

## 1 EXECUTIVE SUMMARY

In 2010 UNICEF Lesotho conducted its Mid-Term Review (MTR) of the 2008-2012 Country Programme (CP). Among the key recommendations was a need to refocus the Country Programme on the most vulnerable and marginalised children and women, using the equity lens. The MTR highlighted the need for better coordination of the HIV function to strengthen coherence of the four prongs approach (4Ps).

Good progress was made in the implementation of the EU-funded Child Grants Programme (CGP) for Orphans and Vulnerable Children (OVC). Cash grants were provided to 4,752 poor households caring for 14,406 OVC (M 7,153, F 7,253) in five selected districts. The programme is on track to achieve the agreed results with the European Union (EU).

Prevention of Mother-to-Child Transmission (PMTCT) coverage increased from 56% in 2009 to 71% in 2010. Quality paediatric HIV care and treatment services expanded to 41 additional health facilities, and coverage of children in need of ART increased from 45% (4,446) to 51% (6,508). UNICEF supported the development of a nationwide plan for the introduction of the innovative 'Mother Baby Pack' (MBP), to begin in January 2011. UNICEF supported the Ministry of Health and Social Welfare (MoHSW) to conduct a nationwide integrated measles Supplementary Immunisation Activity (SIA) that reached 558,500 (90.8%) children with measles vaccine, 172,900 (95.5%) with Vitamin A, and 150,000 (94.1%) with Albendazole. UNICEF also supported the Ministry of Health led annual community-driven, Child Health Days (CHD), targeting 10,000 children with Maternal, Neonatal and Child Health (MNCH) and HIV interventions.

The enactment of the Education Act (2010), which makes primary education legally free and compulsory, is a milestone towards achieving MDG 2.

The delayed enactment of the Child Protection and Welfare Bill (CPWB) was a major hindrance to achieving planned results in the area of Child Protection.

Across all sectors staff turnover, low capacity and brain drain are serious challenges compromising the achievement of planned results.

Partnerships with civil society organisations (CSOs) were expanded. Currently UNICEF has cooperation agreements with 13 CSOs, who mainly work in remote areas. The partnership with the EU continues to be central to the overall support of the OVC programme.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

During 2010, the effects of the global financial crisis were felt significantly in Lesotho. The most significant impact was the sharp drop in revenues from the Southern African Customs Union (SACU), which led to large fiscal deficits (to the tune of 20%) in 2010/11. In response, the Government proposed significant cuts, especially on major recurrent expenditure. Unemployment also worsened due to a slowdown of the local garment industry which is Lesotho's main source of exports. Over half the population live below the poverty line; 29% live on less than US\$1 a day (World Bank, 2010). Moreover, income distribution is highly unequal and worsening.

Lesotho continues to grapple with a high HIV burden, with the third-highest HIV prevalence in the world at 23%. Children aged between 0 and 14 years account for 12% of all new infections; an estimated 21,000 children are living with HIV. In the 20-24 year age group, there is a pronounced gendered dimension, with a prevalence rate of 24.1%

among females and 5.9% for males. It is estimated that there are 221,403 OVC children, 68% of whom have lost a parent to AIDS.

In an effort to respond to the epidemic the Government has scaled-up ART for both children and adults. At the end of 2010 a total of 80,695 adults and children were receiving treatment, representing 58% of the total estimated to be in need (138,500). PMTCT coverage rates increased from 56% in 2009 to 71% in 2010 (MoHSW, 2010).

The combined effect of HIV/AIDS and poverty severely constrain the achievement of the MDGs. The 2009 Demographic Health Survey (DHS) released in 2010, showed that Lesotho is unlikely to meet the health-related MDGs. Under-five mortality increased from 90 per 1,000 live births in 2000 to 117 per 1,000 live births in 2009. There are inequities in mortality by residence and wealth. Under-five mortality is 19% higher in rural areas than in urban areas (110 and 89 deaths per 1,000 live births respectively); the poorest quintile of the population has U5 mortality rates of 107 per 1,000 live births, compared to 80 for the richest quintile. Maternal mortality also worsened substantially between 2001 and 2009, increasing from 416 per 100,000 live births to an estimated 1,155 per 100,000 live births. About 62% have a skilled attendant at birth however, disparities according to wealth are stark: just 35% of births by women in the poorest quintile are attended, compared with 90% for the richest women. Chronic malnutrition rates are high in Lesotho with 39% of children less than 5 years old stunted.

Lesotho is on target to achieve MDG 2. The Education Act 2010 was a major milestone towards realising this goal, since the law mandates free and compulsory primary education. However, inequities exist, and according to the EFA Global Monitoring Report 2010, children from rich families are eight times more likely to participate in early childhood programmes than those from the poorest 20%.

The triple threat of HIV/AIDS, poverty and food insecurity is increasingly exposing children to violations of their rights. Orphans constitute the most vulnerable group and are highly exposed to most forms of abuse, violence and exploitation. They are also at high risk of being in conflict with the law. Some are denied their inheritance (often by relatives) and are thus dispossessed of parental estate or property. Survival or coping strategies for these vulnerable children often include early marriage, commercial sex work, domestic work, herding, living and working on the streets, and substance abuse.

Lesotho has embarked on a comprehensive child law reform process with the aim to review all child-related laws. In 2010, the CPWB entered its final stages of the enactment process, having been passed by parliament after three readings and is now waiting senate approval and royal endorsement.

#### References:

- Lesotho Demographic and Health Survey 2009. Ministry of Health and Social Welfare 2010.
- MoHSW: Annual Joint Review, 2010
- The World Bank. International Development Association Country Assistance Strategy for the Kingdom of Lesotho. Pretoria: World Bank, May 2010.
- UNESCO. EFA Global Monitoring Report 2010: Reaching the Marginalised. Paris: UNESCO, 2010; accessed at: <http://www.unesco.org/publishing>.
- UNGASS Lesotho Country Report, 2010

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

In 2010, UNICEF Lesotho entered the third year of its Country Programme (CP) 2008-2012 and conducted a Mid-Term Review (MTR) to assess progress towards programme goals and identify necessary mid-course adjustment. The MTR enabled UNICEF and the

Government of Lesotho to review the effectiveness of on-going implementation strategies and make changes to improve outcomes and respond to the changing programming environment. The MTR was conducted alongside the UNDAF review, allowing for harmonisations of the two processes.

Due to Lesotho's high prevalence of HIV and AIDS, the main focus of the programme in 2010 continued to be the: support for HIV prevention, treatment, care and impact mitigation interventions. The programme strategy continued to focus on the most vulnerable and marginalised children and women. The Country Programme is divided into four main components of: a) Young Child Survival, Care and Development; b) Basic Education For All; c) Adolescent HIV Prevention; d) Policy, Legislation and Social Protection.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development**

UNICEF engaged with numerous government institutions and CSOs to identify gaps and strengthen capacity. UNICEF provided technical assistance to conduct a capacity gap assessment of the Department of Social Welfare (DSW). The findings will be used to strengthen capacity in DSW in 2011. UNICEF supported Ayala (a technical firm specialising in social cash transfers) to strengthen the capacity of DSW, CSO and UNICEF in the area of Social Cash Transfer. The strategies used were mentorship, training and continuous secondment of experts who are placed in the DSW. At the end of the cooperation agreement, the DSW will take over and own a National Information System for Social Assistance, which will be regularly updated and used for targeting social welfare interventions.

