



# Observatory PASCAL

*Place Management, Social Capital and Learning Regions*

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## LESOTHO REGIONAL BRIEFING PAPER – Feb 2009

### **Themes:**

***Poverty/anti-poverty policies, Social inclusion, Health, Civic participation, NGO activities, The elderly***

### **Key characteristics of the country:**

***Geography, Demography, Economy, Social Structure, Trends and Changes  
How these changes/trends are affecting the development agenda for Lesotho/NUL***

Background [see also additional paper from Dr Setoi].

The Kingdom of Lesotho is a landlocked, mountainous country surrounded by South Africa, in the south east of the continent. Situated 1000 metres above sea level, it is one of the coldest regions in the global South, with temperatures normally ranging from minus five in winter to a mere 28 degrees in summer. The capital Maseru is situated in the lowlands to the West, while the highlands in the East extend to more than 2,500 metres above sea level.

A formerly colonized country under British Protectorate, Lesotho gained its independence in 1966, though it has always been in the shadow of South Africa and South Africa's own political history. Lesotho suffered a generation of political discord and upheavals before reverting to a parliamentary democracy in 1998. Although its population is only 2 million, at least as many Basotho (Lesotho citizens) live outside the country and a large minority of male wage earners (35%) still commute to South Africa for work, though this number has decreased sharply since the late 1990s. UNICEF's (2008) country statistics indicate that the population is almost entirely homogeneous with almost everyone speaking the national language of Sesotho, though a few communities to the East have Khosa or Zulu as their first language. Only .03% are non-Sotho in origin. The main religion is Christian (80%) with some 20% practising indigenous beliefs.

Eighty six percent of the economy is subsistence agriculture and 14% industrial. Agricultural production consists of corn, wheat, pulses, sorghum, barley and livestock, while industries include food beverages, textiles, handicrafts, tourism, apparel assembly and construction. Traditional, labour intensive farming practices prevail and this includes shared crop farming, whereby communities assist each other at harvest and ploughing times to maximise production. Arable land is decreasing due to soil erosion and climate change. Natural resources are primarily water, sand, clay and stone, with some diamonds. Unemployment officially stands at 46%, with 35% identified as living on less than \$1 a day. Lesotho suffers from one of the highest HIV prevalencies in the world with official figures identifying the prevalence rate as 23.2% and a consequent life expectancy of only 34.5 years (UNICEF 2008). Less than 8% had access to electricity and only 8% had telephone lines in 2005 (GOL 2005a). Whilst road networks are improving it is not yet possible to drive all the way through the mountainous regions on tarred road.

Lesotho's economy has historically been dependent largely on the Republic of South Africa (RSA). Until 1990, the remittances from Basotho mine-workers employed in RSA contributed almost 50% of the Gross National Income (GNI). However, there was a sharp decline in mining opportunities for Basotho in the 1990s and less than 20% of the GNI is now generated in RSA, largely through migrant labour. The garment industry, which sprung up to take advantage of preferential access to the US market under the African Growth and Opportunities Act (AGOA), has typically provided low-wage employment to Basotho, most of them women. However, this industry also shed 15,000 jobs in 2005, squeezed by competition from high-volume Asian producers.

Drought and unemployment have rendered more than half the population dependent on food assistance. Like many countries in Southern Africa, Lesotho has been badly affected by the HIV and AIDS pandemic, with 28.9% of the country's adults aged between 15 and 49 said to be living with HIV and AIDS. As a result of the pandemic, the number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000 or one-third of the population between 2002 and 2004, with the number of orphans estimated to be about 180,000 in 2005 (UNICEF, 2007).

## **2007/2008 Human Development Report: Lesotho The Human Development Index - Going Beyond Income**

The HDI for Lesotho is 0.549, which gives the country a rank of 138<sup>th</sup> out of 177 countries with data - see (Table 1).

**Table 1: Lesotho's Human Development Index 2005**

HDI value	Life expectancy at birth (years)	Adult literacy rate (% ages 15 and older)	Combined primary, secondary and tertiary gross enrolment ratio (%)	GDP per capita (PPP US\$)
138.(0.549)	172. (42.6)	84. (82.2)	115. (66.0)	120.(3,335)

### **A. Key Trends**

#### **A.1 Poverty**

- Poverty is increasing, prices going up as a result of high prices of oil, global financial markets,
- High unemployment increasing as more people become sick – due to HIV/AIDS, & related illnesses of TB, pneumonia, meningitis.
- High dependency syndrome - people do have gardens/land but they are not ploughing them, as result of compensations from donor agencies.
- Political abuse of power by politicians who encourage people to vote for them by rewarding community activities in kind – such as 'food for work' for community activities such as donga reclamation, road constructions, dam construction.
- Climate change – conditions such as drought, -brings about food insecurity for those depending on agriculture for livelihoods WFP – Lesotho is third most food dependent country in the world.
- Geographical situation – arable land is decreasing, mountainous land is not ploughable.

