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# NATIONAL RESPONSE EFFORTS TO ADDRESS SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN IN LESOTHO

## A DESKTOP STUDY

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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# ACRONYMS

ART	antiretroviral therapy
CGPU	Child and Gender Protection Unit
CWPA	Children's Protection and Welfare Act
CSA	child sexual abuse
GBV	gender-based violence
IOM	International Organization for Migration
MOHSW	Ministry of Health and Social Welfare
MGYSR	Ministry of Gender, Youth, Sports and Recreation
MSD	Ministry of Social Development
OVC	orphans and other vulnerable children
PEP	post-exposure prophylaxis
STIs	sexually transmitted infections
WHO	World Health Organization





# SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN IN LESOTHO

## BACKGROUND ON LESOTHO

Lesotho is a small, mountainous kingdom situated in the southern part of Africa which is completely surrounded by the Republic of South Africa. The country is divided into 10 administrative districts with a total area of about 30,355 square kilometers. Less than 10 percent of the land is arable. The country has been divided into urban and rural residential areas, and further subdivided into four ecological zones: Lowlands, Foothills, Mountains, and Senqu River Valley (BOS 2007).

According to the 2006 Lesotho Population and Housing Census, the population of Lesotho is 1,876,633, of which 23 percent live in urban areas. Lesotho is a relatively young country with approximately 52 percent of Basotho below the age of 18. Between 1996 and 2006, Lesotho's total fertility rate declined from 4.1 to 3.5 births, while life expectancy at birth decreased from 59 years to 41 years (*Ibid.*).

Lesotho's economy is based on agriculture, livestock, and small-scale industries that include clothing, footwear, textiles, food processing, construction, and remittances from Basotho miners employed in South African gold mines (although the number of such mine workers has declined steadily in past years). In addition, the expansion of diamond mines and the opening of new ones within Lesotho have contributed to the country's economic growth in recent years (ADB 2008).

Despite having achieved many development milestones, Lesotho continues to have one of the highest levels of inequality, with 58 percent of the population living below the poverty line of U.S.\$1.50 per day. The country ranks 141st out of 169 in the United Nations Human Development Index (World Bank 2012).

Maternal and newborn health is of particular concern; maternal mortality has been worsening and is among the highest in southern Africa, ranking between the 80th–90th percentiles globally. Recent maternal mortality ratio estimates range between 762 and 960 per 100,000 live births, almost a two-fold increase from 2001 (416 per 100,000). Infant mortality rates have increased alarmingly over the past decade by approximately 19 percent, from 72 deaths per 1,000 live births (2000–04) to 91 deaths per 1,000 live births (2005–09) (*Ibid.*).

## IMPACT OF HIV AND AIDS

Lesotho has the third highest HIV prevalence in the world at 23 percent. The HIV epidemic coupled with poverty pose the biggest challenge to the realization of children's rights in the country (Sloth-Nielsen 2007).

The UNAIDS 2009 Country Situation Report on Lesotho estimates annual new infections at 21,000 and an estimated 260,000 people (ages 15 years and older) are living with HIV. Approximately

21,000 children are living with HIV. The antiretroviral therapy (ART) coverage rate has been increasing to about 50 percent in 2008.

The key drivers of the HIV epidemic in Lesotho include multiple and concurrent partnerships, alcohol abuse, low and incomplete male circumcision, and low and inconsistent condom use especially during higher-risk sexual acts. HIV discordance in couples and the presence of sexually transmitted infections (STIs) are also factors fuelling the spread of HIV. Key social and structural factors driving the epidemic are gender inequality, gender-based violence, migration and mobility, and inter-generational and transactional sex (NAC 2010).

As a result of high HIV sero-prevalence, Lesotho has a very high rate of orphans and other vulnerable children (OVC) (Tamasane et al. 2011). UNAIDS reports approximately 200,000 OVC, 67 percent of which are AIDS orphans. However, a recent assessment on the situation of OVC in Lesotho, conducted by the Ministry of Health and Social Welfare (MOHSW), suggests a much higher figure of 363,526 (MOHSW 2011).

Many efforts are underway to address the specific needs of OVC through protection, nutrition and food assistance, referrals to basic health care, school bursaries, psychosocial support, birth registration, trusteeship for children's estates and household economic strengthening programs (UNAIDS 2009; PEPFAR 2012). Yet, although clear gender-related disparities among children are evident, activities to address these disparities by implementing partners "have not been intentional as much as they have been reactive" (PEPFAR 2012).

Women and girls are disproportionately vulnerable to HIV infection and to the impact of the epidemic due to their lower socioeconomic position in both traditional and legal settings. Their vulnerability stems from the fact that they are not culturally empowered to make decisions on their sexuality, and their economic dependence predisposes them to sexual exploitation (NAC 2006). Despite legislation and programs addressing violence against women and girls, there are still high rates of gender-based violence and risk of infections. The links between sexual violence and exploitation against children and HIV have been well established in the literature. The *World Health Organization (WHO) World Report on Violence and Health* (Jewkes et al. 2002) confirmed the following:

- Girls who experience sexual violence are at significantly greater risk for depression, post-traumatic stress syndrome, suicide, unwanted pregnancy, miscarriages and other complications during pregnancy, as well as STIs, including HIV. They are also more likely to experience intimate partner violence or sexual violence.
- Sexual violence against girls is associated with an increased risk of acquiring HIV and STIs.
- When they become adults, people who were sexually abused as children are more likely to engage in behaviors known to put them at risk for HIV.

# PREVALENCE OF VIOLENCE AND SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN GLOBALLY AND IN LESOTHO

Scant data exists on the prevalence of violence against children worldwide. However, available information, including the United Nations Secretary-General's Study on Violence against Children, show that violence against children is a global problem (UNICEF 2011).

Violence against and the exploitation of children includes “all forms of physical or psychological abuse, injury, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” (UNICEF 2011). Sexual violence and exploitation against children, in particular, has a tremendous impact on reproductive, mental health and social well-being, and is associated with an increased risk of a range of sexual and reproductive health problems, including unwanted pregnancy, pelvic inflammatory disease, infertility, gynecological disorders, and the transmission of HIV and other STIs (Krug 2002, UNICEF 2011).

