

GLOBAL TERMS OF REFERENCE

**COMPREHENSIVE SITUATION ANALYSIS
OF
ORPHANS AND OTHER VULNERABLE CHILDREN
IN LESOTHO**

December, 2009

Supported by:

EUROPEAN UNION (EU)

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

UNITED NATIONS CHILDREN'S FUND (UNICEF)

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I. Introduction

1. Country and Programme Background

Lesotho is landlocked and the only independent state that lies entirely above 1,000 metres in elevation. Lesotho is classified as a Least Developed Country (LDC) with Gross National Product (GNP) per capita estimated at \$740 (2004) and Gross Domestic Product per capita at \$550 (2003). About 35% of the labour force is unemployed or under-employed. According to the last Household Budget Survey (2002/03), a quarter of the population lives under the “food poverty line”, while half of the population lives under the “food and essential non-food items poverty line”. The Gini coefficient is 0.66, which gives Lesotho one of the most unequal income distributions in Sub-Saharan Africa (UNDP). According to the latest estimates (2004 Demographic and Health Survey), 23.2% of the population is HIV positive.

Mostly due to the HIV and AIDS pandemic, there are an estimated 210,000 orphans (projection for 2010)¹ in Lesotho (representing more than 10% of the overall population), with many more vulnerable children who have been abandoned or whose parents are poor.

The Ministry responsible for Orphans and Vulnerable Children (OVC) issues is the Ministry of Health and Social Welfare (MoHSW), in particular the Department of Social Welfare, within which a Child Welfare Unit was recently established. Whereas interventions for OVC are aimed mainly at mitigating the impact of HIV/AIDS, the DSW strives to address the plight of all children destitute and poor from all causes other than HIV/AIDS.

The Government of Lesotho (GOL) has developed a National Policy on OVC, a National OVC Strategic Plan 2006-2010 (NSP), and a National Action Plan for OVC (NAP 2006) among other reference policy documents. The latter two documents are currently under revision. The eight essential services for OVC identified in the NAP are: health, education, food security, clothing, psychosocial support, shelter, protection, and an integrated training package on capacity development for service providers. These eight elements make up what is called the “Appropriate Support Package” (ASP) to OVC. It is the aim of the Government that all OVC eventually gain access to the services included in this Package and one strategy to operationalise the OVC policy was to issue “service cards” to OVC to allow them access elements of this Package (eg: medical fees exemption, secondary school bursaries, entitlement to food packages, etc). Service cards have for the moment only been piloted by Global Fund in selected community councils in three districts.

The National OVC Coordinating Committee (NOCC), which has a broad membership drawn from different government ministries, civil society and development partners, has been established to coordinate OVC actions. Civil society organizations are also brought together under the Letsema

¹ Epidemiological projection from 2003 data presented in the “2004 Children on the Brink” report; some experts believe this is an over-estimate as the projections were made before the scale-up of ART provision in Lesotho. Updated orphan numbers are expected to be released in the near future, from the 2006 Population Census.

network (an initiative of the Non Government Organisation (NGO) Sentebale, supported by UNICEF) as a forum for information sharing.

2. The National Strategic Plan for Orphans and Vulnerable Children

The draft revised strategic plan identifies the following critical success factors:

- Legal and Policy Framework,
- Multi-sectoral Coordination Structures,
- Political Commitment,
- Competent Staff, and
- Adequate Resources.

In addition, it is clear that other critical success factors include:

- Adequate data to prioritize programme interventions on the most vulnerable children
- Adequate data to assess programme performance and the national Monitoring & Evaluation (M&E) plan
- A harmonized approach to an engaged civil society, and effective government-civil society partnering

The national OVC response² cannot succeed without strong leadership, clear lines of authority and accountability for its management and implementation, without effective registration and reporting requirements, without data regarding programme performance, and without a clear understanding of which children and families need to most critically be reached with what services.

The ongoing review of the NSP/NPA established that the development of the harmonized national strategic plan for orphans and vulnerable children (2010-2014) must address the following important issues:

- a. Management and coordination of OVC response.
- b. OVC legal and policy framework.
- c. Utilization of existing financial resources for OVC response.
- d. OVC access to essential services.
- e. Monitoring and evaluation of the OVC response.
- f. Capacity building of implementing partners.
- g. Sustainability of OVC interventions.

