



**AFRICAN DEVELOPMENT BANK
AFRICAN DEVELOPMENT FUND**



KINGDOM OF LESOTHO

MULTI-SECTOR COUNTRY GENDER PROFILE

**AGRICULTURE AND RURAL DEVELOPMENT
NORTH EAST AND SOUTH REGION
(ONAR)**

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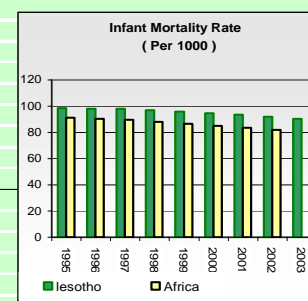
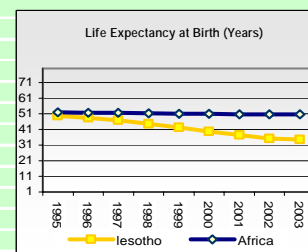
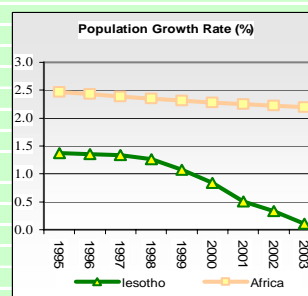
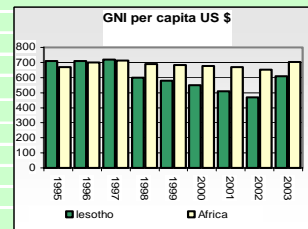
ACRONYMS AND ABBREVIATIONS

AfDB	African Development Bank	JICA	Japanese International Cooperation and Assistance
AGEI	African Girls Education Initiative	LAPCA	Lesotho AIDS Programme Coordinating Authority
AGDI	African Gender Development Index	LCN	Lesotho Council of NGOs
AGOA	Africa Growth and Opportunities Act	LEC	Lesotho Electricity Company
AIDS	Acquired Immunodeficiency Syndrome	LLRC	Lesotho Law Reform Commission
ANC	Antiretroviral	LHWP	Lesotho Highlands Water Project
BADEA	Arab Bank for the Development of Africa	LMPS	Lesotho Mounted Policy Services
BOS	Bureau of Statistics	LURP	Lesotho Utilities Reform Project
CBD	Community Based Distributors	MDG	Millennium Development Goal
CCA	Common Country Assessment	MDGR	Millennium Development Goal Report
CEDAW	Convention on the Elimination of Discrimination against Women	MFA	Multi-fibre Arrangement
CHAL	Christian Health Association of Lesotho	MMR	Maternal Mortality Ratio
CMR	Child Mortality Rate	MGYSR	Ministry of Gender and Youth, Sport and Recreation
CPGU	Child and Gender Protection Unit	MLG	Ministry of Local Government
CSO	Civil Society Organizations	MMP	Mixed Member Proportional
CSP	Country Strategy Paper	MNR	Ministry of Natural Resources
DATF	District Task Force	MOET	Ministry of Education and Training
DCI	Development Cooperation Ireland	MOHSW	Ministry of Health and Social Welfare
DDR	Department of Rural Roads	MOFDP	Ministry of Public Works and Transport
DFID	Department for International Development	MOLE	Ministry of Labour and Employment
DRWS	Department of Rural Water Supply	MCGP	Multi-sector Gender Profile
EAL	Education for All	MTCT	Mother to the Child Transmission
ECCD	Early Childhood Care and Development	MTEF	Medium Term Expenditure Framework
EDAL	European Donor Agencies in Lesotho	NGO	Non Government Organization
EFA	Education for All	NREF	Natural Rural Electrification Fund
EIB	European Investment Bank	PLWHA	People Living with HIV/AIDS
EOC	Emergency Obstetric Care	PR	Proportional Representation
EU	European Union	PRS	Poverty Reduction Strategy
FDI	Foreign Direct Investment	RB-CSP	Results-Based Country Strategy Paper
FP	Family Planning	RSA	Republic of South Africa
FPE	Free Primary Education	STI	Sexually Transmitted Infection
FPTP	First-Past- the- Post	TVET	Technical and Vocational Education and Training
GBV	Gender Based Violence	SADC	Southern African Development Community
GDP	Gross Domestic Product	SCGA	Strategic Country Gender Assessment
GEF	Global Environment Facility	SMME	Small Micro and Medium Enterprises
GER	Gross Enrolment Rate	UN	United Nations
GOL	Government of Lesotho	UNDAF	United Nations Development Assistance Framework
GNP	Gross National Product	UNAIDS	United Nations AIDS Program
GTZ	German Technical Assistance	UNFPA	United Nations Fund for Population Activities
KfW	Kreditanstalt fur Wiederaufbau	UNDP	United Nations Development Programme
HDI	Human Development Index	UNICEF	United Nations International Fund for Children
HIV	Human Immunodeficiency Virus	VIP	Ventilated Improved Pit Latrines
HPSU	Health Planning and Statistics Unit	VCT	Voluntary Counselling and Testing
HMIS	Health Management Information System	WILSA	Women and Law in Southern Africa
IEC	Independent Electoral Commission	WASA	Water and Sanitation Authority
ICT	Information Communication Technology	WB	World Bank
IDA	International Development Association	WTO	World Trade Organization
IMR	Infant Mortality Rate		
IMT	Intermediate Means of Transport		

Lesotho

COMPARATIVE SOCIO-ECONOMIC INDICATORS

	Year	Lesotho	Africa	Developing Countries	Developed Countries
Basic Indicators					
Area ('000 Km ²)		30	30 061	80 976	54 658
Total Population (millions)	2003	1.8	849.5	5,024.6	1,200.3
Urban Population (% of Total)	2003	38.5	39.2	43.1	78.0
Population Density (per Km ²)	2003	59.4	28.3	60.6	22.9
GNI per Capita (US \$)	2003	610	704	1 154	26 214
Labor Force Participation - Total (%)	2003	40.0	43.3	45.6	54.6
Labor Force Participation - Female (%)	2003	42.2	41.0	39.7	44.9
Gender -Related Development Index Value	2002	0.483	0.476	0.655	0.905
Human Develop. Index (Rank among 174 countries)	2002	145	n.a.	n.a.	n.a.
Popul. Living Below \$ 1 a Day (% of Population)	1995	36.4	46.7	32.0	20.0
Demographic Indicators					
Population Growth Rate - Total (%)	2003	0.1	2.2	1.7	0.6
Population Growth Rate - Urban (%)	2003	4.6	3.8	2.9	0.5
Population < 15 years (%)	2003	39.6	42.0	32.4	18.0
Population >= 65 years (%)	2003	4.7	3.3	5.1	14.3
Dependency Ratio (%)	2003	80.2	86.1	61.1	48.3
Sex Ratio (per 100 female)	2003	86.6	99.0	103.3	94.7
Female Population 15-49 years (% of total population)	2003	26.3	24.0	26.9	25.4
Life Expectancy at Birth - Total (years)	2003	34.4	50.7	62.0	78.0
Life Expectancy at Birth - Female (years)	2003	36.6	51.7	66.3	79.3
Crude Birth Rate (per 1,000)	2003	30.8	37.0	24.0	12.0
Crude Death Rate (per 1,000)	2003	26.6	15.2	8.4	10.3
Infant Mortality Rate (per 1,000)	2003	90.3	80.6	60.9	7.5
Child Mortality Rate (per 1,000)	2003	149.6	133.3	79.8	10.2
Maternal Mortality Rate (per 100,000)	2000	550	661	440	13
Total Fertility Rate (per woman)	2003	3.8	4.9	2.8	1.7
Women Using Contraception (%)	1991	23.2	40.0	59.0	74.0
Health & Nutrition Indicators					
Physicians (per 100,000 people)	1999	3.5	57.6	78.0	287.0
Nurses (per 100,000 people)	1995	60.1	105.8	98.0	782.0
Births attended by Trained Health Personnel (%)	2000	59.8	44.0	56.0	99.0
Access to Safe Water (% of Population)	2002	76.0	64.4	78.0	100.0
Access to Health Services (% of Population)	1988	80.0	61.7	80.0	100.0
Access to Sanitation (% of Population)	2000	92.0	42.6	52.0	100.0
Percent. of Adults (aged 15-49) Living with HIV/AIDS	2003	37.5	6.4	1.3	0.3
Incidence of Tuberculosis (per 100,000)	2000	479.0	109.7	144.0	11.0
Child Immunization Against Tuberculosis (%)	2003	57.0	81.0	82.0	93.0
Child Immunization Against Measles (%)	2003	55.0	71.7	73.0	90.0
Underweight Children (% of children under 5 years)	2000	17.8	25.9	31.0	...
Daily Calorie Supply per Capita	2002	2 638	2 444	2 675	3 285
Public Expenditure on Health (as % of GDP)	2001	4.3	3.3	1.8	6.3
Education Indicators					
Gross Enrolment Ratio (%)					
Primary School - Total	2001	124.0	88.7	91.0	102.3
Primary School - Female	2001	125.0	80.3	105.0	102.0
Secondary School - Total	2001	34.0	42.9	88.0	99.5
Secondary School - Female	2001	38.0	41.3	45.8	100.8
Primary School Female Teaching Staff (% of Total)	2000	80.2	46.3	51.0	82.0
Adult Illiteracy Rate - Total (%)	2003	15.2	36.9	26.6	1.2
Adult Illiteracy Rate - Male (%)	2002	26.1	28.4	19.0	0.8
Adult Illiteracy Rate - Female (%)	2003	5.5	45.2	34.2	1.6
Percentage of GDP Spent on Education	1998	13.2	5.7	3.9	5.9
Environmental Indicators					
Land Use (Arable Land as % of Total Land Area)	2003	10.7	6.2	9.9	11.6
Annual Rate of Deforestation (%)	1990-95	...	0.7	0.4	-0.2
Annual Rate of Reforestation (%)	1990	16.0	10.9
Per Capita CO2 Emissions (metric tons)	1997	...	1.2	1.9	12.3



Source : Compiled by the Statistics Division from ADB databases; UNAIDS; World Bank Live Database and United Nations Population Division.

Notes: n.a. Not Applicable; ... Data Not Available.

LESOTHO MULTI-SECTOR COUNTRY GENDER PROFILE

Executive Summary

1. The Poverty Reduction Strategy (PRS) of the Government of Lesotho (GOL) is the national development framework and medium term plan covering the period of 2004-2007 with the Medium Term Expenditure framework (MTEF) facilitating a link between the PRS and the annual planning and budgeting process. The PRS recognizes gender as one of the three critical cross-cutting issues for poverty reduction in Lesotho. The Bill of Rights of the Lesotho Constitution prohibits discrimination on the basis of sex but exempts customary law from the non-discriminatory principle. Consequently, customary law, common law, policies and practices severely limit women's access of ownership, and control of benefits of land and other strategic resources in inheritance and marriage. Women married in community of property are unable to register property in their name, to contract, litigate, dispose of assets, or act as executives of a deceased estate. These laws and practices together with the gender division of labour limit women's decision-making power, access to social services and political participation.

2. Women in Lesotho make up the majority of the agricultural labour force and make substantive inputs to household food security through their active participation in agriculture, livestock production, home gardens and non-farm activities. These multiple responsibilities together with household management and child care result in *time poverty*. Lack of control over decision making and incomes has resulted in higher female HIV/AIDS prevalence rate, high fertility, infant and maternal mortality. Gender inequalities and gender-based violence further fuel the pandemic. Overall, HIV/AIDS has become one of the most critical development challenges in Lesotho as evidenced by deepening poverty, intensification of gender inequalities, erosion of achievements in human development as well as the ability of the government to maintain essential services. In terms of education, Lesotho has a reverse gender gap with more girls enrolled at the various tiers of education. With the introduction of Free Primary Education programme, and the recent trend in higher drop out rate of girls, the gap is narrowing. Access to education, however, has not challenged the wider social discrimination and economic and political disparities experienced by girls and women.

3. The MGYSR has been given the mandate to coordinate and monitor gender mainstreaming of national and sectoral development policies, and programmes in Lesotho. Gender focal points have been appointed in a number of ministries and will also be placed at the new headquarters of the ten districts and hopefully in the Local Government structures, as an ad-hoc arrangement. The work of the ministry is guided by the National Gender and Development Policy. However, the Department of Gender of the ministry lacks the requisite resources to fully implement the gender policy and to be able to respond to new opportunities and threats.

4. The key recommendations of the MCGP include the provision of a grant geared towards capacity building of the MGYSR for gender mainstreaming at national and local government levels. In keeping with the gender policy of the Bank, there is an urgent need for gender impact studies and gender disaggregated indicators that monitor progress.

Recommendations for the agricultural sector include the mainstreaming of HIV/AIDS and gender in agricultural policies and programmes and accelerating the land reform process to ensure women's access to and control over land and livestock resources, increasing women's access to productive technologies, credit, new crops and markets. Interventions in rural infrastructure need to be designed with the aim of substantially reducing women's workload, while increasing their access to income and services. Other recommendations include improving the quality of and access to health care, ensuring gender parity, gender sensitivity and quality of the educational system and improving access to justice.

1. INTRODUCTION AND BACKGROUND

1.1 Lesotho is a small landlocked, mountainous country that is completely surrounded by the Republic of South Africa (RSA). With a total population of about 2.2 million, the country is about 3,000 square kilometres. Three-quarters of the land is made up of highlands and the remaining one-quarter are lowlands. However, the low land is home to over 55% of the population. Lesotho is a constitutional monarchy with the King as the Head of State and the Prime Minister as Head of Government and a dual legal system consisting of customary law and the common law. Political stability has been achieved through the adoption of a relatively more inclusive electoral system as of 2002. At present, the three major challenges facing the country are extremely high unemployment and HIV/AIDS prevalence rate coupled with a high degree of food insecurity all of which exacerbate poverty, gender inequality and erode the considerable gains that Lesotho has made in human development.

1.2 Until recently, Lesotho had registered relatively high rates of social development as illustrated by relatively high rates of life expectancy, high literacy and net primary school enrolment but with a reversed gender gap indicating disparity to the advantage of girls. The country was ranked 127 out of 174 countries in 1978, but its ranking declined to 145th country out of 175 by the 2004 Human Development Index, indicating significant erosion in human development achievements. The number of people living below the poverty is estimated around 60%. With a population growth rate of 2.1%, economic growth rate must at least be as much, if Lesotho is to maintain the existing standard of living and be able to respond to the growing demand for social services. The key socio-economic indicators are: GNP per capita was \$570 in 2003; life expectancy 45 years for men and 45.6 for women (2000); fertility rate of 4.1 children born per woman (2001); HIV/AIDs prevalence rate of 31% (2002); 63% of the population with access to safe drinking water; a net primary enrolment rate of 85%; under five mortality ratio of 132/100,000 and maternal mortality ratio of 419 (2001).

1.3 The 1990s presented both a looming threat and new opportunities to Lesotho. For a long time, nearly half of Lesotho's male labour force was employed in the mines of the RSA and contributed more than 20% of the country's gross national product (GNP) in the form of remittances. In late 1990s, the country experienced a short-lived economic boom that was triggered by the construction of the Lesotho Highland Water Project (LHWP) that was geared to exporting water to the RSA and providing hydroelectricity to the domestic market. Thirdly, Lesotho's ability to attract foreign direct investment (FDI) and engage in manufactured textile exports created a sizable employment. The combination of these favourable factors led to an average GDP growth of 3.5% between 1991- 2000. As a result, the country has witnessed an annual growth of 7% in rural-urban migration during the last decade, a trend that has put considerable pressure on social services.

