

LIVELIHOODS IN LESOTHO

A rapid
livelihoods
assessment
using the
Integral Human
Development
conceptual
framework



ASSESSMENT

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ACRONYMS

BSC	Boliba Savings and Credit
CCPJ	Catholic Commission for Peace and Justice
CGPU	Child and Gender Protection Unit
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
DFID	UK Department For International Development
DOTS	Directly Observed Therapy, Short-course
FEF	Farmer Extension Facilitator
FIDA	Association of Women Lawyers
GBV	gender-based violence
GoL	Government of Liberia
HUG	Homes with Urban Gardens
IHD	Integral Human Development
LANFE	Lesotho Association of Non-Formal Education
LEC	Lesotho Evangelical Church
LENEPHWA	Lesotho Network of People Living with HIV and AIDS
LFCD	Lesotho Fund for Community Development
LFDS	Lesotho Flying Doctors Service
LTFP	Lost to Follow Up
LPPA	Lesotho Planned Parenthood Association
LVAC	Lesotho Vulnerability Assessment Committee
NAC	(Lesotho) National AIDS Commission (NAC)
OFDA	Office of US Foreign Disaster Assistance (OFDA)
OVC	Orphans and Vulnerable Children
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PHAMSA	TEBA-funded program for retrenched miners
PHAST	Participatory, Hygiene, and Sanitation Transformation
PIH	Partners in Health
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV and AIDS)
PRA	Participatory Rural Appraisal
PSI	Population Services International
SARO	CRS Southern Africa Regional Office
TEBA Trust	former and current miners support group
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VHWs	Village Health Workers
WASA	(Lesotho) Water and Sewerage Authority

INTRODUCTION

In 2008, the CRS Lesotho program embarked on a process to develop a five-year Strategic Program Plan (SPP) to guide programming for the country office. One of the key components of the CRS SPP process was to conduct an in-depth livelihoods assessment of targeted livelihood zones. The results helped the country program staff to identify the key issues related to the achievement of Integral Human Development¹ (IHD) and improved livelihoods and to design programs that promote these objectives.

HISTORY

CRS Lesotho was established as an independent country program in 2005 in the midst of ongoing drought emergency response programming. The primary program areas during the first four years were emergency response and Food for Assets integrated with food assistance targeting vulnerable households impacted by HIV and AIDS. During this brief time, the program successfully expanded its portfolio and partnerships in the country. Together with its implementing partners, the Catholic Commission for Peace and Justice (CCPJ) and Caritas Lesotho, CRS developed projects in food security, small scale irrigation, water and sanitation, HIV and AIDS and gender.

Food security programming included food distribution, homestead gardening, conservation farming, water conservation, irrigation and agro-enterprise, and health and nutrition training. These activities were funded primarily by United States Agency for International Development (USAID) Title II resources, the Office of US Foreign Disaster Assistance (OFDA), and the United Kingdom Department for International Development (DFID). The HIV and AIDS program focused largely on psycho-social care and

¹ Integral Human Development is a term that derives from Catholic Social Teaching. The concept implies that all people have the right to lead full and productive lives, living with dignity in a just and peaceful society. See Annex A for more information on IHD.

support of Orphans and Vulnerable Children (OVC) in Lesotho's remote mountain region and on faith-based HIV prevention. These programs were funded by the Lesotho National AIDS Commission (NAC) and the US President's Emergency Plan for AIDS Relief (PEPFAR). Past gender programming had focused on rights education and building the capacity of local institutions to provide services dealing with gender-related abuse. The programs were funded using CRS private resources and Irish AID.

Beginning in 2000, CRS as an agency embarked on a process to develop a holistic approach to programming with a view to assist target communities to analyze, recognize, and use existing community livelihood assets, rather than limiting the program scope to single, siloed sectors. The result of this process was the development of the Integral Human Development (IHD) Conceptual Framework², further illustrated and explained in Annex A of this report. CRS developed an IHD User's Guide and released additional training tools in 2009. In order to build capacities of staff from CRS, the Catholic Commission for Peace and Justice, and Caritas Lesotho, a variety of resources – including the IHD Conceptual Framework, the IHD User's Guide and the Participatory Rural Appraisal (PRA) manual – were used to guide the development of assessment tools, data collection and analysis for this livelihoods assessment.

The following pages summarize the methodology, process, and results of the livelihoods assessment. The Annexes include the training agenda (Annex B), the assessment “checklist” (Annex C), and the field process guide (Annex D).

² The Conceptual Framework is a diagram which helps users to understand the complex lives of the poor, and to think holistically when developing interventions. It is a way of promoting IHD in programming.

METHODOLOGY



Mathaleng

OBJECTIVES:

The CRS Lesotho Team, with the guidance of the CRS Southern Africa Regional Office (SARO), developed three core objectives for the livelihoods assessment:

SPP Objective: *To engage community members in a participatory process to assess their livelihoods, and to recommend programming options for the most vulnerable that will be foundational to the five-year strategic plan for CRS Lesotho.*

Capacity Building Objective: *To build the capacities of CRS Lesotho staff and partners to understand and apply the Integral Human Development (IHD) Conceptual Framework and Participatory Rural Appraisal (PRA) tools.*

Learning Objective: *To apply and adapt urban livelihoods assessment tools that will inform not only the CRS Lesotho program, but also agency-wide learning and recommendations for engagement in urban programming.*

Assessment Process:

The livelihoods assessment process was highly collaborative (team members are listed by organizational affiliation in Annex F). The SARO Regional Technical Advisor (RTA) for Livelihoods and Business Development, with assistance from the Senior Technical Advisor (STA) for Agriculture, and the RTA for HIV and AIDS led the assessment planning, training, implementation, and report-writing processes. CRS Lesotho, Caritas Lesotho, and the CCJP were able to mobilize two teams of approximately four to five people each to conduct the assessment.

The process began with a review of existing programs, results and identified needs, and continued with a literature review¹ of relevant reports and assessments conducted by local and international stakeholders in Lesotho. The reports included both rural and urban assessments conducted by the Lesotho Vulnerability Assessment Committee (LVAC), the World Food Program, and others. These reports and the review were used to guide the design and location of livelihood zones to be assessed. The team identified key issues as being high levels of food insecurity and some of the highest HIV and AIDS prevalence rates in the world. These topics were therefore priority focus areas for the assessment. Gender was also identified as a priority for the assessment because of the significant cross-cutting nature of gender in HIV and AIDS and food security, as well as the continuing evolution of women's rights in Lesotho.

1 This literature review was prepared for, and published in, the CRS-Lesotho Strategic Program Planning document.

The team next identified the livelihood zones to be included in the assessment. The two most vulnerable zones include the southern lowlands and the remote mountain region. The rural southern lowlands were the target zone for the past several years of food security programming; as such, many assessments and reports existed for this area and the needs were more deeply understood. Less was known about its urban and peri-urban areas, and in particular how these areas were affected by the food price crisis, or the socio-economic environment surrounding Lesotho's many textile factories. While the mountain livelihoods zone is perhaps less food insecure than the lowlands, the remoteness of the area and its poor roads mean that people have very limited access to markets and social services. They are therefore very poor and vulnerable to many other threats. CRS and its partners began OVC programming in some of the most remote areas in the mountain region. While these programs have had significant impacts on the communities served, a great deal less information is available on the variety of livelihoods activities and strategies. Given the time frame allotted for the field work, available staff, and priority assessment needs, the team decided to focus on two communities: one lowland urban community and one rural mountain community. The urban and peri-urban locations around Maputsoe were selected, as this is Lesotho's second largest city hosting a high number of textile factories. Maputsoe is located in the northern lowlands in the district of Leribe. The second community identified was the remote mountain village of Mathalaleng, located about a five-hour drive from Maseru in the Thaba Tseka District.

Following the site selection, the Lesotho staff conducted a brief stakeholder analysis that informed the logistics, choice of participants, and design of the questions. The team also visited each site to meet with the local authorities and traditional leaders to ask permission to conduct the assessment, build awareness, and schedule the times when community members would be available. Following these initial planning stages, the Lesotho team worked with SARO staff to plan and conduct a three-day training on IHD and PRA tools and jointly create the assessment tools to be used during the fieldwork and analysis. One week each was spent in Maputsoe and Mathalaleng conducting the field work. This was followed by one week of data consolidation and analysis.

ASSESSMENT TRAINING AND TOOLS DEVELOPMENT:

Prior to the assessment, a three-day training was conducted by the SARO RTA for Livelihoods and Business Development and the STA for Agriculture and Environment. The training agenda is provided in Annex B. The training objectives were:

1. To outline the process for the livelihood assessment training, data collection, and final report writing.
2. To provide a refresher on the IHD framework and concepts.
3. To provide an overview of PRA and practice using the tools.
4. To develop the checklist, process guide and tools to guide the field work and data analysis and consolidation processes.
5. To plan the fieldwork logistics.

The livelihoods assessment roadmap in Annex H outlines the steps and tools that were used in the assessment process, training topics, tools and outputs, and report planning.

The Livelihoods Assessment Checklist

The purpose of creating the assessment checklist was to outline the information the assessment team would seek to generate with the communities and guide the questions that would be investigated throughout the PRA exercises with target communities. The checklist also includes columns that define the composition of groups, locations, and the PRA tool used to generate the information. During the initial training session, participants reviewed the list of information being sought and adapted this according to the needs of the program, the stakeholder analysis, and target assessment zones. Following the training sessions on PRA tools and methods, the groups went back to the checklist to identify which PRA tools would be used to collect the information. The assessment checklist is provided in Annex C.

The checklist questions begin with two sections covering the structure and layout of the community, overall livelihood activities, and how the community defines wealth groups. Since the Lesotho team had already identified food security, HIV and AIDS, and gender as three areas they wanted to explore, the checklist included specific sets of questions for these sectors. Gender was integrated throughout the checklist questions and represented in the structure of groups participating in the exercises. Another set of questions

was derived from the IHD User's Guide² and included an analysis of assets, systems and structures, the vulnerability context, and livelihood strategies. The checklist also included a visioning section intended to help communities think about the conditions in the village and the key changes they would like to see in the next five years.

Key Informant Interviews

Key informant interview questionnaires were designed based on samples from past livelihoods assessments and modified as needed during discussions. When possible, key informant interviews were organized in advance. Additional key informants were also suggested once field work had begun. It proved important to maintain some flexibility in the schedule and the number of assessment team members involved in conducting key informant interviews.

PRA and Interviewing Skills

PRA tools are the main methods that CRS uses for generating accurate and up-to-date information on key issues with targeted communities. Competence in the use of these tools is vital for an effective livelihood assessment. The Lesotho team expressed a specific need for training in PRA tools and their use in a livelihoods assessment. A presentation on PRA was thus provided during the initial team training. The CRS PRA manual was also introduced as a more in-depth reference and used to provide descriptions of the suggested tools to use during the field work. Participants then practiced using the tools in the training setting. The key PRA tools presented and practiced included:

- How to ask questions
- Village mapping
- Wealth Ranking
- Venn Diagram
- Transect Walk
- Ranking Exercises
- Problem Tree Analysis

Once participants were familiar with the tools, it was possible to discuss which PRA tool(s) would be the most appropriate for generating the information identified in the checklist.

² *IHD User's Guide*, Catholic Relief Services, year?

Process Guide

The purpose of the Process Guide was to plan the sequence of PRA activities in each community, suggest how villagers would be grouped in terms of group size, gender and age, and guide the organization of assessment team members to conduct the PRA sessions and key informant interviews. The Process Guide also linked each question from the checklist with the PRA tool best suited to generate the information. This helped to ensure that all of the information that was identified as being important in the checklist was generated. The Field Process Guide developed for this assessment is presented in Annex D.

The process guide was developed at the end of the training session when the participants had a full understanding of their objectives and potential methods. They developed the process guide with an expectation that they would spend four full days in each target assessment location conducting the PRA activities with communities. The assessment team used the first two days to generate and analyze information with the community. Day three was used to consolidate information. On day four the assessment team returned to the community to present the findings and observations, discuss questions, and validate the findings. This was followed by the visioning exercise. This schedule was slightly modified during the trip to Mathalaleng because the team was able to consolidate information in the morning of the third day and provide feedback in the afternoon.

Fieldwork

The team decided to assess one urban community and one mountain community, instead of two of each as originally planned. This was due to the lack of available personnel. The team was then expected to use the tools developed to assess an additional urban area as part of the Homes with Urban Gardens (HUG) project, and an additional mountain area as well. This did not happen because several key personnel left CRS before the activities could be undertaken.

During the planning stages of the assessment prior to conducting the fieldwork, the Lesotho team made trips to both Maputsoe and Mathalaleng to meet with District Administrators and Village Chiefs, explain the intentions for the assessment, and ask for their support in mobilizing community members. These meetings also served as an opportunity to identify other important stakeholders and assess the logistical aspects of conducting the assessment in the target villages. The Village Chiefs were asked to organize community members to participate in the fieldwork on the agreed days. The process in

each village began with a general meeting with the Village Chief to gain a broad view of the village's livelihoods activities and systems. The meeting with the Chief in each village was followed by an introductory meeting with the assessment participants. After this initial meeting, additional key informant interviews were held and the agenda and logistics for the PRA were finalized. The team tried to include a broad and representative variety of participants. This was an easy matter in Mathalaleng because there were farmers available to participate during the day. However, in Maputsoe, the variety of participants was more limited because many people were working in factories or other "piece jobs" during the day. The assessment team returned to Maputsoe on a Saturday to meet with factory workers and youth.

As shown in the Field Process Guide, the assessment divided groups by gender when conducting the PRA activities in order to encourage maximum participation and obtain the perspectives of both genders. With a few exceptions, the numbers of community members present were sufficient to accommodate this need; however, there were some exercises for men conducted by women and vice versa. This did not seem to make a significant difference in the responses. Because there were several people on the assessment team that only spoke English, the national staff were also required to translate. This slowed the process in cases where there was only one native Basotho speaker, but did not limit the participation or results of the exercises.

Data Consolidation and Analysis

Each assessment team member kept his or her own process guide and took notes throughout the PRA activities. An effective approach was to have one person facilitate the session, which often included writing on flip chart paper, and another take notes. An additional person would also take notes and ask questions for clarification to maintain the momentum of the discussion. Each team member was responsible for typing the notes that they took for the session or key informant interview. During the evenings and the extra day allotted for analysis, the group discussed the questions and responses from the participant groups and noted similarities, differences, and identified trends and points of particular interest. A presentation of the key findings and observations was then given to the participants. This served as an avenue for asking questions, obtaining additional clarification, and for the assessment participants to ask questions as well.

Final Report

The format for the final report was outlined during the design of the assessment, and follows the IHD conceptual framework and the key focus areas (Food Security, HIV and AIDS, and Gender). Because the data was collected in this format, the analysis and consolidation process was simplified.

Assessment process limitations and recommendations

Throughout the implementation process, the team continually assessed its work. Comments on process limitations and recommendations are summarized in Annex I.

KEY FINDINGS **MAPUTSOE**



Transect walk in Mathalaleng

GEOGRAPHIC DESCRIPTION OF MAPUTSOE LOCATION AND POPULATION

Maputsoe town and the surrounding peri-urban area is the second largest urbanized area in Lesotho with a population of 32,117, located on the Ficksburg border of South Africa in Leribe District, part of the southern lowlands livelihood zone. Maputsoe is located approximately 1.5 hours' drive from Maseru on a tarred road. There are 18 community councils in Leribe District. The assessment was conducted in Ha Nyenya village, approximately four kilometers from Maputsoe town. The Village Chief has jurisdiction over several communities around the assessment location. These communities are represented by two separate community councils.

The surrounding area is characterized by low rolling hills, maize, wheat, sorghum, and livestock grazing fields, and is one of the more fertile areas in Lesotho. It is also one of the more drought-prone areas, with people relying largely on rain-fed agriculture. The peri-urban areas around the center of town are characterized by small 1-2 hectare homesteads, some with gardens, cattle, and small maize plots. There are two dams and a small stream near the dam supplying water to the town and surrounding areas. There is also a small lake with fish that is purported to be contaminated by factory waste. There are several South African and Chinese owned textile factories, which constitute the economic base for the town and surrounding areas. There are also limestone quarries in the area.

Houses are generally built with bricks or stones topped with corrugated iron roofs. Most were constructed during better economic times when many households received remittances from family members working in the mines in South Africa. A smaller percentage of houses are simple adobe with thatch roofing.

Clean drinking water is provided for a fee by the local water authority (WASA), as well as through natural wells. Latrines are also interspersed among houses, and shared by multiple households.

The urban center of Maputsoe is approximately four kilometers from Ha Nyenya village, where the assessment was conducted. Maputsoe has a main street lined with various shops, small grocers, pharmacies, and many roadside vendors. There is a South African owned grain milling company as well. Twenty kilometers away from Maputsoe is the larger Leribe town called Hlotse where there is a medium-size shopping center with a Shoprite grocery store, other shops, medical facilities, etc.

The Ministry of Agriculture has an office and maintains an agricultural resource center in Maputsoe. There are five private and three government primary schools

and four secondary schools. There is one government clinic in Maputsoe town providing HIV and AIDS related services, including VCT, ART and TB treatment services. There is one additional private clinic as well. Basic health care is available only in Maputsoe town proper. There is also a police station with a Child and Gender Protection Unit (CGPU) department in town.

MAJOR LIVELIHOOD ACTIVITIES

Employment in Textile Factories

The economy of Maputsoe is largely supported by foreign owned (mainly South African and Chinese) factories, which employ the majority of people in the area, primarily women. An average factory employs about 800-1,000 workers, but this number varies. The majority of employees are not from the area, but brought in from Maseru where the factories' manufacturing plants are located. The majority of supervisors are also women. This is because women tend to have sewing skills, and in the past men were primarily occupied working in mines. It is mainly younger women who are hired to work in the factories. The Chinese factories reportedly practice age discrimination by not hiring older people. The other factories do not discriminate as much, but prefer younger employees. The minimum legal working age in Lesotho is 16 years old. The interviewees felt that factory workers respected this law although it wasn't widely known, and there was some scepticism regarding it. Note that this view is not supported by the US Department of Labor's report on Lesotho (<http://www.dol.gov/ilab/media/reports/iclp/sweat/lesotho.htm>), which states that "between 5 and 15 percent of the workforce in several of Lesotho's garment factories that export to the United States are children aged 12 to 15."

Skills and education are not factored into salary levels. Likewise, unless there is a job that requires a certain skill, such as sewing, many jobs and promotions are given based on knowing a manager and paying bribes. The men interviewed reported paying bribes of up to M500 (\$50) to get their jobs. The men also indicated that male supervisors have been known to demand sex from women seeking jobs.

Monthly salaries among one small group of factory employees interviewed were between M600 and M800 (approximately \$80 per month or just over \$2 per day). The perception is that men are paid more than women. One woman indicated that a woman might earn M800 (\$80), while a man would earn M840 (\$84). All interviewees, even those with a dual income, reported that the factory income was insufficient to support basic household needs, education fees, and medical expenses, and that they were obliged to supplement their income with other piece

jobs, such as selling fruit and vegetables, sewing, cooking, etc. They also cultivate small vegetable gardens or maize plots to produce for consumption.

The women interviewed indicated they were not able to keep savings. Previously the factory management would pay salaries directly to the workers and upon request, withhold M100 (\$10) per month that was paid out at the end of the year. The factories then opened a bank account that workers draw on monthly, and require that the full salary be withdrawn. The women reported that they did not know they could open their own bank accounts, and feel taken advantage of because they have no place to save money anymore. The assessment team feels this could be a knowledge gap related to changes in Lesotho's laws related to women's rights. Prior to 2006, women in Lesotho were legal minors and a woman was not allowed to take out a loan without her husband's signature.

