



Photo by David Snyder for CRS

Assessment Report

Vulnerability of Adolescent Girls and Young Women to HIV and AIDS in Maseru and Berea Districts, Lesotho

DATE: JUNE 2016

SUBMITTED BY: RICHARD MABALA, INDEPENDENT CONSULTANT

Acknowledgements

I would like to express my heartfelt thanks first to Tom Ventimiglia for proposing me to be the consultant for this work and then to CRS for agreeing to his proposal. As always I have learned so much from all those who I have come into contact with in the course of the work.

In particular I would like to thank Michelle Marland of CRS Lesotho for her guidance and support and Leona Garber for the wonderful way in which she arranged all the logistics and still found time to input her wisdom and experience throughout the process of data collection and analysis.

I could not have done the work without the wonderful commitment and hard work of the six enumerators supported by the supervisors who worked creatively and consistently throughout the task.

Finally my thanks to all those who participated and gave so generously of their views and experiences. They will remain forever in my heart and I only hope I have done justice to their contributions.

Richard S. Mabala, rmabala@yahoo.com

June 2016

Note: CRS would further like to thank the following institutions for their support of this assessment: Population Services International (PSI), C&Y Factory, Baylor College of Medicine/Bristol-Myers Squibb Children's Clinical Center of Excellence, Sisters of Good Shepherd of Lesotho, and Kick4Life Football Club.

This report is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of CRS and the Author and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

List of Abbreviations	iii
Executive Summary.....	iv
Introduction.....	2
THE CHALLENGE OF HIV AND AIDS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN LESOTHO	2
EPIDEMIC DRIVERS	2
THE DREAMS INITIATIVE	4
ASSESSMENT PURPOSE.....	5
Methodology.....	6
RESEARCH METHODS.....	6
ENUMERATOR SELECTION AND TRAINING.....	7
PARTICIPANT CHARACTERISTICS	7
INFORMED CONSENT.....	11
LIMITATIONS.....	11
Findings	12
THE LIVES OF AGYW.....	12
THE ENVIRONMENT IN WHICH AGYW LIVE AND GROW UP	16
MOST VULNERABLE GROUPS	19
Discussion.....	23
Recommendations	27
Conclusion	32
References.....	33
Appendices	XXXV
APPENDIX 1. ASSESSMENT TOOL.....	XXXV
APPENDIX 2. DATA COLLECTION FORMS.....	XXXIX
APPENDIX 3. PERSONAL INFORMATION FORM	XLVXXXV
APPENDIX 4. PARENTAL/CAREGIVER CONSENT FORM	XLVIII
APPENDIX 3. CONSENT FORM FOR PARTICIPANTS	L

List of Abbreviations

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ARV	Anti-retroviral medicines
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
FGD	Focus Group Discussion
REPSSI	Regional Psychosocial Support Initiative
STI	Sexually Transmitted Infection
TAMASHA	Taasisi ya Maendeleo Shirikishi ya Vijana Tanzania (Youth Participatory Development Institute)

Executive Summary

The Kingdom of Lesotho is among the countries hit hardest by the HIV and AIDS pandemic. An estimated 23% of Basotho between the ages of 15 and 49 are living with HIV (MOHSW, 2010) and approximately 26,000 Basotho continue to be infected yearly (MOH 2012). Nearly 25% of new infections are among adolescent girls and young women (PEPFAR), whose prevalence rate stands at 10.5%, almost double that of adolescent boys and young men (UNAIDS, 2014). In urban areas, adolescent girls and young women (AGYW) have three times the prevalence rate of adolescent boys and young men (ABYM) (18% versus 6%) (DHS 2009). While the structural drivers of HIV have been recognized by UNAIDS and others, prevention work has still largely concentrated on behavior change. Yet, in Lesotho, despite many years of behavior change programs, HIV prevalence remains above 20%.

This rapid vulnerability assessment was carried out to profile and characterize AGYW at risk of contracting HIV; document the risks, both behavioral and structural; and investigate the specific programming needs of AGYW in Maseru and Berea as it concerns mitigating the risk of HIV infection. The assessment particularly sought to identify structural causes of vulnerability to HIV by understanding the knowledge, attitudes and behaviors of individual girls; the environment in which they live, family, community, social services and livelihoods; and the systems and structures that govern their environment including the economy, culture (with particular reference to patriarchy and gender norms) and education.

Under the guidance of the assessment lead, six young women conducted focus group discussions (FGD) with a cross section of adolescent girls and young women in Maseru and Berea districts. Participants included unmarried mothers, AGYW living with HIV, factory workers, church and NGO groups and girls living on the street. Focus group discussions were also conducted with the parents of AGYW and with ABYW.

The groups identified five key factors driving vulnerability of AGYW: lack of money; lack of family love, care and support; lack of self-esteem and self-acceptance; lack of education; and the desire to have a good time. Gender inequity was a key driver that emerged from the analysis but was not identified directly by the participants. Groups identified as the most vulnerable to HIV include orphans, unmarried mothers, out-of-school and unemployed AGYW, low wage workers, students, and girls living on the streets - in short, almost all girls were identified to have some vulnerability to HIV. AGYW's vulnerability to HIV was highly linked to their environment, particularly their families, the community, their peers, and their boyfriends and sexual partners.

Based on the findings, key recommendations are:

- 1. Identify and work with the most vulnerable groups.** In the areas where CRS wishes to work, participants from the vulnerable groups should be involved from the outset in planning and implementing the next steps to address their vulnerabilities.
- 2. Train and support AGYW through peer education and other support.** All proposed curricula and training modules should be reviewed to ensure that the training is conducted with a life skills approach, emphasizing skills development through participatory methodologies. CRS and its partners should ensure all proposed life skills activities follow a true life skills approach and address issues of gender, including combating gender stereotypes, for both girls and boys, and development of positive relationships as well as other underlying causes of their vulnerability.
- 3. Facilitate access to safe spaces.** A key element of reducing the vulnerability of AGYW is the provision of spaces where they can meet in a safe and supportive environment.
- 4. Ensure linkages to improve access to education.** The inability to continue with education was one of the major causes of vulnerability. Therefore CRS and its partners should connect the most vulnerable AGYW with whom they work into the Ministry of Social Development social assistance programs (child grants program and OVC bursary).

5. **Support and enable entrepreneurship.** The program should take advantage of all opportunities to support AGYW to build their skills and access safe and appropriate income generation.
6. **Strengthen parenting skills.** CRS should work with the churches to develop family clubs/ family resource centers/ parenting programs with a particular emphasis on parenting adolescent children.
7. **Make safety a priority.** The lack of safety within the community was a major theme in the FGDs. Therefore, CRS and its partners should consult with the AGYW in the communities with regard to what needs to be done to ensure their safety.
8. **Ensure linkages and referrals.** The DREAMS program cannot provide all the services AGYW need. CRS should refer orphans in need of additional services to the existing USAID-funded OVC project managed by University Research Council.
9. **Continue research and learning initiatives.** This rapid assessment alone is not sufficient to understand sufficiently some of the underlying factors of vulnerability and how to address them. The project should maintain a focus on research and learning.

Introduction

THE CHALLENGE OF HIV AND AIDS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN LESOTHO

The Kingdom of Lesotho is among the countries hit hardest by the HIV and AIDS pandemic. The country faces a huge challenge in bringing the epidemic under control, and will be dealing with its effects for generations. An estimated 23% of Basotho between the ages of 15 and 49 are living with HIV. While HIV incidence in adults has been relatively level since 2000, approximately 26,000 Basotho continue to be infected yearly (MOHSW 2010). The 2009 DHS¹ shows that there are significant regional differences in HIV prevalence. Maseru has the highest prevalence rate, 27% (31% among women); urban areas in general have a higher prevalence rate. By contrast Berea has a prevalence rate of 21% (MOHSW 2010).

Around 5,720, or nearly 25% of new infections, are among women aged 15-24 years (UNAIDS 2013). The HIV prevalence rate for this group is 10.5% while for Adolescent Boys and Young Men (ABYM) it is only 5.8% (UNAIDS 2014). In urban areas AGYW have a prevalence rate of 18% while ABYM have a rate of 6% outlining the particular vulnerability of AGYW in urban areas (UNAIDS 2014).

The percentage of pregnant women receiving ARVs to reduce the risk of mother to child transmission is only just above 50% (and decreasing) (UNAIDS 2014). Only 15% of children living with HIV are receiving treatment (UNAIDS 2014). Estimates vary on how many children have been orphaned as a direct result of AIDS, ranging from 74,000 to 150,000 (PEPFAR/Lesotho 2015; UNICEF 2012)

EPIDEMIC DRIVERS

Much has been written about the factors driving the high prevalence of HIV among AGYW globally and in Lesotho specifically (c.f. Dellar et al 2015; NAC 2011). In Lesotho, key drivers include a range of inter-related biological, behavioral, social, and structural factors, including:

- Early sexual debut: According to the DHS, 8.5% of girls and 25.5% of boys aged 15-19 said they had had sexual intercourse before the age of 15 (MOHSW 2010).
- Child marriage: 18.8% of Lesotho girls are married by the age of 18.
- Multiple concurrent sexual partnerships and age-disparate sexual relationships. One survey found that sexual concurrency is exceptionally high in Lesotho with an overall prevalence of multiple and concurrent partners of 24% in 2007 compared to 10% in the region as a whole (CIET 2008).
- Substance abuse (alcohol and/or other drugs).
- Low levels of male circumcision.

These in turn are influenced by a set of intermediate causes relating to their family and community environments. Causes include:

- Family breakdown/lack of adequate caregiver support and care.
- Orphanhood. According to the DHS, about 28% of children are orphans. Half of these are aged 11-17. Six and a half percent have lost both their parents. Fifty percent of double orphans and 43% of maternal

¹ All references to DHS refer to the same year unless otherwise stated.

orphans live with their grandmothers. The majority of paternal orphans still live with their mother (MOHSW 2010).

- Rural to urban migration. More than 50% of girls aged 15-19 reported changing locality in the last five years (MOHSW 2010). From the figures of residence by age group, it seems that girls are migrating more than boys. Many men also migrate but more to South Africa than to urban areas within Lesotho. Through age 10, the ratio of girls to boys in the rural areas is very close. However from the age of 15, the number of AGYW in urban areas significantly exceeds the number of ABYM (see Table 1). It is worth noting also that that apparel workers, many of whom are migrants, are one of the key sub-populations at risk of HIV (NAC 2009).

Table 1. Population Distribution of AGYW (MOHSW 2009)

Age range	URBAN			RURAL		
	AGYW	ABYW	% Female	AGYW	ABYW	% Female
15-19	26,994	22,679	54%	76,019	87,925	46%
20-24	27,662	20,687	56%	65,148	70,251	48%
TOTAL	59,656	43,366	56%	141,267	158,176	47%

- Social isolation and exclusion. Socially isolated girls are six times more likely to have been coerced into sex than those who are not (Hallman & Diere 2005). Migration can exacerbate AGYW social isolation.
- Peer and partner pressure (and also parent pressure).
- Coerced and forced sex and other types of gender-based violence. According to a sexual violence survey, 23% of girls reported experiencing forced sex before the age of 17. Poor urban girls are much more likely than poor rural girls of the same age to report their first sexual experience as non-consensual (Hallman 2005).
- Unequal power in relationships between AGYW and their male partners. Unequal relationships limits the ability of AGYW to negotiate faithfulness or other safer behaviors. This is particularly the case when there is a large difference in age, or in marriage. According to the DHS, 5.3% of girls aged 15-17 and 8.8% of girls aged 18-19 said that they had a sexual relationship with a man more than ten years older (MOHSW 2010).²
- Limited access to information, support, services, and livelihood opportunities. It was estimated that 72% of women at community level are unable to access health services (NAC 2009).

² Such self-reporting is also often an underestimation

However, particularly in relation to an epidemic as persistent and prevalent as this, one has to go deeper in search of the basic causes. An epidemic is “a symptom of the way in which we organize our social and economic relations” (Barnett & Whiteside 2002). As stated by Kelly (2005) “HIV at the individual level may be due to sexual activity or mother to child transmission but at the population level, it is due to conditions that favor HIV transmission or that make a population more susceptible to infection.” In particular economic inequality and nutritional deficiencies are major drivers of Lesotho’s epidemic. These basic causes create vulnerabilities such as high levels of migration, unemployment and poor working conditions for those who are unemployed, encouraging high risk behaviors.

The Gini Coefficient shows the level of income inequality in a country. Lesotho has the eighth highest Gini Coefficient in the world at 54.2 (World Bank 2014)³ Income inequality was also identified by the Modes of Transmission as a key structural factor influencing the continuing high rates of HIV prevalence in Lesotho. Malnutrition rates are also high, with stunting at 39% (MOHSW 2010).

In countries of medium and low development, the strongest correlations are to be found between HIV prevalence and change in calorie consumption and Gini coefficients. The more severe the decrease in nutrition and the more the unequal distribution of income in a country, the higher the rate of HIV -- Stillwaggon 2006

THE DREAMS INITIATIVE

The Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Partnership is an initiative to reduce new HIV infections in Adolescent Girls and Young Women (AGYW) in 10 sub-Saharan countries, including Lesotho, through the delivery of a comprehensive package of evidence-based approaches and interventions in health but also with an emphasis on addressing issues of poverty, gender inequality, sexual violence, lack of education, and lack of social assets (PEPFAR 2015a). DREAMS is designed as “a comprehensive package of social, economic and biomedical interventions to both reduce girl’s vulnerability to HIV and increase their agency.” The core package of interventions under DREAMS addresses HIV prevention for AGYW through work with four populations: AGYW themselves, their families, their sexual partners, and the broader community.

In Lesotho, a two-year DREAMS project has been designed, including a comprehensive package of services targeting most at risk populations in Maseru and Berea districts (PEPFAR n.d.). Interventions will build on and be complementary to ongoing prevention, care, and treatment interventions in the country. Interventions will be in line with the strategies for preventing sexual transmission of HIV among youth as outlined in Lesotho’s National HIV Prevention Strategy, National HIV and AIDS Strategic Plan, Health Sector Policy on Comprehensive HIV Prevention, and National Behavior Change Communication Strategy, among others.

Different components of the project are to be implemented by Population Services International (PSI), JHPIEGO, the U.S. Peace Corps, and Catholic Relief Services (CRS) through the Coordinating Comprehensive Care for

³ It is interesting to note that of the countries with the highest Gini Coefficient, 4 are in Southern Africa. The other four are Central African Republic, Haiti and Zambia, and Comoros all of which have serious HIV epidemics as well except for Comoros which is probably protected by its island status. By contrast, the Gini coefficients of East Africa are in the range of 40-50%

Children (4Children) project.⁴ 4Children will primarily focus on the two areas of empowering and reducing the risk of AGYW and strengthening families. Within these two areas, 4Children will lead in implementing interventions in social asset building, parenting and caregiver programs, and combination socio-economic approaches. These interventions are overlapping and mutually reinforcing, and will be linked wherever possible.

