

Lesotho

Executive summary

Lesotho remained one of the poorest countries in Sub-Saharan Africa, with unemployment at 33 per cent among young people. It had the second highest HIV prevalence in the world (25 per cent) with new infections among young females aged 15-19 (3 times higher than their male counterparts). Slow economic growth of 2.3 per cent since 2015 and a decline in the South African Customs Union revenues presented challenges to the country's fiscal outlook. Against this backdrop, the Government of Lesotho (GoL) and UNICEF implemented the fifth year of the 2013-2018 Country Programme of cooperation, anchored on the National Strategic Development Plan I (NSDP I). Lesotho extended NSDP I for an extra year to 2018, and the country programme also was extended to align with that plan.

In 2017, continued response to the El Niño drought supported an additional 3,681 affected households (11,043 children) in dire need through the Child Grants Programme (CGP). Support was also provided to 1,750 children suffering from severe acute malnutrition (SAM). A total of 23,563 people (50 per cent children and overall 54 per cent female) received hygiene support and water supply facilities reaching 133,000 people (more than 57 per cent females and children) were constructed.

Emphasis was placed on emergency preparedness and resilience by building capacity of the Disaster Management Authority (DMA), relevant partners and ministries on child protection, education and nutrition in emergencies. Special training on emergency preparedness and response was provided for 10 education officers from Ministry of Education and Training (MOET) representing the ten districts. They developed communication trees and tools linking schools to DMA, improving clarity and effectiveness of communication channels during emergencies.

Support was provided to accelerate implementation of the National Policy on Integrated Early Childhood Care and Development (IECCD), which included the development of a three-year partnership with Metropolitan Life Insurance Company on the provision of micronutrient powders to address the high levels of stunting in under-fives. This partnership included funding from Metropolitan of US\$600,000, a first in Lesotho for public private partnerships (PPP). A total of 434 pre-school teachers were trained on IECCD, leading to the drafting of manuals on how to engage fathers and guidelines for day care centres.

The age validation process for the Early Learning and Development Standards, including activities for children with disabilities, was finalized and will inform the development of the ECD curriculum in 2018.

In partnership with the National Bureau of Statistics (BOS), World Bank and others, UNICEF began implementing Multiple Indicator Cluster Surveys (MICS 6). Lesotho has not conducted a MICS since 2000. The MICS 6 data will provide the country with pertinent baseline data and support progress in monitoring for children's indicators.

The Lesotho Population-based HIV Impact Assessment (LePHIA) was finalized and will inform targeted programming for children on HIV/AIDS for 2018 and onward. The 2017 HIV prevention assessment highlighted the need for behaviour change interventions for adolescents and young people. The LePHIA data showed high rates of new infections among young females, supporting the findings of the prevention assessment. UNICEF worked closely with the United States Government and MOET to undertake a feasibility assessment for the implementation of the Positive Behaviours Intervention Support (PBIS) programme for HIV prevention in Lesotho. The assessment led to the design of a rigorous evidence-based framework to support a select number of schools in implementing PBIS using the existing child-friendly schools framework beginning in 2018. Other key ministries involved were the Ministry of Health (MOH), Ministry of Social Development (MOSD) and the Ministry of Gender, Youth, Sport and Recreation (MOGYSR). The Ministers of the four ministries were fully engaged.

The National Information System for Social Assistance (NISSA) database was expanded in 2017. The registration process used innovative spatial intelligence technology for efficiency and accuracy, increasing the number of households on the database by more than 100 per cent and covering more than 75 per cent of children nationally. Through focused advocacy, the Government of Lesotho increased the number of children benefitting from the Child Grants Programme by 66 per cent and indexed the grant amount to inflation year on year (25 per cent increase for 2017). UNICEF, jointly with World Vision International, advocated for the passage of a motion in Parliament to end child marriages, a preliminary step toward the enactment of law.