The women indicated that there were grocery societies where members would pay M50 (\$5) per month, and then at the end of the year it was cashed out. However, there was corruption, and money would frequently disappear. There are no burial societies, but when someone dies, all the workers give between M2-5 (\$.20 - .50) to the colleague who has lost a family member. Workers borrow money from colleagues with some interest, but it is hard to repay debt. The women reported that some people would resign from the factory because they are ashamed to be in so much debt. They resort to stealing food from people's gardens during the day while others work.

Factory workers operate on nine-hour shifts, including a 15-minute break in the morning and a 30-minute lunch break. Workers all reported that the breaks were insufficient as there is not enough time to eat lunch and not enough time for restroom breaks. Workers who come back to the factory floor still chewing may be dismissed. Performance is based on productivity and meeting daily unit targets, i.e. # of units, such as "pockets sewn" or "boxes packed". The workers felt that the targets set are frequently unrealistic. If targets are not met, warning notices are given by the management, and if they consistently fail to meet their daily target, employees may be dismissed and lose their jobs.

The factories also provide some basic medical benefits, as well as HIV and AIDS awareness, VCT, and referrals to ART clinics. Some factories have contracted the Maputsoe hospital to run a clinic inside the factory and others have contracted outside clinics to provide care to employees. Workers who come to work and report not feeling well are generally not allowed to go home; however, if they bring a note from the doctor the next day they are allowed sick leave. One factory was reported to give six weeks of maternity leave, and another, three months.

This was allowed for only the first and second children born. The factory provides clean toilets for men and women, hand washing facilities with soap, as well as clean drinking water in a dispenser.

Interviewees reported that HIV and AIDS prevalence among factory workers is extremely high. One said “most workers are infected”. It was felt that mainly women are infected due to biological reasons. However, the women interviewees reported that it is also mainly women who go for VCT, so there is likely a misperception that many more women are infected. One man interviewed indicated that he would never go for testing because he was too afraid to know his status because he thought he would die, even though he was aware of access to ART. When asked about how he felt if he contracted HIV and passed it to his wife, he indicated that “it wouldn’t matter because I would be dead”. HIV and AIDS awareness training is also provided by clinic nurses, as well as ALAFA, which trains workers to give training. Some training was provided as part of the New Start program implemented by Population Services International (PSI). The women interviewees were knowledgeable about transmission, risk and prevention, including “transmission through blood [and] multiple partners” As to prevention methods they cited “using gloves, avoiding multiple partners, being faithful, and eating a balanced diet if HIV positive,” among other methods. Participants understood that having multiple partners implied having multiple *concurrent* partners.

HIV testing is mandatory if a worker needs to go to a doctor for any reason. Employees are also required to inform the managers about their status so they can access ART. The interviewees did not indicate there was any discrimination on the part of managers. Some people are also eligible for food rations including maize meal, cooking oil, and beans provided at the clinic. The workers were not aware of who provided the ration, but the assessment team confirmed this was through a WFP-funded program. There is little stigma among workers mainly because so many people are infected or impacted and everyone is aware of the realities.

The women also reported that young women who are widowed or away from their husbands turn to prostitution or get a local boyfriend to help support themselves. It is common for men to threaten women with violence and withhold food from them and their children unless given money, sex, etc. Women are also often abused along the road to and from work, especially in the winter when it is darker earlier in the evening. The men reported that many women come looking for work and resort to prostitution around the factories.

Piece work

Many women collect fabric scraps from the factory dumpsters and use them to make patchwork blankets. These women work in a group of ten, and make the equivalent of about M250.00 (\$25) per month each by selling blankets to a group of Sisters, who donate them to a European charity. The women have approached the factory management to inquire if they could establish a formal process to collect the scraps and not have to wait by the dump; however the factory management declined. While this is not enough money to survive in this economy, these women get by on a variety of piecework jobs, and some have small gardens. With little else to cook with, women resort to burning fabric scraps which has a very negative health impact. Women interviewed reported respiratory and eye problems in the village. Other sources of employment include housekeeping and providing laundry services for factory workers and to households across the border in South Africa. There is a metal scrap yard which buys metal scraps from the community. There is also a stone quarry nearby.

Homestead gardening and marketing

Homesteads around Maputsoe are fairly large. People are accustomed to having small gardens and growing maize where possible. The influx of factory workers has also generated a demand and market opportunities for more fruit and vegetable production. As such, the local population is able to sell more produce. However, meeting participants reported that factory workers often asked for credit and often didn't pay.

Other livelihood opportunities

Other livelihood activities discussed included raising chickens, sheep and cattle, and fishing in the small lake nearby. (Participants reported that the lake was contaminated by factory waste and that abandoned deceased babies and aborted fetuses were frequently found there.) The Basotho also find livelihood opportunities with their skills in stone masonry, stone cutting, building, and brick-making using sand from the river. Brewing beer for sale in the household is also very common, and tends to be a women's activity.

WEALTH RANKING

Wealth ranking was conducted by dividing the larger group of participants into two smaller groups of women and men in order to gain insight into the differences in wealth perception by gender. Both groups divided communities into three wealth groups – poor, medium, and rich – with the largest percentage being poor, second largest medium, and the smallest rich. The below tables represent how participants defined each category.

Maputsoe Women's Wealth Ranking Table

POOR	MEDIUM	RICH
<ul style="list-style-type: none"> • No fields • Some have keyhole gardens • Cultivating land for wealthier households • No animals except possibly some village chickens • Housing is made of mud or dung with poor roofing that leaks • Earn income by washing clothes and providing child care for wealthier families in town or in South Africa • Sewing blankets made from factory fabric scraps • Burning fabric for cooking fuel • This category tend to be widows and the elderly • Children in these HH usually only go through primary school, as secondary is too expensive • Families eat mainly <i>papa</i> (thick cooked maize meal) and <i>moroho</i> and seldom meat • Children and adults tend to be less healthy because of poor nutrition 	<ul style="list-style-type: none"> • Have on average 2 fields of 2-3 hectares each • Only 50% of land is cultivated (assumed to be due to lack of inputs) • Agricultural production is still on subsistence basis • Have a few animals • Employed in factories • Children have access to secondary school • People in this group tend to be among the younger adult population 	<ul style="list-style-type: none"> • Have animals and fields of 10 hectares on average • Can afford farm inputs and thus have better yields • Have cars • Can send children to university level education • Eat properly • Wear nice clothes • Can afford to hire labor • Have shops and supermarkets

Maputsoe Men's Wealth Ranking Table

POOR	MEDIUM	RICH
<ul style="list-style-type: none"> • Some may not have land at all • Some may have agricultural land, but no equipment or farming inputs • No source of income and limited skills • Rely on gifts from friends, support group or family members, and don't eat a balanced diet • Some people on ART rely on food aid and get this from the clinic • Children rely on school feeding program • These households also rely in part on community celebrations and funerals to eat • Are never able to meet household needs • Caring for many OVC that is beyond capacity of the household. 	<ul style="list-style-type: none"> • Are able to meet some household needs • Are able to afford some school fees • Some have livestock, but not a full span of four cattle • They eat a balanced diet 2-3 times per day • Have skills useful in the labor market • Employed as factory workers • Employed in various piece jobs, such as selling fruits and vegetables, street vendors, shoe repair, etc. • Caring for many OVC that is beyond capacity of the household. 	<ul style="list-style-type: none"> • Are able to meet all households needs • Have enough agricultural land and inputs, such as tractors to plough land • Own cars and nice clothing for kids and family members • Able to send kids to better schools • Able to hire or create jobs for other community members

The men's group engaged in some discussion regarding whether women or men were more vulnerable. Some men felt that men in general were poorer because the majority of factory workers are women and they have a more stable income. Local job opportunities are also biased towards women because they are more stable, while opportunities for men are more seasonal. For example, more women have sewing skills and can provide housekeeping, babysitting and laundry services, while men rely on working in gardens during the rainy season or planting fields during the planting season. Despite having more stable jobs, participants also noted that women also carry a greater household burden, as many are widowed and are heads of their households. Often women have several children and unplanned pregnancies. Overall, the group felt that the majority of wealthier households were headed by men.

COMMUNITY ASSETS

Natural Assets

Leribe District, the area around Maputsoe, includes some of the most arable land in Lesotho; however lot sizes are small, and land is not always used productively. Participants indicated that farming land was divided up and given away to build houses. There are also natural springs and wells, some protected and others unprotected. The lake nearby is a natural asset; however it has been polluted by factory waste. Among other things, people use it for livestock watering and washing cars. Participants felt this resource was poorly managed and they could not benefit from it. Sand from the Mohokare River is another natural asset that people use to make bricks. Likewise, participants felt that this asset was not managed and people were taking too much.

Physical Assets

People in Maputsoe and the surrounding area have many physical assets. Nearly everyone has a minimum form of shelter and many have a higher standard thanks to investments made when households had remittances from the mines. Villages have access to clean water and latrines. Some houses also have electricity and electronics. Most households have basic assets such as utensils, clothing, etc., although the poor have much less. Other productive assets included animals and materials for weaving, sewing, building, etc. The road leading to the village is tarred, but once off the main road, the dirt roads are in poor condition.

Human Assets

The people of Maputsoe possess many human assets. Nearly everyone has had primary education and many have had secondary as well. The population is literate and has developed skills. Because the land in Lesotho is not as productive as compared to other countries, the people of Lesotho have a history of using skills for income generation, living in a cash economy, and supplementing this with homestead gardening. As such, there is a diversity of skills among the population. The women participants, who were among the poor or medium wealth group, shared that they are skilled in sewing, vegetable gardening, petty trading, and various other piece jobs. Additionally, they are knowledgeable about good health and nutrition practices, HIV prevention, and the importance of these practices for their families. Likewise, the men have skills in farming, livestock raising, stone masonry and building, and various other piece jobs.

Social Assets

The community cited a number of different social assets, including both formal and informal organizations. The two most prominent social groups include PLHIV support groups and burial societies. Several members of PLHIV support groups were present and reported that some projects have provided training. They were very eager to share experiences, talk to the assessment participants about HIV and AIDS, and encourage people to go for VCT. Burial societies are a social savings and insurance mechanism. Burial societies are not all managed the same way; however, there is normally a registration fee and a monthly savings deposit. When there is a death in the family, funds go towards the costs of the funeral.

Women also have savings clubs called *stokvels* where groups save and deposit funds into a formal bank. Some also loan money to other members with interest. Members do not have enough savings or credit, and cannot afford to take loans from formal banks.

During the meeting with the Village Chief, it was reported that there is significant organized crime in the area, which mainly blamed on a gang called the Tycoons. There is an anti-crime group established and the members are known. However, gang members are armed and nothing has been done to effectively stop them from committing armed robberies, rapes, and other violent crimes.

Other social institutions include the private schools, clinics and churches. However, all clinics are in town, overcrowded, and not easily accessible. Participants reported a great need to have a clinic in Ha Nyenye village. There is also an ex-miners association, a mortuary, a tractor association, and an early childhood education center.

The male participants mentioned that the community lacked support groups for the disabled.

In addition to the community meeting, key informants provided a list of associations, NGOs and private sector actors currently working in Maputsoe:

NGO	<p>Lesotho Red Cross Lesotho Planned Parenthood Association (LPPA) TEBA funded program for retrenched miners (PHAMSA) ALAFA Christian Council of Lesotho World Vision International (Kota ADP) CARE Lesotho New Start Centre (VCT) TEBA Trust (former and current miners support group) Phelisanang Bophelong (PLHIV Association) LENEPHWA – Lesotho Network of People Living with HIV and AIDS Hlotse Civic Association Action Aid (mostly at grass-roots, not district level)</p>
ASSOCIATIONS	<p>Grocery associations Burial societies</p>
PRIVATE ORGANIZATIONS	<p>Maputsoe SDA and Maputsoe Filter Clinic Privately owned health centers New Start – HIV and AIDS testing centre</p>
PRIVATE SECTOR	<p>BEDCO Standard Lesotho Bank Metropolitan Insurance Nedbank Telecom – private parastatal WASA – private parastatal Linare Civic Association Lesotho Bank 1999 Ltd Lesotho Chamber of Commerce and Industry</p>
PARASTATALS	<p>Water and Sewerage Authority (WASA) Lesotho Electricity Corporation Lesotho Revenue Authority Institute of Extra-Mural Studies Lesotho Association of Non-Formal Education Lesotho Fund for Community Development (LFCD)</p>

Political Assets

While several social organizations could form the basis for political assets in the community, and there were government representatives that were supposed to represent and support the members of the community, it was apparent that there was a lack of well organized and effective political assets available to protect the vulnerable. It appeared that the community felt that their most important issues were not being effectively addressed by the responsible formal political structures.

While political assets were not investigated as a category of their own, it was apparent from the discussions that took place in regards to “systems and structures” that the vulnerable groups and individuals in the community could benefit from interventions that would strengthen their voice and increase their capacity to lobby for better protection.

Financial Assets

Credit

The poor wealth group had trouble saving money. Any savings usually went toward funerals, which were frequent. In the average wealth group, people borrowed from each other but still did not use banks. There was no mention of microfinance institutions. The wealthy group used the formal banking system.

The assessment team also interviewed the Credit Division Loan Supervisor of Boliba Savings and Credit (BSC) bank located in Maseru, which is a cooperative and is in the process of being licensed as a commercial bank. It was formed to target low-income earners such as government employees, because their pay checks can be deposited directly into BSC. The loan officer felt that clients who use BSC are more traditional and less sophisticated than those who use commercial banks. The management wants to expand services to other districts, although currently cooperative banks are not allowed to operate outside Maseru. BSC has around 100 employees and roughly 50,000 clients, 80-90% of whom are government employees. Three types of accounts are available to clients:

- Savings
- Spiral investment
- Fixed deposit

Working with the Ministry of Education (MoE), BSC has cornered the market on loans for school feeding programs. BSC receives payment from the MoE and extends loans to individuals who want to begin school feeding programs (this is independent from the WFP programs). Prospective clients for these loans need five requirements: (1) contract document with MoE; (2) letter from school principal; (3) letter from chief where person stays (to facilitate collection of repayment if necessary); (4) application letter; and (5) binding form to be sent to MoE for a stamp. The loan is paid out in 3 instalments. The average loan requested by school feeders is M5000-6000 (\$500-600) and ranges from M4000 to M10000 (\$400-1,000).

STRUCTURES AND SYSTEMS

The below table shows some of the key structures in Maputsoe as listed by participants:

INSIDE THE COMMUNITY	Agricultural Resource Center Child and Gender Protection Police Unit (CGPU) Health Clinic Local Councils LTC Morena (Chief) Police Post Office Primary and Secondary Schools WASA
OUTSIDE THE COMMUNITY	District Administrator DMA Lesotho Electric Company Manpower National University Passport Office Technical College

Political and Traditional Leadership

All government structures, such as water and electricity authorities, are supposed to consult the Chief before taking any action. This does not always happen with the police. The men interviewed did not feel the local government helped them; they were reluctant to include their thoughts on the Venn diagram of government structures. The local government boundaries divide the community because there is one Chief, but two district council members. This results in an unequal and biased distribution of resources and services among the people.

Crime, Child Abuse, and Gender-based Violence

Members of the assessment team met with a key informant at the CGPU office to discuss child protection and crime. The CGPU is staffed with three people, female and male, who are responsible for addressing issues of child abuse and gender-based violence. The staff also conducted one public meeting per week, rotating villages, to raise awareness and discuss issues surrounding women's and children's rights, abuse, and what action can be taken. The staffing level is not nearly sufficient to address the number of cases raised. There is a very low level of sensitivity to these issues in the communities. There are also no NGO, government or local organizations providing assistance to victims of domestic violence.

Several key issues negatively affect children and adolescents. Girls ages 14-16 come to seek work in the factories but resort to being sex workers. Many become pregnant

and either abort or abandon their babies in toilets, dumpsters or in the dam. The most common crime is sexual assault of young girls under 15 by older men. There is also significant house breaking, theft and murder, mainly with guns.

Domestic violence is also very common, and largely the result of men beating their wives or female partners. On the day of the interview, five cases were reported before lunch. Violence is blamed mainly on low incomes, drug and alcohol abuse, prostitution, and multiple concurrent partners.

The police processes cases and tries to ensure that male officers deal with male perpetrators. Three warnings are usually given before a charge of domestic violence is made. The warning often results in a worse offense the next time, which deters women from pressing charges. Charges are rarely made unless the person suffers grievous bodily harm or dies as a result of the violence. When charges are made, the accused is brought into police custody while waiting for a court hearing. However, because women often need income, they frequently drop charges so their husbands can continue to work. The cases that do make it to court usually end in a jail sentence.

OVC are also frequent victims of crime, although the level of reporting is very low. The informant indicated that children are paid to not report violent attacks. Often a neighbor will report cases of abuse or abandonment. Children are also lured into being trafficked to South Africa through promises of work, phones, money, etc. This is not a large problem, but the officer reported that it happens regularly.

Education

There are five private and three government primary schools, and four secondary schools. Primary education, including books, is free. Primary schools are not all within close proximity of the village; one parent indicated that her children walk five kilometers each way to get to and from school. Although primary education is provided free through the government, a typical private primary school costs M300 (\$30) per month. All participants reported that the majority of children finish primary school, but the poorest wealth group does not have enough money for secondary school fees, which are about M2,000 (\$200) per year. Clean drinking water and separate toilets and hand-washing facilities for girls and boys are provided in schools.³

The men reported that some teachers use violence such as whipping to discipline children. Parents complain, but no action is taken. Kids can also be expelled for not

³ It is worth noting that primary education from Stanard 1- 7 is free but the quality is usually questioned by parents. Private schools are usually preferred by those who can afford it.

having supplies such as pens, even though pens are supposed to be supplied by the government. The men's group also reported that government-managed school feeding programs do not support the poorest group because the poorest cannot meet certain requirements.

The assessment team also interviewed five teachers (four female and one male) and the assistant principal from the Lesotho Evangelical Church (LEC) school. The LEC school employs ten teachers (eight female, two male) and has 525 students. In this parish area, there are two LEC primary schools, and one LEC secondary school. All teachers have received formal government teacher training.

In the peri-urban areas, boys are still withdrawn from school at age 16 for six months to go to initiation school, and then return to formal schools. Some boys take on herding as well, although this is not a major challenge as they can go to school during the day and herd animals in the evening. Girls are required to do housework after school, which makes them tired and could contribute to poor performance in school. There are more girls enrolled than boys, which de-motivates boys. There are over 150 orphans in the school, and most have lost both parents. They come to school dirty and hungry and do not perform as well.

The government does not provide enough materials and supplies for all students, and students have to share exercise books. Some but not all teachers have guides for their courses. The key informants agreed that there were separate toilets for boys and girls, but they are not in good condition and there is no money to fix them. The government provides an extra tent for classroom space, but it is old and torn. The church is also used for classroom space, although there are no desks.

Students are well aware of HIV and AIDS because teachers provide awareness building and teach prevention approaches. There is a first aid kit in the school, but no gloves. One negative practice mentioned is called "playing house" and "sleeping time". Parents send children to another room, and older kids between 8-9 years old teach the younger kids to do sexual acts. The teachers interviewed indicated that they try to tell kids not to do this, but it is hard because the parents are teaching this to their own children.

The teachers also reported that there is a high incidence of child rape by boys who hide in the bushes and attack girls who walk to and from school. People report rape to the police and bring victims to the hospital. There was one case where a girl was raped by a boy student outside the school. The families were brought in to discuss what had happened, and the boy's family paid for the girl to go to the clinic. However, the boy remained in school.

Health Services

There is one government clinic in Maputsoe town providing HIV and AIDS related services, including VCT, ART and TB treatment services. There is one additional private clinic as well. Women reported that mainly women go to the clinic. Men are reluctant to go, even if they are dying. Men and women were in agreement on this.

The main illnesses in the community are TB, HIV and AIDS, high blood pressure, diabetes, diarrhea, chicken pox, asthma, arthritis, foot problems, eye problems and allergies. Men also cited other sexually transmitted illnesses (STIs). Many women are diabetic, often leading to blindness. All participants in the women's group were knowledgeable about vaccinations and indicated that all children receive standard vaccinations, even in the poorest wealth group. Men reported that the clinic was close, so although the services are poor, they go anyway. If people are very sick, they hire a car and go to the hospital because there is a doctor there.