According to the *World Report on Violence Against Children* (Pinheiro 2006), the global evidence base concerning child sexual abuse (CSA) is growing, with an estimated 150 million girls and 73 million boys under the age of 18 having experienced forced sexual intercourse or other forms of sexual abuse involving physical contact. A literature review on child sexual abuse conducted by the East, Central and Southern Africa Health Commission (ECSA-HC 2011) suggests high prevalence of all the forms of CSA in sub-Saharan Africa. Some examples include:

- One in three females (ages 13 to 24 years) in Swaziland has experienced some form of sexual violence in her life. Among incidents that occurred prior to age 18, a third (33 percent) occurred in the females' own homes; 23 percent occurred in the home of a friend, relative or neighbor; 19 percent occurred in a public area/field; 10 percent occurred in a school building or on school grounds; and 9.5 percent occurred on the way to or from school.
- Lifetime exposure to sexual abuse was reported by an average of 23 percent (9 percent to 33 percent) of schoolchildren aged 13-15 from Namibia, Swaziland, Uganda, Zambia, and Zimbabwe.
- Almost one quarter (24 percent) of the 4,412 schoolchildren surveyed in Malawi reported being forced to have sex against their will; 14 percent were touched on their genitals or breasts against their will; and 4 percent of children over age 13 were forced to engage in some form of oral sex.

The review indicated that the programmatic response in sub-Saharan Africa to reduce vulnerability to sexual violence and exploitation against children included awareness-raising and behavior change interventions, availability of child helplines, community-based approaches intended to prevent sexual violence and exploitation against children and mitigate stigma, and service-delivery projects. Specific approaches to addressing sexual harassment in schools, children living and working in the street, children in alternate care, children who have been trafficked, and interventions directed toward perpetrators were found to be promising (ECSA-HC 2011). Yet, despite some progress made in addressing violence against children, the United Nations Secretary-General's *Study on Violence Against Children* highlights that much more work remains to be done. Efforts to address this issue are frequently reactive, not focused on underlying causes, and fragmented. Resources are insufficient to adequately address the problem, and international commitments to protect children from violence are often not translated into action at the national level (UN 2006).

In Lesotho, a recent (2011) study revealed that a total of 5.8 percent of all households with children had at least one child who had been subject to violence in the year before the survey, comprised of 4.6 percent physical violence, 1.1 percent sexual violence, and 0.1 percent both physical and sexual violence. Just less than one out of ten respondents (9.7 percent) noted that in the year before the survey they were personally aware of situations of sexual abuse in their immediate neighborhoods, with figures especially high in urban areas. This suggests a very high rate of child sexual abuse, approximately 10,000 cases or roughly two to three percent of all households (MOHSW 2011).

While several studies have been conducted to specifically look at the challenges and needs of OVC, very little statistical evidence has been collected on the magnitude and nature of sexual violence and exploitation against children in Lesotho. However, the limited anecdotal evidence available suggests that sexual violence and exploitation against children is a serious issue.

Poverty and consequent food insecurity, together with HIV, have been identified as the biggest threats to the survival, care, protection and development of children in Lesotho, as they constrain the ability of households and communities to care for their own. Without the protection of parents, the lives of OVC in Lesotho are often marred by cruelty, sex for food, cheap or forced child labor, early marriage, child rape and coerced sex work (Tamasane 2011).

# PURPOSE AND OBJECTIVES

The main purpose of this desktop study is to extrapolate from the existing literature the extent of sexual violence and exploitation against children in Lesotho and to better understand national response efforts by the government of Lesotho.

Specific objectives:

- Review existing documentation, both published and gray literature, which includes information on sexual violence and exploitation against children in Lesotho.
- Summarize relevant themes emerging from the literature and outline current response efforts to prevent and manage sexual violence and exploitation against children in Lesotho.



# METHODOLOGY

## SEARCH FOR PUBLISHED LITERATURE

The authors conducted electronic searches for published literature using Google Scholar, Google, Journal Storage, Medline, and PubMed. Examples of search terms used include:

*Lesotho, southern Africa, violence, sexual violence, child sexual abuse, sexual coercion, rape, forced sex, gender-based violence, children sexual exploitation, child protection, youth, orphans and vulnerable children, girls, boys, trafficking, schools, education, post-exposure prophylaxis, NGO, government, HIV, AIDS, policy, etc.*

Search results revealed a lack of peer reviewed journal articles addressing the subject of sexual violence and exploitation against children in Lesotho specifically. Of those identified, the majority focused on violence against children in schools. Articles that did specifically address sexual violence and exploitation against children consisted predominantly of research conducted in neighboring countries in southern Africa, such as South Africa and Swaziland, which share similar socio-cultural norms and practices.

The authors reviewed and analyzed articles for information on the extent of sexual violence and exploitation against children in Lesotho and response efforts to prevent and manage it by government, UN agencies, and other development partners.

## SEARCH FOR GRAY LITERATURE

Since the authors found very few peer-reviewed journal articles on the subject of sexual violence and exploitation against children in Lesotho, they conducted searches for other documentation on relevant websites of organizations and UN agencies working on the subject of sexual violence and exploitation against children either directly in Lesotho, regionally within southern Africa, in sub-Saharan Africa, and globally. The authors explored citations listed in identified publications to identify additional relevant documents and websites.

The authors searched for government publications on various ministry websites; however, many of these sites did not have active links to available government documents. Additionally, they directly solicited contacts working in Lesotho for additional documents and publications not readily available via the web.





# **VULNERABLE CHILDREN IN LESOTHO: VIOLENCE AND SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN**

An extensive recent assessment of the situation of vulnerable children by the MOHSW estimated that just over one-third (33.8 percent) or 363,526 Basotho children are orphaned. The majority of children in Lesotho are vulnerable to food and economic insecurity, and over half of all children live in poverty, with approximately 10 percent (approximately 100,000) of all children vulnerable to specific, serious challenges and two to three percent (approximately 30,000) most vulnerable and in need of urgent, targeted assistance (MOHSW 2011). Results from this assessment pointed to issues of vulnerability and suggested that many orphans are not vulnerable per se, but rather that program responses should be focused on vulnerability rather than orphan status. Qualitative findings indicated that caregivers and children were concerned about the current emphasis on orphans and indicated a need to strengthen community-level mechanisms to focus on prioritizing those most in need.

With regard to violence against children, the main areas of concern in Lesotho include physical and sexual abuse, corporal punishment, as well as emotional and psychological abuse and discrimination against orphans and children living with HIV (Zuberi 2005).

Reported incidents of rape have been on the rise, including cases of children of all ages, with the highest number in the 13-18 age group although an increasing number of reported rape cases involve young children and infants as young as 12 months. In 2005, out of 668 cases reported to the Child and Gender Protection Unit, 339, or 51 percent, were sexual offences, and of these, 166 involved children under the age of 18. Between January and June 2006, 789 sexual offence cases were reported, of which 179 involved children (UNICEF 2006). Data collected between April and December 2009 from national crime statistics indicated 57 reported cases of neglect of children and 23 cases of assault against children. These cases included child neglect, common assault, abduction (forced elopement), and sexual assault. However, experts believe the true number of child abuse cases to be much greater (U.S. Department of State 2011).