II. OVC Situation Analysis

² The national response in this document refers to all interventions towards OVC whether as government or as CSO programmes or projects, and how they interact to address issues of OVC in Lesotho

1. Purpose

The overall purpose of the OVC situation analysis is to provide government and key stakeholders with the data needed to effectively prioritize essential interventions and focus resources on the critical gaps hindering the attainment of the national OVC programme's goals.

The document review and discussions with key stakeholders consistently highlight six critical weaknesses in the current national response to vulnerable children

1. A lack of data to support evidence-based programme interventions
2. A lack of data on who are the most vulnerable and on what they need most, which significantly hinders effective targeting of resources
3. A lack of baseline data for the national OVC response performance M&E framework
4. A need to strengthen and empower the Department of Social Welfare's resources and capacity to design, plan, manage, monitor and evaluate the national response
5. A lack of coordination across multiple sectors, hindering the ability to manage a cohesive, integrated multi-sectoral response to orphans and other vulnerable children
6. Limited engagement, resources, and partnering with civil society to directly support the national response.

The OVC situation analysis will explore these specific gaps, and provide concrete recommendations expected to be filled by Government of Lesotho, and in particular, Department of Social Welfare and other stakeholders.

To address these weaknesses listed above, the OVC situation analysis will include a national baseline study driven by empirical data, using both quantitative and qualitative measures, with the purpose of yielding:

- 1) An accurate and realistic description of the number and status of orphans and vulnerable children (OVC) in Lesotho
- 2) Clarity on current services being provided to OVC, highlighting the strengths and weaknesses and identifying key gaps in services to be addressed. This should include an estimate of the percentage of OVC who are receiving some degree of external support.
- 3) Firm empirical thresholds from which progress can be measured over time. This will include sound data, disaggregated by age, gender, district, and status of vulnerability and household status. It will provide the basis for the strengthening the ongoing national OVC database. This should include an estimate of the percentage of OVC who are receiving external support and nature of that support.
- 4) A review of coordination efforts at the national, district and local levels, along with the authority over service mapping and overseeing OVC service delivery.
- 5) A review of key stakeholders' current capacity to deliver services to OVC.
- 6) An in-depth knowledge of key issues affecting OVC.

2. Outputs

The OVC situation analysis will yield the outputs under the following five components, grouped into three parts:

PART 1 (P1)

Component 1. Operationalization of the definition of child vulnerability (C1)

- A consensual operational definition of child vulnerability and the groups of children and families captured therein; and a clear enumeration of the most vulnerable children
- A prioritization of vulnerability categories to assist with identifying the most vulnerable children and those in general need of social services support

Component 2. Leadership, Coordination and Management (C2)

- Recommendations to improve and strengthen national response coordination mechanisms
- Identification of gaps in capacity of the MOHSW/DSW and recommendations for a capacity building strategy to the agreed roles and mandates of MOHSW/DSW
- Identification of implementation capacity gaps (e.g. in reporting mechanisms and information management systems) in other line ministries responsible for contributing to the national OVC response

Component 3. Strengthening Civil Society Engagement (C3)

- Mapping of services provided by civil society organizations by essential service areas, building and partnering with already existing inventories (www.letsema.org)
- Review of the current state of government and civil society partnership and the extent to which civil society is effectively engaged in implementing and supporting the OVC national response
- Recommendations to increase the participation and impact of civil society in achieving the goals of the National Strategic Plan for OVC

PART 2 (P2)

Component 4. Data Collection and Analysis for National OVC Response: M&E

- Data to assess the number and location of children (including children living in alternative care facilities, children living and working on the streets) in the different categories of vulnerability
- Data on the number and percentage of children suffering from sexual, gender-based, or physical violence and abuse
- Coverage of current programming and services highlighting strengths, weaknesses, and key gaps disaggregated by gender, age group, district, and vulnerability status

- Data to establish baseline estimates for the 19 national programme performance indicators detailed in the OVC Strategic Plan M&E plan
- An accurate description of the number and status of OVC

PART 3 (P3)

Component 5. Dissemination of the OVC situation analysis report

The findings and recommendations of the situation analysis will be disseminated widely to stakeholders. The dissemination activities (to be proposed by the consultants) will be organised by the Team leader and the Data Collection and Analysis Mission Leader.