1.4 Since the 1990s, the Government of Lesotho (GOL) has reiterated its commitment to gender equity and has put in place some measures that promote the realization of these commitments. The GOL is signatory to international instruments such as (CEDAW), the Beijing Platform of Action and other international and regional protocols such as the Gender and Development Declaration of the Southern African Development Community (SADC) and the Protocol of the African Charter on Human and People's Rights on the Rights of Women in Africa. The major policy that has created a favourable environment for mainstreaming gender in the public sector is the Gender and Development Policy of March 2003. The mandate of the Law Reform Commission to review all discriminatory legislation is another favourable step in

addressing gender disparities. More recently, the GOL has endorsed the Millennium Development Goals (MDG) and launched the Poverty Reduction Strategy (PRS) covering 2004/2005-2006/2007 as the major development framework and a three-year planning tool. Both these documents recognize gender inequality as a major challenge contributing to poverty

1.5. It is within this framework that the concept of Multi-sector Country Gender Profile (MCGP) originated, during discussions with the Ministry of Gender and Youth, Sports and Recreation (MGYSR) in 2004. The Mission for the preparation of this MCGP was undertaken during July and August 2005.

1.6 The MCGP highlights the critical gender issues in the current development planning process in Lesotho. It will further provide Bank task managers with background information on the gender issues in the country, critical gender analysis by sector, and user-friendly recommendations which will assist them in further investigating and addressing gender mainstreaming issues by sectors. The most critical feature of the MCGP is its identification of gender-related policy and programmatic interventions that are likely to have a high payoff for poverty reduction, economic growth and sustainable development. The MCGP will be a means by which the Bank and the GOL participate in a collaborative process to analyse the gender dimensions of development and identify gender-responsive policies, programmes, and activities necessary for poverty reduction, economic growth, human well-being and development effectiveness in the country.

1.7 The goal of the Lesotho MCGP is to identify the short and long term gender issues to be addressed and mainstreamed in Bank Group interventions and which are pertinent to poverty reduction and sustainable development. The specific objectives are:

- a) To identify the most effective and pertinent gender mainstreaming approach and strategy for Bank Group lending in the country,
- b) To have closer collaboration with the respective country women/ gender Ministry in designing interventions and support strategies which fit their respective needs and long term gender and development plans, and achieving the Millennium Development Goals (MDGs),
- c) To highlight the constraints and good practices in addressing gender issues and gender mainstreaming in the policies, programmes and projects, at the level of key ministries, NGOs, CSOs, and other donor interventions.

1.8 The methodology used to prepare the report included a survey of relevant Lesotho government policies and programmes, secondary poverty and gender related literature, interviews with key government officials, technical officers from key line ministries, discussion with NGOs and donor representatives in the field.

1.9 The major constraint to gender and poverty analysis is the limited availability of *timely* gender disaggregated and other socio-economic data that are essential for the design of comprehensive and sustainable development intervention both by GOL and by donors. The process of gender disaggregating data has begun but needs to be much more systemized. This MCGP is therefore based on gender disaggregated data whenever it is available. It has not generated any additional gender disaggregated data as this would require a different research

methodology and approach. It is primarily meant to highlight critical issues which may have an impact on Bank projects' performance. Further in-depth investigation may be required at the specific project formulation stage. This MCGP has attempted to indicate the type of gender disaggregated data required for gender mainstreaming and the promotion of gender equitable development.

2. A PROFILE OF GENDER ISSUES IN LESOTHO¹

2.1 Poverty Profile and Gender

2.1.1 Out of an estimated population of 2.2 million, women are 50.6% of the population. More than half of the population of Lesotho is under 18 years with 42% being under 14. Lesotho is one of the poorest countries in the world with an estimated 60% of the population living below the poverty line. All available information indicates that poverty is concentrated in rural areas and that the mountain areas of Lesotho, which are home to approximately one-third of the population, are significantly poorer. The PRS highlights geography as the greatest determinant of poverty followed by gender. Altitude, climate, soil quality and ease of communication affect the geographical distribution of poverty. Three quarters of the land is made up of highlands rising to nearly 3500 meters in the Drakensburg Maluti Mountain range. The overall climate is harsh but much more severe in the highlands with heavy snowfalls that cut off access to most of the mountain areas. Such conditions deprive the population of access to social services such as education, health, markets, and other inputs and resources for economic activities. Poverty is also on the increase in urban areas. Sectors of the population most at risk of poverty include those who depend heavily on subsistence agriculture for their livelihood, the youth, orphans and old women. Unemployment, which is estimated to have reached 40%, is also a major cause of poverty in Lesotho. Unlike other countries, it is not limited to urban areas due to the migratory labour system and the recent retrenchment of Basotho mine workers.

2.1.2 Following the rationalization of the mining production in the RSA, a process of retrenchment of Basotho labour began in the late 1980s but accelerated at a much rapid rate during the 1990s culminating in an estimated unemployment rate of 40.5% by the end of 2000, the accompanied by a significant decline in miners' remittances. The export-led manufacturing strategy was bolstered by access to international textile and clothing markets, particularly in the United States under the Africa Growth and Opportunities Act (AGOA). Lesotho became a top exporter of apparel to the US in 2003. However, the recent period has been marked by declining rate of FDI and the closing down of a number of factories following the expiry of the Multi-Fibre Agreement under the World Trade Organization (WTO). Consequently, Lesotho has been hit with another wave of unemployment, this time mostly female labour. The second and most alarming threat is the estimated 31% HIV/AIDS prevalence placing Lesotho as a country with one of the highest prevalence rates of HIV/AIDS in the world while facing a growing threat of food insecurity partly as a result of prolonged drought.

¹ Data for this section is based on the following publications:

(1) UN (2004) Common Country Assessment of Lesotho.

(2) BOS & WB (2002) Lesotho Core Welfare Indicators Questionnaire CWIQ Survey, 2002.

(3) Gay, J & Hall D (2000) Poverty and Livelihoods in Lesotho, 2000: More than a Mapping Exercise. Sechaba Consultants.

2.1.3 Extreme poverty is concentrated in the rural areas, particularly the Mountain areas where 71% of the population live below the poverty line. Women in both rural and urban areas make up a predominant proportion of the poor. It is estimated that 30.7% of households are headed by women. The incidence of poverty among female-headed households is persistently high with approximately 64% well above the national average of 58% and a male-headed average of 57 per cent. A large proportion of female-headed households are vulnerable to poverty because they lack agricultural assets due mostly to cultural beliefs and practices coupled with limited access to social services that increases their workload. While the available information tends to limit the gender profile of poverty to female-headed households, not all female-headed households are poor, while large numbers of women in male headed households are poor because they lack access and control of household resources and decisions. Women are also impoverished by discriminatory laws and most rural women are not aware of their legal rights.

2.1.4 Poor nutrition is also a major feature of poverty. The poor in Lesotho have a high degree of dependence on food purchase amounting to 45-60% of their annual kilocalorie needs. About 25% of the total population are undernourished, 15% of children are underweight while 31% are stunted indicating the existence of a significant chronic food insecurity. Poverty and household food insecurity in Lesotho reveal a strong gender dimension. Women are reported to have earned 30.9% of the total national income despite their higher mean years of school while men earned 69.1%. While the advent of HIV/AIDS appears to be the most devastating and impoverishing force facing Lesotho, it has exacerbated the vulnerability of poor households especially the women to both income and non-income poverty.

2.1.5 Unlike other African countries, there is a reverse gender gap that favours girls and women when it comes to education. Women are more literate compared to men, while girls and women also enjoy higher net primary, and secondary and tertiary enrolment rates. The relatively higher female educational attainment has not automatically translated into higher income for women because of cultural and social norms that prevent them from having access and control to productive resources and *the type of skills that they acquire*. A majority of women also experience *time poverty* due to their heavy work load that combines household management, child care as well as income earning activities. Household management includes the time and energy intensive tasks of fetching water and fuel and food processing in a context where these services are either inadequate or do not exist. These multiple gender disadvantages also trigger the intergenerational transfer of poverty as evidenced by poor social development indicators such as high child mortality and morbidity and low educational attainment. Gender aware poverty reduction is one that adopts a multi-pronged approach geared towards addressing cultural and legal barriers that prevent women's access to strategic resources while also reducing their work burden.

2.2 Gender in Governance

2.2.1 At present, women make up 11.67% of Lesotho's National Assembly and the speaker of Parliament is female. Although the number of women elected to the current parliament has almost quadrupled when compared to the previous assembly, it is much lower than the minimum SADC benchmark of 30% representation by women in decision making by 2005. At present, there are 31% female Cabinet Ministers, and 40% of Principal Secretaries and 33% Deputy Principal Secretaries (See Annex A3). In Lesotho, the Parliament is made up of a Senate and a National Assembly. While members of the National Assembly are democratically elected, the Senate represents all 22 principal chiefs of Lesotho with an

additional 11 members nominated by the king. There are 12 female members of Senate out of the 21 representing principal chiefs. However, these women are acting for their husbands (who for various reasons are not exercising chieftaincy functions) or their minor sons.

Table 1: Snapshot of Gender Representation in Lesotho's National Assembly

Year	Men	%	Women	%
1993	62	97	3	4.9
1998	77	66.3	3	3.7
2002	106	88.33	14	11.67

Source: Mapetla& Matashane-Marite, 2004:37. Inter-parliamentary Union (2005).

2.2.2 The legal and institutional framework related to gender in governance include the Lesotho constitution, election related laws and policies as well as international and regional and sub-regional instruments. Lesotho is signatory to CEDAW (with reservation), and has endorsed the Beijing Declaration of Action and the SADC Declaration of Gender and Development of 1997. The Bill of Rights of Lesotho's constitution provides for equal political participation as well as appropriate measures that promote equality of opportunity for disadvantaged groups in society; it also recognizes equal participation in all spheres of public life. Although the Bill of Rights prohibits discrimination on the basis of sex, religion, race, or other status, it specifies that customary law of Lesotho will not be subject to this non-discrimination clause. Under customary law, a woman who is married in community of property is a legal minor irrespective of age. In this sense, women's legal minority status limits women's access and control of resources and thus creates an uneven playing field in political participation.

2.2.3 In the wake of post-electoral political conflict and instability following the 1998 election, the GOL adopted a new Mixed Member Proportional (MMP) electoral model that combined First-Past-the Post model (FPTP) with Proportional Representation (PR). In this context, two thirds of the 120 National Assembly members were elected through FPTP while the remaining one-third were elected through PR. The election amendments of the constitution also included the establishment of an Independent Electoral Commission (IEC).

2.2.4 The new electoral model together with various election related amendments that included provisions for equal participation of women and youth seem to have contributed to some increase in women's representation in parliament. While their numerical presence is minimal, and more effort needs to be made in promoting further gender balance, women in parliament have been instrumental in influencing gender-responsive public policy. Women members of Parliament were of considerable significance in the passing of the Sexual Offences Act of 2003, which intends to combat sexual violence and to prescribe appropriate measures for sexual offences as well as in the Local Government Elections (Amendment) Act of 2004 aimed at ensuring the representation of women in the Local Government Councils.

Gender and Decentralization

2.2.5 The GOL has recently embarked on a decentralization of functions, resources and authority aimed at promoting democratic governance through improving the coordination of the Public Service sector, promotion of popular participation and poverty reduction. Local Government consists of the following structures: Municipal Councils comprising of provincial urban centres, Urban Councils comprising of small urban centres, District Councils comprising all Community Council areas within a district and Community Councils, comprising clustered villages outside the borders of urban areas.

2.2.6 Section 4 of the Local Government Election Amendment Act stipulated that not less than one third of the seats in the Council shall be reserved for women. Subsequently the first local government elections, which took place on April 30, 2005 were based on a 30% quota of elected positions for women. The Amendment provided for reservation of certain constituencies for all-female competition, guaranteeing the election of at least 30% women representatives in Community Councils. As can be seen from the table below, the recent local level election resulted in the election of a substantive number of women Community Council Members.

Table 2: Gender Representation in Local Government

Institution	Female		Male		Total
	Numbers	%	Numbers	%	
District Administrators	4	40%	6	60%	10
Elected Candidates to Community Councils	2475	64%	1391	36%	3866

Source: MGYSR, 2005

2.2.7 The process of decentralization that has just been launched and the election of a critical mass of women councillors provide an opportune entry point for gender mainstreaming in local government, for the promotion of gender equitable social service delivery and the promotion of an accountable local government that is responsive to the needs of local communities. However, there is a prior need for extensive training programme to build the capacity of women councillors to engage in local decision making, their ability to analyse policies and to gender sensitive planning and budgeting procedures and ensuring that women and men are equally represented in technical as well as social sector committees. Non-governmental organizations (NGOs) are in the process of preparing for such training programmes aimed at enabling women councillors to take active decision-making roles.

The Legal Framework

2.2.8 The legal infrastructure of Lesotho consists of statutory law, and customary law. The Lesotho Constitution and the Bill of Rights of 1993 includes an equality clause which stipulates that everyone is equal before the law. However, customary law is exempt from the non-discriminatory clause. Both under the Sesotho customary law and the received Roman-Dutch law, women married in community of property are considered perpetual minors and cannot enter into contracts. They are excluded from making decisions regarding the choice of domicile and guardianship of children without their husband's explicit consent. While a woman can open and operate a bank account, she cannot obtain a bank loan without her husband's consent. Although the Marriage Act of 1974 prohibits forced marriage and child marriage, it too excludes marriages concluded in accordance with customary law. Women's legal minority status is undoubtedly a major factor both in generating and perpetuating the feminisation of poverty in Lesotho.

2.2.9 In 1993, the GOL set up the Law Reform Commission with a mandate to review laws, and ensure that they are consistent with the protection of fundamental human rights and freedoms specified in the Constitution. Since then the Commission has looked into personal laws related to marriage, inheritance, child custody and has proposed a range of gender egalitarian legal and policy initiatives. Broadly, the Commission recommends a constitutional reform that would result in a more comprehensive prohibition of discrimination on the grounds of sex and subjecting both customary law and common law to these non-discriminatory principles. More concretely, the Commission has completed a draft of 'the

Married Persons Equality Bill'. Among many of its features, the Draft Bill abolishes laws and rules in terms of which a husband acquires marital power over the person and property of his wife. The Bill enables a wife to contract, litigate, register property in her name, and act as an executor of a deceased estate. The Bill will also enable spouses married in community of property equal capacity to dispose of assets. At present, a White Paper is in the process of being finalized and will soon be tabled to Cabinet. Ever since the finalization of the draft bill, the Law Commission has been soliciting feedbacks from a wide range of stakeholders and has collaborated with Women's NGOs in public awareness creation of the pending Bill.

Access to Justice

2.2.10 Access to justice of poor women and men is limited by a wide range of factors ranging from lack of resources, attitudes of magistrates towards sexual violence, delay in disposing of criminal charges, lenient sentences and high rates of acquittal. A major problem that exists in a range of institutions starting from the family all the way to courts is the perceptions that sexual violence is not a crime but a wrong for which there must be compensation. Such perceptions result in structures of justice such as the police being indifferent and insensitive in their handling of such cases. Inadequate investigation by the police can also result from lack of knowledge of the requisite skills needed to handle such cases. In situations, where cases are adjudicated in the family, it is the family that is compensated and not the victims and this is done in a manner that excludes the victim from seeking justice for a crime that has been committed against her. The responsibilities of the Gender Unit in the LMPS include effective enforcement of laws against all forms of GBV and to collect, disseminate and exchange information. The availability of such data and its national coverage is essential for monitoring access to justice and the degree to which laws are enforced.