The few documents that specifically address sexual violence and exploitation against children in Lesotho point to issues of violence in schools, high rates of child marriage, and serious concerns around child trafficking and sexual exploitation. It is worth noting that while, anecdotally, many cases of sexual violence and exploitation against children occur at the hands of a family member our

review found no available data that specifically looks at sexual violence taking place within the household.<sup>1</sup>

### **Violence in Schools**

Several peer-reviewed journal articles have been published on the subject of violence in Lesotho schools. A national cross-sectional study conducted in 10 countries, including Lesotho, on prevalence and risk factors for forced or coerced sex among school-going youth indicated that sexual violence was very common among school children, affecting one out of five children aged 11-16 years of both sexes, with the occurrence increasing with age (Andersson et al. 2012).

Specifically in Lesotho, a study conducted on the perceptions, experiences, and observations of school violence (De Wet 2007) indicated that 10.7 percent of the 272 respondents shared the perception that (some) learners at their respective schools raped fellow learners. The study also found that some educators verbally, physically and sexually abused their learners. A further study highlighted examples of specific incidents of violence including female learners who were gang raped by groups of boys and female learners who agreed to satisfy teachers' sexual demands out of fear that the teachers would physically punish them if they rejected the teachers' advances (Ngakane et al. 2012).

While Lesotho has been praised for its high female enrollment rate in primary school, a study on the implications of girls' and boys' experiences of gender roles in rural primary schools revealed that school enrolment statistics might paint a false picture of gender equality (Morojele 2011). While female literacy rates were higher than those of males in Lesotho, and girls far outnumbered boys in school attendance at the secondary level, this may be attributable to contextual factors such as the higher dropout rate of boys who leave school to herd cattle, enter into initiation ceremonies and/or seek out better economic opportunities, including working in mines in South Africa, rather than intentional institutional or government policies enacted to ensure gender equality (PEPFAR 2012).

Additionally, because patriarchal ideologies of gender are continuously promoted in the school environment, boys are pressured to attain and assert their masculinity or else face humiliation in cases where they cannot uphold these masculinities. This thinking continues to predispose girls to sexual violence, regardless of the girls' high enrollment in schools (Morojele 2011).

### **Child Marriage**

The legal age for marriage in Lesotho is 21 years. The adoption of the Child Protection and Welfare Act (2011) raised the requirement for written consent of legal guardians to age 18 for both boys and girls. Despite the presence of laws to protect children, early and forced marriage, including marriage by abduction, continue to be a problem.

The recent assessment of the situation of vulnerable children in Lesotho conducted by the MOHSW indicated that for those girls aged 14-17 who were not in school (13,219), a total of 1742 (13.3 percent of all girls not in school) were not in school because they were married. This amounts to 1.4 percent of all girls aged 14-17, out of a total of 126,676. A further 1,567 (11.9 percent of all those girls not in school or 1.2 percent of all girls aged 14-17) were not in school because they were pregnant (MOHSW 2011).

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<sup>1</sup> The 2011 PEPFAR Gender Assessment also highlights the need for "additional data on prevalence of child sexual abuse, including where children experience abuse, children's help-seeking behaviors, and who the perpetrators of abuse are."

The assessment report highlighted that varying figures for child marriage exist. The 2009 DHS suggests that among women currently aged 20-24, 2.3 percent were married by the time they turned 15 and 18.8 percent were married by the time they turned 18. UNICEF reported a slightly higher figure of 3 percent of women aged 20-24 who were married before they turned 15. The Population Council, using data from the 2006 census, reported in 2009 the following figures for females currently aged 20-24 who were married by the age of 15: urban 2 percent, rural 2.6 percent, national 2.5 percent.

### ***Child Trafficking and Sexual Exploitation***

Lesotho is a source and transit country for women and children subjected to forced labor and sex trafficking. The U.S. State Department's *Trafficking In Persons* report explains that within Lesotho, women and children are subjected to domestic servitude, and children, to a lesser extent, to commercial sexual exploitation. Basotho women and children are exploited in South Africa during domestic servitude; and some girls brought to South Africa for forced marriages in remote villages may subsequently encounter situations of domestic servitude or commercial sexual exploitation (U.S. State Department 2011).

A study conducted by the International Organization for Migration (IOM) between 2002 and 2003 indicated that, in Lesotho, street children who move to Maseru to escape domestic violence and the effects of HIV and AIDS are often coerced or forcibly abducted by white, Afrikaans-speaking men. These children are then taken across the border with the consent of the border officials to border towns and asparagus farms in the Eastern Free State of South Africa, where they are forcibly held in private houses and are sexually assaulted over several days by small groups of men. They are then returned to the border or left on the streets of towns in the Eastern Free State to find their own way home. Street children in Maseru are also trafficked by long-distance truck drivers, who treat them as sex slaves on their routes. These children travel as far as Cape Town, Zimbabwe, and Zambia (IOM 2003).

Furthermore, the U.S. State Department *Report on Human Rights* states that, according to media reports, child prostitution is a problem in Lesotho. Young girls and boys, many of whom are orphans, move to urban areas to engage in sex work. The report references a 2001 UNICEF assessment, which concluded that child prostitution in the country was driven by poverty and undertaken only as a last resort. Prostituted children most often acted on their own and were apparently not controlled by organized criminal syndicates or any other third party. However, UNICEF and the government agreed that while the numbers remained small, the trend toward the commercial sexual exploitation of children was a growing problem. Reports from 2000 and 2004 from the Ministry of Labor and Employment in collaboration with UNICEF and other partners indicate that the worst forms of child labor included forced sex work, yet not enough resources within either the police force or the Department of Social Welfare were available to adequately address the needs of children likely to engage in prostitution (U.S. State Department 2011).



# KEY THEMES EMERGING FROM THE LITERATURE

## **Strength/Existence of Policy Framework to Support Child Protection**

Lesotho is committed to and has made progress toward advancing the health, well-being and protection of children, and there are multiple efforts underway to address the needs of vulnerable children. The Children's Protection and Welfare Act (CPWA), as the basis for government responsibility to support a worthy response to sexual violence and exploitation against children in Lesotho, is a comprehensive statute that brings together past policies and regulation on children's protection and welfare. Further, the focus of the new Lesotho National Strategic Plan on Vulnerable Children 2012–17 is promising, moving toward a human rights and results-based approach that is focused more on child vulnerability rather than a child's orphanhood status (MSD 2012). Also promising is the fact that the strategic plan explicitly notes the different gender vulnerabilities of boys and girls, and states that stakeholders should take into account gender differences between boys and girls and the associated risks and vulnerabilities while developing their respective responses.

## **Promising Presence of Child and Gender Protection Unit**

Due to increasing numbers of cases of violence involving vulnerable children, youth, and women, the Child and Gender Protection Unit (CGPU) was established by the Ministry of Home Affairs in 2002 as a specialized unit within the Lesotho Mounted Police Service to provide law-enforcement services for crimes against women and children, especially abuse and domestic violence. The CGPU is tasked with operating nationwide, with branches in all 10 districts. The very existence of the CGPU is a promising step toward addressing sexual violence and exploitation against children. Despite challenges in making this police unit functional and effective, much goodwill exists towards supporting its growth.