Humanitarian assistance

UNICEF Lesotho's contribution to the 2015/16 El Niño drought emergency response continued in 2017. The humanitarian strategy was closely aligned to the development programme and targeted those most affected by the drought through a programme to build resilience among the most vulnerable populations to enhance peace, cohesion and security among communities. During the El Niño humanitarian response, the Government of Lesotho, with support from UNICEF, the European Union (EU), DFID and the World Bank, reached a total of 27,325 families (including 26,681 in 2016 and 644 in 2017) with emergency support. Cash was provided to 821 families (4,105 people, including 2,463 children and 1,256 girls) in three community councils (Qhoasing, Qobong and Mtjanyane). Targeting was facilitated through the EU-supported National Information System for Social Assistance (NISSA). Partners such as the World Food Programme (WFP) provided humanitarian cash and food transfers to 42,250 acutely vulnerable people in areas not covered by the NISSA. Both approaches were complemented with 'Cash+' interventions that included home gardening kits and training by the Food and Agriculture Organization. Each household received an additional US\$76 to the quarterly CGP amount for two quarters of 2017 from the UNICEF component.

UNICEF continued to work with the MOH to treat acutely malnourished children and children with diarrhoea. In 2017, 1,750 children (911 males and 839 females) suffering from severe acute malnutrition (SAM) were reached with therapeutic feeding—representing 70 per cent of the projected target. As per national policy, all children suffering from moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) were tested for HIV, but that data had not been shared by MOH. Out of 1,422 children who exited from SAM treatment, 943 (503 males and 440 females) were fully cured (66 per cent); 58 (33 males and 25 females) died (4 per cent); and 168 (69 males and 99 females) defaulted from treatment (12 per cent). The remaining 18 per cent of exits (140 males and 113 females) were classified as 'not recovered' by the time they were discharged from treatment. The cure rate was 75 per cent, which is the

recommended minimum SPHERE threshold, and the percentage of deaths during severe acute malnutrition treatment for 2017 remained consistently within the SPHERE recommended standards of less than 10 per cent.

Training on emergency preparedness resulted in an increased focus on interventions for protection of girls, boys and women against violence, abuse and exploitation and led to a 20 per cent increase in reported cases. Poor attendance in schools was reduced by an estimated 7 per cent and emergency nutrition data was included in the national nutrition surveillance by MOH. A total of 45,333 people (50 per cent children and overall 54 per cent female) were reached with safe drinking water, sanitation and hygiene messages in the five most drought affected districts in Lesotho. Newly constructed water supply facilities benefited approximately 5,388 people in 12 communities (13,470 children) and 9 schools. Access to sanitation was assured for 2,528 children (1,238 boys and 1,290 girls) through construction of latrines in 5 schools. Hygiene training for 271 village health workers (VHW), 51 ECCD teachers and 62 primary school teachers eventually led to messages reaching 16,753 adults, 3,794 girls, 3,016 boys.

A multi-sectoral team of 55 participants comprised of social workers, police, civil society organizations and the media were trained on child protection in emergencies (CPiE) and in psychosocial support (PSS). The CPiE information, education and communication materials were subsequently revised for training sessions for communities, schools, children, government officials and other stakeholders as guided by the approved CPiE plan of action drawn by the participants.

In November, UNICEF supported the Disaster Management Authority to conduct a nutrition in emergencies workshop, with 36 officers drawn from the Ministries of Health (central and district), Agriculture and Food Security, Food and Nutrition Coordinating Office (FNCO), the World Food Programme (WFP) and the National University of Lesotho in attendance. A special training on emergency preparedness and response was given for 10 education officers from Ministry of Education and Training (MOET) representing the ten districts.

Equity in practice

During the EU-supported NISSA expansion Phase 1 and Phase 2 (January – November 2017), spatial listing (as opposed to subjective listing) was used for the first time. This is a geographic component of information which uses spatially enabled technology such as Global Positioning System or Geographic Information Systems that utilize and interpret remotely sensed data (satellite imagery and aerial photography). NISSA data collected in the field can be compared with data from the Population Census per enumerator area (EA) data provided by the Lesotho Bureau of Statistics.

The spatial approach makes it possible to ensure that all households are spatially verified (the subjective listing approach cannot be easily used to verify if all households were enumerated). during NISSA expansion, the household lists were combined with a spatial approach to ensure a comprehensive survey that could also show inaccuracies. NISSA was expanded to reach 65 per cent of all households in 2017 (an increase of 38 per cent in one year), reaching an unprecedented 78.6 per cent of the child population. Lesotho increased the number of children in the CGP program in 2017 from 26,000 households (89,000 children) to 39,000 households (more than 130,000 children) and indexed the grant amount to inflation. Support was provided to MOET to finalize the inclusive education policy to support equitable access for all children to inclusive quality learning. UNICEF was the only UN agency sitting on the country's national Technical Steering Committee to address disability and special needs for

children. The focus of the Committee is to work with the social sector to ensure that there are mechanisms in place for service delivery and accountability to leave no child behind.