UNICEF assisted capacity building for the non-formal education system, in order to involve out-of-school children, especially herd-boys, in basic literacy and numeracy courses, (455 girls and 2,897 boys enrolled in 2010); 348 non-formal educators were trained. As a joint venture with CSOs, the Ministry of Education and Training (MoET) and mass media, UNICEF supported the training of 100 national stakeholders on development of Early Childhood Care and Development (ECCD) communication materials. As a result communication materials targeting orphans and disabled children and their parents/caregivers were developed in 2010.

In the health sector, 416 health workers were trained to implement the revised PMTCT guidelines and deliver quality PMTCT across the country in 194 health centres. A team of eight persons were trained abroad on how to estimate the quantity of general medicines, with a focus on ARVs. As a result, the team was able to estimate the quantity of ARVs that the country needed for 2011.

A joint partnership between Lesotho Planned Parenthood Association (LPPA) and UNICEF, led to the identification and training of key young master trainers in HIV prevention. They, in turn, trained young people within the Ministry of Gender Youth, Sports and Recreations (MGYSR), and other CSOs supported activities at the community level across the country.

In collaboration with other UN agencies, UNICEF is providing technical support to augment the capacity of the Ministry of Finance and Development Planning (MoFDP) to draft the social protection component of the National Development Plan.

#### **3.1.2.2 Effective Advocacy**

Advocacy with key parliamentarians, CSOs and media on Child Protection and Welfare Bill (CPWB) continued in 2010. Regular joint media briefings were convened and joint press releases with other partners and stakeholders were issued. In addition, individual and team meetings with parliamentarians, decision-makers and other influential bodies were held. UNICEF also supported consultations between parliamentarians and community leaders in five districts, involving representatives from all 10 districts of the country. As a result, the CPWB was voted upon at the regular session of the parliament in mid-2010, and was under discussion in the Senate by end of 2010.

Updated and disaggregated data from various sources such as the DHS was effectively utilised for leveraging and advocacy to meet the basic needs of the most vulnerable women and children. As part of the UN system, UNICEF advocated for a focus on three districts with the highest rates of HIV prevalence and poor child and maternal health indicators. As a result, a UN joint programme (funded through the One Fund window) in the areas of HIV prevention, maternal health, nutrition and food security, is being implemented in those three districts.

Continuous advocacy and engagement with the MoHSW and other partners led to agreement and adoption of the new PMTCT and Paediatric Care guidelines. Another milestone achievement was the development and roll-out of Mother Baby Pack (MBP) guidelines; the MBP is planned to be officially launched on 28th Jan 2011.

UNICEF, in partnership with other UN agencies, advocated with the Government of Lesotho (GoL) to limit the adverse impact of the economic crisis and reduced SACU revenue on the poor and vulnerable, in particular women and children. This resulted in GoL maintaining the same levels in social spending on education, health and social welfare. Building on the knowledge and experience gained from the Child Grant Programme (CGP), UNICEF continues to advocate for the development of a child- and gender-sensitive social protection strategy as part of the National Development Plan.

### **3.1.2.3 Strategic Partnerships**

In addition to providing support to the GoL, partnerships with civil society organisations have been key in reaching hard-to reach-populations. UNICEF's work with World Vision Lesotho was instrumental in 15 selected communities where it targeted the most vulnerable children and families. The main areas of cooperation included removing barriers for accessing primary education, health and establishment of village and community committees. This collaboration resulted in the identification of the most vulnerable children and established linkages between communities and service providers.

Cooperation with CSOs such as The Baylor College of Medicine, Clinton Foundation, Elizabeth Glaser Paediatric AIDS Foundation "EGPAF", M2M were essential for scaling-up PMTCT and paediatric AIDS treatment. The collaboration led to the deployment of nurses to rural health centres to fill existing human resource gaps, and lay counsellors, who provided psychosocial support and nutrition information to women living with HIV. Kick4Life and UNICEF established a strategic partnership to reach young people with HIV prevention messages through sport. The success of this partnership was highlighted during implementation of a very successful Red Card Campaign during and after the FIFA World Cup in South Africa (2010), and the recent agreement with Lesotho's leading Mobile Telecommunication Company on dissemination of messages on HIV prevention through mobile phones.

A joint maternal health and nutrition programme, agreed by GoL and UN agencies, was launched in 2010. The Joint Programme focuses on districts with poor maternal and child health indicators and children living in hard-to reach-locations (Thaba-Tseka,

Mokhotlong, Qacha's-Neck). The target groups will be provided with a comprehensive package of child survival and food security interventions. All concerned agencies have pooled their financial and technical resources to achieve clearly defined targets. UNICEF entered a partnership with GFATM, USAID and the EU to pool resources to support the DSW to conduct the OVC situation analysis, facilitating increased dialogue on OVC programming among the different agencies.

Lesotho is a "self-starter" country for the Delivering as One (DaO) pilot and UNICEF has been an active member of the UN Country Team in advancing the UN agenda of Delivering as One.

#### **3.1.2.4 Knowledge Management**

UNICEF and partners strived to generate up-to-date, disaggregated data on the situation of children and the most vulnerable population. During the MTR, the Situation Analysis (SitAn) of Children and Women was updated. The OVC Situation Analysis, Child Poverty Study, situation of children in conflict with the law, findings from the Child Helpline and the assessment of the locally assembled MBP will continue to be used to inform programming in Lesotho. The recent release of the DHS survey provided valuable data for evidence-based programming and advocacy.

At the national level, both Government and non-government sectors are now able to use Lesotho DevInfo. The latest achievement was the extension of the database to the National University of Lesotho and training offered to the staff of the Institute of the Southern African Studies (where the database is housed) to provide assistance and support to students and other users of the institute. The web-enabled version of the database is updated regularly as new information becomes available.

With support from UNICEF, different sectors have continued to produce routine data (EMIS of MoET, HMIS of MoHSW, etc.) and sectoral reports to assist in monitoring progress and identifying gaps requiring attention (e.g. out- of- school children survey). These systems, however, still need to be reviewed to enable them to capture all critical information by sectors, perform analysis and carry out timely dissemination.

During the MTR major efforts were made to establish an up-to-date database and inventory of all key studies, assessments and evaluations on issues related to children and women. The database is available in electronic format for all staff and partners.

UNICEF supported Government officials from the Child and Gender Protection Unit (CGPU) to participate in a one-week study tour to South Africa to learn from the country's cash grants experience. In addition, Government staff participated in a regional training on 'Child Mortality Estimates Techniques,' which has been useful for understanding the methodology of global estimates and its domestic application.

#### **3.1.2.5 C4D Communication for Development**

Key issues for C4D agenda in 2010 were mainly focussed on HIV prevention, health promotion and access to education.

Regular focus groups were conducted at the community level, with participation by community representatives, mothers, young people and service providers, including CSOs and CBOs to assess Knowledge, Attitude and Practices (KAP) in relation to key issues. These were critical in developing and disseminating messages.