Key activities may also support other aims such as violence prevention, community mobilization, and norms change, so 4Children will work closely with other implementing partners across the range of DREAMS intervention areas.

ASSESSMENT PURPOSE

In preparation for implementation of the DREAMS program, this rapid vulnerability assessment was carried out to profile and characterize adolescent girls and young women (AGYW) who are at risk of contracting HIV; document the risks (i.e., both behavioral and structural) associated with AGYW contracting HIV; and investigate the specific programming needs of AGYW in Maseru and Berea as it concerns mitigating the risk of HIV infection. The assessment sought to find out from the AGYW themselves, and some of their parents, what makes them vulnerable and what can be done to reduce the vulnerability.

The objectives of the Vulnerability Assessment were as follows:

1. To profile and characterize AGYW who are at risk of contracting HIV (in terms of such factors as income, household status, marital status, education status, social connectedness, etc.).
2. To document the risks (i.e., both behavioral and structural) associated with AGYW contracting HIV.
3. To investigate the specific programming needs of AGYW in Maseru and Berea as it concerns mitigating the risk of HIV infection.

The assessment sought to get beneath the surface of vulnerability to identify some of the more invisible and structural causes of vulnerability. This is a very important point because, although UNAIDS has done some work on the structural drivers of HIV for many years, this has not been reflected so much in programs to address the ongoing pandemic. Indeed behavior change communication (BCC) alone has been found wanting. As stated by Parkhurst (2013) in a position paper sponsored by USAID among others

After 30 years of the fight against the HIV/AIDS epidemic, a number of clear lessons, however, have been learned. First, there is understanding that the patterning of human sexual behaviors is deeply embedded in, and shaped by, underlying social, economic, and legal-political structures. Reducing HIV risk, therefore, will typically require changes in broader structural elements (be they economic opportunities, social norms and gender roles, legal freedoms, or combinations of these factors) ... single behavioral interventions cannot alter social structures

⁴ 4Children is a five-year (2014-2019), USAID-funded project to improve health and wellbeing outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.

that generate patterning of risk over generations—long-term, sustained alteration of these patterns requires a more comprehensive approach to structural change.

The lessons of the past have pointed to three key objectives that future behavior change–based prevention efforts must therefore work to achieve:

- *To address broader structures shaping behavioral risk and vulnerability*
- *To tailor responses to the factors influencing risk and vulnerability understood to affect the target population*
- *To ensure multiple factors can be addressed when needed.*

A similar understanding has informed this work. After many years of concentrated behavior change programs in Lesotho, HIV prevalence remains above 20%. Within this context, the assessment looked at three concentric levels of vulnerability:

1. The individual girl. The knowledge, attitudes and behaviors of individual girls
2. The environment in which the individual girl lives: family, community, support systems and social services in the community, employment opportunities
3. Systems and structures that govern the nature of the environment including the economic system, culture (with particular reference to patriarchy and gender norms), the education system etc.

Methodology

RESEARCH METHODS

In order to achieve the above objectives, it was agreed that it was best to use a mixed methods, participatory appraisal methodology. Participatory methods were used with groups of AGYW to encourage participants to discuss among themselves on which groups girls are the most vulnerable and how, why and where they are most vulnerable before giving their own suggestions on how to address the vulnerability. Five main methodologies were used with the groups. (See Annex for the full assessment methodology).

1. **What's it Like to be a Girl.** In this activity, participants identified the most common groups of girls in their area and looked at how girls in each group live, what they are interested in, and their dreams for the future and the barriers facing them. The activity provided a window into the lives of different groups of girls and an introduction to some of the vulnerabilities of each group. By talking about other girls, rather than themselves, the participants felt freer to open up about their situations also.
2. **Mapping Opportunities and Dangers/Threats.** In this participatory rural appraisal activity, participants drew maps of their locality(s) and identified institutions/areas that might contribute to girls fulfilling their dreams and institutions/areas which are dangerous for girls. These provide a good pictorial representation of their neighborhoods, as well providing important overall information on safety and security from the viewpoint of adolescent girls.
3. **The Local Family.** Participants identified the most common forms of families in their localities (both parents, single parent, living alone, living with relatives) and then explained to an imaginary family (and their adolescent daughters) moving into the area key issues relating to education, employment, health and security that might face them together with recommendations on how to address these issues. This activity was initially developed by *The Girl Effect* and adapted for this assessment in order to enable participants to look at more family types. The use of imaginary families enables participants to talk more freely about their lives.
4. **Vulnerability Ranking.** Based on the information from the previous exercises, participants analyzed the vulnerability of different groups in greater depth, in particular identifying the underlying and

structural causes of vulnerability. They then prioritized the top 6-8 vulnerabilities and gave recommendations on how they can be addressed. This activity was developed by the consultant with the enumerators to address the specifics of the assessment, based on ranking exercises developed by TAMASHA and the International Centre for Research on Women (ICRW) for its research into vulnerability of adolescent girls in Newala, Tanzania.

5. **Who do I Go to?** Participants identified whom they would go to for help, support, or advice for a variety of different situations (e.g. first menstruation, sexual abuse, pregnancy, HIV, borrow money etc.) This activity was also developed by TAMASHA in collaboration with the ICRW and adapted for this assessment to find out who are the key people in the lives of the girls especially at times of crisis or important decision making points.

Finally participants filled in an anonymous form with their profile in terms of education, living conditions, marriage, children, and boyfriends.

ENUMERATOR SELECTION AND TRAINING

In order to encourage as much interaction as possible with the AGYW, it was agreed to work with young women as enumerators for the assessment. Six young women were selected as data collectors.

The enumeration team was given three days of training by the consultant. This consisted of:

- An introduction to participatory, qualitative research, how it differs from quantitative research and why it was decided to use participatory methods.
- Familiarization with the tools to be used during the focus group discussions (FGDs). The enumerators responded to each tool as if they were an FGD group themselves, and then discussed how to use and improve each tool before practicing using the tools with one another.
- Development of follow up questions for each of the tools.
- Familiarization with the consent forms and data collection tool.
- Division of responsibilities. The enumerators were divided into two teams of three. The younger members were expected to facilitate while the older one would take the notes.

The consultant and female supervisors from CRS' Monitoring, Evaluation, Accountability and Learning Team provided support throughout data collection.

PARTICIPANT CHARACTERISTICS

178 people participated in focus group discussions. Initially, the team had intended to hold an equal number of FGDs in Berea and Maseru. However, given the short time available, groups were selected according to their availability, with a particular emphasis on most vulnerable groups. As a result, the majority of groups came from Maseru.

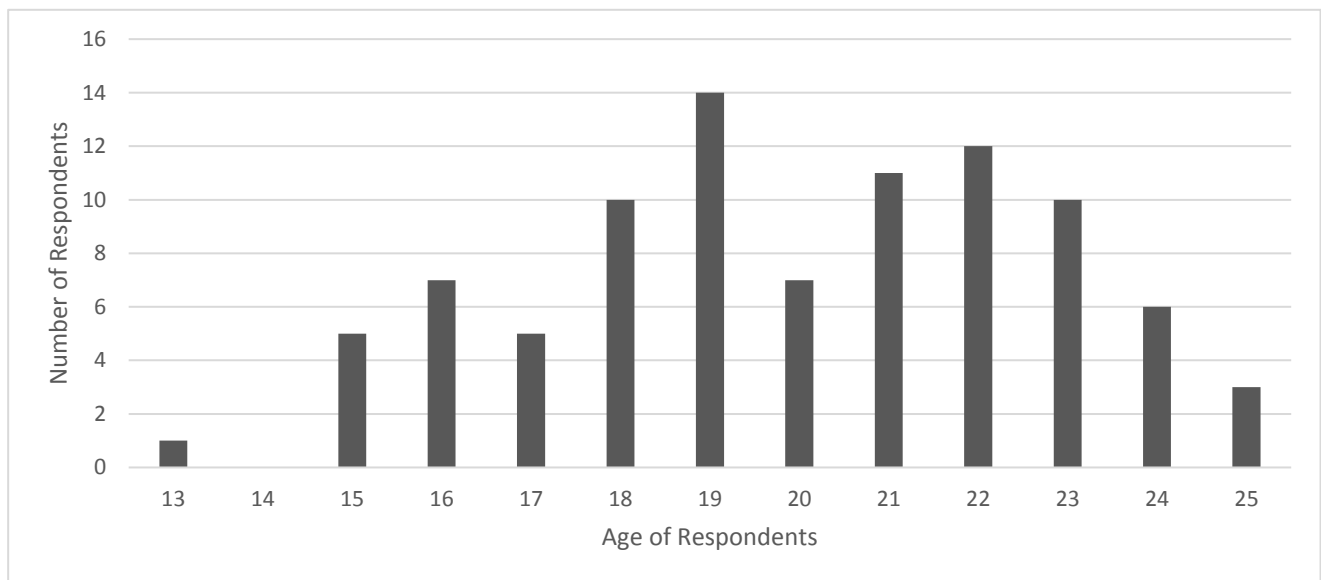
A total of 93 AGYW participated in a FGD and completed a personal profile form. FGD were organized with specific categories of vulnerable AGYW, including

- Unmarried mothers (n=20 people)
- AGYW living with HIV (n=20 people)

- Factory workers (n=20 people)⁵
- Church and NGO groups (n=29 people)
- Girls living on the street (n=4 people)

Participants ranged in age from 13-25⁶. The majority were aged 18-23. The participants from the factory workers were generally older than those from the other groups of girls. More than half of those aged 21-25 were factory workers. Figure 1 shows the age distribution of the respondents.

Figure 1. Number of respondents by age



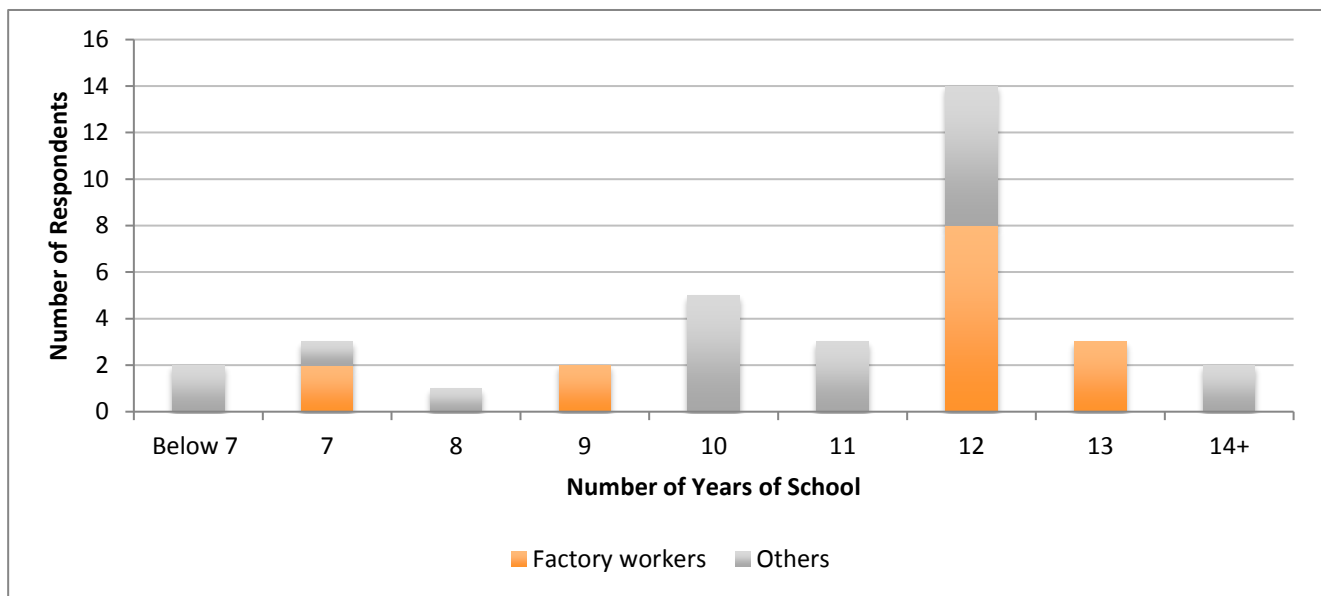
Of the 78 participants who responded to the question, 32 classified their families as poor (41%), while another 42 (54%) considered their families to have an average income. Only four considered their families to be well off (5%).

Of the participants, 54 (58%) were still in school and 33 (19 of which are factory workers) are not in school. The plurality stopped schooling after 12 years, at the end of high school. In other words, most went beyond the end of Junior Secondary School while half the factory workers had also finished High School. This is higher than the national average as only 33% of children enroll in High School (UNICEF 2012). Given their ages, those participants who said they were still in school would also be in high school or tertiary education. The participants therefore had, on average, a higher education than the majority of Lesotho AGYW, even taking into account the fact that girls are more educated than boys. Of those who had the lowest level of education (10 years or less) 4 were girls living on the street. Figure 2, next page, shows the number of years of school completed for respondents.

⁵ There are a large number of young women working in factories, a significant percentage of the overall population of young women in the Maseru area are factory workers.

⁶ 93 participants filled in the forms. Of these 2 were well above aged 25 so their details have not been included.

Figure 2. Number of years of school completed



The majority of participants are not living with both parents because of orphan hood and abandonment by the father. However, the majority (63%) of the participants live with their relatives, and have been doing so for more than 10 years. For example, of those who were still in school (and were therefore a little younger), 40% were living with both parents⁷, 17% were living with their mother alone and 35% were living with relatives other than their parents, in particular grandmothers (20%). Others lived with a sister (n=3), aunt (n=2), brother (n=1), uncle (n=1) or father (n=1). Most of them had been living with their grandmothers for a large number of years, which suggests that they are orphans.^{8,9} However, it is important to recognize that there may be other reasons for not living with one’s parents. For example, rural children often move to stay with an urban relative in order to access better schooling.

Only 13 of the study participants were living on their own; these were mainly factory workers and girls living on the street but included other young women aged 18-24. Twelve of these had been living on their own for two years or less. Therefore, although a large percentage of the AGYW were living with grandmothers, and others, they seem to be living in long term and stable situations. Therefore it would seem a majority of AGYW, even those still in school, were not living with both parents. From the discussions, this is because of both orphanhood and abandonment by the father.