Additional focus was placed on strengthening primary health care to improve the continuum of care so that no child dies of any preventable causes. This included the provision of micronutrient powders to reduce stunting for under-fives, improvements in nutrition coverage, and reductions in HIV transmission from mother to child, among others. With the World Bank, a performance-based financing model was piloted in five districts to improve coverage on vital child health indicators.

With the Ministry of Local Government (MOLG), support was provided to community councils to track key child indicators and to ensure that all children were accounted for. The councillors will be expected to report on the indicators on a quarterly basis. The Minister championed this initiative.

An EPI campaign to introduce the MRI vaccine was completed. The campaign coincided with the preparations for elections and the opposition political parties took some mild reported reaction to the vaccine out of context. Even so, 89 per cent coverage was reached -- less than the intended target of 95 per cent but an improvement over the regular 63 per cent coverage.

Strategic Plan 2018-2021

As UNICEF Lesotho worked on finalizing the 2019 - 2023 Country Programme with the Government of Lesotho (GOL), it drew from the UNICEF global strategic plan 2018 - 2021 in the realization of the rights of every child with a special focus on the most disadvantaged. 2018 will be a watershed year in ensuring the building blocks for intentional and collaborative programming based on a life cycle approach. Lesotho's domestication of the Convention on the Rights of the Child through the Children's Welfare Act 2011 (CPWA 2011) with amendments to be completed in 2018 guided implementation of catalytic interventions toward protection and the realization of the rights for all children. There will be a deliberate focus on building requisite evidence and ensuring that data is disaggregated by age, sex, and residence to ensure that no child is invisible. Linking NISSA databases to the Civil Vital Registration Statistics (CVRS) will contribute to real time updates of births and deaths. NISSA will also be decentralized so that auxiliary workers at community level will provide data on migration, births and deaths to complement CVRS.

Given the finalization of the LePHIA in 2017, UNICEF Lesotho will focus on targeted, innovative, integrated programming for children on HIV/AIDS for 2018 and onward to reduce maternal and under five mortality and prevent new infections in adolescent girls. For the first time in Lesotho, with UNICEF support, the 2016 census data published in 2017 provides disaggregated data all levels, including by disability. This has provided the impetus for the creation of a national Technical Working Group on Children with disabilities led by MOSD. UNICEF is a key member of the working group.

UNICEF Lesotho's work supporting the finalization of policy and legislation to support persons with disabilities and special needs was pivotal in laying the groundwork for more robust integrative programming and ensuring no child is left behind, as articulated by the global strategic plan. Building on Lesotho's implementation of free and compulsory primary school education, efforts will focus on ensuring that the inclusive education policy provides the environment for full access to inclusive quality learning opportunities beyond primary education.

Lesotho's rapidly growing social protection programme, which already promotes an effective model for social change as it intersects with most human development programmes, will be one to build on progressively in the years to come. Lesotho already contributes 9 per cent of GDP to social protection and UNICEF Lesotho will continue to support the scale up of NISSA to ensure that all vulnerable families are registered on the database. UNICEF Lesotho will also support coordination mechanisms at national, district and community levels to support effective implementation of social protection activities.

In collaboration with the World Bank and World Vision International, UNICEF Lesotho will be working with the Government of Lesotho to implement and monitor an infant grant giving cash to mothers in the first thousand days that will contribute to strengthening the indicators for children to survive and thrive. The focus of this intervention through infant and young child nutrition is to contribute towards the reduction of stunting, which currently stands at 33 per cent per the 2014 DHS, and ultimately the reduction of maternal and under five mortality.

Building resilience through integrative programming will be key to strengthen systems and coping mechanisms for communities in preparation for eventual humanitarian crisis. Working closely with the World Bank and FAO, UNICEF Lesotho is finalizing community model programmes and evaluating existing programmes to build a strong basis for community resilience and the promotion of peace and security. These community programmes are envisaged to build on the Citizen Service Centres that provide a multiplicity of quality services closer to communities and ensure that every child is reached.