3. Guidelines

This exercise needs to demonstrate efficiency and effectiveness by adapting instruments and tools that have been field-tested elsewhere. Existing documents (e.g. Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS - Guidelines and Tools³) should be used as principal reference. Geographically, samples will provide representation from mountain, lowland and urban districts. The sample size should be sufficient to deem the findings statistically generalizable. Sampling, to the extent possible, should not be done in the same communities covered by the current Demographic and Health Survey (DHS).

The study must ensure the integration of past and current activities and reports that are relevant, avoiding duplication. For example, it will need to build on recent review of the OVC National Action Plan and the OVC Strategic Plan 2006-2010 and the Rapid OVC Needs Assessment (Oct. 2009) conducted by the European Union (EU). This baseline should also allow flexibility to integrate initial findings from Lesotho's 2009 DHS, which is likely to coincide with the OVC situation analysis.

The OVC situation analysis should demonstrate a child developmental (life cycle) approach that will identify the differing needs, capacities and services for children from birth through 18 years. At a minimum this will include needs and services for young children 0-6; primary school-aged children from 7-12, and adolescents from 13-18. Out-of-school children under 18 years will be covered in those who are "most vulnerable".

The legal and policy arena should be reviewed, including the status of Lesotho's Convention on the Rights of the Child (CRC) reporting, developments of the Child and Gender Protection Unit in the police, etc.

A review of the broader social protection activities in Lesotho should be noted, with emphasis on those that affect OVC care directly, i.e. the child grants and pensions for the elderly who care for children.

³ Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS, 2005: Family Health International, Impact, USAID

1. Methodology guidance

The scope and depth of this national study will yield valid and generalizable findings for planning and action, using quantitative methodologies. To supplement the quantitative methods, qualitative data collection methods will also be used. This will include focus group discussions, and key interviews of individuals and organizations. The qualitative assessment should be inclusive and participatory in nature. It should include key government staff from relevant ministries, local community leaders, the donor community, civil society service implementers, caregivers at the local level (including the elderly) and very importantly, vulnerable children themselves. Both quantitative and qualitative data collection should address most vulnerable groups, including children who are living positively, disabled children, those living outside of family care, out-of-school youth, and those affected by child labour and trafficking, etc. Data should track vulnerable children by category, broken down by gender, and age group, and enable the targeting of responsive, effective, and essential services.

2. Overall Technical Guidance for the Situation Analysis

A small but functional Steering Committee comprised of members from the DSW, Global Fund Coordinating Unit (GFCU), United Nations Children’s Fund (UNICEF), United States AID (USAID) and European Union (EU) will provide technical guidance for the entire period of the situation analysis. This means that the committee will meet periodically with the Team Leader of the assignment and the experts working on the various components of the study, to assess progress, adherence to standards to ensure quality. However, for the day to day running of the study, the consultants will work with the DSW (possibly the M & E unit.)

3. Key Definitions: Child vulnerability

The OVC definition in the 2006 National Policy on OVC is cumbersome and difficult to operationalize. The steering committee has agreed that the definition of OVC below, which includes vulnerability that goes beyond orphan status and is linked to international standards (UNAIDS, etc.), will be used for purposes of the study. This includes children who are living in households with chronically ill caregivers, are living outside of family care, are abused or exploited, or are living in chronic poverty. However, after a consultative process to be embedded within the study, a consensual operational definition of OVC will be determined. This definition will identify, and target interventions for the most vulnerable children in the Lesotho context. This definition will be one of the outputs of the study.

The following definition of an orphaned or vulnerable child has been adopted for the purposes of the situation analysis:

A child, 0-17 years old, who:

- | | |
|--------------------|---|
| <u>Orphan:</u> | Has lost one or both parents |
| <u>Vulnerable:</u> | Is more vulnerable because of any or all of the following factors |
| | <ul style="list-style-type: none">• Is HIV-positive |

- Lives without adequate adult support (e.g. in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child)
- Lives outside of family care (e.g., in residential care or on the streets)
- Is marginalized, stigmatized, or discriminated against (including disabled children, abused children, those in exploitive labor, or trafficked and children living in chronic poverty)

III. Situation Analysis Detailed Scope of Work

General Scope

The situational analysis will focus on the *five components* below:

