and many more. For these institutions, care of orphans means improving the lives of the children regardless of where they live. On the other hand, the government views care of orphans as providing basic needs as well as making sure that the children are not removed from their communities, as far as this is possible.

According to Weisner in Christiansen (2003) perceptions of care differ between and within societies due to the economic, social and demographic circumstances. Perceptions of care also differ between and within localities because such notions are related to ideas about gender and inter-generational relations, practices of marriage priorities of schooling or tilling land. Swadner, Weisner, Kilbride and Kilbride and Goody in Christiansen (2003) add that notions of child care are deeply embedded within the local context and relate amongst others to children's general position in society, and to care takers ideas about the children's future as adolescents and adults. This analysis is demonstrated by the perceptions of the heads of informal arrangements of care who believe that providing basic needs such as education is important to care of orphans. They also mentioned that giving children love is also important in care.

The **Mabea household** believes that they care for the children they look after by giving them love and shelter. According to Mrs Mabea, orphans who live in homes with people who are not their relatives, need to be loved and punished like other children and are supposed to be made to feel that they belong in the family. To emphasise her point, she said,³³

“Some people think that to love children is to spoil them. But you can spoil your children and also punish them when they have done something wrong. It is the same with orphans; punish them like you would your own children. If you do not, once you start punishing them they think you do not love them and run away. All my children are treated the same.”

The children under her care (both hers and the orphans) are encouraged to take care of one another with the hope that this will help to instil good relations amongst the children. From the interview it was clear that care of orphans does not only mean giving the children material things only but the family believes in providing the children with the love and a sense of family that they have not had for a long time.

From Mrs **Mabea's** experience most orphaned children are staying alone while others are being taken care of by their grandmothers. In her village alone, there are six child headed households that she knew of, which may have increased. Orphaned children in the village live in homes that are not habitable since there are no grown ups in the homes. She made an example that some of them have to collect wood and draw water before they go to school.

Like the other families the perception of care for the grandparents in the **Sapoto household** is being able to provide the children with the things that they need, not necessarily material things but things that are deemed as important like love, food and shelter. The family believes that living with their grandchildren can be good for the children because they are able to tell them their childhood stories and instil morals which

³³ Mabea, Malipuo. (2008). Interview : Maseru

may help in putting them in the right direction. Furthermore they mentioned that they also teach their grandchildren about their family and cultural practices that are done in the family so that when they are not there the children are able to pass it on. According to the grandparents, care of children also involves the efforts of all community members and this means that the community needs to take care of each other as it was the case in the past. **Mrs Sapoto said:**³⁴

“In the past, children were taken care of by their neighbours. If my neighbour happened to see my child misbehaving, my neighbour would discipline the child. Next time the child would not misbehave in the presence of any grown up”

The **Thabo household** provides basic needs for the children to the best of their ability and the family tries by all means to provide these children with everything that they need. When it comes to education, Mrs Thabo struggles with paying school fees for the children who are in high school. She is grateful that the government is providing free education at primary level.

According to Mrs Thabo, caring for children involves having compassion especially now when so many people are dying. In our conversation, she also told me that people at their prime age are dying and children are being taken care of by their grandmothers but there are also others who are living alone because their relatives do not want to take care of them. She feels that it is now that people should show love for these children because they do not have anyone to guide them. The family provides orphaned children under its care with shelter, food and love. The children are also allowed to go to school which **Mrs Thabo** believes that it is the most important of the basic needs that a child is entitled to get. She also mentioned that unlike other cases that she has heard of where children sleep on the floor with cow skin, (this does not apply to the interviewed families) she makes sure that her children are comfortable. What is also important for her in caring for the orphans is never to make them feel like they are discriminated against by either her or her

³⁴ Sapoto, ‘Manthatsi. (2008). Interview : Maseru

own children. As a result all the children are treated the same way. “They all eat the same things, dressed the same way and loved the same way.”³⁵

When asked about how the children are provided for, the **Sefate household** is able to get food that can sustain them for a long time because the soil in the area is fertile unlike in some other parts of the country. Mrs Sefate also mentioned however that it is not guaranteed that they will always produce good crops. The family home is in a good condition, and the woman told me that the children have a good place to live and that she gives her children the best care that she can afford. She makes sure that she is there for them, that they eat properly and that they are always clean at home and when they go to school. The children are also treated the same.

All the children attend school and are still in primary school and their school fees are catered for by the government as primary education is free. **Mrs Sefate** only struggles with getting clothes for the children, especially their school uniform and school shoes when they need to be replaced. She also finds it difficult to get access to health services because the nearest clinic is far and one needs to have money to pay for transport and medical expenses.

Mrs Sefate believes very firmly that orphans should be cared for at home and the families must be helped to take care of the children. For her children who grow up in orphanages miss out on a lot of things since they grow up out of the community. According to her,³⁶

“Children who grow up in the orphanages have nobody to teach them about their culture. They grow up not knowing their identity. When they finally come back to the village, they are not able to do anything”

³⁵ Thabo, ‘Mampeo. (2008). Interview : Maseru

³⁶ Sefate, ‘Mathabo . (2008). Interview : Maseru

She continued by stating that relatives are to blame for the problems that orphaned children endure.

Mrs Teboho's views on care of orphans are not different from those of her neighbours. To her the most important thing in her caring for the orphaned children is the fact that she is giving them love and that she is guiding them. She told me that shelter in her case is not that important because the children have their own home but the sense of belonging that they get when they are in her family is what matters. In her case what made the difference was the fact that they were there with her and were fed and guided.

With regard to the difference between care that children receive from households and the one that is provided by the orphanages, Mrs Teboho believes that children in the orphanages do not get to see things that happen in the village that may help them to grow up and understand themselves. For her, children in orphanages are spoiled and are not bold enough to face hardships that come their way. But she also admits that they are given good education, which is good.

