

## Lesotho

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### Executive Summary

The year 2015 started under a politically unstable situation when the political disturbances of 2014 spilled over into the New Year. However, an election supervised by the Southern Africa Development Community, the regional body, ushered in a new coalition Government. Being the last year of the 15-year Millennium Development Goals (MDGs), the focus of UNICEF Lesotho and the United Nations was on intensified policy dialogue, advocacy and accelerated programme implementation to achieve the MDGs and to measure and report on them while sensitizing the Government and citizens of Lesotho on the incoming Sustainable Development Goals (SDGs).

The policy dialogue, advocacy and programme implementation led to the following country programme results: a strengthened child-sensitive social protection system, which provided cash to 23,500 poor households that are caring for about 60,000 children, whose health, education and food security situation improved as a result of this intervention; the introduction of pneumococcal conjugate vaccine into the routine immunization programme, reaching 26,521 children for protection against pneumonia, a major childhood killer disease; the strengthening of the vital registry system, leading to the registration and provision of birth certificates to 191,161 children, a 30 per cent increase over the 2014 figure; and strengthening of district health systems, resulting in three quarters of HIV-infected pregnant women nationwide receiving antiretroviral medicines for their own health and for preventing the transmission of the HIV virus to their infants. These results were achieved through strategic partnership with donors, the Government, civil society organizations (CSOs), international non-governmental organizations (NGOs) and other United Nations agencies, and by building the capacity of institutions and communities in fulfilling their obligations.

UNICEF Lesotho's strong partnership with the European Union and with the Government of Lesotho led to the strengthening of the Child Grants Programme (CGP) and securing of the third generation of funding amounting to about US\$8.5 million to support governance in social protection in 2016–2020.

Partnership with the World Bank and the Government Lesotho has led to the generation of evidence for resource allocation decision-making in the health and education sectors. A public expenditure review, public expenditure tracking survey and quantitative service delivery study are under way in the health sector, while an education sector diagnostic study is going on in the education sector. Preliminary findings from these studies have stimulated discussions among policymakers in the two sectors. Another partnership effort worth of note is the collaboration among the United Nations, United States Government and the Government of Lesotho that led to the re-establishment of a national AIDS coordinating body, addressing a significant and long-standing gap in the coordination of the multi-sector response. Lastly, the Lesotho network of child protection organizations was supported to improve the capacity of member organizations in psychosocial support, child protection and organizational governance.

UNICEF Lesotho, however, registered shortfalls in the targets of the following Country

Programme outputs: the proportion of HIV-infected children receiving antiretroviral medicines was 29 per cent due to systemic gaps in the identification of children in need and the ability of health providers to initiate children into treatment and to support their ongoing care, falling short of the 95 per cent benchmark for 2015; the enrolment of children into preschool stagnated at 33 per cent and the net enrolment rate in primary schools remained at 77 per cent for 2013 and 2014. Reasons for this were the very low budget for early childhood development (ECD), and limited availability of ECD education facilities. Despite the high budget for education, the low efficiency of the sector resulted in declining enrolment and low learning outcomes.

Overall, 2015 was a significant milestone in programming for UNICEF Lesotho, being the midpoint of the Country Programme, the United Nations Development Assistance Plan, the National Strategic Development Plan, and the end-year of the MDGs, serving as a year for stock-tacking on these goals. The country made progress towards the education and gender equality goals, but has unfinished business with maternal health, combating HIV, eradicating hunger and child mortality, which will be given priority in the SDG agenda for the country. In line with the UNICEF Strategic Plan 2014–2017 and to be more responsive to Lesotho's middle-income status, UNICEF Lesotho will continue to place more emphasis on evidence-based policy dialogue and advocacy, supporting communities to address inequalities and South-South cooperation.

UNICEF Lesotho raised US\$8,245,194.91, representing 95 per cent of the total annual amount budgeted for in the Country Programme Document for 2015. Some 82 per cent of this amount came from Other Resources (OR) and Other Resources – Emergency (ORE), and the execution rate of the total annual budget was 97 per cent.

## Humanitarian Assistance

The 2015 Lesotho Vulnerability Assessment Committee report indicated an increase in the food insecure population from 447,760 in the previous season (2013/14) to 464,000 in the current one (2014/15). The current El Niño phenomenon has a high likelihood of worsening the food security situation, increasing the number of people needing support to 650,000 due to widespread food insecurity and livelihood shocks. The vulnerable groups, which include children younger than 5 years old, expectant and lactating mothers, people living with HIV and people infected with tuberculosis, are at increased risk of undernutrition, morbidity and mortality as a result of insufficient dietary intake, poor hygiene and sanitation, lack of access to clean water as well as poor access to health services.

The presence of safety nets through the school feeding scheme, cash and food transfers as well as grants by the Government and NGOs provide a buffer for rural households that improves access to food and income and reduces the prevalence and severity of livelihood shocks. Safety nets have had a positive protective effect – lowering the estimated number of people that require immediate assistance in the 2015/16 consumption year from 463,936 to 180,000 (11 per cent of the population).

UNICEF, in tandem with the United Nations Disaster Risk Management Team, continues to support the Government with its mitigation and response planning. In 2015, UNICEF Lesotho efforts focused on providing technical support to the Government in preparation for the national response to the El Niño phenomenon. Through the United Nations Disaster Risk Management Team, UNICEF, in partnership with United Nations agencies and NGOs, supported the Government in developing a national multi-hazard contingency plan that aims to mount timely, consistent, effective and coordinated responses to save lives, property and the environment.

The plan targets four critical sectors: (a) Agriculture and Food Security, (b) Water and Sanitation, (c) Health and Nutrition, and (d) Logistics. UNICEF, in collaboration with the Government and the World Food Programme, integrated nutrition assessment into the annual vulnerability assessment that has contributed to an early warning system on malnutrition.

To strengthen targeting mechanisms in emergency situations, UNICEF Lesotho supported the Government, through the Ministry of Social Development, to undertake an in-depth reform of the National Information System for Social Assistance (NISSA). The reform aims to harmonize the targeting approach to enable NISSA to facilitate quick identification of vulnerable populations for use by all relevant programmes, including for emergency interventions.

The Country Office remains compliant with UNICEF's corporate preparedness and response benchmarks.

### Mid-Term Review of the Strategic Plan

UNICEF Lesotho has harmonized the Country Programme to adapt it to the strategic orientations of the UNICEF Strategic Plan 2014–2017. These adaptations were made with the aim of making the Country Office responsive to the lower-middle-income context of the country. Over the past two years, key lessons learned were:

A greater focus on upstream work was necessary. UNICEF Lesotho has been (i) working more closely with the Government and development partners to make national policies more sensitive to children's well-being, (ii) leveraging more government resources towards investments in children, and (iii) strengthening its partnerships. Over the past two years, UNICEF Lesotho has taken the following actions:

1. Strengthened strategic advocacy using strong evidence to engage with the Government and stakeholders: For example, from 2014 to 2015, varied advocacy activities (aimed at cabinet, parliament, media and CSOs) used evidence from studies and research conducted to influence action for children. This resulted in (i) the taking over of the CGP by Government and a commitment towards its expansion, (ii) the adoption of strategic policies like the national social protection strategy and Integrated Early Childhood Care and Development (IECCD) Policy, (iii) the rehabilitation of the national coordinating body for AIDS, and (iv) progress in Lesotho's alignment with the Scaling Up Nutrition movement.

2. Increased evidence generation: UNICEF Lesotho also supported sector analysis in the education and child protection sectors that is guiding UNICEF's advocacy, programming and policy-related work. In child protection, for example, the violence against children (VaC) scoping study, completed in 2015, has led to national prioritization of the VaC agenda. In the education sector, the ongoing education sector analysis will contribute to UNICEF Lesotho honing its technical and financial support towards strategic investments.

3. Increased investment in policy support: Policy support has been considerably increased over the past two years in order to ensure that clear frameworks for children are in place to guide the Government's decisions. UNICEF has contributed to policy development in policies formulated in social protection, nutrition, IECCD and child protection.

4. Strengthened integration and coordination between programme components to maximize gains for children: Substantial effort has been made to improve the integration of programme components, through flagship programmes such as the CGP. This has included harmonization

of programme components such as (i) the One Stop Shop (OSS), which uses social protection and decentralization to strengthen service delivery at the local level, (ii) the integrated community development model, which aims to mobilize and empower communities, (ii) the conditional cash transfer pilot, which integrates social protection with health and education, and (iv) the use of CGP to expand birth registration among beneficiaries.

5. An increased focus on supporting communities: In order to reduce vulnerabilities and inequities among the Basotho population, UNICEF Lesotho has strengthened its presence at the community level to support the delivery of high-impact interventions. In this regard, several interventions have been introduced in various sectors, such as (i) coordination in support of the VaC agenda, (ii) roll-out of the integrated community development model, (iii) the OSS pilot, and (iv) the carrying out of the Community-Led Total Sanitation pilot. These interventions aim to (i) strengthen community participation and mobilization, (ii) address key bottlenecks impeding child well-being and development, and (iii) contribute to livelihood options for the population.

6. Contributing to sub regional collaboration: Given similarities in context and development challenges, UNICEF Lesotho has participated substantially in efforts to develop sub regional programmes with Botswana, Namibia, South Africa and Swaziland (BNLSS) in four areas (social protection, nutrition, VaC, and HIV and AIDS). Through the BNLSS joint programming approach, UNICEF Lesotho has started collaborating with neighbouring countries to embark on: joint resources mobilization in order to address the challenge of decreased funding since the global economic crisis; strengthened South-South cooperation and experience sharing; and pooling costs of certain common transactions, both technical and operational.

## Summary Notes and Acronyms

ACERWC – African Committee of Experts on the Rights and Welfare of the Child

AIDS – Acquired Immuno-virus Deficiency Syndrome

AMP – Annual Management Plan

ART – antiretroviral therapy

ARWC – African Charter on the Rights and Welfare of the Child

AU – African Unity

AWP – Annual Work Plan

BCP – Business Continuity Plan

BNLSS – Botswana, Namibia, Lesotho, South Africa and Swaziland

C4D – Communication for Development

CEDAW – Convention on the Elimination and Discrimination Against Women

CERWC – Committee of Experts on the Rights and Welfare of the Child

CFS – child-friendly school

CGP – Child Grant Programme

CLTS – Community-Led Total Sanitation

CMT – Country Management Team

CO2E – carbon dioxide emissions

CPD – Country Programme Development

CRS – Catholic Relief Services

CSO – civil-society organization

DCPT – District Child Protection Team

DHS – Demographic and Health Survey

ECD – early childhood development

ECCD – early childhood care and development

EMIS – Education Management Information System  
 EU – European Union  
 FAO – Food and Agricultural Organization of the United Nations  
 GAVI – Global Alliance for Vaccines and Immunization  
 HACT – Harmonized Approach to Cash Transfer  
 HRBA – human rights-based approach  
 ICT – information and communication technology  
 IECCD – Integrated Early Childhood Care and Development  
 IMEP – Integrated Monitoring Evaluation Plan  
 ISSN – Integrated Social Safety Net  
 LCE – Lesotho College of Education  
 LNOC - Lesotho National Olympic Committee  
 LTA – Long-Term Agreement  
 MBP – Mother Baby Pack  
 MDG – Millennium Development Goal  
 M&E – monitoring and evaluation  
 MoET – Ministry of Education and Training  
 MoH – Ministry of Health  
 MoHA – Ministry of Home Affairs  
 MoSD – Ministry of Social Development  
 MSH - Management Sciences for Health  
 NFE – non-formal education  
 NGO – non-governmental organization  
 NISSA – National Information System for Social Assistance  
 NOCC - National OVC Coordination Committee  
 OR – Other Resources  
 ORE – Other Regular Resources – Emergency  
 OSS – One Stop Shop  
 OVC - Orphans and Vulnerable Children  
 PEPFAR – U.S. President’s Emergency Plan for AIDS Relief  
 PMTCT – prevention of mother-to-child transmission of HIV  
 RR – Regular Resources  
 SDG – Sustainable Development Goal  
 SOP – Standard Operating Procedures  
 UNAIDS – Joint United Nations Programme on HIV/AIDS  
 UNDP – United Nations Development Programme  
 UNESCO – United Nations Education, Scientific and Cultural Organization  
 UNFPA – United Nations Population Fund  
 UNICEF – United Nations Children’s Fund  
 VaC – Violence against Children  
 WASH – water, sanitation and hygiene  
 WFP – World Food Programme  
 WHO – World Health Organization

## Capacity Development

UNICEF Lesotho capacity development focused on the promotion of community empowerment, positive social norms and behaviours.

