



2013 Annual Report

PO Box 72
Mokhotlong, 500
Lesotho

T: +266 22 920 454
E: info@ttl-lesotho.org
www.ttl-lesotho.org

2013: Reevaluating and Responding

This year was one of pausing and reevaluating in response to the internal monitoring and evaluation project of 2012. TTL provides high-quality care and support in all areas: Safe Home, Outreach and the Village Health Worker (VHW) program; however, we know that there is always room for improvement. The internal monitoring and evaluation project provided us with valuable information that pinpointed the specific processes most in need of growth and change. We began to implement programmatic changes mid-year in the Safe Home; we made considerable improvements to our administrative and financial workflow; we held numerous staff trainings and we lessened our environmental footprint by initiating a roof water collection project. We look forward to continued improvement of our organization, internally and externally, and continued service and support to the marginalized children of Lesotho and their families.

The Outreach program continued working to provide health, nutrition and development support to our infant and child clients, educational and emotional support to caregivers, and educational trainings to Village Health Workers (VHWs). The Safe Home program persisted in providing intensive nutritional and developmental support to our most vulnerable infant and child clients. Along with ongoing work, TTL made strides in the area of integrated early childhood care and development with regard to both staff training and service delivery.

In 2013, TTL supported 330 orphaned and vulnerable children in the Mokhotlong and Thaba-Tseka districts of Lesotho. We provided children and their families with a broad range of services including nutritional assessments, individualized food parcels, assistance with accessing health services and medication as well as child development assessments. Additionally, we provided caregiver training and education about topics related to nutrition, complementary feeding, and child development. TTL made 1474 visits to individual families. Many of these visits focused on providing specific support to HIV+ mothers. Additionally, TTL's safe-home provided essential rehabilitative care to thirty-one children.

Our achievements are attributed the commitment of our leadership and local staff as well as the strength of the children and families that we serve. The knowledge and experience of our thirty-one local Basotho staff are an integral part of TTL's model, providing an understanding and regional expertise that guides our operations. Though we celebrate the accomplishments of the past year, we are also reminded that there are still many children in Lesotho in need of our services. We will use this knowledge, in conjunction with the insights gained through ongoing internal monitoring and evaluation, as a motivator and guide to grow and hone our services, one child at a time.



TTL Accomplishments in Numbers

- 1474** Visits made to children's homes through the Outreach Program to provide nutritional and medical support, as well as training to caregivers
- 366** Clinic and hospital visits made by TTL clients, facilitated by TTL
- 25** Trainings/site visits to strengthen the Village Health Worker Network and identify children in need of support
- 42** Women living with HIV supported by TTL in their position as caregivers
- 177** New child clients identified and served by TTL
- 85** Child clients who reached health and stability and successfully graduated from the Outreach Program
- 29** Children rehabilitated in the Safe-home
- 202** Number of 20-kilogram bags of maize meal given to families to combat Lesotho's ongoing food insecurity
- 330** Total number of child clients supported in 2013

1334 Total number of TTL child clients served to date

* Tsepiso: Orphaned, But Not Alone

Tsepiso was delivered at home. Her mother did not live to see Tsepiso's first day of life; a sad, but common occurrence here in the eastern highlands of Lesotho. Fortunately, although Tsepiso's extended family had no means to provide her nourishment, they knew where to turn for help and immediately took her to St. Theresa's clinic. The clinic alerted TTL and we traversed the rugged and remote mountain passes of Thaba - Tseka to discuss options for young Tsepiso's future. Her family allowed TTL to bring little Tsepiso to the Safe Home for care. They needed time to grieve the loss of Tsepiso's mother before they could focus on finding her a full-time caregiver. Once in the Safe Home, her diminutive size won over all who met her, and she often slept in the arms of a caregiver. Tsepiso, having the benefit of a healthy diet from day one of life, quickly became one of the chubbiest, healthiest and most developmentally appropriate children in the Safe Home. Her squeals of laughter could be heard across the building. Watching her grow and develop was pure joy, especially considering her harrowing start in life. After 6 months in the Safe Home, Tsepiso reunited with her family. They receive support via the Outreach program to