Behaviour Change Communications (BCC) materials were developed and successfully used for measles and polio immunisation campaigns, which covered more than 600,000 children. In addition, H1N1 messages reached 95,000 targeted members of high-risk population groups.

The development of 26 television episodes on HIV prevention among adolescents, with participation of young people, was a major achievement; the episodes are expected to be aired nationwide in early 2011.

In the area of ECCD, with the participation of 100 community members, representatives of disabled people, CSOs, government officials and people living with HIV communication materials were developed, vigorously pre-tested, and finalised for use across the country.

Documentation and maintenance of a database with information on performance, innovations and lessons learned on C4D is an area to be further strengthened.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

UNICEF continued to integrate HRBA principles across its programmes to reach the most vulnerable, excluded and disadvantaged segment of society.

The MTR provided an opportunity to promote participation of rights-holders at all stages of programming. During the MTR, consultations in the process of programme development and review were held at the community level with participation by children and youth, community leaders, women and men.

Lesotho signed and ratified the UN Convention on the Rights of the Child (UNCRC) in 1992 and submitted its initial country report to the Committee on the Rights of the Child in 1998. Lesotho has not yet submitted its three subsequent periodic reports. Following the Committee's concluding observations and recommendations issued in 2001, Lesotho embarked on a comprehensive child law reform process, with the aim of reviewing all child-related laws. A CPWB was drafted and finalised in 2005, having been passed by Parliament after three readings in 2010, and is now awaiting senate approval and royal endorsement.

#### **3.1.3.2 Gender Equality and Mainstreaming**

The relationship between gender and vulnerability is complicated in Lesotho because of economic, social and cultural patterns that mean both girls and boys are disadvantaged in different circumstances. This reality means gender considerations are essential for targeting programme activities to the most vulnerable groups. The joint GoL- UNICEF AWP were developed taking into consideration their implication for different gender outcomes. For example, in the area of HIV vulnerability, emphasis was on access to information and services for girls and women; while in education, herd-boys' access to information and education was prominent in the design of the programme. In the design of the Lesotho Child Grants Programme, there was emphasis on creating a child and gender sensitive social protection programme. All UNICEF-supported studies, assessments and evaluations, used data collection tools and questionnaires designed in a gender-sensitive manner, which allowed the collection of gender disaggregated data (e.g. the OVC Situation analysis, child poverty study). Recently released DHS survey findings provide detailed, disaggregated data on gender and income, which highlights the vulnerabilities of different groups.

To ensure gender-sensitive programming, UNICEF Lesotho conducted an external gender review of its programme and operation, to identify areas of weakness and address them in on-going programmes. As part of the follow-up of the Gender Review, it was recommended that: partnerships with CSOs be expanded and exchanges of experience be promoted; gender issues be further integrated into existing Work Plan Priorities for 2011; greater focus on male involvement in future interventions be ensured as a cross-cutting approach, and the UNICEF Lesotho Country Office (LCO) continue sensitisation and orientation of UNICEF staff on gender issues and how to effectively mainstream them in programming.

The lessons learned are that gender mainstreaming is each and every staff members' responsibility. Increased engagement, regular training and orientation, identification of

gender focal persons in each programme section, and self-empowerment of staff will ensure gender-sensitive planning, programming and evaluation of the CP and Country Program Management Plan (CPMP).

### **3.2 Programme Components**

**Title:** *Child survival care and development*

#### **Purpose**

The CSCD programme supports the GoL to: scale up high-impact health and nutrition interventions; improve quality and increase demand for maternal and child health care services; improve the nutritional status of women and children; and to increase coverage and uptake of PMTCT services and paediatric HIV care and treatment.

*Main results planned for 2010:*

- Increased access to quality PMTCT and paediatric HIV services, including DNA-PCR in 90% of health facilities.
- Full package of high-impact interventions (immunisation, growth monitoring, MCH and IMCI) is offered to mothers and children in all 194 health facilities and outreach sites.
- Scale up health interventions to children in remote and hard-to-reach areas through Child Health Days (CHD), Reach Each District (RED) and Supplementary Immunisation Activities (SIAs).
- Integrated Management of Acute Malnutrition (IMAM) is functional in 77 sites across the country and households food security is improved for 3,000 OVC in five target districts.

#### **Resources Used**

Total approved for 2010 as per CPD: US\$1,550,000.00

Total available for 2010 from all sources: RRUS\$217,865; OR US\$2,614,341

Special allocations: US\$250,000

Total: US\$2,832,206

#### **Donors:**

French National Committee (NatCom), European Union, Japanese NatCom, UK of Britain and Ireland, US Fund for UNICEF, MDTF, Consolidated funds for MBP from The Netherlands and Germany

#### **Results Achieved**

PMTCT coverage increased from 56% in 2009 to 71% in 2010, with over 8,846 HIV-positive pregnant women (of an estimated 14,000 in need) receiving ARV prophylaxis. The PMTCT and Paediatric HIV care guidelines were updated and adopted by the MoHSW, and relevant indicators were included in the routine HMIS system. Support was provided to 5 additional facilities (from 186 to 191) to provide PMTCT services. Plans were developed for the roll-out of the Mother-Baby Pack (MBP). Quality paediatric HIV care and treatment and Early Infant Diagnosis (using DNA-PCR) services expanded to 41 additional health facilities (from 145 health facilities to 186). As a result, coverage increased from 45% (4,446) to 51% (6,508) of children in need of ART (total estimated at 8,000). UNICEF provided financial and technical support to the MOHSW to hold its annual community-led Child Health Days, targeting 10,000 under-five children in hard-to-reach mountainous areas. The intervention package included immunisation, deworming, Vitamin A, growth monitoring, family-centred HIV testing, and screening for malnutrition and Tuberculosis. Also, the RED approach was scaled-up in three out of 10 districts through an outreach programme including vaccination, ANC, HIV testing, DNA/PCR and growth monitoring, which reached 38,157 beneficiaries. With UNICEF technical input, the Community Health Workers (CHW) manual was updated and endorsed. About 1,500 CHW were trained using the manual.

UNICEF and other partners supported the MoHSW to conduct a nationwide integrated measles SIA, which reached 558,500 (90.8%) children with measles antigen, 163,700 (80.7%) children with OPV, 172,900 (95.5%) with Vitamin A, and 150,000 (94.1%) with Albendazole.

UNICEF assisted the MoHSW to update the IMAM guidelines, which will be endorsed after a final round of consultation in January 2011. IMAM is being implemented at all 77 health facilities. The National Nutrition Sentinel Sites Surveillance System, which produces quarterly update and analysis of the nutrition situation, was strengthened.

UNICEF and UNFPA supported a jointly designed mentorship programme in the area of Emergency Obstetric and Neonatal Care (EmONC), through which the master trainers visit six selected hospitals for a week each, to mentor and provide on-the-job training to 350 health workers. UNICEF also supported the training of the National Technical Committee and 20 members of Assessors Committee, who conducted the Maternal Death Review exercise at the national level in 2009, and identified the main cause of maternal death.