Regardless of living situation, a significant number of respondents have moved recently, particularly unmarried mothers and factory workers. Of the 80 participants who answered the question, half have lived in their present house for five years or more (48% of those have lived there for 10 years or more) and half had moved in the last five years. Two groups of AGYW stand out as having moved house more recently than others: unmarried mothers and factory workers. 63% of unmarried mothers have moved in the last five years. Moving into a new

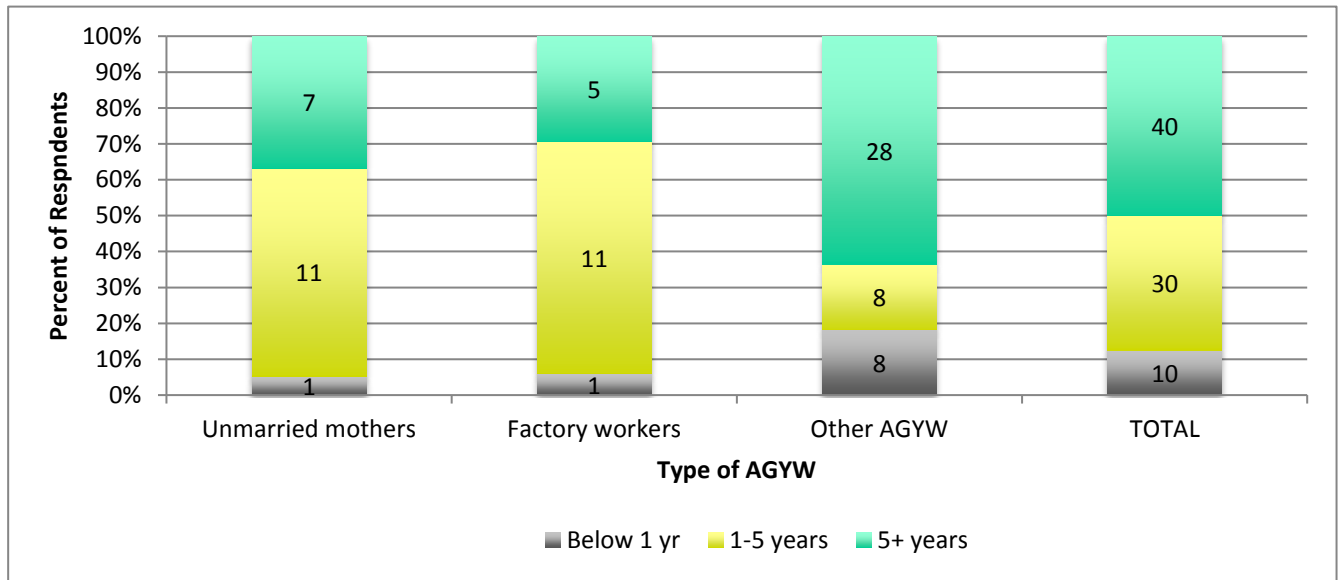
⁷ This percentage is quite similar to the population as a whole but lower than the percentage for the adolescent population as a whole. According to the DHS, in the 15-17 age group 53% were living with neither parent. In Berea and Maseru more than 60% of those aged 10-17 were living with neither parent.

⁸ As shown in the DHS the majority of maternal and double orphans were living with their grandmothers

⁹ In urban areas, 29.1% of families are looking after foster children or orphans (MOHSW 2010)

area increases vulnerability which might have contributed to their pregnancy, or they could have been forced to move out of their parents' home after they got pregnant. 71% of factory workers have moved in the last five years, likely connected with search of employment. Of respondents who were unmarried mothers or factory workers, 18% have moved in the last year and 36% have moved in the last five years. Figure 3 shows number of years living at current residence.

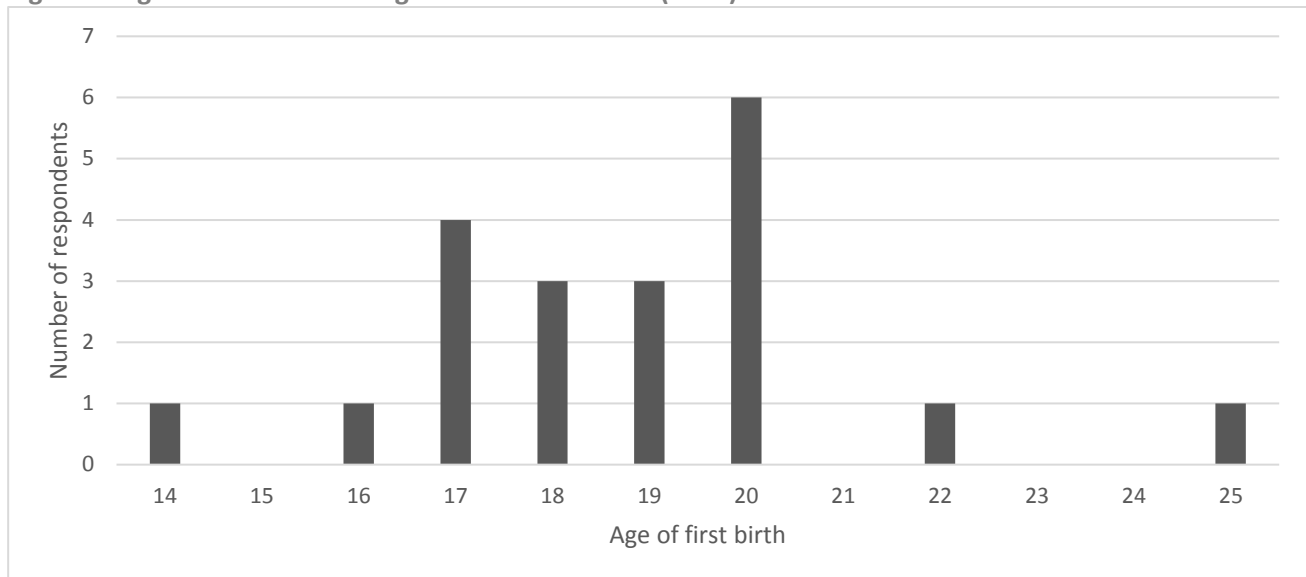
Figure 3. Number of years living at current residence



Nearly three-quarters (71%) of participants had boyfriends and half (52%) of these are supported financially by them. Of those who are given money by their boyfriends, 26% said that the money came with expectations/conditions (often expectation of a sexual relationship). From the responses of those who gave the information, it would seem that many start having boyfriends when they are very young and many have boyfriends for a very long time. For example, two of the girls aged 18 and 19, reported having had the same boyfriend since they were 11. Another, aged 19, had had the same boyfriend from the age of 12. Overall, 18% had been with the same boyfriend since the age of 14 and 56% said that they had started a relationship with their current boyfriend before the age of 18. However, it seems that, as they grow older, they change their boyfriends more often. The average length of relationship for those below 18 was 3.6 years, while, for those above the age of 18, it was 2.1 years.

Only four of the participants were married, all above the age of 18; three of these were factory workers. All four married participants also had children. Of the 20 unmarried mothers, 30% had their child before the age of 18 (see Figure 4). Overall, the number of participants married and/or with children was lower than the national average. According to UNICEF statistics, 18.8% of adolescent girls are married by the age of 18 and 13.2% of girls have given birth by the age of 18 (UNICEF 2012). The lower rates of teen marriage and pregnancy in this sample may be due to the sample being drawn predominantly from urban and peri-urban areas or the fact that most of these girls had greater support and positive role models as a result of their institutional affiliations.

Figure 4. Age at first birth among unmarried mothers (n=20)



In addition to the AGYW, focus groups were held with

- Parents of AGYW (n=45 people)
- ABYM living on the streets (n=20 people)
- ABYM living with HIV (n=20 people)

INFORMED CONSENT

Care was taken to ensure that all those who participated had time to read the form which explained the purpose of the assessment and what was requested of them. They were then informed that they were at liberty to decide whether they wanted to participate or not. If they consented, they were requested to sign a consent form at the beginning of the session but they were informed that if, at any time, they no longer wished to continue, they were free to leave. For those below the age of 18, their parent/guardian also read and signed the consent form.

LIMITATIONS

The key limitations of the assessment included short timeframe for training data collectors, the use of primarily institution-based groups, the conceptual frameworks of data collectors and participants, limited time for each FGD, and the need for translation.

- Timeframe for training.** The six data collectors were new to carrying out participatory, qualitative methodologies, as the assessment prioritized AGYW status over work experience. As a result, although they carried out the assessment with great commitment and were able to probe successfully for further information, there was a tendency to drop the participatory, interactive nature of the methodologies and go back to more of a teacher/student question and answer methodology. This both reduced the possibility of greater interaction between the participants and made the session longer and less interesting than was necessary. More time was required to internalize the rationale for and the nature of participatory methodologies, as well as practice their use. However, the enumerators did an admirable job despite having to contend with difficult environments and the findings give a picture of the life and vulnerabilities of many AGYW.
- Institution-based groups.** With the exception of some of the girls from the community in Berea, and the factory workers all the AGYW who participated already had a connection with some kind of

institution that supports them and gives them training and counseling. The respondents therefore have, even if marginally, less vulnerable lives than AGYW struggling on their own in communities. For example a teen mother living at an institution for teen mothers has been looked after with her child for up to two years, as well as educated and trained in vocational skills. Her situation is very different from a teen mother living on her own, or with an unemployed sister in a poor informal settlement in Maseru. As a result some particularly vulnerable groups were not represented sufficiently, for example, orphans, young mothers living in their communities, young women living alone, etc. In addition, institution-based rather than community-based groups made exercises which required an analysis of their own locations (e.g. mapping, local family) less successful as they had to rely more on the generic than the specific.

- c) **Conceptual frameworks of data collectors and participants.** It was clear from the assessment that not only is patriarchy alive and well in Lesotho, but also AGYW accept the norms of patriarchy. It was not easy for enumerators to probe further into issues that they accepted as completely natural. This was also an issue that could have been dealt with if there had been a more extensive training.
- d) **Limited time for each FGD.** This was partly the fault of the instrument as it could be seen to try to accomplish too much with a 2-3 hour period. However, this was exacerbated by some groups arriving late and wishing to leave early and also the move away from the interactive to the question and answer style. The enumerators also had to contend with difficult environments. For example, the FGD for the AGYW with children could not be restricted to 12 as all the girls wanted to participate. As a result the FGD was conducted with 20 young mothers together with their children. At the factory, the enumerators were only given one small office with 20 factory workers; therefore they had to divide the group into 4, each in one corner of the room. The enumerators showed determination and creativity in dealing with these situations, particularly through the use of group work, with each enumerator interacting with a small group.
- e) **Translation.** Discussions were conducted in Sesotho. Translation of required a large amount of time that was not included in the schedule, was the need to translate all the findings into English. This severely reduced the time available for joint discuss and analysis of the findings with the enumerators and their supervisors.

Overall, in future, it would be better to carry out such an assessment before decisions have been made about the interventions. This would make it possible to incorporate the results into the interventions and also give the girls themselves a chance to participate in the decision-making concerning the interventions.

Findings

THE LIVES OF AGYW

AGYW from the various groups reported broadly similar current activities and interests, dreams for the future and barriers they have to overcome.

Activities and Interests

For AGYW who are at school or are not employed, the major activities mentioned are those expected of women within a traditional gender division of labor. Girls cook, wash, do the laundry, clean, fetch water and firewood, water the garden and farm. Boys however were not expected to do any of these activities. They only went out, visited friends etc. For those still in school, studying was mentioned as the second activity while the factory

workers spent most of their time at their place of employment. Outside these, boyfriends, partying, and alcohol/drugs, were the main activities. They recognized that their leisure activities make them vulnerable but this does not deter them. The problem is therefore not lack of knowledge.

All groups recognized their leisure activities are ones that make them vulnerable to HIV and AIDS. The main leisure activities mentioned included meeting boyfriends/sugar daddies (3 groups), partying (2 groups), and going to church (2 groups). The two most common interests mentioned were food and boys (8 groups) followed by money (6 groups) then parties and clothes (5 groups). Other similar interests mentioned by more than one group included alcohol (3 groups), sex (2 groups) and sugar daddies (2 groups). Three groups (including the factory workers) also mentioned work and two groups mentioned church while three mentioned sports. The two groups which included participants with children of their own also mentioned children as their key interest. They mentioned alcohol/drugs, the way they dress (short skirts), walking at night, having multiple partners, boyfriends and sugar daddies and unprotected sex as the main activities that make them vulnerable. Yet they continue with these activities. This shows that the problem is not one of lack of knowledge about their vulnerability. It also highlights that girls are made to feel to blame (for example for their dress or behavior) if they are the victims of harassment or violence.

In general parents had the same view of the interests of their children, both those they regarded as positive interests and those they regarded as negative.

Dreams for the Future

The dreams of the AGYW were so substantially different from their current interests that it was sometimes difficult to link their current interests to their future dreams, unless they are subscribing to the Shakespearean philosophy of 'eat, drink and be merry for tomorrow we die.'

The most common dream was to get married (9 groups) and have children (5 groups). This was followed by the wish to have a good, paying job or a job/business to support themselves. For example, domestic workers expressed dreams of education (university), a family ('cute working husband') and material things such as a beautiful home, cars, clothes, sufficient food and a job/business to support themselves. Two groups also wished to be able to serve or help others. Seven groups also mentioned education, especially university education as being key to achieving their dreams. While one might expect girls still in school to have higher dreams than others, there was little difference with those who are no longer in school.

However, it should be noted that the dreams of the boys tended to be larger and more varied. For example, the boys dreamed of becoming a millionaire, a Minister, a doctor, an artist or owning their own business/shop. They dreamed also of a better economy in Lesotho.

Material success was also very important in the dreams of both AGYW and ABYM. All groups dreamed of having not just a car but a 'fancy car' as cars were the critical measure of success. One girl said "I want a beautiful car, because if you have such a car, you have money." 'Beautiful' houses and 'fancy' clothes were the other two measures of success in their dreams. Boys had the same dreams concerning education, money, cars and houses.

At the same time, food continued to feature prominently in the dreams of the AGYW. For example, the factory workers dreamed of having 'one proper meal a day' although they are some of the few AGYW who actually have a permanent job. Such an emphasis on food shows the near-subsistence level even of those who are working. This should be borne in mind when remembering the words of Stillwaggon (2006) that Gini coefficient and malnutrition are the two key factors in the continuing strength of the epidemic. Not only does a lack of food encourage AGYW to indulge in more transactional sex, it makes the girls more susceptible to HIV infection at the same time because of reduced immunity as a result of inadequate nutrition.