Another concept that helps to analyse the concept of care is **semi-formal social security**. Semi-formal social security applies to the last three households, where the care givers are not related to the orphans they care for. This type of security is referred to by Kasente (2000) as a form of security which emerges in the form of networks that are developed by the community when there is an absence of formal social security. It also emerges due to the weakening of the extended family. This type of social security is demonstrated by formations of groups such as support groups and people taking care of their neighbour's children. This shows that semi-formal security ensures that care of children especially those who have lost their parents is not only confined to or done by relatives but it is done by neighbours. It is done by neighbours who are compelled by their compassion. This also shows that care is a social phenomenon that involves many aspects of social life. Care is not only confined to notions of kinship but care applies to cultural norms through neighbourhoods, church fellowship or other social networks (Christiansen 2005). The emergence of non kinship care has been influenced by the fact that extended families are

no longer able to sustain themselves due to the effects of poverty and HIV/AIDS. As a result, orphans are taken care of by non relations. This is the case in the community of Maseru where the study was done. For communities to be able to be involved in such activities, social networks have played an important role.

Equally important is however the concept of **traditional social security**, which explains how orphans are cared for by relatives. The literature has repeatedly referred to this form of security by showing that extended family provide this type of security to members of the families who are in need. Traditional social security in the study refers to kinship based systems that follow the principles of solidarity and reciprocity (Kasente 2000).

With the emergence of the orphan problem it is also expected that extended family members will take over the responsibility and care for orphaned children. According to the *Africa's Orphaned Generations report* (2003), traditional safety nets that have cared for orphans are unravelling as an increasing number of adults die in large numbers. This shows that the extended family is also under stress with the increasing number of orphans. Furthermore unlike in the past when families had the means to provide for their families, economic and social problems such as diseases and unemployment have affected the extended family adversely. For instance the **Sapoto family** shows this clearly. The household gets assistance from the couple's son only once during the planting season. The couple also mentioned that their son is also struggling to make ends meet. On the other hand the fact that in some cases children are cared for by their grandparents shows that traditional security still operates although now there are no people who are helping the grandparents to care for the children. This then results in all the burden of care put on older people who are not in a position to entirely support the household economically, especially in a context where state-based formal security is largely absent.

SUPPORT

Support refers to the material, financial and emotional assistance that households get from their relatives, the community as well as the government and NGOs working in the area.

Evidence gathered from respondents in the informal arrangements for care of orphans show that the families get support from their neighbours, CBO and NGOs like World Vision and Lesotho Red Cross. The families get the support from their neighbours through the relationships that have been created amongst the community members. The evidence from the study continues to show that most of the support that households get is from the Support Group that has been formed by one of the women in the area.

The **Mabea household** gets emotional support from the members of the support group of which Mrs Mabea is a member. Once in a while the family is assisted by the relatives with things like food, clothing and money. Most of the families praised the kind of support that they get from members of the support group. Once in a while one of the relatives would bring food and clothes. Occasionally, they get assistance from NGOs in the form of seeds and food parcels.

According to Mrs Mabea, in the past, families were assisted with seeds for crop production. World Vision holds prayer meetings which provide encouragement to Mrs Mabea and other community members to continue caring for orphans. Her relatives do not help her with money but they come to visit the family often. Assistance with the children's education especially at high school level may help to ease the challenge of payment of school fees for the family. Moreover provision of grants to orphans may also minimise this challenge.

Mr and Mrs Sapoto lives with their grandchildren and unlike their neighbours they do not have the strength to work. They struggle to provide their grandchildren with basic needs such as the school fees for their high school going grandchildren. As a result, Mrs

Sapoto approached the Department of Social Welfare for assistance and the department was able to offer assistance. But the couple still need to provide some of the necessities such as shoes, uniform and stationery. The family struggles to get access to hospitals and clinics because the family does not have money for medicines as well as transport to get to the health centre. The family survives by borrowing money from the neighbours so that they can be able to take the children to the health centre.

Mrs Thabo pointed out that two of her children have sponsorship from World Vision but the NGO does not provide direct benefits to the children such as school fees. The NGO also assists children with GIK (Gifts In Kind) such as clothes and shoes. The family struggles to provide clothes for the children. Like many families who have taken in orphans into their homes the family also gets support from the support group. The family does not receive financial support from the relatives.

Like the Thabo household, **Lelimo household** gets support from community members who have joined the support group that helps orphaned children. Mrs Lelimo started the support group, when she realised the problem of orphans in the village. She mobilised other women to join the group and care for orphans. She said,

“We now have a support group that cares for these orphans. I think we are about 12 and there are some who have promised to join us. We meet twice a week to talk about our problems and what we want to do next”³⁷

There are organisations such as Red Cross and World Vision that assist the family with things like food parcels, workshops on health as well as medical care and food production. This assistance helps the families to cope even if it is just for a short time. The family does not get any help from the relatives of the children they have taken under their care.

³⁷ Lelimo, ‘Malerato. (2008). Interview : Maseru

Questions were also asked about whether the family received any support and the reply from the **Teboho household** was that once in a while one of the relatives would bring money, food and clothes. Furthermore the support group of which she is a member provides emotional support to the family. Occasionally, they get assistance from NGOs for seeds and food parcels. The seeds are used in the fields for wheat and maize production and the vegetable seeds were used to produce vegetables from the vegetable gardens.

According to Moser (1996) the capacity of community based organisations to reduce vulnerability depends on their stocks of social capital. Moser (1996) defines social capital as an informal and organised reciprocal network of trust and norms embedded in the social organisation of communities, the social structure and its associated social resources. The NGOs and CBOs are able to support the community and poor households due to the fact that support structures already exist in the community. In the same way, the community is also able to access the support from the NGOS because of the fact that networks already exist between them and the NGOs.