In the water, sanitation and hygiene (WASH) sector, UNICEF, the Government and non-governmental organization (NGO) partners (Lesotho Red Cross Society and Mantsopa

Communications) collaborated to introduce Community-Led Total Sanitation (CLTS) into Lesotho, aimed at reducing open defecation. Following a process of ‘triggering’ in 11 communities to enable the community transformation process, latrine construction progressed steadily, with 33 per cent coverage in Thaba Theka, the pilot district. To date, three villages are ready for certification of their open defecation-free status.

In social policy, UNICEF and the Ministry of Social Development (MoSD) used a community-based targeting approach that enabled the whole community to determine the potential beneficiaries of social assistance, thus empowering communities in the decision-making process. About 500 villages received training and are using this new community approach. At the same time, beneficiaries have been empowered to take up income-generating activities aimed at assisting them to obtain a livelihood and graduate from the social assistance scheme. Consequently, 2,205 households have been trained and assisted to construct, manage and maintain 1,141 keyhole gardens. In addition, 145 community-based saving groups have been established.

In child protection, UNICEF Lesotho provided technical and financial support to civil society organizations (CSOs) that are working in communities to improve child protection services to children and families. For instance, 52 member organizations of the Lesotho Network of CSOs received training in child protection, psychosocial support and governance in an effort to improve services to children. An impact evaluation of the trainings and subsequent service delivery is under way.

### **Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Lesotho continued to support the Government and implementing partners to generate evidence to inform advocacy and strategic decision-making in support of children.

In the health sector, preliminary results of the Lesotho Demographic and Health Survey (DHS) (2014), supported by UNICEF and other development partners working in the sector, provided critical information that has enhanced the policy dialogue and programming, in particular in determining priority areas – maternal and child health, health systems strengthening and HIV/AIDS – for greater investment. UNICEF plans to conduct secondary analysis of the Lesotho DHS in 2016 to further assess inequities around access to services.

In social protection, the Child Grant Programme (CGP) impact evaluation findings were used at national, regional and global levels to advocate for national investments in social protection. Various articles published in the international media, including *The Guardian*, linked the impact of the CGP to the Sustainable Development Goals (SDGs). Further, the evaluation informed technical and financial assistance to the MoSD in designing and piloting of a community development model which has led to a national action plan for community development. Other studies include an investment case on social protection and the impact of social protection on production, in partnership with the Food and Agriculture Organization of the United Nations (FAO), which has provided information on the link between social protection and other sectors in promoting livelihoods and graduation from protection schemes.

In child protection, the preliminary report of the violence against children (VaC) scoping study is being used to advocate for and engage the Government and build the capacity of partners (police, magistrates, children’s court, child helpline), to address the prevention of and response to VaC at all levels.

## Partnerships

In 2015, UNICEF Lesotho invested in strategic partnerships to advance results for children.

Under the Scaling Up Nutrition framework, UNICEF partnered with the Ministry of Development Planning, the Food and Nutrition Coordination Office, and the Ministry of Health (MoH) to track domestic allocations for nutrition. The partners are using key findings from this study as evidence for advocacy.

The national Integrated Early Childhood Care and Development (IECCD) partnership platform, including ministries and NGOs, was instrumental in launching the National Policy on IECCD and in drawing high-level attention to children who are currently underserved. For instance, during the commemoration of World Breastfeeding Week in the industrialized area of Maseru, where children of factory workers do not have early childhood development (ECD) facilities, the Queen of Lesotho received the pledge of ministers of state to devote greater resources to childhood care centres in these settings.

UNICEF Lesotho, the United Nations and other development partners supported the Government to re-establish the national AIDS coordinating body, the National AIDS Commission. The re-establishment of the National AIDS Commission addressed a long-standing gap in the coordination of the multi-sectoral HIV response.

The Lesotho network of child protection organizations was supported to improve the capacity of member organizations in psychosocial support, child protection and organizational governance.

UNICEF Lesotho expanded its partnership with the World Bank. This included jointly sponsoring a Public Expenditure Review, Public Expenditure Tracking Survey and Quantitative Service Delivery Study aimed at analysing the efficiency of spending and quality of services in the health sector. Similarly, UNICEF Lesotho and the World Bank jointly supported the inclusion of newborn care indicators in the performance-based financing programme of the health sector. Partnership with the European Union (EU) resulted in the third generation of funding amounting to US\$8.5 million to support governance in social protection in 2016–2020.

## External Communication and Public Advocacy

Global and regional advocacy strategies informed UNICEF Lesotho efforts, including the development of the EU/UNICEF Visibility Plan 2016–2020 in support of social protection interventions and the UNICEF Lesotho Communication, Advocacy and Advocacy Strategy, 2015–2017. The implementation of these strategic documents involved the engagement of key audiences to act on behalf of children. These engagements include the following:

The commemoration of World Breastfeeding Week, during which UNICEF Lesotho partnered with the Queen of Lesotho (Patron of Breastfeeding), the World Health Organization (WHO), the World Food Programme (WFP) and the Government to promote exclusive breastfeeding. UNICEF Lesotho also supported the hosting of a national forum on nutrition led by the King of Lesotho, the 2014/15 Africa Union Nutrition Champion, paving way for the development of policies and programmes to vigorously address nutrition.

The Day of the African Child was used as a platform to highlight VaC, especially the prevalence of child marriages (16 per cent) in Lesotho. UNICEF Lesotho and the MoSD organized national events, including a press briefing, where the Queen addressed the nation on VaC, highlighting the negative impact of child marriage.

UNICEF Lesotho supported ongoing campaigns to increase visibility of key issues affecting children and to advocate for increased funding. Key examples were the launch of the IECCD Policy and sensitization of key actors, including the business community and district administrators as well as the launch of the National Policy on Social Development.

An international media visit to highlight the CGP and its impact led to articles in key publications – The Guardian, NZZ News and SABC Radio. Fifteen local journalists were sensitized on the SDGs as the emerging development agenda and its implications for children in the country.

UNICEF Lesotho ventured into digital media with the creation of Twitter and Facebook accounts, securing 1,000 followers who were exposed to content on issues affecting Basotho children.

### **South-South Cooperation and Triangular Cooperation**

UNICEF Lesotho invested in South-South cooperation as a means of advancing programme results.

In 2015, this included several learning-based activities, such as:

- Officials from the MoSD undertook two UNICEF-sponsored study tours to understand how other countries are running a social protection system. The first tour, to Brazil, had a high-level delegation composed of the Minister of Social Development and the Chair of the Social Cluster of the Parliament and focused on (i) coordination of social protection, (ii) government leadership in social protection, and (iii) possible delivery systems. The visit was instrumental in enhancing understanding and leadership of the emerging social protection system and understanding of parliamentary monitoring mechanisms for social protection. The second tour was a learning visit to the United Republic of Tanzania that has contributed to positioning community-based targeting as a central approach for social protection targeting in Lesotho.
- A UNICEF-Joint United Nations Programme on HIV/AIDS (UNAIDS) team observed the 'All In' process in Zimbabwe – aimed at addressing the exclusion of adolescents in the HIV response – to learn how to implement the participatory approach for improving programme delivery through a review of existing data. The two agencies then facilitated a rapid assessment process and ensured inclusion of 'All In' within the country's 2015 Global Fund Concept Note.
- A multi-sector delegation took a study tour to Zambia to learn about CLTS. The Lesotho team learned the importance of involvement of local leadership in the CLTS process – a critical element for Lesotho to expand its pilot programme
- As part of the joint programming initiative of Botswana, Namibia, Lesotho, South Africa and Swaziland (BNLSS), Lesotho parliamentarians that participated in the inter-parliamentary conference on nutrition in Namibia presented to their peers the powers that parliamentarians can deploy to help reduce malnutrition rates.

### **Identification and Promotion of Innovation**

UNICEF Lesotho supports innovation to primarily improve access and quality of services.

The Ministry of Local Government, with the support of development partners (GIZ, UNICEF and EU) tested the One Stop Shop (OSS) model. The OSS aims to bring service delivery closer to the most vulnerable people. It provides services, information and referrals in one single location. A service directory and information offered improves referrals between services for beneficiaries and the wider community. The OSS brings much-needed services across the social sectors in

one location and closer to communities. The concept is made up of two service-delivery components. The first is the permanent structure, where different services are integrated and provided in the local government community council offices. The second is called service days, which are mobile in nature and can provide specific services at a given time within the communities. Birth registration, health, education and social protection services are provided using these two approaches. The OSS contributed to a 30 per cent increase in birth registration in 2015 (191,161) compared with 2014.

Another innovation is the provider-initiated HIV testing and counselling for children under 5 years old. UNICEF, the Elizabeth Glaser Paediatric AIDS Foundation and the MoH introduced provider-initiated testing and counselling in existing clinics for children under 5 as a means of screening more children for HIV. This idea came up with the realization that whereas routine vaccination coverage was high, HIV testing and treatment coverage for children was low. The pilot on integration of services resulted in the testing of 7,090 children in two districts. The pilot has been used to inform national scale-up plans and has leveraged funds for expansion into two additional districts.

### **Support to Integration and Cross-Sectoral Linkages**

The Lesotho Country Office recognizes the necessity of addressing children's issues holistically. This is especially useful in the early years of the child's life. In addition, the wide coverage of the Government-EU-UNICEF CGP provided an opportunity to reach more children and promote linkages with other sectors. Riding on the CGP, the OSS was born to bring social services closer to communities and in a single location. With the OSS, UNICEF Lesotho is piloting the pathways to strengthen integration and linkages between social protection and other sectors. The initiative uses decentralized structures (local government community council) to bring services closer to the local population. The integration and cross-sectoral linkage happens mainly during service days (or outreach) when a diverse group of service providers is called to one place to deliver health, education and protection services or referral information to a vulnerable local population. In addition, in the permanent structure of the OSS, local populations get relevant information for multiple services or are referred to relevant providers.

One of the key benefits of the OSS is acquisition of identification documents, which is a requirement for access to social assistance programmes offered by the MoSD. The CGP linked households with registration of births and assisted many potential beneficiaries of social assistance to obtain identification documents and thereby receive assistance. This was made possible through the facilitator role played by UNICEF in the partnership between the MoSD and Ministry of Home Affairs (MoHA) to enable access to identification documents.

Another cross-sectoral work was UNICEF partnership with government ministries and NGOs to address ECD issues holistically through implementation of the IECCD Policy, and recruitment of a cross-sectoral team to address ECD intervention issues multi-sectorally. Despite these efforts, the Government's budget allocation for preschool was 0.03 per cent, far below the Regional Office's target of 10 per cent.

### **Service Delivery**

Lesotho has invested heavily in the social sectors. UNICEF Lesotho focused its support on addressing bottlenecks in national service delivery channels.

In Health, UNICEF and WHO supported the MoH to introduce the pneumococcal vaccine into routine immunization for infants. The vaccine will reduce the number of deaths due to

pneumonia among children under 5. A Joint Appraisal GAVI delegation visited Lesotho and noted the achievements around the vaccine's roll-out and improvements in immunization coverage. Recommendations included the need to accelerate implementation of the GAVI health systems strengthening grant. UNICEF supported the 10 districts to develop social mobilization plans on immunization.

In WASH, the CLTS approach, which was introduced in one district (Thaba-Tseka), was supported to inform and guide further roll-out. Within the triggered villages of the target district, 33 per cent latrine coverage was achieved, 3 out of 13 villages have achieved open defecation-free status, and 35 latrines have been constructed in four schools, leading to 13 latrines for boys and 16 for girls, with the remainder for teachers. In promotion of hand-washing, 11 tippy taps were constructed in schools. These actions have resulted in increased hygienic practices in target villages.

UNICEF Lesotho partnered with GIZ to roll out the OSS approach, targeting community councils. The initiative consolidated access to public-sector services at a single location and strengthened referral mechanisms. The approach utilizes two platforms: physical structures within the community to deliver a variety of services, and the use of outreach days, when services are delivered in a selected village, to bring needed services closer to the community. The OSS has produced a mapping, which reviewed services across sectors that can be integrated into the OSS, the 'launching' of OSS in four community councils (Mokharane, Tenosolo, Quibing and Quiloane), and six service days reaching 300 individuals.

### Human Rights-Based Approach to Cooperation

UNICEF Lesotho efforts at achieving human rights-based benchmarks focused on supporting the Government to strengthen accountability mechanisms for the realization of the rights of children and to address inequities through the expansion of services to the marginalized and evidence generation on child rights violations.