TTL's Model at Work

Outreach

The Outreach program is the heart of the TTL service model, providing care and support to an average of 161 children monthly. The Outreach team traverses arduous mountain passes in the Mokhotlong and Thaba-Tseka districts to reach secluded villages. In addition to myriad health difficulties faced by Outreach clients, the physical remoteness of the villages compounds their challenges. TTL provides assistance in multiple ways: we deliver monthly food parcels; we counsel and educate caretakers on topics that include seeking medical care, adhering to medical treatment, providing adequate nutrition, and promoting integrated early childhood development; we provide financial support for transport to the clinic or hospital, as well as paying clinic and hospital fees. TTL's Outreach program allows vulnerable children to receive life-saving services, while keeping their families both intact and involved. This empowers the family unit through continuing education and support.



Of the 330 children served by the Outreach program in 2013, 304 were from Mokhotlong district, with the other 26 residing in the Mashai region of the Thaba-Tseka district. TTL's Outreach team braved the rough mountain roads of these areas in order to make 1474 individual visits to homes and rural clinics. By reaching clients in their villages, TTL builds rapport and sees the challenges that each individual family contends with, enabling both a holistic and individualized approach to service. By serving clients in their home setting, TTL's reach extends far beyond the child client to include others living in the same household.

With TTL's support, Outreach clients made 366 visits to local clinics and hospitals. By encouraging and enabling these visits through education and financial support, TTL not only ensures timely and appropriate medical care, but also instills strong treatment-seeking behavior for the future. In certain situations where financial constraints would prevent a child from accessing life-saving medical care and support, Outreach clients continue to receive medical remuneration upon graduation from the program.



Of the 330 clients served, 85 clients were successfully graduated after achieving stable health and nutrition status. Thanks to the support of TTL, each of these children overcame a period of vulnerability. They are now thriving with the support of their families and communities. Sadly, sixteen outreach clients passed away during 2013. These losses are poignant reminders of the adversity faced by the orphaned and vulnerable children of Lesotho and of the care and support they so desperately need.

TTL's Model at Work

Safe Home

The Safe Home continues to be a place where TTL clients receive life-saving care. The Safe Home provides temporary respite in the form of nutritional, medical, and developmental support for children who are severely malnourished and in critical need of holistic support. Over the past year, the Safe Home has provided support to 29 of the most severely malnourished and ill children referred to TTL. Of these children, 26 have been successfully reunified with their families in their home villages; they continue to receive services as Outreach clients. Eight infants and children remain in the safe-home; we look forward to reuniting them in the coming year. Though we grow quite attached to each infant and child that crosses our threshold, we look forward to reunifying them with their families in a state of stable health and continued support.

Unfortunately, three children passed away while at the safe-home. The infants and children that we lost are reminders of the necessity of timely intervention and support. Their deaths are heartbreaking, compounded by elements that cannot be easily remedied: terrain, remoteness, and other environmental challenges that threaten food supplies and health. The loss of these Basotho children reminds us that we must constantly work to further our relationships with other local stakeholders, such as the Ministry of Health, Ministry of Social Development, and Village Health Workers to expand our reach.



Our Safe Home staff help to keep tiny lives healthy by ensuring strict adherence to all medications. The safe-home provides rehabilitative support across all spectrums of development to children from birth to 5 years of age.



TTL's Model at Work

Village Health Worker Program

The Village Health Worker Program is an integral part of TTL's service model. Since 2008, Village Health Workers have worked tirelessly to identify children affected by HIV/AIDS or malnutrition in their villages and refer these children to TTL. From this successful relationship, a total of 1334 children have been referred to TTL and countless other children have been assessed in their communities. This year, Village Health Workers referred 37 children, 21 percent of our total clients, to TTL.