UNICEF Lesotho will build smart partnerships between linked disciplines while strengthening knowledge, attitudes and skills for a common vision and effective collaboration to actualize the SDGs and the strategic plan through the CPD.

Emerging areas of importance

Integrated early childhood development (ECD). To improve outcomes for children in the early years, UNICEF continued to focus support on the implementation of the integrated early childhood care and development (IECCD) policy to facilitate a holistic development for children to improve national children's outcome indicators. This requires targeted multi sectoral interventions to address their physical, cognitive, social, emotional moral and spiritual development so that they survive and thrive. Routine data from line ministries, and findings from research and studies such as the Demographic Health Survey 2014 showed low outcomes for young children: 34/1,000 live births for neo-natal mortality, 33 per cent for stunting, 33 per cent for pre-school gross enrolment rate, and 43 per cent for birth registration.

UNICEF continued to support in earnest the implementation of the National IECCD and Strategic Plan. To accelerate implementation of this policy and strategy, UNICEF Lesotho's support focused on capacity building, strengthening coordination mechanisms, ramping up advocacy for the Early Lives Matter campaign, evidence generation and engaging with partners. A three-year partnership with Metropolitan Life Insurance Company was in place to address the reduction of stunting through the introduction of micronutrients supplements at an initial budget of US\$600,000. Another partnership with MOET, National University of Lesotho's (NUL) Nutrition Department and Catholic Relief Services (CRS) focused on improving care of factory workers' children in industrial parks through day care centres, and attached nutrition students to 17 day-care centres as a pilot. Preliminary results showed an improvement in the nutritional intake of children in the centres.

In collaboration with communities, an early childhood stimulation module was developed and added to the integrated community case manual for community health workers. The manual will also be used to train the caregivers on child development and stimulation. Continued funding was provided for technical experts in nutrition, child protection, health, and monitoring and evaluation to assist with programming in early childhood development (ECD). Each specialist worked with the line ministry relevant to their area of specialty. This effort played a pivotal role in strengthening coordination and integration across line ministries at national and district levels. A total of 159 ECD teachers were in-serviced on child development and pedagogy; 106 teachers were placed on a two year in service training certified course with the Lesotho College of Education (LCE) in ECD; 51 pre-school teachers received a formal qualification on ECD from the same institution. A total of 434 pre-school teachers were trained, increasing the percentage of trained ECD teachers from 15.4 per cent in 2016 to 41.4 per cent in 2017.

Support was provided to LCE to improve ECD training resources in preparation for the introduction of a three-year diploma course in 2018. To integrate child protection into ECD, country-wide district child protection teams' sensitization meetings were held to increase knowledge of the IECCD Policy and identify entry where collaboration is feasible. Continued support was provided to MOET to coordinate IECCD as per the policy. Four coordination meetings were held in 2017 at national level. The meetings also contributed to knowledge generation, sharing of good practice and updates to avoid duplication of efforts and resource wastage. In 2017, two draft manuals were produced: 'Fathers led by Fathers Manual' and 'Guidelines for Day Care Centres'.

UNICEF Lesotho identified advocacy as critical to rally support for the implementation of the ECD strategy and collaborated with MOET and CRS to carry out advocacy activities as part of the Early Lives Matter Campaign. Also as part of the campaign, the selected five year ECD Child Ambassadors (one for each district) continued to advocate for ECD issues on national media, including television. In 2017 UNICEF and partners focused on HIV prevention for adolescents, particularly girls. This was addressed through PBIS through the CFS framework. UNICEF also supported the 'End Child Marriage' campaign. Both efforts served to strengthen inclusive quality education (keeping girls in school); HIV prevention; nutrition for girls and young mothers.

A scoping exercise was completed in 2017 for PBIS. Oversight was provided by the MOET in collaboration with MOH, MOSD and MOGYSR as the key stakeholders. The 'End Child Marriage' campaign was officially launched in November 2017 with the participation of the African Union (AU), and a motion was passed in Parliament in preparation for enacting into law the end child marriages bill.