To strengthen accountability mechanisms, UNICEF Lesotho supported the Government and CSOs to submit the combined 1999–2013 periodic reports on the African Charter on the Rights and Welfare of the Child (ARWC), as well as the combined report on the United Nations Convention on the Rights of the Child submitted to United Nations. The office also facilitated dialogue between the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), the Government, CSOs and the United Nations Country Team on Lesotho's capacity to host the ACERWC Secretariat. By hosting the Committee, Lesotho will serve the African Union as host and State Party. UNICEF and the United Nations Development Programme (UNDP) commented on the Government's response to progress on implementation of 121 Universal Periodic Review recommendations, in preparation for Lesotho being reviewed by the Human Rights Council in January 2015. The Country Office provided justification to the British High Commission for the Government's need to accede to the International Child Abduction Convention in an effort to curb cross-border child trafficking.

UNICEF Lesotho supported the Government on the following national initiatives that were aimed at expanding services to the marginalized:

- Improvement of the administration of justice in investigations and criminal proceedings against illegal employment of children;
- Provision of menstrual hygiene-compliant VIP latrines to four primary schools, promoting equity;

- The expansion of birth registration through OSS, CGP and at selected health centres, bringing registration and issuance of certificates closer to communities;
- The desk review on VaC that highlighted prevalence of VaC in families and schools as exacerbated by social norms and practices; and
- Enrolment of young offenders with Lesotho Distance Teaching Centre, sourcing tutorial materials, and South-South learning trips for Juvenile Training Centre teachers to a South Africa correctional facility to improve facility-based education for young offenders.

## Gender Mainstreaming and Equality

UNICEF Lesotho continued to make efforts to address gender inequalities in its programming across the sections. In 2015, the Country Office focused on gender-responsive adolescent health. Accordingly, the UNICEF Health and HIV Section, in collaboration with the United Nations Population Fund (UNFPA), WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), supported the MoH to develop the Adolescent Health Strategy 2015/16–2020. The objective of embarking on developing such a national strategy was to have a holistic and integrated approach to adolescent health issues. Although the Adolescent Health Strategy is yet to be endorsed by the Minister of Health, it informed subsequent related adolescent health interventions. Prior to its development, a comprehensive situation analysis was conducted to inform it. The Section also supported the MoH in collecting data for the Annual Joint Review 2015, within which age- and gender-disaggregated data were mined from existing tools at health facilities.

UNICEF Lesotho also invested in the monitoring of the Eastern and Southern African Commitment, which was signed by both the Ministers of Education and Health and stipulates country commitments in addressing adolescent health indicators in sexual and reproductive health and HIV. The commitments include implementation of comprehensive sexual education in schools, school health programmes, addressing teenage pregnancy, and access to adolescent-friendly HIV services and protection from sexual abuse. This was done with UNESCO, WHO and UNFPA, as well as the NGO and CSO partners.

Similarly, UNICEF Lesotho partnered with NGOs in reaching adolescents with relevant HIV and sexual and reproductive health messages. To date, more than 20,000 adolescents (around 60 per cent being girls) have been reached with interventions designed to link them with health services.

Finally, during the 2015 end-year review, partners identified the main bottlenecks in addressing adolescent health issues in the country, as integration of services, coordination of partners, data generation and management, as well as innovation. It is therefore the intention of UNICEF and its partners that in 2016, these areas will guide the planning, implementation and monitoring of gender-responsive adolescent-focused initiatives.

UNICEF Lesotho used US\$400,000 in addressing the above, and two staff members had overall responsibility.

## Environmental Sustainability

UNICEF Lesotho initiatives on environmental sustainability covered waste management and reduction of the ecological footprint of the Country Office, as well as that of the programmes it supports through the use of information and communication technology (ICT).

In a bid to improve human waste management and raise community awareness about the

negative effects of polluting of the environment, the Health and HIV Section of UNICEF Lesotho implemented a pilot CLTS in one district. The CLTS approach empowered communities to identify and utilize local resources to construct latrines and to promote hand-washing practices in an effort to achieve open defecation-free status. The use of local materials in the construction of the latrines contributes to the sustainability of the effort while improving the well-being of children and their families. Contents from the latrines can also be used to cultivate vegetation. UNICEF collaborated with the Department of Rural Water, Lesotho Red Cross and Mantsopa (NGO) to implement the project. Thus far, US\$109,056 has been utilized, reaching 145 households taking care of approximately 464 children and 4 schools with approximately 800 pupils.

The Social Policy section of UNICEF Lesotho also worked with the Government on a new mobile application for data collection and case management during the National Information System for Social Assistance (NISSA) expansion. The purpose of the automation of the NISSA system is to reduce utilization of paper during data collection. With this new approach, approximately 80,000 pages of paper that would have been used for manual questionnaires this year will be saved. A total of US\$275,937 has been utilized, reaching an estimated 25,000 households who are enrolled in the new NISSA.

Regarding environmental footprint, the Country Office has conducted an assessment using an UNDP adopted tool, and found out that in 2014, having considered all activities in the office, the total emissions were estimated at 38.6 tons of carbon dioxide emissions (CO<sub>2</sub>E), with the staff per capita of 1.2 tons CO<sub>2</sub>E. Using mobile applications reduced the amount of paper required, and printing paper sheets on both sides and turning off lights when closing up the office were among the efforts made to reduce CO<sub>2</sub>E.

## Effective Leadership

Under strategic leadership of the Country Management Team (CMT) and the functioning of its statutory and non-statutory committees, UNICEF Lesotho ensured effective oversight and office management. The CMT developed the 2015 office Annual Management Plan (AMP), premised on the agreed Country Programme Management Plan, drawing lessons from performance in 2013 and 2014, office reviews and the Enterprise Risk Profile.

The AMP clearly articulated results and accountabilities that guided programmes in the development of Government-UNICEF work plans for 2015.

To effectively implement the AMP and Annual Work Plan while responding to existing and potential risks, UNICEF Lesotho effected the following:

- Table of Authority and staff roles were aligned in VISION and shared;
- Review of the Annual Work Plan at mid-year, informed by stakeholder consultations;
- The enterprise risk management was subsequently updated;
- Participatory session to review and update the risk profile and risk control library – identifying 11 risk areas, 5 of which were considered critical or high levels of risk (fund-raising, budget management, supply and logistics management, ICT, safety and security), which were monitored regularly by CMT;
- Harmonized Approach to Cash Transfer (HACT) assurance plan was developed; and
- The Early Warning Early Action and Business Continuity Plan (BCP) were updated periodically, and a simulation was carried out.

The CMT also provided quality assurance to programmes and operations, addressed risks identified in previous audits and peer reviews, and reviewed recommendations of committees and task forces. The CMT, Programme and Operations Groups ensured that robust discussion and action was taken on management, programme and operations performance indicators.

UNICEF Lesotho held regular all-staff meetings on staff issues. In response to findings from the 2014 Global Staff Survey, an all-staff retreat was held, resulting in an action plan monitored by the CMT. Four Joint Consultative Committee meetings were held and minutes were shared with staff and the Regional Office.

## **Financial Resources Management**

The CMT met on a monthly basis and, among other things, monitored sound financial management. One of the standing CMT agenda items was a review of a consolidated list of key management indicators covering utilization of funds, direct cash transfer status, donor reporting, bank reconciliations, and other pertinent indicators. All sections were tasked to take corrective measures in cases where implementation deviated from planned results.

In an effort to improve on the effectiveness and efficiency of processing transactions, the office used an inclusive approach to develop standard operating procedures and work processes.

The status of HACT activities is reported to the CMT and at the monthly programme group meeting. The same committee reports to the Regional Office on a quarterly basis. UNICEF Lesotho engaged an accounting firm to carry out spot checks. Based on the report findings, the Country Office will develop a plan with recommendations to be implemented in 2016.

UNICEF Lesotho continued to make effective use of its bank optimization and cash forecasting tools and met its closing bank benchmark of US\$100,000. UNICEF Lesotho also continued to ensure timely submission of bank reconciliations and all schedules. Open items were monitored on a weekly basis and corrective action was taken. Cost-saving initiatives include the use of Long-Term Agreements (LTA) and the purchase of restricted tickets from UNICEF headquarters.

As part of strengthening internal controls, the Table of Authority was periodically revised and electronic certification of the VISION role mapping was completed using Certification Manager.

Fund utilization rates at the end of the year were 100 per cent for Regular Resources (RR), 96 per cent for Other Resources (OR) and 100 per cent for Other Regular Resources – Emergency (ORE). Outstanding direct cash transfers to implementing partners was 7 per cent for six–nine months and 0 per cent for more than nine months.

## **Fund-Raising and Donor Relations**

Maintaining effective donor relations and fund-raising remained high among UNICEF Lesotho management priorities. The Country Office continued with the implementation of the Resource Mobilization Strategy 2013–2017, which entered its third year.

UNICEF Lesotho began 2015 with US\$6,522,084, representing 75 per cent of the total annual amount budgeted in the Country Programme Document (CPD) for 2015. In an effort to address the funding gap, proposals were developed and shared with donors and the Regional Office. By the close of 2015, an additional US\$1,723,110.91 had been raised, increasing the total funding to US\$8,245,194.91 and reducing the funding gap for the year to 5 per cent. Some 97 per cent

of the resources of the annual CPD ceiling was utilized by 31 December.

The monthly CMT and Programme group meetings monitored the implementation of the Resource Mobilization Strategy with a focus on donor relations, implementing the annual partnerships work plan, tracking donor reports due, and funds utilization.

Relations with the EU Delegation, the main donor for UNICEF Lesotho, particularly for the social protection component of the Country Programme, was kept at its peak. Three high-level strategic donor visits with the EU Delegation were conducted to three community councils to engage with beneficiaries of the CGP. The office also hosted a learning visit of UNICEF United Kingdom.

The Country Office signed a US\$8.5 million grant with the EU Delegation to implement the agreement signed by the Government.

Every month, the CMT tracked management indicators, which included funds inflows and rate of absorption, and timely submission of donor reports. Donor reports, namely for EU and Global Partnership for Education, were submitted within the deadline and met all donor requirements.

## Evaluation

UNICEF Lesotho developed and implemented its annual Integrated Monitoring and Evaluation Plan (IMEP). The IMEP status was updated quarterly to include new studies and assessments and review progress.

The focus of the Country Office evaluation function was on the use of evaluations, as there was no evaluation planned for the year. As a follow-up to the recommendations from the CGP impact evaluation of March 2014, UNICEF Lesotho supported the Government to implement strategic changes in the social protection sector, particularly on the targeting and promotion of graduation from protection schemes. Specifically, UNICEF contributed to:

- Development and use of a new NISSA approach which placed more emphasis on community participation. The new NISSA approach was designed to reduce inclusion and exclusion errors and include more variables for the purpose of integration and harmonization of social protection programmes.
- Development of a new community development model, which is essential to facilitate graduation and transformation of communities. The MoSD is committed to the roll-out of the model and intends to develop an action plan over the coming years.

In the context of rolling out the SDGs and positioning social protection as a key element of the new development agenda, the CGP impact evaluation results have been used to support high-level advocacy, including facilitation of an article in The Guardian newspaper.

Another study whose findings and recommendations were used extensively for programming in 2015 is the 'assessment of the acceptability and feasibility of the implementation of Mother Baby Pack in Lesotho' that was done in 2014. Based on the recommendations of the study, UNICEF Lesotho facilitated the modification of the Mother Baby Pack, including giving all pregnant women the Pack, with an intention to improve adherence to the antiretroviral drug regimen for preventing the transmission of HIV from mother to child.

## Efficiency Gains and Cost Savings

Efficiency gains and costs savings were a primary focus in 2015.

The Country Office achieved efficiency gains through the reduction of the transaction time required for office work processes. The implementation of recommendations of the comprehensive and participatory review of office work processes led to the elimination of duplication in work and, consequently, a reduction in transaction time. For instance, in the preparation of individual consultancies, the time period was reduced from 60 to 45 days. In procurement, transaction processing was reduced by the use of low-value procurement procedures. In asset management, implementation of the attractive items policy resulted in reduced time in physical verification of assets and VISION processing of assets. Issuance of cheques was minimized to exceptional cases, reducing payment processing time. Efficiency was achieved through outsourcing of spot checks to an audit firm. Savings in staff time were used to complete simplified financial assessments and partner trainings in HACT.