### **Constraints and lessons learned**

- Migration of skilled health workers means a high dependence on foreign staff for basic service delivery, which has risks for future sustainability of service provision. Furthermore, the impact of HIV/AIDS on the health workforce hinders the implementation of Accelerated Child Survival and Development interventions.
- The high unit cost of service delivery – a direct result of Lesotho's mountainous terrain – is a key challenge for extending basic health services to many scattered rural communities.
- Limited capacity in the MoHSW Project Accounts Unit (PAU), which is responsible for managing funds from multiple donors affected implementation of activities.

### **Monitoring, studies and evaluations**

Minimum PMTCT package feasibility assessment was conducted to better understand its role in scaling up the use of more efficacious ARV regimen. Regular field monitoring was conducted by key responsible staff and partners. Findings from field monitoring visits were compiled, analysed and discussed at quarterly meetings, after which measures are taken to address gaps and shortcomings.

### **Strategic partnerships**

UNICEF is a key member of the Health Development Partners' Forum, where donors, CSOs and UN agencies coordinate and discuss health-related issues. Partnership with Baylor College of Medicine, M2M and EGPAF contributed to the expansion of PMTCT and Paediatric AIDS diagnosis and treatment services.

### **Future Workplan**

The CSCD programme will continue to provide support to the GOL to expand coverage of high- impact interventions for children and mothers. The key priorities are:

- Support the MoHSW on the nationwide implementation and roll-out of the Mother Baby Pack to achieve universal access to PMTCT and virtual elimination of MTCT of HIV; accelerate the integration of Paediatric HIV Care and Treatment services into the MNCH
- Accelerate health interventions for children in remote and hard-to-reach mountainous areas through CHD, RED and SIAs
- Continue to strengthen the capacity of different departments of the MoHSW, (including HIV, EPI, MCH, IMCI and Nutrition) for efficient and effective quality service delivery at the central and district levels

- Support finalisation of the Community Management of Acute Malnutrition guidelines and rollout across the country
- Strengthen the monitoring and evaluation capacity of the MoHSW for timely collection, analysis and dissemination of the information required for planning, programming and decision-making.

**Title: *Basic Education for all***

**Purpose**

The programme addresses early learning, parenting education, improving gender parity, access, enrolment, retention and quality issues in both formal and non-formal education (NFE). It places special focus on increasing access, retention and transition, especially for OVC and supports in-school Life Skills Education (LSE) for HIV prevention, risk reduction and avoidance through the curriculum.

*Main results planned for 2010:*

- Policy environment and education structure for ECCD clearly articulated
- Operationalisation of free and compulsory primary education facilitated and national awareness raised
- 650 NFE centres have at least one educator with capacity to teach life-skills to out-of-school children.

**Resources Used**

Total approved for 2010 as per CPD: US\$2,127,000

Total available for 2010 from all sources: RR - US\$143,529; OR - US\$1,294,680;

Total: US\$1,438,209

Donors

European Commission, UK Department for International Development (DfID)

**Results Achieved**

The enactment of the Education Act (2010), which makes primary education free and compulsory, was the most important break-through in 2010, as it is expected to increase school enrolment. School Management Regulations to make the Act operational were developed, finalised and are awaiting approval by the Ministry of Education and Training (MOET). Communication materials for a nationwide awareness campaign were commissioned and produced. Consolidated MOET policies to facilitate coordination between sub-sectors were developed and submitted for approval, to address problems of poor cohort survival and non-attendance.

To address OVC access to education, operational guidelines for a bursary scheme were drafted and 4,400 OVC from five districts were identified for school uniform grants. In 2010, there was more focus on ECCD than in previous years because of its importance for indicators such as net enrolment rate (NER), transition rate, and cohort survival. Early Learning and Development Standards (ELDS) were drafted and discussed with partners. A draft KAP study on ECCD is awaiting finalisation by stakeholders; the results will be used for validating the ELDS. One hundred national stakeholders were sensitised on the importance of early learning development, particularly for children with disabilities and orphans. As a result, gender-sensitive and disability-responsive ECCD communication materials were produced and are awaiting dissemination to an estimated 44,125 children, primarily those with disabilities and those affected by HIV/AIDS. One hundred UNICEF ECCD kits were delivered to ECCD centres and reception classes. In addition, 200 ECCD practitioners were trained in the ECCD curriculum. Four places of safety managed by NGOs were supported to provide education, psychosocial care and

protection services to 27 teenage mothers and 223 OVC. With EU support, 2,670 of the most vulnerable children from five districts were selected to receive ECCD bursaries.

To promote data collection, timely analysis and evidence-based planning, 10 computers and a UPS for effective data management were supplied to MOET's planning unit. Free Primary Education and Bold Initiative reports were published to promote evidence-based planning.

Some 4,000 under-qualified teachers were provided with copies of multi-media materials to train them through distance learning in the areas of life skills, ECCD, alternative to corporal punishment and child-friendly schools (CFS). A total of 11,400 literacy and numeracy workbooks were produced and used by 3,650 out-of-school children (females 2,737 and males 913), including herd boys, working children and teenage mothers, enrolled in 351 Non-Formal Education (NFE) centres.

Some 76% of schools and 79% of NFE centres were trained to teach Life Skills Education, but the quality of teaching remains an issue. To improve pupils' knowledge of HIV risk-reduction, 100 Sara kits were distributed to 100 primary schools. About 11,200 NFE - LSE materials were published for 5,000 NFE learners, mostly OVC. Copies of the *Mahlaseli* newsletter were distributed in primary schools to enhance knowledge on HIV and LSE. Five thousand copies of HIV-responsive *U-Turn* magazine were distributed at all secondary schools.

### **Constraints and lessons learned**

The MTR identified slow progress in LSE. The life skills curriculum is neither HIV-responsive nor HIV-sensitive. An evaluation of LSE indicates a lack of instructional materials. Lastly, there appears to be little indication that children are learning about HIV during their time at school. In 2010, the main implementing partners, MOET and Lesotho Distance Teaching Centre (LDTC), had outstanding DCT which significantly delayed programme implementation.

### **Monitoring, studies and evaluations**

The Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) study showed that knowledge about HIV among Grade 6 pupils was 19% in Lesotho, and the most common source of knowledge was television.

### **Strategic partnerships**

UNICEF and Lesotho Post Bank partnered with Aflatoun, an international NGO, to introduce financial literacy and social skills into NFE. To mainstream learning about the CFS environment into pre- and in-service teachers' training, UNICEF collaborated with the Commonwealth of Learning (CoL) and Lesotho College of Education.

### **Future Workplan**

- The programme will be addressing on-time enrolment into primary education, obstacles to free and compulsory education, and children who are out of school or who drop out, respectively.
- Duty-bearers and claim-holders to be made aware of Education Act 2010, to operationalise free and compulsory primary education by the end of 2012
- By 2012, an enabling environment for provision of Integrated Early Childhood Care Development (IECCD) services is created
- Capacity of non-state NFE providers in mountain districts is strengthened to provide quality education to herd boys and other working children.

**Title:*****Adolescent HIV prevention and protection*****Purpose**

The programme focuses on equipping adolescents, particularly adolescent girls, with risk avoidance and reduction skills, strengthening the capacity of service providers to deliver adolescent-friendly services and creating a sustainable enabling and protective environment. The programme has two result areas: (1) HIV Prevention among Adolescents and (2) Adolescent-Friendly Health Services.