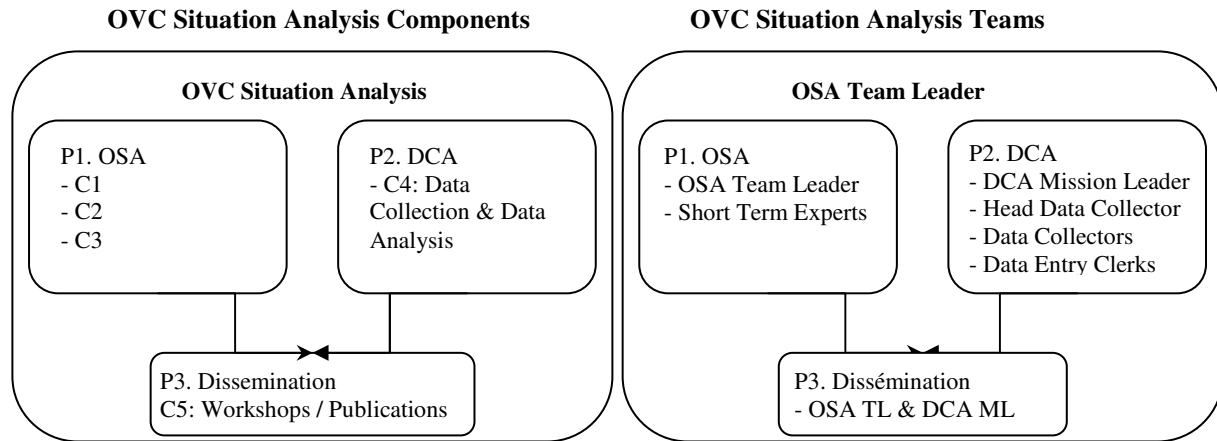
- 1) Operationalization of the definition of child vulnerability
- 2) Leadership, Coordination and Management
- 3) Strengthening Civil Society Engagement.
- 4) Data Collection and Analysis for the National OVC Response M&E
- 5) Dissemination of the OVC situation analysis report

The situation analysis will be conducted under collaborative arrangements among the partners afore mentioned (GOL/DSW, GFCU, UNICEF, USAID, and EU). Due to the eclectic mix of funding sources available for the study, it will be divided into 3 parts and 5 components, as described below. These components will be solicited as two separate studies, but the final report and recommendations will be integrated into one comprehensive OVC situation analysis document. Nonetheless, there will be an overall Team Leader to oversee the execution of all the components of the study and he/she will be responsible for the quality of the study and the timely submission of all the deliverables.

Part 1 (Components 1, 2 and 3) will provide an operational definition of Child vulnerability in the context of Lesotho; assess coordination at national and sub-national levels, leadership and management of the OVC response in terms of capacity and gaps therein. In addition, it will determine the extent of Civil Society engagement in OVC issues and also cover implementation responsibilities and capability of GOL and CSOs. This first part is jointly contracted and funded by GF and USAID. The team leader for this first part will also be the overall OVC Situation Analysis Team Leader, responsible for all the outputs of the three parts.

Part 2 (Component 4) will cover a review of current data sources and direct data collection on the situation of OVC as well as an analysis of the indicators in the M&E plan and ways to establish/continue on-going data collection for these indicators. Accordingly, this will determine the basic OVC issues in terms of programming and coverage of services for OVC. This second part is contracted and funded by the EC. The Mission Leader of this part will work closely with and be accountable to the OVC Situation Analysis Team Leader (funded under Part 1).

Part 3 (Component 5) will be the dissemination of the situation analysis findings. The activities to be undertaken will be proposed and undertaken by the OVC Situation Analysis Team Leader and the Data Collection and Analysis Mission Leader. Both experts will be funded under their respective contracts (see parts 1 and 2 above), but all the logistics (printing of the reports, logistics for the workshops, etc) will be covered by UNICEF.



Key:

- OSA- OVC Situation Analysis
- OSA TL-OVC Situation Analysis Team Leader
- DCA- Data Collection and Analysis
- DCA ML- Data Collection and Analysis Mission Leader
- C1-C5 Components 1-5
- P1-P3 Parts 1-3

C1. Operationalization of the definition of child vulnerability

As previously mentioned, the current definition of vulnerability is difficult to apply. The present definition in the National OVC Policy nearly includes all children under the age of eighteen as vulnerable. For planning purposes, such a definition is very broad and does not assist in targeting resources to the most needy and deserving child groups. It is imperative therefore, that a workable programmatic definition of child vulnerability for Lesotho be determined. However, one needs to be mindful of the fact that the operational definition provided for purposes of the study can be adopted.