The Country Office made cost savings in the following areas:

- Use of facilities in the UN House for meetings and workshops.
- Use of common LTAs, under the Business Operations Strategy, for security, cleaning and catering.
- Use of UN Common Services reception services resulted in savings of US\$10,000.
- Use of United Nations negotiated rates (up to 30 per cent discount) on hotel room rates and services.
- Through implementation of the revised travel policy, commuting distance locations from the office were determined and yielded a reduction of travel authorizations and payments for day trips.
- The office continued to replenish its local account through the UNICEF Headquarters Treasury, resulting in significant exchange rate gains.
- Use of Skype for business instead of air travel, especially for sub regional meetings.
- Procuring long-haul international travel tickets through headquarters.

## Supply Management

In 2015, supply assistance contributed to successful implementation of UNICEF Lesotho programmes and operations. Total supply inputs were valued at US\$1,569,026. The total excludes procurement services.

UNICEF Lesotho strategic sourcing leverages on the BNLSS Agreement. Under this agreement, procurement of institutional services and some strategic programme supplies is made through the South Africa Country Office. The institutional contracts processed by this office are mainly supported by the MoSD through the CGP–NISSA expansion.

As a strategy to improve local markets and to optimize the government supply chain, an assessment of local vendors for production of Mother Baby Pack kits was made in April 2015, followed by a successful trial production of 5,000 kits. The cost-saving resulted in the procurement being handed over to the Government after a five-year period of Procurement Services.

Local procurement included institutional contracts for WASH construction of hand-washing facilities in 10 schools, spot-check and micro-assessment audit firm contracting, financial management system for MoSD, fleet insurance, transport and venue hire for various

programme meetings and workshops. Programme supplies included printing and ICT equipment. All programme supplies are delivered directly to the implementing partner, as the Country Office does not manage or own a warehouse. Distribution to end users is handled by implementing partners.

UNICEF Lesotho continues to facilitate procurement and logistical arrangements for safe delivery of procurement services supplies. In 2015, procurement services supplies were mainly vaccines and immunization devices. Lesotho receives an annual in-kind donation of vitamin A. In 2015, a quantity of 374,000 capsules of 100,000IU and 52,000 capsules of 200,000IU of vitamin A valued at US\$8,686 was received by the MoH through UNICEF.

<b>UNICEF Lesotho 2015</b>	<b>Value in US\$</b>
Programme Supplies	187,851
Operational Supplies	99,750
Services	1,281,426
Procurement Services	548,792

### **Security for Staff and Premises**

Enhancing staff safety and security continued to be a top priority. The provisions of the Lesotho Security Plan, which was updated and approved by the Security Management Team in January 2015, were implemented during the year.

UNICEF is in the UN House, which is Minimum Operating Security Standards-compliant. However, security upgrades were identified and are being addressed in the United Nations premises. UNICEF and the United Nations Department of Safety and Security completed a Minimum Operating Security Standards self-assessment in June and identified two gaps – which have since been addressed – including the lack of a medivac service provider and the need for satellite tracking for vehicles.

To safeguard staff safety while in the field, the requirement for UNICEF vehicles to be parked by sunset was enforced and all drivers went through complete annual medical checks clearances, including eye tests. In addition, field trips were carried out only after security clearance was granted and the office ensured that all staff had valid basic and advanced security training certificates.

BCP desktop simulation was completed ahead of national elections in February, and the Communication Tree was updated and tested. A safe haven was also stocked with the required items for critical staff. The Common UN BCP was updated and simulated in November.

Residences of international staff are Minimum Operating Residential Security Standards-compliant and local staff were provided with security advances to enhance security in their residences. All staff were issued VHF radios and radio checks were carried out weekly to ensure ability to communicate in the event mobile phone networks are disrupted.

Staff were constantly kept abreast with the evolving security situation through situation reports by email and group WhatsApp messaging. To save lives, time and money, defensive driving and First Aid trainings were arranged for staff.

## Human Resources

The office human resource structure is based on the 2013–2017 Country Programme Management Plan. It consists of 8 international posts and 21 local posts. The Country Office remained committed to improving gender parity, with 44 per cent male and 56 per cent female staff. Capacity was complemented through stretch assignments, temporary assistance, and hiring of local and international consultants and appointment of interns.

The office completed 80 per cent of its planned group training. DevInfo and Programme Policy and Procedure training were deferred to 2016. All staff members completed the mandatory HACT and Ethics trainings. Staff also participated in several webinar training sessions. To ensure effective capacity in humanitarian work, staff were trained in emergency risk management and response. Three staff members participated in stretch assignments and missions.

All performance appraisals for staff for 2014 and 2015 mid-year discussions were completed within the required time frame.

Staff welfare was given due attention during the year. The staff retreat was held with the facilitation of an external consultant. At the retreat, results of the 2014 Global Staff Survey were discussed and an action plan developed. Implementation of the action plan included improving feedback and conflict management training for all staff, team coaching and performance improvement for Operations staff, and training and career development opportunities for general service staff. The Country Office also supported staff travel to Swaziland for the UN Games. Long-serving staff and those who had excelled in their performance were recognized for their commitment during commemoration of UN@70.

UN Cares met the 10 minimum standards. Two orientation sessions were held in 2015 to inform staff on key health issues, including HIV and AIDS.

One OR-funded post was bridged on RR for limited duration to ensure continuity of ongoing programmes until the anticipated funds are received.

## Effective Use of Information and Communication Technology

UNICEF Lesotho continued to benefit from organizational automation tools such as Outlook, Skype for Business and others that come with Microsoft Office. Meetings with partners and/or other UNICEF offices have been conducted over Skype for Business, translating into reduced travel time and costs. Tools from Office365 have been extended to run on open source smartphones. Staff members took advantage of the OneDrive and Bring-Your-Own-Device concepts as backup measures to their office laptops, using these to store data and emails, and to access other services in the cloud.

Under ICT for development, with the objective of building a strong social protection system, UNICEF Lesotho supported the Government to develop a new generation of integrated management information systems. The purpose was to facilitate harmonization and integration of programmes in order to strengthen efficiency. In addition, a mobile application has been supported to facilitate data collection for social protection targeting. To operate the new system and facilitate real-time data collection, UNICEF provided a set of 270 tablets and solar chargers to the MoSD.

Under the CGP, UNICEF Lesotho supported mobile phone payment methods through

ECOCASH and MPesa, the mobile money service of Vodacom Group, with the purpose to: (i) reduce paperwork and payment time cycle, (ii) lower cost of delivery, (iii) reduce distance and time to get the grant, and (iv) strengthen financial inclusion.

UNICEF Lesotho launched Facebook and Twitter accounts that are actively used for visibility and advocacy.

To further reduce the ICT footprint, the office replaced desktops with laptops, reducing power usage. In addition, stand-alone scanners and printers were replaced with multi-functional printers that are set to print double-sided in black and white.

The ongoing United Nations ICT project will lead to one telephone system for all participating United Nations agencies, resulting in quicker and cost-free communication among United Nations agencies.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1:** The National Monitoring and Evaluation (M&E) System is supported for the collection, analysis and dissemination of strategic information for planning and implementation of national policies.

#### **Analytical statement of progress:**

UNICEF, in collaboration with the EU, strengthened the national and sectoral M&E systems, which are the main vehicles for evidence generation, a key strategy to promote child-sensitive decision-making. In 2015, in the social policy sector, critical studies were conducted, and their findings contributed to advance the social policy agenda in Lesotho. UNICEF used strategic advocacy targeting government officials, CSOs and the media to make important decisions, such as:

1. The national expansion of NISSA using the new NISSA approach: After the NISSA and targeting review, UNICEF conducted a dissemination workshop and advocacy targeting the MoSD and main partners supporting the social protection sector. This has hence contributed to engage the MoSD to strengthen NISSA as a single registry and to pilot the new approach and its expansion in 2015. The Government of Lesotho is engaged to expand NISSA nationwide. With that decision, UNICEF supported, through the Overseas Development Institute, the design of the new community-based targeting, which was validated by all stakeholders. The new community-based targeting provides methodology and a clear approach and tools that can be used by communities to target social protection beneficiaries.
2. The development of a new community development model: With the impact evaluation results, the MoSD has decided to strengthen community development and link it with social protection to promote graduation of beneficiaries out of poverty. In an effort to support this decision, UNICEF supported an assessment of community initiatives, as well as the design of a community development model, and those results were validated by all stakeholders. The new community development model recommends to promote a pull-and-push approach. It suggests enhancing 'Social protection +' in order to provide communities with other economic opportunities to promote graduation and resilience. It is important to highlight that the complementary activities (the 'plus') will go beyond the typical social protection programmes and should eventually involve a wide range of sectors, like education, health, agriculture and employment support, legal counsel, and natural resource management, among others.

In addition to utilization of findings from studies, UNICEF supported the functionality of the M&E system for the MoSD to generate, disseminate and promote the use of routine data. There is remarkable progress in changing the way data have been managed and utilized, and this can be seen when the MoSD transformed both public assistance and orphans and vulnerable children data into an electronic format, and analysed and disseminated the results. After dissemination of the results, district offices started analysing the situation to respond to some of the issues and came up with a tentative plan to improve programming and data management.

Recommendations from the M&E diagnostic exercise contributed to the development of a project on support to national statistics and the M&E system, led by UNDP and earmarked for EU funding. The Government has indicated appreciation for and expected adoption of the project.

Challenges:

- Changes in the political landscape leading to delay in some key actions to take place at the national level;
- Inadequate capacity of partners to fully implement evidence-based actions that generate high-quality data; and
- Lack of leadership and commitment in evidence generation at the national level.

UNICEF plans to strengthen its Delivering as One mechanisms to place evidence-based decisions at the top of national and global agendas.

**OUTPUT 1:** Evidence is generated and used to influence social budgeting and advocate for child-friendly sector budgets, social and economic policies and legislative measures.

**Analytical statement of progress:**

UNICEF supported the completion of several studies to support decision-making and improvement of the children's agenda in Lesotho. These included:

- The community-based categorization study led to the design of a community-based targeting model, which is being used by the Government during the current NISSA expansion. The model was validated by all stakeholders, including those working in emergencies, and has strengthened the role of NISSA as a targeting mechanism to identify beneficiaries during emergency situations.
- The OSS mapping and assessment has facilitated the choice of services to be managed and those which can be delivered during outreach or service days. The assessment covered the four community councils where the OSS is being piloted and focused on identifying and mapping service providers and processes for each services.
- The assessment and development of the community development model contributed to identifying potential community development initiatives. It also proposed a community-based graduation model based on existing experiences in the country. The Government is engaged to develop an action plan using the results and proposal from the study.
- The preliminary results of the DHS has been useful to update most child indicators, as well as main bottlenecks in the health sector.
- The ongoing package of Public Expenditure Review, Public Expenditure Tracking Survey and Quantitative Service Deliver Study implemented in partnership with the World Bank will provide updated information in major inefficiencies in the health sector.

Several advocacy tools and events were developed/organized to support national advocacy. Among them were:

- The launch of the national social protection strategy was an opportunity for UNICEF and the EU to advocate for an expansion of social protection services to reach the most vulnerable groups, including children.
- The findings of the CGP impact evaluation have been used to strengthen advocacy beyond the national level to convince decision makers around the world to invest in social protection. In this regard, through the Mail & Guardian and other international news outlets, CGP evidence was documented and shared worldwide. The article was also quoted by the UNICEF Board meeting in September 2015 and was considered CGP's best practice for investment in children.

The main challenge encountered, especially when conducting studies using secondary data, related to the availability of good-quality data.

In 2016, evidence generation and utilization will be strengthened by:

- Facilitating secondary data analysis to generate more evidence on children;
- Finalize research on returns of investment on social protection to support advocacy for CGP expansion;
- Support for the completion budget analysis studies: Public Expenditure Tracking Survey for Health; and
- Development of budget briefs.

**OUTPUT 2:** The National M&E System is supported for the collection, analysis and dissemination of strategic information for planning and implementation of national policies.

**Analytical statement of progress:**

During 2015, UNICEF, in partnership with the EU, supported the MoSD to improve the M&E system, which generates relevant and reliable information on progress made in the implementation of key policies such as the National Social Development Policy, and National Social and Child Protection Strategies. The support include the development and implementation of the M&E system for Social Development. The process of building the M&E system included:

1. M&E system diagnostic exercise, where strengths and weaknesses of the M&E systems within the MoSD and key partners were identified, and corresponding recommendations were made. These recommendations were later incorporated to improve the draft M&E plan.
2. M&E capacity building at both national and district levels to enable the MoSD to carry out M&E activities. This resulted in equipping the M&E office at the national level with three laptops and 10 districts offices with electronic equipment, and training (sensitizing) 10 district managers on database management. The other key contribution made by UNICEF was the provision of technical assistance to the M&E unit within the MoSD, which sped up some of key actions, such as harmonization of OVC, Public Assistance and CGP data sets.