***Main results planned for 2010:***

- 50% of young boys and girls in the intervention areas have comprehensive knowledge about HIV and AIDS
- Institutions at national and sub-national levels are able to support HIV-prevention programmes and interventions for young people
- Child Helpline functional and accessible in all three regions
- 30% of service providers are able to provide adolescent-friendly services.

**Resources Used**

Total approved for 2010 as per CPD: US\$1,335,000

Total available for 2010 from all sources: RR - US\$111,258.00; OR - US\$1,428,093

Total: US\$1,539,351

**Donors**

DfID, EU, Japanese NatCom, One UN Fund for Lesotho, Australian NatCom, TRUST FUND.

**Results Achieved**

The programme continued to implement its evidence-based Risk Reduction and Avoidance (RRA) interventions, including HIV Testing and Counselling (HTC), mainly through partners. Mass media was used to reach young people with RRA messages. However, little progress was made in relation to the provision of adolescent-friendly health services.

To enhance HIV knowledge, a total of 30,566 young people (18,082 females and 12,484 males) were reached with RRA sports-based and drama interventions. Most of these young people were from districts with the highest HIV prevalence rates (Maseru, Berea, Leribe), with special focus on reaching girls. Post-test evaluations among partners show that approximately 60% of young people gained comprehensive HIV knowledge. Given national knowledge levels of 35% among females and 28% among males (15–19 years), this figure is encouraging. Notably, national knowledge levels have increased by at least 10% since 2004. To reach the general population, 17 types of communication materials were produced, along with a 26-episode TV and radio soap opera to be aired in 2011.

To increase community support for young people accessing HIV prevention interventions, 8,076 adults (241 males and 7,836 females) were targeted with a package of tools to help them understand and address youth-related HIV issues. With the support of UNICEF, the Ministry of Gender, Youth, Sports and Recreation led the development of a minimum package guide for HIV prevention programming with and for young people, which was launched and distributed during the first quarter of 2010. To complement this, an inventory of HIV prevention services targeting young people were initiated, the results of which will be ready in early 2011.

The Child Helpline continued to reach more children in 2010. In the Maseru office, which serves the whole country, a total of 4,669 calls were received and out of these 811 calls were eligible for referral services. However, only 160 calls (20%) were successfully referred for follow-up services to relevant bodies such as Children and Gender Protection Unit (CGPU) and Psychosocial Support. A key challenge is the limited capacity of referral bodies to respond and follow up swiftly. The programme, carried out through partners, reached 8,840 young people (5,070 females and 3,770 males) with HTC services, mainly in high-prevalence districts. Successfully implemented activities included: training of 55 youth leaders on RRA in district youth resource centres, procurement of 5,000 HIV test kits, and upgrading of the Adolescent Health Corner in the Berea district hospital.

### **Constraints and lessons learned**

While, HIV prevention is slowly becoming more important on the national agenda, as evidenced by the development of the National HIV Prevention Strategy, , the MTR noted that prevention does not receive the required attention and resources, and gets only 12% of funds budgeted for HIV in the country.

The over-stretched capacity of MOHSW and MGYSR is another significant constraint. Implementation of BCC-related activities has been slow, as the key partner in MOHSW is under-staffed and unable to ensure timely implementation.. Lengthy bureaucratic processes within MOHSW led to re-scheduling of the completion of communication materials. The need to coordinate among several partners sometimes affects standardisation of adolescent HIV prevention services.

According to the MTR, the existing strategy of providing adolescent-friendly health services via isolated centres needs to be revisited.

### **Monitoring, studies and evaluations**

There was marked improvement in the quality of reporting, and regular reports are generated and shared with stakeholders, during quarterly review meetings and other relevant forums. A peer-review assessment of the Child Helpline by Childline South Africa was submitted at the end of November 2010; which recommended the expansion of services to other regions of the country. This will take place in 2011.

### **Strategic partnerships**

UNICEF collaborated with National AIDS Commission (NAC), MoHSW, MoGYSR, GFATM, PEPFAR, UNAIDS, WHO and UNFPA on HIV prevention activities.

### **Future Workplan**

- Expanding coverage of HIV prevention interventions to increase the comprehensive knowledge and skills of young people, including HIV+ adolescents; with increased focus on using media to reach the hard-to-reach.
- Continue strengthening partners' capacity to plan and manage adolescent-friendly HTC/health services.
- Expand child helpline services to the northern districts (Butha Buthe, Leribe and Mokhotlong), and continue support to the current child helpline programme.
- Provide psycho-social support and referral services to adolescents (10-19 years old) living with HIV (HIV+ children transiting to adolescence).

### **Title: *Policy, legislation and social protection***

#### **Purpose**

The programme supports the Government to adopt and implement new and/or amended legislative and policy instruments to create a more protective and enabling environment for children and women to realise their rights, and ensure their equitable access and utilisation of basic services. It comprises two result areas: (1) Policy and Legislation and (2) Social Protection for OVC.

*Main results planned for 2010:*

- 1,500 households in three pilot districts (Mafeteng, Maseru and Qacha's Nek) caring for (OVC) have access to child grants
- Strengthen enabling environment for the enactment, implementation and institutional support of CPW Bill
- Key child protection partners (such as CGPU, OMHC and selected law enforcement officers) have required knowledge and skills to effectively perform their duties
- Improve institutional capacity of key service providers (GoL and CSO)
- Strengthen national, district and local level coordination mechanisms, to improve the effectiveness of the national OVC response
- Child protection information analysed and shared to promote evidence-based programming and policy development
- Care and protection services provided to vulnerable children; service providers and community members are able to report and refer children with psycho-social needs.

**Resources Used**

Total approved for 2010 as per CPD: US\$2,011,000

Total available for 2010 from all sources: RR US\$217,865; OR US\$2,614,341;

Total: US\$3,546,073

*Donors*

European Union and DfID

**Results Achieved**

In 2010, some 4,752 households caring for 14,406 OVC (M 7,153; F 7,253) from the most marginalised and disadvantaged groups in five districts received child grants, an unconditional quarterly payment of Maluti 360 (about US\$52).

UNICEF provided technical inputs for the development of a Social Protection Strategy, as part of the National Development Plan. This involved operational assessments of existing social safety nets (e.g., Old Age Pension scheme, School Feeding and OVC Bursary scheme) to ensure efficiency. Efforts are being pursued to integrate all existing social safety nets into one system, to coordinate targeting, enrolment, payment, case management and M&E.

After a series of consultations at the district level, the CPWB was passed by the National Assembly, and the Senate pledged to endorse it. In preparation for the Bill's enforcement, legislation establishing the National Council of Social Workers was drafted and submitted to the Legal Parliament Counsel by the MOHSW.

A preliminary review of the restorative justice programme was also conducted, to identify capacity gaps, needs, accountability mechanisms, and to assess progress. The programme is functioning well; about 75% of trained committees, local/magistrate courts, prisons and police are all following the guidelines to divert children from customary to more child-friendly forms of justice.

In partnership with CSOs, 354 service providers and community members were trained in Child Protection and Psycho Social Support. As a result of this training, some 1,155 vulnerable children received care and psycho-social counselling and were referred to service providers.