For AGYW living on the streets, their dreams were more short term. While they also dream of going to school they focused on more proximate goals such as to stop taking drugs, to stop sleeping with older men, to go home

and even to cook. However, they are afraid of going home, for the same reasons that made them move to the streets in the first place.

Barriers and constraints

Unfortunately for the AGYW, the major barriers to the achievement of the dreams are precisely those things that they enjoy doing the most including walking at night and partying, alcohol and drugs as well as their boyfriends as they all have consequences of which they are very aware.

Pregnancy is the major fear as it puts an end to both their interests and their dreams. They also fear being raped. Participants said that girls who get pregnant will probably have to leave school as they will have to look after their babies, their days of playing with their peers are over and they will not get married. They will also face discrimination from their communities. They might even lose their child, as the father will come to take it once it is older. In addition, it seems that they will have to engage in further unsafe activities to get the money to look after the child, as the father in most cases does not accept to pay any expenses. The group of unmarried mothers gave most of the specific effects of getting pregnant but all groups, as well as parents elaborated on the disastrous effect it has on the lives of the girls.

HIV was also mentioned by one group and 'illness' (probably HIV) by a further two groups, but HIV is not seen as a major threat in the same way that pregnancy is. Girls still in school also feared insufficient money to pay for school fees.

"The girl is pregnant so she thinks that will be a barrier as this may not continue schooling. One of her dreams was to get married. So being pregnant will make her dream not come true."

--- AGYW

"She is more likely to get infected with STIs especially HIV. Her bad behavior will affect her future plans especially marriage. That is she will not get married at all."

--- AGYW

In the context of the above, participants were asked why they continue to prioritize those very things which make them vulnerable and threaten their dreams. The most common responses included lack of money; lack of family love, care and support; lack of self-esteem and self-acceptance, particularly among orphans and unmarried mothers; a lack of education (which also contributes to lack of self-esteem); and desire to have a good time. In addition, gender inequity, though not cited directly, emerged as a key theme.

Lack of money. According to all the participants, including factory workers and parents, the primary reason for taking part in activities that put them at risk for HIV mentioned is 'being poor.' They lacked money firstly for the essentials, including food and education but also to be able to enjoy their lives (have fancy clothes etc.). Insufficient income for things like education was identified as a problem in nearly all the families, even those with both parents. The parents and guardians do not have enough money to pay for the needs of their children and the children therefore search money by whatever means possible, in particular transactional sex. The majority of young women have great difficulty in getting a job, and therefore a livelihood. Even if they do, the pay is very low, especially for those who have little education (because they could not afford the fees, a kind of vicious circle). Those who have managed to find work, like the factory workers, do not have enough money for 'one good meal a day' and their commitments to their families increase as soon as they have a job.

A lack of family love, care and support. After poverty, this was the most common driver identified by both the AGYW and the parents during the survey. It seems also that parents/relatives/guardians have difficulty coping with their adolescent children. Another common theme in the groups was the lack of respect for their

parents/guardians. In the survey, several groups said that many AGYW do not show respect and do not heed the advice of their parents, which is one of the reasons why they resort to risk-taking behavior. However, parents/guardians do not always behave in a respectful manner either and maybe do not impart their advice in the best manner. There is a kind of vicious circle that applies to many families and communities. The perceived lack of care and support for the AGYW leads to the AGYW not showing respect for their parents and elders and 'behaving badly' which in turn leads to even less care and support.

Lack of self-esteem and self-acceptance. The participating AGYWs attributed to their low self-esteem many of the behaviors that put them at particularly high risk for HIV and AIDS, notably giving in to peer, or partner, or adult pressure in an attempt to be accepted by their fellow AGYW; and resorting to alcohol and drugs to find 'comfort.' As a result of this lack of self-esteem, they don't really believe they have a future or they don't care about it. They said this applies particularly to orphans and young women with children.

The analysis given by the participants is an important reminder that their practices are a product of their psychological state. The effect of many of the factors that cause lack of self-esteem is well summed up by the Regional Psychosocial Support Initiative (REPSI) "poor psychosocial and mental wellbeing increases a child's exposure to risks associated with poor child protection" (REPSI 2016). The psychosocial and mental wellbeing of the AGYW is closely linked to that of their caregivers and families. In particular, AGYW who experienced neglect, violence or abuse are more likely to experience depression, are less likely to avoid risk or "make decisions that protect them from harm," and are more likely to have "early sexual debut and sexual risk-taking" (REPSI 2016). The findings suggest there are many AGYW who have experienced sexual and emotional violence were mentioned although physical violence by teachers was also mentioned.

In addition, the findings suggested orphans in particular phased neglect, discrimination and mistreatment, which is consistent with previous research. Orphans who are not accepted as full members of the family, thereby contributing to their low self-esteem and risk taking behaviors. At the most extreme, the girls living on the street talked of being 'bewitched' by their relatives who did not want them to succeed like their own children. Unmarried mothers also talked of pressure to become pregnant if the daughter of the house was pregnant because the orphan should not 'show up' the daughter of the house by being seen to be doing better than the biological child.

Lack of education. While the number of participants in the survey still attending school was higher than the national average, failure to continue with their education was a major factor influencing their behaviors. AGYW leave school early, primarily due to poverty. With limited education, they struggle to find worthwhile income opportunities. This furthers a sense of worthlessness they often already feel. For example, factory workers emphasized the lack of education as a whole, which both created a lack of self-esteem and a desire to be accepted among young women and also condemned them to stay at home doing nothing – which in turn led them to indulge in risky behaviors. Participants also mentioned a lack of life skills and sex education. This is surprising given the emphasis given to HIV and life skills education officially. Yet even among the six data collectors, who are all well-educated, only two had received any life skills education. It seems that life skills are more talked about than taught.

The desire to have a good time. Although transactional sex was foremost, many groups said they loved sex, together with partying and having a good time.

Gender inequity. Though the groups themselves did not identify it as a key barrier, gender inequity was a clear underlying cause of vulnerability. At present, not only do boys and men seem to treat women as they wish, with impunity, but many of the girls and young women accept such treatment as inherent in men, citing justification such as "This is the way men are," "they cannot control themselves," and "they cannot be faithful." This strongly affects relationships between AGYW and ABYM as there is nearly always an element of social and sexual disempowerment in such relationships with the girls forced into dependency and treated as dependents. This

is despite the situation in Lesotho where women are more educated than men. For example, AGYW have very few ways of accessing money, and perceive transactional sex to be their best option. They achieve what they see as economic empowerment through sexual disempowerment. The 'money factor' in relationships both creates a dependency on men on the part of the girls and a feeling of superiority, mixed with resentment on the part of the boys/men. In addition, where they are the most vulnerable (such as the girls on the street) they need a boyfriend as a protector against harassment and rape by other boys. Men (boyfriends, husbands, 'sugar daddies', employers, and teachers) can behave inappropriately, but little or no action is taken against them. From their responses, it seems that AGYW have internalized the patriarchal culture to the point where they accept that 'that is the way men are'. They do not expect their boyfriends or husbands to be faithful, or care for their families and the father is often notable by his absence rather than anything else.

THE ENVIRONMENT IN WHICH AGYW LIVE AND GROW UP

AGYW vulnerability was also felt to be influenced by the environment in which they grow up and live, including their families, the communities in which they live, their peers and their boyfriends or sexual partners.

Families

In nearly all the families, even those with both parents, the main problem identified by the AGYW was insufficient income and lack of financial support (9 groups) which affects their whole lives. For some families, food is even a problem (2 groups) while the main complaint of the AGYW was that families were unable to meet their educational costs, particularly for tertiary education. This is exacerbated by lack of bursaries (3 groups). They did not take this as a condemnation of their parents as they recognized that the major problem, even for their parents, was to find a paying job/business. Nearly half (44%) of factory worker participants also classified themselves as poor.

Many AGYW are facing serious problems in their families. Five groups talked of a lack of love and emotional support in families. In two groups, they pointed to cruelty by parents, or by other relatives, in particular against an orphan who has come to live with the relative. In two groups they said that some parents actually encourage their daughters to find boyfriends/age-disparate sexual partners particularly if the girl is not their biological child. Other examples provided were of mothers who give a bad example to their daughters by welcoming lovers in front of them or by exposing them to temptation and danger of sexual abuse by running a bar or shebeen. It is clear that financial difficulties lie behind most of these behaviors. The girls stressed that ill treatment by caregivers affects their self-esteem, leading to depression, and lack of close support from close relatives was linked to pregnancy outcomes (Teen Mothers).

The boys and young men cited similar family challenges. For example they mentioned cases where the father remarries and the "arrogant and abusive" stepmother does not treat them with the same love. They also mentioned that "poverty in the family forces them to go out and fend for themselves." Boys living on the street said that peers pressure them to leave when their parents try to place restrictions on them. Indeed when asked what other ABYM should do when faced by abuse in the family, they advised them to join them in the 'street family'.

Despite many complaints about families not showing them love and care, nearly all the participants would go to the relative they were living with if they were in need of something, as well as for basic information such as menstruation and advice on issues such as boyfriend problems and HIV. In contrast, girls on the streets did not feel they had anyone to talk to about issues affecting them. They said that they do not trust anyone. If they are sexually harassed or raped, they will not tell anyone and similarly if any of them has an STI or HIV, they do not talk about it to anyone.

The communities

With regard to the community as a whole, the AGYW generally had a negative view. Firstly they were unhappy about the way communities (adults) have a negative attitude to young people, particularly if they are orphans or already have a child. This is expressed in open discrimination and rejection by adults in that community who gossip and spread rumors about orphans because they are not biological children of the caregiver. Sometimes they refuse to allow the girls to draw water from the well. They also make fun of the poorer girls because of their appearance and background.

There were also examples of negative impacts of patriarchal culture, particularly females economic dependence on men and men's ability to act as they please. However, the participants did not particularly identify this as a problem, as they seem to have internalized patriarchal culture and to accept that 'that is the way men are.' Participants did however say that rape and sexual harassment are common. The most glaring sexual harassment was said to take place in the factory. The workers said that jobs are hard to come by and sometimes young women have to sleep with the guards or the supervisor/employer to get a job. Sometimes the exploitation can last up to a month. In addition, once they have got the job, they might have to do the same in order to be able to access overtime to supplement their meager wages.

"People are usually employed based on beauty. When you are beautiful, it's easier to get employed. Security guards want phone numbers from them and in return they help them get employed. Most of the time, men who do the hiring want sex [in return]." -- Factory worker

Groups of parents and girls also said that male employers of AGYW domestic workers abuse and threaten them. Other categories of adults who were also mentioned as abusing their power to sexually harass AGYW were teachers and even religious leaders. Such harassment can often lead to pregnancy outside marriage and further discrimination. If they want to take action against such harassment and abuse, police are generally seen as unhelpful and one of the causes of their vulnerability, with girls reporting "They only help well-known people and good-looking girls" and "We do not get expected services. Police do not take our reports seriously." The police were seen to be particularly abusive toward street girls, who said "When a girl goes to report rape, the police beat the girl up and take her home by force."

When asked to draw maps of their localities and identify areas of opportunity and of danger, groups identified some areas of opportunity, the most popular being school (14 groups), church (10 groups), the shop and the clinic (8 groups), football pitch, and the chief's place. However, in the community as a whole, there were very few places where girls felt safe. Overall, all groups, including parents' groups, identified rape as a serious issue. Significantly, after the bars, which were unanimously identified as being the most dangerous, although they still frequent them, roads were identified as the second most dangerous. Therefore, even if some areas are safe, the roads to and from that place are not. Factory workers are particularly affected especially in winter when they have to walk to and from work in the dark (because they cannot afford transport). They talked of seeing dead bodies on the road. If they ask a boyfriend or another man to accompany them, he is threatened by gangs along the way. They are not walking in the dark by choice and are not safe.

"Most of us walk to work and we live very far away. In winter it gets dark and people are attacked, raped and killed. The other reason for the attacks is that people know we have money especially when it is the end of the month or the end of the year when we get a bonus" -- Factory worker

Schools also, while being the most obvious opportunity for girls, were identified as the third most dangerous area. Schools were seen as unsafe because of beating and sexual harassment. In many cases, in order to go to school they have to walk a sizeable distance and pass through these danger areas. This is why, when discussing what advice they would give to new families moving into their areas, several groups advised them to rent houses near the school for their daughters. Unfortunately such rental houses were also identified as areas of danger as girls are left to their own devices with no family support.

Though there are girls going to school, some travel a very long distance on foot and do not have food. They attend government schools. Those who go to school undergo sexual abuse by their teachers so that they can pay their fees. --- AGYW

Places of employment, such as factories, where AGYW often have to give sexual favors in order to get or retain employment, and homes where domestic workers are often sexually harassed by their male employers, were identified as unsafe. Some even considered churches unsafe as religious leaders were mentioned as sexual abusers. *Dongas* and the forest were both identified by many groups as being dangerous as well. Thus it can be seen that girls are not made vulnerable just by going out and partying at night.

ABYM living on the street also considered that nowhere is safe for them but said that, unlike the girls, they were not harassed by anyone except the police. One of their safe places were trees and shrubs as it was there they could hide from the police and also have a rest. They were also afraid of going to jail for their crimes.

Overall, groups considered that moving into a new area increases vulnerability as newcomers are faced with gossip, suspicion and discrimination, as well as harassment. Families, and their daughters, have to work particularly hard to participate in community activities to gain acceptance. Such perceptions are reinforced by research in South Africa which showed that girls who are socially isolated (as they are when they move to a new area) are six times more likely to be harassed and abused (Hallman 2005).

Peers

Peer pressure was identified as the other major force in their lives. Peers are their friends to whom they turn in difficult times because they feel comfortable with their friends and expect non-judgmental support. Thus, participants said that, for many issues, including boyfriend issues, borrowing money, when faced by sexual harassment, or when they need information, they would turn to their friends first. Most would also turn to their friends if they had an STI or discovered they were HIV+ though some said they would tell no one as it will only lead to stigma. Parents also recognized that for many important issues, their daughters turn to their peers rather than their family because they are afraid of negative reactions from their parents.

However, their friends or peers can also have a negative effect as they pressure them to conform to group norms. For example, one group said that peer pressure was a major vulnerability factory for orphans who often looked for sexual partners in order to get things that would put them on the same level as their friends. Because of their low self-esteem arising out of their situation, they are trying to impress their peers. Another group said that girls look for older partners because they need the money, not just for their basic needs but also for status so that they can be accepted by their fellow teenagers. This was particularly the case for young unmarried mothers but students were also seen to be particularly affected by the feeling that they need to keep up with their peers in terms of their attractiveness to boys and the material goods they possess.