In 2013, TTL expanded its relationship with Village Health Workers increasing from nine clinic catchment areas to ten clinic catchment areas: seven located in Mokhotlong district and three located in Thaba-Tseka district. With each new expansion to each new clinic area, TTL provides three months of training and then five additional months of site visits and support. This enables us to build personal relationships with an average of forty-five Village Health Workers at each location.

In our efforts to respond to the needs of the VHWs, this year we revisited sites that had previously received training and focused on enhancing the VHWs existing knowledge and abilities to best serve their communities. These VHWs underwent specific trainings to help them recognize common childhood illnesses, educate village members in appropriate complementary feeding methods, and solidify their understanding of how to provide appropriate and timely referrals for sick and malnourished children. We visited VHWs in three catchment areas: Malefiloane, St. Martin's, and Linakaneng, all located in Mokhotlong district. This enhanced training was developed as a direct result of the evaluation of the effectiveness of the various trainings models that have been used throughout the course of the Village Health Worker Program. In the coming year, we hope to continue the enhanced trainings to ensure Village Health Workers have all the tools they need to support children in their villages.

VHWs participate in the enhanced nutrition and childhood illness training at St. Martin's in Mokhotlong district.



'M'e Malefu, a nurse at Mokhotlong Government Hospital, teaches the VHWs in Linakaneng how to identify breathing difficulties.

High Impact Care, One Child at a Time: *Thuso's Story

Thuso was discovered in his home village in the Mokhotlong district by our Outreach team during a routine visit to that village. The TTL Outreach staff immediately recognized Thuso's swollen legs and large belly as indicative of Kwashiorkor, a type of protein deficiency malnutrition. The Outreach team brought Thuso and his caregiver from their village to Mokhotlong Government Hospital for treatment.



Thuso arrived to the safe home after some weeks of stabilization at Mokhotlong Government Hospital. Most toddlers are characterized by their constant whirl of activity. Thuso was able to do little more than lie on his back and watch, though his expressive eyes and quick smile were foretelling of his hidden spirit. Although Thuso was twelve months old, he was unable to sit independently, crawl or stand. Clearly, malnutrition had taken its toll on this little one.

After several weeks of watching, Thuso slowly regained his strength and began to use his body to explore his surroundings. With the support of the Safe Home caregivers, Thuso began to sit with support and quickly progressed to sitting independently. Soon, it became apparent that with a healthy diet and the loving support of the staff, there would be no stopping Thuso. He was often found rolling from nook to nook of the safe home; he rapidly progressed to scooting and eventually crawling.

During his fourth and final month in the Safe Home, Thuso began to pull himself up on anything and everything within reach: couches, tables and caregivers, included. He became fond of the push toys that supported him as he took tentative steps, smiling and laughing all the while. This once silent little boy became fond of pointing to objects near and far and calling out, "Ke," the Sesotho word for "I." Thuso was always the first child to greet newcomers to the Safe Home, rapidly crawling over to the visitor, grabbing pants or skirts, and pulling himself up with deep belly laughs. His transformation was remarkable, his spirit unflinching.



Thuso was reunified with his family and continues to receive support through the Outreach program. His weight is stable and his caregiver is learning valuable skills to ensure that Thuso will continue along the road of recovery and health. He is even taking tentative independent steps around his village, continuing his inquisitive trend of exploration and growth.

(* Child's name changed to protect privacy.)

Programmatic Improvements

As a community based organization, meeting the needs of the community at their level is our core mission. The information gleaned from the Monitoring and Evaluation Project of 2012 showed us our strengths as well as areas for growth. In 2013, we reflected upon the knowledge gleaned, made plans to address our weaknesses, and took steps to implement those plans.

TTL spent much of 2013 focusing on providing both more holistic and more individualized care and support to the children and families we serve. TTL reviewed and improved upon both the Safe Home diet as well as the food parcels provided to Outreach clients. The general nutrition scheme is now more age-specific and incorporates a wider variety of fruits and vegetables as well as animal proteins. We increased the variety of vegetables that grow in our on-site garden and are choosing to utilize those vegetables for the Safe Home diet, rather than relying exclusively upon canned vegetables, as the seasons allow.