Summary notes and acronyms

AMP	annual management plan
BOS	Bureau of Statistics
BNLSS	Botswana, Namibia, Lesotho, Swaziland and South Africa
C4D	communication for development
CFS	child-friendly schools
COAR	Country Office Annual Report
CGP	Child Grants Program
CGPU	Child and Gender Protection Unit
CMT	country management team
CPIE	Child Protection in Emergencies

CRC	Convention on the Rights of Children
CRS	Catholic Relief Services
CSTL	Care and Support for Teaching and Learning
CVRS	Civil Vital Registration Statistics
DFID	United Kingdom Department for International Development
DHS	Demographic Health Survey
DMA	Disaster Management Authority
DRWSS	Department of Rural Water Supply and Sanitation
ECD	early childhood development
EGPAF	Elizabeth Glazer Paediatric Foundation
EMTCT	elimination of mother-to-child transmission
EPI	expanded programme of immunisation
ERM	Enterprise Risk Management
ESAR	East and Southern Africa Region (UNICEF)
EU	European Union
EWEA	Early Warning Early Action
FAO	Food and Agriculture Organization
FNCO	Food and Nutrition Coordinating Office
GMIS	Government Management Information System
GOL	Government of Lesotho
GSSC	Global Shared Services Centre
IECCD	integrated early childhood care and development
IMAM	integrated management of acute malnutrition
JUNTA	Joint UN Team on AIDS
LCE	Lesotho College of Education
LePHIA	Lesotho Population-based HIV Impact Assessment
LPB	Lesotho Post Bank
LTA	long-term agreement
MAM	moderate acute malnutrition
MICS	Multiple Indicators Cluster Survey
MOET	Ministry of Education and Training
MOH	Ministry of Health
MoHA	Ministry of Home Affairs
MOLG	Ministry of Local Government
MoSD	Ministry of Social Development
NFE	non-formal education
NGO	non-governmental organizations
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PETS	Public Expenditure Tracking Study
PMTCT	prevention of mother-to-child transmission
PRIME	Plan for Research, Impact Monitoring and Evaluation
PSS	psychosocial support
QSD	Quality Service Delivery
RMNCAH	reproductive, maternal, new-born, child and adolescent health
SADC	Southern African Development Community
SAM	severe acute malnutrition
SDGs	Sustainable Development Goals
SPRINGS	Sustainable Poverty Reduction through Income, Nutrition, and Access to Government Services
TSG	Technical Steering Group

UN	United Nations
UNICEF	United Nations Children's Fund
UNCRC	United Nations Committee on the Rights of Children
VHW	village health workers
VMMC	voluntary male medical circumcision
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WVL	World Vision Lesotho

Capacity development

In implementing the 2017 workplans, 13 master trainers and 53 health workers (87 per cent female) were trained to identify risk signs in newborn asphyxia and how to perform resuscitation to accelerate the reduction of neonatal mortality. With other partners, UNFPA, Global Fund and The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), 264 service providers (64 per cent female) from 10 districts were trained and mentored in the provision of adolescent-friendly health services, increasing access to more than 200,000 adolescents. In collaboration with the Joint UN Team on AIDS (JUNTA), comprehensive sexual education was strengthened through training of 32 peer educator trainers and monitoring roll-out to increase comprehensive knowledge of HIV/AIDS among adolescents.

Communication for development was used as a tool in addressing negative rumours following introduction of the measles-rubella vaccines. Sensitization workshops on vaccine safety were conducted targeting traditional chiefs, health workers, media and policymakers. Twenty religious denominations, 16 media houses and 10 NGOs were trained and 150 health workers cascaded the training to 300 village health workers and 100 traditional chiefs in ten districts. These efforts helped to ease the introduction of the rota virus vaccine in November this year.

Capacity was built in all sectors on emergency preparedness and response with DMA. This strengthened the capacity of DMA to coordinate and manage collaboration with line ministries in the areas of education, child protection and nutrition. A total of 347 non-formal education (NFE) teachers (48 percent female) from hard to reach areas were trained, enabling them to deliver the non-formal education (NFE) syllabus to more than 3,000 herd-boys nationally as part of the Government's efforts to improve literacy rates for boys. In collaboration with the Elizabeth Glazer Paediatric Foundation (EGPAF) and the Global Fund, 172 primary care health service providers were trained on integrated management of acute malnutrition (IMAM).

Evidence generation, policy dialogue and advocacy

The data gap in Lesotho made it difficult to monitor progress on children's indicators and challenged effective design of programmes for maximum impact. In collaboration with other UN agencies, UNICEF led the support to the Bureau of Statistics in implementing MICs 6.