2.3. Gender Responsive Macro Economic Planning and Budgeting

2.3.1 In Lesotho, the Poverty Reduction Strategy (PRS) covering the period 2004/ 2005-2006/ 2007 was adopted by Cabinet in November 2004. The key priorities of Lesotho's PRS are:

- **Employment and Income Creation:** through creation of conducive investment climate and optimal conditions for FDI and local and private business, removal of constraints facing the Micro, Small, and Medium enterprises (MSMEs);
- **Improving agriculture and Food Security:** adoption of appropriate farming and livestock practices, ensuring timely access to inputs, services and markets; ensuring an efficient and standardized land tenure system;
- **Infrastructure development:** improve access to water and sanitation, transport, energy and urban housing;
- **Deepening democracy, governance and safety and security:** establish a more inclusive electoral system and strengthen conflict resolution mechanisms, improve local governance, promote an independent and transparent judiciary, increase safety and security;
- **Improving quality and access to health care and education;**

- **Managing and conserving the environment** strengthen the legal and policy environment, arrest soil erosion and loss of biodiversity;
- **Improving public service delivery:** improve public finance management, decentralize service provision and improve service delivery by all departments;
- **Giving special attention to the cross-cutting issues of HIV/AIDS, gender and children and youth.**

2.3.2 In addition to identifying priority areas, the GOL is gradually introducing the Medium Term Expenditure Framework (MTEF) covering three fiscal years in order to align all public expenditure with sectoral priorities. An important component of the PRS is the poverty matrix that highlights the goals, indicators, base line and time-bound targets as well as key strategies, total incremental costs and key implementation agencies. This, when refined, will be an important tool step for monitoring progress towards the stated goals. The inclusion of gender budgeting in the evolving MTEF framework and mainstreaming to the poverty matrix, the strategies and the indicators and targets remains a key challenge.

Gender in the PRS

2.3.3 The PRS has recognized gender as one of the cross-cutting priority issues and notes the disjuncture between women's educational attainments, but lack of equal participation, the constraints faced by them in subsistence agriculture, and men's lack of engagement in care work. Equally important, the situation analysis highlights the ways in which patriarchal culture prevents women from having access to productive resources and the wide prevalence of domestic violence, sexual assault and discrimination.

2.3.4 However, the only gender sensitive indicator included in the Core Indicators is percentage of women participating in key decision making organs with a 30% target by 2005. This commitment has not been costed. The strategies that are expected to respond to the challenges enumerated above include the implementation and monitoring of the National Gender and Development Policy, establishing gender focal points in key institutions at central and local levels and expediting the review of gender discriminatory legislation to enable women to own assets including land and have access to credit and banking facilities in their own right.

2.3.5 While the PRS included and identified gender specific barriers to development in other sectors such as agriculture, employment creation initiatives, decentralization, and infrastructure, the respective strategies were not accompanied by the necessary budget to implement the activities. Therefore, many of the programmes and activities outlined in the PRS have not been implemented and very little progress was made on gender sensitisation of the development process. In terms of education, the indicators for net enrolment rate in elementary, secondary and technical, vocational and education and training (TVET) and the literacy rate are not gender disaggregated while those for primary and secondary repetition and drop out rates are disaggregated. In the case of health, while the percentage of births attended by skilled health personnel has been included with a time-bound target, reduction of maternal mortality ratios lacks a target, and access to contraceptives is also not included. The absence of such key indicators of poverty will limit the monitoring of poverty reduction in Lesotho.

2.4. The Challenge of HIV/AIDS

2.4.1. The biggest challenge facing the health and all other development sectors is the very high prevalence rate of the HIV/AIDS pandemic. With an estimated 31 to 35% prevalence rate, Lesotho is among the countries worst affected by the HIV/AIDS with the steepest curves in the pandemic. The pandemic is the leading cause of morbidity and mortality in the country. According to UNAIDS at the end of 2003, 57% infected adults aged 15-49 were women. More significantly, among the younger age group of 15-29 years, almost 75% of all reported cases of AIDS are young women. In some districts like the capital Maseru, recent HIV prevalence in the antenatal clinic is reported to have risen to 42%. By 2002, an estimated 27,000 children aged 0-14 years were infected with the HIV virus, the vast majority of whom contracted the virus through parent to child transmission. In the country as a whole, the generalized nature of the pandemic has diminished the urban-rural differentials in the prevalence rate. Beyond and above triggering a process of deepening poverty, reversing the hard won gains that the country has achieved in the last three decades, the pandemic is robbing the country of those in their prime economically active years and ravaging communities with a profound impact on ability of households to maintain viability as they sink into poverty and destitution.

National HIV/AIDS Policy

2.4.2. Since late 1980s, HIV/AIDS was handled by a unit in the MOHS. In 2000, the GOL adopted the National HIV/AIDS policy framework and in 2001, the Lesotho AIDS Programme Coordinating Authority (LAPCA) was established with a mandate to coordinate and monitor and evaluate implementation of the multi-sector national response. At present, the pandemic has been declared a national disaster and the government has launched a comprehensive framework for addressing the pandemic. The revised strategy called Turning Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho, has identified numerous interventions including the launching of a new broad-based National AIDS Commission. It has signalled the mainstreaming of HIV/AIDS into all policies and programmes. The strategy prioritises the services such as Voluntary Counselling and Testing (VCT) sites and implementing the Prevention of Mother to Child Transmission (PMCT) programme, provision of support to people living with HIV and AIDS (PLWHA), implementing the use of anti-retroviral drugs and provision of support to the increasing number of orphans. The GoL has directed 2% of the annual budget of each ministry to be used to finance HIV/AIDS programmes. Focal groups are now being trained and will be placed in each ministry. The National HIV/AIDS Strategic Plan covering 2002/2003 to 2004/2005 identifies children, youth and women of reproductive age as the most vulnerable groups. The PRS has identified HIV/AIDS as one of the overarching and cross-cutting issues and has set the goal of reducing the HIV prevalence rate from 30% in 2002 to 25% by 2007.

The Gender Dimension of HIV/AIDS

2.4.3. There is a growing recognition of the age and gender dimension of the pandemic as highlighted in the HIV strategic plan as well as some cultural practices such as wife inheritance, polygamy and multiple sex partners but the awareness is fragmented and lacks strategic gender analysis capable of proving both a short term response to women's needs as well as an opportunity to challenge long-term gender norms.² In recognition of the devastating impact that the HIV/AIDS is having on young girls and women in Southern Africa, the United

² Facing the Future Together : Lesotho Country Report of the United Nations Secretary-General Task Force on Women, Girls and HIV/AIDS in Southern Africa.

Nations General Secretary has set up a sub-regional and national task force. In keeping with the sub-regional precedent, the Lesotho Task Force has prepared a document looking at: Prevention of HIV infection among women and young girls, girls' education, violence against women and girls, property and inheritance rights of women and girls, the role of women and girls in caring for those infected and affected by HIV/AIDS, and access to HIV/AIDS care and treatment for women and girls. Based on such a broad analysis, the task force has prepared a draft Plan of Action that will be finalized through a country wide participation of stakeholders.

Gender-Specific Causes of HIV/AIDS

2.4.4. The reasons for increased vulnerability of young women are multi-faced and range from biological, socio-cultural, economic to behavioural. The underlying cause is the unequal relations between men and women. A complex web of biological, social and economic factors reinforced by poverty make the risks and consequences of contracting HIV differ substantially for girls and boys and young men and women. The underlying cause for the high and growing prevalence of HIV/AIDS among women and girls is the power imbalance between women and men and women's lack of access and control of productive and social resources, and as for as young girls, they are more at risk due to the intersection of age and gender. The young have less power to resources and decision-making than adults. As in the case of most STIs, women are at greater biological risk than men of contracting HIV virus from each sexual intercourse. It is well known that forced sex increases this risk because micro-lesions make it easier for the virus to enter the bloodstream. There is growing evidence of the wide spread of forced sex in Lesotho based on the false social belief that young women are either free or able 'to cure' AIDS. Poverty, along with peer pressure leads young women to enter into transactional sex in exchange for money to meet a range of basic necessities such as transport, uniforms, school fees and clothing.

2.4.5. In the case of Lesotho, the wide prevalence of transactional and intergenerational sex appear to be major explanatory factors that place women at greater risk of contracting HIV and cause them to bear the greater burden of the diseases. Other factors include, wide spread gender-based violence, inadequate knowledge of reproductive health coupled with lack of services. As far as adult women are concerned, their relative lack of access to productive resources coupled with lack of legal rights, significantly reduces the leverage they have in negotiating protection with their partners and greatly affects their ability to cope with the impact of infection. Another factor that fuels the HIV/AIDS pandemic is stigma and discrimination associated with being infected or affected by the pandemic. Women are often faced with ostracism and abandonment and face tragic consequences because they lack the necessary economic resources.

The Impact of HIV/AIDS

2.4.6. The decline in life expectancy, the increase in infant, child and maternal mortality due to the HIV/AIDS pandemic is widely documented in the case of Lesotho. At present, there is no sector of the economy and polity that has not been affected by the rapidly spreading epidemic. Growing mortality and morbidity rates have affected public services through loss of considerable number of employees. Such cases have become evident in the case of the Ministry of Education and Training and Ministry of Agriculture and Food Security. In addition to putting an extraordinary burden on the health care system, the pandemic has resulted in a growing number of orphans, decline in agricultural and other forms of livelihoods and has exacerbated the state of household food insecurity and the level of poverty in the country.

2.4.7. As the disease progresses, the dynamics and coping mechanisms within the household also changes. The individual(s) are most frequently the productive members of the households. With the onset of illness, the production of infected individuals decreases thereby reducing the income of the household. Concurrently, resources and assets are diverted to care for the sick. Tapping into savings and more debt to pay for medical treatment and funeral costs is often the first recourse of households. As debts increase, precious assets, such as livestock, savings and sometimes land are sold. In order to increase the coping capacity of households and to reduce costs, children are often taken out of school, boys for their labour and income-generating potential and girls' to care for the sick. The situation lends itself to a vicious cycle where members of affected households are placed in a position of increased risk and vulnerability to HIV/AIDS. Affected households are pushed deeper into poverty, have decreased opportunities e.g. through lack of education, and an increased vulnerability to the disease, as household members must find survival strategies.

Burden of Care

2.4.8. Invariably the burden of the coping rests on women and girls as the demands of their income-earning labour, household work, child care and the care of the sick increases. As productive members of the household fall ill or die, women are often forced to seek other means of survival even going as far as commercial sex work, which places them at a high risk of contracting HIV/AIDS. The situation is aggravated by the fact that women are legal and cultural minors, which disempowers them to provide for their families, and leads to a worsening economic situation for the household and increased vulnerability to HIV for women.

2.4.9. HIV/AIDS poses a potentially major threat to food security and nutrition, mainly by diminishing the availability of food and reducing access to food as household income and productivity decrease. Decreases in subsistence agriculture productivity leads to increased food insecurity, especially for women and children. As the quality of diet impacts survival, decreased nutritional status precipitates the onset of AIDS and death. In the absence of property rights and access to and control of resources, women and children are being pushed into destitution due to the growing trend of property grabbing, whereby a widow is forcibly dispossessed of all or most of the household property by relatives of the husband during the husband's sickness, funeral ceremony or immediately thereafter. This is despite the Land Act Amendment Order of 1992 which provides a widow with a right over land which belonged to her husband. It is also reported that due in part to the HIV/AIDS pandemic, an estimated girls' enrolment in school has fallen by an alarming estimate of 25%. There is also the threat of missed education opportunities by the increasing number of AIDS orphans both boys and girls.

2.5 Gender and Employment

2.5.1. In Lesotho there is a very strong link between unemployment and poverty. The high unemployment rate is compounded by a number of factors including low agriculture production due to adverse weather conditions, diminishing employment prospects in the public sectors, and retrenchment of Basotho men from the mines in South Africa. The unemployment rate including migrant labour is 56.2% female and 48% male. Similarly, hidden unemployment rate is 64% female and 57% male. The massive retrenchment of male miners and their return home has generated a number of changes in gender relations in the

household. Instead of the well-established pattern of male miners sending remittances back home, at present both men and women are in search of employment and engaged in self-employment. In the meantime, not only are household expenditures significantly reduced, but also women in male headed households have considerably less decision-making in household expenditure. Unemployment and the resultant frustration have increased poverty, conflicts and violence in family relations.

2.5.2 Thus far, the government's response to the unemployment crisis has been an extension of lucrative incentives for foreign capital to invest in the textile factories, promotion of community work schemes through both the Labour Construction Unit (LCU) and the Lesotho Fund for Community Development (LFCD), and the drafting of the National Employment Policy (presently still in draft), which aims to promote fully productive and freely chosen employment, improve productivity of labour, and provide skills and knowledge for the work force. Programmes like education generate a social safety net that provides nutrition, education and work for children from poor households or HIV/AIDS orphans while it creates jobs in catering, construction, and transport for Basotho entrepreneurs. The PRS commits itself to creating a climate that is conducive to maximizing job creation by both foreign and private sectors. As far as the local private sector is concerned, the PRS indicates special emphasis on supporting the development of agric-business, tourism and mining sector in order to realise their employment potential. In this regard, it is hoped that the Lesotho Tourism Development Corporation will promote eco-tourism as a niche tourist market and create jobs.

2.5.3. One of the indicators of Goal 3 of the Millennium Development Goals (MDGs) is the percentage of women in non-agricultural employment. Formal employment in Lesotho consists of employment in the public sector and Parastatals, in the private sector including persons employed in the manufacturing sector and services as well as migrant labour. A specific feature of Lesotho is the visible presence of female employees in all these sectors with the exception of migrant labour to the mines. Women were not allowed, by RSA mining regulations, to participate in mining activities which resulted in Lesotho male migration to the industry in RSA. As far as employment in the public sector is concerned, data for 2002 indicates that the proportion of women employees was 13.2% while that of male employees was 10.8%. An increasing number of women have made inroads into professional, middle level and senior level posts in government institutions but men are still predominant in the higher echelons of the employment ladder (See Annex A3). The majority of women are concentrated in relatively lower occupations even when they might have better educational qualification. This is also mainly due to the fact that although women have higher educational levels the cultural factors have led to an implicit "glass ceiling" due to which women are unable to take the higher decision making positions. For example the majority of teachers are women, but there are more men, than women, in management of both primary and secondary schools. In Parastatals, women made up 33% at the Managing Director level, and 43% of senior management in 2000.

2.5.4 Another area, where women's employment has been on the increase until this year is in the export garment industries. As can be observed from the following table, women made up of over 80% of manufacturing employees in the export garment sector while men were more numerous in the locally focused manufacture of foods and beverages, offering a much more limited number of employment. In general, women dominate the clothing, textile industries and manufacturing, retail and service sectors.

Table 3: Manufacturing Employment

Year	Manufacture of food and Beverages		Manufacture of Textiles and clothing		Manufacture of Leather & footwear		All other Manufacturing		Total	
	Number employed	Percent employed	Number employed	Percent women	Number employed	Percent women	Number employed	Percent women	Number employed	Percent women
2002	1.265	21.4	20.91	91.6	3.012	90.6	1.218	43.1	26.404	85.9
2003	1.20	23.4	18.99	89.8	2.41	89.3	1.235	42.9	23.835	83.9
2004	1.094	21.8	31.156	86.3	2.148	86.4	1.468	44.7	35.865	82.6

Source: Bureau of Statistics, Lesotho

2.5.5 The broader data set from which a short version was abstracted indicated considerable growth in employment opportunities for women since 1997 increasing much rapidly since 2001 to 2004. But even here, despite, their numerical strength and relatively higher educational exposure, qualitative studies reveal that the range of work open to them and their promotion to supervisory position is limited and most of them were segregated in the lower paying jobs. The surveys by the Bureau of Statistics further reveals that salaries paid to workers in the textile and clothing industry are below the average in manufacturing, while wages and salaries are above average in the food and beverages and all other manufacturing industries. Lesotho has a tripartite body consisting of the Government, Employers and Workers that reviews wages in different economic sectors annually, hence, wages offered, are recommended and approved by Government. In addition, The Department of Labour has embarked on an extensive labour inspection exercise that educates employers and workers about labour issues to ensure compliance (e.g. worker's rights, occupational safety and health). Textile manufacturing industries were amongst the sector that conforms strictly to the wage regulations. Yet it is reported that most female workers who more family dependents that they support cannot meet the basic needs with their meagre wages.