The assessment team also visited the Maputsoe Adventist Clinic and talked to one of the clinicians. The clinic is staffed by one nurse clinician, two registered nurses, and a doctor who comes in on Mondays. ART and adherence services are provided on Tuesdays, and ultrasounds for pregnant women are done on Wednesdays. Other services provided almost every day include the ante natal clinic (ANC), which includes PMTCT; Under 5s Clinic, which provides immunizations, growth monitoring and post-natal care; family planning; ART; VCT; and TB. Community Health Workers (CHWs) meet monthly and receive trainings on a monthly basis.

Water and Sanitation

The women demonstrated knowledge of water and sanitation issues, the need for clean water, and how to treat water. The two primary treatment methods cited included boiling and treating with bleach. The women did not describe how they kept water transport and storage containers clean, nor did they mention hand washing as a standard practice, although they acknowledged it is when it was brought up in discussion. They reported that diarrhea was very common among children. Only half of the women said that they regularly used sound water and sanitation behaviors even though all were familiar with them. The women who did not practice good behaviors indicated that sometimes they do not have the means to treat water because of lack of fuel or electricity for boiling, and/or insufficient money.

The men's group talked about the dam, which, although polluted, is used for watering fields and animals. Animals sometimes get sick, but when the river dries up there is no other choice. Drinking water is available through WASA metered taps. The tap installation per household costs M 3,000 (\$300), and consumption is M20 (\$2) per cubic meter; a household may use up to 100 liters per day. Not

all households can afford to put a tap in the house, so people share. The water sometimes runs short, but it is always clean.

VULNERABILITY CONTEXT AND COPING STRATEGIES

The women’s group discussed the primary vulnerabilities in the community, as well as opportunities they had at their disposal to increase resiliency. The group interviewed was primarily older women taking care of children, with few younger adults present, and they felt it was too late for them to become literate.

VULNERABILITIES	COPING STRATEGIES
<ul style="list-style-type: none"> Lack of employment opportunities 	<ul style="list-style-type: none"> Invest in raising pigs and chickens Plant trees to prevent <i>dongas</i> (erosion gullies) Form more community groups, such as for animal husbandry, sewing, and knitting, so that the division of labor is maximized, and diverse skills are brought to the group
<ul style="list-style-type: none"> Illiteracy 	<ul style="list-style-type: none"> Call on literate people to help when needed Try to access government funds for education
<ul style="list-style-type: none"> Lack of knowledge and skills for vocational activities, such as sewing 	<ul style="list-style-type: none"> Learn from each other. There were women in the group of participants that offered to teach others how to sew.
<ul style="list-style-type: none"> Illness, disability, and malnourishment 	<ul style="list-style-type: none"> Purchase more vegetables Encourage more doctor visits to diagnose and treat problems Build and train more people on how to build keyhole gardens because they can resist drought
<ul style="list-style-type: none"> Lack of improved seeds 	<ul style="list-style-type: none"> Make contributions to buy seeds

The men’s group indicated that most of the community members are unemployed, which makes it difficult for them to get out of poverty. In addition to the fact that there are no resources available (start-up capital or skills/expertise to start income generating activities), the community is consistently challenged by unfavorable weather conditions such as drought which make their coping strategies even more vulnerable. They also said that even when they start to form small community-based organizations (CBOs), they do not last because the members of the CBOs are not trustworthy.

Some opportunities discussed included cleaning the dam and stocking it with fish, and creating micro jobs for men with the government, such as building

bridges and repairing roads. Men prefer to be hired individually, and do not tend to form groups.

Other vulnerabilities discussed with men and women together include the issues of theft, housebreaking and robberies, as well as chronic drought that impacts the poorest families.

FOOD SECURITY

As shown in the wealth ranking tables earlier in this report, wealth is a key factor in food security, e.g. availability, access, and utilization of food. The women stated that the poorest families in the peri-urban area around Maputsoe town are landless and unemployed, have very small plots, or provide labor on other people's land in exchange for food or cash. Households in the poor wealth group consume mainly maize, beans, and *moroho* (leafy green vegetable) and eat two times per day. Since many are landless, they tend to purchase food in small quantities in local shops. They also purchase flour, sugar, tea, and salt. The shops in Maputsoe town are cheaper than in the village. They do not eat meat on a regular basis, but sometimes have village chicken or chicken intestines. They also eat meat during funerals, which are nearly every weekend. Outside meals are purchased from roadside shops. These shops do not offer credit, but people borrow from neighbors or exchange different food products. Some people dry excess fruits such as peaches for consumption, but also bring them to the market when possible.

Some PLHIV access WFP rations from the ART clinic, but the community was not fully aware of the criteria, and felt that there were many people in the poor wealth group on ART that did not have access to food rations but should qualify. People who have received food aid in the past were also taught how to make keyhole gardens.

The average wealth group grows maize, beans, sorghum, wheat and *moroho*, and eats three times per day. The women who worked in the factories, most of whom fall in to the medium wealth category, said most food is purchased from the shops. This group generally rents out rooms and does not have access to land for cultivation. Renters are forced to move often because landlords increase rents. Consequently, they cannot invest in a keyhole garden. Additionally, security threats such as housebreaking and theft are a deterrent for this group to invest in gardens because their assets are left unprotected while they are working in the factories.

Both groups sell crops to factory workers or in the market, when and if there is a surplus. The average family consumes about 12.5 kgs of *papa* per week which costs about M 48 (\$4.80). Food produced from the homestead usually lasts for about two months. Some households are able to preserve vegetables by pickling or drying.

The most difficult months are when there is no work to do for wealthier households and the surplus has run out. There are times when families go without food or little food. During these times, all groups reported that children eat first, elders second, husbands third, and women last. Although this group is still in the medium wealth group, they are still vulnerable and not far above the food insecurity threshold.

The key informant interview with the Agriculture Extension Officer identified many programs and services provided. This helped confirm and enhance much of what the community shared. The Ministry of Agriculture (MoA) has a number of programs, including various trainings on gardening, guidance on winter cropping, training on seeds, and conservation farming, as well as nutrition and hygiene. The crops promoted are maize, wheat, and beans. Training has also been provided on irrigation, with limited success, because people (even in the wealthier group) are afraid equipment will be stolen. Yet just over the border in South Africa, within sight, there are irrigated, productive fields.



MOA Rep

Ongoing block farming programs aimed at increasing production have been organized over the past couple of years. Large land owners have been asked to lease out 50 acre lots for cultivation. The Lesotho Standard Bank provided loans for seeds and inputs for smaller farmers. Farmers obtain about 14-70 kg bags of maize per acre. Some poorer farmers were given a 30% subsidy for the inputs. There are four different schemes, and the total funding for the program is M45 million (\$4.5 million). Overall, the Extension Officer said the rate of loan repayment was not very good, but the program is still ongoing. This program was not designed for the poorest farmers, but some people in the medium wealth group can participate. None of the people interviewed in the village cited this program.

Several constraints to agricultural production and marketing were discussed. As mentioned above, there is very little irrigation despite the fact that there are streams, rivers, and a lake nearby. People are afraid to invest in equipment because of theft. Weather patterns are erratic, so dependence on rain-fed agriculture is not effective. Due to insufficient income, the poorer farmers do not have access to farm inputs, such as tools, improved seeds and fertilizers, equipment, and storage. The government rents out tractors at a lower cost than private owners. However, there are not enough tractors, and people frequently have to wait.

Last year, seed and fertilizer were donated by the Government of Japan, but then sold at a lower than market price by the MoA. This program was not targeted at poorer farmers, but at everyone. Consequently, even the wealthier farmers could purchase subsidized inputs which undercut the existing private sector suppliers and market systems. Additionally, the MoA did not notify farmers about the program in time and so many planted late.

The Extension Officer indicated that production has dropped due to HIV and AIDS and the resulting decline in the labor force. When parents pass away, the children often do not keep farming, and fields are left uncultivated. She also mentioned there is an increase in consumption of spinach, carrots, and beetroot. People also dry fruits and vegetables. Dryers are available for M300-400 (\$30-\$40). On the subject of HIV and AIDS awareness, the Officer said people have knowledge of HIV.

There are good marketing opportunities in South Africa, but the quality of products from Lesotho is inferior, and most farmers cannot afford the cost of transport. The market for staples sold within Lesotho is small because so much high quality and cheaper product is produced in South Africa and imported. There are good market opportunities for vegetables.

HIV AND AIDS

With the average HIV prevalence rate currently at 24% in Lesotho, the impact of HIV and AIDS has permeated society at all levels. The prevalence rate in Maputsoe is estimated at 30 percent⁴. HIV was addressed in every exercise of the PRA during the livelihoods assessment and in both men's and women's groups.

The root social causes of HIV cited by women participants include, among others: rape; the increase in commercial sex workers and multiple concurrent partners due to the factories; lack of knowledge; overpopulation; immigration; and underemployment. A group of men indicated that because there are so many women in the factories and only a few men, the women are "loose." It was also cited that girls aborting babies was unclean, and causes STIs. Additionally, participants cited the cultural practice of men having sexual intercourse with widowed women still in mourning. Also, there are still people who do not believe HIV and AIDS exists. Key informants also noted that men do not attend HIV and AIDS awareness campaigns and do not get tested.

The men's group felt that the medium wealth group had a higher HIV prevalence rate because many are young adults working at the factories and tend to have multiple partners. Factory workers also have money, so it is easy for them to pay for sex. They also indicated that this group has a great deal of knowledge about HIV and AIDS, but they do not want to change their behavior. The men simultaneously felt that poorer households were more affected because they have less money and turn to prostitution for income or in exchange for food. The wealthy group also uses personal status and money to pay for sex with more vulnerable people.

⁴ Lesotho Disaster Management Authority, Lesotho Vulnerability Assessment Committee, and the UN World Food Programme, *Vulnerability and Food Insecurity in Urban Areas of Lesotho*, August 2008, pg.4.

Although it is perceived that more women are infected, this could be due to the fact that men do not get tested.

Participants are aware of prevention methods and cited the following practices, among others: being faithful to one's partner, not reusing sharp objects, and building awareness and resilience in young girls. The groups talked about forming new HIV and AIDS support groups and strengthening existing groups, promoting openness about HIV and AIDS and reducing stigma. Additionally, they said the age limit for buying alcohol should be monitored more closely.

Participants were also well aware of the impacts and cited the following: prolonged illness and death, loss of assets and increased poverty, increased number of orphans, divorce, theft and crime, and hatred.

Participants did not cite any NGOs currently working in the community on this issue, with the exception of food provided to some ART patients. However, key informant interviews revealed that WFP provides food rations, and PSI also conducts mobile VCT and sensitization in communities. Mothers To Mothers provides PMTCT support.

The LEC clinic currently provides care and treatment to 2,502 people living with HIV (PLHIV), of which 790 are on ART. More women than men get tested and are on ART. Lost to Follow Up (LTFU) is an issue, but clinics lack the staff to track and locate those who default. Factory workers often default because they are afraid they will lose their job if their status becomes known. (There is disagreement on this issue with the few factory workers interviewed.) Food is also a problem for those on ART. Efforts are made for people in need to receive WFP or EGPAF rations. Plumpy-Nut was also provided for awhile, but this stopped.

The assessment team also met with two counselors at the government ART clinic, supported by EGPAF. The clinic was extremely overcrowded, and both counselors reported that the patient load was still increasing. The patient records were not available, but they estimated the clinic served about 2,500 people. The clinic was in good condition and had supplies. The counselors saw between 5-8 patients per day for VCT, and also went to households for follow up on adherence. During these visits they encouraged other family members to come in for VCT. These counselors also visited the factories once per week, although they stopped temporarily due to funding constraints. The counselors also participated in other community awareness building activities such as the Know Your Status (KYS) initiative. These counselors thought stigma and traditional beliefs were disappearing because so many people are infected. However, interviews with participants raised some questions on this issue.

Orphans and Vulnerable Children

All wealth groups reported having OVC. Most households have around four. The poorest families carry the greatest burden and challenge in caring for OVC.

My name is Malikenkeng Magdalena, and I am HIV positive. My husband died in 2002 and my daughter in 2003, both from HIV related diseases. I now live with my sons. I realized my husband was sick when he had a rash that appeared around his stomach. I then realized my daughter was sick as well. I then became sick with the same rash. When this happened I decided that I needed to know my status. I was inspired by a program called New Start and encouraged to hear other people talking about their status. It was on November 1st 2004 that I learned I was HIV+. First my CD4 was 438 and then it went to 665. I joined an HIV support group, and when my CD4 count was in the 300s, I started taking ARVs. This was December 2007. I access ARVs from the Tsepong government clinic in Leribe once a month. I also receive a WFP household food ration of five kgs of pulses and fish oil. It costs me about M20 (\$2) for transport to and from the clinic. I have not had any problem accessing drugs, or had any other complications.

I joined the campaign *Rua Tsebo Uphele Halelele (Know Your Status and Live Long)*. I am known as *Malikhomo*, meaning “Mother to a Cow”. In Basotho culture, cows are sacred and are sacrificed in many ceremonies. They bring good things in life. Now that I am healthy, I help with awareness building and outreach activities for the community. I encourage everyone to get tested and know their status. I have convinced one of my sons and his wife to get tested. They were both negative. My other son still refuses, and now I see he is losing weight.



Many people are infected with HIV, and the problem is that they fear what will happen to them, so they don't go to get tested. Access to treatment is not easy for everyone in the community because of transport costs. Despite this, there are more people going now, but mainly women. Sick people are also transported in a wheel barrow because they have become too weak to walk, and some families do not have enough money for public transport. My wish is to have a health clinic right in the village so all people can have access, and so more people will go for testing.

I felt pain when my daughter and husband died, but I am not harboring any anger. My husband and daughter did not have treatment at the clinic. My daughter suffered from a sudden stroke and died. Behavior change will come when people have better jobs and more money. This will stop men from sleeping around. This will also help stop violence and men from beating their wives.

My name is Mamopenyenye. It was in the year 2000 that I saw a lot of people getting sick and dying. My daughter got sick and then died. I got sick after my daughter's death. I got a cold and started losing weight. Some people came to talk to me about HIV and AIDS, and were asking for volunteers to be members of a support group called New Start. They were promoting VCT. I tested and learned I was HIV positive in 2003.

I was referred to the clinic to check my CD4 count – it was 170. I then started taking ART and regaining strength. I am no longer that sick, even if I catch a cold. After I received the results I told my family about my status. My family was scared. Last year, another daughter died, and she was also HIV positive. My last daughter was not working, and had a child who died after eight months. I don't know if her child was HIV positive because children are not tested. I now live with my nephew, my sister, and they all know my status.

Since I started taking ARVs I never feel so sick that I can't go to the clinic. I'm healthy and I earn money sewing patchwork blankets from the factory cloth scraps. This provides some income, but sometimes

instead of throwing the scraps, the factory burns them. We have requested as a group that we be able to come pick up the scraps from the factory, but the managers have refused.



Currently many women sew blankets and we sell them to a group of nuns who donates them abroad. I earn about M 250 (\$25) for one blanket per month, and collectively the group makes about ten blankets per month. About five women in our support group are also growing seedlings of anti-erosion trees (leoka) provided by the Ministry of Agriculture during a training. The trees are used mainly to reinforce embankments and erosion gullies. We have planted over 1,000 seedlings. We don't have a detailed plan for selling the seedlings, but I think I can get M15 (\$1.50) or M20 (\$2.00) per seedling.

GENDER

Daily activities for men and women

The women's group related that they have more work than men. The women interviewed represented those that stay at home and do other pieces of work to earn income. It should be noted that the factory workers reported having to do many of the same activities, but also work full time away from the homestead. In the morning they prepare food for household members, prepare kids for school and then later on they are busy with other household chores such as cleaning the dishes and the house. Then during midday they go out to wash the clothes and immediately after they start preparing dinner for all members of the household and go to sleep. They acknowledged that men also work in the garden, but not as much. The table below shows the women's daily schedule:

TIME	ACTIVITY	DURATION
5am	Wake up (4am if one is going to the fields)	
	Wash and prepare food	1 hr
6am	Get children ready for school	30 minutes – 1hr
7am	Clean house	1.5 hrs
	Do laundry	2 hrs
11am/ 12pm	Other activities: sewing, gardening, going to the rubbish dump	4 hrs
12pm	Return from the fields to clean house, do laundry, and other activities etc	
4pm	Collect water	10 minutes
	Cook supper	1hr
6pm	Children eat, wash and do homework	
	Wash dishes, ironing	1.5 hrs
8/9pm	Bedtime	

The men's group did not prepare a detailed timetable of activities although they explained that usually when they wake up in the morning they check around the homestead to see if any property was stolen. They then go eat breakfast prepared by their wives. Afterwards they work in the gardens and fields, or go

look for piece work elsewhere. Field work is seasonal. In the winter they harvest fields, and in the planting season they are engaged in plowing and planting fields. On Fridays they work at the cemeteries digging graves to prepare for funerals. Daily activities are also seasonal.

Access and control of financial resources

The women interviewed had varying responses to how money is earned and managed in the household. There are many women who are the primary income earners because they are employed in the factories. Both the male and female factory workers indicated that men are paid more than women for the same job. They are allowed to keep their money, but give it to men when they ask for it because if they don't, they are afraid of being beaten. They also believe that if they give husbands and boyfriends money, they will not sleep around as much. As a rule and as per tradition in households where women are not the primary income earners, men usually keep 70% of the money they earn, and give 30% to the household. They are responsible for administering the money and making all major purchases in consultation with the wife, but can use some money without consultation. Women have to ask for money from men. The bank ownership depends on who earns money and who opened the account. It could be either the man or woman.

Physical Assets

Most assets are still registered in the husband's name, including land, animals, and the house, because the Legal Capacity Act for Married Persons empowering women was not enacted until 2006. Some furniture may belong to the wife, but this depends on who bought it. Parents are free to choose who inherits property. If a parent dies without deciding, then the children get to decide, in which case men often say that women do not need to inherit because they are married. Widows inherit their husband's property. According to traditional law, only boys are entitled to inheritance of household property; however, the men felt that inheritance should be based on how helpful the person was to the household. If a girl is the breadwinner, then she should also be granted an opportunity to inherit her parent's property.

There was little or no knowledge of the Legal Capacity Act for Married Persons. The men's group felt this law was imposed on them, and that "God created man first as the head of the family, and therefore women can never be equal to men." They used to be able to make decisions on their own without consulting their wives, but now they cannot. Likewise, in the past women had to ask permission from men to access land, but now they can own it without any approval. The

men's group was not happy about this change because they are accustomed to being consulted.

Household Activities

Household activities are done jointly. This includes gardening, feeding the animals, and taking children to school. In households where they can grow staple crops, this is done by men while women grow vegetables. Some women mentioned that some men do laundry. The men reported the traditional roles: women bear children, cook, clean, and do household chores, while men bring in the income, provide security to the household, and are responsible for the maintenance of assets and making the larger decisions.

Conflict

Cases of violence and conflict can be reported to family members. If it is not resolved at that time, the case will go to the chief and then the police. The women said the Relations Department is responsible for mediation, but not the Child and Gender Protection Unit (CGPU). The police often say they do not want to intervene in family matters, and that the family should resolve the conflict. The women indicated that one can run back to their parents, go to the children, or stay inside the house when there is conflict. Neighbors do not tend to interfere when there is conflict since people do not want them to know what is going on. There is also no community support for abused women. Women additionally said that if they report their husbands to the police, the men are beaten. When they come home again, the situation is even worse. The men's group reported an increase in divorce, and that the relationships between women and men are deteriorating.

HIV and AIDS

More women are reported to be infected than men. This is at least partly because men do not want to know their HIV status and do not participate in any awareness building activities. Women tend to be blamed when there is any illness in the family. If a younger woman is in love with an older man and they get sick, the illness will be blamed on the woman.