#### **A.2 Social inclusion**

- HIV pandemic – people are marginalised when infected – increases potential levels of poverty; people are not able to access medical services.
- Impact mitigation programmes exclude other needy groups, because the focus is on HIV.
- People with disabilities – buildings – access is improving and there are some employment opportunities – eg sight impaired people are employed as switch board operators, sign language is spreading, there are some special schools eg Itjareng. But some parents are still not ready to take their children to such schools, for fear of ill treatment.

- Still shame and embarrassment about disabilities especially in rural areas – people are not well informed about what can be done to help.
- Political situation causes exclusions – there is discrimination between different political groups – eg access to self help projects – those who support the ruling party get support/work opportunities – this excludes members of opposition parties – eg people who get tenders are associated with ruling party – even for small jobs such as catering contracts.
- Local government – councillors were politically chosen – so at grass roots level there is some doubt about who is included in local government services, eg ombudsman office gives preferential services to those with the right political affiliations.

### **A.3 Health**

- HIV campaigns and mobilisation strategies, has generated its own business – a source of financial investment and donations.
- Changes in campaigns – which were all focused on preventions, transmission, treatment, care and support.
- Focus is shifting to impact mitigation – in order to get funds from rich countries – Resources are diverted to unnecessary and not well-planned activities.
- There is duplication of effort, misuse of funds; for instance partners in health will all want to test the under fives – so the same children get tested several times by different organisations; health centres are poorly staffed or equipped.
- Government hospitals have a budget allocation but hospitals are not improving,
- Increase in privately owned health clinics but no policy to govern ownership of health services (owned by people who are also working for government – doubtful as to how the equipment is acquired; service provided in government hospital is different from private hospitals.
- Free health service provision services are declining at alarming rate which is contributing to the emergence of private clinics; Senkatane – Anti Retroviral Therapy centre was a research station – piloting ARVs; ever since the project stopped, services have deteriorated (donor funded). This has put lives of many Basotho in danger because there is no continuity of treatment.
- Health education is insufficient – eg IEC material – posters 20 years old, messages no longer relevant, no pamphlets etc, health education dept has little or no resources what information there is, is often only written in English, people with disabilities are not include – such as material for people with visual impairments, audio for people with hearing difficulties. What is there is not elaborated enough – eg. no pictures to supplement words; other diseases are not addressed in educational material.
- Research is improving – conclusions are disseminated – done by university but sometimes by external consultants. However, often when done by external consultants there is a difficulty in integrating reports with implementation. Need for external consultants to work more closely with Basotho
- Behaviour change communication is sustaining some prevention activities eg ‘one love’ message.

### **A.4 Civic participation – eg voter participation, volunteering**

- People are not ready to volunteer for work such as village road construction – people still want government to do things that could be done locally.
- Need to encourage them to undertake local initiatives and save government resources for major activities.
- Need for more education in communities about self help. Willingness is increasing but community workers have to make them aware of how to do it, - need to facilitate skills development. One example is the SMART Partnership hub which is playing a major role to promote partnership in the country, for communities to address socio-economic issues themselves.

- Join for Hunger organisation is a group of associations organised to do self help projects in different locations. They are keeping records of groups who are starting projects. There are cooperatives etc, support groups around the country.
- In some aspects civic participation is decreasing – eg. even when they are sensitised regarding the potentials for rural water supply, they want to be paid to build wells or springs.
- Voter apathy – promotional materials are developed to attract people to come to awareness raising activities – t shirts etc – to encourage people to come. Workshops provide lunch, as an incentive to attend so they can be educated about election administration.

## **A.5 NGO activities**

- Tendency for duplication of activities e.g. World vision addresses agriculture livelihoods, assisting orphans and vulnerable children – but government is also providing subsidies for agricultural products. Reluctance by NGOs to work closely with government. NGOs are often externally controlled from outside the country - no linkage with relevant government departments, as a result the activities stop at the end of the project and communities do not have sense of ownership over the projects.

## **B. PURE Consultative Discussions**

Lesotho is completely surrounded by South Africa bordering the Free State Province, Kwazulu Natal and Eastern Cape. It covers an area of 30,000 square kilometres. It is heavily mountainous has 10% of its area arable. Lesotho is divided into ten administrative districts. It has three regions: the mountains, foothills and the lowlands. The topography determines the productivity level of Lesotho. For example all mountain areas are good in wool and mohair production while lowlands are known for crop production.