A DSW capacity gap assessment was conducted to review the challenges facing the department in delivering on its mandate to OVC, in particular in its coordination role. In

partnership with the GFATM, staff training in Monitoring and Evaluation (M&E) at the district level was conducted, enabling the DSW to begin generating periodic M&E reports.

### **Constraints and lessons learned**

- The delayed enactment of the Child Protection and Welfare Bill was a hindrance to achieving planned results in child protection. Many activities hinged on provisions planned for the Act, and so could not be pursued.
- Insufficient numbers of adequately qualified individuals in government and other partners in the areas of social cash transfer and social welfare.
- Delay in conducting the OVC Situation Analysis and the Child Poverty Study, mainly due to late or incomplete submission of required data by Bureau of Statistics.
- High service delivery cost and poor monitoring and evaluation systems, which do not provide timely and quality data.

### **Monitoring, studies and evaluations**

Studies completed included an assessment on the situation of children in conflict with the law, with special focus on juvenile inmates, and a rapid assessment of the CGP to guide the design improvement process.

### **Strategic partnerships**

Agreements were signed with World Vision Lesotho and Ayala Co., a technical firm specialising in social cash transfers. Dialogue with UNDP, ILO, WFP and UNAIDS was initiated to advance the social protection agenda. UNICEF also partnered with GFATM, USAID, and the EU to support the DSW in conducting the OVC Situation Analysis.

### **Future Workplan**

- Scaling-up CGP to provide child grants and other essential services to 10,000 households caring for OVC. Provide technical inputs for development of a Social Protection Strategy as part of the National Development Plan.
- Continue advocating for the enactment of CPW Bill and support implementation and development of operational regulations and guidelines, when it is enacted.
- Institutional strengthening of DSW and CSOs through organisational development
- Social/child protection information management system strengthened for evidence-based programming and policy development.
- Continue capacity building of key partners in justice for children such as: the CGPU, Office of the Master of High Court and other law enforcement organs.

**Title:** *Cross-sectoral costs*

### **Purpose**

Undertake management and support of overall Country Programme, planning and coordination. Strengthen the M&E and C4D functions of the Office.

### **Resources Used**

Total planned: US\$180,000

Total available for 2010 from all sources: RR - US\$579,05; OR - US\$29,506

Total: US\$608,521

### **Results Achieved**

- All UNICEF staff were trained on Results-Based Management to improve programme planning and monitoring of results.
- The monitoring, evaluation and knowledge management function of the Office, including development of a draft Situation Analysis of women and children and Mid-Term Review of the Country Programme, was supported.
- All staff received Advanced Professional and Personal Development training, which contributed to the achievement of organisational goals. Sessions on stress management were conducted for all staff, and individual stress counselling was provided to staff in need.
- An all-staff retreat was supported, during which work processes were reviewed and necessary changes introduced. The Annual Management Plan was discussed and finalised.
- Contributed to the communication function of the Resident Coordinator, which serves all UN agencies. In addition, staff participation in an all-UN retreat was supported and cost-sharing for common services was partially supported.
- All UNICEF ICT equipment was reviewed and upgraded to meet the minimum UNICEF ICT standards and prepare for upcoming changes and applications of VISION and IPSAS. The Business Continuity Plan was successfully implemented.

### **Future Workplan**

Key priorities for 2011:

- Improve effective and efficient Office management and governance systems
- Strengthen the communication function of the Office
- Continue capacity building in results-based management and support the M&E function, including maintenance and expansion of DevInfo.
- Continue to contribute to common UN functions and services.

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

The Office's key programme results, operational priorities and membership to key statutory and non-statutory committees were defined in the 2010 Annual Management Plan, which was finalised at an all-staff retreat in March 2010.

The Country Management Team (CMT) met 12 times, with a primary focus on its oversight role and to monitor Country Programme and operational performance. Monthly reports on programme utilisation and performance indicators were produced and discussed; Progress on implementation of Annual Work Plan results was regularly monitored; and operational issues were regularly discussed. Minutes of CMT meetings were shared with all staff.

Monthly Programme and Operations meetings dealt with detailed discussions of all key Country office priorities and informed the CMT of areas needing oversight and decision-making. Weekly staff meetings were held to share updates and agree on weekly priorities. The Office formed a Project Cooperation Agreement Review Committee to review/endorse all agreements with counterparts. The financial limit for the Contract Review Committee (CRC) was increased from \$10,000 to \$20,000 in 2010.

The CMT took several steps during 2010 to improve operations and programme management performance. The Office started implementing the Harmonised Approach to Cash Transfer (HACT) in July 2010. Three staff members were trained in neighbouring countries to learn from best practices. They, in turn, shared their experience with all staff on the roll-out of HACT. There were significant improvements in the timely

liquidation of outstanding cash transfers, which in turn contributed to improved programme implementation. Several work processes (e.g. travel, DCTs, payment processes) were also simplified.

A significant improvement was made in transaction processing and segregation of duties by ensuring that all staff is fully conversant with the Table of Authority (ToA) and their delegated financial control authorities. Monitoring the consistency of financial controls and reconciliation of the delegated ToA and Document Authorization Table were carried out quarterly. All contracts above the established financial limit were submitted and reviewed by the CRC.

As part of the UN Country Management Team, UNICEF actively participated in all UN country governance structures, including Programme and Operations Management Teams.

#### **4.1.2 Strategic Risk Management**

Enterprise Risk Management (ERM) training was carried out for all staff in December 2010, with support from the Regional Office. During the exercise, the Office risk profile was developed. Risks were identified in all four categories, and an action plan was prepared, focusing on high-risk areas. Agreement was reached to revisit the current Enterprise Risk Profile on a regular basis and review the effectiveness of mitigation measures.

In terms of Emergency Preparedness and Response, a plan was developed in light of environmental risks and assumptions. In 2010 there was no need to activate the plan, though it was regularly updated in order to remain in alignment with the changing environment.

The Business Continuity Plan was developed and is in place; and a backup communication system was established and regularly tested for its functionality.

#### **4.1.3 Evaluation**

The Office developed an annual Integrated Monitoring and Evaluation Plan (IMEP), which was mainly derived from the multi-year IMEP and other emerging issues that needed to be evaluated and researched. The plan was monitored regularly to ensure timely implementation. The findings and recommendations of studies and evaluations were utilised by the LCO to improve and inform programming for the children and women. To promote impartiality, objectivity and fairness of the findings, the Office engaged consultants to undertake evaluations, while Office staff was tasked with ensuring the quality of these exercises.

While capacity for evaluation in the country exists, it is limited to only two reputable organisations and these tend to be overwhelmed so when there is need, the Office also draws on assistance from outside the country. For example in 2010 UNICEF procured evaluation services through institutional contracts with Ayala, Oxford Policy Management and Southampton University.

#### **4.1.4 Information Technology and Communication**

Based on recommendation of the ICT peer review, all ICT equipment was upgraded to meet UNICEF's ICT standards, in readiness for the upcoming corporate migrations (MS Windows 7 and Microsoft Office 2010) and forthcoming roll-out of VISION. All global roll-outs, including ProMS upgrades and CITRIX, were implemented.