Most representatives within the government and on the council are men because men don't believe women are capable. This was reported by the men and the Chief. There are no female employees within the administrative offices.

VISIONING

At the end of each group meeting and key informant interview the assessment team asked people to talk about what they envision for their communities. The table below shows the results for Maputsoe:

PARTICIPANTS	VISION
Women factory workers	<ul style="list-style-type: none"> • Cheaper child care • Increased salaries • More time for lunch • Shorter hours during the winter so they can come and go safely to work during daylight hours and not have to come and go in the dark • Maternity leave longer than six weeks • Being allowed to be late for work more than four times without being fired
Women's group in the village	<ul style="list-style-type: none"> • To be self sufficient - especially food self sufficient • Good roads in the village • Clean water from WASA in their homes • Market for pigs and chickens • A community hall • Schools for the disabled • Technical schools for home economics • A clean village and farm owners taking responsibility for chemicals that flow into natural wells • Electricity in their homes and street lights • A mortuary • More clinics
Chief and his Advisors	<ul style="list-style-type: none"> • More agricultural activities, such as raising pigs • Less drinking among men so they can be more productive • More community groups functioning • Monetary assistance for IGAs • Clean-up, monitoring, and protection of the dam so the community can benefit from it
Key informant from the CGPU	<ul style="list-style-type: none"> • A halfway house for children, mainly OVC and female victims of violence • More counseling services available for victims of violence • Programs that would help children re-enter school • Behavior change programs targeted at men who are the primary perpetrators of these crimes
Extension Officer from the Ministry of Agriculture	<ul style="list-style-type: none"> • Capable farmers producing in bulk, so they can help smaller farmers provide food for the southern district • Better market systems and infrastructure • Empty fields need to be cultivated
Teachers	<ul style="list-style-type: none"> • Higher literacy rate • Women can come together to form organizations for weaving, dressmaking, and baking • Jobs for Basotho so that they have money

CONCLUSIONS AND RECOMMENDATIONS

The table below summarizes the key gaps and opportunities proposed by the community member of Maputsoe, as well as other programming recommendations based on the discussion and analysis between the assessment team members.

GAPS	RECOMMENDATIONS
Employment and IGAs	
<p>Insufficient employment opportunities and vocational training opportunities</p>	<ul style="list-style-type: none"> • Further explore this issue. There are more employment opportunities here than in other places given the presence of the factories. However, more could be done to explore the various vocations and market for these skills; at the same time, explore identifying training opportunities and strengthening community producer groups. • Businesses and interests cited by participants include: water bottling, marketing fruits and vegetables, drying fruits and vegetables, sewing, laundry services and housekeeping, brick making and building, fishing, transportation. • Promote the CRS multiple skill set approach, such as Group organization, Savings and Internal Lending Communities (SILC), Business management skills, innovation, and NRM. This entails increasing partner and CRS staff capacity, looking for opportunities for other technical partners, and training institutions
<p>Workers' conditions in the factories: hiring practices and corruption, more on the job training, working hours and overtime compensation, and lack of knowledge on the legal parameters in Lesotho</p>	<ul style="list-style-type: none"> • Explore collaboration with ALAFA • Explore how to strengthen union management and address issues raised • Increase knowledge and promotion of workers' rights. • Address issues of HIV in the workplace and associated policies • Further explore situation on child labor in the factories
Agriculture	
<p>Limited income for farm inputs</p>	<ul style="list-style-type: none"> • Promote multiple skill sets for farmer groups • Explore opportunities for input supply chains • Explore partnership with Boliba bank to increase financial products for Small and Medium Enterprises • Work with MoA to develop programs for the poorer farmers
<p>Limited access to markets</p>	<ul style="list-style-type: none"> • Promote agro-enterprise approaches, including training, and all steps of AE, e.g. market identification, value chain analysis, input supply chain analysis and strengthening; business planning; quality control; etc. • Build on SPPEED project • Explore how to change the mindset from producing for consumption to market-led agriculture • Explore how more structures and local markets could function and benefit people • Train agricultural workers on food storage

continued

Education	
<ul style="list-style-type: none"> • Poorer wealth groups have limited access to secondary school for economic and proximity reasons • Issues of GBV in schools 	<ul style="list-style-type: none"> • Explore possibilities for radio-based education programs for out-of-school youth in partnership with Catholic radio stations, including basic education and civic education to prevent herd boys from raping and abducting girls; explore MOE protocols; explore how to mobilize and engage herd boys; consider what incentives could be used; consider working with Lesotho Association of Non-Formal Education (LANFE) • Resource exchanges with high schools and incentive/income generating programs to send kids to high school • Explore the idea of introducing a rights and responsibilities curriculum that would focus on these issues • Work with parent and youth groups on GBV issues
Health, Nutrition, Water and Sanitation	
<ul style="list-style-type: none"> • People are aware of the need for a balanced diet, but many are not aware of the sources, and can't afford to either raise livestock or purchase meat or other protein • Water supply systems are not adequate to provide full coverage access for the population. Hand washing is not regularly practiced. Point of use water treatment knowledge and practices are also not regularly applied. • Men are less inclined or not interested in going to the clinics for any type of care. People feel that clinics are too far away and/or overcrowded. 	<ul style="list-style-type: none"> • Work with MOA on programs that promote agriculture for health, such as homestead gardening and supporting interest groups focused on nutrition and dietary diversity, such as mother-to-mother programs. • Explore community and under-5 clinic partnerships to see what is missing at community level and what kinds of groups would be the most appropriate. Ensure integrated approach linking agriculture, health, nutrition, and support groups • Explore various approaches for multiple uses of water, water sanitation, and hygiene behavior improvements such as Participatory, Hygiene, and Sanitation Transformation (PHAST) or Community-Led Total Sanitation (CLTS) approaches. Collaborate with the Ministry of NR and WASA to meet WatSan standards, etc. • Explore partnerships with MOH and other health partners to address gaps in access to health care
Social Cohesion	
<ul style="list-style-type: none"> • <i>Matsema</i> – the idea that people can work together to address social and economic issues and problems – seems to be fading. People are now less inclined to work in groups • Larger populations from other areas lead to less community trust and cohesion • There are no established practices of savings groups and mechanisms • The Tycoon gang is a big issue 	<ul style="list-style-type: none"> • Ensure that the promotion of groups includes the principle of self selection; and emphasis on security systems for managing and keeping cash • Revitalize Matsema by working with local leaders and traditional values • Use existing materials from MOVE to promote Matsema • Forge stronger partnership with crime fighting initiatives and organizations; Anti-Corruption Unit (an independent unit); Special Support Unit (SSU) within police and military; Special Operations Unit (SOU) within police

Gender

- Lack of knowledge and understanding of the Legal Capacity of Married Persons Act of 2006
- Risk of violence when walking in rural areas for girls and women – rape and abduction by herd boys
- Abuse and violence in the home and other places
- Limited livelihoods strategies for women

- Exploration of gender roles, responsibilities, and rights
- Awareness building
- Focus on youth as target group
- Collaboration with Association of Women Lawyers (FIDA) and CGPU to increase awareness and address cases of GBV
- Strengthen community outreach capabilities of existing systems and structures
- Explore strategies that support interventions for prevention, protection, and prosecution for GBV
- Strengthen community outreach capabilities of existing systems and structures
- Assess how the gender division of labor and patterns of decision-making affect program activities
- Promote understanding of the different needs, priorities and strengths of women/ girls and men/boys
- Develop strategies to address the barriers and constraints to women and men participating and benefiting equally from the project work
- Focus on SILC for women and other livelihoods groups
- Forge stronger partnership with crime fighting/horse racing societies
- Establish local justice and peace groups

HIV and AIDS

- VCT and health clinic utilization by men is much less than by women
- People not applying HIV preventative knowledge and education to behaviours
- Having multiple concurrent partners is more of a felt need than adopting preventative behaviours
- Denial
- Women fear that their spouses will leave them or become violent, so they tolerate husbands having other partners
- Fatalistic mentality
- Need for new approaches to change behaviour
- Complacency with ARVs more widely available: people continue risky behavior and say they will go on drugs if they are infected with HIV.

- Promote men’s forums for HIV awareness, prevention, VCT, care, and treatment
- Engage PLHIV in promoting awareness and adoption of recommended practices
- Work with community to design and create meaningful messages and mechanisms, e.g. promote local art projects such as rock painting and murals to build awareness
- Explore new and more effective interventions, messages, advertising, and incentives to bring behavior change and rights based approaches to HIV prevention, care and treatment. Think outside the box.
- Promote positive living and life skills education
- Increase collaboration with other programs, through round-table discussions (NAC, One Love, New Start, PLHIV and other stakeholders, etc.)
- Support and strengthen HIV/AIDS curriculum in schools through teacher training, etc.
- HIV Modules in multi-skillset farmer group training
- Explore possibilities for radio-based awareness and prevention education programs
- Work with factory management and ALAFA to address the issues raised by discussants in regards to HIV and AIDS as described in the preceding section on “Major Livelihoods Activities”, sub-section “Employment in Textile Factories”

KEY FINDINGS MATHALALENG



Wealth ranking in Mathalaleng

GEOGRAPHIC DESCRIPTION OF MATHALALENG LOCATION AND POPULATION

Mathalaleng is the name of an area comprised of 22 various-sized villages ranging from six to 70 households, with a total of around 1,200 households. The area is mountainous with little flat land, although enough exists to provide an airstrip for small planes. Most mountainsides are rock-strewn, somewhat terraced, and either under cultivation or serving as pasture for cattle, sheep and goats. Cattle posts, which are visible from the settlements, serve the herd-boys when they are out with livestock for months at a time.

Mathalaleng is a 5 to 5.5 hour drive and approximately 150 km from Maseru by road. The road is tarred for the first two hours out of Maseru and of good quality gravel most of the remaining distance. The final hour into Mathalaleng plunges down from the ridge-top via a number of switchbacks and requires four-wheel drive. Inclement weather creates considerable challenges for vehicles either entering or leaving the area. Going to Mantsunyane (the nearest town) on horseback takes two to three hours, and to Thaba-Tseka town seven hours. There are 4WD vans and other private vehicles that provide transport for various rates.

A river courses through its valley and many natural springs emerge from the mountainsides. Homes are usually round, thatched and made of the abundant local stone. VIP latrines are visible throughout Mathalaleng, with communal water taps sited intermittently. The area is not on the electricity grid and there are few generators.

At the time of the assessment, visible activity ranged from people tending their crops, laborers plowing their fields with draft animals, people threshing their wheat on natural flat rock outcroppings, and others criss-crossing the mountainsides on foot or horseback. During the six-day visit, it rained only once, but it drove everyone indoors or to the best shelters people could find.

Mathalaleng has one clinic compound, three churches which house the area's primary schools, an airstrip, a grinding mill about one hour's walk from the village center, and a row of three shops. Small vegetable gardens are grown by the houses, while the fields of maize and wheat are the most easily identifiable surrounding all the villages that comprise this area.

One of the men's mapping exercises added more community information. Most households (HHs) have about eight members. Formal employment is very low in the villages and is characterized by the following:

- Neither Thakhalle (13 HHs) nor Lintate (30 HHs) has any formally employed members.
- Matebeleng has 30 HHs with one person working.
- Ntsirele (30 HHs) and Moreneng (50 HHs) each have two people employed.
- Shoella (30 HHs) and Botho-pelo (20 HHs) each have three people employed.

MAJOR LIVELIHOOD ACTIVITIES

The primary livelihoods activities of Mathalaleng are agriculture and livestock raising and these are clearly divided along gender lines. Women weed the crops after men do the plowing and planting. Both women and men do the harvesting. Women sell eggs, plant and raise vegetables, preserve food and cook. Almost everyone is engaged in farming, whether based on owning large or modest tracts of land, or working on others' land due to the landlessness detailed in the Wealth Ranking sections.

Men are involved in all aspects of livestock management. This includes herding the animals, milking them and selling the milk, shearing the sheep, and selling and slaughtering animals. Often herd-boys receive a cow at the end of the year as payment. One sheep can sell for M500 (\$50) or 80-100 kgs of maize. Cows sell for between M1,500-M2,000 (\$150 - \$200), and a bull for up to M3,000 (\$300). Horses are important for transport and draft power in the fields and can sell for up to M2,000 (\$200). Sheep's wool has to be sheared in government run wool sheds in Mantsunyane or even farther away. The supply of wool exceeds the demand for it and it is usually sold in Maseru.⁵ There was little evidence of successful collective efforts to market livestock and livestock products.

Men build the houses. Both women and men gather wood for fuel, but men do the chopping. Women do the laundry and care for the children. Women and girls can also be domestic workers and work in shops.

Chief Mpusi Phaphama, Village Councilor Nie Palo and others provided greater detail on livelihoods in the Mathalaleng area. The major field crops grown are maize, sorghum, wheat, and peas, while many grow *moroho* in smaller veggie

⁵ Wool is also usually of poor quality and not adequately marketed by the government. Demand for Lesotho wool is very low, except for higher grades usually bought and sold by local private traders. Quality is greatly affected by limited rangelands and the lack of washing or other care for the sheep and goats.

gardens. Prevention of soil erosion (called *metseletse*) is understandably important. One method is to build two rows of stones on the mountainside and plant grass between them. The Ministry of Forestry occasionally plants anti-erosion species of trees.

Other forms of employment include horseracing, which some men do. Some women brew and sell beer, sell bread at the clinic, or do piece work. Men collect stones for building houses. A few men are coffin makers. Some people receive food assistance from WFP. Most of those who migrate to work are male and travel to Thaba-Tseka (district capital), Maseru (national capital), or the mines in South Africa. Some women do relocate to work in the textile factories. Large infrastructure projects occasionally offer good employment opportunities but this is usually temporary and very short term. Construction of the road and airstrip a few years ago is a prime example. Casual labor may also be available in the fields of surrounding neighbors for poor or landless households.

Key Informant Interviews with shop workers provided a different perspective on livelihoods. The security guard and shop clerk both earned salaries of M400/month (\$40) and had worked there for about a year at the time of the visit. The shop clerk was previously trained in sewing and knitting but did not have enough money to buy a machine and so was unable to earn an income using her skills. These staff ate three meals a day, suggesting a sufficient balance between their salaries and their life circumstances, including the number of other people they supported.

WEALTH RANKING

Wealth ranking in Mathalaleng was perceived differently by female and male participants, and offers great detail and insight into how they categorize their own communities. The first table by women ranks people into four categories rather than the customary three. Their categories are as follows: Very Rich = 4 (22%), Rich = 3 (17%), Poor = 5 (28%), and Very Poor = 6 (33%). The women's group did not include an Average ranking. Interestingly, both women and men ranked the two poorest categories as the largest proportion of their population, 33% and 48% respectively. If the women's two lowest categories are combined, their two poorest categories together equal 61% of the population.



Women participants in Mathalalang.

Mathalaleng Women's Wealth Ranking Table

VERY RICH	RICH	POOR	VERY POOR
ASSETS			
<ul style="list-style-type: none"> • Money • Livestock: <ul style="list-style-type: none"> • 1000 sheep, 20 cows, • 20-40 horses, 6-8 donkeys • Fields: 5-6 • Big house built with brick; tile roofing and tiled floors • Nice furniture, double beds • Gas stoves • Beautiful clothes 	<ul style="list-style-type: none"> • Have access to money • Livestock: 300 sheep, 10 cows, 1 horse • Fields: 2-3 • Own houses made of brick • Nice furniture • Use paraffin stoves • Have cell phones to communicate 	<ul style="list-style-type: none"> • Livestock: 2 cows • Fields: 1 small field, cannot produce enough food for their families • Small houses built of stone, some windows don't have glass • Use mattresses or sleep on the floor using animal skin and do not have beds • Children don't go to school sometimes because parents cannot afford uniform 	<p><i>This group is made up of disabled people, the elderly and orphaned children.</i></p> <ul style="list-style-type: none"> • Have NOTHING: no fields, no livestock • Don't own houses but live in abandoned houses or temporary houses given to them by the chief • Do not have pots, plates or other household items. They may borrow from neighbors • No education, cannot read • Children cannot go to school because they do not have uniforms. If they do go to school it is up to std. 7
FOOD SECURITY/ FOOD TABOOS			
<ul style="list-style-type: none"> • Can meet all their household needs • Can produce enough to eat and a surplus for trading (barter and sometimes they sell) 	<ul style="list-style-type: none"> • Can eat 3 times a day • Can have balanced diet • Grow enough for consumption and surplus which they sell • Can afford to buy at the shop (e.g. tinned food, soup, sugar, oil) 	<ul style="list-style-type: none"> • Can sometimes eat 3 times a day, but diet is not balanced • No surplus from harvest • Eat wild vegetables • Eat at funerals and feasts 	<ul style="list-style-type: none"> • Eat once a day • Live on food aid • Get help from neighbors for food, clothes
LIVELIHOOD STRATEGIES			
<ul style="list-style-type: none"> • Own shops; roller mills • Plant maize, beans, potatoes, wheat, peas • Sell livestock to generate cash • Hire out their cars as taxis • Can plough other people's fields [for a fee?] • Can hire labor (women and men) to work in the fields • Can do barter trading with poor people 	<ul style="list-style-type: none"> • Selling livestock, wool from sheep • Family members who work and send remittances (e.g. husbands work in mines and women in factories) 	<ul style="list-style-type: none"> • No farming equipment • Grow maize and wheat • May sell a bit of their food to get money to buy soap or candles from the shop • Brew beer but sometimes there are no customers • Piece work – harvesting other peoples fields (mostly women); road construction by men and women 	<ul style="list-style-type: none"> • Piece work on other people's farms, fields • Elderly receive pension but most of it goes to pay debts • Children hired out as herd boys or housekeepers.
BANKING			
<ul style="list-style-type: none"> • Use banks in Thaba-Tseka and Maseru • Lend out money 	<p><i>Based on previous assessment reports, people in the poor and very poor categories borrow a lot from local moneylenders, often at 50-100% interest. They often use money borrowed to buy food, pay for funerals, or childrens' education needs (uniforms, supplies, etc.)</i></p>		

Mathalaleng Men's Wealth Ranking Table

	RICH	AVERAGE	POOR
Assets	<ul style="list-style-type: none"> Enough cash to buy what they need, e.g. cars, clothing, cosmetics, fuel, farming tools 30 cows, 100 sheep, 100 goats, 10 horses or donkeys, 20 chickens At least 5 acres of farmland on which they produce maize, wheat, peas, beans, sorghum, potatoes, beet root, carrots, green vegetables Nice buildings made from brick or stone Roofs made from tin or nicely constructed thatch Nice furniture Nice latrines Own TV and cell phone Generator and light bulbs for light Not all are educated (many made their money in the mines) but most send their children to school through university. Most also send boys to initiation school Access health services Use community taps, pumps, for water, which is clean 	<ul style="list-style-type: none"> Only have about 1/2 as much cash as they need 2 cows, 4 or 5 sheep, 4 or 5 goats, 1 horse or donkey maybe, 2 chickens At least 2 acres of farmland on which they produce maize, wheat, peas, beans 1 or 2 rondavels built with stones Roofs only made of thatch Little furniture. Some do not have mattresses and use animal skins Some have latrines, others just use <i>dongas(gullies)</i> Use candles and paraffin lamps for light Some may be educated through primary school, and most send their children through secondary school. Most also send boys to initiation school. Access health services because they are free Use community taps, pumps, for water, which is clean Have food to sustain them for half the year Eat twice a day, morning and evening Meals include papa and vegetables but no meat Purchase some foods, such as milk, oil, vegetables Children (boys and girls) cannot eat eggs, intestines, meat on bones or marrow; this is to instill respect for their elders by saving these foods for the adults 	<ul style="list-style-type: none"> No cash at all, depend on neighbors for basic needs ("average" neighbors; rich do not usually help) No animals May have 1 acre of farmland, which they cannot cultivate because they have no money for inputs. They may sharecrop out the land and get back 25 % of yield May have 1 poorly constructed rondavel No furniture No latrines Use firewood for light Most have not been to school, though many send their children to primary school because it is free, though they go without uniforms or supplies. Most also send boy children to initiation school. Sometimes children are kept out of school to work. Access health services because they are free Use community taps, pumps, for water, which is clean Have minimal influence in the community and are often excluded from service provision (like jobs) from chief and councilors Live hand-to-mouth Eat once a day or not at all Meals include papa and vegetables or sour porridge, or just papa Do not purchase food Children (boys and girls) cannot eat eggs, intestines, meat on bones or marrow; this is to instill respect for their elders by saving these foods for the adults
Food Security/ Food taboos	<ul style="list-style-type: none"> Always have enough to eat Eat 3 times or more per day Meals include eggs, meat, packaged snacks, bread, tea, rice Purchase what they don't cultivate No food taboos (maybe because there is no need to save certain foods because people can afford to buy enough for everyone) 	<ul style="list-style-type: none"> Production is for own consumption Work in shops owned by rich Gather and sell wood Sometimes sell animals to pay for needs Sell wool Women wash and cook for rich households Women work in factories, send money home 	<ul style="list-style-type: none"> Women wash and cook for rich households Casual labor in rich people's fields Children work in rich households Most work is paid in food not cash Do not gain remittances because people don't have money for transport outside the village
Livelihood strategies	<ul style="list-style-type: none"> Own shops Sell grain from fields Sell sheep and wool Hire out their cars and horses Race own horses Men work in mines, send money home 	<ul style="list-style-type: none"> Men cultivate their own fields Women hoe their family's fields, wash and cook for rich households 	<ul style="list-style-type: none"> Men cultivate rich people's fields Women hoe rich people's fields, work in rich people's houses Boys watch cattle
Gender tasks	<ul style="list-style-type: none"> Hire men to cultivate Hire women to hoe weed, and monitor shops 	<ul style="list-style-type: none"> Men and women use formal banks in Thaba Tseka Men and women use burial societies May carry debt with neighbors for food, or with shops 	<ul style="list-style-type: none"> Do not use formal banks Some are "taken under the wing" of burial society members and so can join. Otherwise many poor are not buried in coffins because they cannot afford them and use blankets instead Do not carry debt because they can't repay it (though in later discussion, they mentioned carrying debt with neighbors)
Diseases	All groups affected by TB, high blood pressure, diabetes, eye problems, diarrhoea, STI's, HIV, though poor are at lowest risk of HIV because they are not clean and so are not attractive to others		

COMMUNITY ASSETS

Natural Assets

The community as a whole agreed on the following natural assets. Agricultural land for crops, springs and rivers, and stone (for building houses and *kraals*) are all especially abundant. Rangelands, firewood, and trees and forests (for countering erosion) are also natural assets.