The study also suggests that the presence of social capital enables households which are poor to reduce the level of vulnerability. This is seen in the study where women work together in groups to help in the fields. The **Sapoto household** also depends on their networks with other community members to be able to share crops to produce food. Social capital then reduces the problems of families especially those that do not possess assets such as labour.

Furthermore Moser (1996) asserts that social and economic infrastructure makes a crucial difference in the ability of the urban poor to overcome poverty and vulnerability. Moser (1996) points out that while social services such as education ensure that people gain skills and knowledge, economic infrastructure such as water, transport and electricity together with health care, ensure that they can use their skills productively. Although Moser (1996) shows the importance of these assets, the study has revealed that the households are prone to vulnerability due to the fact that social infrastructures is lacking.

For example, Mrs Sapoto and Mrs Lelimo mentioned that they have a problem with accessing health centres while Mrs Teboho and the others also reiterated that access to clean water is a problem. All the households pointed out that they are unable to pay school fees for children who are in high school. All these problems make it difficult for the households to minimise their vulnerability and poverty.

CHALLENGES

Challenges that face informal arrangements of care in their strife to provide care for orphans are critical in the study.

Webb and Tossell (1995) argue that informal arrangements of care are conceived as a cheaper way of providing a humane service delivery. The evidence from the study shows a different side. Although informal arrangements are cheap, they are faced with challenges such as payment of school fees, access to health services and clean water, and lack of support from relatives.

It is also important to show that the challenges of the informal arrangements of care are brought about by vulnerability which brings negative effects. Such is the case in the study where all the people who are taking care of orphans are women. To try and provide the best care to these children, they become involved in a range of initiatives. They are the ones who are burdened by the work and in the study most of the women are household heads due to the fact that their husbands have died or have left them. This also affects the care of children in that not much attention is paid to the children due to the amount of work that the women are doing. Although there is no evidence of child labour in the households that were involved in the study, the burden of the work can lead to children being used to do some of the work in order to meet the daily needs of the households. This brings me to the point that care of orphaned children in the informal arrangements is not without problems. This is brought about by the fact that the households mentioned that access to school for high school going children is a problem and as a result most of the children are not able to finish their high school.

The Sefate family mentioned that due to poor roads, access to health services is difficult. Lack of clean water was also pointed out as one of the setbacks. This affects primarily women because they have to walk long distances to collect water and this affects the welfare of the families. Poor health care services and poor sanitation can also affect the household's health. The Sapoto household survives by borrowing money from their neighbours in order for them to be able to go to a health centre. Absence of these facilities definitely affects the ability of the household to care for itself as well as reproduce itself in the long run. Many of them are struggling to provide for the families beyond subsistence means. Soon education will be regarded as a luxury if the families are not helped by the government.

The challenges that the **Mabea household** face include lack of employment. Mrs Mabea mentioned that being employed would make caring for her children easy since she would be able to provide for them. She said that she already dreads the time when her children will be ready to go to high school because she has seen her neighbours struggling to pay school fees and other school needs.

One of the challenges that she pointed out is that in the past children were taught to love one another and appreciate what they have, but these days children are not appreciative of what they have. For her, this makes it difficult to meet all the children's needs because they are never satisfied. Thus she pointed out,³⁸

“If for instance I bring something for one child, they do not understand and end up thinking that they are not loved. I have seen children running away from their homes for this reason. It very difficult to care for orphans”

The concern of the Mabea household as mentioned by the other households is that they are not able to buy the children school uniforms because the department of social welfare only provides for school fees for the children. The grandmother said that at school the

³⁸ Mabea, 'Malipuo. (2008). Interview : Maseru

teachers understand the children's situation after she went there to plead with the teachers when one of the children was sent home for not wearing proper uniform.

The family lives in an area without clean water and people have to draw water from a spring. Since **Mr and Mrs Sapoto** are old and cannot carry heavy things and walk long distances, the children are the ones who collect water. The family also struggles like the other families with getting access to health services. Mrs Sapoto said:³⁹

“I get the children's school fees from Social Welfare. With regard to health care, I am able to go only if my neighbours borrow me money”

The grandparents also raised concern that there was no employment. Even if some of their children wanted to help them, they were not able to because they are also struggling to care for their own families. For them government should at least help people with agricultural implements

Providing school needs for the children was also a problem for this family too.

“I do not know whether the death of their parents has affected them negatively. But I sometimes struggle to keep them in order especially the older ones. I sometimes think that may be their mothers' death has affected them especially because they saw their parents when they were sick”

Besides the problems of discipline, **Mrs Thabo** also mentioned that the main problem is that she is not working and that it also not easy to get a job. Lack of money is a serious problem. She illustrated this by saying,

“A few months ago this three year old was playing outside when her eye was hurt by a chicken. I thought it was a minor problem, until I realised that it was not the same as the other eye. It took me some time to take her to the hospital because I

³⁹ Sapoto, Manthatasi. (2008). Interview: Maseru

did not have money. When I finally found money from my neighbour and took her to the hospital in Maseru, the doctors told me that her eye has to be taken out. We spent three months in hospital. I asked my neighbour to keep an eye on the other children.”

According to her their lives are not easy because people are poor and unemployed. Another problem is that other members of the community keep reminding the children about their status and this affects them negatively.

When asked about the problems that the family encounters in caring for the children under their care, the **Mrs Lelimo** reiterated what Mrs Thabo said that it was not easy to survive nowadays if one does not have money. Although the family tries to satisfy all the children, it was not easy. She mentioned that,⁴⁰

“Unlike in the past when food was in abundance and people were willing to help, nowadays money is everything, people refuse to look after orphans because they do not have money.”