C2. Leadership, Coordination and Management

As is the case with the national response to HIV and AIDS, the national response to vulnerable children needs to be guided by one strategic plan, one monitoring and evaluation framework, and one coordinating body (3 “Ones”).

Efforts are currently underway to harmonize and unify the National Plan of Action for OVC and the National OVC Strategic Plan, and this situation analysis will assist with operationalizing one M&E plan for the national response. A number of rapid assessments have highlighted the need to strengthen the management and coordination of the response, through establishing and

empowering a coordinating body to be directly responsible for overseeing and monitoring the implementation of the national OVC response.

The National OVC Coordinating Committee (NOCC) was established in 2006 to coordinate the various constituencies engaged in the national response, and the Department of Social Welfare was appointed as the NOCC secretariat. As indicated in the current review of the national strategic plan and national plan of action, “the establishment of a multi-sectoral NOCC to coordinate all OVC activities that are being implemented by various organizations nationwide stands out as one major achievement towards improving the livelihoods of OVC nationwide”. However, the functionality, authority, and effectiveness of this committee have faced a number of challenges. A task force was established in February 2009 specifically to provide recommendations on strengthening the effectiveness of the NOCC, but preliminary recommendations have yet to be adopted and implemented. This situation analysis is expected to yield concrete recommendations to strengthen the management, coordination and effectiveness of the national OVC response.

The DSW has three roles in the national response:

1. Provide technical leadership: establishing and operationalizing national policy, setting standards, guidelines and protocols, quality assurance, and monitoring and evaluating the national response
2. Provide direct services to OVC: serving as the lead public sector department responsible for the provision of social welfare services to vulnerable children (e.g. Public Assistance Scheme, Child Grants Programme)
3. Serve as the Secretariat for the NOCC, and thus supporting intersectoral coordination of the national response

This situation analysis will:

- Review the mandate, composition, terms of reference, and functioning of the NOCC
- Consult with key stakeholders in the national response (donors, line ministries, civil society, and beneficiaries) regarding coordination gaps
- Provide recommendations on steps needed to strengthen and institutionalize coordination of the national response

C3. Effective Civil Society Partnering

The Situation Analysis must address the role of civil society in OVC service delivery in Lesotho. This should provide a general overview of the types of services provided, general geographic coverage, advocacy efforts, and what percentage of the OVC population is receiving external support. The overall funding level for the civil society sector should be provided, including community level, including community-based organisations and faith-based organisations.

In addition to a perspective on the important internal coordination efforts within civil society (e.g. Letsema) emphasis must be placed on coordination with and direction from government

(NOCC/DSW) to ensuring adherence to the “3 Ones”. This includes authority in registration of civil society organizations, coordination and direction over national standards for services and geographic coverage and finally, reporting that allows for one national M&E system.

Lastly, the anticipated gaps in service delivery coverage will clearly highlight the need to increase the role of civil society partners so that they can effectively complement existing public sector service delivery interventions. However, the financial resources channeled to civil society for programme implementation need to be managed from, and in clear support of, the national response and the strategic plan for orphans and vulnerable children.

C4. Data Collection and Analysis for National OVC Response M&E

The Situation Analysis will provide baseline data for the Monitoring and Evaluation for those indicators which will not be readily obtainable from the upcoming Demographic and Health Survey (DHS), from other national surveys, or from existing management information systems. It will also include a review of current civil society, DSW and other line ministry reporting mechanisms and information systems to assess the extent to which existing processes can adequately collect and present data needed for both the numerator and denominator of the existing indicators.

In many cases, baseline and annual estimates for the national performance indicators will need to be derived from field data collection or other means until such time as the institutional reporting and management information systems can be strengthened to produce this data routinely. The situation analysis will need to balance the need for baseline and annual estimates with the cost and efficiency of conducting primary research to obtain them.