The Public Expenditure Tracking Survey (PETS), Quality Service Delivery (QSD) and Public Expenditure Review (PER), respectively, highlighted areas to improve for better health outcomes and efficiency, equity, and effectiveness of public investment. The political economy and fiscal space studies helped to improve understanding of Government's current and future financial capacity; and the political, economic and social factors driving resource allocations for children. Four budget briefs, on macro economy, health, education and social protection, outlined areas for improvement in the social sectors.

With FAO and MOSD, an evaluation of the Sustainable Poverty Reduction through Income, Nutrition, and Access to Government Services (SPRINGS) pilot project was undertaken to assess the impact of the intervention on poverty reduction in local communities. The child poverty and disparities study was also undertaken to generate evidence-detailed data on child poverty.

The Lesotho Population-based HIV Impact Assessment (LePHIA), which provides evidence on the impact of HIV in the country and analyses the epidemiological dimensions of the epidemic, was finalized. Though the LePHIA 2017 showed remarkable progress in the 90-90-90 targets, there was clear evidence that new infection rates were rising, particularly for girls.

The last four Convention on the Rights of Children (CRC) reports were finally presented to the United Nations Committee on the Rights of Children (UNCRC) in 2017. UNICEF presented to the UNCRC the confidential report and supported the CSO shadow finalization and presentation in October 2017. The Government will present the report in June 2018 following their response to the list of issues shared by the Committee.

Partnerships

UNICEF and MOSD began consultations with the Lesotho Post Bank (LPB) to implement the distribution of the CGP and other cash assistance efforts. The Lesotho Post Bank has a nationwide penetration into difficult to reach areas and has the required liquidity for mobile money outreach. LPB is also keen on championing Child Rights and Business Principles in Lesotho through a CEO coordination mechanism as of 2018.

Resources were leveraged for HIV interventions for young people through partnerships within the UN, Global Fund and PEPFAR supported programmes. Through these partners, a national HIV prevention package for adolescent girls was developed and subsequent interventions, including training 264 service providers in health centres in all 10 districts on adolescent-friendly service delivery and training of 3,600 teachers and head teachers on the comprehensive sexuality education (lifeskills-based sexuality education) for Grades 5, 6 and 7 and an additional 100 teachers and 100 head teachers in 3 districts for Grade 8. Efforts to reach adolescents within the church setting also were explored through partnership with a local church-based organisation, and to date 400 adolescents were reached and linked to health services, including HIV testing and counselling.

External communication and public advocacy

UNICEF Lesotho entered into a strategic memorandum of understanding with Limkokwing University of Creative Technology and the UN Communications Group that focuses on the promotion of the SDGs by young people through digital platforms. A multimedia campaign on the 'Faces of Lesotho' and the 'Heroes of Lesotho' was launched in 2017. The faces campaign depicted children in various UNICEF-supported programmes. The heroes campaign depicted ordinary Basotho children overcoming serious challenges. Within two months of the campaign launch, Facebook followers rose to unprecedented numbers.

Through the Southern African Development Community (SADC) Parliamentary Forum partnership, the newly constituted Parliamentary Portfolio Committee on the Social Cluster was sensitized and provided with tools to engage on issues related to HIV/AIDS and sexual reproductive health. This partnership seeks to build capacity of legislators for child focused laws and budgets.

Public dialogues on ending child marriage were facilitated in all 10 districts, with Lesotho becoming the 21st African Union country to implement the campaign against child marriage. Support was also provided for platforms for Her Majesty as the Champion on child rights to highlight issues on exclusive breastfeeding, introduction of new vaccines such as rota, measles-rubella and child rights, thereby garnering media coverage for issues impacting child outcomes.

Continued media training and engagement on vaccine safety was key in addressing misconceptions and reversing negative media coverage. Leading up to World AIDS Day, a social media campaign with children telling their stories in the fight against HIV/AIDS was undertaken, reaching more than 15,000 people and generating continuing dialogue on Test and Treat, stigma, LGBTI rights, prevention of new infections among adolescents and voluntary male medical circumcision (VMMC). This campaign continued through World Children's Day with mentoring of 15 child journalists (52 per cent girls) highlighting child-focused stories, children's interviews with ministers and a mini-survey on the Internet's reach.