As part of Business Continuity/Disaster Recovery Plan, the wireless local area network was expanded to the residences of key staff. Furthermore, two iridium satellite phones

and one BGAN for data and voice are maintained for emergencies. UNICEF shares offices and cost with other UN Agencies in a UN House, donated by the GoL. As part of Delivering as One, a draft UN business continuity plan was prepared and is expected to be endorsed by all participating agencies in 2011. UNICEF and UNDP share one PABX and VSAT, as well as maintenance and operations costs.

Global Long Term Agreements (LTAs) are used for office ICT equipment. However, there are no LTAs in place yet for equipment purchased locally. The UN Operations Management Team is working on LTAs for local procurement of supplies and services. The Office uses MOSS-compliant vehicles (equipped with HF radios) for all field trips, as per UNDSS requirements.

In order to use innovative ICT solutions for programming, UNICEF, GoL and Ayala Co, a private company, entered an agreement through which the company will develop an integrated information management system and database for social cash transfers and social assistance. This work is on-going, and is expected to be completed by third quarter of 2011. Also UNICEF and Kick4Life (a CSO) entered into an agreement with the leading telecommunication company in late 2010 to reach young people and adolescents with HIV prevention messages.

## **4.2 Financial Resources & Stewardship**

### **4.2.1 Fund-raising & Donor Relations**

The total OR ceiling in the CPD was US\$30,000,000; by late 2010 the Office had raised US\$25,486,000 (85%). There has been continuous engagement with the EU delegation in Lesotho to mobilise additional resources to advance the social protection agenda for children. There is also on-going dialogue with PEPFAR/USAID on possible funding of HIV prevention activities, which is still to be concluded. Greater effort is needed to attract additional funding, in particular to support specific sectoral programmes such as AHP and education.

Of nine donor reports in 2010, seven were sent on time, while two others were slightly delayed due to unavailability of data from the field. In response to the quality assurance exercise conducted by ESARO, a monitoring tool was developed to ensure timely submissions, and efforts have been made to improve quality.

Programme implementation and fund utilisation is monitored by the CMT and at programme meetings. All expiring PBAs in 2010 were fully utilised prior to the expiry date and no extension of PBAs was requested.

In 2010 the Office received new funding in the amount of US\$614,907 from the One UN Fund Window for HIV Prevention, Nutrition and MNCH programming, as part of Delivering as One.

### **4.2.2 Management of Financial and Other Assets**

The last audit for Lesotho was conducted in October 2008. All audit recommendations on operations were closed in January 2010 and are being sustained and monitored closely through CMT and Operations meetings. A peer review support mission from the Regional Office, comprising the Regional Chiefs of Operations, Supply and ICT was undertaken in March 2010 to assist in follow-up of audit recommendations and best practices.

As at end of December 2010, utilisation rates were:

Type of funding	Allocation US\$	Requisition %	Expenditure %
RR	1,119,286	100	98
OR	8,578,667	100	94
SB	448,798	100	99

All planned resources were matched to planned results; the 100% implementation rate is evidence of good practice. CMT meetings focused on programme implementation, fund utilisation and monitoring of PBAs. Significant improvement was made in timely liquidation of DCTs (less than 1% over nine months at time of reporting).

Close follow-up on submitting realistic cash flow projections to ensure monthly cash holding was kept within the threshold (\$100,000). Monthly bank reconciliation was completed and reached DFAM prior to deadlines. On-line access to UNICEF bank accounts has tremendously improved the LCO's ability to address and take action on un-reconciled items within the same month. All outstanding un-reconciled items from 2009 were cleared in June 2010. Currently, the bank reconciliation does not reflect any outstanding items. The signatory panel was kept up to date during the year.

As part of Delivering as One, the UN Operations Management Team requested and evaluated proposals from several banking institutions in Lesotho and has selected one bank to service all UN agencies. UNICEF is in the final stages of finalising the opening of the new bank account. Furthermore, the UN procurement sub-committee is in the process of selecting common UN service providers for travel and local supplies, to leverage combined volumes to reduce costs. A physical Office inventory was undertaken and reconciled with the inventory database.

#### **4.2.3 Supply**

A realistic supply plan was developed in a timely manner in consultation with partners and stakeholders, with a total value of US\$1,016,980. The only donation in kind was Vitamin A. 2010 procurement was generally timely, and no losses/wastage in transit was experienced.

The supply peer review, held in March 2010 with support from the RO, focused on LCO internal procedures and systems relating to supply chain management. This included a review of the status of Common Assessment of Essential Commodities for Children (CAEC), country logistics contracting, and assistance for the 2010 supply planning and review of market survey. In addition, in close collaboration with Pretoria Procurement Centre (PPC), an assessment of government (MOET) printing facilities was conducted in July 2010, mainly for the purpose of capacity building and benchmarking, as well as procurement of high-value supplies. The assessment of printing houses has helped to improve local suppliers' business practices, quality of work and competitive pricing. There is however room for improvement in the general local market for adherence to Target Arrival Dates (TADs).

As chair of the UN Procurement sub-Committee, UNICEF continues to provide support for initiating common procurement activities for DaO initiatives, to harmonise the procurement process through implementation of common LTAs, joint institutional service contracts, and the creation of a common supplier database.

UNICEF does not manage any warehouse. Supplies are delivered directly to Government and NGO partners. The Government provides transit warehousing when necessary. Distribution to end-users is handled by receiving GoL Ministry or NGO partners. UNICEF programme staff regularly conducts end-user monitoring in the field, to confirm delivery and good use of supplies.

Supply Division provided remarkable support to LCO for procurement of vaccines and hospital equipment for the Measles SIA campaign. Excellent communication with GoL partners was key to the success of timely procurement and logistical arrangements.

#### **4.3 Human Resource Capacity**

There was no change in the Office staffing structure during 2010. Recruitment was carried out to fill two vacant International Professionals (IP Level 4) and one GS staff member. The Office endeavours to ensure gender balance and equality with regard to staffing mix. The current gender ratio for IP is 71% male vs. 29% female; for national staff, 10% male vs. 90% female; and for general service, 37% male vs. 63% female. Efforts will be made to address imbalances during future recruitment processes. In 2009, 97% of PERs were completed on time. The Office obtained a 100% submission of section 2.1 and e-PAS. Mid-year discussions were carried out for all staff to re-enforce good performance and address areas for improvement.

To enhance staff capabilities and competencies, group trainings and orientations were conducted during 2010. This included workshops on Results-Based Management, Advanced P2D, Enterprise Risk Management, Programme Policy and Procedures, Change Management, Security Awareness, and HACT. Opportunities for individual training were provided to staff to further enhance their technical competencies. Fourteen country trainings were attended by LCO staff. E-learning was also encouraged to address competency gaps.

Two trainings on stress management were conducted during 2010; one for UNICEF staff during the staff retreat, and one conducted by UNDSS for all UN staff. Two Peer Support Volunteers participated in a basic training organised and facilitated by the Regional Office. Staff has been provided with a list of counsellors available locally. Only three staff members sought support from Peer Support Volunteers.