In the women's group, more natural assets were identified such as sand, grass for roofing, a host of birds and wild animals (e.g. letsa antelope, wild cat, guinea fowl), and many natural herbs and medicines.

When asked about collecting rainwater and if there are any rain-related issues, the women reported that very heavy rains can cause mini floods which often weaken houses that are less structurally sound. For example, stone houses built with mud as opposed to cement mortar might be vulnerable. People often need to repair their houses up to five times in a year from rain damage.

Environmental management is exemplified by the range management system employed by the community. The rangelands have been divided into three areas: A, B, and C. From October to December, livestock are taken to area B which is far from the villages and primarily comprises rangelands at the top of the mountains – called cattle or livestock posts. This is the season that is warm enough for the animals to survive the temperatures of the highest elevations. Area A comprises the foothills and is used between January and April when the temperatures start to drop at the top of the mountains. Area C is the area adjacent to the houses and around the fields and is used between May and September. Livestock owners pasture their animals following this system, except for the dairy and draft cattle which are kept near the houses.



Mathalalang Mill.

Physical Assets

The community agreed on the following physical assets: houses, livestock, water pipes and toilets (latrines), the grinding mill, cars and vehicles, roads, shops, agricultural equipment, and clothing.

Human Assets

The community agreed on the following human assets, which build on the natural and physical assets: knowledge of environmental management, knowledge of agricultural production, formal education, vocational skills (e.g. craft making), and religious beliefs.

It could be added that another human asset is knowing how to care for animals. One example is caring for their horses' hooves and doing their own horseshoeing; there is no blacksmith.

Social Assets

The community agreed on the following social assets: societies (voluntary community groups) including Burial Societies, Anti-Crime Committees, Grocery Societies (discussed in Financial Assets), Water Committees, Initiation Committees, health-related Support Groups (discussed under Health Services), and Small Stock Associations. There is a soccer society for men and separate dancing societies comprised of youth and women. Additionally, family members' and neighbors' inheritance, health, and education were also named as social assets.

Burial societies figure prominently in Mathalaleng society and include both men and women. They vary in registration and monthly membership fees but serve the same purpose. One example is 10M (\$1) registration, then 2M (\$.20) per month; another is 200M (\$20) registration with no further pay-ins. When a member experiences a death they need to cover, they may get a payout in cash in addition to the societies' standard provision of coffin, soaps, and beer. A coffin alone can be very expensive locally.

Anti-crime associations are also important, focusing primarily on cattle-rustling or livestock theft. Sometimes a second purpose of these associations is horse racing.

Political Assets

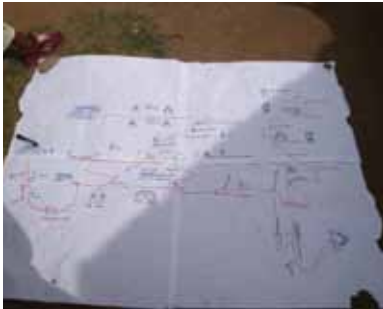
The community agreed that human rights, services, and government structures were political assets.

Financial Assets

The community agreed on banks as financial assets, though since these are in Thaba Tseka – a five hour drive or two days by horse – only the wealthy have access to them. Savings groups such as Grocery Societies are widely practiced (see below), and savings in the form of cash are kept in peoples' homes, arguably not a secure practice.

Profits from livestock and livestock products, access to informal credit, bartering and borrowing services and assets, and bride price were also identified as financial assets.

The Grocery Societies serve as informal savings institutions which are designed to assist with critical family needs. The purpose of some groups is for members to save money throughout the year for use at Christmas time. Members pay



Mathalalang Map.

a registration fee, monthly dues, and may also take loans during the year, with a two-month payback cycle. One group's interest rate for such loans was 20%. Members do not borrow to invest in other IGAs, but rather to cover food shortfalls, with a maximum allowed of 300M (\$30). The groups have constitutions and elect their treasurers who keep the cash in a secure box. Grocery Society funds have been known to reach 5,000M (\$500) by year's end and they try to cap membership at ten members.

STRUCTURES AND SYSTEMS

Political and Traditional Leadership

While administrative structures derive themselves from separate sources, the government and the traditional systems are somewhat intertwined at the local level and notably complementary. The local Council, comprised mostly of men, is mainly responsible for community development, while the Chief focuses on community stability and authorizing/certifying legal documents. The traditional leadership comprises the Chief, in place since 2006, and village headmen.

Land allocation may most clearly represent the complementary nature of the structures. People first obtain permission for land from the Chief, with the land then given by the Council. It is notable that many citizens are unclear as to which structure covers what mandate outside of land issues.

Other government structures include the Ministry of Agriculture, represented by an Agriculture Extension Officer/Agent with a sweeping geographic mandate (22 villages). The Ministry of Forestry, Rural Water Supply, and the Department of Roads are also present. Higher levels of some structures reside outside of Mathalalang: the District Council is in Thaba Tseka, the MOA in Maseru, and the Senior Chief in Morena.

Education

The women and men's mapping exercises brought out the following general information: primary school is free, with three in the area. There are no local secondary schools as the nearest is quite far in Mantsonyane (three-hour drive), with one also in Thaba-Tseka town (six hours farther than Mantsonyane). The fee is M400 (\$40) per quarter. Children who attend school board with family members or other adults who can serve as guardians. Those families who cannot afford to send their children to school stop their education after primary school. This is the case for most children.

More girls than boys are interested in and attend secondary school, although the majority become married with no more than primary education. Boys are more interested in initiation school and herding which can earn them 12 sheep or one cow for a year's work. Though most schools were established before most of the male participants were born, a large number of them did not know how to read or write. Most of the boys, and sometimes girls, go to initiation schools. Apart from that, boys also opt to go to Maseru to look for factory jobs instead of going to high school.

Key Informant interviews with the local school principal and three teachers shed more light on their school within the education system of Mathalaleng. Apparently the primary schools reflect a private-public partnership between the churches who house the schools and the Government of Lesotho (GoL) which provides equipment. However, the GoL has not provided any furniture or chalk boards for the school; only one small church hall with two blackboards serves as the classroom for grades 4-7. Children in grades 1-3 have their classes outside and are sent home when it rains. Sometimes a GoL-provided tent serves as a classroom. This school has 204 students (88 boys, 116 girls), currently with five teachers (one of which is the principal). The principal and one teacher were trained at teacher training college and the other three completed secondary school and were further trained by the principal.

School sanitation is an issue. Currently there is one boys' and one girls' toilet (built earlier by the Irish), but the girls' is full and cannot be used. The Chinese are now constructing new toilets. Water comes from natural wells and is usually clean, "unless people open the tanks and throw things into them like dead dogs."

There is a first aid kit in the school but it lacks essential supplies. This school is a WFP food distribution site for five schools, but there is no kitchen or storage area. Although uniforms are required, the school will not expel children for not having them, regardless of whether parents cannot afford them or choose to ignore the requirement.

There are 59 orphans currently enrolled at the LEC primary school, 48 who have lost one parent, and 11 who have lost both. Many are orphaned by HIV, others by natural causes. Some stay with elderly family members and some stay alone. The school does not provide support for orphans and vulnerable children (OVC), and is unaware of any OVC support groups in the community. "There is no stigma against orphans because students have been taught to treat everyone equally." WFP food provision is for all students, not just OVC.

Health Services

The health clinic, located centrally among the 22 villages of Mathalaleng, was established in 1984 under the GoL and Lesotho Flying Doctors Service (LFDS). In March 2008 it came under Partners in Health (PIH) who provide staffing and no-cost clinical care for the catchment area. A Basotho physician heads a staff of 24 who see an average of 110 patients per day – both new and returning patients. The clinic has five in-patient beds, one of which was occupied at the time of the visit. Most referrals are sent to government hospitals in either Mantsunyane or Maseru. Emergency flight evacuations are covered by LFDS, arguably the only way to save lives in some cases, given the conditions and slow pace of road transport.

The clinic provides the normal array of services, quite remarkably given the absence of an in-house lab and electricity from a generator only. An ante-natal clinic (ANC) for initial visits is held on Mondays. An under 5s clinic is held on Tuesdays, wherein Village Health Workers (VHWs) assist with child weights for growth monitoring. ANC on Wednesdays is for continuing patients. Birthing in the area appears to be divided between home, the clinic, and Mantsunyane. When clinical duties end early, the doctor provides in-service trainings to clinic staff. There are approximately three VHWs per village.

While there are other clinics in the area at Lephoi, Popa, and Mt. Matre, many people prefer the services of the Mathalaleng Clinic. Women participants felt that “many would cry if the current doctor were to leave,” reflecting a high level of confidence in his and the clinic’s services.

A visiting dentist provides services on a monthly basis.

Village Health Workers (VHWs) are elected by their villages and confirmed by the Chief. They receive monthly trainings provided by PIH and serve in the communities like a home-based care program. In particular, their activities include DOTS⁶, Adherence (to ARVs) support, ART patient tracking, and patient transport if needed. The VHWs receive M100 (\$10) when they start and monthly even if they see no patients. They receive M200 (\$20) monthly if seeing 1-6 patients; and M400 (\$40) per training.

HIV services are provided every day at the clinic, including VCT, ARVs, and TB (although x-rays must be obtained at St. James Hospital in Mantsunyane). At the end of January 2009, 171 PLHIV were receiving ARVs; 1,378 had been

⁶ DOTS stands for “Directly Observed Therapy, Short-course” and is a major plank in the WHO global TB eradication program.

tested for HIV of which 418 tested positive (about 1/3) and were enrolled in the program. Of those tested, 967 were women and 411 were men, more than a two-to-one ratio.

Adult PLHIV on ARVs receive WFP food rations for one year, starting one month after treatment commences, with extension possible. Under certain urgent conditions, rations may be started immediately. Malnourished children up to the age of six years (approximately 320 months) receive PlumpyNut, EPap, or formula depending on their age and the stocks on hand at the clinic. Children's therapeutic rations have been found to achieve the intended results only when the child's family also received the WFP rations.

There are also HIV Support Groups formed by the clinic, to help PLHIV to obtain and properly take their ARVs (adherence support). They provide psychosocial support (PSS), linkages or referrals to the clinic, and sometimes meals to housebound patients. PLHIV also receive M200 (\$20) and training from the clinic.

More general support groups assist the elderly and the chronically ill in the communities, and work hand-in-hand with the VHWs. There are more men in the support groups than women, and the groups obtain permission from a family member before providing assistance in the household. Assistance can include bathing the patient, cooking, doing laundry, and "smearing" the house; making repairs or replacing roofing thatch. These support group members have been very well received and appreciated. Some support groups are in place for assisting OVC, for example by providing seeds and labor.

The GoL holds community sensitization and awareness gatherings about HIV. The PIH clinic staff, as well as youth from Thaba Tseka, have also held such gatherings. The primary schools each have a PSS counselor, trained by the MoE, who acts as a support group member.

Services of traditional healers in the area are sought, especially for ailments felt to be associated with witchcraft and which the clinic cannot address. These may include swelling of the feet, teeth problems, and cramps. Many more men rely on the traditional healers than do women.

Water and Sanitation

In the women's mapping exercise, water – taps, tanks and toilets (VIP latrines) – figured prominently in the group's discussion. In 2001, the GoL through the Rural Water Authority constructed standpipes around the villages, as well as massive numbers of VIP latrines, based on household contributions of M100 (\$10). Boreholes with pumps provide the village water supply. Water goes to domestic



Herd boys in Mathalaleng.

use, where it is not treated, as well as to gardens. Some tanks just spill water without catching it and some tanks dry up during drought times. In 2001, a minority of households couldn't give the M100 (\$10) and did not get a toilet. Some of those people use others' latrines and some use the *dongas* (erosion gulleys). By the time of the visit, some have been able to pay and are next in line for toilets.

Most curiously, no hand-washing facilities of any kind were visible in the vicinity of the latrines. And the latrines are never located near enough to standpipes to serve as motivation for hand-washing.

People located closer to the taps were more likely to feel they have sufficient water supply but those at longer distances feel they don't. People use the river for laundry and watering livestock.

The local primary schools have water taps and separate toilets for boys and girls (although the girls' toilets are not working – see notes in earlier section).

St. James Hospital and other local clinics provided community health education on water, sanitation, and hygiene during water system installation in 2001.

VULNERABILITY CONTEXT AND COPING STRATEGIES

Together, the men and women of the community agreed upon several coping strategies when livelihoods are threatened. These include hiring out children as herd boys, relying on casual labor opportunities that are not consistent, relying on gifts from friends and family members, begging, hiring out livestock for plowing, and paying special attention to weather patterns and trends regarding agricultural production. In this case, they may reduce the area planted during times of drought or delay planting until late rains come.

Individually, the women's FGD use their coping strategies when food is scarce; they reduce the number of meals they eat per day and prioritize fewer meals for children. The men's group also mentioned reducing the number of meals per day, but prioritized children, saying they ate first and the adults shared the remainder regardless of how little might remain.

Together, the men and women of the community agreed upon several vulnerabilities they faced. These include a lack of jobs, higher prices or price increases, drought, unfavorable weather conditions like snow, poorly maintained roads and seasonal challenges, poor communications infrastructure, isolation, lack of resources like agriculture inputs, and HIV and other diseases.

Men identified additional aspects of vulnerability in their communities. These include man-made vulnerabilities such as animal theft, housebreaking, murder over stolen property, rape of women by strangers, having multiple sexual partners (all in the absence of a local police post), the council delaying payment for casual labor, and lack of safety nets. The roads along the rivers have no bridges or guard rails so people and animals often fall in. Vulnerabilities due to external factors include lack of rain/drought on the one hand or too heavy rains on the other, snow, sickness and limited access to health care.

Livestock diseases can result in human vulnerabilities as well. Sheep can get scab and worms, which can be treated by a veterinarian. Cattle can suffer from ticks and digestive problems (bile), anthrax and the more serious black quarter disease, after which the cow must be killed and is usually fed to dogs.

The group noted that while shocks, cycles and trends affect all people equally, even animals, the wealthy can “resist” the impact while others do not have the means to do so. People who are rich can eat balanced diets so they will not feel the effects as strongly as everyone else. Another example of vulnerability is having no household grain stores because of the difficulty of saving grain when hungry.

The women’s table on the risks to livelihoods and the measures they take to mitigate those risks is given below:

• Stock theft	• Use dogs to minimize stock theft
• Bad roads	• Voluntary road constructions
• Drought	• Lesokoana /Molutsuaneng (traditional games that call rain)
• Pests / diseases	• Use traditional medicine
• Lack of seeds	• Buy seed / save seeds from produce
• Frost	• Plough on time
• Hail	• Traditional medicines
• Lightning	• Traditional medicines

The women’s FGD brought out their perceptions of further threats to livelihoods in the community. These are illness, abuse of women, lack of jobs, and lack of cooperatives. Personal forms of vulnerability included children being beaten, women raping boys, men raping children, and not allowing children to go to school or play.

FOOD SECURITY

As discussed above, different levels of wealth are commonly associated with different amounts of land owned, ranging from large holdings to none at all. Even if the poor do own some land, they often do not have the means to procure the necessary agricultural inputs to benefit from their land. Good land is scarce because of dense population and not much free (uncommitted) land is left to own or distribute. Most food consumed comes from people's own production.

Weather conditions have a profound impact on the food security of Mathalaleng. One man's story exemplifies this. Due to the drought last year, he is only expecting 80 kg of maize harvest, which will likely last him only two months of the year. He anticipates relying on casual jobs or piece work, the kindness of friends and relatives, and purchasing at the shops to carry him through the rest of the year. Some area fields had to be replanted due to loss of seeds in the ground without rain to germinate them. Planting season starts as early as August and can extend to December.

As mentioned earlier, the main large scale crops are maize, wheat, peas/beans, lentils, and sorghum. Maize is harvested by hand. The wheat harvest is the only activity done communally, and about 15 people with sickles are needed per hectare for about two hours of labor. The land owner does not pay in cash but in kind, with meals and traditional beer.

The lack of a local market stands out starkly in Mathalaleng. Land owners with crop surpluses "get the word out" that they have crops for sale, and people come to their homes to purchase. Beans sell at M60 (\$6) for 12.5 kgs; wheat sells at M30 (\$3) for 12.5 kgs; and maize sells at 20M (\$2) for 12.5 kgs.

People tend to eat two types of meals in the Mathalaleng area. One type is *papa* and vegetables such as *moroho*. Another type is white bread with beans or lentils. Regardless of type, one transect walk group of four members confirmed that their annual food supply was normally insufficient. When markedly lean times arise, they adopt "skip patterns" to stretch their food supply, meaning skipping meals. Another reaction is to prepare "soft porridge" instead of *papa*, which reduces the amount of maize meal needed. School-going children are assured a hot lunch provided by WFP.

In good years, food production may be sufficient to span the whole year. Another aspect of food sufficiency is the need to provide herd-boys with 50 kgs of maize meal monthly for themselves and the dogs that assist them with herding.

HIV AND AIDS

With the Lesotho HIV prevalence rate currently at 23.7%, HIV and AIDS are of great significance in Mathalaleng. HIV was addressed in every PRA strategy of the Livelihoods Assessment; during the FGDs, in the Mapping, and in Key Informant Interviews with every sector interviewed. The biggest HIV issues were identified as the difference between women and men, and the differences in perception or stigma.