We continued to strengthen the staffs' ability to identify the developmental age of the children we serve and provide appropriate stimulation and support to ensure they reach, or catch up on, developmental milestones. We purchased a plethora of early childhood stimulation materials and are incorporating them into our daily interactions with the Safe Home infants and children.



In an effort share ideas with and learn from other organizations doing similar work, the Safe Home caregivers, the Safe Home supervisor, and administrative staff visited Beautiful Gate. Beautiful Gate is an orphanage operating in the Maseru district of Lesotho. TTL staff had an opportunity to observe, as well as speak with, administrative staff and caregivers as they went about their typical workday. The staff were also able to tour the expansive grounds and gardens. The staff returned excited to discuss similarities and differences observed between the two organizations. This trip provided excellent opportunities to both affirm those practices where we excel as well as to reflect upon areas for improvement and change.

Staff Development

TTL recognizes the importance of providing continuing training and education to staff to build capacity and ensure excellent program implementation. Staff education sessions also provide a stimulating environment for discussing and questioning practices. Often, training sessions generate innovative ideas that can be considered to strengthen our program. This year, TTL partnered with ICAP to provide training regarding early identification and appropriate treatment of tuberculosis. A medical professional from ICAP came to the TTL campus to coordinate and provide this day of learning for all staff.

We sought the services of a local health worker certified to provide education about first aid and CPR. We also utilized the knowledge and experience of volunteers to provide fire safety training. The staff are now better equipped to respond to incidents, should they arise.

Additionally, TTL continued to build its relationship with the Baylor Clinic in Mokhotlong. Safe Home staff and Outreach staff attended monthly trainings geared toward healthcare providers on topics ranging from staging of HIV, to promoting medication compliance, to nutrition for the HIV positive child.

Further, TTL partnered with a nurse from Mokhotlong Government Hospital to provide a full-day training session regarding nutrition basics, food groups, adequate complementary feeding, and nutritionally complete meals. This training provided a deeper understanding for the staff about the nutritional program changes in both the Safe Home and Outreach program and also built staff capacity for providing nutrition education for caregivers in the field setting.

Administrative Improvements

In an effort to increase transparency and diversify administrative and financial roles, TTL, in partnership with UNICEF and ELMA Foundation, implemented a new workflow for documenting and handling petty cash. Administrative staff now work closely with the Touching Tiny Lives Foundation Fellows to track and balance petty cash expenditures and receipts. Additionally, we implemented an authorization system to increase justification and accountability for expenditures. We applied an inventory monitoring and control system to better track our usage of supplies that allows for better purchase planning and, ultimately, results in less waste secondary to over-purchases.

Being Green!