2.5.6 The Labour Code of 1992 provides for basic workers rights including the provision of adequate working conditions and payment of compensation for industrial accidents and injuries. In terms of female workers, the Code provides pregnant workers with maternity leave of six weeks and six weeks after confinement; the right to benefits for the full support and maintenance of herself and the child, the right to free medical care, and once back at work, time-off to nurse the child during the day. The Labour Code further gives protection to the women during maternity leave or any longer period arising due to pregnancy related illness. Furthermore the Labour Code prohibits unfair treatment related to female employees being dismissed for having taken a statutory maternity leave or being off-duty as a result of maternity related illness. However, the Code does not guarantee salaries to working women during periods of confinement due to pregnancy and childbirth. The Code leaves the option regarding payment to the discretion of the employer as to whether to pay salary to the women employee during maternity leave. This gap in the Labour Code often results in women working until the last day of pregnancy and going back to work soon after giving birth. Furthermore, there are many reports of unsafe and sweatshop conditions particularly in the garment and textile sector that are dominated by female workers. The international conventions which have been ratified by Lesotho include: The **ILO Minimum Age Convention** of 1973, which encourages ratifying countries to adopt policies that will lead to the elimination of child labour and to set a minimum age under which children should not engage in economic activities. The **ILO Worst Forms of Child Labour (WFCL) Convention** of 1999, ratified by Lesotho in 2001, clearly stipulates that a concerted effort must be made to abolish all WFCL. Lesotho is therefore bound to design specific time-bound measures/programmes to eliminate the worst forms of child labour (WFCL). To date, a

baseline study to determine the incidence of child labour has been conducted and programmes aimed at eliminating child labour in the country are underway.

2.5.7 With the end of the quota system in the Multi-fibre Agreement which governs global textile exports in January 2005, a growing number of factories owned by Chinese and Taiwanese investors are closing down. By March 2005, an estimated 12,276 employees (mostly female) have already lost their jobs due to closure of factories. There are over thirty trade unions but most are members of three trade union federations: Lesotho Federation of Democratic Trade Unions, Congress of Lesotho Trade Unions and Lesotho Trade Union Congress. Women are the majority of members especially in the retail, clothing and allied workers unions. However, the majority of the leaders are men. However, trade unions are weak and fragmented. Thus far, trade unions have not been able to provide support to the employees who have lost their jobs and those who are threatened with further closure of work.

2.5.8 In the context of rapid population growth and high unemployment, the informal sector particularly SMSEs have grown exponentially in the last decade as an economic sector that provides employment to a large number of men, women and youth who are excluded from formal work opportunities. While large and growing numbers of women are employed, most are concentrated in the survivalist end of poorly-paid and insecure form of the employment spectrum. Women in the micro enterprise sector mostly sell fruits, local beer, and home grown vegetables as subsistence activity. Table 4 provides a glimpse of the pattern of employment in both the rural and urban informal sector. According to the survey, the largest number of females are employed as unpaid family workers but they also constitute a larger proportion of own account workers and paid employees.

Table 4: Persons Working in the Informal Sector (by sex, rural and urban residence)

Sector	Both Sexes %	Males %	Females %	Urban Total %	Males %	Females %	Rural Total %	Males %	Females %
Own Account Workers	100	56.2	43.8	100	46.9	53.1	100	57.7	42.3
	100	45.1	54.9	100	48.4	51.6	100	41.3	58.7
Paid Employees	100	48.4	51.6	100	41.7	58.3	100	52.4	47.6
Unpaid Family Workers	100	28.2	71.8	100	37.6	62.4	100	24.4	75.6
Subsistence Farming	100	59.6	40.4	100	54.0	46.0	100	60.0	40.0

Source: Labour Force Survey 1999

2.5.9 There are also a growing number of women in small enterprises. But here again, most of these enterprises are in the traditional 'female' sector of retail and services fetching relatively low income. While the case of women in micro enterprises is often a desperate response to the growing incidence and depth of poverty, in the case of most women in the small enterprise sector, their choice of enterprise is more a reflective of the quality of their training particularly their traditional training in TVET, absence of credit and market related information. For example, with appropriate support and exposure, and given the overall level of women's educational attainment, they could engage in Information and Communication Technologies (ICT) based micro enterprise units that have the potential of providing relatively high income as well as the chance of employing other poor men and women. It is hoped that

the current attention on SMSEs will be able to look into the challenges facing women who dominate this sector and provide them with the requisite support and information that can increase their productivity and move them and their employees out of poverty. There is also the urgent need for a gender-disaggregated survey focused on SMSEs with adequate attention on micro enterprises and the challenges they face; the growth-oriented cases; the income that they generate; micro enterprise units that have the potential of providing relatively high income as well as the chance of employing other poor men and women.

2.6 Gender, Agriculture and Rural Development

2.6.1 In Lesotho, arable land is estimated as less than 10% of the total area or about 0.2 hectares per person. Although agriculture is a major source of rural people's livelihoods, it has been in decline over a long period of time. In a normal year, the country produces 30% of the total food requirement and 60% of the annual cereal requirement has to be imported. Nationally, less than 5% of households produce enough cereal to feed themselves throughout the year. There are multiple causes for the decline. As two thirds of the country is covered by high mountains, the arable land is limited to less than 10%. The decline in agricultural production is also due to massive erosion that affects both the mountainous districts and the low lands. In the past, large numbers of rural households used mine remittances to purchase the necessary inputs for cereal production. Retrenchment of large numbers of miners has depleted this major source of investment in agricultural production. Recurrent drought that has become much more frequent in the recent past has aggravated the rate of decline in cereal production. In the meantime, livestock production is also on the decline due to overstocking, uncontrolled grazing and the associated decline in range conditions in many parts of the country. At the policy level, decline in agricultural production is related to inadequate extension system, lack of credit facilities, the ineffective provision of input and output marketing system. Decline in agriculture and the rise in imported food prices in a context of declining incomes has resulted in increasing levels of food insecurity.

2.6.2 Women make up the majority of the agricultural labour force in Lesotho. The Agricultural Census of 1999/2000 confirmed that there were more women than men in agricultural work in all districts, with the exception of Butha-Buthe district, where males were in the majority (52%). Under 'household members contributing to agricultural work', the same census survey found that out of a total 781,935 household members who contributed to agricultural work, 64% of them were female. During the time of large male migration to the RSA mines, agricultural production and livestock production was left to women. In terms of the gender division of labour, livestock production, range management, ploughing, and planting of crops are men's responsibilities. However, male migration created the condition for women to undertake tasks that were regarded as male preserves. Although, the majority of persons who attended meetings related to livestock and crop innovations were women, they would not articulate their needs. According to customary law, agricultural, livestock and land matters belonged to men. Despite such levels of participation and accumulated experience, the Ministry of Agriculture and Food Security does not have a gender policy or a gender focal person. It does however, have a Home Economics Unit that is not connected to women's agricultural activity. Such a focus on nutrition is likely to result in women not being beneficiaries of the new client-led agricultural extension policy, which encourages the development of farmer associations with their own farmer extension facilitator.

2.6.3 The second rural activity is livestock production. Large numbers of both rural and peri-urban households raise cattle, equine and small ruminants. However, the overall livestock production is low both due to poor genetic quality, poor husbandry practices and the inadequacy of livestock extension services. In the face of declining contribution of farming to food security, most households engage in a variety of livelihood activities to ensure household food security. Rural households also engage in home and community gardens as a source of food security. Until recently, home and community gardens were dominated by women. However, with the return of men from the mines, they too have begun to participate in home and community gardens. It is also reported that in such cases, men have begun to make decisions on vegetable sales. To a large extent, therefore, it can be argued that women's constrained decision-making ability partly as a result of lack of a gender-responsive extension and micro-credit services, contributes to the decline of agricultural productivity and growing food insecurity in Lesotho. The third set of livelihood strategies includes the participation of rural men and women in a variety of off-farm income generating activities. Women participate in brewing, knitting and weaving and hawking produce. In the absence of micro-credit services and given their legal status as minors, a practice that prevents them from taking bank loans, women are active in a series of associations such as burial societies, grocery clubs and money lending. Until recently, women were in the majority of persons hired by labour-intensive infrastructure development projects such as road construction, water ponds, village water supplies and community forestry. In this regard, there is a need for an in-depth study on gender sensitive micro-credit and agriculture inputs outreach on smallholder agriculture productivity and food security in Lesotho.

Food Insecurity

2.6.4 In Lesotho the above mentioned factors have contributed to declining cereal and animal production, loss of household income as a result of retrenchment and reduced employment and reduced purchasing power due to much higher prices of imported food and inputs have increased poverty and household food insecurity. These situations have been exacerbated by increasing household expenditure on items associated with long-term illness and death (highly linked with HIV/AIDS). Increased expenditure on medical and funeral bills diverts household resources from productive activities while reducing labour for planting and farming. The most vulnerable groups in terms of food insecurity are identified as aged-headed households, living alone or with a spouse; female-headed households the large number of poor; orphans living in households with a high dependency ratio, and HIV/AIDS victims and affected households.

Access to Land

2.6.5 Lack of land tenure security is another major contributory factor to food insecurity in Lesotho. It is estimated that about 40% of all households and 30% of rural households have no fields. The fields that households do have are generally very little, usually one or two fields totalling one or two hectares. Most land holdings cannot contribute to food security by farming. However, tenure security can enhance food security by encouraging households to increase other economic activities indirectly dependent on land access. Women's land rights and tenure security have been constrained by their status as legal minors. The Lands Registry Act of 1967 specifically provides that no land shall be registered in the name of married women. Until recently, such limitation on women's access to land had contributed towards poverty and food insecurity. At present however, the HIV/AIDS prevalence and the stigma attached to the disease is creating new threats that are pushing women into destitution. A

recent FAO study found that in some communities, the prevalence of HIV/AIDS is being entirely blamed on women. On the other hand, in the case of the husband's death, some widows have been able to retain their late husband's agricultural land as long as they do not remarry, there are reports that a considerable number of widows and orphans are being dispossessed through land grabbing by the relatives of the diseased husband and asked to vacate the property. There are also cases of distress sale of land and animals by households who need the money for medical care and funerals.

2.6.6. Most women are dispossessed because of lack of knowledge of existing laws such as the Land Amendment Order of 1992 that gives widows full rights (of use and ownership) over the land, which belonged to the husband. Currently, land tenure and mortgage legislation reforms are underway. The PRS identifies many measures that have the potential for promoting food security. These include investment in irrigation and agri-business, better land use management and efficient land markets and the Land Bill which is crucial to the agenda. Among many other intended outcomes, the Land Bill is expected to eliminate gender inequality in relation to access and land use rights. Lessons from previous gender-responsive legal reforms underscore the need for sustained legal literacy and legal aid services. Discussions related to the introduction of new technologies like irrigation and production of new valued crops will also need to be gender aware in order to avoid women and their accumulated experiences in these fields being marginalized.

2.7. Gender and Health

2.7.1 Until recently, Lesotho had made considerable progress in health service provision. Due to its altitude and cool climate, Lesotho is free of malaria. As was already indicated in section 2.4, HIV/AIDS pandemic is taking a heavy toll on the health status of the population. The major causes of illness and death are intestinal and respiratory infections, AIDS, tuberculosis, either alone or in combination with AIDS, diarrhoea, meningitis, as well as chronic debilitating diseases such as hypertension (38% prevalence), overweight (prevalence of 46%) and diabetes. Malnutrition is another major health challenge. In 2003/2004, the government allocated 7.5 per cent of the national budget to health.

2.7.2 Recent data on health indicators reveals significant erosion of the health sector gains or at best stagnation. In 1990, life expectancy at birth had reached 59 years. By 2000, life expectancy had declined to 54 years. In 1999, infant mortality rate was estimated to be 96 per 1000 live births and the under-five mortality was 137 per 1000 live births. Immunization coverage which had reached 90% in the mid 1990s has gone down to around 70 to 75%. Chronic food insecurity seems to have exacerbated the high levels of malnutrition prevalence in the country. It is estimated that 25% of the total population is undernourished. But malnutrition levels among children under five are very high with 17.8 per cent underweight, 45.6 per cent stunted and about 7.5% wasted in 2000. The estimated maternal mortality ratio is 419 per 100,000 live births. The onset of the HIV/AIDS pandemic has resulted in the resurgence of diseases like tuberculosis and other communicable diseases.

The Health and Social Welfare Policy

2.7.3 The Health Sector Reform Strategy puts emphasis on access to quality, preventive, curative, and rehabilitative health care and management services. The most recent Health and Social Welfare Policy puts emphasis on preventive/ promotive health care; mobilization of resources and their efficient use; encouragement of individuals and communities to play a bigger role in preventing disease and ill health and functional decentralization in the management of health services. The main thrust of the policy is towards the delivery of an

Essential Health Package³ that addresses priority health and health related problems that result in substantial health gains at low cost and provided through government funding. The PRS highlights the importance of strengthening the disease prevention programmes with emphasis on childhood vaccinations, family planning, ante-natal and post-natal care and the reduction of teenage pregnancies. Also highlighted by the PRS is the provision of information on youth-friendly services and free supply of contraceptives. This indicates the emergence of gender aware and supportive policies to address adolescent sexual and reproductive health concerns.

2.7.4 The health sector system of Lesotho is run through a long-standing co-operation between the Government and the Christian Health Association of Lesotho (CHAL) who owns 49% of the country's health facilities and receives subventions from the government budget to provide subsidized health services to all Basotho. The remaining 52% are public health institutions. A policy of cost sharing was introduced in the early 1990s as a way of increasing the resource base of the Ministry of Health and Social Welfare.

Health Service Delivery

2.7.5 Although the health infrastructure is relatively well developed, the distribution of health services is not equitable. It is estimated that about 86% of Lesotho population is within 5 kilometres reach of a health centre on average. However, the population in the mountainous part of the country has to travel well beyond the recommended 5 to 10 kilometres to access health services. Public health institutions are poorly equipped especially those in rural and less endowed districts. Shortage of health staff has been aggravated by the brain drain to other countries. Health service delivery has also been deteriorating due to the high prevalence of HIV/AIDS. In 2001, 50% of the patients in hospitals and 1 out of 4 outpatients had HIV/AIDS related conditions⁴. As the greater portion of the recurrent health expenditure is allocated to payment of staff salaries, there are inadequate resources available for drugs including life saving drugs, supplies and operational costs.

Gender Disadvantages in Health

2.7.6 In some cases, the health needs are shared by men and women but others such as those linked to reproduction are gender-specific. Other health issues may stem from the kinds of jobs that men and women do. For example, boys and men could develop certain type of illness from herding and working in the mines, while women can be exposed to health hazards from work on labour-intensive assembly line indicating the need for different type of health support system. The deficiencies of the health system and the ongoing reform programs affect both men and women but take on a gender dimension as a result of greater inequalities in access and provision. Health systems reflect gender inequalities in the wider society but the services offered to women often fail to recognize social and cultural norms which deny women decision making capacity over health-related behaviours. In the case of Lesotho, men often have socially and legally sanctioned right to control the number and spacing of children, the use of contraceptives and access to information pertaining to sex and sexuality. As a result, women especially poor women appear to be at a greater disadvantage because men make the key decisions about health consultation and expenditure.

³ The Essential Health Package consists of essential public health interventions such as health education, immunizable childhood diseases, malnutrition related diseases for children under five, pre- and post-natal services, and control of communicable diseases i.e. STIs, HIV/AIDS, TB and essential clinical services.

2.7.7 In addition to lack of access to resources and decision-making, women's health seeking behaviour is disproportionately affected by availability and accessibility of health services and trained medical professionals because women's reproductive responsibility exposes them to much more health risks than men. Consequently, most of the constraints facing the health sector have a differential impact on men and women in Lesotho. Poor rural women find it difficult to reach facilities especially hospitals due to physical distance and lack of resources to meet transport costs. A large percentage of poor rural and urban women are unable to pay user fees. The system of user fee exemption is highly ineffective. Patients/clients are officially exempt only if certified by the Department of Social Welfare. The paucity of social welfare officers and a tedious bureaucratic system related to user fee exemptions limits the access of poor women to health services. As a result, poor women have resorted to traditional healers.