Most of the households are struggling with payment of school fees for children who are in high school and this family is no exception. Although Mrs Lelimo’s husband is earning an income at the end of the month, it is still not easy to provide the children with everything that they need. The family has to compromise on things which may be considered as luxurious such as buying the children clothes for Christmas. One challenge that was mentioned was the fact that getting to services such as clinics and hospitals is not easy since they are far and that to get there one needed money for transport. Being aware that World Vision can assist them, Mrs Lelimo once approached the NGO for assistance for medical expenses and the NGO paid for the expenses but the family had to raise bus fare. She also pointed out that their main problem is poverty; food insecurity and unemployment are posing a challenge for the families.

⁴⁰ Lelimo, Malerato. (2008). Interview : Maseru

The family struggles with providing basic needs such as healthcare. It is also difficult for **Mrs Sefate** to get clothing as well as school needs for the children. They have to walk long distances or take mini buses to get to the health centres. Like the Sapoto family, the Sefate household struggles to get money for transport. They sometimes have to borrow money from neighbours to cover the expenses but it is usually difficult to get assistance because the neighbours are also in the same dilemma.

The problems of the **Teboho household** are not any different from what other families are experiencing. **Mrs Teboho's** problem concerns access to drinking water as the taps in the village have run dry and they have to draw water from the spring. The other problem that she mentioned is the fact that the family cannot always rely on agriculture for survival, because it is difficult to raise the implements that are needed for production of food such as seeds and the manpower needed for harvesting and weeding. In the past it was easy for the family to buy the implements but there is no employment. She said,⁴¹

“Many men who were working in the mines have been retrenched. The women are also not working. Some women have left their homes to look for jobs. Unlike in the past when food was in abundance and people were willing to help, nowadays money is everything, people refuse to look after orphans because they do not have money.”

The family's wish is to see families being assisted with funds so that they can start income generating activities which can help to sustain them. From our conversation, I discovered that there had been such efforts by the support group to help families by keeping poultry that they sold to the public. Mateboho said that they were able to look after their families because the group made money from selling poultry. Her dream is to make candles because everyone uses candles and this will give her some profit, which she will then use for buying clothes, food and school needs for her children. The main challenge is that she does not have the money to start the business.

⁴¹ Teboho. Mateboho (2008). Interview: Maseru

DECISION MAKING

The significance of decision making as a theme is important in order to determine how and why decisions on care of orphans are taken in the informal arrangements. This theme helps in providing factors that compel families to put children in informal or formal institutions.

The absence of studies on decision making processes that are employed by families to either put children in orphanages or keep them in the community has led to the literature to focus only on children that are put in formal institutions. This study has also focused on informal arrangements.

The findings suggest that the notion of culture is important in decision making of all families. Mazrui in Airhihenbuwa and Webster (2004) defines culture as a system of interrelated values active enough to influence and condition perception, judgement, communication and behaviour in a given society. Landis (2000) asserts that there are two forms of culture which are material and non-material cultures. Non material focuses on laws, values, beliefs and rules for conduct which are done in specific situations and they are called norms. The definitions imply that in a society there are systems that are followed by people which influence their perceptions about life and how things are supposed to be done. In the case of the study many respondents in the informal arrangements of care pointed out that children should be cared for in the community so that they are taught cultural practices. For example, the **Mabea family** believe that children should be taught about their culture and that people are not taking care of orphans because they have turned away from their culture. It is clear that culture has some influence on the way people believe their lives should be like. The same thing applies to how and where children should be cared for.

Although it did not come up clearly in the discussion with some of the families, it seems in cases where children are cared for by their grandparents, they (grandparents) are the ones who make the decisions to care for their orphaned grandchildren. It also seems they

make the decisions in cases where the children have lost their mothers. It is probable that grandparents make the decisions about the care of their grandchildren because they are the heads of families even when their children are alive and are the final decision makers on family matters.

What seems to be prominent from the study is that people's perceptions of good care is influenced by culture and one also assumes that when decisions are taken people tend to look at the way they were brought up and want to emulate that to their children or orphaned children under their care. For instance, **Mrs Sefate** mentioned that she will not take children under her care to an orphanage because she wants them to grow up the way she did. Socialisation processes also play a big part in determining such decisions.

Questions were also asked to determine the decision making processes that result in children taken into orphanages and **Mrs Mabea's** answer was that people do not care for children who are not their own. They would rather help them from a far or completely neglect them. She continued to say that she would not take children under her care to the orphanage because she believes that orphans are better off staying in their own homes. Once they leave people take advantage and seize their parent's properties.

The family believes that culture plays an important role in influencing the decisions that people make with regard to care of orphans. According to Mrs Mabea people are neglecting the orphans because they have turned away from their culture and responsibility. Mrs Mabea believes that this can be done by going back and teaching their children the norms and values of Basotho. She believes that she turned out the way she did because she was taught these values and customs. She also believes that they have problems because the government is not doing anything to help families that care for orphans. In her view, the government should do more to help them start income generating activities because the help that they get from the NGOs may not last.

When asked about their own view on reasons that make people to put children in orphanages, **Mr and Mrs Sapoto** noticed that today people no longer help others.

According to them Basotho have depended so much on food aid that they do not want to feed themselves. The concern is that if people can depend on others to feed them, then they will also neglect their responsibility. They further pointed out that people do not care about each other anymore unlike in the past when grown ups cared about what happened to their neighbour's children or siblings cared about what happened to their sister's or brothers children. They also feel that it is not proper for children to be taken care of by strangers who do not know anything about their families. It is their belief that children have to know their relatives and interact with them all the time. The family believes that children who stay in the orphanages are not well taken care of. To emphasise this point, she said:⁴²

‘Children who live in orphanages are not well taken care of. I saw them in Maseru where they were singing outside a supermarket (Shoprite checkers). Children as young as three were begging. Their clothes were not clean. Even though we do not have anything, but we make sure that they are clean. People also abuse these children’.