To further improve the functionality of the MoSD M&E system, UNICEF strengthened its partnership with other key partners. This was carried out through strengthening M&E

activities of key partners, such as support for the dissemination of DHS 2014 by the MoH and forging a partnership with the Business Operations Strategy (BOS) in data sharing that was used in the NISSA pilot. The DHS 2014 is a data source for some impact indicators linked to MoSD policies.

Key challenges:

- Lack of leadership in M&E, resulting in a delay in finalizing the M&E plan and non-functionality of the M&E system in the MoSD;
- Inadequate skilled personnel to carry out M&E activities at all levels, leading to poor quality of data; and
- Lack of coordination between key partner organizations within the social development sector, which undermines partnership efforts.

Planned actions:

UNICEF, in partnership with the EU, has planned to strengthen the functionality of national and sectoral M&E systems that will generate reliable and relevant data that will be utilized in the decision-making processes. The plan includes:

1. Mobilization of resources for implementation of national and sectoral M&E plans;
2. Facilitation of the establishment and implementation of capacity development programmes for national and sectoral M&E units;
3. Forging partnership between organizations actively involved in both routine data collection and population-based surveys; and
4. Conducting data dissemination and advocacy activities.

**OUTCOME 2:** Enhanced access to quality IECCD services, enrolment and learning outcomes, especially for the most vulnerable children in primary school over-age children.

**Analytical statement of progress:**

Although there has been improvement in the proportion of teachers with improved teaching skills, and an improved learning environment including the policy environment and school feeding, supported by UNICEF and partners such as the WFP and World Bank, enrolment has declined. Despite free primary education, poverty, limited number of classrooms, and hidden costs (uniform and other costs) are among the main bottlenecks to access in the education sector.

Enrolment in early childhood and development (ECCD) centres declined from 55,972 in 2013 to 48,396 in 2014, which implies a decline of 14 per cent (Education Statistical Bulletin 2014), and which ultimately means that about one child in three has access to ECCD services. ECCD is negatively affected by low budget allocations (less than 1 per cent of the sector's budget).

In primary education, there was a slow fall in the gross enrolment ratio from 2007 to 2014 (120.5 and 102.3, respectively), which reflected a decrease in the degree of participation, whereas the net enrolment ratio has been largely fluctuating between 76.6 in 2014 and 85.0 per cent in 2007 (Education Statistical Bulletin 2014).

With regard to gender disparities, during 2013 and 2014 there were more boys than girls enrolled in primary (gender parity index of 0.98 in 2013 and the same in 2014, but the net enrolment ratio for girls was higher (78.2 per cent) than for boys (75.1 per cent), Education Statistical Bulletin 2014). The variation in net enrolment is due to boys being engaged in

herding, which requires them to leave school. Though there was a decline in 2014 in the overall net enrolment from 77.3 per cent to 76.6 per cent (the ratio for girls fell from 79 per cent to 78.2 per cent and for boys from 75.6 per cent to 75.1 per cent), there was an increase of 0.2 per cent of disabled children enrolled in primary schools in 2013 (Education Statistical Bulletin 2014), as a result of an increase in the proportion of primary schools with child-friendly school (CFS) standards and awareness campaigns.

An additional challenge in primary education relates to the low quality of education, indicated by the high repetition rate of 8.7 per cent (Education Statistical Bulletin 2013). Even though the repetition rate was still high, there was significant improvement since 2010, when the rate was as high as 19.4 per cent (Education Statistical Bulletin 2013). Other indications that there were improvements in the quality of primary education were an improvement in the pupil-qualified teacher ratio from 50:1 in 2012 to 45:1 in 2013 and 43:1 in 2014. The proportion of unqualified teachers dropped from 28 per cent in 2013 to 24.2 per cent in 2014. The drop-out rate declined from 6.2 per cent in 2010 to 4.9 per cent in 2011 to a further 0.9 per cent in 2014 (Education Statistical Bulletin 2014), showing a significant trend of decreasing which may be attributed to school feeding, child-friendly environment and improved pupil-qualified teacher ratio.

As a response to improving access to education for children out of school, UNICEF supported the Ministry of Education and Training (MoET) to scale up non-formal education (NFE) by increasing the number of teachers trained and the number of learning centres/posts. Despite this, there was a decrease in the number of NFE learners enrolled, from 11,007 in 2013 to 10,241 in 2014 (Education Statistical Bulletin 2014).

To address the challenge of limited data, strengthening of the Education Management Information System (EMIS) will continue, including the introduction of real-time monitoring.

**OUTPUT 1:** Improved quality and access to ECD services, especially for vulnerable children.

**Analytical statement of progress:**

UNICEF partnered with the Lesotho College of Education (LCE) and financially supported the College to continue to provide in-service training for ECE teachers. LCE conducted in-service training for 50 ECCD teachers, while a total of 106 teachers completed face-to-face on-campus training on early childhood education, which brings the total of trained ECCD teachers to 156 at this point (LCE mid-year review report 2015). In addition, to ensure quality, UNICEF supported LCE to conduct supervision and mentoring to the 106 enrolled ECCD teachers.

In order to address the training needs of ECCD teachers and the limited absorption capacity of LCE to enrol more trainees, the MoET offered in-service training to ECCD teachers using its area resource teachers' structure. This resulted in training of 6,104 ECCD teachers. The trainings happened in 101 resource centres nationwide, using the UNICEF-supported curriculum and other learning materials, and continued in 2015. Additionally, LCE introduced an off-campus training workshop model which targeted those experienced ECCD teachers who did not qualify for admission into the certificate in early childhood education in-service training programme, which increased a total trained by LCE to 156 teachers.

The percentage of trained teachers increased from 4 per cent in 2014 to 6.4 per cent in 2015. Due to an increasing number of ECCD centres and reception classes, and reaching some of the hard-to-reach areas, there is a need for continuous training of ECCD teachers, especially those who teach at home-based ECCD centres, as they are volunteers who do not even get a stipend as an incentive, so the attrition rate is high. There is also a lack of certified teachers. UNICEF

supported the MoET and LCE in training ECCD teachers through various training methods, to continue in-service certifying training for ECCD teachers to respond to high ECCD teacher turnover.

Although the number of government-funded reception classes increased by 20 more classes, annual enrolment decreased from 61,013 in 2012 to 55,972 in 2013 (Education Statistical Bulletin 2013). This may be the result of a lack of awareness campaigns on the importance of ECCD. Another observation made during field monitoring by UNICEF and District National Teacher Trainers was that some ECCD teachers do not send a yearly statistical return form to the district office, resulting in diminishing statistics of enrolled children. Given the above situation, UNICEF financially supported the MoET to raise awareness through television spots, and conducted public gatherings in an effort to create demand. UNICEF also supported the MoET to organize training for home-based ECCD teachers alone, where, along with pedagogics, the issue of the importance of a duly filled ER42 form will be discussed.

UNICEF will utilize the opportunity of an existing IECCD policy and its strategic plan to advocate for scaling up access to ECCD and improving quality.

The recruitment of personnel for the IECCD Department within MoET, which is meant to implement the IECCD policy and strategic plan, was completed in 2015.

**OUTPUT 2:** Capacity of MoET is enhanced to coordinate, plan, implement and monitor provision of quality basic education, with special attention for children with disabilities.

**Analytical statement of progress:**

UNICEF financially supported the MoET to train 158 principals and teachers to implement CFS standards and, as a result, 37.4 per cent (300) schools are implementing CFS standards. Additionally, the MoET was also supported to train 48 newly recruited inspectors on CFS standards and how to incorporate these standards during their inspections. Since the CFS initiative is child-seeking and promotes inclusive education, both the teachers and inspectors were trained specifically on disabilities.

Furthermore, UNICEF supported rolling out of the new integrated curriculum. In 2015, Grade 5 curriculum dissemination was carried out throughout the country. The new curriculum is child-centered and so child-friendly. CFS and this new curriculum complement each other in the improvement of quality. UNICEF also supported the Examination Council of Lesotho to disseminate National Assessment Reports for 2012 and 2014 as a way of monitoring national educational outcomes and influencing policy with hard evidence. UNICEF, in partnership with the Lesotho National Federation of the Disabled, supported the MoET with development of guidelines and campaigns for teaching disabled children since 2012, and the proportion of children with disabilities accessing primary schools has slightly gone up, from 5.2 per cent to 5.4 per cent (Education Statistical Bulletin 2013).

The existence of inclusive education and free and compulsory primary education policies created an opportunity to scale up interventions in the CFS domain. UNICEF also supported EMIS through supporting data collection, capturing, analysis and data cleaning for evidence-based programming and knowledge generation, resulting in available disaggregated education statistics and an annual education sector statistical bulletin. However, the release of the 2014 education statistics have been delayed due to technical problems with the data capturing tool at MoET. UNICEF has therefore planned to continue strengthening EMIS and advocating for the design of disability-focused education interventions to address lack of awareness of the public

about the educational rights of the disabled, lack of skilled teachers to teach disabled children and a lack of disabled-friendly schools. It will also advocate for a comprehensive disability policy to create a conducive environment for disabled children. UNICEF will also support the development of an Education Sector Plan; its pre-requisite, a Diagnostic Study, is being carried out, and some preliminary findings have been shared by the consultant undertaking the study.

**OUTPUT 3:** Increased access to quality NFE for over-age excluded girls and boys in 10 districts, with a special attention to herd boys by 2014.

**Analytical statement of progress:**

UNICEF, in partnership with the Lesotho Association for Non-Formal Education, Good Shepherd, Juvenile Training Centre and Kick4Life, supported the Lesotho Distance Teaching Centre of MOET to implement the NFE programme. The NFE programme is offered in two modes: the first is the literacy programme that is offered by the Lesotho Association for Non-Formal Education and Kick4Life, which uses football as an entry point to attract street children and OVCs to their literacy and life skills programme. The other mode, offered by the Lesotho Distance Teaching Centre, the Juvenile Training Centre and the Good Shepherd, is the continuing education for children who dropped out of formal education. This initiative complements the literacy programme in reaching children out of school.

With the support provided, a total of 10,241 NFE learners have been reached, of which 2,706 (26,4 per cent) are younger than 18 years old (Education Statistical Bulletin 2014). The majority of NFE learners, 7,582, are enrolled in the literacy programme, while the remaining 2,458 are enrolled in the continuing education programme (distance education). The highest number of literacy and numeracy learners (1,759) are in the Mokhotlong District, and are directly supported by UNICEF; almost all of them (1,759) are male, mostly herd boys. The herd boy study is now ready and will be validated in 2016.

The insufficient number of learning centres for herd boys to access NFE and the long distance to learning centres in summer, when herd boys are in isolated herding posts, makes it difficult to access NFE. The NFE has limited capacity to scale up interventions to reach 65,000 out-of-school children, and there is also a limited number of skilled teachers, leading to poor education outcomes. Poor attendance of NFE learners is due to competing priorities and lack of awareness of their employers, who sometimes do not allow them to participate in NFE sessions. There is also no formal policy document on NFE. UNICEF will support campaigns to intensify awareness to generate demand for NFE programmes, continue supporting training of NFE teachers and advocate for an approved NFE Policy.

**OUTCOME 3:** By the end of 2015, 95 per cent of coverage of quality prevention of mother-to-child transmission (PMTCT) of HIV and paediatric HIV care and treatment services attained to eliminate new infections among children and to keep those infected alive.

**Analytical statement of progress:**

Lesotho **progress in the national HIV response** remains mixed, with low performance in key indicators prompting new approaches and innovations by all stakeholders. The cumulative number of eligible adult, adolescents and children initiated on antiretroviral therapy (ART) has increased from 96,602 in 2013 to 110,655, leaving ART coverage at 53 per cent. Paediatric treatment coverage improved from 15 per cent in 2014 to 29 per cent in 2015. Coverage for PMTCT remains stagnant at 72 per cent (71 per cent in 2014). These figures remain well below the targets of the Country Programme as well as those set out in the National Strategic Plan for HIV.

Analysis around utilization of key services indicates significant gaps in the continuum of care for women and children. The Lesotho DHS 2014 notes that 95 per cent of women reportedly utilize antenatal care services at least once (often due to late attendance, particularly among adolescents and young women), although only 74 per cent had the recommended four or more visits, further indicating that progress in PMTCT coverage will depend on improved integration of quality services across the maternal, child health and HIV spectrum. This is also complemented by renewed political interest in decentralizing health-sector planning and service delivery to the district level.