According to UNDP classification Lesotho is one of the least developed countries. Lesotho exports two main natural resources water and diamonds whose income is unknown to a common person as the result of non-transparency policies of the central government. Business in Lesotho in basic commodities is heavily controlled and run by Chinese and Indians. Basotho owners of small businesses average less than a hundred thousand maloti per annum. Basotho work to maintain their survival needs: shelter, food and clothing. They do not make any extra cash for investment and entertainment.

The last election census revealed the population as 2% growth per annum at 2.5 million. 80% of this population resides in the rural areas whose livelihood depends heavily on subsistence agriculture. Basotho still live in close-knit family ties of extended families. Although there are observable signs that more educated Basotho, working and staying in town centres have been influenced by the western style of nuclear families extended families are still dominant.

## **C. Problems, Challenges and Development Aspirations**

### **C.1 Poverty**

There is no doubt that a lot of Basotho are still going hungry. UNDP poverty indicators show that 40% of Basotho live below poverty line of \$1.00 per day.

The greatest challenge for NUL/IEMS is to offer programmes that would drive learners out of the political captivity. That is programmes that would enhance student entrepreneurial propensity. Programmes that would raise awareness that learners must determine their destinies.

While it is a good start to have launched a degree in Business Entrepreneurship, there are limited support systems to ensure that the degree is sustainable and that indeed learners will become entrepreneurs when they complete. Already, there should have been structures in place to support this initiative such as seed funding, attachments arrangements in terms of written consents or contracts.

## **C.2 Health**

HIV/AIDS related rate of death is alarming. Young, able bodied men and women are dying leaving their young children with grandparents.

The greatest challenge as far as this is concerned is that attempts to combat the pandemic were politicized completely. The HIV/AIDS commission headed by the wife of the Prime Minister, Training and Educational Institutions have been barred from accessing funding for training and information dissemination. For example, the “know your status” was a very good strategy if only educational institutions were funded to carry out the training and information dissemination.

All people aspire for a vaccine which will only come with time and experiments undertaken. Nobody wants to be guinea pigs lest the vaccine fails. Politicians crack jokes about the pandemic instead of speaking more serious consequences of the pandemic. “Chaifi e lula bobeng, E lula sebakeng se sebe”. It (HIV/AIDS) attacks patients at a wrong spot “sex organs”. Such statements pass wrong information to listeners because they are not talking to the issue of HIV/AIDS. The stakeholders aspirations would be among others dissemination of accurate information to assist in the preventive attempts.

## **C.3 Social Inclusion**

The problem is still that people with disabilities are considered unfortunate and no body is willing to be creative to give people with disability available opportunities to be reeducated. Constructions must allow access to facilities for these people to get education. School buildings going up today do not have facilities the education of a disabled child. The disabled children are excluded from education which is their right.

The challenge here is to change the mentality of the policy makers and the institutional management to think of ways and means of accommodating all forms of disabilities in educational institutions.

Another challenge is that while we pride ourselves about our adult education programmes, we have actually ignored the presence of the elderly. IEMS does not have a programme that aims at enhancing the elderly livelihoods such as long life learning programmes for the elderly. As an education institution we do nothing to assist the elderly population. The elderly are still suffering exploitation from family and non-family members. As members of the community, the institute ought to have designed an empowering programme of some kind.

## **C.4 Civic Participation**

The problems here are many.

No effort is made to empower citizens for participation. Citizenry is never consulted on issues of their concern. Education institutions run programmes without needs assessments.

Policy makers never consult the electorate before formulating any policy or rules.

Policy makers and education experts would want to keep citizenry uninformed because they do not want confrontation. The challenge here would be that education institutions must design an ongoing



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education campaign that is aimed at educating the communities on policy rules that policy makers agree on. For example, "The Married Couple's Act 2006." What does it mean, what are the implications? What does this act facilitate? What does it stop from happening? Is it worth anything? The education institutions have the responsibility to educate the citizenry to allow them to participate in the policy making exercise. Another challenge is lack of transparency on how things happen. For example, How do decisions on receiving funding for block farming come to be? Are criteria for the choice of participants clear? What hidden agenda gets used? Education institutions have responsibility to inform people about the inside information if available. Education institution should launch campaigns that educate the communities on every policy or act that is being enacted by the government to enhance community participation in the discussions and in the implementation.

## **C.5 Impact from global crises: e.g. Financial crisis Global Warming:**

The structural adjustment of the IMF/World Bank has forced education institutions to marginalise certain programmes. For example: The Minister of Finance Lesotho issued a statement that announced what programmes can be supported by the tax-payer. This did not only marginalise programmes but it also marginalised talents and individuals. As a result science related talents were seen as more important than any other.

As a result of global warming poor food production has forced communities in Lesotho to be more dependent on government food packages. Consequently farm lands have been left fallow and the owners wait patiently for food brought by political candidates. Thus, deskilling the citizenry in food production.