In addition to establishing the baseline, it is expected that the situation analysis will contain recommendations on what needs to be put in place in order for DSW to update all 19 indicators on an annual basis. Given that the DHS will be done only once in five years, for example, while it will produce baseline figures for the framework it will not be able to produce annual updates on each indicator.

The details on each of the indicators in the national monitoring and evaluation plan are in the annexes below.

C5. Dissemination

The results of the situation analysis are expected to support future planning & programming of interventions, targeting of resources, etc. They will also be used as a platform for advocacy and social mobilisation. The study therefore will not be an end in itself. The consultants will propose the most effective ways to disseminate the study findings and recommendations both at national and sub-national levels.

IV. Deliverables of the assignment

1. Inception report including a detailed work plan and budget, methodology as well as a proposal for the dissemination activities.
2. Comprehensive report of findings of the Situation Analysis including:

- a. Narrative Report
 - b. Statistical Tables
 - c. Qualitative results
 - d. All tools utilised for data collection
3. Dissemination report documenting all the dissemination activities

V. Detailed Timeline

Announcement for proposals:	December 2009
Deadline for receipt of proposals:	January, 15 th 2010
Awarding of contract:	End January 2010
Implementation period –	February 15 th , 2010 – November 2010 (Includes review of instruments and data collection)
Final Report submitted:	Mid - September 30, 2010
Printing of Report	October 1- October 30 th
Dissemination activities:	November, 15 th 2010

VI. Application Instructions

Prospective applicants are advised that application instructions will be in the respective calls for proposals in relation to the various study components.

VII. Annex:

1. Below is a review of each of the indicators

Policy effort indicators

Indicator 1: % of annual funds supporting OVC programming and Indicator 2: % of OVC funds disbursed that are expended. The EC is funding a €12M project supporting OVC in Lesotho under the 9th EDF. Although this project started in 2007, implementation of activities in the field only started in the first quarter of 2009. The project is planned to end in December 2011. The project is run on the basis of a contribution agreement with UNICEF, which guides and assists the Department of Social Welfare in the project implementation.

At present, the other major OVC donor is the Global Fund under Round 7 Phase 2, which is funding a \$10M programme. Lesotho has also applied for and expects to receive \$30.7M for OVC under Round 9 of the Global Fund.

The US President's Emergency Plan for AIDS Relief (PEPFAR) is also planning to strengthen its involvement in the OVC sector. PEPFAR's Partnership Framework agreement with the Government of Lesotho was signed in August 2009. The objective is to ensure that an additional 20% of OVC, above the current baseline, receive comprehensive care and support services by 2014. PEPFAR is considering allocating between \$2M and \$2.8M towards OVC per year over five years, and plans to engage an OVC expert on permanent staff starting in January 2010.

The situation analysis will determine the amount of currently available resources for the national response to vulnerable children. In doing so, it will review line ministry, donor, and international NGO reports and budgets to determine the resource envelope for OVC. The planned commitments and disbursements for these resources will be reviewed to determine the amounts expected to be expended through DSW, civil society partners, and other implementing agents.

Food security indicators

Indicator 3: Proportion of OVC households that are food insecure. The contractor will work with BOS, MoHSW, and MoAFS, and DMA to determine if data is available to estimate the number of OVC households that are food insecure. This will require determining the number of households, the number of OVC households, and the number of OVC households suffering from food insecurity. The contractor will also establish if already operational survey data collection exercises will assist in determining the proportion of OVC households that are food insecure. If available or planned data collection efforts will not yield this indicator, the contractor is expected to support data collection efforts during this exercise that will yield a satisfactory baseline and to propose methods needed to track this indicator on an annual basis.

Quality Care, Support and Protection

Indicator 4: Condom use and national, and Indicator 5: Sexual debut. Baseline levels of these indicators will be collected via the DHS. The contractor is expected to propose methods for tracking these two indicators on an annual basis.

Indicator 6: Percentage of OVC accessing PSS services. Baseline levels for this indicator will be generated from the DHS. On an annual basis, the numerator for this indicator will ultimately need to come from routine programme reports provided by implementing partners and public sector providers, and analyzed at the national level. To review current capacity to report on this indicator the contractor will review current data available through DSW, INGOs, and implementing partners to estimate the number of children currently receiving psychosocial support services, disaggregated by gender and age group where possible.

