



## 1. CRITICAL ISSUES FOR CHILDREN

With a national HIV seroprevalence of 23.2 per cent among adults, Lesotho has the third highest prevalence rate in the world. Consistent with the trends in the region, HIV prevalence among young people aged 15-19 years is estimated at 7.8 per cent in females and 2.3 per cent in males (Lesotho Demographic and Health Survey 2004/2005). The AIDS epidemic, poverty and drought are recognized as the underlying factors behind the current complex humanitarian crisis in southern Africa. Lesotho is one of the six affected countries in the sub-region. The estimated number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000 or one third of the population between 2002 and 2004. Poverty has increased significantly due to the restructuring of the mining sector in South Africa and the retrenchment of unskilled labour. Many of the gains made in the 1980s in improving children's access to quality social services have been reversed, largely due to the inability of families to cover the costs of basic services, such as education and routine health care.

The country is also confronted by an increasing number of orphans, estimated at 180,000 in 2005. While the education system already counts 142,000 orphaned children in primary and secondary school, care and protection of this group, who is at high risk of dropping out of school and, subsequently, of being exposed to abuse and exploitation, is a national challenge. Some 30 per cent of orphaned children are estimated to be out of school.

Many orphans are forced to undertake some of the most hazardous forms of labour (herding, domestic work or commercial sex) in order to survive. This is due to the lack of an appropriate policy and legislative framework specifically addressing their rights to access services and entitlements, such as health and basic education, in the absence of parents and primary caregivers. A national policy for orphaned and vulnerable children awaits urgent approval by Cabinet. The Child Protection and Welfare Bill (2005) also awaits enactment in the near future.

With the threat of influenza virus H5N1 looming in other parts of the world, Lesotho is at risk of double impact: the high HIV prevalence makes many Basotho susceptible to a rapid progression of the virus in an event of Avian Influenza breaking out in Lesotho; poultry is one of the main commodities that the country uses in daily diet and traditionally a dead bird means a meal for the family. It is against this background that the country is putting in place majors to prevent this.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

During 2002-2004, using funds from the Consolidated Appeal for Lesotho, and in collaboration with government, NGOs and international partners, UNICEF responded to the humanitarian crisis by addressing both its immediate and long-term impact on critical areas in health, nutrition, education and protection.

In health and nutrition, routine immunization continued to be strengthened and National Immunization Days for polio supported. In a mass campaign in September 2004, 170,000 under-five children were immunized and received vitamin A supplementation. UNICEF is supporting the establishment of a national nutritional surveillance system in the 10 districts, of which five are now operational. Sets of dietary guidelines for people living with HIV/AIDS and for infants and young children were finalized. An integrated emergency training package for service providers covering health, nutrition, protection, child rights and life skills – developed in 2003 with partners under the coordination of the Disaster Management Authority – is being cascaded at district and community levels after the initial training in 2003 of 80 trainers. More than 200 heads of department, 140 community service providers, 50 youth leaders and 300 young farmers have already been trained at the height of the crisis. The package continues to be shared with partners, including NGOs, for use in conducting training among their own constituencies. A training module on HIV/AIDS, gender

and life skills was developed in late 2002 with the Ministry of Education and Training and inputs from children – 8,000 out of 10,000 teachers in the 10 districts were trained on it. Sara Communication material was widely distributed. As no further emergency funds were received after 2004, emergency interventions with a long-term impact were integrated into regular programming.

For the long term, since 2003, existing systems for the registration of newborns and orphaned children under the Ministry of Local Government are being strengthened with the provision of computer and printer equipment, the development of a computerized database and capacity-building of assistant registrars, traditional leaders and district secretariat staff. This activity is key to ensuring that vulnerable children are recognized by the State and access their rights to basic services. The Department of Social Welfare is also closely involved.

The two above-mentioned education activities preceded the curriculum revision and the development of the life skills curriculum – supported by UNICEF – that is now under way for rolling out in 2007 through both formal and non-formal education systems. This new stand-alone subject in the curriculum is expected, among other things, to enhance the knowledge and awareness of HIV/AIDS and develop coping skills among children in and out of school and among youth to confront issues of parental loss, recognizing situations of risk and minimizing high-risk behaviour that could lead to becoming infected with HIV.

During 2005-06, Lesotho developed a national preparedness and response plan for Avian Influenza pandemic in collaboration with the Ministry of Health and Social Welfare and the Ministry of Agriculture and Food Security. This plan aims to prepare the country for a timely, consistent and coordinated response in the event of an Avian Influenza pandemic, which could affect the Basotho nation. The plan outlines measures to prevent and/or control the pandemic to be executed at different phases of its progression in the country. It is structured in accordance with WHO *Strategic actions in responding to the avian influenza pandemic threat – Recommended strategic actions* (WHO, 2005) and *Influenza pandemic risk assessment and preparedness in Africa* (WHO, 2005).