The views of the **Thabo family** on decision making processes on orphan care by families are not different from the views of the other families. The family's view is that Basotho culture has always influenced decisions that people make in their lives because it is part of the socialisation process. According to **Mrs Thabo** when she was growing up people respected their culture and paid attention to cultural practices but today people question things before they can do them. She also mentioned that while growing up she always took care of her siblings and her grand parents were part of her life, which is why she is taking care of her grandchildren. She said,⁴³

‘Today people have taken up other people's way of life, especially people who have been to school. They tend to forget their roots. They do not care about their

⁴² Sapoto, Manthatisi. (2008). Interview : Maseru

⁴³ Thabo, Mampeo. (2008). Interview : Maseru

relatives. For example, you see people living in big houses but they do not help their poor relatives.”

I also asked if she will take her grand children to an orphanage and she replied:⁴⁴

“I teach them how to take care of themselves. When I am doing my household chores I do it with them”

“Basotho have never had orphanages, children were taken care of by their family. It was the responsibility of the whole family to see that children were taken care of. But people take children to orphanages because they are irresponsible. I will never take my children to an orphanage. I want them to learn about their family, to know their relatives.

Her opinion is that children in orphanages tend to forget where they come from because of the kind of life they are brought up in. An example of children who live in the village and had lived in an orphanage was given. For her orphanages do not help children but disadvantage them. Her view is that children must learn to do things for themselves.

Like many of their neighbours the **Lelimo household** has had to take in orphaned children into their home. According to the family this decision was brought by the fact that this is what the head of the family (Mrs Lelimo) saw happening as she was growing up. According to her, the whole community used to care for orphans. What she sees as a problem is the fact that people have lost their cultural identity such that they are also forgetting that children need to be taken care of by their relatives. Mrs Lelimo’s opinion is that children should be taken care of by their relatives and people who wish to other than being taken to orphanages. Like the Sapoto family, Mrs Lelimo is against the practice that children should be taken to orphanages because orphanages do not teach children about their culture and that they are unable to do things on their own.

⁴⁴ Thabo, ‘Mampeo. (2008). Interview : Maseru

Under decision making, when asked about decision making processes today, **Mrs Sefate's view** was that in the past diseases were not as rampant as they are today and that then, people had a way of looking after orphans since they had cattle and families were able to take care of themselves as well as their extended families. According to the Mrs Sefate, poverty and the fact that people no longer keep cattle has resulted in poverty. For these reasons she understands why some people do not want to care for orphans. But she also points out that also people are very selfish today. They only want to prosper at the expense of others.

To her cultural practices such as siblings being socialised to take care of each others children, as well as children born out of wedlock belonging to their maternal household played a big role in shaping the society and protecting children. It is Mrs Sefate's view that people do not pay attention to the things that make them who they are like their values and customs. She would like to see people take their culture seriously, because it is culture that cemented societies in the past.

Like the other families, her final remarks were that she will not take children under her care to an orphanage as long as she still alive, because she wants to give them the love that she got from her parents. She said this in her own words,⁴⁵

“I grew up in a loving family a very big one because we lived with my aunts and their children. May be that is why it was not difficult for me to take in these children. I want them to grow up the way that I did.”

According to **Mrs Teboho** people make decisions of caring for orphans or not caring for them because of the circumstances that they find themselves in. Families that have neglected their relative's children have done so because they are also struggling. According to her people should take care for orphans if they feel that it is something that they can do other than taking these children into their homes and ending up mistreating

⁴⁵ Sefate, 'Mathabo. (2008). Interview : Maseru

them. In her opinion people only want to do good if they can get something out of it like in cases where orphans parent's properties such as fields, homes and even animals in some cases have been taken up by their relatives and the orphaned children do not have the power to stop them. In her opinion, this is just cruelty and recites one case that happened in the village saying,⁴⁶

“After the parents of one of the children died in the village here, one of the relatives whom we have never seen came and claimed to be the children's uncles. He stayed with the children for a while and started mistreating them. They would not go to school because he wanted them to look after the animals. Eventually the children ran away. I have heard people saying they are in Butha-Buthe.” (A district in the northern part of the country).

Concluding Remarks

Care of orphans in the informal arrangements is provided by both extended family members and community members. It is clear though that households who care for orphans are struggling due to the economic problems they find themselves in. These households need to be supported in order for them to continue to provide care to orphaned children. Although households receive support from NGOs, this support is limited.

⁴⁶ Sefate, 'Mathabo. (2008). Interview : Maseru

CHAPTER 8 - CONCLUSION

The study sought to explore the formal and informal arrangements for care of orphans in the Maseru district of Lesotho. To achieve this, the study sought to find out the extent to which orphan care is taken up by non-governmental and church based organisations. The role that the government of Lesotho plays in the care of orphans was also another important aspect that the study wanted to discover. Equally important was the nature of informal arrangements of care within the family/community environment. The study also attempted to discover factors that shape the conditions under which some children are placed in formal institutions while others are incorporated into informal arrangements of care. Lastly, to understand formal and informal arrangements of care for orphans it was important to uncover the benefits that these two arrangements provide to orphans as well as the challenges that they face in providing care to orphans.

To gather data, in-depth interviews and documentary research were employed. The interviews were conducted with the heads of formal and informal arrangements of care, the social workers in the department of social welfare as well as the housemothers at SOS Children's Village and matrons at By Town and Lesotho Child Counselling Unit. These methods helped in gathering data on the perceptions of people on the care of orphans, as well as the effort that government is doing in providing orphan care in both formal and informal institutions. It also highlighted the importance of the different roles that are played by organisations that are involved in the care of orphans in Lesotho.