Overall, this situation analysis should review current mechanisms for collecting and analyzing data on OVC service provision within the national strategic plan, and assist with the development of a standardized reporting form for civil society and public sector providers to use in collecting data on the number of OVC reached with each core area of the service provision package.

Indicator 7: Number of OVC households that experience property dispossession. Reports from the Master of the High Court are anticipated to yield a count of the number of OVC households that experience property dispossession. The situation analysis will determine if this data is available, determine the actual number as a baseline, and recommend processes needed to routinely track and report on this figure annually. If baseline data is not available, the situation analysis will provide an estimate of the percentage of OVC households that have experienced property dispossession in the last year, and provide recommendations for the mechanisms that need to be put in place to determine this number on an annual basis.

Indicator 8: Number of child-headed households. This indicator will be collected via the DHS. The contractor will provide recommendations on how this data can be tracked on an annual basis.

Indicator 9: Percentage of OVC that receive free external support. The baseline level of this indicator will come from the DHS OVC module. As with #6, the situation analysis will produce an estimate of the baseline for this indicator based on a review of existing civil society and public sector reporting,

Indicator 10: Number of abuse cases reported. The situation analysis will review CGPU records to establish a baseline figure for 2009. In addition, estimates of the prevalence of abuse may also come from a primary data collection exercise conducted in support of defining and operationalizing vulnerability.

Education

Indicator 11: Percentage of OVC enrolled in school, and Indicator 12: Percentage of OVC attending school. Baseline levels for these indicators are expected to come from the DHS. The situation analysis will establish whether the EMIS can identify OVC from school enrolment records, as the number of OVC enrolled in school will be needed as the numerator for this

indicator, and establish whether annual reports on this indicator can be produced from the EMIS or MoET records. If the EMIS is unable to routinely provide data on this indicator, the contractor will determine the processes needed to ensure that either through the EMIS or through an alternative system this indicator can be assessed on an annual basis. The situation analysis should also review the added utility of tracking both school enrolment and school attendance. As these indicators are not anticipated to be available through routine programme reporting. Either the EMIS needs to be able to report enrolment and attendance by OVC, disaggregated by age group and gender, or these indicators will need to be collected through an annual survey. The situation analysis will review the current capacity to report against these indicators and make recommendations as to how the data can be collected and monitored on an annual basis.

Health and Nutrition

Indicator 13: Percentage of OVC who utilize health services. Primary data collection during the situation analysis may be needed to establish a baseline for the percentage of OVC utilizing health services, although the contractor should first determine whether this indicator will be available through the DHS. On an annual basis, the number of OVC utilizing health services will need to be reported through the HMIS, so the situation analysis will assess the extent to which the HMIS can adequately identify OVC and report on health service utilization by gender and age group.

Indicator 14: Proportion of OVC 0-4 malnourished/underweight. The baseline levels for this indicator will be available through DHS. The situation will review various reporting mechanisms in place and provide recommendations for how this indicator can be tracked on an annual basis. As this indicator requires a population-based estimate of the percentage of OVC aged 0-4 who are malnourished or underweight, recommendations will need to include how and where an annual survey can be conducted to collect this information

Core measures

Indicator 15: Percentage of children 0-17 who are orphans. The baseline level for this indicator is available in the 2006 Population Census and an estimate will be available through the DHS. The contractor is expected to work with the BOS to see if preliminary estimates of this indicator from the last census can be obtained. To obtain annual estimates of this indicator it is anticipated that the contractor will analyze available data sources to yield estimates and projections, which will be substantiated by future census taking and national surveys.

Indicator 16: Percentage of children 0-17 who are vulnerable. Obtaining the baseline level for this indicator will require substantial effort associated with assisting the GoL in refining and operationalizing a definition of vulnerability, and carrying out subsequent data collection and secondary data analysis to obtain an appropriate baseline. The situation analysis will also need to address how this indicator can be tracked on an annual basis.

M&E

Indicator 17: Number of districts submitting monthly returns on OVC, Indicator 18: Number of districts submitting quarterly reports, Indicator 19: Functional M&E system for the national response. These indicators presuppose the existence of a functional M&E system through which districts can collect, compile, and analyze reports on public and civil society service provision and forward district level reports to the central office for analysis and feedback. As detailed elsewhere, the situation analysis is expected to significantly contribute to the design and implementation of such a system.