The PIH Clinic notes more than twice as many women as men had tested for HIV by the end of January 2009, a proportion that does not reflect the gender demographic of the country. Some people believe that more women are infected with HIV than men. This may, however, reflect that more women seek to know their HIV status than men, and seek health care in general more than men do in the Mathalaleng area. Men are reported to rely more on traditional healers, but do seek clinical care for STIs and chest pain. Quite a few (all but four) men in the PRA group had been tested, but those who hadn't were afraid because they thought they couldn't cope with the results.

The Clinic conducts HIV awareness-building activities, as do the Councilors. More women attend than men; many men "don't believe HIV exists" so they don't attend. Among men who had attended awareness/prevention trainings, the majority said they did not use prevention methods in practice. Men also felt that the trainings were geared toward youth. There are plans for workshops in the future, jointly facilitated by the clinic staff and traditional healers, to address HIV testing among men.

Some men who were miners come back quite sick and unable to work, often co-infected with both TB and HIV. At the same time, some say "HIV has had little impact on livelihoods because people have access to treatment and are still able to work." Anti-retroviral treatment (ART) is available at no cost from the clinic. Few people are open about being HIV+, but people in the community know by observation when someone is. A common observation was that "PLHIV are not discriminated against."

Teachers in primary schools noted that students know how HIV is prevented and transmitted due to age appropriate awareness in school. "At grade 4 they can start talking about sex, and talk about [...] prevention, though not very deeply because parents complain." The LES (Lesotho Education System) does emphasize abstinence and being faithful to one partner (A&B).

Groups of women and men undertook separate HIV Problem Tree analyses. Both of these community groups were knowledgeable on the primary causes of HIV, as well as social risk factors that increase exposure to the virus (secondary

causes). The men's group demonstrated a fuller understanding of methods of preventing HIV transmission⁷. Myths about transmission still exist, such as contracting HIV from sharing of plates or spoons, the toilet, clothes, and touching or shaking hands.

The Clinic has a reputation for providing quality care. However it is also considered overcrowded, and most people feel that the single doctor and few nurses are not enough. ARVs are free and the men note that people on HIV treatment have become healthier: "they are getting fat now". Sometimes they use traditional medicines which people believe can cure HIV, but they can be expensive (e.g. the cost of a cow), plus skepticism is growing because people treated this way are not seen to be getting better.

A KII with a man living with HIV elucidated some of the general points made above. He learned he was HIV+ in August 2008, after his girlfriend of 8 years learned she was HIV+. He believes he was infected by his former wife. He and his girlfriend are faithful to each other, are both on ARVs, and attend their monthly check-ups. They receive WFP monthly food rations of 25 kg maize meal, 10 liters beans, and 2 liters cooking oil. They also receive training on good nutrition and keyhole garden construction.

This man's parents are supportive and his community does not discriminate against him. His girlfriend brews beer for income, still has customers and doesn't experience any stigmatization. He does note that some women with whom he attends the clinic have not disclosed their positive status to their spouses for fear of being beaten or abandoned by them. At this time he is not involved in any community HIV activities and feels that awareness trainings are biased toward children and not adults. He feels healthy, has reduced his alcohol intake and his sexual desire has dropped.

He believes that people will be willing to test if there could be jobs within the community which request that one has to test before employment.

Some women noted that a husband might abandon his wife because of her HIV status. They said this meant something different than physically leaving the home. In such cases, the husband would remain in the home but conduct his life separately – not sleep with his wife, not use the same dishes, etc. People report that there is no social protection for this, but that they will go to the Chief if it becomes a serious concern.

⁷ This may be an artifact of the way the FDG discussion was facilitated

OVC

All participants in the assessment in Mathalaleng were aware that there were orphans in their area. Three of the participating women took care of orphans in their homes (one, two, and four orphans respectively). According to the participants, “there are lots of OVC in the community,” mostly cared for by extended family members. Within one transect walk group of four people, two cared for orphans in their homes (two and four orphans respectively).

There is a mixed picture of OVC care. People in the PRA groups had not seen any cases of OVC abuse, but if it did occur, they think extended family would intervene. It was stated that asset grabbing from OVC does not happen, but on the other hand uncles are known to make OVC go out with the animals in the snow so that their own sons do not have to do so. If neighbors would try to intervene in the case of mistreatment, they would be told to stay out of family business.

Stigma

The picture on stigma related to HIV and AIDS in Mathalaleng is very mixed. The same group of people will say “people are not open with their status because they are afraid” and will also say “there is no stigma”.

GENDER

Manifestations of gender-based differences in Mathalaleng life begin early. While both boys and girls are kept out of school, it is for different reasons: boys to herd animals and girls to look after family members. At about age 14, many boys are sent to initiation school which goes on for five to six months. Many of the boys returning from initiation school marry an equally young girl; the LES teachers say two to three girls are taken out of their school each year for early marriage. It is the view that many adults lack education so they don't see it as problematic to take their children out of school.

Many women cited domestic violence against women as occurring frequently. One form is reflected in the case of a girl student who was “abducted” (taken by force) by a boy and his cohort who wanted to marry her. Parents of both the girl and boy as well as the chief were contacted to work it out. Sometimes police are contacted, but this is challenging because there is no local police post.

Men in the group felt the biggest gender-related problem was that women were becoming more equal. Lesotho created and enacted the Legal Capacity of Married Persons Act in 2006, and there are both high levels

of misunderstanding about it and antipathy toward it. Some of the men's reactions include the following:

- “The ‘gender law’ is biased against men and favors women and children.”
- “If a woman has an affair and the husband retaliates by beating her, the wife can go to the police to have him arrested, which just isn't right.”
- “God created men as heads of households, but with the new law women can deny men sex, and yet they get mad when men have affairs.”
- “If daughters stay out late, men cannot ask questions, and if wives go out they have no say.”
- “Now children report their parents to the police when they beat them.”

Later the group facilitator explained a little bit about the Act, and then the men described inheritance practices quite in accordance with it.

Land is understandably very significant in the context of ownership and inheritance. Land can be in a woman's name, but by default it is usually in the man's name. The wife will inherit it upon the death of her husband. When both parents are deceased, boys will generally inherit before girls will. From another perspective, anyone who contributes to the household is entitled to inherit the property. The family discusses it together and the decisions go into a letter which is validated by the Chief. Special circumstances are taken into consideration, such as disabled family members who cannot contribute. If no such letter exists, the eldest son automatically inherits.

Gender-based roles have been touched on in various sections of this report. Further to the tasks of daily life already outlined, important decisions are discussed by husband and wife together, such as selling livestock. Decisions about each one's domain remain with that person, such as what to cook (a woman's decision) or livestock grazing decisions (a man's decision). Men and women have equal opportunities in local government, although a woman can only become a chief if her husband was and died.

VISIONING

Mathalaleng women and men agreed upon the following goals in their Visioning exercises: Improved roads, a mortuary in the village, a cellular phone tower, a sheep shearing shed in the village, a high school in the village, a bridge, a police station in the village, and a market for their produce. Women also envisioned for the community: a roller mill using electricity or water, a Roman Catholic primary school on the town side near the road, and help for orphans. Men also

envisioned for the community: More men tested for HIV, electricity, a dam, price regulation, and job creation.

CONCLUSIONS AND RECOMMENDATIONS

The table below reflects the community analysis of their Gaps and Opportunities based on their knowledge and experience.

GAPS	OPPORTUNITIES
Lack of hand washing	Education on hygiene
Lack of understanding on gender equality	Education on gender equality
Limited skills on water usage, e.g. for agriculture	Education on proper irrigation skills
Inadequate use of available manure	Existing sufficient livestock manure
	Establishment of shearing shed
Lack of markets	Establishment of marketing committees
Lack of knowledge re pesticides	Training on pest and insect management
Poor communication infrastructure	
Poor school infrastructure e.g. poor condition of school	Improvement of schools
Lack of taking initiative, too relaxed	Encourage community initiatives
Men reluctant to test for HIV	Introduce men’s fora to talk about HIV

The table below repeats the Gaps in the table above but organizes them per some of the IHD asset categories and develops further recommendations for consideration in any future programming initiatives in Mathalaleng.

GAPS	RECOMMENDATIONS
Physical Resources	
Limited resources to build, and access to processing and marketing of wool	<ul style="list-style-type: none"> • Establishment of shearing shed
Limited skills on water usage, e.g. for agriculture	<ul style="list-style-type: none"> • Promotion of small scale irrigation schemes appropriate for the mountain environment – capitalize on existing natural streams, gravity-fed systems; explore partnership with RWS or other technical partners. • See above for Multiple Use Water (MUW) systems
Lack of hand washing	<ul style="list-style-type: none"> • Explore various approaches for multiple uses of water, and water, sanitation, and hygiene behavior improvements, such as Participatory Hygiene, and Sanitation Transformation (PHAST), Community Led Total Sanitation (CLTS) approaches
Inadequate use of available manure	<ul style="list-style-type: none"> • Training on organic fertilizer production using manure and ash, compost, etc. • Explore manure collection approaches • Explore partnership with Machobane Farming Systems
Limited access to markets	<ul style="list-style-type: none"> • Promotion of agro-enterprise approaches, including training, and all steps of agro-enterprise, e.g. market identification, value chain analysis, input supply chain analysis and strengthening; business planning; quality control; etc. • Build on SPPEED project • Explore how to change mindset from producing for consumption to market-led agriculture • Explore how more structures and local markets could function and benefit people • Training on food storage
Lack of knowledge on pesticides	<ul style="list-style-type: none"> • Promote agricultural extension systems – Farmer Extension Facilitators (FEFs) • Training on pest and insect management • Facilitate access to organic and chemical pest control mechanisms
Poor communication infrastructure	<ul style="list-style-type: none"> • Explore what the plans are for the cell tower • Rural radio

Human Resources	
Lack of understanding of gender equality	<ul style="list-style-type: none"> • Exploration of gender roles, responsibilities, and rights • Awareness building • Focus on youth as target group • Collaboration with Association of Women Lawyers (FIDA) and Child and Gender Protection Unit to increase awareness, address cases of GBV • Strengthen community outreach capabilities of existing systems and structures • Explore strategies that support interventions for Prevention, Protection, and Prosecution for GBV • Focus on women SILC and other livelihoods groups
Political and Social Resources	
Education	<ul style="list-style-type: none"> • Lack of infrastructure and material resources in the schools (books, desks, teaching materials) • Primary schools are overcrowded • Poorer wealth groups have limited access to secondary school for economic and proximity reasons • Not as many boys go to school, even at primary level due to taking care of herds and initiation schools depending on age • Men and boys are often illiterate
Social Cohesion	<ul style="list-style-type: none"> • “Matsema” – idea that people work together to address social and economic issues and problems seems to be fading. People are now less inclined to work in groups • Larger population from other areas lead to less community trust and cohesion • Do not have established practices of savings groups and mechanisms
	<ul style="list-style-type: none"> • Explore possibilities for radio-based education programs for out of school youth (herd boys or other). Could entail basic education, civic education to prevent herd boys from raping and abducting girls, partnership with Catholic radio station; explore MOE protocols; explore how to mobilize and engage herd boys; consider what incentives could be used; consider working with Lesotho Association of Non-Formal Education (LANFE) • Resource exchanges with high schools; incentive/income generating programs to send kids to high school • Explore partnership with missionaries living near the Chief
	<ul style="list-style-type: none"> • Promote Savings & Internal Lending Communities (SILC) • Ensure that promotion of groups includes principle of self selection and emphasize security systems for managing and keeping cash. • Revitalize Matsema by working with local leaders, traditional values. • Use existing materials from MOVE to promote Matsema • Forge stronger partnership with crime fighting/horse racing societies.

continued

<p>Gender</p> <ul style="list-style-type: none"> • Lack of knowledge and understanding of the new Legal Capacity of Married Persons Act 2006 • Risk of violence when walking in rural areas for girls and women – rape and abduction by herd boys • Abuse and violence in the home and other places • Limited livelihoods strategies for women 	<ul style="list-style-type: none"> • Exploration of gender roles, responsibilities, and rights awareness building • Focus on youth as target group • Collaboration with Association of Women Lawyers (FIDA) and Child and Gender Protection Unit to increase awareness, address cases of GBV • Strengthen community outreach capabilities of existing systems and structures • Explore strategies that support interventions for Prevention, Protection, and Prosecution for GBV • Focus on women SILC and other livelihoods groups • Forge stronger partnership with crime fighting/horse racing societies • Establish local justice and peace groups
<p>HIV and AIDS</p> <ul style="list-style-type: none"> • VCT and health clinic utilization by men is much less than women • People not applying HIV prevention knowledge and education to behaviours • Having multiple concurrent partners is more of a felt need than adopting preventative behaviours • Denial • Women fear that their spouses will leave them or become violent so they tolerate husbands having other partners • Fatalistic mentality • Need for new approaches on how to change behaviour • There is complacency with ARVs more widely available; people continue risky behavior and just say they will go on drugs if they are infected with HIV. 	<ul style="list-style-type: none"> • Promote men’s forums for HIV awareness, prevention, VCT, care, and treatment • Engage PLHIV in promoting awareness and adoption of recommended practices • Work with community to design and create meaningful messages and mechanisms , e.g. promote local art project, such as rock painting, murals, to build awareness, etc. • Explore new and more effective interventions, messages, advertising, and incentives to bring behavior change, and rights-based approaches to HIV prevention, care and treatment. Think outside the box. • Promote positive living and life skills education • Increase collaboration with other programs through round table discussions (NAC, One Love, New Start, PLHIV, and other stakeholders, etc.) • Support and strengthen HIV/AIDS curriculum in schools through teacher training, etc. • Explore possibilities for radio-based awareness and prevention education programs
<ul style="list-style-type: none"> • Men reluctant to test for HIV 	<ul style="list-style-type: none"> • Introduce men’s forums to talk about HIV

The table above offers a range of recommendations to consider when developing programming responses in the Mathalaleng area. Certain highlights with important potential outcomes are discussed below.

- Construction of a shearing shed would eliminate the need to transport the sheep to Mantsonyane and thus eliminate this expense and financial outlay for sheep owners.
- Creation of a local market for produce and staple crops could centralize petty trading and benefit the community.
- Farmers grouping together for collective efforts could work together with the agricultural extension agent on crop fertilization methods and pest reduction, making better use of his time. There will also be many models of farmer groups to consider and choose from. Improvements in soil fertility and reduction of pests would improve crop yield and quality, thus giving more return on the labor investment, as well as extending the number of months of food security.
- Addressing stigma related to HIV can take many useful forms, appropriate to age and gender groupings. The fact that “no stigma here” was reported many times signifies that something is effective. Further community assessment and probing can be carried out to identify what is working in the micro-areas where there is no stigma reported. Such strategies could perhaps be replicated or adapted to the areas where people are afraid to disclose their status for fear of negative outcomes in the community; this is the epitome of stigma and intolerance.
- A related issue is that of men’s reluctance to test for HIV. It is very positive that the clinic and local councilors have formulated plans for a joint training to address this issue; more will be necessary.

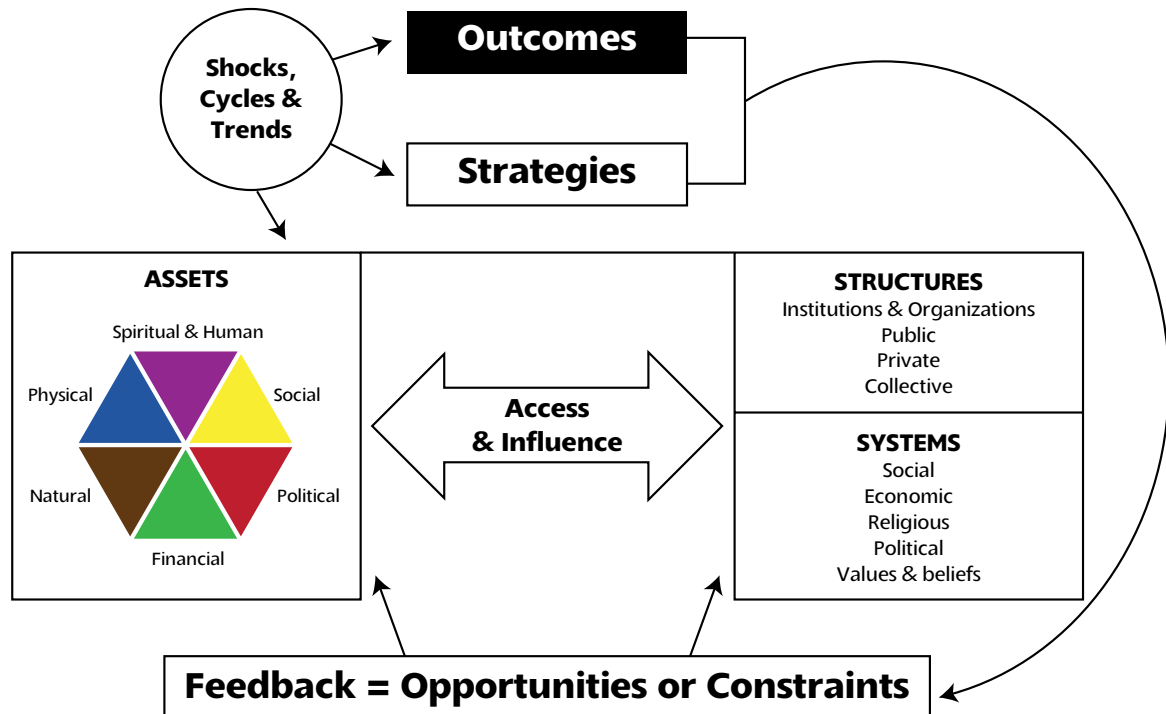
While the table above is full of recommendations and possibilities, of course it all comes back to the communities themselves to revisit their felt needs and priorities and decide how best to address them. Many recommendations for holistic development require fundamental shifts in attitude; some changes are totally dependent on different ways of thinking. This assessment was an excellent start to developing a strategy to help Mathalaleng move forward to benefit its community. The relationship between Mathalaleng and CRS and its partners can be developed more strongly when CRS and partners revisit the community to set priorities and discuss potential next steps.

It is hoped that the issues identified in this livelihoods assessment will also feed directly into and assist in the overall SPP in which CRS-Lesotho is currently engaged.

ANNEXES

ANNEX A

The CRS IHD Conceptual Framework



One of the primary objectives of CRS as an agency is to promote Integral Human Development (IHD) among the people we serve. IHD is a concept that comes from Catholic Social Teaching. It implies a situation where all people are able to lead full and productive lives, living with dignity in an atmosphere of peace and social justice. The CRS IHD conceptual framework and manual are foundational to the design of CRS Livelihoods Assessments. As illustrated in the figure above, The IHD conceptual framework provides a map for analysis that enables the user to better serve constituents by looking holistically at the complex lives of the poor. The framework helps to ensure that all of the key areas that impact the lives of the poor are investigated and analyzed. With this information CRS and our partners can better assist the people we serve through the development of the most relevant and effective interventions.

The IHD framework considers that different categories of people may have different types of assets, and that availability, access to, and utilization of, assets can change over time. The IHD framework defines six categories of assets:

- Spiritual and human assets: include religious faith, life experiences, individual health, wisdom, intelligence, physical strength and education level.
- Social assets: refer to people's support networks. These may include family, friends, religious groups and community organizations.
- Political assets: refer to the power people have in their communities and families, such as the power to influence decision-making, to claim one's rights and to advocate for resources or change.
- Physical assets: tangible assets that can include homes, equipment, tools, vehicles.
- Financial assets: cash or items that can be converted to cash quickly and easily. This may include livestock, grain, income, remittances.
- Natural assets: natural resources such as land, soil, water, plants, air, rainfall.