## **Lack of Statistical Evidence on the Magnitude and Nature of Sexual Violence and Exploitation in Children in Lesotho**

Although anecdotal evidence collected through various assessments and some police reports suggest that the prevalence of sexual violence and exploitation in children in Lesotho is high, there is no rigorous statistical evidence available to verify this claim. Studies led by the MOHSW, UN agencies, and development partners indicate that sexual violence and exploitation against children is a serious concern requiring immediate attention. Recommendations emerging from these studies point to the need to build a stronger evidence base to properly design and implement an effective response.

*“There is a need for additional data on prevalence of child sexual abuse, including where children experience abuse, children's help-seeking behaviors, and who the perpetrators of abuse are. Having this information would greatly assist in the design of appropriate response and prevention programming as well as provide a baseline for an intervention and evaluation.”*

*(PEPFAR Lesotho Gender Assessment 2012)*

### **Need for Improved Coordination and Cross-Sectoral Collaboration to Better Prevent and Manage Sexual Violence and Exploitation in Children**

Effectively addressing sexual violence and exploitation in children requires a coordinated multi-sectoral response involving police, health care workers, social workers, and the judiciary. The literature suggests some strategies to improve coordination and collaboration amongst sectors including:

*Mapping of existing services and programs to better understand who is doing what and to identify opportunities and gaps for prevention and response:* While the main actors addressing sexual violence and exploitation in children seem to be the MOHSW and the Child and Gender Protection Units, linkages with existing OVC efforts should be identified as much as possible (PEPFAR 2012).

*Encouraging actors from different sectors to participate in joint trainings to better understand the role each sector plays in response efforts:* Training health staff along with magistrates and prosecutors would enable each group to understand the problems faced by the other and would also facilitate referrals (Pholo and Partners 2012).

*“Mitigation of sexual abuse and treatment of survivors must be a collaborative effort among agencies and government sectors, not the sole responsibility of one. Because lack of communication between sectors is one of the main reasons why survivors of rape often fall through the cracks or are further traumatized within the system, cross-sectoral collaboration and communication should be improved to take advantage of positive reinforcement.”*

*(UNICEF Evaluation and Lessons Learned: Lesotho Strengthening Child Protection Services for Survivors of Sexual Abuse 2006)*

### **Need to Address Sexual Violence and Exploitation not only as a Child Protection Issue, but also a Health Issue**

Given the high HIV prevalence in Lesotho, the risk of transmission in cases of rape and sexual abuse is significant. Therefore, sexual violence and exploitation is not just a child protection issue, but a child survival issue as well (U.S. State Department 2011). Ensuring that child protection and health services are tightly linked is critical to the response process since children who experience violence need to be treated sensitively and must be able to access time-sensitive health services such as post-exposure prophylaxis (PEP) and emergency contraception. In addition, the health sector must be prepared to effectively handle cases of child sexual abuse. Some reports reveal significant gaps in the technical knowledge of health staff and other service providers who care for survivors and victims of rape, particularly children (*Ibid.*)

*“Sexual abuse should be considered a health issue, not simply a child protection issue. In Lesotho, all agencies need to support the integration of sexual abuse into maternal and child health (MCH) or primary health care (PHC) interventions, so it can be handled appropriately in clinical settings. This is especially important in a country where the incidence of child rape is increasing and HIV prevalence is high, posing serious risks of transmitting the infection to the child.”*

*(UNICEF Evaluation and Lessons Learned: Lesotho Strengthening Child Protection Services for Survivors of Sexual Abuse 2006)*

### ***Weak Capacity to Respond to and Implement Legal Reforms Regarding Violence Against Children***

With the adoption of the Children's Protection and Welfare Act of 2011 and the Sexual Offenses Act of 2003, Lesotho has made significant progress to protect the rights of children. However, no concrete mechanisms exist, and limited human and financial capacities make it difficult to operationalize legal reforms. Therefore, there has been no notable impact on national plans and programs guided by these reforms (Pholo and Partners 2012). The literature suggests a need to build the capacity of the system to respond to these legal reforms in a timely manner and ensure that mechanisms are put in place to properly monitor national implementation of laws and policies related to child protection. Further, it is not clear where issues of violence against children sits; while the Ministry of Social Development (MSD) is responsible for coordinating all issues affecting vulnerable children, the Ministry of Gender, Youth, Sports and Recreation (MGYSR) is responsible for gender mainstreaming issues including gender-based violence (GBV).

### ***Lack of Comprehensive Guidelines, Protocols, and Services Available to Respond to the Unique Needs of Child Survivors of Sexual Violence and Exploitation***

While the MOHSW developed Guidelines for the Management of Survivors of Sexual Abuse in Lesotho in 2005, adapted from the WHO guidelines, these were predominantly focused on addressing the needs of adult survivors. There continues to be a lack of guidelines, protocols, services, and standards of care specifically tailored to the unique needs of child survivors of sexual violence and exploitation. Two recommendations that emerged from the 2012 PEPFAR Gender Assessment included 1) the need to pilot PEPFAR's technical considerations for clinical post-rape care in children (available at [http://www.aidstar-one.com/focus\\_areas/gender/resources/reports/prc\\_technical\\_considerations](http://www.aidstar-one.com/focus_areas/gender/resources/reports/prc_technical_considerations)), and 2) the development of clinical and community-based protocols on post-rape care, including for children, GBV screening, and referrals to legal and psychosocial services.





# NATIONAL RESPONSE EFFORTS TO ADDRESS SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN

## KEY LEGISLATION

Lesotho, a signatory of the *Convention on the Rights of the Child* and *African Charter on the Rights and Welfare of the Child*, has been involved in a lengthy and much praised process of legal reform in the sphere of child law (Sloth-Nielsen 2007). Nevertheless, mechanisms to operationalize these laws, influence national plans and programs, and monitor implementation remain weak (Pholo and Partners 2012).

### ***Sexual Offenses Act of 2003***

Enacted in response to pervasive rape and the escalating HIV and AIDS crisis, the *Sexual Offenses Act* of 2003 was the first law to set stiff penalties for rape, incest, and other offences, and recognized marital rape as a criminal offence given certain conditions: that the accused spouse or partner had or was reasonably suspected to have an STI or other life-threatening disease; and/or that violence or threats were used to engage in a sexual act (NAC, World Bank, UNAIDS 2009). It also contains specific sections that protect children against child prostitution and commercial sexual exploitation including their use in pornography, and prohibits sexual abuse of children, molestation, and persistent child abuse (Sloth-Nielsen 2007).