2.7.8 Lack of human resources implies long waits, restrictions on daily client/patients receiving services and poor staff attitude. Distance and cost of services also have life threatening implication for women in cases where only hospitals provide emergency obstetric care (EOC). The relatively higher costs and longer time to reach hospitals and the lack of ambulance services or community organized transport for emergencies, means the lack of access to EOC and other care for the majority of women. Women's limited decision-making capacity limits their access to family planning (FP) as they prefer to use methods that did not require partner co-operation. The health of women is also affected by gender-based violence (GBV) which by all indications is on the increase (see section 2.7.12). However, health services lack policies, guidelines, and counselling for the management and prevention of GBV.

Maternal and Child Health

2.7.9 Goals 4 and 5 of the MDGs are related to the reduction of child mortality and the improvement of maternal health. The GOL targets are to reduce the infant mortality rate of 81 (2001) to 70 per 1000 by 2006 and the maternal mortality ratio of 419 (2001) to 391 per 100,000 live births by 2006; and increasing the percentage of births attended by skilled health personnel from the current 59.9% to 70% by 2006. While the PRS does not include a target for increasing contraceptive prevalence, the MDG report of 2003 includes a limited target of increasing contraceptive prevalence rate to *only married women* and puts a target of 27.2% in 2001 to 80% by 2015. In 2002, the estimated contraceptive prevalence was 30%. The total fertility rate was estimated as 4.3 in 2001 and the population growth rate is estimated to be 2.1%. In 2002, 59.9% of births were attended by skilled health personnel. There are great regional disparities in the availability of pre-natal and post-natal care with the poor mountain districts lacking these services. Overall, mothers and new born do not receive the full range of what they need to avoid child and maternal morbidity or mortality.

2.7.10 The high fertility rate, the low prevalence of contraceptives, adolescent pregnancies which often end in unsafe abortion and limited access to emergency obstetric care are contributory factors to the high maternal mortality rate. Recent reports reveal sexual debut, marriage and child bearing occur at a very early age. The median age at first marriage is 19.7 years for females and 23.9 years for males with girls marrying much earlier in rural areas. However, the median age at first sexual intercourse is 17.4 years for females and 18.1 for males. The median age at first birth for females is 20 years. Youth pregnancy mostly below 19 years is estimated at 52%. For both physiological and social reasons, girls in this age group are twice as likely to die in childbirth as those in their twenties. However, young and

especially unmarried mothers cannot access appropriate antenatal and postnatal services. In addition to women's lack of decision-making, there is another no less serious constraint to the effort to increase contraceptive prevalence. Most of the health centres are run by CHAL and most of them are situated in the rural areas. The religious groups that run these centres hold negative perceptions and attitudes towards family planning, contraception, population/family life education and adolescent sexual and reproductive health.

2.7.11 The growing rate of adolescent pregnancy and childbearing often implies being dropped out of school, reduced self-development and skills building, diminished employment opportunities resulting in increased poverty and destitution that push young women to engage in risky behaviour and in the transmission of intergenerational poverty. For the country, this clearly puts a serious limit to poverty reduction, both through reduction of skilled human capital and through the inability of uneducated women providing appropriate child care in addition to the potential of increasing the HIV/ AIDS pandemic.

*Gender-Based Violence*⁵

2.7.12 Gender-based violence (GBV) is pervasive in Lesotho and by all indications seems to be on the increase. There are different types of gender-based violence. Those that are classified under harmful traditional or cultural practices including beliefs, norms and social institutions that legitimise and thus perpetuate gender-based violence range from early marriage, abduction, *lobola* (bride wealth payment) and its changing nature to wife inheritance. *Lobola* even in its earlier form was and continues to be a practice aimed at controlling women's sexual and reproductive rights and has evolved into a practice that gives men the right to control the number and spacing of children, the use of contraceptives and access to information pertaining to sex and sexuality. In the past, *Lobola* was negotiated between extended family members, at present, in the context of changed circumstances and norms, it is changing into 'a commercial venture' often limited to a transaction between the prospective husband and the bride's father.

2.7.13 The second category is domestic violence committed by husbands and other partners. Although it is believed to be wide spread, it is difficult to obtain reliable estimates of the prevalence and frequency of such forms of violence throughout the country, small scale studies and anecdotal evidence indicate that it is not only wide spread but on the increase. Furthermore, beliefs and attitudes such as those outlined in Table A3.4 in the annex that are internalized by women help sustain the practice. The third category is the prevalence of wide spread cases of rape including child abuse. In recognition of the magnitude and impact of such practices, the GOL promulgated the Sexual Offences Act in 2003. At present, the Children's Protection Welfare Bill, 2004 covering a broad set of children's rights including rights related to forced and early marriage and other harmful cultural rites and practices is completed and expected to pass shortly. Furthermore, in the context of the implementation of the National Gender and Development Policy, it has set a Gender and Child Protection Unit under Lesotho Mounted Police Services (LMPS) with clearly articulated description of tasks. However, discussion with the persons in the Unit revealed that it lacked the requisite human and material resources to respond to the needs of the diverse groups of victims of GBV.

⁵ In keeping with the spirit of the definition given by the General Assembly of 1993 where a broad definition of violence against women was provided, the use of gender-based violence is used to include physical, sexual and psychological violence occurring in the family and in the general community, including battering, marital rape, harmful traditional practices as well as non-spousal violence and violence related to sexual harassment, and intimidation at work, in educational institution and elsewhere.

2.7.14 The PRS has included domestic violence against women as one of the serious problems related to gender and poverty which is recognised as being on the increase partly due to migrant labour system. Due to absence of migrant husbands, women may engage in extra-marital relationship with other men and husbands who find out about such relationships, might resort to violence. At present, the increased violence is mostly related to the feeling of powerlessness of retrenched mine workers and the resultant tensions in marital relations. The PRS also recognizes that cases of domestic violence are under-reported due to fear and inadequate understanding of human rights. It is hoped that once the PRS begins to be implemented, the periodic assessments will examine the causes, magnitude and impact of violence on poverty and well being in Lesotho.

2.8 Gender and Education

2.8.1 Relative to most Sub-Saharan African countries, Lesotho has relatively high literacy and net primary school enrolment but with a reversed gender gap indicating disparity to the advantage of girls. Historically, boys have been kept out of school in order to herd animals while girls were sent to school. In 1998, Lesotho was ranked 5 out of more than 40 Sub-Saharan countries in adult literacy with a national average of 38% illiteracy rate and a higher male illiteracy rate of 54% compared to 46% for females. In 2000, with 39% national average for illiteracy, the overall illiteracy rate appeared not to have changed. However, while the illiteracy rate for men had declined to 42%, over the same time, the percentage of female illiteracy increased to 37%. Thus the male female illiteracy gap narrowed to 5% from the previous 24%age difference. Lesotho has a net primary enrolment of 72.5% and 87.8% of completion rate for girls. At present, the overall net primary enrolment rate is estimated to be 72% with a breakdown of 51% girls and 49% boys indicating a narrowing of the gender gap in education. The second disparity in education enrolment is that between rural and urban areas. In 2002, the net primary enrolment rate in rural areas was 6%age points lower than that of urban areas.

National Education Policy

2.8.2 The legal and policy frameworks guiding the educational sector include the National Constitution, the Education Act of 1995, the Free Primary Education Policy (FPE), the Education Sector Strategic Plan as well as Lesotho's commitment to sub-regional and global targets such as the Education for all (EFA) Dakar Framework for Action and the MDGs. The Education Sector Strategic Plan articulates the key national policy goals, objectives and outputs for the entire educational sector starting from early childhood education, primary and secondary education, technical and vocational education and training (TVET), non-formal education , life long learning, and tertiary education.

Free Primary Education

2.8.3 In the mid 1990s, Lesotho's primary participation rate began to decrease significantly mostly due to inability of households to pay the high fees charged in primary schools. More than 90% of primary schools in Lesotho are owned by churches. Thus while the GOL has no control on primary fees, it was paying for teacher salaries. In 1999, the GOL introduced a Free Primary Education Policy (FPE). But it was to be implemented in a phased fashion so that fees were abolished one standard every year starting from 2000. More interestingly, the policy also included provision of teaching and learning materials, school feeding and maintenance. As a result, primary enrolment increased by 12%. Most of the increase has been

in favour of boys but has stagnated since 2002. However, the primary completion rate is low and there is a very high drop out and repetition rates. The greatest dropout in enrolment occurs between grade 1 and Grade 2 for both boys and girls. Between Grade 3 to 6, a higher percentage of boys drop out of primary school. However, this trend is reversed as more girls begin to dropout as of grade 7, narrowing the previous gender gap in attrition rates

2.8.4 The overall secondary enrolment rate is low. In 2001, the gross secondary enrolment rate was 29% with a gender breakdown of 33% girls and 25% boys in the secondary school age population (13 to 17 years). However, the gender breakdown of the overall national secondary school comprises 56% of girls and 44% boys. The rural urban disparity is much higher in secondary schools. In 2001, more than 40% of urban secondary age groups were enrolled in secondary schools in urban areas while the corresponding figure was only 20% in rural areas and only 7% for the rural poor. While gender disaggregated data indicating performance in national exams is not available, existing data reveal gender disparities in course selection in secondary and tertiary education. It is widely believed by teachers, parents, as well as boys and girls that boys are generally good at subjects like mathematics, science and technology oriented courses like engineering and architecture while girls and women are good at languages and home economics. Such perceptions influence girls' performance in schools as well as their selection of careers.

2.8.5 Schools reinforce such perceptions by channelling girls to home economics while boys are sent to basic handicraft. Such disparities are much clearly relived at the technical and vocational training level. For example, in 2001, more boys (54%) were enrolled in technical and vocational schools than girls (46%). More than the disparities in the rate of enrolment are the differences in areas of specialization. Women dominated courses like home economics, dressmaking, secretarial and business studies while a much higher percentage of men were found in leather works, bricklaying, motor mechanics, panel beating, welding and auto electrics.

2.8.6 Again at the tertiary level, the gender breakdown of enrolment was 55% women and 45% men. In 2002, the majority of women were enrolled in faculties of education, social science and humanities while there were more men in the faculties of law, and especially in science and agriculture. These patterns of enrolment result in gender disadvantages for women in the labour market and in earnings. The gender audit of the educational system also found pervasive gender biases that perpetuate women's subordinate status in the curriculum and learning materials. Most schools also lack a healthy and gender-sensitive water and environmental sanitation, a factor that puts a serious limit to girls enrolment and performance in schools. Violence is pervasive in schools and is perpetrated by teachers and mature male students, especially where rural girls are subjected to violence on the way to and back from schools.

2.9 Gender and Infrastructure

Water and Sanitation

2.9.1 In Lesotho, water is one of the natural resources that is found in abundance. The country has made relatively considerable progress in the provision of safe water since 1980. Based on various studies the PRS indicates that provision of clean water has risen from 52% to 63% in the 1990s. The United Nations Country Assessment of 2004 estimated that 59.4% of households have access to treated piped water, 11.1% of whom have access to piped water from within their dwellings while 48.3% access pipe-borne water from a public facility.

Furthermore, about 6.9% of households have access to 'reasonably safe water' from boreholes. A further 19.4% use water from either a public or private well or from boreholes while 19.1% of households use water from a spring or river. The key issue in determining access to water is what is meant by safe water⁶, in addition to ensuring its adequacy and the distance to the source of the water. There is a lack of timely information on distance to the source of the water⁷. Moreover, national averages mask the wide differentials in access to water between urban and rural areas and between districts.

2.9.2 The Department of Rural Water Supply (DRWS) is responsible for infrastructure development and service delivery in the rural areas and estimates that rural water supply coverage is about 60% without including systems developed by NGOs and by Lesotho Highland Development Authority (LHDA) and has targeted 100% coverage by 2020. At present the priorities of DRWS have shifted from increasing coverage through construction to maintenance coverage through assistance in maintenance and repairs. Maintenance is critical since it is estimated that about 30% of water services are not functional and in need of repairs. In response to this problem, DRWS has launched 'area-based maintenance and repairmen' through which local contractors of capable of minor construction and maintenance work are trained and equipped to directly serve their areas, and would charge the community directly for their services.

2.9.3 Despite a substantive increase in interventions in the water sector, it has not yet resulted in gender disaggregated district-specific analysis and mainstreaming of the water sector in Lesotho. Earlier studies had pointed out the substantive role played by women and the constraints that they face. In most cases, women are responsible for the hard and time consuming task of fetching water for household use which they have to fetch from long distances away from their homes and face the additional problems of long queues. Men might participate in water collection, when intermediate transport methods such as wheelbarrows or ox-drawn carts are used to transport large quantities of water. Women were also reported to be the majority of Village Water Committee members that are democratically elected and in charge of collecting financial contributions and ensuring fair use of the water. The critical importance that women attach to the availability of water to household use was highlighted during the recent PRS consultations. The PRS reports that women consistently ranked 'lack of water', as their fourth biggest poverty problem, while men ranked it as the 10th biggest.

2.9.4 In the case of Lesotho, lack of water is not limited to rural areas. The need for water in urban areas has also become urgent in the context of rapid urbanization and increased demand from 'wet' industries, mainly textile processing. In Maseru alone, the population grew by about 7% per year between 1996 and 2003 and increased the demand for water and sanitation. Furthermore, the growth of textile industries has increased the demand for potable water and waste water services. As a result, an estimated 50% of Maseru's residents do not have access to adequate water supply. Such shortages have been exacerbated by recurrent drought during the last decade. In response to these water shortages, both short-term emergency responses and longer term strategies are being formulated.

⁶ In the case of Lesotho, the Lesotho Core Welfare indicators Survey of 2002, found that 78% of households had access to safe water based on a definition of safe water as households having piped water, public outdoor tap or borehole, as well as covered or protected well, while all other sources such as, unprotected well, rain and river water were classified under source of unsafe water sources.

⁷ The widely referred Sechaba poverty study of 2000 pointed out that time spent collecting water has decreased overall from the mean of 28 minutes per day in 1993 to 23 minutes in 1999, and also decreased for those who must collect water from the 1993 mean of 43 minutes to the 1999 mean of 28 minutes.

2.9.5 In the context of the current wide ranging legislative, policy and regulatory reforms in the water sector, and given the key role played by women in the sector and the government's commitment to poverty reduction, it is imperative to mainstream gender in the water sector. In order to ensure the effectiveness of new initiatives, planners need to know the differences among and between men and women in terms of who does what work, who makes which decisions, who uses water and for what purpose, who controls which resources, and who is responsible for family obligations? Experiences in other countries have clearly revealed that men and women experience changes in water availability, services and policies differently. One good case, in point, would be the need to know the gender implications of the 'area-based maintenance and repairmen' initiative through gender disaggregation of who is being trained, equipped and given the opportunity to repair and construct water points. Global experiences in the water sector have shown that women are more effective at hand pump maintenance than men because it is women's role to provide household water.

2.9.6 It is well known that women are traditionally responsible for disposing of household waste, maintaining sanitation facilities and educating children in hygiene. The PRS reports that the percentage of households with some form of latrine increased from 31 in 1990 to 49% in 1999. The pit latrine is the most common sanitation facility in Lesotho. Taking pit latrines as access to sanitary services, it is estimated that 86% of urban households and 37.8% of rural households have access to these facilities. Once again the mountain areas and Senqu valley have hardly any access to sanitation facilities. Less than 2 per cent of the population has access to sanitary means of disposal of human excreta and most of those who do have the facility are mostly in urban areas. The state of household waste disposal is much more problematic with over 95% of households lacking access to waste disposal services. The absence of such services increases women's workload as they are often responsible for disposing household waste as well as the health risks of the population both through direct exposure to dumpsites and the contamination of groundwater resources on which large numbers of poor households depend.