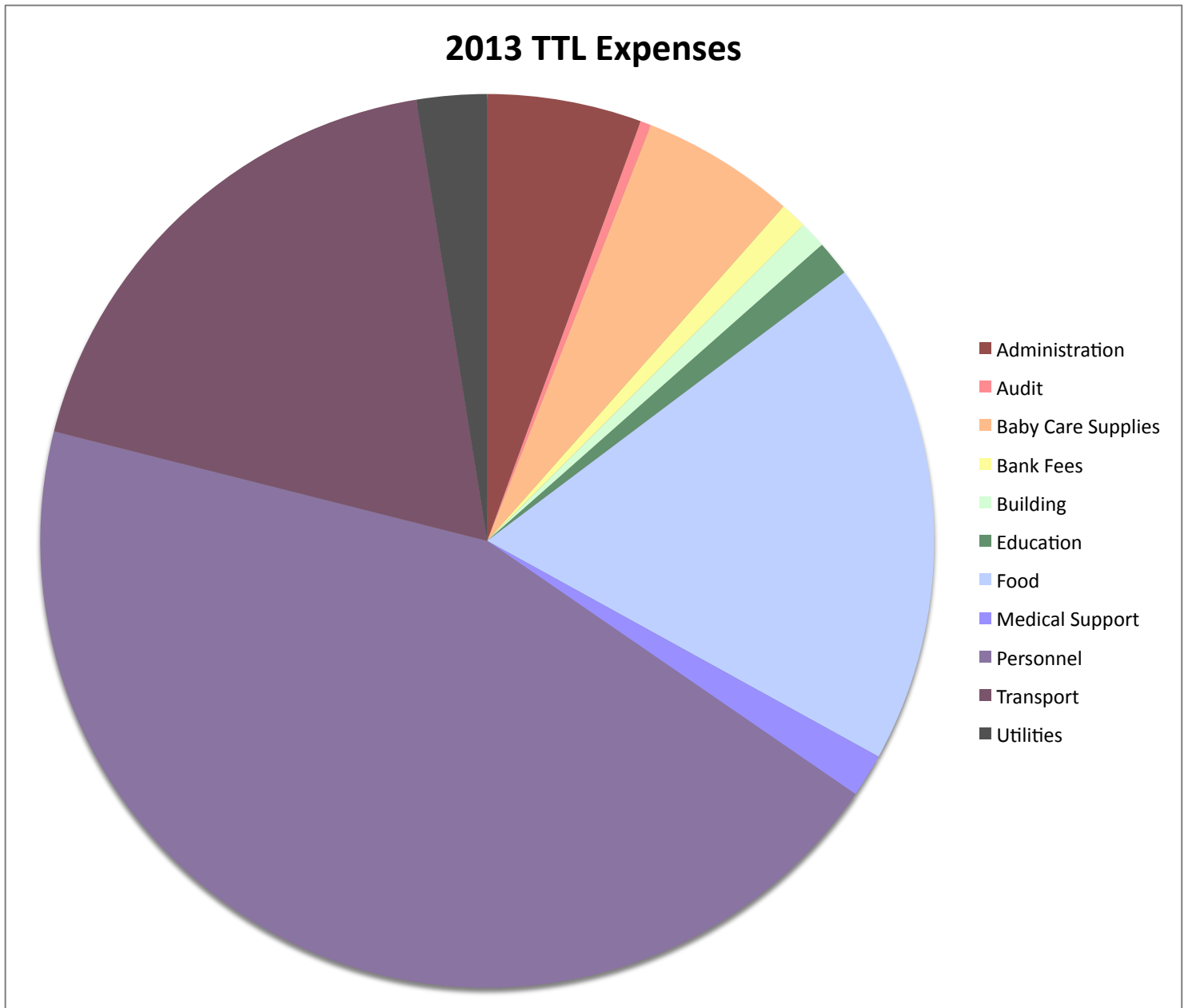
TTL also invested much time and effort into environmental sustainability by installing a roof water catchment and storage system. This project involved installing gutters on two buildings that direct water to two 5,000 liter (about 1,300 gallon) storage tanks. The water captured from the roof is used to wash TTL vehicles and water TTL's expansive vegetable garden and plants. Not only do the gutters help us reduce water bill costs, they also have the added benefit of preventing soil erosion around the buildings' foundations.

Financial Details

1 January 2013 – 31 December 2013

ZAR 10 = ~USD 1

	ZAR	USD
Total Income	R 2,439,321.12	\$243,932.11
Total Expenditures	R 2,077,942.90	\$207,794.29
<i>Administration</i>	R 115,942.79	\$11,594.28
<i>Audit</i>	R 8,000.00	\$800.00
<i>Babycare Supplies</i>	R 115,847.19	\$11,584.72
<i>Bank Fees</i>	R 20,119.02	\$2,011.90
<i>Building</i>	R 20,069.70	\$2,006.97
<i>Education</i>	R 26,385.10	\$2,638.51
<i>Food</i>	R 379,791.68	\$37,979.17
<i>Medical Support</i>	R 32,613.18	\$3,261.32
<i>Personnel</i>	R 921,632.58	\$92,163.26
<i>Transport</i>	R 384,685.40	\$38,468.54
<i>Utilities</i>	R 52,856.26	\$5,285.63



Financial reporting is based on internal documentation and will be verified by an external auditor.