Available data includes:

- 2002/03 Household Budget Survey
- Information on poverty levels
- 2004 Demographic and Health Survey (2009 DHS is in preparation but results will probably not be available at the time of this assessment).
- Information on orphan status, school attendance and living arrangements (distribution) by age, gender, urban/rural, ecological zone, district, and wealth quintile
- 2004 Children on the Brink, UNAIDS, UNICEF, USAID
- Epidemiological projections of orphan numbers from 2003 data until 2010
- Number of maternal, paternal, and double orphans in Lesotho in 2003
- 2005 Update on the Situation Analysis of OVC in Lesotho, UNICEF
- Data taken from 2003 DMA/WFP Survey and 1996 OVC Population Census, including orphans numbers by district, number of orphans registered by district, gender distribution, orphan status by district, school attendance of orphans by district, parental status of orphans by district, gender of custodian by district, marital status of custodian by district,
- Qualitative assessment of orphans' needs and recommendations
- 2006 Population Census
- OVC Rapid Needs Assessment (by age, sex, district, living arrangement, type of vulnerability, orphan status, etc.), October 2009
- The DSW is in the early stages of establishing an M & E system that will be able to provide data on utilisation and access of services for and by OVC.
- 2009 Funding Gap Analysis, Global Fund (this study provides information on the broad flows of funding around OVC)
- Ongoing orphan registration by MoLGC and DSW

2. Global Timeline - OVC Situation Analysis - Lesotho - 01/12/09

Date (week)	Part 1 - OSA	Part 2 - DCA				Part 3 - Dissemination		External elements / Submission deadlines	Date (week)			
	OSA-TL & team	DCA-ML	DCA-HDC	DCA-DC	DCA-DEC	OSA-TL & team	DCA-ML					
15-Feb	Methodology, work plan, interview tools, local recruitment	Methodology, work plan, questionnaire design, DC & DEC recruitment	Methodology, work plan, questionnaire design, DC & DEC recruitment						15-Feb			
22-Feb										22-Feb		
01-Mar										01-Mar		
08-Mar										Inception report submission P1 & P2	08-Mar	
15-Mar											15-Mar	
22-Mar										Review & Approval by the Ethics Committee	22-Mar	
29-Mar											29-Mar	
05-Apr											05-Apr	
12-Apr							12-Apr					
19-Apr							19-Apr					
26-Apr								26-Apr				
03-May	Data and information collection and analysis for C1, C2 and C3	Final questionnaire, DC& DEC training, data piloting	Final questionnaire, DC& DEC training, data piloting	Training & Data Collection piloting	Training & Data Entry piloting				03-May			
10-May											10-May	
17-May										17-May		
24-May					Data Collection and Data Entry (for C4)	Data Collection (for C4)	Data Entry (for C4)				24-May	
31-May												31-May
07-Jun												07-Jun
14-Jun												14-Jun
21-Jun												21-Jun
28-Jun												28-Jun
05-Jul												05-Jul
12-Jul									12-Jul			
19-Jul						19-Jul						
26-Jul		Data Analysis Data Validation Report writing (for C4)						26-Jul				
02-Aug							02-Aug					
09-Aug							09-Aug					
16-Aug							16-Aug					
23-Aug	Report writing							23-Aug				
30-Aug							30-Aug					
06-Sep							06-Sep					
13-Sep							Final report submission	13-Sep				
20-Sep							Comments on Final report	20-Sep				
27-Sep		Report Finalization					Finalization of report	27-Sep				
04-Oct							Printing of the final report Logistics for the dissemination	04-Oct				
11-Oct								11-Oct				
18-Oct						Logistics for dissemination		18-Oct				
25-Oct								25-Oct				
01-Nov						Dissemination	Dissemination	Dissemination	01-Nov			
08-Nov									08-Nov			
15-Nov						Dissemination report	Dissemination report	Dissemination report submission	15-Nov			
22-Nov									22-Nov			

Key: OSA = OVC Situation Analysis / DCA = Data Collection and Analysis / TL = Team Leader (of the OSA) / ML = Mission Leader (of the DCA) / HDC = Head Data Collector / DC = Data Collector / DEC = Data Entry Clerk / C1, 2, 3, 4 / Component 1, 2, 3, 4