Boyfriends and Sexual Partners

Boyfriends and age-disparate partners (“sugar daddies”) were universally seen as both an asset in their present lives and a threat to their future lives. They depended on them for accessing basic necessities and a better life

in general, but they also brought the threats of pregnancy, disease, and less education. Boyfriends were generally said to expect sex and to use force if denied it. The poorer and more marginalized the groups (particularly orphans and girls living at home) the more they depended on boyfriends to provide them with their basic necessities.

This is an area that needs more research as, either when talking about their own lives, girls do not admit to the same activities they talk about in the lives of others, or there is a certain exaggeration when discussing sexual partners and activity in the FGDs. The Modes of Transmission study (NAC 2009) found that multiple and concurrent partners and age-disparate partners are 'exceptionally high' in Lesotho, with multiple partnership at 24% compared to 10% in other Southern African countries (Hallman 2005).

“When a girl dates a number of boys they become a distraction to her studies resulting in failure at school.”

--- AGYW

On the side of the ABYM, male participants said that sleeping with different girls was a common activity and both boys' groups said that giving their girlfriends money regularly was one of the barriers to their advancement, as was the lack of time for school work because of attending to the girlfriends. They were also afraid of the repercussions of making a girl pregnant. The boys living on the street actually envied the girls because they said that girls can make money so easily from having sex. At the same time, they did not want to be girls because of their vulnerability to rape.

From the above quotations, it should be noted that the line between sexual activity and sexual abuse is very indistinct. Since partners expect to have sex, force is never far away and rape is a serious issue.

MOST VULNERABLE GROUPS

While the assessment suggests all AGYW have some degree of vulnerability, certain groups of AGYW emerged as particularly vulnerable from this assessment. These include orphans, unmarried mothers, those who are out of school/unemployed, low paid workers, students and girls living on the street. While these groups overlap, it is worth looking at the particular characteristics of each group, as they emerged from the assessment.

Orphans

While it was not possible to talk to orphans as a group, participants, in general viewed orphans as the most vulnerable group of all. Orphans can also be found in all the other vulnerable groups. Orphans constitute a large part of the population. According to the population figures, orphans constitute around 24% of all children in Lesotho while double orphans constitute 6.5%. Among adolescents, of those aged 15-17, 15% are double orphans 45.4% have lost one or both parents (MOHSW 2010, UNICEF 2012). They have suffered the trauma of losing their parents (and many the further trauma of having to care for their sick and dying parents) and are therefore in need of extra care and support. However, they often face the opposite. For better or for worse, they have been absorbed into families of relatives, particularly grandmothers many of which are already facing severe financial constraints which affects their attitudes to the newcomers. Paternal orphans still largely stay with their mother who frequently struggles to make ends meet. Because they are within families, orphans are largely invisible. The conventional wisdom is that it is much better for orphans to remain within families and communities but several groups felt that, given the widespread

“Orphans are the most vulnerable group because there is no one to support them physically and emotionally and because they have no source of income. “

--- ABYM

mistreatment of orphans, they would be cared for and protected better protected in orphanages.

Orphans were seen to have the same dreams of all other groups: education, a good job and marriage. They also have the same fear of early pregnancy, not without cause. According to the Lesotho DHS, orphans are significantly more likely to get pregnant and give birth than AGYW who are not orphaned. Although they only constitute 24% of the child and adolescent population, orphans accounted for over half (55%) of adolescents who become pregnant and 59% of adolescents who give birth. In urban areas, the rate is even higher, 58% and 72% respectively.¹⁰ The much higher rates of pregnancy and childbirth are strong evidence of the vulnerability of orphans, a vulnerability that was also emphasized by all groups of participants: AGYW, ABYM and parents.

Orphans need money to go to school and buy their other needs such as clothes and food but they are less likely to be able to access the money because of less strong relationships with relatives and communities. Because of this, they have great difficulty continuing with school or accessing any food and other necessities. Some try to do small jobs such as carry luggage at the market and bus stand, do laundry or sell cigarettes but nearly all groups agreed that many have to resort to transactional sex. It was noted that men took advantage of orphans because of their need for money.

They often lack family support and love after the death of their parents. Parents admitted that many orphans are harassed emotionally and physically in their homes. AGYW participants said that orphans are often farmed out to relatives where they are discriminated against, or turned into ‘slaves’ or domestic workers. They also said orphans are more likely to be sent out by their relatives to get money from ‘boyfriends’ in order to support the family. In fact, they were said to lack any kind of support group and were often discriminated against or rejected by the community, who gossip about their HIV status and the fact that they are not the biological children of those relatives or caregivers they are staying with. This gossip increases their marginalization and leads to low self-esteem and depression. They lack life skills because their parents are not there to give them guidance and they are not in school. The parents’ group also noted that their marginalization increases their vulnerability to sexual abuse and rape, even by those taking care of them.

Unmarried Mothers

The assessment team met with one group unmarried mothers, and the context of unmarried mothers emerged from other groups as well. The unmarried mothers who took part in the assessment were mainly those who have been given care, support and training. They are still vulnerable due to the pressures of having to find the money to look after their children but less vulnerable than mothers living on their own in their communities and subject to stigma and discrimination, in addition to the pressures of having to find the money to bring up their children.

The majority of young unmarried mothers were already vulnerable beforehand since many of them were orphans

“The teen mom is thinking of committing suicide because she thinks she has no future. She once thought of abandoning the child after giving birth because there was no source of income”
--- Unmarried mother

¹⁰ Although abortion is illegal in Lesotho, it is available in South Africa and one has to wonder why it is that while the rates of giving birth among orphans and non-orphans, particularly in urban areas differ so much from the rates of getting pregnant. There seems to be very little information on abortion which is illegal except for specific medical reasons, but it is estimated that 10% of maternal mortality is caused by unsafe abortions (Heard (2015) Country Factsheet: Lesotho, Durban: Health Economics and HIV/AIDS Research Division/University of KwaZulu-Natal)

and/or out-of-school unemployed. Unmarried mothers cited their own parent's death from AIDS and lack of support from close relatives as a contribution factor. They also mentioned sexual violence.

Once they get pregnant, their vulnerability increases. Not only do they have to cope with the costs of having and looking after their baby, but they also have to deal with the psychological consequences. Unmarried mothers were seen to have low self-esteem and self-acceptance because of what happened to her. Many cannot go back to school, or get a job because of the baby, unless a neighbor helps by looking after the child. They also expressed that they are particularly vulnerable to sexual harassment from teachers.

If they do go to school, some/many undergo sexual abuse at school by their teachers so that they can pay their fees. Many others also have age-disparate partners and/or multiple boyfriends because they need the money to raise the children they have, buy basic needs, buy fancy clothing, phones and maintain their status (so that they can fit in easily with their fellow teenagers). This in turn makes them more vulnerable to another pregnancy or STIs, including HIV as well as increasing the negative attitudes of the community towards them.

"The girl always attends the sugar daddies so she can be able to support herself and the child. She earns a living through sugar daddies"

--- AGYW

Out-of-School, Unemployed AGYW

AGYW who are not going to school and did not have a job were seen as particularly vulnerable by other AGYW, most notably the factory workers. These AGYW were seen to not be in school because of lack of financial support and family support, and were in many cases orphaned. Because they lack education, they were less able to make their lives better and take care of themselves. Two interacting forces were recognized as threats to these girls: idle time and lack of financial resources. Without school or jobs, girls were seen to be at risk for getting into dangerous activities such as drinking and drugs. The lack of financial resources was seen as a main driver of transactional sexual relationships or sex work.

"When a girl is not educated, or not going to school, she has a lot of time on her hands and as a result she ends up doing things that are dangerous: taking drugs, sleeping with boys and getting pregnant."

--- AGYW

Low wage workers

While being unemployed and idle was seen as a driver of vulnerability, so too was having a job, particularly if the job was low paid. Lesotho's garment industry is a major employer of AGYW in the country and is based in the high HIV transmission area and close to the main cross border areas (Salm et al. 2002). Although the factory workers, on average, had 1-2 years more education than the other participants who were no longer in school, none had gone further than high school. They are discriminated against because of their lack of education, which decreases their already low self-esteem and causes them to engage in risky behaviors. Their low wages force them to walk to work, often in the dark, putting them at risk of sexual violence. Domestic workers were also highlighted as particularly vulnerable by many groups during their discussions. Despite low wages, the relatives of these low-paying jobs depend on them for income, often driving them to engage in transactional sex.

Working women are regularly exposed to sexual harassment and abuse in their places of work and on the way to and from work. A larger demand for jobs than supply of jobs is driving AGYW to exchange money and sexual favors to get and keep jobs. Some pay high monetary bribes in return for being given a contract. The demand for sexual favors is common and many young women give in because they know that if they refuse, they will

not remain employed. Domestic workers likewise face a particular threat of sexual harassment and abuse from their male employers. In the factory context, sexual favors were also seen as a critical way to obtain coveted overtime hours. When asked who they would go to if they were being sexually harassed in this manner, they said that if they agreed to the harassment, they would only tell their friends. They would go to their mothers, or to the police only if they wanted to refuse the harassment and take action against it.

“Supervisors have their favorite workers, which leads to a point where we try to be on good terms with the supervisor. It could be through sex.”

--- AGYW

Because they are employed, low wage workers also have other obligations, particularly providing financially for their families and younger siblings. Families expect financial support from those who are unemployed, and expectations often exceed the amount they are making. Consequently, the workers resort to the same dangerous transactional relationships as unemployed girls. Though they were paid, it was still felt that transactional sex was the only way for them to attain a better life. An earlier research found that most sex workers in Maseru were originally garment workers (Salm et al 2002).

“We are paid very small wages which means that we are not even able to take care of ourselves ... we are not able to provide for our siblings so we end up feeling a need to have multiple partners, sugar daddies or even resort to theft in order to get the money we need.”

--- Factory Worker

In addition, the low wages mean they cannot afford safe transport. Often low wage workers, particularly in the factories, work long hours (10 hours per day) meaning they often must commute when it is dusk or dark when they are most in danger of being attacked, raped or assaulted. They are particularly vulnerable after being paid.

Students

The need for money for school fees, the time spent in transit to school, and sexual harassment by teachers were reported as creating particular vulnerability for girls in school. For many of them, the constant uncertainty concerning their school fees contributes greatly to their vulnerability.¹¹ The need for financial resources for school fees drove girls to transactional sexual relationship, as already well described. Unfortunately, teachers were often seen as taking advantage of the girls in their class that struggled financially. Transport to school was also a source of risk. Girls ask for lifts, partly to get to school and partly because they believe the car owners have money. However, the drivers only give them rides and money if they accept to have unprotected sex with them.

“Those who go to school undergo sexual abuse at school by their teachers so that they can pay their fees.”

--- AGYW

Girls on the Street

Although the enumerators were only able to talk to a small group of AGYW living on the street, they expressed the level of their vulnerabilities and showed that they are often the end product of other vulnerabilities. They trust no one and receive no support from anyone. Even if raped, they tell no one. However, they are reluctant

¹¹ In Lesotho primary school is free but secondary school requires payment.

to return home because many were driven to the streets in the first place by abusive parents and guardians, particularly if they were orphans. Three reasons were given for going on the street:

1. Abusive parents or guardians.
2. Orphanhood and mistreatment by relatives. They felt even that their grandmothers or other relatives were bewitching them because they are not their biological children and they do not want them to succeed.
3. Misbehavior which led to them running away from home, for example stealing from their parents.

Their life style makes them even more vulnerable. They go to the bars to drink, have fun and find men. They have to engage in sex work in order to survive and are confronted with continual sexual harassment and abuse. They sleep with men in order to get the money they need. Their target is to make 150 maloti a day, which, on average, means they would have to sleep with four men a day as the average payment is 40 maloti. They do not regularly use any form of protection. Frequenting the bars till late at night and walking at night makes them particularly vulnerable to rape and even murder. They talked of girls being killed (some by forcing beer bottles into their genitals) and their bodies dumped along the by-pass road. The boys living on the street also force them to have sex and if they try to run away, the boys force them to come back. Some are even afraid of coming to a support group because there is a boy who beats them up on the way. They are also at the mercy of sexual predators. If they report to the police, they are blamed for walking in dangerous areas at night and in some cases they are beaten and forcibly returned to their relatives.

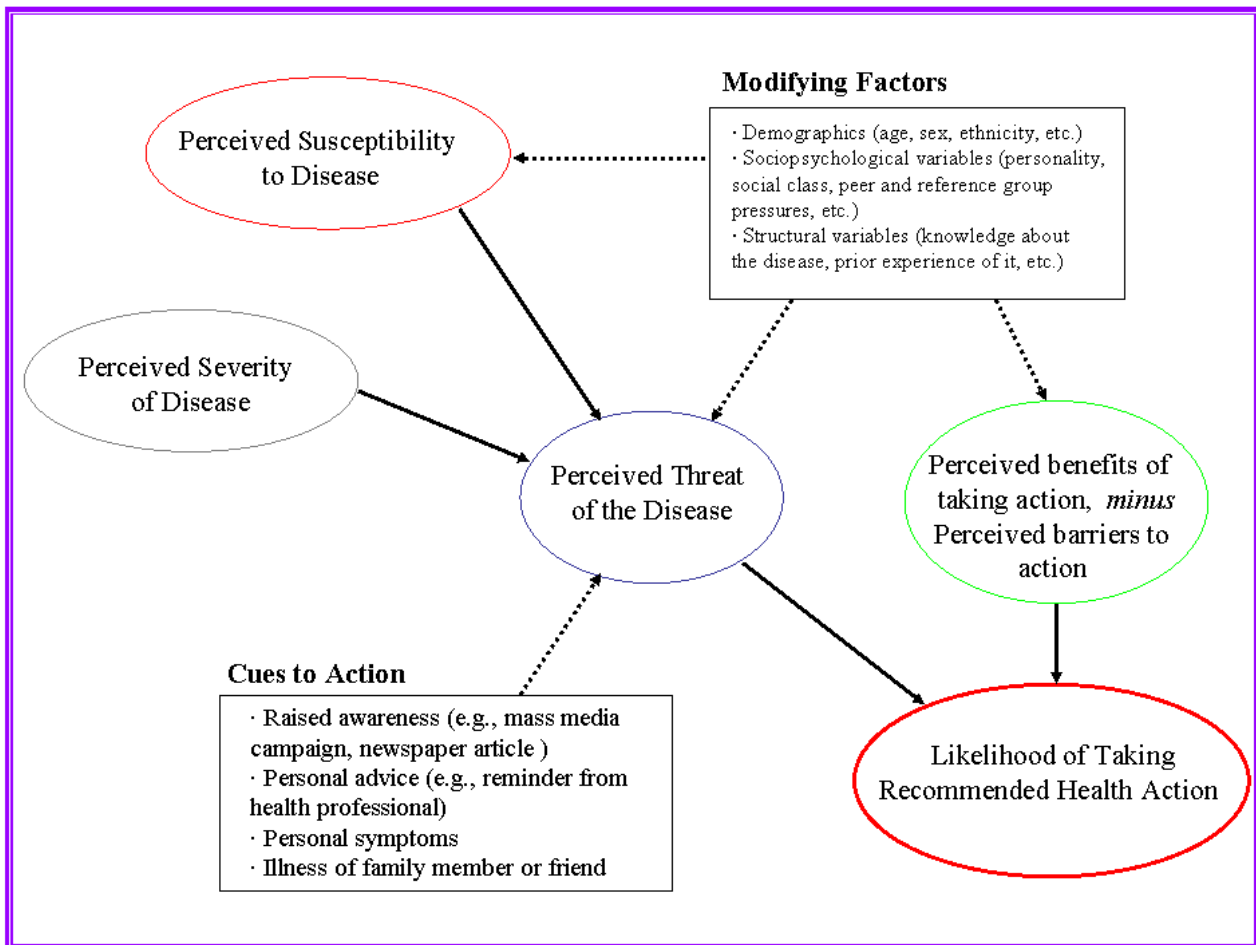
Discussion

With regard to the findings above, different methods of analysis can be used, depending on whether, in addressing vulnerability of AGYW to HIV, one adopts more of a behavior change or a social change approach or a mixture of the two.