2.9.7 Again, there is a lack of gender disaggregated and context specific information on sanitation especially those that reflect cultural sensitivities related to sanitation; the different priorities, demands and needs of men and women; attitudes and practices in personal hygiene and how these practices differ between men and women and the constraints to the participation of men and women in sanitation related activities. Timely data such as those mentioned in Annex 3 together with gender disaggregated data of who is in charge of water and sanitation related information will be very useful for measuring progress and identifying constraints.

Rural Energy

2.9.8 In Lesotho, well over 90% of the fuel used, is traditional biomass, consisting of trees, shrubs, crop residue and dung. In addition to removing organic matter from the soil and further aggravating environmental degradation, crop productivity, use of scarce biomass increases the workload of women and girls and endangers the health of children and women. It has been found that the largest energy-related health impact on women and children is their high exposure to indoor air pollution in households that cook daily with wood, crop residues and untreated charcoal. Cooking and heating using biomass fuels might be one of the major contributory factors to the high incidence of respiratory diseases in Lesotho. The long time involved in fetching fuel is only one part of the problem. Lack of appropriate energy also takes up additional time and energy in cases where women are forced into using food-processing technologies that are rudimentary and laborious e.g. shelling and grinding maize and similar food products.

2.9.9 The PRS estimates that poorer households spend more than two hours a day collecting fuel and that in some mountain areas school children spend almost one day a week collecting fuel for the school kitchen, seriously impairing their education. If the literature on the magnitude of environmental degradation is examined through a gender lens, it is more likely that in some of the most denuded parts of the country, women, girls and boys are probably forced to travel further and spend more time and physical energy in search of fuel. While, the PRS acknowledges that energy is an environmental and poverty issue, it is important to underline that it is also one of the critical gender as well as health issues.

2.9.10 Currently, there are initiatives geared towards alternative energy interventions. A case in point is one that was piloted by the Department of Energy of the Ministry of Natural Resources (MNR) known as 'Identifying and Overcoming Barriers to Widespread Adoption of Renewable Energy Based Rural Electrification in Lesotho'. Co-financed by GOL and the Global Environment Facility (GEF), the overall objective of the project is to prepare a comprehensive project design and implementation to use renewable energy system to provide high-value electricity and energy for income generating activities and social services to un-electrified rural and peri-urban communities, outside the service of the Lesotho Electricity Company (LEC).

2.9.11 There are other noteworthy efforts aimed at rural electrification with great potential for gender-equitable outcomes. One such initiative is facilitated through the National Rural Electrification Fund. The pilot project launched in collaboration with the World Bank is exploring the feasibility of a multi-utility concept that brings a development package (i.e. electricity, sanitary services, water, roads and postal service) under the Lesotho Utilities Reform Project (LURP). It is hoped that such initiatives will be informed by a gender perspective that takes cognisance of the different energy needs, workloads and priorities of men and women. As was evident in the case of water referred to earlier, it is highly likely that in most cases, the energy needs of men and women will be different and their priorities for energy intervention will vary. Women need appropriate energy intervention for non-household production and if the aforementioned interventions are or can be made gender aware, they can bring about enormous changes in women's lives as well as make substantive reduction in poverty, through substantially reducing women's heavy workload coupled with new opportunities and training that are non-traditional.

Rural Roads

2.9.12 Being a landlocked country, Lesotho depends almost exclusively on road transport for movement of goods and services. The national road network is approximately 6,216 km of which 18% is paved, 44% is gravel and 38% are earth roads. The GOL has identified increased investment in the road network especially rural roads as an essential factor in its poverty reducing strategy given that one characteristic of poverty in Lesotho is inaccessibility due to inadequate rural infrastructure especially in the mountainous areas. Roads are meant to facilitate access to markets, basic social services and communication. The rural roads programme is aimed at creating both assets and employment. In addition to providing access to socio-economic facility, rural roads are constructed and maintained through the use of labour-based construction through training and employing the rural population.

2.9.13 A gender-disaggregated national transport data that indicates average daily distance, loads, and time to and from nearest road, type of transport and cost of transport including domestic transport is currently unavailable. Anecdotal evidence reveals the gender differentiated needs of men and women. Women, girls and boys travel long distances carrying heavy loads to fetch water and fuel almost on a daily basis. As indicated under health earlier, most women lack sufficient money for transport. Lack of access to Intermediate Means of Transport (IMT) means that they are forced to travel on foot carrying heavy loads in order to carry their produce to market.

2.9.14 Rural roads can generate gender-related synergies when planned and implemented in a gender aware context. Labour-based rural roads construction can create wage employment for women and youth in non-agricultural activities. Moreover, in addition it has the potential to increase the income of other women who engage in roadside businesses that emerge as a response to road construction. Rural roads can also facilitate increased access to schooling, to social services provided by the government and NGOs. But there is also the risk of the spread of HIV/AIDS as a result of interactions between the community and construction labourers and crews.

2.9.15 Since the late 1980s, there have been efforts to integrate gender issues in the then Labour Construction Unit prior to its being merged with the Civil Works Section and renamed the Department of Rural Roads (DRR). While the number of women employed in road construction is on the increase, there are still outstanding constraints. By March 1988 about 12 years after it started, there were 441 female labourers out of a total of 2030. Out of 15 technical staff, two were female. A major reason for such gender imbalance was because LCU initially focused on retrenched mine workers. Recent studies revealed that the level of female labourers employed is 29%. The increase in the number of female administrators, supervisors and technicians was negligible and a major barrier to promotion.

2.9.16 The underlying causes of the gender imbalance are related to overall gender biases prevailing in the society coupled with lack of gender sensitive social services such as those related to reproductive health. Male and female labourers were not always paid equal wages. Interestingly, studies revealed that while women used their earnings to cover household expenses, men used them for personal expenses⁸. Such patterns of expenditure have direct implications on poverty and poverty reduction.

2.9.17 There are signs of increased gender awareness within the DDR. For example, the Strategic Plan acknowledges that access and mobility needs of rural communities are not fully met and there is a need for the provision of IMT in the form of donkeys, horses, ox-drawn carts, and river boats to complement the provision of motorized transport. It also suggests the need for surveys that measure travel time in order to see the extent to which road construction saves time of households. All these are encouraging developments but the effort would be much more optimal if the DRR adopts a gender mainstreaming strategy through which all data is regularly gender disaggregated, and time-bound indicators for employment, training and promotion are devised so as to monitor progress and make gender equitable programme adjustments.

⁸ Sechaba Consultants (2000).

2.10 Development Cooperation in Lesotho

2.10.1 The main development cooperation partners of Lesotho include the United Nations system, the European Union, the European Investment Bank, the World Bank, and the Arab Bank for the Development of Africa (BADEA) and bilateral organizations such as GTZ, Department for International Development (DfID), Development Cooperation Ireland (DCI), Helvetas (Swiss Aid), the Japanese International Cooperation and Assistance (JICA) as well as China. Overseas development Investment makes up 64% of the national budget.

2.10.2 In the recent past, the most noteworthy trend within development cooperation is the process of Donor Harmonization. In this context, coherence within the United Nations Programme is achieved through the establishment of common, harmonized objectives and time frames that agencies to take advantage of synergies and complementarities that exist in many of the programme interventions. In Lesotho, the Common Country Assessment (CCA) was released in 2004 and has been followed by United Nations Development Assistance Framework (UNDAF) that is focused on HIV/AIDS and the type of measures needed to prevent and mitigate the pandemic.

2.10.3 In the meantime each agency undertakes programmes in the areas of its principle mandate. In terms of gender and direct collaboration with the Ministry of Gender and Youth, Sports and Recreation (MGYSR) thus far, UNFPA has provided support towards the formulation of the Gender Policy and is committed to continuing support for the implementation of the policy. A major focus of the Gender Policy is advocating for gender friendly legislative reform. At present, the advocacy is focused on the tabling of the draft Married Persons Equality Bill and UNFPA has provided support to the MGYSR in its effort to prepare a draft White Paper that will be submitted to cabinet in the near future. In the meantime, there is a theme group known as the Gender and Reproductive Health Team that is composed of representatives of various government offices, UN agencies and bilateral donors that hold regular meetings at the MGYSR to discuss issues related to gender and reproductive health.

2.10.4 UNICEF collaborates with the MGYSR in relation to various challenges facing youth. More specifically, it has created a collaborative framework with wide ranging government institutions and civil society organizations including the MGYSR in the implementation of its six year 'Adolescent and Youth Protection project (2005-2007) and in creating public awareness of the Plan. UNICEF also collaborates with the MoET on issues related to gender and education and broader educational issues. UNAIDS is also collaborating with the MGYSR in the formulation of a Lesotho National Plan of Action on Women, Girls and HIV/AIDS.

2.10.5 In the interest of donor harmonization the European Donor Agencies in Lesotho (EDAL) began with the preparation of the PRS and is now focused on strengthening GOL's and civil society's capacity to monitor the PRS. Other components include HIV/AIDS, and the development of the justice sector of Lesotho. EDAL also has regional programmes that include regional trade and poverty programme. A noteworthy programme in terms of gender mainstreaming is the enhancement of financial services that would ensure sustainable access to financial services for SMME and especially for women in Southern Africa. However, in the absence of an alert constituency that has a strong analytical and monitoring capacity in Lesotho, there is a real risk that gender mainstreaming strategies will be marginalized as European donor agencies harmonize with and align their policies and procedures. On the positive side, the programme on making financial services work for the poor might create the momentum for the much needed creation of gender responsive financial services.

2.10.6 At present, in addition to harmonized programmes, there are still programmes and projects supported by multilateral and some bilateral donors. The World Bank under IDA's Privatization and Private Sector Development Project and other facilities provides support and technical assistance towards the finalization of the PRS, public sector reform, as well as education, health, and HIV/AIDS. The Bank is also involved in infrastructure and public utilities. Unlike other countries in Southern and Eastern Africa, the Bank has not yet undertaken a Strategic Country Gender Assessment (SCGA) in Lesotho.

2.10.7 The European Union and the European Investment Bank (EIB), and BADEA are providing support for water and sanitation improvements. In the meantime, support for rural water, health education and HIV/AIDS is provided by DCI in which gender will be mainstreamed. In addition, they will continue to provide a one-off support for gender proposals that are catalytic i.e. broad participation of stakeholders in the finalization of the National Plan of Action on Women, Girls and HIV/AIDS. EU also provides assistance to the Bureau of Statistics as well as the MHSW in improving the health management information system (HMIS).

2.10.8 The German Technical Cooperation (GTZ), one of the largest donors in Lesotho, engaged in a ten year program of decentralization that has five components: coordination at national level; decentralization and land; financial decentralization; community development and human resource management. A key objective is strengthening local government through building the capacities of Community Councils in close collaboration with the Ministry of Local Government. With the recent local government elections resulting in a large number of women Community Council members, with real needs for capacity building, the GTZ initiative opens a considerable entry point for gender mainstreaming.

Support from ADB

2.10.9 ADB has been providing support to Lesotho over a long period of time and has had interventions in a large set of activities (See Annex 1). At the launching of the CSP of 2001/2-2003/4, there were still on-going operations in agricultural education and health. Based on the principle of selectivity, the previous CSP selected a few areas of intervention, namely supporting the enhancement of strategic rural roads that would contribute to poverty reduction through opening up markets for agricultural products and inputs as well as facilitate accessibility to social services. The previous CSP also focused on strengthening regional integration prospects within the PRSP. Guided by the Bank's Strategic Plan of 2003-2007, the priorities of Lesotho's Poverty Strategy and a thorough stock taking of previous CSPs, the areas of focus of the new Results-Based Country Strategy Paper (RB-CSP) of 2005- 2009 will be support for diversification of the economy through basic infrastructure development and governance and support towards increasing human resource capacity.

2.10.10 More specifically, the strategy will continue to support the enhancement of the rural road network; provide assistance towards rural electrification and increase access to water for rural areas; build the capacity of governance related institutions specially those responsible for public expenditure; enhance human resource capacity through support for the implementation of the Education Sector Strategic Plan and continue to provide support for regional integration project that would benefit Lesotho. In line with the Bank's Gender Policy, the quantitative and qualitative targets that are used to track progress on specific RB-CSP outcomes can easily be made gender sensitive.

3. GENDER POLICY AND NATIONAL INSTITUTIONAL FRAMEWORK

3.1. National Mechanism for Gender Mainstreaming

3.1.1 The first attempt to set up an institutional framework for ameliorating the status of women dates back to the formation of the Women's Bureau in 1973. The Bureau was located in various offices but was dissolved in 1993. In 1998, the Ministry of Women's Affairs was established but was soon renamed the Ministry of Environment Gender Youth and Affairs in 1999. It witnessed another renaming when it became the Ministry of Gender, Youth Sports and Recreation in 2000 (MGYSR).

3.1.2 The principle mandates of MGYSR include coordination, awareness creation and monitoring of gender mainstreaming of national and sectoral policies, development plans, programmes and budgets in Lesotho with emphasis on poverty, education and training and governance. The MGYSR implements its mandate through its social, economic and political officers and in collaboration with other government institutions, civil society organizations. In the recent past, the key focus of the MGYSR has been on the formulation of a National Gender and Development Policy; advocating for the implementation of Lesotho's commitment to the SADC threshold of 30% female representation in the legislature and other decision-making institutions in the context of the recently completed Local Government Election, and ongoing advocacy for the enacting of the Married Persons Equality Bill and the National Plan of Action on Women and Girls and HIV/ AIDS.

3.1.3 As indicated above the Ministry has gone through many changes and restructuring exercise, including more recently Ministerial level Strategic Planning Exercise in August 2005. Although there has been a substantive increase in the budget of the Department of Gender when compared to its inception, the gender issues that it hopes to address and the amount of the government budget allocated to MGYSR is still very small and most of it is used to cover recurrent costs. Unlike the Department of Sports and Youth, the activities of the Department of Gender are not decentralized, a situation most likely to change as a consequence of the on-going strategic planning exercise and the establishment of Local Government in the various districts of the country. The absence of structures at the District level implies the allocation of substantive amount of operational costs to travelling to districts. Gender mainstreaming in Lesotho requires support to this Ministry especially in view of new opportunities that have been created through the PRS, the effort to prevent and mitigate HIV/AIDS and the process of decentralization that is currently underway.

3.1.4 To facilitate gender mainstreaming in the sectors, gender focal points have been designated in a number of Ministries. In all of the cases, the gender focal persons have other full time assignments in their Ministry and very often they have minimal knowledge of gender mainstreaming. Although training has been provided to focal persons, there is still an urgent need for enhancing their capacity in gender mainstreaming. The Ministry also works very closely with NGOs and CBOs.

3.2 Policy Framework for Gender Mainstreaming

3.2.1 The Gender Policy was approved by Cabinet in 2003. The overall objective is the promotion of gender equitable development in Lesotho. The National Gender and Development Policy has identified ten priority areas of concern: (i) Gender, poverty and

economic empowerment; (ii) Gender, education and training; (iii) Gender and Youth, (iv) Gender and Power, Politics and Decision-making, (v) Gender and health, (vi) Gender Based Violence, (vii) Gender and Civil Society Organisations, (viii) Gender and the Media, (ix) Gender and Environment, (x) Gender and Science and Technology. Since the Ministry has embarked on an intensive public awareness creation campaign it has conducted specifically tailored gender sensitisation of parliamentarians, police officers and other members of public institutions. The Department of Gender also conducts various public awareness campaigns during the African Women's Month in August and the International Women's Day each year.