In response, UNICEF and partners, particularly the national Technical Working Group for PMTCT and Paediatric HIV (including MoH, U.S. President's Emergency Plan for AIDS Relief (PEPFAR) partners, NGOs and CSOs) have used the reporting year to review and analyse the coverage of services at district level, promote integration of quality interventions and service delivery platforms, and contribute to innovation to improve access to key services. In the area of evidence-based planning and programming, UNICEF provided technical and financial support to the Annual Joint Review process between the MoH and development partners. This resulted in the first results-based stocktaking of key health and HIV interventions as well as age-disaggregated reporting.

To contribute towards improved quality of services, UNICEF assisted in the sourcing of a local provider to produce the Mother Baby Packs, thus reducing the turnaround time in future procurement and ensuring a continuous supply of antiretroviral medication to all 207 facilities. In the area of paediatric HIV, UNICEF, in support of MoH, and through its implementing partner, EGPAF, piloted use of routine clinics for children under 5 as a platform for screening and testing children. This effort resulted in the testing of 7,090 children in the targeted high-burden districts (Maseru, Mophale's Hoek). The results were further used to leverage additional resources to expand into two additional districts (Berea and Leribe) and to contribute to the conceptualization of Lesotho's PEPFAR ACT (accelerating children's treatment) plan.

A review of the implementation of Option B+ under the auspices of the national Technical Working Group demonstrated that only 74 per cent of pregnant women under the regimen were being retained into care. In response, UNICEF supported the MoH to finalize and disseminate standard operating procedures for retaining women into care, ensuring provision of a guiding framework to improve performance. In addition, UNICEF supported efforts to review and strengthen the village health worker programme, resulting in training of 117 village health workers in the target district of Maseru to, among other tasks, improve retention of women into care and support in the catchment area.

Lesotho is in the midst of several significant processes. The PEPFAR-supported programme (the largest donor to the HIV response) is transitioning from nationwide direct support to one concentrated on higher-burden districts (5 out of the total 10). Further, the country has submitted its Concept Note to the Global Fund, outlining priority districts for coordinated action. These, in addition to other initiatives, may have implications for the equitable delivery of services which will inform UNICEF's upcoming work plan. As per recommendations from its annual review with partners, UNICEF in 2016 will prioritize both upstream and downstream support. At the national level, UNICEF will contribute to systems building in improving routine data collection, invest in the revitalization of the village health worker programme and, with it, community-based interventions. In the area of downstream areas of support, UNICEF will continue to identify innovations and opportunities for health and HIV programme integration, with emphasis on paediatric HIV treatment.

**OUTPUT 1:** Increased national capacity to provide access to maternal, newborn and child health services essential for scaling up PMTCT and ART for children by the end of 2015.

**Analytical statement of progress:**

PMTCT coverage remains at 72 per cent (up 1 per cent), while ART for children has nearly doubled to 29 per cent (up 15 per cent). The Lesotho DHS (2014) indicates that 95 per cent of women had received antenatal care services from a skilled provider at least once. However, only 74 per cent reported four or more antenatal care visits. There is consensus by the MoH and partners that weaknesses in the continuum of care for maternal and child health must be prioritized to expand coverage of treatment for women and children.

UNICEF and partners, through the national Technical Working Group for PMTCT and Paediatric HIV (including the MoH, PEPFAR partners and NGOs) have used the reporting year to address systemic bottlenecks and missed integration of maternal, child and HIV services.

On the supply side, UNICEF worked with the MoH to ensure provision of the Mother Baby Packs to all health facilities (207) nationwide to facilitate care for the 95 per cent of women who received antenatal care services at least once. In addition, UNICEF assisted in the sourcing of a local provider to produce the Mother Baby Packs, thus reducing the turnaround time in future procurement. To support the provision of quality services, UNICEF intensified efforts to support screening and testing of children through its implementing partner, EPGAF. The interventions included social mobilization by village health workers and additional counsellors within clinics for children under 5 to boost provision of provider-initiated testing and counselling across two districts. The pilot on integration of services resulted in the testing of 7,090 children in Mafeteng and Maseru districts. This progress was used to leverage resources to expand into two additional districts (Berea and Leribe) and to inform the conceptualization of Lesotho's PEPFAR ACT (accelerating children's treatment) plan.

UNICEF supported the MoH in leading an effective Annual Joint Review aimed at presenting data on systemic bottlenecks in the sector. UNICEF's financial and technical support was used to promote a more results-focused process, particularly around coverage of interventions at district level. In addition, UNICEF advocated for disaggregation of data across age bandwidths and for stronger collaboration between planning and programming units of the MoH. The report informed MoH operational plans by districts for 2016 that focused on gaps in the continuum of care – notably, late attendance of antenatal care, lack of a specific focus on adolescent girls and women needing services, and the need to strengthen provider-initiated testing, improve linkages with the community health worker programme for improved follow-up of pregnant women as well as improved management of routine childhood illnesses.

**OUTPUT 2:** Enhanced ability of families to demand PMTCT and HIV and AIDS treatment interventions for children and adolescents nationwide by the end of 2015.

**Analytical statement of progress:**

In the previous reporting year, UNICEF supported bottleneck analysis in four target districts, which elevated demand-side challenges, particularly at the community level.

In 2015, UNICEF utilized several strategies to address these findings. At the central level, UNICEF supported the MoH to develop a social mobilization action plan consolidating all stakeholder activities engaging community around utilization of services. As a part of this plan, UNICEF piloted an initiative with the Lesotho Netball Association to employ sports for

development approaches to encourage use of facilities by women at the community level, in the remote Qacha's Nek District. The partnership utilized netball tournaments to create awareness among communities on available maternal and child services provided by the health facility. The findings will be used to inform UNICEF work in 2016 in partnership with the MoH and Christian Health Association to simultaneously improve the quality of outreach activities to women in remote settings and to advocate towards removal of user fees for maternal care in hospitals (distinct from free services in facilities).

UNICEF worked with partners on a review of the implementation of Option B+. The evaluation aimed to assess implementation of Option B+ and to review the efficiency and effectiveness of the Health Management Information System. The results revealed 74 per cent retention of pregnant women enrolled into ART for Option B+. In response, the MoH was supported to develop, finalize and disseminate national standard operating procedures for retaining women into care. Further, UNICEF supported the revitalization of the community health workers programme, using an updated national dashboard of all active village health workers to review gaps in capacities. As a result, an initial training of 117 village health workers was conducted in Maseru to improve strategies for retaining women into care and conducting home visits to both pregnant and lactating mothers. The training and system-level support to the Village Health Worker programme will be expanded in line with recommendations from UNICEF's annual review with partners.

Limited progress was made to advance Communication for Development (C4D) activities to address cultural myths and perceptions around demand for services, particularly delivery in health facilities. Given the limited number of community-based partners, UNICEF is supporting a Knowledge, Attitudes and Practices study aimed at identifying strategic partners for more informed C4D approaches and to guide the forthcoming national health communication strategy.

**OUTCOME 4:** 80 per cent of adolescent girls 15–19 years old have knowledge and practice behaviours to reduce their risk of HIV infection.

**Analytical statement of progress:**

The 2014 Lesotho DHS notes some progress around prevention-related indicators. While knowledge around prevention methods is widespread among young people 15–19 years old, comprehensive knowledge remains low (34.8 per cent among girls and 29.7 per cent among young men). Figures for both young women and young men represent largely no difference since 2009. An estimated 71 per cent of young women and 54 per cent of young men 15–24 years old reportedly had ever tested for HIV and received their results, representing a steady increase from 50.7 per cent among young women and 20.7 per cent of young men in 2009. Nationally, 67.2 per cent of young women and 78.2 per cent of young men 15–24 years old reported using a condom at last sex (up from 45.5 per cent among young women and 60.3 per cent among young men).

In response to this situation, UNICEF supported the MoH and partners to deliver quality age-appropriate services to adolescents, including the testing of new approaches for reaching adolescents; provided technical and financial resources for planning, data collection and analysis around disaggregated indicators; and supported national-level coordination efforts with significant implication for the multi-sectoral adolescent response.

In the area of service provision, UNICEF worked with the MoH to continue its roll-out of the adolescent-friendly minimum standards developed in 2013. The standards, supported jointly by United Nations partners, have been used to provide supportive supervision to 119 facilities out

of 207 facilities nationwide. UNICEF worked with NGO partners to identify and test new ways of reaching adolescents with services in a variety of settings -- partnering with Lesotho National Olympic Committee (LNOC) to promote regular and consistent testing through a targeted safe blood donation campaign and LENASO to improve community-level initiated testing and counselling through existing community mechanisms and peer groups.

To support national data collection efforts, UNICEF worked with the MoH to ensure that the common client tools and registries used in health facilities are disaggregated to include adolescents 10–14 and 15–19 years old – representing a significant opportunity to understand inequities in service provision in 2016. Further, UNICEF supported age-disaggregated reporting in the Annual Joint Review and provided technical assistance during the operational planning by MoH, ensuring that adolescent-focused issues are reflected in bottleneck analysis around the continuum of care (noting that adolescents and young people are the majority of the clients of most key interventions in the HIV response). Finally, UNICEF completed preparatory work for its Phase I launch of All In – working with the MoH, line ministries, CSOs and young people to gather a range of data on the situation of adolescents. A national stakeholder workshop in 2016 will inform the national response around adolescents and HIV in response to the latest DHS (full report to be shortly released).

In the area of coordination, UNICEF, in partnership with the United Nations agencies, provided technical and financial support for the revitalization of the National AIDS Commission. Although the process is ongoing, there is increased political commitment at the highest levels for functioning coordination mechanisms. UNICEF also worked with partners to ensure a more prominent focus on adolescents, particularly girls in the development of the Global Fund Concept Note submitted in 2015. UNICEF worked with its United Nations partners (UNESCO, UNAIDS and UNFPA) to support the national coordination framework around adolescents and young people in response to the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African. The Technical Working Group met quarterly and was able to fulfil reporting obligations and improve coordination action for key initiatives such as the soon-to-be-finalized National School Health Policy. The Policy will pave the way for a robust joint MoET and MoH national school health programme that would vastly improve access to adolescents for key interventions around comprehensive knowledge.

**OUTPUT 1:** Capacity of four districts to provide improved HIV testing and counselling and referral services to adolescents, particularly girls 15–19 years old, is strengthened

**Analytical statement of progress:**

During the reporting year, UNICEF focused on supporting improved health and HIV services for adolescents, strengthened coordination around the HIV response, and contributed to national-level processes that would impact the ability of the national programme to deliver adolescent services, particularly high-impact interventions, at scale.

To support improved service delivery for adolescents, UNICEF continued to support the MoH with the roll-out of Minimum Standards developed jointly with United Nations partners (now completed in 119 of 207 facilities). The facility-level orientations offer supportive supervision, including review of facility-level data and technical assistance for more adolescent-friendly service provision, as well as for integration of services (i.e., promotion of provider-initiated testing and counselling). The orientations, as well as stronger engagement with the national adolescent health programme, have resulted in greater inclusion of age-disaggregated

indicators in the Annual Joint Review, including for antenatal care, voluntary medical male circumcision, and HIV testing and counselling.

UNICEF continued to work with partners to improve standards and tools aimed at adolescents. In partnership with the main implementing partner on voluntary medical male circumcision (Jhpiego), UNICEF supported the development of specific counselling tools for young adolescent clients 10–14 years old and for caregivers supporting the adolescents in the home and school – a gap identified by adolescents and service providers in 2014. Adolescents 10–14 years old formed the largest cohort seeking the service (62 per cent). UNICEF, in collaboration with development partners, advocated with the MoH on the need for revision of basic client forms at service level to include disaggregated data, including adolescents 10–14 and 15–19 years old. This will improve understanding of the situation of adolescents, including the number of adolescents accessing treatment.

Given the need for a multi-sectoral response in HIV, especially with respect to adolescent-focused programmes and policies, UNICEF, along with the United Nations family of agencies, provided technical and financial support for a renewed AIDS-coordinating authority. With ongoing support, the new body should be functional in early 2016. UNICEF also contributed to a number of national-level initiatives aimed at increasing attention to and resources for adolescent-specific programming. UNICEF, in partnership with UNAIDS, completed preparatory work for Phase I of All In – compiling data and reviewing the programming environment for adolescents with line ministries, NGOs, CSOs and adolescents. Further, technical assistance was provided for a greater inclusion of adolescent-specific interventions in the Global Fund Concept Note submitted in the third quarter of 2015.