One methodology that tends more to the behavior change side is the health belief model (see Figure 5, next page) which puts more emphasis on the knowledge and attitudes of the individual, which are certainly influenced by more structural factors such as age, gender and economic status but which, in the final analysis hinge on the individual being sufficiently moved by the threat of HIV and attracted by the benefits of taking certain actions, despite any barriers to take action to ensure that s/he does not contract HIV. Therefore the emphasis is very much on ensuring the individual has enough knowledge and support to make the right decisions.

Lesotho has had to cope with high rates of HIV prevalence for many years and messages about behavior change have been a constant in the lives of AGYW as they grow up, reinforced by the fact that they all have friends and relatives who have died of AIDS. Yet, despite this backdrop, what came out very clearly from the assessment was that AGYW continue to take the same risks as those who were born before them and despite the continued fear of contracting HIV, pregnancy is regarded as a much greater threat than HIV. The perceived benefits of multiple and age-disparate sexual partners in terms of satisfying their basic needs, including school fees and food, as well as keeping up with their peers obviously outweigh any danger of contracting HIV.

Figure 5: Health Belief Model



Therefore there is a need to look at the underlying drivers of vulnerability that go beyond individual perception and belief. Firstly, when such ‘behaviors’ are so ubiquitous, it is necessary even to address them by a different name as they are socially influenced and produced. As stated by Auerbach, Parkhurst and Ca’ceres (2011)

We use the term ‘practices’ to convey the social dimension of the actions that usually are implicated as ‘risk behaviors’. Practices are socially produced behaviors that are organized and patterned by culture (Kippax 2003, 2008). There is disagreement about the extent to which an individual’s desires, practices and experiences are shaped by outside forces (social determinants) and how much they are a reflection of individual decisions to act (social action or agency), but there is a common understanding that much of what humans do, think, and desire is influenced, if not determined, by key elements of social life including norms, values, networks, structures, and institutions.

By calling them practices rather than behaviors, one can see clearly the relationship between the individual and the social forces acting upon that individual. Indeed, vulnerability at the individual, family/community, and society/structural levels can be classified into four broad categories:

1. Practices
2. Attitudes driving practices
3. Perceived gaps contributing to attitudes and practices
4. Aggravating factors

AGYW

At the level of the individual AGYW, practices driving her vulnerability that emerged from the assessment were walking at night, partying, multiple sexual partners and age disparate sexual partners. The attitudes driving these behaviors were low self-esteem and self-acceptance, the desire to have a better life, internalization of gender inequity and the dependence on men for money. AGYW's perceived gaps driving these attitudes and practices included lack of education, lack of life skills, lack of psychosocial support, lack of financial resources for basic needs such as food and school fees, unemployment, poor school performance. Aggravating factors included sexual abuse, pregnancy, child care responsibilities (their own children and their siblings), and orphanhood. See Table 2 for a summary.

Table 2. Summary of drivers of AGYW vulnerabilities at the individual level

PRACTICES	ATTITUDES	PERCEIVED GAPS	AGGRAVATING FACTORS
<ul style="list-style-type: none"> • Walking at night • Partying • Multiple sexual partners • Age disparate sexual partners 	<ul style="list-style-type: none"> • Low self-esteem and self-acceptance • Desire to have a better life • Internalization of gender inequity and dependence on men for money • Age disparate sexual partners 	<ul style="list-style-type: none"> • Lack of education • Lack of life skills • Lack of psychosocial support • Lack of financial means for basic needs (food, school) • Unemployment • Poor school performance 	<ul style="list-style-type: none"> • Sexual abuse • Pregnancy • Child care responsibilities (including siblings) • Orphanhood

FAMILY AND COMMUNITY

At the family and community levels, practices driving the vulnerability of AGYW mistreatment of orphans, sexual abuse, and discrimination against marginalized groups. Key family and community attitudes driving AGYW practices include peer pressure for AGYW to conform; negative attitudes toward caring for more children; negative attitudes toward orphans, unmarried mothers and new neighbors; continuing HIV stigma; and negative attitudes toward youth participation. Similar to those identified at the individual level, perceived gaps included lack of education, lack of financial means, and unemployment. Aggravating factors were identified as large numbers of orphans and dependents in families already struggling to cope, prevalence of sexual harassment and abuse, and lack of safe spaces for AGYW. See Table 3 (next page) for a summary.

Table 3. Summary of drivers of AGYW vulnerability at the family and community level

PRACTICES	ATTITUDES	PERCEIVED GAPS	AGGRAVATING FACTORS
<ul style="list-style-type: none"> • Mistreatment of orphans • Sexual abuse • Discrimination against marginalized groups 	<ul style="list-style-type: none"> • Peer pressure for AGYW to conform • Negative attitudes toward caring for more children • Negative attitudes toward orphans, unmarried mothers and new neighbors • Continuing HIV stigma • Negative attitudes toward youth participation 	<ul style="list-style-type: none"> • Lack of education • Lack of financial means • Unemployment 	<ul style="list-style-type: none"> • Large numbers of orphans and dependents in families already struggling to cope • Prevalence of sexual harassment and abuse • Lack of safe spaces for AGYW

At the system/structural attitudes identified as driving AGYW included patriarchy, male impunity, and gender discrimination. Perceived gaps identified are the lack of structures for you people to meet in protective and supportive environments; lack of opportunities for meaningful youth participation; and lack of employment opportunities. Aggravating factors included poverty and inequality, high prevalence of HIV, and poor working conditions. See Table 4.

Table 4. Summary of drivers of AGYW vulnerability at the systems and structure level

PRACTICES	ATTITUDES	PERCEIVED GAPS	AGGRAVATING FACTORS
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Patriarchy • Male impunity • Gender discrimination 	<ul style="list-style-type: none"> • Lack of structures to enable young people to meet in protective and supportive environments • Lack of opportunities for meaningful youth participation • Lack of employment opportunities 	<ul style="list-style-type: none"> • Poverty • Inequality • High prevalence of HIV • Poor working conditions

Recommendations

1. IDENTIFY AND WORK WITH THE MOST VULNERABLE GROUPS

A major factor in vulnerability is invisibility and it is no accident that the most vulnerable AGYW are often the most invisible, such as orphans, domestic workers, and unmarried mothers.¹² This concept of invisibility and whom it affects was well summed up by UNICEF (2006):

At the extremes, children can become invisible, in effect disappearing from view within their families, communities and societies and to governments, donors, civil society, the media, the private sector and even other children. For millions of children, the main cause of their invisibility is violations of their right to protection.

Firm evidence of the extent of these violations is hard to acquire, but several factors appear central to increasing the risk of children becoming invisible: the lack or loss of formal identification, inadequate State protection for children without parental care, the exploitation of children through trafficking and forced labor, and premature entry of children into adult roles such as marriage and combat.

Although the survey has identified the most vulnerable and outlined some of the reasons for their vulnerability, more work needs to be done to identify vulnerable AGYW in their communities, who often have no institutional attachment at all and are therefore harder to reach with interventions. As a follow up to this assessment, and building on its findings, deeper and more targeted research should be carried out into the most vulnerable groups identified in their community settings, in particular the most ‘invisible groups.’ DREAMS partners could work with neighborhood groups, particularly in poorer, more informal settlements to identify those living in their area, train some AGYW from the neighborhood to carry out a mapping exercise¹³ and then invite these girls, randomly or according to vulnerability to attend FGDs similar to those held as part of this assessment. This would take longer to set up but would provide much greater information on the more invisible groups. Factory workers may be more visible but it is difficult to reach them outside the workplace as they have little time to themselves.

Such research would add a great deal to the current state of knowledge about most vulnerable groups living in their communities; the problems they face are likely different in nature and in magnitude from those who already have institutional connections. As a result and their recommendations for action will probably differ from those with institutional connections.

Because of the invisibility of such groups, generic programs reaching out to them do not necessarily reach them. Hence the decision by partners in DREAMS to recruit participants through a house to house process rather than call meetings made after the preliminary presentation of these findings is excellent as it is often the most invisible who are unable to attend such meetings.

A similar or parallel research can be carried out into the knowledge, attitudes and practices of families who

¹² According to UNICEF statistics, 18.8% of girls are married by the age of 18. This was not reflected in the FGD participants as only 3 were married but that could be another reflection of the invisibility of young married mothers who are often not able to go out to organizations or support groups

¹³ Population Council has many good materials on mapping. Their mapping exercises are frequently carried out by the AGYW themselves for whom they have developed simple survey tools. See, for example, Austrian, K. and D. Ghati (2010) *Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girl Programs* Population Council

have taken in orphans. Both the adults and the children in the family will participate, as well as the orphans themselves in different groups. This should be preceded by a literature review into what has already been done in this area. One research carried out in Zimbabwe, for example, had many of the same findings about mistreatment of orphans by family members, or foster carers as those that emerged in this assessment (Bande 2014).

Once the groups have been identified at community level, in the areas where CRS wishes to work, participants from the vulnerable groups should be involved from the outset in planning and implementing the next steps to address their vulnerabilities. Even if this has not been done to date, AGYW from these groups should be involved by CRS and its partners in the all programs and interventions from the planning stage. Involvement, or participation in different activities is also key to raising their self-esteem and self-acceptance. CRS and its partners should ensure that AGYW are given counseling and support to enable them to participate fully in their programs, not as targets but as actors and active partners.

2. TRAIN AND SUPPORT AGYW THROUGH PEER EDUCATION AND OTHER SUPPORT

To address issues related to low self-esteem and lack of life skills, All proposed curricula and training modules should be reviewed to ensure that the training is conducted with a life skills approach, emphasizing skills development through participatory methodologies. Life skills are the skills needed to “enable people to deal effectively with the demands and challenges of everyday life” (UNICEF 2003). According to UNICEF, life skills include cognitive skills (such as decision-making), personal skills (such as confidence) and interpersonal skills (such as negotiation and relationships).

Unfortunately, life skills based education has become another code word for more content-based education with a particular emphasis on HIV and AIDS. If life skills are to be successful, the emphasis must be on the participatory methodologies and the development of the relevant skills rather than an emphasis on content. CRS and its partners should ensure all proposed life skills activities follow a true life skills approach and address issues of gender, including combating gender stereotypes, for both girls and boys, and development of positive relationships as well as other underlying causes of their vulnerability.

Life skills education alone will be insufficient to enable orphans and other AGYW with problems of low self-esteem. CRS and its partners should ensure access to psychosocial support and counseling, linking with existing CSOs, church (youth) groups and community based youth centers. If there are insufficient psychosocial organizations, in the ground, CRS could consult REPSSI who have part-time staff in Lesotho.

Experience from other countries as shown in extensive reviews by UNICEF (2003) and Advocates for Youth (2007) has shown that life skills can be imparted most effectively by peers, particularly in regard to greater participation and openness, and establishing norms and changing attitudes related to sexual behavior. Thus it also leads to positive peer pressure rather than the negative pressures always associated with peers. As a result, it has been shown to improve sexual and reproductive health outcomes and reduce sexual risk behaviours and substance abuse with a concomitant rise in healthy behaviors. Accordingly, a cadre of active youth, including those from the vulnerable groups, should be trained in life skills facilitation. The training should be long enough to enable them to internalize and practice the life skills approach. CRS should consider drawing peer educators from the most vulnerable groups with whom the program will be working.

UNICEF and Advocates for Youth have also identified the follow key factors for the success of peer education programs:

- Selection based on a set of clear criteria for the skills required. While AGYW can be encouraged to volunteer to be peer educators, the selection process should also include selection by their peers as peers know each other better.

- A thorough training which gives the educators time to internalize the skills approach, as well as practice the use of methodologies.
- Regular follow up trainings and practice sessions, which will include introduction of new peer educators
- Careful monitoring and a quality control process, including regular reports from the peer educators (which could also be oral rather than written).
- Involvement of the AGYW in the whole process, from planning up to assessment.
- Gender balance and consideration of the different needs of male and female peer educators.
- Involve and inform the community also, including parents and community leaders.
- Preparation of peer educators to be able to address community resistance.
- A mechanism to replenish peer educators as some grow too old or leave.
- Incentives for peer educators, including allowances. It must be borne in mind that these peer educators probably have no job and no source of income and while they will not expect permanent employment and salaries, some recognition of their services should be given.

A common objection to the development of peer education programs is that they are not sustainable once the project is finished, as there will be no support system. However, experience¹⁴ shows that peer educators do continue with their work, at least in more informal ways, after the end of the program. In addition, what is said about sustainability with regard to peer education is equally applicable to any social service and given the perceived benefits, particularly with regard to social norms, attitudes and practices, efforts should be made to ensure that such programs are integrated, for example, into local government programs.

3. FACILITATE ACCESS TO SAFE SPACES

The lack of community security and support structures for AGYW was strongly noted by participants. They have no space of their own in communities where they can meet, discuss, get training, plan economic activities, organize themselves and interact with community leadership and other adults in a positive manner. As stated by one group of girls, there is no place for them to meet, share their views and learn from one another how to overcome their challenges. As a result, the only areas where they can meet to enjoy themselves together are the most dangerous ones such as bars and they cannot negotiate greater community support. Parents also said there is a need for youth clubs where young people can meet to plan activities and communicate about their fears.