The specific objectives of the policy include:

- (i) To ensure equal participation of women, men, girls and boys in the development process
- (ii) To promote equitable allocation of public expenditure in ways that ensures equal benefits to women and men, girls and boys
- (iii) To promote equal access and control of strategic resources and services
- (iv) To promote the promulgation and enforcement of gender friendly laws
- (v) To promote equal participation in politics and decision-making
- (vi) To promote awareness of causes and consequences of gender-based violence and advocating for mechanisms that prevent and eradicate such practices
- (vii) To promote reproductive rights and reduce the spread of STI and HIV/AIDS

3.2.2 The recently launched process of setting up of Local Government creates new opportunities and challenges for the MGYSR. On the one hand, the process provides the Ministry with the real possibility of reaching the grassroots, generating local ownership of the National Gender and Development Policy through locally established and representative institutions in a sustained manner. This imposed new types of demands on the Ministry in terms of creating formal structures of collaboration with the Ministry of Local Government and the elected Local Government Representatives, facilitate an ongoing capacity building in gender mainstreaming of the councillors, and monitoring their activities

4. CONCLUSION

In Lesotho all the available evidence clearly reveals that gender inequality is one of the underlying causes of the major development challenges facing the country, namely, wide spread poverty, very high prevalence of HIV/AIDS and food insecurity. In turn, these socio-economic challenges further entrench gender inequality and lead to the erosion of human development gains that Lesotho had already registered in the areas of education, training and health. The four major and interrelated constraints identified in this document are women's lack of access and control of resources, women's excessive work burden that results in time poverty, cultural beliefs, attitudes and practices that consider women as perpetual minors and institutional constraints related to gender mainstreaming. Women's lack of access to and control over resources in inheritance and marriage include not only land and livestock but also intra-household decision-making power and disempower women economically, socially and politically. Women's excessive workload and time poverty not only affects their own well being and income but often results in an intergenerational transfer of disadvantages to their children. Social norms condone and tolerate many types of gender-based violence, limit women's' and girls' access to justice and prevent women from public participation and taking up leadership roles. Addressing all these and a multitude of other gender disadvantages requires a strong institutional framework that has the requisite analytical and advocacy skills and resources

5. RECOMMENDATIONS

The recommendations address the constraints summarized in the conclusion above and those discussed more broadly in section 2 of this document and are divided into three parts: (i) Program and project interventions, (ii) Gender mainstreaming in development issues, and (iii) Strengthening of Bank interventions. The recommended programme and project interventions and the mainstreaming strategies are only indicative and will need to be adjusted and refined to fit the context-specific requirements of pre-post design stages of future programmes and projects. A key component of the PRS is the coordination of poverty, monitoring harmonization, standardization of statistics in Lesotho at least in the coming three years. In addition to mainstreaming gender in all ministries, the PRS and the MDG process offers an opportunity to incorporate gender-related indicators as poverty monitoring intermediate, and/or final outcome indicators into the poverty monitoring framework.

5.1 Project/ Programme Interventions

Institutional Support and Capacity Building

5.1.1. The MGYSR and specifically the Department of Gender has the mandate of coordinating and backstopping gender mainstreaming in national and district development. At present, the Ministry lacks the requisite skills, related resources and sufficient exposure to sub-regional and continental initiatives. ***The Bank Group should consider providing support to the MGYSR to build its capacity to play a key role in gender mainstreaming into policies, plans, programmes and budgets of key development strategies and enhance its capacity for better coordination of development activities with other line ministries and the newly emerging district councils. In the short term, such support can enhance a pro-active role by MGYSR in the formulation of poverty monitoring indicators that is currently underway through an inclusion of a comprehensive set of gender responsive indicators.***

5.1.2 ***Likewise the support can also help establish a close and sustained collaboration between MGYSR and the Bureau of Statistics (BOS) that is the principal institution in charge of national data collection as well as various socio-economic surveys including the forthcoming Census of 2006.*** The MGYSR needs to develop core indicators for its programme as part of a functioning and systematic gender monitoring and evaluation progress within the framework of poverty reduction and MDG achievements. A close collaboration between the two institutions related to the forthcoming census can result in the generation of information that can capture the full extent of women's economic activity in Lesotho particularly their participation in agriculture, informal employment in unregistered enterprises, casual or unpaid work in enterprises. This would require modification of the questionnaire, training of enumerators and subsequently public awareness of the new census data with emphasis on the links between gender and poverty.

5.1.3 A substantive component of Bank interventions should be geared towards supporting the effort of MGYSR with other stakeholders to highlight the links between gender and HIV/AIDs and to complete the National HIV/AIDs Strategy with a carefully crafted National Plan of Action on Women, Girls and HIV/AIDs whose short and long-term goals, objectives, strategies and verifiable indicators have already been articulated. Some of the goals and strategies include reducing the vulnerability and mitigating the impact of HIV/AIDs among women and girls in Lesotho and includes strategies related to gender-based violence and

ensuing women's and girls' access and control of resources. A key component of the plan is the information and communications strategy. The support of the Bank can help sustain the information and communication strategy as well as the proposed system of monitoring and evaluation of gender and HIV/AIDS related activities, targets and outcomes while ensuring that the action plan is mainstreamed in the National HIV/AIDS strategy.

5.1.4 Although the aforementioned National Plan of Action on Women, Girls and HIV/AIDS covering 2005-2007 devotes a considerable attention to women's access to resources and thus the need for legal reform, a component of the Bank support could be used to support the work of the Law Reform Commission in giving priority to continued identification of discriminatory laws and proposing gender egalitarian legislation. This will have to be accompanied with a well designed communication strategy for public awareness creation, sustained legal literacy of women and legal aid services in collaboration with civil society organization which are already engaged in such activities but often on a limited scale. Such activities have to be planned with time-bound qualitative and quantitative indicators and targets and outcomes that can help to monitor progress and drawing lessons learnt for future programming.

5.1.5 The Ministry should continue its collaboration with ECA⁹ and explore the use and adoption of the newly launched African Gender and Development Index (AGDI) that has identified indicators that monitor men and women's social, economic and political empowerment. Furthermore, the capacity building of MGYSR can include fulfilling CEDAW requirements which include writing a report to the CEDAW Committee every four years detailing government's own assessment of progress and challenges in achieving gender equality. In the context of the Bank's commitment to the promotion of regional integration, its support to MGYSR can also enable the ministry to fulfil its obligation to SADC by providing timely report on the implementation of the 1997 SADC Declaration on Gender and Development and the 1998 SADC Addendum on the Prevention and Elimination of Violence Against Women and Children.

Gender Impact Studies

5.1.6 There is a lack of timely and gender-disaggregated data analysis in Lesotho. More importantly, the paucity of information on the impact of development interventions is much more evident. For example, while the Bank has provided support to a variety of socio-economic projects and programmes, there is only fragmented information on some gender aspects of interventions i.e. possible impact of transport projects and spread of HIV/AIDS. Information is lacking on what has been the gender impact of the overall interventions related to transport, education, health, infrastructure and employment-creation.

5.1.7 The implementation of the Bank's Gender Policy and its current shift to Results-Based CSPs require the availability of reliable and timely data that can be used to measure the quantitative and qualitative gender-related results of Bank interventions, a gender impact study would be imperative and can build on the assessment of gender and poverty included in the earlier parts of this document. Given the magnitude of feminisation of poverty that is clearly acknowledged in the PRS, a results-based strategy that is focused on poverty reduction will be incomplete without the use of gender disaggregated indicators that monitor progress.

⁹ In August 2005, two officers from the MGYSR were already scheduled to travel to Lusaka for training on AGDI.

5.2 Gender Mainstreaming in Development Issues

5.2.1 Agriculture and Rural Development: It is recommended that Bank interventions in the agricultural sector should assist the government in reviewing and modifying policies and designing responsive programming in ways that address underlying poverty, gender inequality and food insecurity. The GOL will have to mainstream HIV/AIDS and gender in service provision and accelerate the implementation of the Land Tenure and Mortgage Legislation Reforms that are currently pending so as to ensure women's equal access to and control over land and property. Interventions that enhance women's access to livestock resources and off-farm income are also critical both for reducing poverty and household food insecurity. *Such interventions that enhance women's access to and control over resources have to be accompanied with women's access to legal services.*

5.2.2. Extension and Training Services: These ought to have short-term and long-term components. In the short term, extension services need to be modified to take account of men's and women's role in agricultural production, post-harvesting processing, off-farm employment, income earned and expenditure patterns of men and women farmers and women's production-oriented constraints, including their lack of access to and control over assets and resources. Training of extension agents ought to be based on these types of context-specific and gender disaggregated information followed by improving women's access to productive technologies such as seeds and extension services. *In the medium to longer term, gender mainstreaming in agricultural policies and services can be ensured through inclusion of gender analysis training in agriculture faculties, and training institutes and concerted effort to have equal number of male and female graduate from these institutions.*

5.2.3 Micro-credit The immediate setting up of micro-credit institutions that can fill the gap created by the closure of the Agricultural Development Bank through the rapid implementation of the Rural Finance and Enterprise Support Project with its mandate of setting up rural saving and credit guarantee fund should be given paramount consideration. However, this will have to be set up with an explicit policy of encouraging women and retrenched men to join saving and credit groups and providing them with on-going training, gender sensitive extension services, input supply, processing facilities as well as marketing. Women clients ought to be encouraged to engage in agricultural related activities such as agro-processing and growing of high value crops, more nutrient rich and diversified crops and animal products that can consolidate both food supply and income. Gender training is also needed for those administering the micro-finance services.

5.2.4 Physical infrastructure: Upgrading and maintenance of rural roads will increase women's access to markets and social services. However, the degree of women's access to markets depends on the availability of intermediate mode of transport. Increasing household access to potable water within short distance from homes reduces women's and girls workload while improving health and increasing women's income as women depend on water for most of their income generating activities. Focused attention will also need to be given to planning and monitoring of women's equal employment, promotion and training opportunities in rural roads as well as water and sanitation projects. Men and women should be provided with equal opportunities to access irrigation projects and irrigation projects should take into account gender-based constraints and opportunities in existing irrigation developments. Efforts to ensure that men, women, boys and girls benefit from rural infrastructure should include a gender-disaggregated national transport data that indicates average daily distance, loads and time to and from nearest road, type and transport and cost of transport including domestic

transport as well as outcomes of transport. A monitoring and evaluation process that has gender and poverty-sensitive indicators and that involves the participation of men and women will provide a better understanding of the benefits and costs that accrue from roads, of water and energy programmes.

5.2.5 Capacity Building with GoL and LG levels: In addition to the capacity building of MGYSR, extensive and on-going training should be provided to gender focal points in other ministries so as to equip them with planning and analytical skills that would help them identify and respond to gender issues relevant to the mandates of the ministry in which they are located. Gender training is also urgently needed for the newly elected councillors in local government. Capacity building of women members of parliament in skills such as gender budgeting would help them perform their oversight role more effectively through holding organs of state accountable for the implementation of national, regional, and international commitments towards gender equality. Sustained campaigns aimed at women farmers and one that includes information on new rural services, technologies, market information including niche markets opportunities is also critical.

5.2.6 Private Sector Development: The MSME policy should aim for gender equitable development of the private sector in Lesotho by removing all gender-based obstacles that prevent women's full participation in the provision of goods and services. *There is an urgent need for gender sensitive access to the provision of business development services, the development of entrepreneurial culture, business counselling and support to business associations that is responsive to the specific needs and constraints of men and women entrepreneurs. For example the training and advise provided by the MITCM should make extra effort to encourage women entrepreneurs to move out of traditional service sector activities, engage in enterprises that have high export potential, add high value to the economy and have an impact on poverty reduction.* This is a key priority activity and currently GOL in coordination with MGYSR is exploring means and ways to increase women's participation in the high value economic sectors.

5.2.7 Health: There is a need for enhanced availability and use of reproductive health services especially youth-friendly services. Health service providers ought to be trained and encouraged to promote health-related behavioural change of men and women and to redress some of the major difficulties and discrimination facing women and girls as a result of cultural and social norms that deny them decision-making capacity over health-related behaviours. Given the level of poverty, the inefficiency of fee exemption criteria, due consideration ought to be given to abolishing user fees for reproductive health problems facing women and girls. *Health services ought to devise policies and guidelines to be used in the prevention and management of sexual and gender-based violence, keep up to date data of GBV cases, and use the information for evidence-based public campaigns and advocacy against GBV in collaboration with other ministries and organizations. In this regard, the MGYSR should play a role in coordinating the setting-up of a computer based information management system for the Police Force which would effectively record and monitor GBV. The MGYSR could also support in training the Police Force in handling GBV cases in a more gender responsive approach.* In view of the inadequacy of EOC, traditional birth attendants should be trained by health professionals, and be provided with appropriate equipment, medication and supplies as well as IMTs and communication facilities for providing safe assisted delivery.

5.2.8 HIV/AIDS: In view of the very high prevalence of the pandemic in Lesotho, gender and HIV should be mainstreamed in all national, sectoral policies, programmes, activities and budgets. In the agricultural and food security sector, there is a need for the adoption of labour saving technologies such as low-cost irrigation, water harvesting techniques, light ploughs, intermediate draught animal power and low tillage techniques and labour-saving food processing systems that reduce the work burden of women and girls. Legislation that ensures women's access to and control of resources such as land, houses and credit has to be accompanied with sensitisation of local decision-makers, religious leaders of the links between gender and HIV/AIDS and the ways that property grabbing can lead to destitution, pushing those whose property is taken to resort to risky survival and further spread of the pandemic. *Carefully planned and sustained behavioural change communication that highlights the link between various forms of GBV and HIV, unsafe sexual practices using a variety of traditional and modern modes of communication such as drama and folk communications, information and communication technologies, interpersonal communications and counselling is essential.* Ensuring access to ARV treatment in rural areas, including life skills and HIV awareness in educational and training curricula is also critical

5.2.9 Education: Ensuring gender parity in education through an all out effort to increase the enrolment of boys and increasing the net primary enrolment in rural areas are of paramount importance. However, there is a need for investment in quality primary education geared towards minimizing the high repetition and attrition rate of both boys and girls which often results in low primary completion rate. Additional investment in teacher training and removing physical deterrents from regular attendance especially those related to distance of travel to school, unsafe roads on the way to and back from school, gender based violence in schools will have to be addressed. Gender needs to be mainstreamed into all aspects of the school curriculum with a focus on elimination of gender stereotyping from the curriculum and replaced with positive messages encouraging girls to consider non traditional skills such as maths and science. *There is a need for promoting alternative schooling for girls who have dropped out of school due to HIV/AIDS, and poverty, for Child Domestic Workers (both boys and girls) as well as herd-boys who are prevented from attending school.* This is a key priority activity and one which will ensure quick-wins and progress towards ensuring gender responsive and sustainable education systems for vulnerable children. The inclusion of AIDS education in the school and informal training curricula is greatly needed.

5.3 Recommendations for strengthening Bank interventions

5.3.1 Both the CSP 2002-2004 and the CSP 2005-2009 have highlighted the major gender-related constraints to poverty reduction and economic development in Lesotho. However, this has not been accompanied by a gender impact assessment during the project formulation stage. Gender has not been mainstreamed into the relevant project components and activities and there is a lack of gender disaggregated base line targets and project intervention indicators. It is recommended that Bank supervision mission should give due consideration to monitoring gender related issues in respective projects through the development of monitoring indicators for the new current CSP in consultation with the Bank gender expert. In this context, the RB-CSP ought to establish a gender disaggregated intermediate indicators, outputs and outcomes that are likely to contribute towards the attainment of Lesotho's medium and longer-term development objectives.