The study was undertaken because research in Lesotho on orphan care is lacking. Moreover anecdotal evidence suggested that in Lesotho care was mainly provided by the non governmental and church based organisations. Studies that have been done in countries such as Malawi, Zambia and Zimbabwe showed that orphan care discussions were in favour of community care or informal arrangements of care as opposed to formal institutions. Formal institutions are considered to be unfit for children to grow up in. The findings from the study showed that contrary to what Caldwell and Caldwell (1993) argued that formal institutions were not adapted to the African context, formal

institutions play an important role in the care of orphans in Lesotho. Moreover, the study shows that formal institutions have moved beyond providing basic needs to orphans, to incorporating all aspects of children's lives including social needs of education, health care and leisure activities. Furthermore although the literature show informal arrangements of care are preferred compared to formal institutions for care of orphans, the study revealed that the main providers of informal care, namely the extended family is disintegrating. Households are struggling to survive as well care for orphaned children. It is also evident that the safety nets are still present in the communities although they are no longer as strong as they used to be. Poverty, unemployment and diseases such as HIV/AIDS have eroded their strength.

The study shows that both types of care are important and crucial. But there is no type that is much better than the other as they both provide the necessary care in their own way. This study is important because it has helped to show that in Lesotho care of orphans is not, and cannot be located in only one system of care. In addition, the study demonstrates that communities have adopted various strategies like support groups and interdependency between community members.

In Lesotho the bulk of orphan care is done by church based and nongovernmental organisation as well as members of the community. Non governmental organisations like SOS and Lesotho Child counselling Unit get their support from outside donors who are providing most of the financial support. They also rely on independent donors such as companies, other non-governmental organisations and individuals who donate basic needs like clothes and money for the children. Some of the institutions such as SOS also raise their own funds through their clinic and school.

The role of the government in orphan care is limited. Although there is no state-based security in the form of welfare grants, the government is providing free primary education for all children, orphans included. The government is also collaborating with donor agencies and other organisations to facilitate help for orphans thereby proving indirect state- based security. The government also provides a good environment for the

institutions to work in such as policies and guidelines for care of orphans in orphanages. They are also helping in placing children in these institutions. Several initiatives have been done by the government to try and protect children. These initiatives include the revision of Child Laws such as the Child Protection Act of 1980. Child and Gender Protection Unit has also been opened. Social workers in the Department of Social Welfare also assist the formal institutions in their work. The government through the Department of Social Welfare also assists formal institutions with various trainings that are meant to improve their work on orphan care. This shows that although care of orphans is not done on a large scale, the government is making noticeable initiatives to care for orphans. Furthermore this also brings the researcher to a conclusion that the concept of state-based security should be interrogated further to try and find a suitable meaning that applies to the developing world. The governments in the developing countries do not provide state-based security by its conventional definition, but play a facilitating role in order to provide care for orphans.

In the case of informal arrangements of care, within communities, initiatives range from children being cared for by their grandparents and people who are not related to them. This therefore shows that although the literature has pointed out that the extended family's ability to care for orphans is diminishing, the will to care for orphans still exist. The findings have revealed that communities have adopted various strategies to care for orphans such as the formation of support and work groups. These are groups of community members who are helping with the care of orphans.

The results of the study show that depravation and poverty compels people to put children in formal and informal arrangements of care. In the same context factors such as HIV/AIDS and parental death force communities and extended families to decide on where to place orphans for care. Extended families put children in informal arrangements of care largely due to obligation which comes from being related to the children by blood while communities care for orphans due to compassion and community ties and bonds. Absence of extended families and communities who care for orphans lead to social workers referring orphans to orphanages. Culture also plays an important role in

determining where children are cared for. It is clear that to some degree, culture influences the way people think about care of children and the decisions that are made prior to placing children in formal institutions or informal arrangements of care. The worry is whether children will not forget their cultural roots while they are in formal institutions. The views that are discussed above are those of formal institutions employees as I did not study people who put children who put children in formal institutions.

With regard to benefits that are provided by the formal institutions and informal arrangements of care, the study has revealed that children who are in formal and informal institutions get benefits. In formal institutions orphans are provided with basic needs such as education, health care, shelter and psychosocial support. These institutions also provide benefits to orphans beyond the basic needs. For instance children are allowed to visit their relatives during school holidays and when it is necessary. In the case of informal arrangements of care orphans are also provided with the same benefits. But households are also struggling to have access to other basic needs such as clean water and health services as well as struggle to pay school fees for children who are in high school. This implies that although the literature considers informal arrangements as the most appropriate form of care for orphans, households are still struggling to provide the care. This also shows that households are more prone to vulnerability especially in cases where social and economic infrastructure is not in place. Households are unable to fend for themselves due to the fact that people are not able to visit health centres when they are sick, thereby affecting household production. The challenges that formal institutions and informal arrangement for care of orphans are faced with includes financial support, school fees, and stigmatisation of the orphans by the communities, support from the government in terms of functional laws and the increasing number of orphans. Informal arrangements are faced with challenges such as the increasing number of orphans, unemployment, and access to services such as clean water and health centres as well as support from the government.

As stated earlier, this study employed a qualitative approach to explore some of the issues around orphan care in Lesotho. One of its strengths therefore is that it has provided an in-depth description of the views and experiences of both formal and informal arrangements of care. Secondly an analysis of the experiences of those involved in orphan care has shown the initiative and creativity of care givers. The initiative and creativity, as evidenced in the formation of support groups are seen as a way households have managed to create new ways of survival in order for them to provide care for orphans in their care. Yet these attempts cannot be dislocated from the real experiences of poverty and vulnerability. An important contribution that this study makes is to show the social context in which people find themselves, and the importance of understanding how an ability to mobilise asserts can make a crucial difference to their capacity to provide care.