The Systems and Structures box refers to organizations, institutions, value systems, power structures and belief systems that regulate people's access to and use of assets. In particular, systems organize and regulate behavior and processes; these could be religious beliefs, legal systems, social and cultural systems. Structures are organizations and institutions that shape and influence people's values, behaviors and well-being. Examples include schools, churches, and government ministries. Access to assets can also determine who is able to influence and change these systems and structures.

The IHD framework also acknowledges the risk and vulnerability context of people's lives. These are often broken down into 'Shocks, Cycles and Trends', which can positively or negatively influence livelihood strategies. Shocks are sudden, intense events that cause harm to people's lives or livelihoods, such as flash-floods and earthquakes or death of a income earner. Cycles occur regularly and can be anticipated; examples of cycles include rainy seasons, seasonal flooding, and changing food prices depending on the time of year. Trends can be positive or negative, such as economic cycles, environmental degradation, and rural-urban migration. Shocks, cycles and trends influence the strategies people use to secure their livelihoods, and can have major impacts on the outcomes of those strategies.

Ultimately, individuals and households utilize their assets in accordance with prevailing systems and structures, and considering their most common or important sources of vulnerability, to formulate strategies through which they generate their livelihoods. CRS and our partners utilize the IHD conceptual framework to discuss and understand these strategies with the people we serve so that we can jointly formulate the most relevant and effective ways to improve livelihood outcomes and promote IHD.

ANNEX B

The CRS IHD Conceptual Framework

ACTIVITY	TIME ALLOTTED	FACILITATOR
Prep Day		
Preparation of training materials	Full day	Lead Trainer(s)
Day One		
Introduction	20 minutes	Adam (Acting HoP) and Tebello (SPP Coordinator)
Review and summary of literature review	1 hour	Tebello
IHD Refresher	1 hour	Geoff Heinrich, STA Agriculture
Review of draft livelihoods assessment checklist (small group exercise)	2 hours	Madeleine Smith, RTA Livelihoods and Business development
Review of livelihoods assessment objectives and final product outline	30 minutes	Madeleine
Introduce Process Guide	30 minutes	Geoff
Day Two		
Overview of PRA/RRA Training tools – Implement practical exercises	45 minutes per tool	Geoff/Madeleine
Day Three		
Continue PRA exercises	4 hours	Geoff/Madeleine
Finalize Process Guide cont.	2 hours	Geoff
Logistics Planning	2 hours	Madeleine

ANNEX C The Assessment Checklist

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
This column will guide the enumerators on what information will be gathered and gleaned from community meetings, and what specific questions should be asked.			Choose: Urban Mtn Both	Choose: PRA Tool Focus group interview HH interview Key informant interview	Choose one or more of following: Large Group, Women, Men, By ages groups, PLHIV support, OVC, Etc.			Check this during the meeting when the information is revealed
General Community Descriptions								
Geographic description of location and cluster, e.g. (Community cluster near textile factory: peri-Urban, etc.) HIV Prevalence, Gender specific data and trends, land allocation (range area, crop production, housing, initiation schools, etc)	X		Both	Transect Walk Mapping Livelihoods literature		Chief, councilors, MoAFS extension officers, ex-gov't employees within communities	Full picture of community map, institutions, distances traveled to health and education services, water, food, markets, etc.	
Household demographics (elderly, OVC, child-headed household etc)					CBO support groups	Chiefs, councilors		
Wealth Ranking	X		Mt by group Ur by HH (discuss this)	Wealth ranking exercise		Chief, councilors, ex-gov't employees within communities, priests	Facilitate process to divide themselves into 3-4 wealth groups - (poorest, poor, wealthier, rich)	
What are the Major livelihood activities in the community?	X		Both		Business people	Chief, councilors, MoAFS extension officers, ex-gov't employees within communities	List of the key livelihood activities overall, and for each wealth group; will reveal many other poverty factors as well	
Food Security - Availability								
What types of food does your household produce? Who participates in food production? Are there different crops produced by women and men?	X		Both			MoAFS extension officers, WFP, BoS		
How much of the food you eat is produced on the homestead?	X		Both			MoAFS extension officers, WFP, BoS		
How much of the food you eat is purchased?	X		Both			MoAFS extension officers, WFP		

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
What is your main source of food?	X		Both			MoAFS extension officers, WFP, BoS		
Do you have surplus production that you can sell?	X		Both			MoAFS extension officers, WFP		
What do outside meals generally consist of?	X		Both	Focus groups/HH Interview		MoAFS extension officers, WFP, BoS		
Food Security - Access								
Are outside meals, and food purchases generally acquired with cash, credit, trade/ borrowing/barter, or food aid?	X		Both	Focus groups/HH Interview		MoAFS extension officers, WFP		
How much per week is spent on purchased food?	X		Both			MoAFS extension officers, WFP, BoS		
How many months of food provisioning is produced on the homestead?	X		Both			MoAFS extension officers, WFP, BoS		
Which months does your household find it the most difficult to access food? Why?	X		Both			MoAFS extension officers, WFP		
If food is insufficient, who in the household has priority?	X		both			MoAFS extension officers, WFP		
What type of market infrastructure are there and how do people access them ?								
Do you have a market where you can purchase and sell food and other commodities								
If food is insufficient, what do you do to make up the deficit?	X		Both			MoAFS extension officers, WFP		
Food Security - Utilization								
How many meals per day does your family eat?	X		Mt by group Ur by HH (discuss this)	Focus groups/HH Interview	CBO support groups	MoAFS extension officers, WFP, clinic health workers		
Are there any cultural taboos with regard to different food consumed	X		Both					
What types of food, and how much of each are consumed in each meal? (By gender and age)	X		Mt by group Ur by HH (discuss this)	Focus groups/HH Interview	CBO support groups	MoAFS extension officers, WFP, clinic health workers		

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
How many meals per day do you consume outside the home?	X		Both	Focus groups/HH Interview	CBO support groups	MoAFS extension officers, WFP, clinic health workers		
Livelihoods Asset Analysis								
What are the types of natural capital in the community? (Land, other NR)	X		both		Large Group	Chief or Community Council MOA		
What are the types of physical capital? (HH assets, shelter, toilet or latrine, borehole, other clean water catchment)	X		Both		Large group	Chief or Community Council DOH		
What are the sources of income in the community or HH (labor, sale agric, remittances, piece work, etc)	X		Both	Focus groups/HH Interview	Men and Women separately	Chief and Community Council		
Who are the primary income earners and how do they generate this income?	X		Both		Men and Women separately	Chief or Community Council		
Are jobs different between women and men?								
What kinds of formal or informal banking systems and credit are available in the community? Are they accessible by women and men?	X	X	Both		Men and women separately	Chief or Community Council, shop owners, chairperson of a money lending society		
Is it common for people to carry debt? If so, to what extent?	X		Both		Men and women separately (individual/small groups)	Chief or Community Council. Shop owners, chairperson of a money lending society		
What are the non-food expenditures? (Education, medical care, water, rent, shelter)	X	X	both	Focus groups/HH interviews Key informant interviews	Large group	Teachers, shop owners, medical professionals, land lords in/nearby the community		

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
Type of local government/ administration (chief, councilors, etc) What is the gender representation in the administration?	X	X	Both			Chief, councilors		
Describe how community members access natural land, water sources, or other natural resources? Are there differences between different groups, including women and men, or HH in the community?								
Describe how people access physical assets, such as shelter, clean water, tools, household items, etc. Are these services accessible by both men and women?								
Describe access to education. Do girls and boys have equal access? Do most children in your community go to school? Please explain why or why not.								
Please describe the quality of the education. Does the school have supplies and learning materials? Are the teachers trained? Are the training opportunities for teachers equal for both men and women teachers?								
Do the schools in your community have clean water, sanitation, and hygiene facilities? If so, how are they maintained? Do these facilities provide privacy for girls?								
Describe access to health care. Please explain what services are provided. Do most people in your community have access to care? Please explain why or why not.								

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
How do vulnerable groups, such as OVC, disabled, elderly, or others access the social protection services that are available? Can you describe the quality of services available? Please describe any issues of stigmatization in relation to accessing social services.								
How do people in your community become involved in social support groups? What kinds of stigma exist in your community? Please describe. Is stigmatization the same for men, women, girls and boys?								
What role do women play in community decision-making? (e.g. councils community courts, leadership roles, etc.)	X	X	Both			Chief, councilors, CGPU, DSW		
What are the inheritance practices and laws with regards to assets and OVC rights?	X	x	both		Men and women separately			
Gender								
What is the daily calendar and roles and responsibilities and time spent on each activity – men vs. women by age.	X	x	Both		Separate groups for men and women	Chief		
Access and control of assets and resources, e.g. household income, money in bank, land ownership,								
What are the inheritance practices and laws with regards to assets and women's rights?	x	X (wilisa)	Both		Separate male/female groups	Chief, local council, district administrator, master of the high court, FEDA, Ministry of Local Government and Chiefstainship		

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
Are there household decisions made by men or women jointly? Are there some decisions made only by women or only by men?	X		Both		Separate groups -women -girls -men -boys			
Household responsibilities – child-rearing, cooking, cleaning, etc.								
Describe cases of gender-based violence? Please describe how this affects men and women.	X	X	Both		Separate male/ female groups	Chief, police, Child and gender protection unit (CGPU) CBOs, Ministry of Gender		
Are women and men in communities aware of the changes in respect for women's rights since change in law giving women equal rights with men (e.g. no longer considered minors – <i>legal capacity of married persons</i>) If so, how has this changed their lives?	X		Both		Separate women/ men small groups	Ministry of gender, CBOs		
Do women and men have equal access to education and health care?	X	X	Both		Separate women/ men small groups	Ministry of Health, Ministry of Health, local clinic administrator		
Do women and men use the clinic? If not, why not?								
HIV and AIDS Are people in your community knowledgeable about HIV and AIDS? Do men and women have the same level of knowledge on HIV and AIDS, and why?	X	X	Both		CBO support group members	Clinic health workers, chiefs, councilors, teachers, priests, other NGOs in the area (e.g. CARE, World VisionV)		

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
How is HIV transmitted?	X	X	Both		CBO support group members	Clinic health workers, chiefs, councilors, teachers, priests, other NGOs in the area (e.g. CARE, WV)		
How is HIV prevented?	X	X	Both		CBO support group members	Clinic health workers, chiefs, councilors, teachers, priests, other NGOs in the area (e.g. CARE, WV)		
What is the role/responsibility of community members in alleviating the spread of HIV?	X	X	Both		CBO support group members	Clinic health workers, chiefs, other NGO's in the area (e.g. CARE, WV)		
% of HIV and AIDS infected HH; disaggregate by sex and age	X	X	Both		CBO support group members	clinic health workers, other NGO's in the area (e.g. CARE, WV)		
% of HIV and AIDS affected HH	X	X			CBO support group members	clinic health workers, other NGO's in the area (e.g. CARE, WV)		
What kinds of OVC and child protection services are available in these communities? Are they accessible by both boys and girls?	X	X	Both		CBO support group members	Chiefs, councilors, clinic health workers, other NGO's in the area (e.g. CARE, WV)		
What kinds of services, including care, treatment, and home-based care (HBC) are available to chronically ill (CI)?	X	X	Both		CBO support group members	Chiefs, councilors, clinic health workers, other NGO's in the area (e.g. CARE, WV)		
Are people accessing available ART services and medical care for AIDS related diseases? Please describe.					Health workers, PIH,			

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
How are HIV+ people viewed by your community?	X	X	Both		CBO support group members	Chiefs, clinic health workers, other NGO's in the area (e.g. CARE, WV)		
How has HIV affected food availability and access in your community?	X	X	Both		CBO support group members	Chiefs, clinic health workers, WFP, DSW, other NGO's in the area (e.g. CARE, WV)		
How have livelihood strategies changed due to the presence of HIV in your community?	X		Both		CBO support group members	Chiefs, clinic health workers, WFP, DSW, MoAFS, other NGO's in the area (e.g. CARE, WV)		
How else has HIV impacted your community?	X		Both		CBO support group members	Chiefs, councilors, clinic health workers, DSW		
Vulnerability Context								
Is child abuse common in your community? If so, describe.	X	X	Both		CBO support group members	Chiefs, councilors, clinic health workers, DSW		
What are the major shocks, cycles, and trends in your community? Which groups are impacted the most? Are women and men impacted differently? Why?	X	X						
What are different traditional coping mechanism (by wealth categories)								
Are there available safety nets in the case of shocks? Do they consider gender?								
How do shocks, cycles, and trends impact PLHIV and families affected by HIV and AIDS?	X							
Livelihoods Strategies								

INFORMATION/ QUESTION TO BE ASKED	PRIMARY	SECONDARY	URBAN/ MOUNTAIN	TOOL	GROUPS OR INDIVIDUALS WHO WILL PARTICIPATE AND HOW WILL COMMUNITIES BE DIVIDED?	WHO IS THE KEY INFORMANT TO BE INTERVIEWED?	OUTPUT	COMPLETED
What are the main livelihood strategies that community members employ? How do they differ between women and men?	X	X	Both			Chief, MoAFS extension officers, health workers, DSW, WFP, other NGO's in the area		
What kinds of risk reduction strategies do communities employ? What is the role of men and women in risk reduction strategies?	X		Both			Chief, MoAFS extension officers, health workers, DSW, WFP, other NGO's in the area		
What strategies do communities use to recover assets?	X		Both					
What strategies do communities use to diversify assets?	X		Both					
What is preventing you to improve your livelihood (target poor category wealth rank)								
What strategies do communities use to maximize assets?	X		Both					
What is being done to advocate for improved livelihoods in your community?	X		Both			Chief, MoAFS extension officers, health workers, DSW, WFP, other NGO's in the area, CGPU, MoTI		
What ideas do you have on how you could improve your livelihood ?								
Visioning								
How do people envision their homestead or community ten years from now? If they left and came back, what would they want or hope to see?	X		both		Large group, separate youth group	District administrator, Ministry of Local Government		

ANNEX D

Field Process Guide

Field Process Guide. CRS-Lesotho and Partners Participatory Livelihoods Assessment – February – March 2009.

This document serves as a guide for implementation of the Livelihoods Assessment with communities. It aims to help time the activities and ensure that all of the relevant information is generated and analyzed with community participants. However, field teams will need to make adjustments as they go through the process with the different communities. Responsibility for the timing and implementation of field exercises lies with the Team Leaders, who should *use their own best judgment at all times*. Guidance on how to implement specific PLA techniques can be found in the hand-out from the CRS RRA-PRA Manual (read before implementation).

The primary information sought in this Participatory Livelihoods Assessment is an understanding of what the poor in communities see as *their biggest issues and constraints* in regards to Integral Human Development, what they see as their *greatest opportunities* for addressing these issues and constraints, and what they think would be *effective and appropriate approaches* for doing this.

With this background, the following approaches are suggested for interactions with each target community, and as guidelines for information to be discussed and analyzed at different stages in the process.

DATE / TIME	ACTIVITY/ TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
Day 1, Morning (Group 1)	Introduction, background and overview of the PLA (9:00 – 10:00)	<ul style="list-style-type: none"> • Introductions (Community members, PLA Team) • Explain the purpose of the PLA and Expected Outputs (to inform the CRS SPP process and guide program development over next 5 years) • Explain the planned process for implementing the PLA. • Discuss and agree on the process (and timing of activities) with the community • Identify different community groups to participate in the various exercises, and the timing of the exercises • Begin the Mapping and Wealth Ranking exercises with 2 different groups (non-participants free to disperse) 	<p>Whole community (up to 50 people)</p> <p>When finished divide group in two with approx equal men and women</p>
Day 1, Morning (Group 1)	Community Mapping Exercise (10:00 – 12:00)	<ul style="list-style-type: none"> • First, ask community members to draw all landmarks that they feel are important on the map – keep asking for more until the map is fairly complete – photograph the map at this point. • Next, fill in the gaps with requests for information on any important topics not mentioned up to this point. Map should ultimately include: Boundaries, Natural Resources (water, forests, grazing lands, farming lands, etc), Structures/services (schools, clinics, government offices, roads), living areas and areas where livelihood activities take place. <p>Interview the map:</p> <ul style="list-style-type: none"> • Geographic description of location and cluster; e.g. (Community cluster near textile factory; peri-urban, etc.) HIV prevalence, gender-specific data and trends, land allocation (range area, crop production, housing, initiation schools, etc). Who has access to common-property resources, and how is access controlled (lands, forests, etc.)? • Household demographics (elderly, OVC, child-headed household, etc) • What are the types of natural capital in the community? (Land, other natural resources) • What are the types of physical capital? (HH assets, shelter, toilet or latrine, borehole, other clean water catchment) • Describe the education services in your community. Where are the nearest schools – primary and secondary; Describe education enrolment and retention for girls and boys • Health (nearest clinic or hospital; other traditional healers, etc.; quality of basic health services; HIV and AIDS-related diseases care and treatment) • What are the trends for important natural resources (e.g. soil fertility decline, depletion of fish stocks and forestry products, etc.)? • What are the impacts of these trends on the community? • What are the most important natural-resource based livelihood activities in the community, and who relies on these activities? • What are the under-exploited opportunities for generating income, and how could these be developed in an equitable manner? • Closing: Summarize main conclusions, indicate how this is an important contribution, thank the group for their time and effort 	<p>15-25 People knowledgeable about the area (include both men and women)</p>

DATE / TIME	ACTIVITY/ TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
<p>Day 1, Morning (Group 1)</p>	<p>Venn Diagrams Local Govt structure, Community Groups, Marginalized Groups 12:00-13:00</p> <p>Break for lunch 14:00-15:30</p>	<p>Venn Diagram exercise on local organizations and structures First Venn Diagram:</p> <ul style="list-style-type: none"> List all groups and organizations that are active <i>within</i> the community Identify links between groups and orgs <i>within</i> the community Show links to all organizations <i>outside</i> the community that provide support to the community groups and organizations. Second Venn Diagram: Describe local government structure within the community (both traditional and non-traditional structures) Show links between traditional and non-traditional leadership <i>within</i> the community, and with <i>external</i> structures Interview the diagrams: How do groups within the community support each other? Are there areas of conflict? Are there any marginalized populations in or near the community (and why are they marginalized)? What kinds of formal or informal banking systems and credit are available in the community? Are they accessible by women and men? Is it common for people to carry debt? If so, then to what extent? What skills and types of knowledge do people have in the community? What skills and knowledge do you feel people lack? Do both men and women have the same skills? Describe the skills. What are the spiritual beliefs that guide the community? Describe the education services in your community. Where are the nearest schools – primary and secondary; Describe education enrollment and retention for girls and boys Health (nearest clinic or hospital; other traditional healers, etc.; quality of basic health services; HIV and AIDS-related diseases care and treatment) Are there social protection services for women, OVC, or other groups in your community? Please describe. Describe the social support provided by various support groups in the community? (PLHIV, SILC, agric, OVC, etc.) What type of local government/administration (chief, councilors, etc) What is the gender representation in the administration? Describe how community members access natural land, water sources, or other natural resources? Are there differences between different groups, including women and men, or HH in the community? Describe how people access physical assets, such as shelter, clean water, tools, household items, etc. Are these services accessible by both men and women? Describe access to education. Do girls and boys have equal access? Do most children in your community go to school? Please explain why or why not Describe the quality of the education. Does the school have supplies and learning materials? Are the teachers trained? Are the training opportunities for teachers equal for both male and female teachers? Do the schools in your community have clean water, sanitation, and hygiene facilities? If so, how are they maintained? Do these facilities provide privacy for girls? Describe access to health care. Explain what services are provided. Do most people in your community have access to care? Explain why or why not. How do vulnerable groups, such as OVC, disabled, elderly, or others access social protection services? Can you describe the quality of services available? Please describe any issues of stigmatization in relation to accessing social services. How do people in your community become involved in social support groups? What kinds of stigma exist in your community? Please describe. Is stigmatization the same for both men, women, girls and boys? What role do women play in community decision-making? (e.g. councils, community courts, leadership roles, etc.) What are the inheritance practices and laws with regards to assets and OVC rights? What relief or development programs are being implemented in the community? Who has access to these programs? Are the programs well targeted to the most needy? How much input has the community had in determining <i>what</i> relief/development programs are implemented, and <i>how</i> they are implemented? Are the relief/development programs effective, and can they be sustained once external support is removed? Does the community have their own development plans? If yes, how were these created – and do community members believe that they are likely to succeed? Are copies available? (Team to obtain a copy where possible) <p>Closing: Summarize main conclusions, indicate how this is an important contribution, thank the group for their time and effort</p>	