**OUTPUT 2:** Enhanced ability of adolescents to practice healthy behaviours related to HIV and AIDS by the end of 2015.

**Analytical statement of progress:**

To contribute towards the ability of adolescents to demand and seek healthy behaviours and practices, UNICEF contributed to the development of a national school health policy that would pave the way for a national school programme and partnered with NGOs to identify new ways of reaching adolescents with HIV services, particularly HIV testing and counselling as a gateway to further referrals and linkages.

UNICEF collaborated with UNFPA and UNESCO in support of the MoH and MoET to develop an evidence-based national school healthy policy, providing a framework for the types of services and information that can be delivered in schools. With its finalization in early 2016, UNICEF will work with UNESCO and the line ministries to begin the accompanying national school health programme that will significantly expand the number of adolescents that can access a range of services and referrals, particularly in response to HIV.

UNICEF continued to work with partners (Access Africa, LNOC and LENASO) to innovate and consider new approaches for engaging adolescents on HIV prevention more broadly (in response to the low levels of comprehensive knowledge) – using tools such as social media, topical campaigns, and use of community-based structures that can be sustained beyond initial seed funding. During the reporting period, these efforts reached 4,107 adolescents, of which 55 per cent were adolescent girls.

**OUTCOME 5:** Access to high-impact health, nutrition and WASH interventions is increased by at least 10 percentage points in four focus districts that have the worst child mortality and malnutrition rates.

**Analytical statement of progress:**

Lesotho has marked progress in expanding access to the quality of high-impact interventions in health, nutrition and WASH in the four target districts (Berea, Mokhotlong, Qacha's Nek and Thaba Tseka), with higher child mortality and malnutrition rates out of the 10 total districts of Lesotho. Significant progress has been made in the reduction of stunting in rural Lesotho, from 41 per cent in 2009 to 35 per cent in 2014. The percentage of deliveries conducted by skilled providers also increased in rural Lesotho, from 42 per cent in 2009 to 63 per cent in 2014. To address shortfalls in coverage and to improve the quality of services provided, UNICEF Lesotho focused on providing support for the development of policies, standards and guidelines to improve systems for the delivery of key interventions, and has strengthened capacity of service providers in the target districts. UNICEF Lesotho, in partnership with WHO, supported the MoH in the updating of the Sexual and Reproductive Health strategy. The collaboration around the strategy contributed to several programmatic developments: the development of guidelines for waiting mother's homes to promote delivery in facilities and the carrying out of an assessment to review gaps in programmes and policies in maternal and newborn care. The soon-to-be completed assessment will assist in responding to the latest maternal mortality figures and will inform efforts to improve newborn care nationwide. UNICEF also worked with WHO and WFP in support of the MoH in updating the country's Integrated Management of Acute Malnutrition guidelines. The update is expected to contribute to expanded treatment of severe acute malnutrition.

To address health system bottlenecks, UNICEF invested substantially in data planning exercises at central and district levels – advocating for disaggregated data and evidence-based review of the continuum of care, and supporting the identification of opportunities for integration towards improved coverage of services. UNICEF also supported the Expanded Programme on Immunization on several fronts. UNICEF and WHO provided technical and financial support for the introduction of the pneumococcal conjugate vaccine. This included support for a cold-chain inventory and temperature mapping study. The studies revealed that the vaccine storage capacity at the national level is adequate for the coming 10 years, while the storage capacity at the District Vaccine Store level is adequate for 7 out of 10 districts. Additionally, the storage capacity at the service delivery points shows gaps for 47 out of 172 health facilities. The MoH continued to rely on UNICEF's procurement services for the purchasing of all traditional vaccines for 54,000 infants and 56,000 pregnant women.

UNICEF partnered with a number of actors to improve service delivery in the target districts. The CLTS pilot was introduced in Thaba Tseka and four other districts, resulting in a 14 per cent decline in the incidence of diarrhoea. UNICEF provided technical support to the Ministry of Agriculture and Food Security to expand the nutrition clubs using community-based approaches to improve individual and household practices from 22 clubs in 2014 to more than 74 in the target districts. UNICEF advocated with the MoH to bring attention to the need for improved newborn care within facilities. To contribute to this effort, UNICEF and the Jesus Christ Church of Latter Day Saints trained health workers at national level on the Helping Babies Breathe methodology. The training is aimed at reducing the incidence of birth asphyxia, among other common causes of neonatal deaths, and will be rolled out nationwide in 2016.

Despite this progress, UNICEF and partners continue to grapple with challenges in reaching coverage targets for the high-impact interventions. To better understand contributing factors,

UNICEF, the World Bank and the Government have sponsored a Public Expenditure Review, Public Expenditure Tracking Survey and Quantitative Service Deliver Study to analyse the efficiency of spending and the quantity of services in the health sector. The Public Expenditure Review has shown that recent expenditure trends have not been in line with health-sector priorities, and therefore there has been allocative inefficiency.

UNICEF and partners are also working to improve community awareness of key services and to improve the quality of those services once they are sought. Ongoing efforts include the inclusion of newborn indicators in the performance-based financing scheme being facilitated by the World Bank, collaboration with the MoSD on the potential inclusion of more health-related components in the emerging OSS model to assist beneficiaries of social protection schemes with much-needed services, and conducting a Knowledge, Attitudes and Practices study to better understand community-level bottlenecks to service utilization.

**OUTPUT 1:** Enhanced ability of families in the lowest wealth quintile for healthy behaviour, improved nutrition, and adequate sanitation and hygiene practices in four districts (Berea, Mokhotlong, Qacha's Nek and Thaba Tseka) by December 2015.

**Analytical statement of progress:**

UNICEF utilized community-centred approaches for improving the ability of families in the four target districts to engage in healthy behaviours, including nutritional and hygiene practices. In the area of nutrition, UNICEF continued to provide technical support to the Ministry of Agriculture and Food Security to expand nutrition clubs, using the positive deviance approach, from 22 clubs in 2014 to 74 in 2015. An additional 132 nutrition clubs were recorded in six other districts. The Ministry has now adopted the positive deviance approach as its principal methodology nationwide.

The CLTS pilot was introduced in Thaba-Tseka and four other districts with an aim of achieving, open defecation-free status. Following a process of 'triggering' to enable the community transformation process, latrine construction progressed steadily, with 33 per cent coverage in the pilot district and 3 per cent coverage in the other five districts. To date, three villages are ready for certification of their open defecation-free status. To further support CLTS-related activities, UNICEF partnered with the Lesotho Red Cross Society to construct 35 latrines (13 latrines for boys and 16 for girls; 3 latrines for female teachers and 3 for male teachers) in 4 schools and 11 hand-washing facilities (Tippi Taps), reaching about 2,800 children. Complementary to latrine construction, hygiene and hand-washing messages were disseminated in the triggered communities through music, dance and drama under a partnership with a locally based company.

Given the introduction of the pneumococcal conjugate vaccine, UNICEF supported social mobilization activities by training 35 health workers to contribute to the acceptability of the vaccine at community level using district communication micro plans.

Despite the reported progress above, challenges remain in the ability to sustain these initiatives through regular reporting and monitoring of the quality of the approaches being utilized. To support efforts to address this, UNICEF is working with the MoH to conduct a Knowledge, Attitudes and Practices study to assess current behaviours towards the high-impact interventions needed for child survival and development. In addition, the results of the study will be used to inform the soon-to-be developed national health communications strategy.

**OUTPUT 2:** Strengthened national capacity to formulate policy, and plan, budget for, monitor and evaluate maternal, neonatal and child health interventions.

**Analytical statement of progress:**

UNICEF has marked several milestones towards strengthening the national capacity to formulate policy, plan, budget for, and evaluate maternal, neonatal and child health interventions.

UNICEF, WHO and the MoH partnered to introduce the pneumococcal conjugate vaccine. In addition, the same partners supported a cold-chain inventory and temperature monitoring as per 2014 Effective Vaccine Management Assessment recommendations. The inventory found that the cold-chain capacity is adequate to cover all vaccine storage requirements up to 2020, and led to the development of a cold chain replacement plan.

In the area of child health, UNICEF supported the MoH to adapt, print and train service providers on computer based training manuals for integrated management of childhood illnesses. UNICEF, WHO, WFP and MoH collaborated to update the Integrated Management of Acute Malnutrition guidelines. The revision should contribute to improved coverage in the treatment of severe acute malnutrition (currently at 30 per cent of expected caseload). UNICEF provided technical and financial support to the MoH in training 210 village health workers to carry out home visits for newborn care in two districts.

Efforts to improve national capacity to deliver on quality maternal and neonatal health services have led to an increase in deliveries by skilled health professionals (from 59 per cent in 2009 to 77 per cent in 2014) and in deliveries at health facilities (from 62 per cent in 2009 to 78 per cent in 2014). However, neonatal mortality remains high at 39 per cent. To better understand these trends, UNICEF partnered with WHO and UNFPA to conduct a nationwide Emergency Obstetric and Neonatal Care assessment to inform gaps in policies and programmes. This led to an updating of the Sexual Reproductive and Health strategy as well as the development of guidelines for strengthening the quality of and ability of communities to access waiting mother's homes. In addition, UNICEF has partnered with the Jesus Christ Church of Latter Day Saints and trained 50 health workers at the national level on the Helping Babies Breathe approach (to reduce the incidences of birth asphyxia), with plans for further trainings in 2016.

Noting that coverage against key indicators remains modest in some areas, UNICEF, the World Bank and the Government have sponsored a Public Expenditure Review, Public Expenditure Tracking Survey (and Quantitative Service Deliver Study to analyse the efficiency of spending and the quantity of services in the health sector. The Public Expenditure Review has shown that recent expenditure trends have not been in line with health-sector priorities, indicating inefficiencies in the allocation of the health-sector budget. In addition, UNICEF has provided technical and financial support for the inclusion of newborn indicators in the country's performance-based financing scheme, facilitated by the World Bank.

**OUTCOME 6:** Protective environment strengthened for children at risk of and exposed to violence, exploitation and abuse.

**Analytical statement of progress:**

In partnership with Management Sciences for Health (MSH),, the capacity and evaluation of the capacity of District Child Protection Team (DCPTs) was enhanced through regular visits and training. A mid-year national peer review workshop was held for all 10 DCPTs. A DCPT Facebook page has also been opened for sharing and learning among the district teams.

With capacity building and other efforts to resuscitate collaboration with the Justice for Children team, UNICEF has since received periodic reports and statistics of child abuse cases from: i) the Child and Gender Protection Unit, which reported 302 sexual offences cases (299 girls and 3 boys) during September–November; ii) Child Help Line, from unreported to 37 serviced calls from September to November; iv) Children’s Court recorded a total of 84 child abuse cases pending sentencing and; v) the Juvenile Training Centre has reduced the number of detained children from 34 to 29 (28 boys and 1 girl) since September 2015.

There is marked increase in registration and issuance of birth certificates by the MoHA. This is attributable to increased efforts to register children at selected government and church-owned health centres as well as collaboration with Social Protection through the OSS initiative.

Through collaboration with the MoSD and World Vision Lesotho, UNICEF facilitated the commemorations of the Day of the African Child’s theme on ‘Ending Child Marriage’ at African Union, national and community level with the aim to advocate for changing norms which perpetuate this practice and the enforcement of the relevant laws which prohibit child marriage. No records of reduction of child marriage are available. This will be addressed jointly in the Country Programme for 2016 in partnership with the MoSD and Justice for Children teams.

**OUTPUT 1:** By the end of 2015, the organizational and institutional capacity of the MoSD is strengthened to deliver effective welfare and protection services to vulnerable children and their families.

**Analytical statement of progress:**

Through EU funding, technical assistance is provided to the MoSD to enhance coordination of children’s issues through the National Orphans and Vulnerable Children (OVC) Coordination Committee (NOCC).

NOCC supported conducting four quarterly meetings, including an extraordinary one to assess implementation of Southern African Development Community Minimum Package of Services. In strengthening NOCC capacity, UNICEF supported training of an Assistant NOCC Coordinator in regional child rights by the University of Pretoria’s Centre for Human Rights. The position of NOCC Coordinator was filled in May to facilitate effective support to the Children’s Service Department of the MoSD. Annual Performance Appraisals for NOCC staff were also completed.

Terms of Reference for the NOCC have been reviewed and validated to incorporate wider children’s issues and enhance coordination at all levels. Endorsement by the MoSD is still scheduled for 2016.

UNICEF provided technical and financial support to Sentebale/Letsema Network to facilitate training for 52 member organizations in child protection, psychosocial support and governance in an effort to improve services to children.