Although the findings of this study cannot be generalised, the aim was to get a detailed picture of what is happening with regard to orphan care in Lesotho. Limitations of the study are therefore important to mention as well. To understand decision-making processes that compel people to put children under institutional care, the researcher needed to interview relatives of orphans who had not taken in children but this was not done in the study. The only views which are reflected in the study are those of the government and formal institutions. Moreover, orphans were not interviewed in the study.

Given the findings of the study discussed in the relevant chapter the following recommendations are made for further research:

More recent initiatives of the government of Lesotho on orphan care provision, such as transfer project, are still at a very early stage of development. Further studies need to follow up on whether these initiatives are benefiting the orphans in Lesotho. Secondly, this study focussed on caregivers of orphans. It may be difficult to involve young orphans, but it is important to involve older ones and those who have subsequently left formal institutions to find out what happens to them.

This study focussed more on families who have taken in orphaned children into their homes. Future studies need to find out about the decisions that are taken by families before children are send to formal or informal arrangements of care. Research needs to focus on those families who have not taken in orphans in their homes to find out more about the decisions that are made by families on orphan care.

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APPENDICES

INTERVIEW SCHEDULE

FORMAL INSTITUTIONS (Orphanages)

Origin

How did the orphanage come to exist?

How long has it been operating?

What were the processes involved?

What does your position involve, that is tasks and responsibilities?

What are the main functions of the organisation?

To what extent can it fulfill its mission?

What is the geographic scope of the organisation in terms of the districts covered?

Support

Where do you get your funds from?

Do you have any other support?

What kind of support is it?

What other kinds of support is needed for the organisation to function that you are not receiving currently?

Care

What are the main causes of children becoming orphans?

How many children are in the orphanage?

What are the ages of the children under your care?

What kind of benefits do you provide?

How many care givers does the orphanage have?

How many children does one care giver attend to?

Do you have any contact with the children after they have left the orphanage?

How do you define success in orphan care?

How successful do you think your organisation is?

Do any of the children have relatives?

Do the children have contact with their relatives? If so, what kind of contact is it?

How important is it for children to have contact with relatives?

Decision making

How do the children end up in the orphanage?

Do you have any criteria used to select the children?

For how long do the children stay in the orphanage?

In your opinion who should care for the orphaned children and why?

Challenges

What challenges are you experiencing with regard to care of orphans?

How do you plan to overcome our problems?

Is there anything else that can be done to help you overcome the challenges you have?

INFORMAL INSTITUTIONS (Families)

General

When did you start looking after the children?

What is your relation with the children?

What are the ages of the children under your care?

How many children do you look after?

How did you come to look after the children? i.e what happened to their parents/parent?

Care

What kind of orphan care arrangements are there in this area?

Do you have children?

How many do you have?

What is the relationship between your own children and the orphans you are caring for?

How do they interact with one another?

How does the family survive?

How do you provide for their basic needs such as food, water, shelter, clothing etc?

How do you manage to provide for their health care, school needs?

Do all the children, yours and the orphans you care for, get treated the same? Elaborate

Do the children have time to play with the other children?

What is it that you think the children benefit from being cared for by you?

What kind of care do you give to the children?

Is the care you provide any better from the one that they may get from an orphanage?

Give reasons.

Support

Do you get any help for looking after the children?

Where do you get the support from?

What kind of support is it?

How often do you get the support?

Challenges

Do you encounter challenges in taking care of orphaned children?

What kind of challenges do you face in trying to provide the children with basic needs?

What problems do you encounter in providing the children with social needs such as schooling and health care?

Why do you think you face such challenges?

What can be done to overcome them?

What is it that you think can be done to ease the problems you have?

Decision making

I have been told that in Sotho culture, there was no such a thing as an orphan. Culture had instilled in the communities that all children who did not have parents should be cared for.

How were orphans cared for in the past?

How much influence does culture have with regard to care of orphaned children today?

Do you think culture played a big role in influencing your decision to care for the children?

What compelled you to take care of the children?

Do you think culture is important in the upbringing of a child?

If you are able to take care of children at home why do you think some people take the children to the orphanages?

Would you take the children under your care to an orphanage? If yes/no explain

In your opinion how should orphaned children in Lesotho be cared for and why?

SOCIAL WORKERS

General

When did you start working here?

How/why did you end up working for this organisation?

What are the causes of the orphan problem in your view?

Do you have children of your own?

How many are there?

Care

How many children do you care for?

What are the ages of the children you care for?

Do the children have relatives?

Do the relatives ever come to visit the children?

Do the children ever visit their relatives?

What is your opinion on care of orphaned children in orphanages such as this?

Would you want your child to grow up in an orphanage? If yes or no give reasons

What benefits do you think the children get?

What kind of benefits are they?

Challenges

What are the challenges that you face in your job?

What do you think brings about the challenges?

What can be done to overcome them?

What is it that can be of help to the children that is currently not offered here?

How do you think this environment affect the children?

Decision making

There are other orphanages-what do you know about them?

How do children end up in the various orphanages?

Many people say there is a difference between children who grow up in orphanages and those who grow up within the communities, in your opinion is there a difference between children who grow up in orphanages and the ones being cared for in the community?

How different are they?

Why do some come to orphanages and others are cared for in their communities?

In the past, culture made it easier for communities to take care of orphaned children. Do you think that culture still plays a big role in determining care of orphans in Lesotho?

To what extent do people feel obliged by culture to care for orphans?

GOVERNMENT

General

How many orphans are there in Lesotho?
What has caused the number of orphans to increase?
How many are there in the Maseru district?