### 3. PLANNED HUMANITARIAN ACTION FOR 2007

#### **Coordination and partnership**

UNICEF works closely with key government counterparts: the Ministries of Health and Social Welfare, Education and Training, Agriculture, Local Government; the Child and Gender Protection Unit of the Police; the Food and Nutrition Coordination Office; the Disaster Management Authority; UN agencies, such as FAO, UNFPA, WFP and WHO; and local and international NGOs/faith-based organizations.

UNICEF supports the Ministry of Health and Social Welfare in carrying out its mandate as the focal point agency for orphaned and vulnerable children (OVC). This includes the establishment of multisectoral coordinating mechanisms at central and district levels that facilitate improved intersectoral collaboration in implementing the OVC National Action Plan and the OVC policy. UNICEF is a member of the HIV/AIDS Theme Group, the Gender Theme Group and the Food and Nutrition Task Force.

#### **Regular programme**

The current Country Programme 2002-2007 has four programme areas: child survival, care and development; basic education for all; adolescent development; and social policy development and planning. The Country Programme is national in scope, with emphasis on going to scale with most activities. Since 2002, humanitarian crisis-related activities have been implemented within the context of the regular programme. *While there is no emergency programme per se, HIV/AIDS is the overall operational context for programming since the epidemic is perceived as a chronic and long-term crisis.*

### Health and nutrition (Avian Influenza) (US\$ 50,000)

Avian Influenza poses a threat to the overall survival and well-being of women and children, especially orphans and other vulnerable children. To this end, a national preparedness plan has been drawn up by the Government of Lesotho in the event of an Avian Influenza pandemic. The measures needed to execute the National Plan fall under medical interventions, non-medical interventions and effective communication. The UN system is in the process of assisting the country prepare a resource mobilization strategy document to support the Plan. Though Lesotho may currently be on the inter-pandemic phase, necessary actions need to be taken to facilitate a timely, consistent and coordinated response against the pandemic. This is particularly important in light of Lesotho's high HIV infection rate and resulting susceptibility to a double impact of a possible pandemic. Targeting 10,000 mothers and children, UNICEF's main objective is to contribute to the country's immediate response promoting preventive measures, launching social mobilization campaigns, producing and distributing information, education and communication materials, as well as ensuring the availability of the required medical care to the affected mothers and children. The following medical supplies will be made available during the emergency preparedness phase:

- medical supplies; antibiotics, antipyretics, personal protective supplies/equipment for frontline workers and masks for patients;
- related vaccines and antiviral drugs.

UNICEF will also contribute to the overall coordination mechanism in response to the outbreak providing technical expertise and supporting capacity-building activities.

### Child protection (US\$ 562,700)

Although primary education is free up to grade 7, many children still do not have access to school because they cannot afford the cost of uniforms, transport and other accessories. The revised Education Act, which makes primary school free and compulsory, will contribute to higher enrolment of the most marginalized children, such as herd boys. Herd boys in Lesotho are a group of people who have high illiteracy rates and least access to education. Children who are herd boys are not only engaged in one of the worst forms of child labour but are also exposed to high levels of abuse and neglect. There are some 15,000 herd boys around the country. Many get employed in order to help their families survive. While there are no official data to indicate how many orphaned children are herd boys, it is estimated that 30 per cent of orphaned children are compelled to drop out of school. Many among these can be expected to resort to work. With increasing poverty and lack of primary caregivers due to the pandemic, orphaned children are at further risk of exploitation by communities. Herd boys are exposed to harsh weather conditions at the cattle post. They form part of a society that is isolated from national programmes and rarely reached by services. Many lose out on most of their childhood years. In view of the high infection rates among youth who practice unprotected sex, herd boys are also at risk of being exposed to HIV infection for lack of knowledge and awareness about the modes of transmission. In freezing winter temperatures that last for over five months and hot summer days, they look after animals that are not their own. While continuing to support the formulation and enactment of the requisite legal and policy frameworks to ensure universal access to basic education, UNICEF also collaborates with the Lesotho Distance Teacher Centre (LDTTC) and NGOs to reach vulnerable groups such as herd boys with non-formal education which also includes information on HIV/AIDS prevention and life skills. Given the unpredictable weather conditions, should there be an emergency situation related to climatic factors, UNICEF would wish to target this group of children and youth working through the LDTTC, NGOs and the District Administrators' Offices in the 10 districts. Activities will include:

- Procure and distribute blankets to 5,000 herd boys in 10 districts;
- Procure and distribute 5,000 rain coats and gum boots to herd boys;
- Procure and distribute 5,000 wind-up radios to herd boys;
- Procure and distribute torches and batteries for 5,000 herd boys;
- Procure and distribute candles and matches for 5,000 herd boys;
- Procure and distribute literacy kits containing hygiene equipment.