Therefore, a key element of reducing the vulnerability of AGYW is the provision of spaces where they can meet in a safe and supportive environment. Although it has often not been implemented such spaces have been identified in many countries as being key areas for positive youth development, run by themselves but under the guidance and supervision of supportive adults. These do not need to be large structures. Therefore CRS and its partners, together with government, should investigate the possibility of setting up simple community based youth structures throughout Maseru, particularly in the unplanned settlements (or supporting young people to build their own). The development of community based youth centers seems to fit in very well with the CRS guiding principle of subsidiarity. Community based youth centers can be handled more effectively at the

¹⁴ At least the personal experience of the consultant in working with peer educators across many countries

community level, and it is the communities themselves who are closer to the AGYW in their midst and who have a better understanding of the issues. Within these youth structures, specific provisions should be made for AGYW – e.g. girl’s only days or activities -- as such structures are often taken over by older, more educated, young men. Once these centers are operational, it will be possible to attract other partners including local and national government.

If such centers are run by the AGYW themselves (alone or together with ABYM), they will be able to have flexible timetabling and programming to be able to respond to the different needs of different groups. For example, while factory workers will not be able to attend during the week, many would be able to over the weekend if programs were developed for/with/by them.

Youth centers could provide a base to reach out to the most vulnerable groups in the community, identifying them, bringing them into the centers and supporting them. Peer educators from the centers should be supported to do outreach to work with the most vulnerable populations, even going house to house. The centers would also provide spaces for participation in sports and cultural activities.

The elected leaders from the centers will form the basis of the Youth Advisory Group which should be strengthened and institutionalized in order to ensure meaningful and effective participation of the AGYW, as well as ABYM in the DREAMS program. The young people attending the centers should be able to work with community leaders and the Gender and Child Desks in the police to develop modes of protection for the AGYW, for example through setting up lighting in the most dangerous areas, providing escorts in key places at key times etc.

Training and organization for self-employment activities would be a key part of the activities of the centers, based on local feasibility studies done by the trained young entrepreneurs. This would include social entrepreneurship, training young people to gain a livelihood (even if through allowances rather than permanent employment) through supporting their peers. The youth centers can be used for a variety of support interventions including small business programs, nutritional support for AGYW most in need and day care centers for those who have children.

4. ENSURE LINKAGES TO IMPROVE ACCESS TO EDUCATION

According to national education statistics, the attendance ratio at secondary school was only 26% for boys and 40% for girls (UNICEF 2012). While the number of assessment participants still attending school was higher than the national average, given the perception that ‘education is the key to life’ and the dream of the majority of the participants to further their education and even attend university, failure to continue with their education was a major factor influencing their behaviors. A common theme that emerged throughout the FGDs was that of AGYW were unable to attend school because their parents/guardians do not have the financial means to pay for them. Once again, this affected orphans in particular. Thus, participants above all wanted financial support to continue with their education. CRS and its partners should connect the most vulnerable AGYW with whom they work into the Ministry of Social Development social assistance programs (child grants program and OVC bursary). Conditional cash grants, have proved very effective in improving access, but attendance at school does not guarantee better educational outcomes. The cash grants program could then be supported with teacher training in life skills and psychosocial support, as well as a peer education system in schools.

Since access to tertiary education goes with further vulnerabilities, CRS could start working with girls in the last year(s) of high school to start savings clubs and prepare themselves for tertiary education in groups.

5. SUPPORT AND ENABLE ENTREPRENEURSHIP

With poverty a major driver of vulnerability, there are opportunities for savings and credit programs. They should take into account the experiences of other such programs such as the Tap and Reposition Youth (TRY) of the Population Council:

A microfinance minimalist model without a voluntary savings option – dependent on an expanding base of group loan taking for sustainability – can actually increase the risks to vulnerable girls whose first demand is for social support, mentors, voluntary easily accessible savings and emergency funds, support in times of crisis, and low-risk livelihood and employment opportunities. A phased model has a better chance of protecting girls, by allowing them to begin with entry-level savings clubs and to select their level of risk as they become increasingly ready to access more demanding economic options. (Bruce & Joyce 2006).

The program should also take advantage of all opportunities to support AGYW access to build their skills and access safe and appropriate income generation. CRS and its partners could train and work with the AGYW to carry out feasibility studies for their proposed economic activities in their neighborhoods. The savings and credit groups should be supported and mentored by trained facilitators. Entrepreneurship should be included in the life skills program and life skills should be included in entrepreneurship training. CRS and its partners should investigate ways of including factory and other workers in their life skills programs and based on the outcomes find ways of negotiating with factory owners and other employers to improve the working conditions of the employees.

6. STRENGTHEN PARENTING SKILLS

Even parents with good intentions have difficulty coping with adolescent children. CRS should work with the churches to develop family clubs/ family resource centers/ parenting programs with a particular emphasis on parenting adolescent children. Lesotho has a very large church-going population and families are at the center of the church's teaching and one of the biggest contributions the church could make to the DREAMS program is to ensure that families become more functional and caring. This might require follow up counseling, mentoring and support by church members. Key adults in the churches should be trained and supported to carry out this education. Alternatively, prayer group leaders could be given training in parenting education, linked to the scriptures and parenting could be a theme of their regular prayer meetings. The church could also play a key role in identifying and taking action to prevent physical and sexual abuse of children in their families.

7. MAKE SAFETY A PRIORITY

The lack of safety within the community was a major theme in the FGDs. Therefore, CRS and its partners should consult with the AGYW in the communities with regard to what needs to be done to ensure their safety while participating in the program. This should be followed up by consultations with community leaders, the police and the youth centers on how protection can be enhanced at all times in all areas. With regard to rental housing for students, CRS should initiate a dialogue between school/university authorities, owners of rental housing and the AGYW themselves on how these houses can be made safer. This might include the renting of whole houses by the university, and provision of matrons to mentor and guide the AGYW living there. CRS should work the relevant governmental departments to identify and take action against abuse, particularly of orphans.

8. ENSURE LINKAGES AND REFERRALS, PARTICULARLY FOR ORPHANS

The DREAMS program cannot provide all the services AGYW need. Orphans, in particular, face extremely difficult situation. Much of the mistreatment may come from families being unable to cope but, as pointed out earlier, the assessment pointed time and again to discrimination against orphans, even by community members who have nothing to do with supporting them (such as those who gossip about them in school and in the

community that they are not ‘true’ members of the family). It would seem also that, while family members do take in orphans, there is an underlying resistance or resentment to having to do so, which is expressed in mistreatment of the orphans. This is an issue that needs priority attention. More needs to be done to enable them to live within their communities. Not enough has been done to create the enabling environment for this to happen, both financially and psychologically. CRS should work closely with the existing USAID-funded OVC project managed by University Research Council to address the special needs of orphans, and ensure orphans in need of additional services are referred.

9. CONTINUE RESEARCH AND LEARNING INITIATIVES

This rapid assessment is not sufficient to understand sufficiently some of the underlying factors of vulnerability and how to address them. Given the unique characteristics of Lesotho, whereby women are more educated than men but still subordinated, further research is required into the nature of the patriarchal system in Lesotho, and how it can be addressed effectively. This would include a literature review of any other research into this.

Every program in DREAMS should be accompanied by a gender analysis to ensure that it does not reinforce negative gender norms. This should take place soon so that it feeds into work with AGYW. CRS and its partners should investigate how best to adapt the SILC activities to younger women, and in particular the most vulnerable younger women to ensure that it increases their income without making them more vulnerable in other ways.

Conclusion

Although this was a rapid assessment, it has raised a large number of important issues, most of which strengthen the rationale for the particular interventions already proposed by the DREAMS program. However, the findings show also the importance of targeting and working with specific groups more openly, in particular those groups which are largely invisible at present. The assessment was able to reach out to them to some extent but a more extended, community based research is required to ensure that DREAMS reaches out successfully to the most vulnerable and most invisible groups. Finally, the assessment shows that there is a need to analyse more closely favored interventions such as life skills (which need to be skills-based, rather than message-based), youth centers (which need to be community-based and have specific provisions to ensure that AGYW can also participate safely and effectively), entrepreneurship programs (which have to take into account the lessons given by the Population Council) and the need to address issues of protection of girls from harassment and abuse if any of the interventions are to be successful.

References

- Advocates for Youth. 2007. Peer programs: Looking at the evidence of effectiveness, a literature review.
- Auerbach, Parkhurst, and Ca'ceres. 2011. Addressing social drivers of HIV/AIDS for the long-term response: Conceptual and methodological considerations Taylor and Francis DOI: 10.1080/17441692.2011.594451
- Bande. 2014. An Exploration Of The Psychosocial Needs Of Orphans And Vulnerable Children Affected By HIV And Aids In Gokomere, Masvingo Province, Zimbabwe. M.A. Thesis, UNISA
- Barnett & Whiteside. 2002. AIDS in the Twenty-First Century: Disease and Globalization, Palgrave Macmillan
- Bruce & Joyce (ed). 2006. The Girls Left Behind: The Failed Reach of Current Schooling, Child Health, Youth Serving and Livelihoods Programs for Girls Living in the Path of HIV. Population Council
- CIET. 2008. Survey of HIV and AIDS related knowledge, attitudes and practice. Lesotho 2007
- Dellar et al. 2015. Adolescent girls and young women: key populations for HIV epidemic control. Journal of the International AIDS Society.
- Hallman. 2005. Gendered socioeconomic conditions and HIV risk behaviors among young people in South Africa, African Journal of AIDS Research Vol 4, No 1, pages 37–50.
- Hallman & Diere. 2005. Social isolation and economic vulnerability: adolescent HIV and pregnancy risk factors in South Africa, poster presentation at the Annual Meeting of the Population Association of America, Boston.
- Kelly. 2005. quoted in Mabala, R. 2006 'From HIV prevention to HIV protection: addressing the vulnerability of girls and young women in urban areas' Environment and Urbanization Vol 18 No 2
- Ministry of Health Lesotho. 2012. Global AIDS Response Country Progress Report
- Ministry of Health and Social Welfare Lesotho & ICF Macro. 2010. Lesotho Demographic and Health Survey 2009.
- National AIDS Commission Lesotho. 2009. HIV Prevention Response and Modes of Transmission Analysis.
- National AIDS Commission Lesotho. 2011. National HIV Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho 2011-2016.
- Parkhurst. 2013. Structural Drivers, Interventions, and Approaches for Prevention of Sexually Transmitted HIV in General Populations: Definitions and an Operational Approach. Structural Approaches to HIV Prevention Position Paper Series. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1, and London: UKaid's STRIVE research consortium.
- PEPFAR. No date. DREAMS: Preventing HIV in Adolescent Girls and Young Women (AGYW) Lesotho. Presentation.
- PEPFAR. 2015a. DREAMS Press Release, September 26, 2015. <http://www.pepfar.gov/press/247340.htm>
- PEPFAR. 2015b. PEPFAR Program Guidance.
- PEPFAR/Lesotho. 2015. Partnering to Achieve Epidemic Control in Lesotho.

Regional Psychosocial Support Initiative (REPSSI). 2016. Psychosocial and mental wellbeing critical enablers for child protection.

Salm et al. 2002. The Lesotho Garment Industry: Sub-Sector Study for the Government of Lesotho ConMark

Stillwaggon. 2006. Aids and the Ecology of Poverty, Oxford University Press, Oxford

UNAIDS. 2013, cited in presentation: "The Future of PEPFAR: Sustainable Results with Accountability, Transparency, and Impact." Ambassador Deborah Birx, June 2014.

UNAIDS. 2014. The Gap Report.

UNICEF. 2003. Life skills: definition of terms. Retrieved May 2016 from http://www.unicef.org/lifeskills/index_7308.html

UNICEF. 2006. The State of the World's Children: Excluded and Invisible

UNICEF. 2012. Lesotho Statistics. Retrieved May 2016 from : http://www.unicef.org/infobycountry/lesotho_statistics.html

World Bank. 2014. Gini Databank. <http://data.worldbank.org/indicator/SI.POV.GINI/>

Appendices

APPENDIX 1. ASSESSMENT TOOL

4CHILDREN/LESOTHO RAPID VULNERABILITY ASSESSMENT ASSESSMENT TOOL

ASSESSMENT OBJECTIVES

- To profile and characterize AGYW who are at risk of contracting HIV
- To document the risks (i.e., both behavioral and structural) associated with AGYW contracting HIV

Specific objectives

- To investigate the specific programming needs of AGYW in Maseru and Berea as it concerns mitigating the risk of HIV infection

Data Collection Activities

1. Introduction and Energiser

Before starting the data collection activities, introduce yourself to the girls and ask them to introduce themselves briefly also. Do a quick energiser with them (eg do as I say not as I do) in order to help the girls feel relaxed.

2. What it's Like to Be a Girl (30 minutes)

This activity aims at getting a picture of different typical girls in their community. Steps:

- a) Brainstorm with the group the typical groups of girls in their community (e.g. at school/tertiary, living at home, domestic workers, married, sex worker etc).
- b) Choose the 3 most typical girls
- c) Divide the group into three smaller groups and ask each group to take one of the typical girls
- d) Give each group marker pens and flip chart paper
- e) Ask the group to imagine the girl they have been given. Start by drawing her in the middle of the flip chart and giving her a name and an age (the same age as they are or slightly older)
- f) On the right hand side of the girl write/draw her various activities during the day and during the weekend
- g) Inside the picture or on the left draw her heart and list/draw those things that the girl loves (mother, family, boyfriend, studies, hobbies, dancing etc.). They should choose the top 5 'loves'
- h) Above the girl on the left, draw a big thought bubble and list/draw her future dreams/plans (studies, marriage, migrate, job, help others etc) They should choose the top 5 dreams/plans
- i) Above the girl on the right, draw another big thought bubble and list/draw the major obstacles/barriers/threats to achieving their dreams (e.g. no money to go to college, pregnancy, responsibilities at home, etc.) They should choose the top 5 obstacles.
- j) While they are doing the exercise, go round and ask questions here and there about why they list/draw this or that etc in order to get more information. The enumerator should be writing down key points from the discussions
- k) After they have finished the exercise, each small group presents their girl to the whole group. Allow other members of the group to ask questions about the girl and ask any further questions you might have.
- l) Give a clap at the end of each presentation of a girl and thank them for their work.
- m) If possible put the pictures on the wall so that you can refer back to them during the discussion. At the end of the FGD, you should collect all the papers (and take a photo of them) in order to ensure that all the points listed by the girls have been written down.