Care

What are orphan care arrangements like in the communities?
What are the measures being taken to protect orphans in Lesotho?
What has the government done to care for the increasing number of orphans so far?
Are there any state owned orphanages in Lesotho? If yes/no give reasons
Are the existing orphanages regulated? How are they regulated?
My understanding is that in Lesotho orphan care is largely done by Non Governmental Organisations and the Churches. Is this the case? Why /why not?
Who are the main people who provide care to orphans in the communities and why?
How many children have been reached already?
How many do you estimate have not been reached?
What is the role of the Ministry of Health and Social Welfare in orphan care?
To what extent are you able to fulfill that role?
What are the main job descriptions of people involved in the government in terms of orphans care?

Support

Is the government of Lesotho partnering with any organisations that are involved in orphan care? Which ones have the government worked with and in which initiatives and why?
What other support are you getting and from who?
What type of support is it?
What is the government's long term plans to support the orphans and the care givers?

Challenges

Are there any challenges that the government faces in orphan care?
What challenges do you experience?
What do you think can be done to overcome them?

Decision making

Why do you think the number of children that are being placed in orphanages is increasing?

Who determines how orphaned children are cared for?

To what extent does culture play in determining how orphaned children are cared for today?

Is there any procedure that has to be followed before a child is put in an orphanage?

If yes, what does it entail?

What role does the department play in this?

In your opinion, what is the best way to care for orphans in Lesotho and why?

Telephonic contacts:

(Secretary) – 002711 717 4424

(Direct line – work) – 002711 717 4431

(Personal mobile) – 0027825840220

28 November 2007

The Government of Lesotho
Ministry of Health and Social Welfare

BY HAND

To whom it may concern

This serves to confirm that Ms Sylvia Makananelo Makape is a registered Masters student in the Sociology Department, School of Social Sciences at the University of the Witwatersrand, South Africa. As a Lesotho national, she has a particular interest in the development needs and priorities of her country, and as a result, seeks to conduct a research project on orphan care arrangements there. This research project will fulfill the research report requirements for her Masters degree from this university. Your assistance in facilitating her capacity to undertake this project is kindly requested.

Ms Makape's research project aims to examine both formal and informal arrangements of care for orphans in the Maseru district of Lesotho. This will involve interviews with a number of key persons involved in orphan care, including both heads of institutions and care-givers in orphanages run by the churches, non-governmental organisations and community members. Interviews will also be conducted with families who take care of orphans themselves. The student is also hoping to be granted permission to run interviews with government officials at the Ministry of Health and Social Welfare in order to ensure a comprehensive and detailed understanding of the issues involved in orphan care from all key stakeholders.

The student has presented a proposal to the Sociology Department Postgraduate Committee, which has accepted the proposed aims, rationale and methodology of the project. Please note that the student will fulfill all expectations regarding the ethical conduct of the research project. Orphans themselves will **not** be interviewed. Permission for conducting the research project in the Maseru district is sought from the Government of Lesotho via this letter. Permission to conduct interviews with heads of orphanages, donor organisations and families, as well as care-givers in these respective institutions, will be sought prior to any interview taking place. Blank sample copies of both the letter to be addressed to possible participants, as well as a consent form to be completed by these participants, is available on request.

Confidentiality of this research is guaranteed – the results of the research will be treated in the strictest confidence, and both the identity of the institution and all participants in the research will remain anonymous, should participants require this. This letter also serves to confirm that the information gleaned for this project will be used only for academic purposes, and that the media will not have access to this research. The project report will be located only in the Sociology department archives, and in the university library.

Your kind co-operation is most appreciated. Please feel free to contact me at the numbers given above should you have any queries.

Yours sincerely

L. Hagemeyer

Supervisor and Lecturer

Louise.Hagemeyer@wits.ac.za

P O Box 13096
Maseru 100
Lesotho

...../...../ 07

Dear Sir/Madam

Re: request for your participation in a research project

I, request your participation in a research project that explores the formal and informal arrangements for care of orphans in Lesotho. I am a Masters student at the University of the Witwatersrand, in South Africa.

I would appreciate an opportunity to interview you regarding the study. Your participation is requested because you are involved in orphan care. More importantly, your participation will provide insight into the work that you are doing with regard to the care of orphans and I also believe that it is important for people to be of the challenges that you may be facing in your work.

Please note that your participation in this study is voluntary and there is no reward for participating or penalty for not participating. Involvement in this study requires your participation in an interview of approximately one hour which will be scheduled at a time and place that is suitable for you. You will not be obliged to answer any questions with which you are uncomfortable and therefore have the option to decline to respond to any questions asked. You will also have the option of terminating the interview at any stage that you choose.

All data collected through the interview will be treated with the strictest confidentiality. You will also have the option of remaining anonymous in which case all transcripts and reports will be appropriately coded to ensure that your request is respected. You will also be provided with the transcripts and research report if requested.

The results of the research will be submitted as part of the requirement for my Masters degree in Sociology.

It is my understanding that the study will not pose any risks or result in any benefits for you. However, if you have concerns regarding the study or if you require any additional information, please contact me **Sylvia Makananelo Makape at 63015185** or my supervisor **Louise Hagemeier at 0027825840220** to discuss this further.

Kind regards,

.....
Sylvia Makananelo Makape

Participant consent form

I hereby confirm that:

- ☐ I have been briefed on the research that Sylvia Makananelo Makape is conducting entitled, Exploring formal and informal arrangements for care of orphans: A study in the Maseru district of Lesotho
- ☐ I understand what participation in this research project means
- ☐ I understand that my participation is voluntary
- ☐ I understand that I have the right not to answer any questions that I do not feel comfortable with
- ☐ I understand that I have the right to withdraw my participation in the research, at any time I so choose
- ☐ I understand that any information I share will be held in the strictest confidence by the researcher
- ☐ I hereby request that I be guaranteed anonymity
- ☐ I hereby request a copy of the research report

Signed by.....onat

.....

..... (participant signature)

Signed by.....on.....at

.....

..... (researcher signature)