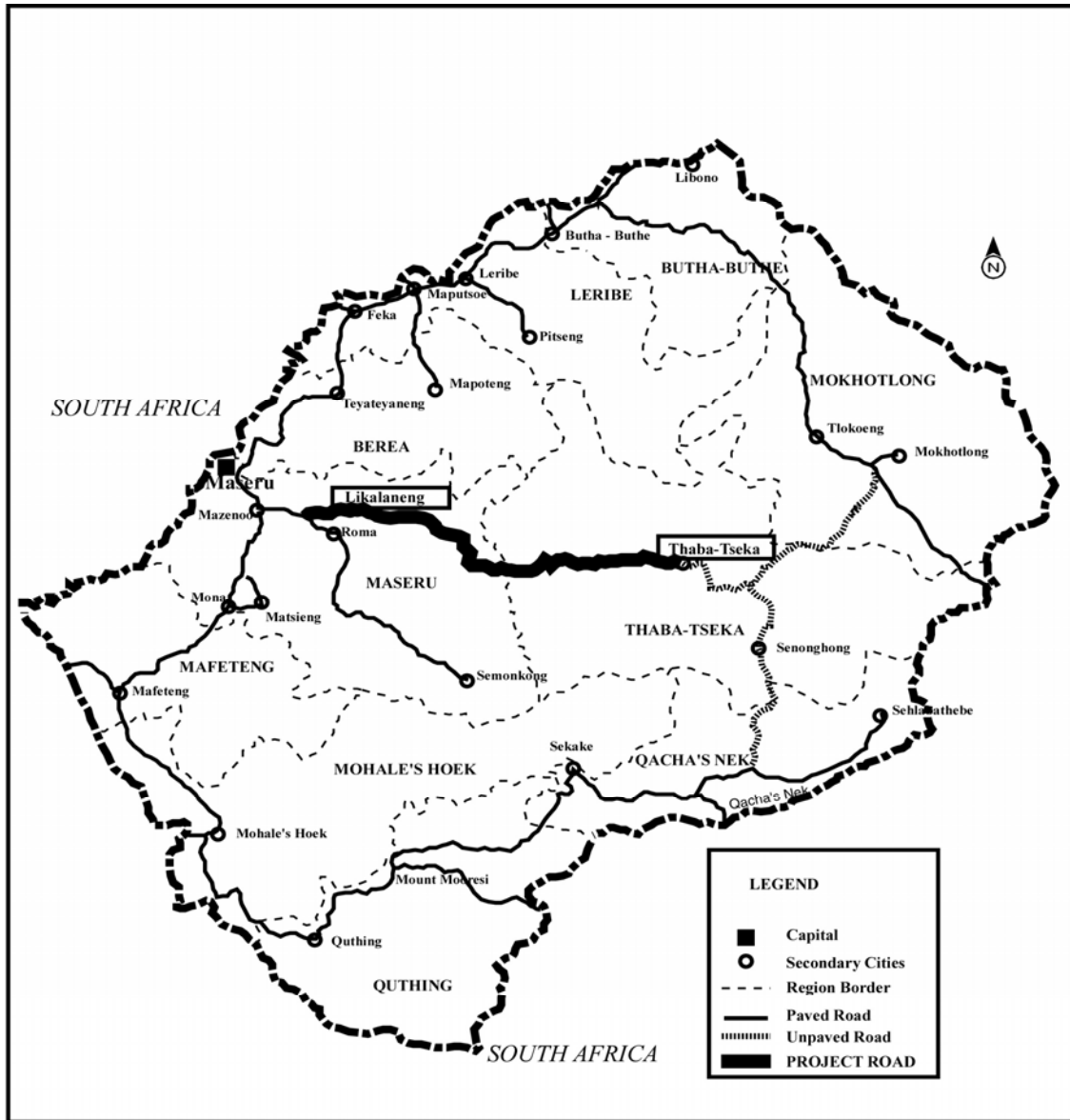
5.3.2 The two pillars of the current CSP: (i) support for the diversification of the economy through basic infrastructure development and governance and (ii) support to increase human resource capacity have considerable potential for triggering gender equitable development in Lesotho. However, such an outcome requires the adoption of gender aware intervention beginning at the initial stage, monitored throughout the process and evaluated at the completion stage. Both electrification and provision of water services have the great potential of reducing women's workload and increasing their income. But they have to be carefully planned so as to achieve such an outcome and making sure that both men and women will benefit equally from 'rural service centres. The pillar supporting efforts to increase human resource capacity will have to address new gender patterns that are emerging in the educational system as well as gender biases that existed before and particularly the challenges related to gender aspects of skill acquisition. Finally, the Bank group will have to ensure through policy dialogue and other tools that the MDG and PRS monitoring indicators developed by the GOL are gender sensitive and that the analysis of poverty patterns and trends addressed the gender profile of poverty in Lesotho.

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MAP OF KINGDOM OF LESOTHO



This map was provided by the African Development Bank exclusively for the use of the readers of the report to which it is attached. The names used and the borders shown do not imply on the part of the Bank and its members any judgement concerning the legal status of a territory nor any approval or acceptance of these borders

ANNEX 2

KINGDOM OF LESOTHO : BANK GROUP OPERATIONS AS AT 31 MARCH 2005

No.	Project Title	Date Approved	Date Signed	Effective Date	Source/Amt Approved (UA mill)	Disbursed Amount (UA mill)	Percent Disbursed (%)
Completed Projects							
1.	Leribe-Oxbow/ Roma-Semonkong Roads Study	25/03/75	07/05/75	23/09/76	TAF: 0.83	0.71	85.54
2.	Health Services Development	27/02/76	06/05/76	28/02/78	ADF: 2.30	0.36	15.65
3.	Maseru Water Supply	27/06/77	15/11/77	30/05/78	ADF: 5.30	5.30	100
4.	Leribe-Butha Butha-Joel's Drift Road	20/10/77	15/11/77	10/12/78	ADF: 6.17	6.16	99.84
5.	Feedlots	19/12/78	17/05/79	15/12/81	ADF: 4.33	4.33	100
6.	New Maseru Airport	28/08/79	08/10/79	15/12/80	ADF: 8.00	7.91	98.88
7.	Industrial line of Credit	27/11/79	21/12/79	10/04/81	NTF: 2.13	2.10	98.59
8.	Telecommunications I	29/01/80	15/02/80	15/09/80	ADB: 8.73	7.78	89.12
9.	Joel's Drift-Khamane Road	28/02/80	13/06/80	28/10/80	ADF: 5.62	5.62	100
10.	Phuthiatsana Integrated Rural Development	29/10/81	08/03/82	09/09/83	ADF: 7.37	6.53	88.60
11.	Four Centres Water	10/12/82	12/05/83	22/05/84	ADF: 6.08	6.08	100
12.	Road Maintenance	16/12/83	13/03/84	09/11/84	ADF: 8.06	5.75	71.34
13.	Rural Health I Loans Savings	16/12/83	13/03/84	12/03/85	TAF: 1.14	1.14	100
14.	Rural Health Services I	16/12/83	13/03/84	12/02/85	ADF: 5.85	5.85	100
15.	Feeder Roads Study	14/03/84	09/05/84	06/08/84	TAF: 0.90	0.62	68.89
16.	Masianokeng-Mafereng/ Roma Roads Rehab	19/11/84	11/12/84	26/04/85	ADF: 6.45	5.96	92.40
17.	New Maseru Airport I (Suppl.)	14/12/84	13/01/85	13/02/85	ADF: 12.04	8.23	68.36
18.	Oxbow Hydro-Electric Power Supply	17/06/85	12/07/85	07/05/87	TAF: 1.15	1.02	88.70
19.	Maseru II Water Supply	26/08/85	25/09/85	17/03/86	ADF: 7.37 ADB: 6.63	7.14 6.63	96.88 100
20.	Khamane-Oxbow Road	18/06/86	16/07/86	07/04/87	ADF: 6.42	5.60	87.23
21.	Rural Credit and Banking Facilities	23/09/86	03/02/87	11/03/88	ADF: 4.24	4.19	98.82
22.	Rural Health Services II	17/08/87	26/11/87	02/02/88	ADF: 11.70	11.70	100
23.	Oxbow-Mokhotlong Road Project	18/01/88	30/05/89	19/03/90	ADF: 17.17	17.14	99.83
24.	Institutional Support to Transport Sector	22/05/89	30/05/89	11/05/90	TAF: 2.59	2.29	88.42
25.	Agriculture Line of Credit	18/12/89	31/01/91	26/06/95	ADF: 3.00	0.17	5.67
26.	Strengthening Secondary Education	18/01/90	30/11/90	19/03/91	ADF: 4.62	4.62	100
		18/01/90	29/05/90	06/02/91	TAF: 1.30	1.30	100
27.	Rural Health Services III	17/09/90	31/01/91	09/09/91	ADF: 7.07	6.98	98.72
28.	Institutional Support to Lesotho Bank	30/10/90	31/01/91	01/09/92	TAF: 1.10	0.72	65.45
29.	Institutional Support to Ministry of Fin & Plan	25/09/91	13/05/92	08/06/93	TAF: 0.77	0.77	100
30.	Glazed Ceramic Wall/ Floor Tiles	24/06/92	24/09/92	05/02/93	ADB: 8.26	8.02	97.09
31.	Wool and Mohair Processing	24/06/92	24/09/92	08/04/93	NTF: 5.00	2.08	41.60
32.	Rural Health Service IV	24/06/92	24/09/92	20/10/93	ADF: 11.05	11.04	99.91
33.	Oxbow-Mokhotlong Road Project (Suppl.)	01/12/92	13/05/93	08/07/95	ADF: 2.86	2.85	99.65
34.	Electricity Master Plan	15/12/92	13/05/93	23/11/93	TAF: 0.56	0.51	91.07
35.	2 nd LOC to LNDC	15/12/94	23/05/95	01/09/95	NTF: 4.50	3.16	70.22
36.	Health Study	05/11/97	05/03/98	17/02/99	ADF: 0.80	0.80	100
37.	Two Rural Roads Study	22/09/99	26/04/00	11/08/00	ADF: 1.22	0.30	24.59
Completed Projects Approved from 1993 and Eligible for PCR							
1.	Agricultural Sector Adjustment Loan	03/03/99	24/05/99	07/02/00	ADF: 3.50 TAF: 1.33	1.78 0.57	50.86 42.86
Cancelled Projects							
1.	Phuthiatsana Irrigation Project	26/11/74	01/08/75	30/11/77	ADF: 4.61	0.73	15.84
2.	Pig and Poultry Development Study	13/06/85	12/07/85	07/02/00	TAF: 0.42	0.00	0.00
3.	Muela Hydropower	01/12/92	13/05/93		ADB: 20.00	0.00	0.00
4.	Berea Rural Development	08/07/98	15/12/98		ADF: 4.50	0.00	0.00
On-going Projects							
1.	Education II	18/11/98	06/04/99	10/12/99	ADF: 8.50	7.03	82.27
2.	Highlands National Resources & Rural Income Enhancement	07/09/00	14/03/01	15/09/01	ADF: 4.49 TAF: 0.75	0.04 0.08	0.08 10.67
3.	Public Utilities Reform	22/11/00	14/03/01	22/05/01	ADF: 7.27	7.26	99.86
4.	Support to Health Reforms Programme	09/01/02	17/04/02	24/10/02	ADF: 6.40 TAF: 1.00	0.19 0.00	2.92 0
5.	Mpharane-Bela Bela Road Upgrading	16/01/02	17/04/02	30/09/02	ADF: 4.29	4.29	100.00
6.	Likalaneng-Thaba Tseka Road Upgrading	29/10/03	25/05/04	29/03/05	ADF: 10.53	0.00	0.00
7.	Institutional Support to Min of Fin & Devt Plan and Min of Public Works & Trans	24/11/04	Not Yet	Not Yet	TAF: 0.79	0.00	0.00

Source: Bank Group Files

SELECTED SOCIO-ECONOMIC TABLES

Table A3.1: Women in Governance and Decision-making Positions

Position in Public Life		Sex	1998	%	2002-2005
Members of the National Assembly		M	81	6.4	102
		F	2	2.6	19
Members of Senate		M	35	76	21
		F	8	24	12
Members of the Executive	Prime Minister	M	1	100	0.1
		F	0	0.0	0.0
	Deputy Prime Minister	M	0.1	100	-
		F	0	0.0	
Ministry	Deputy Minister	M	0.1	100	-
		F	0	0.0	-
	Assistant Minister	M	-	-	3
		F			1
Senior Civil Service	Principal Secretary	M	14	74	9
		F	5	26	6
	Deputy Principal Secretary	M	9	81	10
		F	3	29	5
	Directors or Heads of Departments in GoL Ministries	M	31	62	39
		F	30	38	18
Commissioners	Higher Commissioners/ Ambassadors	M	15 *	75	5
		F	23	25	2
	Commissioners or Equivalent	M	2 *	67	-
		F	3	33	-
	Independent Electoral Commissioners	M	-	-	2
		F			1
	Public Service Commission	M	-	-	4
		F	-	-	2
Judiciary	Court of Appeal President	M	1	0	1
		F	0		
	High Court	M	1	1.00	1
		F	0.0	0.0	0.0
	Senior Judges	M	8	87	7
		F	1	13	4
Local Government	District Secretary	M	9	90	-
		F	1	10	
	Deputy District Secretary	M	9	90	
		F	1	10	
	Town Clerks	M	5	45	
		F	6	55	
	District Administration	M	0		6
		F			4
	Community Council Members**	M			1391
		F			2475

Source: Mapetla, M & Matashane- Marite (2004); Mapetla, M (2003); data collected by MGYSR

Table A3.2: Water and Sanitation: Rural and Urban Water and Sanitation Coverage

Item	%
WATER	54.2
Rural water coverage (access to safe water)	83.4
Urban water coverage	11.1
Population with piped connections in homes	
Households serviced by Urban Water Sector	NA
Average rural water consumption per capita/day	NA
SANITATION	
Rural sanitation coverage	NA
Rural pit latrine coverage	37.8
Population using pit latrines	43.2
Population using flush toilet	2.1
Population without access to any toilet facility	51
Rural households with access to safe excreta disposal	
Urban centres with access to piped sewerage services	2
Primary schools with inadequate sanitary facilities	
Primary schools with separate latrines for girls	
Population in Maseru from which refuse is collected	14.3
Population in Maseru from which refuse is appropriately disposed of	3.1
	Minutes
Typical water collection time (rural)	30
Typical water collection time (urban)	20

Source: Gay, J & Hall, D (2000) UN CCA (2004)

Table A3.3: HIV/AIDS PREVALENCE RATES IN LESOTHO IN 2002

Type of Prevalence	Indicator
Estimated N° of adults (15-49) living with HIV/AIDS (2001)	330,000
Estimated N° of women (15-49) living with HIV/AIDS (2001)	180,000
Estimated N° of children (0-14) living with HIV/AIDS (2001)	27,000
HIV/AIDS prevalence rate among young women(15-24) (2001)	51%
HIV/AIDS prevalence rate among young men (15-24) (2001)	23%
HIV/AIDS prevalence rate among pregnant women (15-19) (1999)	25%
HIV/AIDS prevalence rate among pregnant women (20-24) (2001)	41%
Teenage Pregnancy Rate (2001)	23%
Male STI patients in major urban areas (2000)	65%
Women attending antenatal clinics (2000)	34%

Source: UNICEF (2002)

Table A3.4: Women who agreed with select attitudes and myths pertaining to women, marriage and sex, (N = 1049)

Negative attitudes/myths	Percentage Agreed
Family problems should only be discussed with people in the family	85.9
A woman needs her husbands permission to do paid work	64.3
If a man has paid lobola for his wife, he owns her	63.4
A good wife obeys her husband even if she disagrees	63.2
If a woman works she should give her money to her husband	52.1
A man should have the final say in all family matters	50.6
Children belong to a man and his family	45.5
If a women is raped, it is her own fault	44.1
If a man has paid lobola for his wife, she must have sex when he wants it	43.9
There is nothing a woman can do if her husband wants to have girlfriends	39.9
It's a wife's obligation to have sex with her husband even if she doesn't like it	39.0
A man cannot rape a commercial sex worker	36.6
It is important for a man to show his wife/partner who is the boss	36.2
If a husband forces his wife to have sex, this cannot be considered as rape	36.0
Some women are forced to have sex , but rape can only happen to virgins	22.7
Positive attitudes/myths	
Men should share the work around the house with women such as doing dishes, cleaning and cooking	84.7
If a man mistreats his wife, others outside of the family should intervene	73.8
A woman should be able to choose her own friends even if her husband disapproves	56.8

Source: Tulane University & Sechaba Consultant (nd)