3. Opportunities and barriers (20 minutes)

The object of this exercise is to get a picture of the communities in which the girls are living and how they help or hinder the girls from reaching their dreams. If the girls all come from one area, they draw a specific map of that area.

If they come from different places (e.g. the girls in the teenage mothers centre) they will draw a generic map which shows opportunities and barriers. Steps:

- a) Divide the girls into two smaller groups (so that all can participate) and give each group flip charts and different colour marker pens.
- b) Ask them to draw a map of their neighbourhood, showing where they live and the main buildings, amenities etc in the area (school, church, open spaces, entertainment areas ...)
- c) Outside the borders of the map, they should also list other places which are important to them e.g. university, entertainment place, hang out place etc.
- d) Using a green/blue marker pen, put ticks beside those places that are opportunities for them to reach their dreams (e.g. school, employment opportunities). Depending on the importance/size of the opportunity, they can put 1-3 ticks beside these places.
- e) Using a red marker, put crosses beside those places which are barriers/threats to them (e.g. bars, areas where they can be sexually harassed etc). These can also be areas on the way to or from a certain place (e.g. a donga where abusers often hide/hang out) Depending on the seriousness of the threat they put 1-3 crosses.
- f) While they are doing this exercise it is very important to go round asking questions to get them to consider more e.g. if they go to the police with a problem, how are they received/treated, are there any threats at school, how safe is home, are you ever asked for bribes/sexual favours etc.
- g) Each group presents its map. Allow others to ask questions and ask questions yourself to ensure that it is clear how and why places are opportunities or threats (and some might be both opportunities and threats)
- h) If possible put the maps on the wall so that you can refer back to them during the discussion. At the end of the FGD, you should collect all the papers (and take a photo of them) in order to ensure that all the points listed by the girls have been written down.

4. The local family (30 minutes)

A key area of the girls' lives are the families they live in, their relationships with their parents and other family members, and their position in the community. Steps:

- a) Brainstorm with the group on the different kinds of families (eg. Living with both parents, single mother/father, step parents, living with another relative/caregiver, living on their own, married themselves). Ask which are the most common in their area.
- b) Carry out a general discussion about which families face more challenges and how they cope with them. What are the key factors in making them less vulnerable. The enumerators should write down the main points.
- c) Divide the girls into 3 groups and say that a new family (of the most common type agreed upon above but with two adolescent daughters) has moved into their area. Ask them to think about three issues:
 - What challenges is the family likely to face moving into the new area
 - What specific challenges would girls face
 - What advice would you give them to help them move in successfully.
- d) Since this is a very large topic, each group should be given different 2-3 themes to discuss, rather than all the themes. Themes include Education, Social support, Health, Livelihoods, Safety/areas of danger and abuse, boyfriends/sex and consequences.
- e) Groups present their analysis and advice. Allow others to ask questions and ask any further questions yourself.

5. Vulnerability (50 minutes)

The aim of this exercise is to apply everything they have discussed in the previous tools to identifying their greatest vulnerabilities and which groups of girls are the most vulnerable. Steps:

- a) Say that we are now going to use the information already provided to discuss in more detail the vulnerability of girls. Say that vulnerability does not depend only on the problems and behaviour the girls themselves but many other factors.
- b) Divide the participants into small groups. Each group discusses for five minutes what might make girls vulnerable in two of the following groups:
 - Students
 - Employed
 - Married
 - Unemployed, living with parents/caregivers
 - Moving around In the community

- Pressures from the media/social media
- Moving into a new area
- Orphans

- Groups present the vulnerabilities for their girls. Discuss common vulnerabilities and which are the most vulnerable groups and why.
- Divide participants into four groups and give one girl to each group. Ask each group to draw a picture of a girl in the middle of the sheet and write around her what behaviours or characteristics make her vulnerable to HIV/pregnancy. They should then draw a circle around the girl and her own characteristics.
- Now ask what things in their communities make her vulnerable or cause her behaviour (parents, peer pressure, adult pressure, partner pressure, sexual violence, nature of schools and health centres, family, access to livelihoods, media etc) They should write these in a circle around the girls' circle.
- Draw another circle around these causes and ask them to write what influences the problems in community (unemployment, low wages, poor distribution of medicines, low priority for education, patriarchal/male domination, cultural system etc)
- Brainstorm briefly on which they think are the most important causes and why. Write down all the main causes on a single flip chart.
- Say they are going to vote for the most important causes. Each person has 5 votes. They come forward and put ticks against the causes they think are the most important (turn the flip chart around so that others cannot see what they have voted for)
- Choose the top 6-8 causes and write them on a separate flip chart. Say they will now rank them in order of the most important causes to be addressed. Give them 30 stones/matchsticks and say they should divide the stones according to the order of importance of each cause. Say that, as they discuss, they are allowed to move the stones around until they agree on the distribution. Record the discussion and how the stones are being moved around. Record the final decision also in terms of which causes were given which number of stones.
- Ask which groups of girls they think are the most vulnerable (students, girls living at home without a job, girls involved in petty trade, girls working in factories, sex workers/bar workers etc). Do the causes differ according to the different groups of girls? Why?

6. What can be done (30 minutes)

The aim of this exercise is to see who and what can provide support to the girls to reduce their vulnerability. Steps:

- Say that we all need people to help and support us when we have issues or problems such as those in the list below. Ask who do girls usually go to. Discuss why they go to these people rather than other people
 - When they menstruate for the first time
 - If they are being sexually harassed
 - If the employer wants to have sex before giving them a job
 - If they have boyfriend problems/are interested in a new boyfriend
 - If they want to borrow money
 - If they have been raped
 - If they think they have an STI
 - If they tested positive for HIV
 - When they want more information about sexual matters
 - If she got pregnant
- Divide them into two smaller groups and ask them to look again at the things that make girls more vulnerable and suggest what needs to be done to reduce or remove the vulnerability.
- Groups present their ideas for further discussion

7. Personal information (10 minutes)

The aim of this is to get some personal information of the girls. THEY DO NOT WRITE THEIR NAMES. Steps:

- Say that you would like to know a little more about the girls in the group. Say you do not want to know their names but just some information about girls in general.
- Give each girl a piece of paper and ask them to answer the following questions:
 - How old are you

- Are you still in school? How many years of schooling did you finish?
- Are you living on your own? How long have you been living on your own?
- If you are not living on your own, who are you living with? For how long?
- Do you have a boyfriend? For how long has he been your boyfriend?
- Are you married? At what age did you get married? Are you still married?
- Do you have any children? How many? How old were you when you had your first child?
- How long have you been living in the present house?
- How would you rank your family in terms of wealth?
- Do you have any sources of income? Is the income sufficient for your basic needs?
- Who do you go to when you need to buy something?
- Does your boyfriend also give you money? Are there any strings attached?

APPENDIX 2. DATA COLLECTION FORMS

Data capture

An enumerator will be tasked to capture the details of each of the drawings and the discussion held during the presentations. They should adhere to the following tool to capture these data.

What’s it Like to Be a Girl

Question	Response
1. Was a photograph taken of the drawing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. What are the groups of typical girls that were mentioned (in order of typicality)	
2. What is the girl you are talking about (living at home, domestic worker, married etc)	Group 1: Group 2: Group 3: Group 4:
2. What activities are listed? <i>[Note: Please include exact wording as it appears on the drawing. Do not edit or correct language. If you feel the need to add illustrative commentary, please do so in another color and add your initials]</i>	Group 1: Group 2: Group 3: Group 4:
3. What is listed in the thought bubbles for dreams/future plans? <i>[Note: Please include exact wording as it appears on the drawing. Do not edit or correct language. If you feel the need to add illustrative commentary, please do so in another</i>	Group 1: Group 2: Group 3: Group 4:

Mapping

Question	Response
What are the places of opportunity in the community. (<i>Choose the five with the greatest number of ticks on the map. Start with those with the most ticks</i>)	Group One Group Two
What are the places of threat/danger that might prevent girls reaching their dreams (<i>Choose the ten with crosses. Start with the ones with the most crosses.</i>)	Group One Group Two
What are the reasons for choosing the places of risk/danger (<i>List each place of danger and write down the reasons for each of the places of danger. You should pay particular attention to those places which are less expected. For example if they identify a school, police station etc</i>)	For example: Bar Donga School etc

A Local Family

Question	Response
What are the most common kinds of families in your villages (<i>Write down the ones mentioned in the brainstorming in order of the most common. Make sure they include also a young woman living on her own, if they also live in that village. In the older group some also may have their own family so include that</i>) Which challenges do girls face in different	

<p>kinds of families or living on their own?) <i>(Write down the specific challenges for adolescent girls in different kinds of families)</i></p>	
<p>What challenges are the family likely to face as it concerns your group's assigned themes?</p>	<p>Group 1:</p> <p>Group 2:</p> <p>Group 3:</p>
<p>3. What advice would you give this family as it relates to these challenges? <i>(for parents)</i></p>	<p>Group 1:</p> <p>Group 2:</p> <p>Group 3:</p>
<p>4. What challenges are the girls likely to face ?</p>	<p>Group 1:</p> <p>Group 2:</p> <p>Group 3:</p>
<p>5. What advice would you give to the girls to help them meet these these challenges? <i>(for girls)</i></p>	<p>Group 1:</p> <p>Group 2:</p> <p>Group 3:</p>

Vulnerability

Question	Response
What makes different groups of girls vulnerable (<i>For each group write the personal, community and systemic causes</i>)	Students
	<i>Personal</i>
	<i>Family/community/social services</i>
	<i>Systems</i>
	Employed
	<i>Personal</i>
	<i>Family/community/social services</i>
	<i>Systems</i>
	Married
	<i>Personal</i>
	<i>Family/community/social services</i>
	<i>Systems</i>
	Unemployed, living with parents/caregivers
	<i>Personal</i>
<i>Family/community/social services</i>	
<i>Systems</i>	
Migrants/frequent travellers	
<i>Personal</i>	

	<p><i>Family/community/social services</i></p> <p><i>Systems</i></p> <p>Orphans</p> <p><i>Personal</i></p> <p><i>Family/community/social services</i></p> <p><i>Systems</i></p> <p>Unemployed, living alone</p> <p><i>Personal</i></p> <p><i>Family/community/social services</i></p> <p><i>Systems</i></p>
What are the most important causes overall? (<i>Write the causes in order of those which got the most votes</i>)	
What are the top causes in order of priority – and the number of stones for each cause)	<p>Group One</p> <p>Group Two</p>
What are the reasons for the prioritisation <i>when they were discussing the allocation of the stones</i>)	<p>Group One</p> <p>Group Two</p>
Which are the most vulnerable groups and why?	

Who do you go to and why?

Question	Response
Who do you go to and why?	<p>When they menstruate for the first time</p> <p>If they are being sexually harassed</p> <p>If the employer wants to have sex before giving them a job</p> <p>If they have boyfriend problems/are interested in a new boyfriend</p> <p>If they want to borrow money</p> <p>If they have been raped</p> <p>If they think they have an STI</p> <p>If they tested positive for HIV</p> <p>When they want more information about sexual matters</p> <p>If she got pregnant</p>

Addressing vulnerability

Question	Response
<p>How do we address the causes of vulnerability (<i>Write down the recommendations for each cause – the causes will depend on the earlier exercise. Make sure you write down the recommendations and the reasons they make these recommendations</i>)</p>	<p>Cause 1</p> <p>Cause 2</p> <p>Cause 3</p> <p>Cause 4</p> <p>Cause 5</p> <p>Cause 6</p> <p>Cause 7</p> <p>Cause 8</p>

Personal Information Form

Could you please tell us a little bit about yourself.

We don't need to know your name, but we would like to know a bit more about the groups we are talking to. Thank you for your answers.

- a) How old are you?
- b) Are you still in school?
How many years of schooling did you finish?
- c) Are you living on your own?
If so, how long have you been living on your own?
If you are not living on your own, who are you living with?
For how long?
- d) Do you have a boyfriend?
For how long has he been your boyfriend?
- e) Are you married?
At what age did you get married?
Are you still married?
- f) Do you have any children?
How many?
How old were you when you had your first child?
- g) How long have you been living in the present house?
- h) How would you rank your family in terms of wealth?
- i) Do you have any sources of income?
Is the income sufficient for your basic needs?
- j) Who do you go to when you need to buy something?
- k) Does your boyfriend also give you money?
Are there any strings attached?

APPENDIX 4: PARENTAL/CAREGIVER CONSENT FORM

TITLE OF STUDY: 4Children/Lesotho rapid vulnerability assessment

PRINCIPAL INVESTIGATOR: CRS

Consultant: Richard Mabala rmabala@yahoo.com

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to develop a profile of adolescent girls and young women who live in the Maseru and Berea districts of Lesotho. This information will be used to design programs and services that meet the needs of this population.

STUDY PROCEDURES

Participants will be asked a series of questions in focus group settings. This means you will sit with your peers and answer a set of questions together. This will require about 2-3 hours to complete.

RISKS

There is a risk that you could be uncomfortable with some of the questions asked during this assessment. It is also possible that you may recognize people that you know if the focus group. In all cases, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study will allow organizations like ours to better meet the needs of people with a similar set of circumstances as your own.

CONFIDENTIALITY

Your responses will be anonymous. Please do not write any identifying information on any materials provided during the assessment. Every effort will be made by the researcher to preserve your confidentiality including the following keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.]

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. We also ask you to keep confidential what others have said in the discussions. What is said here stays with us.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact CRS.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that participation is voluntary and that is free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree that can take part in this study.

Caregiver's signature Date

APPENDIX 5: PARTICIPANT CONSENT FORM

TITLE OF STUDY: 4Children/Lesotho rapid vulnerability assessment

PRINCIPAL INVESTIGATOR: CRS

Consultant: Richard Mabala rmabala@yahoo.com

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to develop a profile of adolescent girls and young women who live in the Maseru and Berea districts of Lesotho. This information will be used to design programs and services that meet the needs of this population.

STUDY PROCEDURES

Participants will be asked a series of questions in focus group settings. This means you will sit with your peers and answer a set of questions together. This will require about 2-3 hours to complete.

RISKS

There is a risk that you could be uncomfortable with some of the questions asked during this assessment. It is also possible that you may recognize people that you know if the focus group. In all cases, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study will allow organizations like ours to better meet the needs of people with a similar set of circumstances as your own.

CONFIDENTIALITY

Your responses will be anonymous. Please do not write any identifying information on any materials provided during the assessment. Every effort will be made by the researcher to preserve your confidentiality including the following keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.]

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. We also ask you to keep confidential what others have said in the discussions. What is said here stays with us.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact CRS.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____