UNICEF and the EU supported organizational and institutional development to the MoSD during September–December 2015. The support focused on enhancing performance and competencies of district-based staff to deliver services to the most vulnerable groups. A Leadership Competency Assessment for 10 Senior Child Welfare Officers was conducted by the Centre for Assessment and Development (Public Service Commission). Feedback from the assessment and district staff informed a draft competency framework, and a capacity-building plan was validated in December.

The diagnostic of the MoSD M&E system was completed. Key strengths include availability and competence of staff within M&E, while weaknesses include poor coordination of M&E activities at all levels. It is envisaged that the MoSD plans and budget will cater to improving the M&E system to support the ongoing comprehensive Social Protection Programme.

Challenges: Recruitment of key positions such as Social Assistance Director is still not done by Procurement Services Centre . This leaves no one accountable for Social Protection issues at the MoSD.

Also, the NOCC is still dependent on EU/UNICEF support.

Way forward: Facilitate the approval of National Child Protection Coordinating Committee by the Cabinet.

Facilitate the absorption of NOCC within the MoSD.

Support the capacity enhancement of district staff.

Support capacity development of CSOs.

Implementation of the M&E diagnostic plan of action in 2016.

**OUTPUT 2:** The knowledge foundation (gap analysis, costs, etc.) is in place for the effective implementation of the Children's Protection and Welfare Act 2011.

**Analytical statement of progress:**

The office supported a VaC Desk Review and used findings to raise awareness and enhance capacity of schools, DCPTs and NGOs in prevention and response to VaC.

All 10 districts (100 per cent) have established DCPTs – a multi-sectoral district mechanism responsible for prevention and response to VaC cases, and a joint mid-year peer review workshop was conducted for DCPTs.

In collaboration with the MSH and MoSD, UNICEF conducted mid-year peer review workshop for DCPTs and supported the MoSD, Ministry of Police and Ministry of Justice in training 50 justice for children teams in the effective management of child abuse cases. The office participated in monthly Justice for Children meetings to identify areas of support for the sector. Reports received thus far indicate: Child and Gender Protection Unit recorded 302 sexual offences; 317 cases of neglect; 31 abductions; and 28 physical violence cases. The Child Help Line reported 37 attended calls. The Children's Court has 110 cases with one sentencing.

Commemorating the African Union's twenty-fifth anniversary under the theme of 'End child marriage', UNICEF, the MoSD and World Vision facilitated participation of two child brides in advocacy at community, national and African Union levels.

The Government of Lesotho and CSOs tabled their combined reports to the African Committee of Experts.

The office provided technical support to MoHA and MoH to register children born at selected government and Christian Health Association Lesotho health centres with recorded increases from 145,860 in 2014 to 191,161 in 2015. The United Nations Economic Commission for Africa, UNICEF and WHO provided technical and financial support to MoHA to use the Civil Registration and Vital Statistics system to identify strengths and weaknesses, and draw a national strategic plan.

The local Child Protection consultant, with MSH and MoSD, raised awareness on VaC, birth registration and child marriage at community levels.

Challenges: Poor mechanisms for collection, analysis and dissemination of VaC data among the Justice for Children sector. Large backlog in prosecution of child abuse cases. The Child Help Line recorded a drop in attended calls from 37 in August to 4 in September, due to shortage of staff. Poor quality of the Civil Registration and Vital Statistic Assessment report has delayed its dissemination. The Country Office does not have a C4D strategy on VaC. Changing negative social norms, attitudes and practices is a long-term process and tangible results are not realizable within a year.

Way forward: Strengthen Justice for Children reporting and prosecution of child abuse cases. Strengthen advocacy around VaC.

Dissemination of VaC report and C4D strategy on VaC.

Finalization and dissemination of Civil Registration and Vital Statistics Assessment Report.

Support tabling of the Government's report on CRC

**OUTCOME 7:** Strengthened child- and gender-sensitive social protection systems for vulnerable children and their families.

**Analytical statement of progress:**

Lesotho continues to make significant progress towards building a child- and gender-sensitive social protection system by reaching the most vulnerable children through external support. Important changes have been achieved in all the pillars of the system, including:

1. Expansion of social protection coverage: UNICEF, in partnership with the EU, supported the MoSD to increase CGP coverage from 43 to 46 community councils. The number of children covered through the CGP decreased from 65,000 to 62,000, and households from 25,000 to 23,500 in 2015. The expansion did not go as planned due to budgetary constraints. The expansion, however, was mainly funded from savings made through exit of beneficiaries. The efforts to strengthen delivery mechanisms continued by way of introducing mobile payments that are currently reaching 2,000 beneficiaries.
2. Strengthened governance and delivery mechanisms: The integration of social assistance programmes was boosted by the completion of the new NISSA approach and tools that have also been piloted in three community councils. NISSA coverage increased from 103,000 to 130,000 households. The method has also magnified the role and participation of communities in targeting. To facilitate management and linkage between NISSA and social assistance programmes, a new generation of integrated MIS with a mobile application module has been developed. Lessons from the Integrated Social Safety Net (ISSN) pilot, whose aim was to harmonize and integrate social assistance programmes, will be instrumental in deciding the best mode of improving operational mechanisms for CGP, Public Assistance and OVC bursary.
3. Policy framework for social protection: The social protection system strengthening was augmented by the launching and dissemination of the national social protection strategy.
4. Strengthened linkage with other sectors: In partnership with World Vision and Catholic Relief Services (CRS), at least six community councils were targeted to test a model of community-based graduation using community participation and mobilization, and

economic and financial inclusion. The results of the pilot will provide the Government with practical ways of enhancing graduation. At the same time, a community development model focusing on the graduation model was developed through Oxford Policy Management using existing approaches.

Generally, the main challenge is still the weak coordination between programmes and sectors, despite demonstrated Government commitment and leadership. The vacuum created by the absence of a Director of Social Assistance and other strategic positions (NISSA, community development) limits coordination between staff in the department of social assistance.

The priorities for 2016 include:

- Strengthening capacities of the MoSD to coordinate and lead the implementation of the National Social Policy and Social Protection Strategy.
- Expanding NISSA nationwide using the new NISSA approach.
- Strengthening harmonization and integration of social protection programmes.
- Strengthening linkages between social protection and other sectors to guarantee sustainable graduation of beneficiaries.

**OUTPUT 1:** The CGP is expanded to selected communities in all 10 districts, targeting the most vulnerable children and their families.

**Analytical statement of progress:**

UNICEF, in partnership with the EU, supported the MoSD to increase Child grants programme coverage from 43 to 46 community councils. The increased coverage was made possible by the capacity enhancement initiative that UNICEF provided to the MoSD in 2015. Despite an increase in the number of community councils, the number of children covered through the CGP decreased from 65,000 to 62,000, and households from 25,000 to 23,500 in 2015. This was due to households graduating out of the programme. UNICEF commissioned the Institute of Development Studies to run a second round of comprehensive training on social protection for 30 MoSD staff and other ministries. The Institute also trained a team of trainers that has already rolled out the training for auxiliary 72 social workers. The team will continue to train more staff in 2016.

UNICEF has further enhanced the capacity of MoSD staff through study tours that enabled the Ministry to strengthen its knowledge on the social protection system. The Ministry visited the United Republic of Tanzania and Brazil to learn about community-based targeting and how social transfer programmes are managed and delivered in a harmonized manner, respectively. The operation capacity of the MoSD was strengthened through provision of 10 vehicles and 34 motorbikes.

UNICEF supported different community development initiatives in partnership with World Vision International and CRS. Several community structures were trained on interventions aimed at improving their livelihood and graduation from poverty. The number of community members trained has increased from 350 in 2014 to more than 2000 in 2015. They have been trained on savings and lending, keyhole construction, keyhole maintenance, good nutrition, and complaints and grievance procedures. UNICEF has also supported the MoSD to develop a community development model. The model clarifies the next steps that include development of the national plan for community development and enhancement of the coordination of community development initiatives.

UNICEF Lesotho, in partnership with GIZ, piloted the OSS initiative that brings together multiple public-sector services at a single location. The OSS promotes integration and referrals for social services. To date, a mapping exercise that covered services for health, education, social protection and child protection has been conducted, including service days that enabled OSS to reach approximately 1,500 people with services.

In 2016, UNICEF will continue to:

- Support the expansion of CGP to reach at least 30,000 households.
- Strengthen community engagement and referral mechanism interventions and develop a national action plan for community development using findings of the community development model.
- Pursue the implementation and expansion of the OSS pilot.

**OUTPUT 2:** One social protection system (at the central level) is developed and implemented by integrating and harmonizing different social protection schemes.

**Analytical statement of progress:**

In February 2015, UNICEF, in partnership with the EU, supported the MoSD to launch and disseminate the National Social Protection Strategy. The strategy was launched by the Prime Minister during the national stakeholders' workshop. In an effort to reach more people, the strategy was translated into the local language. Both versions have been printed and circulated to various stakeholders.

UNICEF, in partnership with the EU, supported the MoSD to expand NISSA coverage from 103,000 in 2014 to 130,000. The number of community councils covered by NISSA increased from 45 to 48. The expansion is piloting the new NISSA approach that has three components, namely:

- i. household listing exercise that follows census approach;
- ii. community-based targeting; and
- iii. data collection.

UNICEF, in partnership with the EU, supported the MoSD to develop a community categorization method that involves the whole community in the classification and selection of eligible beneficiaries. The new community-based targeting was tested and validated by stakeholders. The method strengthens accountability and participation of communities in delivery of social assistance programmes. Nevertheless, successful application of the method relies heavily on the facilitation process and also on well mobilized and sensitized communities. Only households classified as poor and very poor by the community are validated through home assessment. UNICEF contracted an ICT company to revise the MIS to accommodate the new method. The MIS was handed over to the MoSD and its full utilization is expected in 2016. The company further developed the mobile application technology that is used during data collection. UNICEF also supported procurement of 270 tablets to facilitate data collection. The tablets will also enable the MoSD to locate households through GPS coordinates and build poverty maps to support policy decisions.

In 2016, UNICEF will continue to support the MoSD to strengthen management, administrative and delivery mechanisms for social protection. The focus will be mainly on the following critical priorities:

- i. the expansion of NISSA, including the strengthening of ICT infrastructure to allow districts to use the system;
- ii. the assessment and finalization of the ISSN design for national roll-out, including Old Age Pension; and
- iii. Strengthen the social protection accountability mechanism through reviewing the current procedures in order to align it with the new NISSA approach.

**OUTPUT 3:** A model of integrated of social assistance as well as conditional cash transfers piloted to improve the effectiveness and efficiency of the social protection programme.

**Analytical statement of progress:**

UNICEF, in partnership with the EU, supported finalization of design documents as well as manuals and tools supporting implementation of the ISSN pilot. The purpose of the pilot is to test efficiency and harmonization of three main safety nets in terms of targeting mechanisms and delivery mechanisms. The final outcome of this pilot is to build one integrated and harmonized social protection programme.

Implementation of the ISSN pilot commenced in 2014 in three community councils. To date, approximately 212 Public Assistance beneficiaries, 430 OVC Bursary Beneficiaries and 3,487 CGP Beneficiaries have been included as beneficiaries in the pilot.

The biggest constraint has been the availability of data. Apart from CGP, none of the ISSN programmes has had complete reliable and up-to-date data, disaggregated by village and community council, leading to ad-hoc changes to implementation in the field. Another major constraint was that it took a long time to move funds within the Ministry for Public Assistance disbursements to support integrated payment..

In its first year of implementation, the conditional cash transfer covered 3,132 beneficiary households in the six pilot community councils, reaching 7,300 children 0–17 years old. The compliance monitoring for education started in August/September 2014, with about 4,600 children. A year later, the number of children being monitored decreased to 4,200 due to inherent ageing and completion of primary school level. The application of education conditionalities started with the April 2015 payment cycle. On the contrary, health compliance monitoring did not take off on time due to lack of immunization and health monitoring data captured in health facility records. The MoSD had to devise an alternative method of collecting health compliance data. The new data collection method was only applied in November 2015 and health conditionalities were applied in December 2015. The pilot further experienced problems relating to MIS functionality that impeded smooth running of the pilot.

Activities for 2016 includes completion of the two pilots and assessing their systems for future expansion.

**Document Centre**

**Evaluation and Research**

Title	Sequence number	Type of report
Design of a Community Development Model for Lesotho	2015/003	Study
Desk Review and Initial Assessment of Violence against Children in Lesotho	2015/001	Study

## Lessons Learned

Document type/category	Title
Lesson Learned	Scaling Up Provider-Initiated HIV Counselling and Testing (PITC) of Children by Integrating PITC into Under-5 Services in Two Districts of Lesotho