DATE / TIME	ACTIVITY/ TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
Day 1, Morning (Group 2)	<p>Wealth Ranking (3 hours) (10-13:00, then break for lunch) <i>(use flip charts on a wall, one page per wealth category)</i></p>	<p>Wealth Ranking:</p> <ul style="list-style-type: none"> • How does the community define: a wealthy household, an average household, and a poor household? • Ask participants to list all of the assets that would be owned by a “normal” family in this Wealth Category. Include assets to which they have access, even if these are not actually owned (e.g., farming, fishing or forest areas). • Keep asking “is that all the assets?”, until participants have listed all they consider important. • Probe, using the asset categories of the IHD Framework • Identify the main sources of livelihoods for people in this asset category • Identify the most important assets associated with those livelihood strategies • Assess the quality of those assets (e.g., if they have access to land for farming, is it “good” land, or only infertile land?) • Who controls access to those assets (within or outside the HH) • What are the main livelihood activities for each category? • Distribution of wealthy, average and poor HH in the community (e.g., out of 10 HH, how many rich, avg, poor? Can use the “bean” method as a refresher exercise if appropriate) <p>Interviewing the piles: For each group—</p> <ul style="list-style-type: none"> • What types of food does your household produce? Who participates in food production? Are there different crops produced by women and men? • How much of the food you eat is produced on the homestead? • How much of the food you eat is purchased? • What is your main source of food? • Do you have surplus production that you can sell? • What do outside meals generally consist of? • How many meals per day does your family eat? • Are there any cultural taboos with regard to different food consumed? • What types of food, and how much of each are consumed in each meal? (By gender and age) • How many meals per day do you consume outside the home? • What are the sources of income in the community or HH (labor, sale agric, remittances, piece work, etc) • Who are the primary income earners and how do they generate this income? • Are jobs different between women and men? • What kinds of formal or informal banking systems and credit are available in the community? Are they accessible by women and men? • Is it common for people to carry debt? If so, then to what extent? • What are the non-food expenditures? (Education, medical care, water, rent, shelter) 	15-25 people, men and women
Day 1, Afternoon Group 2	<p>Asset Analysis and Ranking 1.5 hours (14:00-15:30)</p> <p>Use flip chart to list constraints and opportunities</p> <p>Divide group into 2 sub-groups, by gender. Each gender group should list 4 or 5 major livelihood constraints, and 4-5 under-utilized opportunities. They can then use a matrix to compare each constraint (and each opportunity) against the others.</p>	<p>Asset Analysis and Ranking</p> <p>Men and Women Separately Rank Constraints and Opportunities. Both report their outcomes</p> <ul style="list-style-type: none"> • What are the main <i>constraints</i> to improving their livelihoods? • What do they see as the main <i>opportunities</i> for improving their livelihood outcomes (Basic needs, social justice, human dignity)? How could they capitalize on those opportunities? <p>Ask these same groups to return on day 2 to discuss vulnerability, livelihood and coping Strategies within Wealth Groups.</p> <p>Closing: Summarize main conclusions, indicate how this is an important contribution, thank the group for their time and effort.</p>	15-25 people, men and women, Continue with same group that did wealth ranking; divide into two groups by gender

DATE / TIME	ACTIVITY/ TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
<p>Day 2 Group 1</p> <p>Transect walk 1 (if raining, use FGD) (9:00-11:00)</p> <p>Transect walk 2 (11:00 – 13:00)</p>	<p>A few enumerators will walk with local experts to far points in the village, and based on what they see will ask the following questions:</p> <ul style="list-style-type: none"> • Geographic description of location and cluster, e.g. (Community cluster near textile factory; peri-Urban, etc.) HIV Prevalence, Gender specific data and trends, land allocation (range area, crop production, housing, initiation schools, etc) • What types of food does your household produce? Who participates in food production? Are there different crops produced by women and men? • How much of the food you eat is produced on the homestead? • How much of the food you eat is purchased? • What is your main source of food? • Do you have surplus production that you can sell? • What do outside meals generally consist of? • Are outside meals, and food purchases generally acquired with cash, credit, trade/borrowing/barter, or food aid? • How much per week is spent on purchased food? • How many months of food provisioning is produced on the homestead? • Which months does your household find it the most difficult to access food? Why? • If food is insufficient, who in the household has priority? • What type of market infrastructure are there and how do people access them ? • Do you have a market where you can purchase and sell food and other commodities • If food is insufficient, what do you do to make up the deficit? • What are the types of natural capital in the community? (Land, other NR) 	<p>Ask to walk with a few people who are in the poorer wealth categories, or special interest</p> <p>Discuss specific areas after we learn major livelihood activities and see who is there, etc.</p>	
<p>Day 2: Morning (Group 2)</p> <p>Livelihoods, vulnerability, and coping strategies</p> <p>Divide Focus group discussion by gender. Make sure to focus the discussion and get specific vulnerabilities and strategies for each wealth group. Watch out for bias and ensure that discussion isn't dominated. 2 hours (9:00-11:00)</p>	<p>Livelihoods, vulnerability, and coping strategies for each wealth group</p> <ul style="list-style-type: none"> • Introduce topic, and provide a recap of the wealth groups descriptions that were discussed the previous day. <p>Livelihood Strategies</p> <ul style="list-style-type: none"> • What are the main livelihood strategies that community members employ? How do they differ between women and men? • What kinds of risk reduction strategies do communities employ? What is the role of men and women in risk reduction strategies? • What strategies do communities use to recover assets? • What strategies do communities use to diversify assets? • What strategies do communities use to maximize assets? <p>Vulnerability</p> <ul style="list-style-type: none"> • What are the main threats to livelihoods in this community (the Vulnerability Box) • Is child abuse common in your community? If so, describe. • What are the major shocks, cycles, and trends in your community? Which groups are impacted the most? Are women and men impacted differently? Why? • What are different traditional coping mechanism (by wealth categories) • Are there available safety nets in the case of shocks? Do they consider gender? • How do shocks, cycles, and trends impact PLHIV and families affected by HIV and AIDS? <p>Coping Strategies</p> <ul style="list-style-type: none"> • What are the main "Coping Strategies" for this group when these things happen (e.g. when household food stores run out), What is the order in which these strategies are employed (e.g. first – eat reduced quantities at meal times, second – skip meals, third – start collecting wild fruits, etc.) • Are any families in the community employing any of these coping strategies now? Which strategies? • What is preventing you to improve your livelihood (target poor category wealth rank) • What ideas do you have on how you could improve your livelihood? <p>Closing: Summarize main conclusions, indicate how this is an important contribution, thank the group for their time and effort</p>	<p>Same two groups of men and women that did the Asset Analysis</p>	

DATE / TIME	ACTIVITY / TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
<p>Day 2: Morning Group 2</p>	<p>Problem tree analysis followed by discussion on HIV/AIDS (Focus Group Discussion, Divide into four groups: mend, women, boys, and girls (11:00 – 13:00)</p> <p>Break for Lunch 13:00 – 14:00</p>	<p>Problem Tree Analysis – HIV and AIDS</p> <ul style="list-style-type: none"> • How does the community identify HIV/AIDS affected households? • What are the myths and misconceptions surrounding HIV/AIDS? • Is HIV/AIDS the most important disease in the community? Are there other health problems of equal or greater concern? (If yes, what?) • How does HIV/AIDS impact the community? • What are the effects on the household? Women and children? • What are the coping mechanisms for the effects of HIV/AIDS, both at community level and household? • What are the prevention and mitigation approaches utilized in the community (traditional and non-traditional)? • What could/should be done to improve prevention and mitigation approaches? • What are the sources of food/nutrition for HIV/AIDS affected individuals/HH? • Are there social protection services for women, OVC, or other groups in your community? Please describe. • Health (Nearest clinic or hospital; other traditional healers, etc.; quality of basic health services; HIV and AIDS related diseases care and treatment) • Are there any traditional beliefs that negatively impact women, men, or PLHIV? • How do spiritual beliefs impact HIV and AIDS? • What strategies does the community/households have to support those individuals that are recovering from AIDS? What are their needs? • What HIV/AIDS activities are done in this area by Government, NGOs and others? Please list. • Are people in your community knowledgeable about HIV and AIDS? Do men and women have the same level of knowledge on HIV and AIDS, and why? • How is HIV transmitted? • How is HIV prevented? • What is the role/responsibility of community members in alleviating the spread of HIV? • % of HIV and AIDS infected HH; disaggregate by sex and age • % of HIV and AIDS affected HH • What kinds of OVC and child protection services are available in these communities? Are they accessible by both boys and girls? • What kinds of services, including care, treatment, and home-based care (HBC) are available to chronically ill (CI)? • Are people accessing available ART services and medical care for AIDS related diseases? Please describe. • How are HIV+ people viewed by your community? • How has HIV affected food availability and access in your community? • How have livelihood strategies changed due to the presence of HIV in your community? • How else has HIV impacted your community? <p>Closing: Summarize main conclusions, indicate how this is an important contribution, thank the group for their time and effort</p>	<p>separate groups of men and women, boys, and girls, and then bring together for sharing/discussion</p> <p>Participants should be primarily individuals with CI, on ART, and OVC household members, or close relatives of families with CI and OVC individuals</p>

DATE / TIME	ACTIVITY/ TOOL	INFORMATION SOUGHT, ANALYZED	PARTICIPANTS
<p>Day 3</p>	<p>Problem tree analysis followed by discussion on Gender (Focus Group Discussion, Divide into four groups: men, women, boys, and girls (11:00 – 13:00))</p> <p>Break for Lunch 13:00 – 14:00</p>	<ul style="list-style-type: none"> • Are women and men in communities aware of the changes in respect for women's rights since change in law giving women equal rights with men (e.g., no longer considered minors – <i>legal capacity of married persons</i>)? If so, how has this changed their lives? • Do women and men have equal access to education and health care? • Do women and men use the clinic? If not, why not? • Describe cases of gender based violence? Please describe how this affects men and women. • Household responsibilities – child rearing, cooking, cleaning, etc • Are there household decisions made by men or women jointly; are there some decisions made only by women or only by men? • What are the inheritance practices and laws with regards to assets and women's rights? • Access and control of assets and resources, e.g. household income, money in bank, land ownership. • What is the daily calendar and roles and responsibilities and time spent on each activity – men vs. women by age. • How do people in your community become involved in social support groups? What kinds of stigma exist in your community? Please describe. Is stigmatization the same for both men, women, girls and boys? • What role do women play in community decision-making? (e.g. councils community courts, leadership roles, etc.) • How do vulnerable groups, such as OVC, disabled, elderly, or other access social protection services that are available? Can you describe the quality of services available? Please describe any issues of stigmatization in relation to accessing social services. • Do the schools in your community have clean water, sanitation, and hygiene facilities? If so, how are they maintained? Do these facilities provide privacy for girls? • Are the training opportunities for teachers equal for both men and women teachers? • Describe access to education. Do girls and boys have equal access? Do most children in your community go to school? Please explain why or why not. • Describe how people access physical assets, such as shelter, clean water, tools, household items, etc. Are these services accessible by both men and women? • Describe how community members access natural land, water sources, or other natural resources? Are there differences between different groups, including women and men, or HH in the community? • Type of local government/administration (chief, councilors, etc) What is the gender representation in the administration? <p>Team meets to synthesize findings and prepare "Report Back" for the community</p>	<p>Same as above</p>
<p>Day 4 Whole Team</p>	<p>Consolidation Day 9:00 – 15:00</p> <p>Feed-back and verification of data with community 9:00 – 10:30</p>	<p>The PLA Team reports back to the community on the outcomes of the discussion and analysis:</p> <ul style="list-style-type: none"> • Present <i>summary of findings</i> (not every detail). Identify: <ul style="list-style-type: none"> • Main livelihood strategies • Main <i>constraints</i> identified by the community to achieving IHD (basic physical needs, social justice and human dignity) • Main issues surrounding HIV/AIDS • Main <i>opportunities</i> for improving lives and livelihoods • Ask the community to confirm the conclusions, or modify/correct as necessary. <p>Closing: Summarize main conclusions, indicate how this is an important contribution, thank the community for their time and effort</p>	<p>All participants</p>
<p>Day 4 Whole Team</p>	<p>Visioning 10:30 – 11:00</p> <p>Focus group discussions – separate groups by gender and youth groups; also get information for each wealth group; Take notes on flip chart; Report back to plenary</p>	<ul style="list-style-type: none"> • How do people envision their homestead or community ten years from now? If they left and came back, what would they want or hope to see? <p>Thank community again and close</p>	<p>Divide groups into men, women, girls, and boys</p>

ANNEX E

Team Members listed by Organizational Affiliation

Acknowledgements

The participants from the CRS Southern Africa Regional Office (SARO) would like to thank CRS Lesotho, the Catholic Commission for Justice and Peace (CCJP), and Caritas Lesotho for the opportunity to lead and assist with this livelihoods assessment. This critical process represented a truly joint effort on the part of each organization in providing staff to learn and participate on the assessment team, and engage the people we serve in discussing their livelihoods and identifying priority areas for existing and future programs. This also represents one of the first opportunities to use the CRS IHD manual, and to help more CRS staff and partners, and communities apply the IHD conceptual framework. We believe that the findings and recommendations from this assessment will inform future programs, and that the experience and skills gained will help CRS and its partners continue to design and implement strong programs.

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ANNEX F

Map of Lesotho



ANNEX G

Lesotho Livelihood Assessment Roadmap

IHD foundation

The design of the livelihoods assessment is founded in the CRS Integral Human Development conceptual framework and includes the key elements of that framework. It was therefore important that all of the people implementing the assessment understand the conceptual framework well. An outline of the IHD concept, and conceptual framework are provided in Annex A.

Livelihoods Assessment Checklist

This is a list of information that the assessment team felt was vital to understand in order to develop relevant and effective programs. The checklist guided the discussion with the communities and ensured that all key areas of the assessment were covered. The checklist that was used in this Livelihoods Assessment is shown in Annex C.

Key Informant Interviews

The purpose of key informant interviews was to triangulate data collected from community members and gain a broader perspective of the livelihood systems in the assessment villages. Key informants generally included local authorities, health workers and clinic staff, teachers, local business owners, etc. The list of key informants interviewed in each location is provided in Annex E.

Participatory Rural Appraisal Techniques

The assessment team used Participatory Rural Appraisal techniques (PRA) to generate and analyze key information with the communities. The CRS PRA manual describes a range of tools and provides guidance on how to apply them in the field. It was important that the assessment team was familiar with a wide range of tools so that they could select appropriate tools to investigate certain subjects and so that all team members could work together to apply the techniques in effective and truly participatory ways. The CRS PRA/RRA manual can be downloaded from the CRS website.

Process Guide

The Process Guide outlines the order and process of the assessment at the community level. It describes the PRA tools that will be used, the order in which they will generally be applied, the types of information sought, and the types of community groups that will be engaged in the application of each tool. It helps to ensure that similar processes and similar types of information are generated in each of the communities where the assessment is done. The process guide should be based on (and replace) the Checklist. It should be noted that the process guide is still only a rough guide, and team leaders were encouraged to modify the process whenever they felt it was necessary or beneficial for the assessment (follow the dictum: “Use your own best judgment at all times”).

Field Work

This describes the implementation of the assessment in each of the targeted communities. Details are provided for each community in the methods section of the document.

Data Consolidation and Analysis

It was important that the team members consolidate and type-up field notes on a daily basis during the assessments in the communities. This ensured that no important information was lost and that all relevant information was easily accessible when the analysis and synthesis was done.

Final Report

The final report was drafted as soon as possible after the assessment had been completed. This ensured that the information was captured and put into a form that could be used immediately and well into the future. If not done immediately, there was a good possibility that the relevant staff would become busy with other priorities, and the report would never have been written or used. This is a terrible waste of resources and good information that is vital to ensure good programming. The final report should also be published. This allows it to be shared readily with others who might have a vital interest (like in-country donors) and to serve as a reference/case study for other CRS Country Programs that are planning similar studies.

ANNEX H

Assessment Process Limitations and Recommendations

Logistics Planning

It was difficult to foresee that the livelihoods assessment was scheduled to take place while two other major activities were being implemented in the country program. As a result, the participation of senior staff was extremely limited, and the assessment team, originally large enough to assess two villages in each zone, was reduced. During the assessment process, some team members who were trained were not able to participate in both villages. Due to these factors, only one site per livelihood zone was assessed. At the same time, the country program was provided with one full time RTA for a seven-week period (including four weeks in-country), an additional RTA for three weeks (two in-country), and the STA for a one-week training. While the data collected was useful and will inform future programming, the scope was limited given the diversity of villages within each livelihood zone.

Recommendations:

- It is extremely important to highlight that the SPP process is scheduled to take place only every five years, *and hearing from the people we serve is critical to developing sound programming*. The assessment team would recommend that in the future the process be rescheduled to a time where more people can fully participate, even if this requires asking for an extension to complete the SPP. SARO regional staff are available to provide technical guidance and assistance, but senior staff at the country program level should also be participating on the assessment teams and conducting the fieldwork. Such first-hand knowledge of the situation in the field, and the perspectives of the people we serve, is critical to providing sound leadership and guidance in program development and implementation.
- The assessment team also recommends that the Lesotho staff continue to assess additional villages. This may not be a part of the SPP, but as programs continue to grow and new villages are engaged, the process of engaging with community members, local authorities, and transitional leaders, and understanding their livelihood systems is critical.

Training process and Development of Assessment Tools

The assessment team related that the time allotted for the training was too short, especially the PRA practicum. It took a full run-through of the PRA tools in the first village for staff to learn to facilitate and familiarize themselves with the process. The participants and facilitators also observed that a great deal of time was spent going between the checklist and the process guide, ensuring the questions were the same. This was in part due to using past versions of both documents. This helped the participants in many ways understand the final product. However, the feeling was that this process could be streamlined. Participants also felt that training more people in PRA would be useful.

Recommendations:

- More time should be allotted for practicing the PRA activities in real life situations prior to the actual field work. This could be organized around Maseru.
- Design a more streamlined training tool that includes a comprehensive list of questions presented in a logical format and order for participants to choose from and modify. Consolidate the checklist and process guide into one tool. Allow time to translate the tool into the local language as well.
- Include more people from CRS and partners in the training, even if they will not participate in the field work. The skills learned during the training are still highly useful for regular program activities.

Participant Diversity

One of the primary purposes of the livelihoods assessment is to engage a wide variety of people of varying wealth groups and different areas of employment in the activities in order to get a broad picture, limit bias, and representative development priorities. In a rural setting, care must be taken to plan activities when farmers are not the busiest. If the team needs to meet with youth, then meetings must be scheduled when they are not in school and available, etc. The assessment team felt that the participation in Maputsoe was limited primarily because the majority of participants were the elderly and unemployed. This was due in large part to most of the adults in the urban and peri-urban areas were employed in factories, doing piece work, or holding other day-time jobs. While people did farm small homesteads, this was frequently not their only livelihood activity. The assessment team coped with this limitation by engaging roadside sellers in interviews and holding an additional session on Saturday in order to talk to a few factory workers and youth. Additional probing was also necessary during the PRA activities.

Recommendations:

- The schedules for assessing peri-urban and urban areas should be revisited. To the extent possible, meetings should be held on Saturdays. Additional meetings could be scheduled with vendors and factory owners and workers in the early evening or on Saturdays. Consider household interviews or surveys as well as small focus group discussions since the diversity of livelihood activities is high, and there is not always group consensus on priorities.

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