Under the act, engaging in sexual relations, which includes the exposure of genitalia, conducting a sexual act in the presence of another and the insertion of animate or inanimate objects into another without their consent, or the ability to give consent in the case of children and the disabled, constitutes an offence. The act also makes it unlawful not to report a case of child sexual abuse when such information becomes available (Zuberi 2005).

According to the Convention on Eliminating all forms of Discrimination against Women's 2010 State Party report, the minimum penalty for a sexual offense is eight years imprisonment and the maximum is the death sentence, where the perpetrator at the time of the offence had knowledge or reasonable suspicion of being infected with HIV (PEPFAR 2012).

### ***The Legal Capacity of Married Persons Act 9 2006***

The *Legal Capacity of Married Persons Act 9 2006* provides for the abolition of the minority status of married women. Before the commencement of this Act, a woman was regarded as a minor in terms of Basotho laws and therefore did not have legal capacity over herself and her body, including opening a bank account, entering into a contract, or undergoing medical surgery without her husband's consent (NAC, World Bank, UNAIDS 2009).

The legal age of marriage in Lesotho is 21 and, with the adoption of the *Child Protection and Welfare Act*, the age for marriage consent has been raised to 18 years for both boys and girls. Previously the age for marriage consent was 18 for boys and 16 for girls.

### ***The Anti-Trafficking in Persons Act 2011***

Lesotho has incorporated the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, supplementing the *United Nations Convention against Transnational Organized Crime* (Palermo Protocol) into its legislation through the enactment of the *Anti-Trafficking in Persons Act 2011*. The act prohibits and punishes all forms of trafficking and requires protection measures for victims of trafficking, including the establishment of care centers throughout the country and granting new rights to trafficking victims. Care centers are required to offer accommodation, health care, counseling, and rehabilitation services, as well as temporary basic material support for the care of child victims and reintegration of adult victims into their families. The act protects victims from prosecution for unlawful acts committed as a direct result of being trafficked, provides foreign victims with permanent residency as a legal alternative to their removal, and encourages victims to assist in the investigation of traffickers.

The U.S. State Department *Trafficking In Persons* report mentions that the Government of Lesotho does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so. By enacting an anti-trafficking statute and continuing to draft a national action plan, the government has demonstrated political will to combat trafficking in persons, build capacity to undertake stronger anti-trafficking law enforcement efforts, and improve victim protection measures in the coming years. However, the government's anti-trafficking efforts continue to lack inter-ministerial coordination, as well as a mechanism to ensure formal identification and protection of victims.

### ***Children's Protection and Welfare Act 2011***

The *2011 Children's Protection and Welfare Act* is a new piece of legislation, which replaces the outdated *Children Protection Act of 1980* in the wake of a marked increase in reported cases of child abuse, recognizes emerging child protection and welfare challenges brought by Lesotho's HIV epidemic and domesticates international instruments on children's rights for Lesotho (UNICEF 2011).

The new law, enacted in June 2011, was first circulated as a bill in 2004 and underwent a lengthy approval process. This was in part due to the fact that it was very comprehensive, covering a wide range of child protection issues, which meant that many diverse and sometimes divisive matters needed to be considered prior to its passage (MOHSW 2011). Yet, although the Act has been recognized as vital for Lesotho's children and deemed a historic law, there continue to be severe delays and challenges with its operationalization, including a) a lack of public awareness of and ability to scrutinize the Act due to non-availability of public copies, b) lack of subsidiary regulations, and c) and lack of a costed implementation plan.

The act defines abuse as “any form of harm or ill-treatment deliberately inflicted on a child. [This] refers to physical harm, sexual abuse, exposing them to a behaviour that may harm the child, expose a child to physical or mental neglect, abandon or leave a child without visible means of support” (Government of Lesotho 2011: 1-2) and was guided by the principle that “The best interests of a child shall be the primary consideration for all courts, persons, including parents, institutions or other bodies in any matter concerning the child” (Government of Lesotho 2011: 6).

The act outlines several rights of the child including:

- The right to live with parents and grow up in a caring and peaceful environment, unless a court proves that the parents’ activities may seriously harm the child, subject the child to abuse and neglect, or are not in the best interest of the child (pg. 470:10)
- The right to education and health, adequate diet, clothing, shelter, medical attention, social services, and other services required for development (pg. 471: 11:)
- The right to not be expelled or denied the right to education because of pregnancy, initiation, or other cultural rituals (pg. 471: 11:4)
- The right to sexual and reproductive health information (pg. 471:11:6)
- The right to protection from exploitative labor (pg. 472: 15)
- The right to protection from torture and degrading treatment: “A child has a right to be protected from torture or other cruel, inhuman or degrading treatment or punishment, including any cultural practice which degrades or is injurious to the physical, psychological, emotional and mental well- being of the child” (pg. 472: 16:1)
- The right to not be subjected to harmful cultural rites, custom and traditional practices (pg. 472:17).

The act further criminalizes child labor, child abduction, child trafficking, child sexual abuse, and harmful cultural practices, raises the age of marriage consent to 18 years, and outlines duties and responsibilities of the state including:

- Protection of children from all from all forms of maltreatment by parents or caregivers, and the establishment of social programs to prevent abuse and treat victims (pg. 475:22:h)
- Prevention of sexual exploitation and abuse, including commercial sex and pornography (pg. 476: 22:m)
- Efforts to prevent the sale, trafficking and abduction of children (pg. 476: 22:n)

Furthermore, the new law states that a child is in need of care and protection if:

- The child has been, or there is substantial risk that the child will be, physically, psychologically, or emotionally injured or sexually abused by the parent, guardian, a member of the extended family, or any other person (pg. 476:23:1:a)
- The child has been, or there is substantial risk that the child will be, physically, emotionally, or sexually abused and the parent, guardian, or any other person, knowing of such abuse or risk, has not protected or is unlikely to protect the child from such abuse or risk (pg. 476:23:1:b).

# NATIONAL POLICIES AND PLANS

While there is no policy or plan specific to sexual violence and exploitation against children, some existing policies and plans on HIV and AIDS, gender, and OVC do acknowledge and reference issues relating to the prevention and timely management of sexual violence and exploitation against children.<sup>2</sup>

## ***Lesotho National Policy on Orphans and Vulnerable Children (2006)***

Because of “the increasing number of orphans and other vulnerable children, lack of legal protection to safe guard their rights to accessing basic social services, high risk of being dispossessed of their rightful inheritance and increased risk of being exposed to neglect, abuse, exploitation and violence,” the government developed a policy framework to ensure the care and protection of vulnerable children (Government of Lesotho 2006). This framework, in response to the impact of the HIV and AIDS crisis in the country, includes the 2006 National Policy on Orphans and Vulnerable Children along with the 2006-10 Lesotho National Plan of Action for OVC and the National Strategic Plan on Vulnerable Children 2012–17.