As part of Caring for Us, the Office continues to conduct joint training session for newly recruited staff members on HIV in the workplace.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement**

UNICEF shares UN common premises donated by the Government of Lesotho. The Office contributes annually around US\$140,000 towards common services for maintenance, security, dispensary, cleaning, cafeteria etc. The estimated cost-savings in terms of rent and services at prevailing market rates is around US\$75,000 annually.

Operational costs in Lesotho remain on the high side due to: a) limited private sector and service providers; b) high communication costs (landlines, mobile phones, and internet 3G); c) high charges for banking services (significant loss in foreign currency exchange rate); and d) the high cost of air tickets, due to limited local travel agencies and monopoly by one airline.

##### **4.4.2 Changes in AMP**

The MTR did not recommend any major changes to the LCO management structure. It highlighted the need for better coordination of the HIV and AIDS function, which can be accommodated within the current Office structure. Overall no significant changes are expected in the 2011 Annual Management Plan.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations**

- 1. Lesotho UNICEF Gender Review*
- 2. Integrated Maternal and Child Health Seeking Behaviour Study*

3. *Lesotho Demographic and Health Survey 2009*
4. *Situation of Children in contact with the Law*
5. *The Review of the effectiveness of Child Helpline*
6. *Capacity Gap Assessment of the Department of Social Welfare*

## **5.2 List of Other Publications**

1. *Minimum Package on HIV Prevention Programming for and with Adolescents and Young People*

## **6. INNOVATION & LESSONS LEARNED**

**Title:** *Scaling-up Prevention of Mother to Child Transmission of HIV services in Lesotho: The use of a Mother-Baby Pack*

**Contact Person:** Ms Blandinah Motaung, email: bmatoung@unicef.org

### **Abstract**

Lesotho has introduced a Mother-Baby Pack (MBP), a pack of ARV drugs and related supplies, as a tool for ensuring that HIV- positive pregnant women and their babies receive the full course of ARVs required for PMTCT. The use of the MBP makes it possible for all HIV-positive pregnant women, in particular those who live in remote areas and travel long distances, to receive the full course of ARVs at their first (and often only) contact with professional health workers during pregnancy, delivery and postpartum. Over 80% of women using the MBP noted in a study that they are satisfied. Stigmatisation of women seen leaving hospital with the MBP is a concern, which is being addressed by giving HIV-negative pregnant women an MBP that contains iron and folic acid.

### **Innovation or Lessons Learned**

The idea of giving each HIV-positive pregnant woman the full pack of ARV drugs at her first contact with the health service, which may be the only visit by the mother to a health facility, is an innovation that addresses Lesotho's challenge of reaching women and their babies who do not receive all ARVs at the recommended time before and during delivery. The use of a "placebo" type strategy – giving micronutrients in the same type of pack that contains the ARVs – is also a lesson worth sharing with other countries, since it is likely to reduce stigma. Also, packaging of the drugs at the central level is more efficient than packing in health facilities, as this saves time for nurses.

### **Potential Application**

Co-packaging ARV drugs – different drugs given singly or in combination at different times – is a new strategy that can be introduced in other countries where pregnant women have poor access to health facilities, and hence are not able to attend antenatal care at the prescribed stages of gestation. Also the principle of co-packaging of drugs and supplies could be applied in other programmatic areas, such as during labour and delivery, when critical life-saving drugs and supplies are often not available.

### **Issue/Background**

Up to 40% of infants born to HIV+ mothers will acquire HIV, if ARVs and other preventive measures are not taken. In February 2003, for prevention purposes the use of a single drug, nevirapine, was introduced at eight facilities. However, in 2006 when new WHO guidelines recommended the use of multi-drug efficacious regimen to be received at 28 weeks of gestation, during labour and after delivery; Lesotho faced the

challenge of women not coming back after their first antenatal care visit to receive ARVs, mainly due to long distance and high travel cost.

### **Strategy and Implementation**

Health facility staff came up with the idea of providing each HIV-positive pregnant woman with the full course of preventive drugs she needs during pregnancy, labour, delivery and the postpartum period at her initial visit, which is commonly the only one until after the baby is born. The Lesotho Ministry of Health endorsed the proposal and started implementing in some health facilities. By December 2009 all public and Christian Health Association of Lesotho health facilities providing PMTCT services had introduced the Minimum PMTCT Package (currently called the Mother-Baby Pack, MBP). Starting from 2007 and with support from partners, including UNICEF, MoHSW trained nurses, equipped health facilities and provided them with supplies needed to put into the package. This package contained all the drugs and other supplies a pregnant woman who is HIV- positive, and her baby, will require from the recommended gestation of 28 weeks through delivery and postpartum. In 2007, 136 health facilities started giving each HIV-positive pregnant woman who attended antenatal care the MBP at first visit.

### **Progress and Results**

By December 2010, all 186 facilities providing PMTCT services were using the MBP. A study carried out in 2010 to assess the role of the MBP (locally called 'Minimum PMTCT Package') in scaling-up a more efficacious PMTCT ARV regimen showed that 95% of sampled health facilities reported that they gave women the complete Minimum PMTCT Package (MPP) and not individual items. More than over 80% of women interviewed were satisfied with the pack, while 99% said they used the medicines as instructed. The health staff reported that packaging of the drugs in their facilities took a lot of their time, which they would otherwise spend for other duties. Stigma was found to be a concern for women in this study. As described by one woman "The medications in bottles are a tell-tale sign to the community at large. Once the community sees one carrying them they realise that one has the disease". Administrative data from health facilities showed that from the inception of the MBP initiative to date, there has been a 30% increase in HIV-positive pregnant women receiving ARVs for PMTCT.

### **Next Steps**

In 2011 Lesotho will address the two key concerns facing the initiative. It will introduce packaging at the central level to reduce the burden on health facility staff. The National Drug Service Organisation will pre-pack all the drugs and other supplies for each woman before they are transported to the health facilities. To minimise stigma associated with a pregnant woman being seen carrying medications in bottles, strongly suggesting that she is HIV positive, the country has modified the strategy so that all pregnant women, no matter their HIV status, will receive a Mother-Baby Pack. The pack for the HIV negative woman contains drugs, vitamins and minerals to improve maternal health.

## **7 SOUTH-SOUTH COOPERATION**

During 2010, Ayala Co., an Ecuadorian company, provided technical support to UNICEF, DSW and CSOs in the design and targeting exercise of Lesotho CGP. Currently five senior technical experts of Ayala Co. are based at the Ministry of Health and Social Welfare providing day-to-day support to the CGP and establishing a unified database for social assistance programmes.

UNICEF Lesotho hosted, on behalf of the Regional Office, an experience-sharing workshop on operational issues of Social Cash Transfers, in which more than 65 participants from 12 African countries participated. This was a unique initiative in the area of Social Cash Transfer, and the enriching presentations of different countries were

useful for advancement of the Social Protection Agenda in the region. The network established during the meeting translated to an online Social Protection Practitioners community, which continues to provide updates on recent developments in their respective countries and to support to each other on sourcing information, expertise and lessons learned.

The Capacity Gap Assessment of the Department of Social Welfare was conducted by a leading organisational management and development consultant from Malawi. The process was well-received by Lesotho's Ministry of Health and Social Welfare, which requested the services of the consultant to implement some of the recommendations.