Organizational Profile

Chronic poverty, food insecurity, heavy rains followed by severe drought and the HIV/AIDS epidemic have had devastating consequences for communities across Lesotho, particularly those in the rural mountain regions. Adult HIV rates are estimated at 23%, rates of associated infections, such as TB, are increasing. One out of every ten children will pass away before their fifth birthday. More than 200,000 Basotho children have been orphaned (about 9% of Lesotho's total 2.1 million population), and 65% of these cases are directly attributable to HIV/AIDS. Nearly 50% of children under 5 are classified as stunted, an indicator of chronic malnutrition. In spite of the challenges, Lesotho has witnessed a 21% decline in pediatric HIV cases, proof of the power of PMTCT programs.

The Mokhotlong and Thaba-Tseka districts where TTL operates are some of the poorest in the country and the lack of infrastructure and poor road conditions - impeding access to health services among other difficulties - only serve to intensify the complications of the overall situation. Despite the immensity of the challenges faced, these highland districts are some of the most underserved areas in Lesotho. Managed and staffed by thirty-one local women and men, Touching Tiny Lives has served just over 1,300 children since beginning work in 2004. On average, TTL provides life-saving support to 131 children every month.

TTL has shown innovation and leadership in the care of orphaned and vulnerable children by employing a unique model of three integrated programs that is able to respond to the individual needs of our clients and the changing contexts where they live. At the core of the Touching Tiny Lives model is an Outreach Program that supports children in their homes by providing nutritional, medical, and developmental support. A complementary program trains Village Health Workers to identify sick and malnourished children and refer them to TTL. Finally, TTL operates a safe-home in Mokhotlong where severely malnourished and sick children are rehabilitated. The safe-home is the final safety net for the most vulnerable children, and a temporary respite to them during their recovery.

Our Mission:

TTL seeks to mitigate the effects of HIV/AIDS on the most vulnerable infant children under five years of age by supporting their health, nutrition, development and emotional needs while empowering extended families and others who care for them to provide a better future for these children.



Last year, he was fighting for his life due to severe protein deficiency malnutrition. He stayed in the TTL Safe Home for nearly 4 months and has received continued support through the Outreach Program for the past 10 months. Look at him now!

What sets TTL apart:

- TTL is recognized as the only organization exclusively dedicated to serving orphaned and vulnerable children across the Mokhotlong and Thaba-Tseka districts.
- TTL's unique model allows us to provide personalized assistance to every child, ensuring that children receive the support they need for a successful start in life.
- TTL is committed to supporting families and communities to raise healthy children. By keeping children at home, TTL builds local capacity, increasing the sustainability of our efforts in some of Lesotho's most isolated and remote villages.

TTL currently operates across Mokhotlong district and the Mashai region of Thaba-Tseka.



A TTL Outreach worker measures the upper arm circumference (MUAC) of a child client. MUAC is a screening tool used to identify children with malnutrition.

Our 2013 Partners & Supporters

Touching Tiny Lives Foundation

ELMA Foundation

Sentebale

UNICEF

Ministry of Health and Ministry of Social Development (Government of Lesotho)

Aktionsgruppe Gummersbach für die Welthungerhilfe/Initiative für Kinder in Lesotho

SHARED, Inc.

Roses and Rosemary

Our Outreach Team goes to great lengths to ensure vulnerable children received needed services. Often, workers must complete a journey on foot due to the remoteness and inaccessibility of some villages.



Twins in the Safe Home! Their mother was unable to produce enough milk to sustain the energy demands of two newborns and they became severely malnourished. Now chubby and healthy, they will soon be reunified with their family and supported via the Outreach program.

Thank you to all the volunteers and friends of TTL, both near and far, who have supported us during 2013.



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