The policy recognizes the importance of reducing the vulnerability of OVC and indicates the government’s commitment to address a number of vulnerability factors, including protection. It does not go into detail on issues of violence against children, other than to explicitly mention that all victims of sexual violence shall have immediate access to PEP.

## ***The National HIV and AIDS Policy (2006)***

Created in 2006, the National HIV and AIDS Policy had specific objectives to reduce the vulnerability of women, orphans, and under-privileged children, and to increase access to information and services to all young people. The policy outlines commitments by the government to address violence against women and children, including the following (Government of Lesotho 2006):

- Protection of women and girls against GBV, including sexual violence
- Protection of women’s rights to have control over their own bodies, and to make decisions free of discrimination or coercive violence on matters related to their sexual and reproductive health
- Development of mechanisms for protecting women who suffer abuse and domestic violence, to assert their rights to safer marital sex and other rights
- Ensuring that vulnerable populations have unimpeded access to affordable legal support services to enforce their rights
- Development of guidelines and minimum standards of care that would ensure that OVC are not exploited or abused
- Strengthening and enforcing legislation to protect children and young people against any type of abuse or exploitation

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<sup>2</sup> As it was difficult to find original copies of some of the policies included in this section, summaries of these policies were taken from secondary sources.

- Establishment of guidelines for the management of sexual abuse at health care delivery and law enforcement offices
- Development of guidelines for the prevention of sexual abuse, harassment, or exploitation of students by peers or education sector employees
- Enactment of legislation that shall prohibit education sector employees from engaging in sexual activities with students.

In 2011, a detailed assessment of Lesotho's national HIV and AIDS strategic plan was carried out using the *Framework for Women, Girls, and Gender Equality in National Strategic Plans for HIV and AIDS in Southern and Eastern Africa* (Mannell 2011). The assessment report states that despite the recognition in Lesotho's National Strategic Plan of the importance of legal reforms to provide an enabling environment for women and girls and to reduce the high prevalence of HIV, implementation of legal reform on gender equality has been slow; and this, coupled with "prevalent sexual exploitation," is contributing to the epidemic. Furthermore, the assessment revealed that a significant gap in the strategic plan involves education and information on human rights, and the rights of women and girls in particular.

With regard to addressing the elimination of gender-based violence, the National Strategic Plan identifies several strategic options, including: "ensuring that necessary legislation on violence against women is enacted"; "enactment of laws to protect young girls from sexual exploitation by older men"; "strengthening of legal and social sanctions against gender violence"; "promotion of socio-economic and political empowerment of women and girls"; and "ensuring protection of victims of gender-based violence and sexual violence" (NAC 2006).

### **National Strategic Plan on Vulnerable Children (April 2012 - March 2017)**

The Lesotho National Strategic Plan on Vulnerable Children 2012–17 replaces the outgoing National OVC Strategic Plan (2006–10). It notes the Department of Social Welfare as the body responsible for providing leadership in the national response to vulnerable children, providing policy guidelines and developing plans for Lesotho's response to vulnerable children. The plan also articulates a paradigm shift to more human rights and results-based approaches, moving Lesotho from a social welfare to social development approach, focusing more on child vulnerability rather than a child's orphanhood status (MSD 2012). Further, the plan explicitly adopts a broad definition of vulnerability (noting the working definition in the CPWA<sup>3</sup> is limited to vulnerable children being deserted or neglected, failing to cover the array of issues that make children vulnerable or put them in harm's way):

*Vulnerable children are those whose rights to survival, development, protection and participation are not met because of certain conditions or circumstances beyond their individual control (MSD 2012).*

The plan offers five priorities:

1. Raising awareness and commitment to vulnerable children's rights and needs through advocacy and social mobilization

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<sup>3</sup> The Children's Protection and Welfare Act (CPWA 2011) has defined a vulnerable child as "a person who is below the age of 18, who has one or both parents who have deserted or neglected him, to the extent that he has no means of survival and as such is exposed to dangers of abuse, exploitation or criminality and is therefore in need of care and protection."

2. Strengthening the capacity of families and communities to protect, care for, and support vulnerable children
3. Strengthening social, legal, and judicial protection of vulnerable children and their families
4. Scaling up availability and access to services by vulnerable children and their families
5. Systems strengthening (MSD 2012).

The plan also notes the different gender vulnerabilities of boys and girls, and states that stakeholders should take into account gender differences between boys and girls, and the associated risks and vulnerabilities, while developing their respective responses:

*During the implementation of the strategic plan gender dimensions that put children at risk of new infections, violence and sexual abuse, or contribute to factors that disadvantage them socially, economically or otherwise will be addressed with special attention to the girl child (MSD 2012).*

Further, the plan states that The Department of Social Welfare will coordinate monitoring and evaluation of service delivery in all sectors that have a mandate to provide basic services for vulnerable children. Different sectors will be required to report the extent to which they reach vulnerable children with appropriate services (MSD 2012).

### **Other Relevant Policies and Plans**

The 2003 Gender and Development Policy supports the mainstreaming of gender in development. It commits the government to undertake measures to promote equal rights and opportunities for men and women and boys and girls (Matashane-Marite 2005). It also states that the government will advocate for laws and policies that are against all forms of sexual abuse and exploitation (NAC, World Bank, UNAIDS 2009). Under this policy, the MGYSR holds the mandate to coordinate gender mainstreaming throughout national and sector development policies and programs.

In 2007, the Education Sector Policy on HIV/AIDS was adopted and affirms that every person in the education sector has the right to the knowledge, information, and services required to ensure a safe environment and prevent HIV infection. The policy states that HIV and AIDS safe workplaces will be established at all levels of the education system to protect all children, including those with special educational needs, from all forms of sexual abuse, including harassment, sexual molestation, sexual exploitation, and rape (NAC, World Bank, and UNAIDS 2009).

The 2008 National Reproductive Health Policy, which acknowledges that young persons are at increased risk of contracting HIV and AIDS, calls on authorities to strengthen and enforce laws to protect this group against physical and sexual abuse and to increase access to information and services (CRIN 2010).

The 2011-16 National Action Plan for Women, Girls and HIV and AIDS designates the CGPU as responsible for providing services to survivors of GBV and investigating cases of infants and children in need of care.

## **GUIDELINES AND PROTOCOLS**

Lesotho does not currently have specific guidelines for the management of sexual violence and exploitation in children; however, language on this subject has been incorporated into existing guidelines as described below.

### ***Guidelines for the Management of Survivors of Sexual Abuse for Lesotho, 2005<sup>4</sup>***

As a response to major gaps in treatment and care for survivors of sexual abuse, the Family Health Division of the MOHSW, with support from UNICEF, led the development of National Guidelines for the Management of Survivors of Sexual Abuse. The main objective of the national guidelines, which were adapted for Lesotho from the WHO Protocols for Sexual Abuse, is to ensure proper and effective management by all sectors that have responsibilities in handling cases of sexual abuse, as follows (UNICEF 2006):

- Enhance effective service provision through a comprehensive, holistic and integrated approach toward managing sexual abuse to ensure the effective protection of abuse victims, mainly children, who require special sensitivity and care
- Ensure that appropriate emergency PEP and medical treatment and psychosocial care and support are provided at a health facility
- Enhance the legal system's ability to protect survivors and prosecute perpetrators in accordance with the existing legal framework
- Develop and strengthen referral mechanisms within the key sectors (Police, Social Welfare, Justice and Health) involved in dealing with the survivor at all levels.

Although these guidelines have been available since 2005, health facilities and providers continue to face challenges with their implementation. A Gender Assessment released by PEPFAR in 2012 described the important role of health institutions in addressing gender issues, particularly with regard to cases of sexual violence and exploitation against children, and highlighted the implementation challenges around screening or referrals for survivors of GBV, and providing immediate response to help children who have suffered abuse (PEPFAR 2012). A 2006 UNICEF evaluation of Lesotho's protection services for survivors of sexual abuse indicated major technical knowledge gaps of health staff and other service providers who care for survivors of rape, particularly children. The report cited as an example the lack of support from medical doctors who were reluctant to make police reports or give evidence in court (mainly due to the fact that they were foreigners and not Basotho), making it difficult for prosecutors and magistrates to convict perpetrators and compromising the quality and extent of treatment provided to survivors (UNICEF 2006).

### ***National Guidelines for HIV and AIDS Care and Treatment, 2010***

The 2010 National Guidelines for HIV and AIDS Care and Treatment are a revision of the national ART Guidelines and are focused on HIV prevention, care, treatment, and support. One important update to the guidelines is that they now include integrated information for the treatment of children and pregnant women, along with adults.

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<sup>4</sup> As an original copy of these guidelines could not be found, the summary of the guidelines was taken from a secondary source.

Of relevance to the management of cases of sexual violence in children, the guidelines specify the following (MOHSW 2010):

#### ***Age of Consent***

- Adults and children aged 12 years or older have the right to give their own informed consent for testing while a parent or caregiver who brings a child under age 12 for care can give a written or verbal consent to testing. Pre- and post-test counseling must be offered to the patient or caregiver.
- If a health care provider determines the adult or child is at risk of HIV infection, consent is not required and the provider may initiate testing with the understanding that the individual maintains the right to “opt out.”
- Written consent for testing should be obtained if testing is performed outside a health facility. Verbal consent for testing is acceptable within health facilities.
- HIV testing is strongly recommended for children who experience violence.

#### ***Post-Exposure Prophylaxis***

- People exposed to HIV through sexual assault should be closely monitored, because in addition to the risk of being infected, these experiences are psychologically devastating. Proper management of sexual assault victims should be given top priority.
- The policy for PEP eligibility should be founded on the principle of equity. Decisions about whether or not to offer PEP should be based purely on clinical considerations of risk and should not be tied in any way to a person’s decision to file a police report or to pursue legal action.
- Individuals should be assessed for PEP regardless of their involvement in any activities considered to be illegal by national legislation such as injecting drug use, sex work, or men having sex with men.
- For children, PEP should be offered, but consultation regarding pediatric dosing should be obtained.
- For sexual assault survivors, prophylaxis for STIs should be offered, as well as emergency contraception for women who may become pregnant.

#### ***Guidelines and Standards: Residential Care for Vulnerable Children and Youth***

In 2006, UNICEF and the Department of Social Welfare published *Guidelines and Standards: Residential Care for Vulnerable Children and Youth*, which describe the living environments and support for vulnerable children and youth in Lesotho. The guidelines explain that residential care is but one form of service that may suit an individual or family, and should be considered a last resort.

With regard to sexual violence and residential care, the guidelines clearly state that any verbal, emotional, sexual, or physical harm to the child or group of children is prohibited, and allegations or observations of child abuse must be reported to the relevant authorities immediately (UNICEF and MOHSW 2006).



## MINISTRY INTERVENTIONS

Several ministries, with support from UN Agencies and other development partners, have been involved in addressing child protection issues, including support for the prevention and management of sexual violence and exploitation against children. However, it is worth highlighting that there is limited clarity on where issues of violence against children sit.

### ***The Ministry of Health and Ministry of Social Development***

In June 2012, the MOHSW divided into the Ministry of Health and the Ministry of Social Development (MSD). Previously, the mission of the MOHSW was to provide an efficient and compassionate health care and social welfare system, with particular emphasis on the prevention and eradication of priority health and social welfare problems that are amenable to cost-effective interventions. The MOHSW was actively involved in the development of various policies, guidelines and interventions to address the health, well-being and protection of children. With the split into two separate Ministries, the intention is to underscore the importance of social development to the country.

The mission of the new MSD is to lead and facilitate the provision of sustainable social development services that are universally accessible to all groups in Lesotho in collaboration with other key stakeholders. In particular, some of the MSD's key objectives are to “protect and promote the rights of all poor and vulnerable groups to ensure that their basic needs are met” and to “advocate and lobby for prioritization of the needs of the poor and vulnerable groups in the national development agenda and all aspects of life.” Within the MSD, the Department of Social Welfare is designed as the body responsible for providing leadership in the national response to vulnerable children, providing policy guidelines, and developing plans for Lesotho's response to vulnerable children.

The development of the Guidelines for the Management of Survivors of Sexual Abuse was led by the Family Health Division of the former MOHSW. The Family Health Division's goal is to reduce infant, child and maternal mortality and morbidity rates, and it is mandated to coordinate and supervise implementation of family health services in the country and to mobilize resources for implementation of priority services. Reproductive health is a sub-program of the Family Health Division and, in recent years, strengthening clinical management of sexual and child abuse has become one of its prominent features.

In early 2008, the MOHSW and Lesotho Save the Children launched a Child Helpline, with support from UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The Child Helpline is a phone-in and outreach service for children in need of protection from any form of abuse, violence, exploitation, and neglect.

### ***Ministry of Gender and Youth, Sports and Recreation***

The MGYSR is tasked to advocate, promote and nurture gender equality. They are also tasked with coordination of all gender mainstreaming issues and implementation of the Gender and Development Policy. Within the MGYSR, the Department of Gender, with support from UNDP, UNFPA and Global Fund, established a one-stop outreach center in Maseru for abused women and children, including specialized services for both male and female victims of trafficking, which offers short term refuge for abused women and children by providing basic medical, counseling and psychiatric services (U.S. State Department 2011). Future plans include the establishment of similar one-stop centers in each of the remaining nine districts (UNDP Lesotho n.d.). The Department also conducts advocacy programs to help reduce and eliminate gender-based violence, and with support

from the Millennium Challenge Account-Lesotho, advocates for reform of existing laws to remove discrimination and for the enactment of laws to end GBV (CRIN 2010).

## ***The Ministry of Home Affairs***

### ***Child and Gender Protection Units***

In 2002, the Ministry of Home Affairs established the CGPU, motivated by the increasing numbers of cases involving vulnerable children who were neglected or exploited and unacceptable levels of violence among youth and women (Likoti et al. 2007).

According to the 2011-16 National Action Plan for Women, Girls and HIV and AIDS, the CGPU is “responsible for providing services to survivors of gender-based violence and investigation of cases of infants and children in need of care. The CGPU in collaboration with other partners has worked on increasing awareness about gender-based violence; increasing capacity of the police to handle gender-based violence cases and development of guidelines for service provision” (PEPFAR 2012). The CGPU is operating nationwide, with branches in all 10 districts of Lesotho. However, due to a lack of resources, the effectiveness of the Unit is limited.

An evaluation of the CGPU conducted in 2007 (Likoti et al. 2007) indicated that the capacity of the CGPU to perform its function is weak. At the time of the evaluation, there were inadequate personnel to cover the entire jurisdiction in each district, and CGPU staff members were not properly trained on gender and child-related work. Among CGPU staff, none had been specifically recruited to work in the Unit but rather had been transferred without choice. Furthermore, the evaluation revealed that CGPU staff did not have proper supplies and logistical support, including limited transportation, minimal computer literacy, lack of good and secure office space and safe houses for children in need of custody, and no walkie-talkies, wireless devices, or cameras for documenting evidence.

Although the CGPU is mandated to provide a user-friendly reporting environment that ensures confidentiality and responds to and promptly investigates all cases involving vulnerable groups, the evaluation revealed that CGPU services do not afford the expected confidentiality and reporter friendliness. Prompt responses to reported cases and follow-up of clients were very poor.

In 2005-06, UNICEF assisted the CGPU with the development of a computerized database of reported children’s and women’s sexual abuse cases to help collect accurate data on the incidence of sexual abuse and to generate quality reports. The aim of the database is to capture details of reported cases and to make accurate, updated data available at all times to service providers and senior policy makers to keep them informed of the magnitude of the problem. It also aims to improve referral links between the police and the social welfare, health, and judicial systems, thus ensuring that survivors are treated sensitively and receive the quality services due to them (UNICEF 2006).

UNICEF has also provided the CGPU with in-depth orientation on child protection issues and the relevant legal and policy framework, psychosocial care and support techniques, and stress management. Furthermore, to improve reporting environments and ensure confidentiality, the Global Fund assisted the CGPU with prefabricated mobile offices in locations where available office space compromised victims’ confidentiality (CRIN 2010).

### ***Prevention of Trafficking***

According to the U.S. State Department 2011 *Trafficking In Persons Report*, the government of Lesotho continues to make progress to prevent trafficking. The Ministry of Home Affairs, as part of the Multi-Sectoral Committee on Trafficking, supported the drafting of the anti-trafficking act and a

national plan of action. In June 2010, the *Rapid Assessment of Trafficking in Persons in Lesotho*, the first formal assessment of trafficking of persons in Lesotho conducted by a consultant with support from UNDP, the Ministry of Home Affairs, and non-governmental organizations, was released.

A Ministry of Home Affairs-sponsored workshop in 2010 to sensitize 70 parliamentarians on trafficking in persons is an example of a high-visibility information campaign that was held. The Ministry also issued a public service announcement warning people of offers of international jobs and educational opportunities, recommending that such offers be verified with the Ministry of Foreign Affairs. The main cinema in Maseru screened a film on human trafficking, and the Ministry of Home Affairs, in partnership with the Government of South Africa, held a sensitization campaign on gender-based violence and trafficking in persons, which targeted border regions where trafficking is more prevalent (U.S. State Department 2011).

## **NATIONAL/DISTRICT JUDICIAL AND POLICE RESPONSE**

At the national level, Article 32 of the Lesotho Constitution provides for the protection of and assistance to all children from all forms of abuse and economic and social exploitation. The CPWA has made further provisions for the reform of the justice system, to treat children in a child-sensitive manner that recognizes their vulnerability (MSD 2012). Lesotho has implemented a restorative justice program, where child criminal cases are handled outside the formal criminal justice system for first time minor offences. Through the CPWA, the Government of Lesotho has also institutionalized the establishment of children's courts to manage child-related cases (MSD 2012). The first children's court was officially opened in Maseru in September 2012.

As noted above, in 2002, the Ministry of Home Affairs established CGPU as specialized units within the Lesotho Mounted Police Service, motivated by the increasing numbers of cases involving vulnerable children, neglected, exploited and unacceptable levels of violence among youth and women (Likoti et al. 2007). However, there are many concerns about the functioning of the CGPU.

At the village level, Village Child Justice Committees have been established to facilitate children's legal protection and provide restorative justice. The new National Strategic Plan also articulates the important role of communities, civil society, and the private sector in child protection:

*While the Government is ultimately responsible for the protection of vulnerable children, families, communities, other sectors (including civil society organisations and private sector) are equally responsible. The Strategic Plan will support interventions that strengthen the capacity of families, communities and children to develop community-based child protection mechanisms. The Strategic Plan will further support initiatives that promote a better understanding of the legal and judicial systems. Communities will be mobilised and sensitised on legal and social child rights (MSD 2012).*

## **OTHER RESPONSES**

In addition to the above described national/district responses, there is a host of responses supported by civil society and the health sector. Please see *Situation Analysis on Post-Rape Care of Children in Lesotho* (working title) for more information on the broader response to sexual abuse and exploitation against children.



# CONCLUSION

While the purpose of this desktop study was to extrapolate from existing literature the extent of sexual violence and exploitation against children in Lesotho and better understand national response efforts by the Government, the lack of available information on sexual violence in Lesotho proved to be a major challenge. However, the limited and published gray literature strongly indicated a need for the following:

- *Additional data on the prevalence of sexual violence against children in Lesotho*
- *Improved coordination and cross-sectoral collaboration to better prevent and manage sexual violence against children*
- *Acknowledgement of sexual violence against children not only as a child protection issue, but also a health issue*
- *Increased capacity to respond to and implement legal reforms in a timely manner*
- *Development of comprehensive guidelines, protocols, and services available to respond to the unique needs of child survivors of sexual violence.*

The small, mountainous kingdom of Lesotho has the third highest HIV prevalence in the world; 58 percent of the population lives below the poverty line (BOS 2007), and over one-third of all Basotho children are orphaned (MOHSW 2011). While the government is committed to and has made progress to advance the health, well-being, and protection of children, increasing rates of sexual violence against children suggest that much more remains to be done.



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