South-South cooperation and triangular cooperation

As part of South-South cooperation, civil servants from Uganda participated in providing technical assistance for the review of the HIV/TB programme in Lesotho. The review will inform the development of the new National Strategic Programme for HIV 2018-2021. Support was provided for the participation of government counterparts and parliamentarians to the Sanitation Learning forum hosted by Zambia, to facilitate cross-learning on the implementation and monitoring of community-led total sanitation (CLTS) toward elimination of open defecation practices.

Support was provided for UNICEF staff and MOET officials to participate in a costing training for pre-primary schooling in Mozambique, along with several countries from UNICEF's Eastern and Southern Africa Region (ESAR). The sessions were rich in experience/ knowledge sharing and lessons learned on costing exercises by different countries. The World Bank and Save the Children shared their programming experiences in different country contexts. Progress on pre-primary education in the region was reviewed, and countries including Cape Verde, Rwanda and Uganda showcased innovative models and programmes for equitable expansion of pre-primary education. Participants were trained on using the Excel programme to cost activities for pre-primary education, including how to generate and analyse data relevant to pre-primary education that can inform budget analysis in the sector.

MOET and UNICEF staff participated in a regional Southern African Development Community (SADC) meeting on Care and Support for Teaching and Learning (CSTL). The meeting provided the technical background on the adoption of the SADC policy framework on CSTL as well as an opportunity to learn from the experience of other countries in the region. UNICEF Lesotho and the MOET were liaising with counterparts in Swaziland to develop an evaluation of child-friendly schools in Lesotho and a plan for scaling up this initiative in 2018.

Identification and promotion of innovation

With support from the United States Department of Education, support was provided to MOET to undertake a feasibility assessment for the implementation of the innovative positive behaviours intervention support programme for HIV prevention in Lesotho. The overwhelming evidence in the 2017 HIV Prevention Assessment highlighted the need for behaviour change interventions with adolescents and young people to address escalating infection rates. The scoping and feasibility assessment provided MOET with insight on the need to support schools

in promoting positive health behaviours. The pilot, which will be integrated into the CFS Programme, will start in 2018.

Support was provided to the Ministry of Home Affairs (MoHA) and community councils to implement a targeted child-focused birth registration campaign in schools for six weeks during the winter school holiday. The campaign registered more than 6,000 children (51 per cent girls) during its implementation. It strengthened the relationship between UNICEF and community councils, further proving the effectiveness of decentralized targeted interventions. The campaign also increased the MoHA quality of data for children, which will be linked to NISSA to enable more effective forecasting for budgetary requirements in the provision of social services and assistance.

NISSA used spatial listing for the first time. Spatially enabled technology such as Global Positioning System (GPS) or Geographic Information Systems (GIS) were utilized to interpret remotely sensed data (satellite imagery and aerial photography), allowing NISSA data collected in the field to be compared with Population Census Enumerator Area data provided by the BOS. The approach ensured that all households were spatially verified (as opposed to the subjective listing approach) to ensure and validate a comprehensive listing of all households.

Support to integration and cross-sectoral linkages

An integrated reproductive, maternal, newborn, child and adolescent health (RMNCAH) nutrition strategy was finalized in August 2017 to guide the delivery of integrated RMNCAH services through the continuum of care. The strategy focuses on early ANC attendance to increase the uptake of timely maternal health services and the contact opportunities between health workers and pregnant women. The strategy also includes postnatal care reporting for infants, which is currently not being tracked in the Health Information Systems (HIS). The strategy also provides for contact point opportunities to support parents on parenting skills for improved stimulation of cognitive development, linking with the guide developed on 'fathers by fathers'.

Positive behaviours intervention support (PBIS) was a cross sectoral integrative programming approach that included four ministries (MOET, MOSD, MOGYSR and MOH) as the technical and political steering committees. PBIS will be implemented through MOET, using the CFS and CSTL programming frameworks aimed at promoting behaviour change practices to reduce HIV infections in adolescents.

Continued support also was provided to the Integrated ECCD Multi-Sectoral Committee to promote dialogue and coordination, resulting in better collaboration with academia for evidence-based action to improve care conditions for young children of factory workers in day care centres. This led to the drafting of day care centres guidelines, which will be finalized in 2018.

The 2016 census showed that 24 per cent of girls were married before 18. Support was provided to the Ministries of Social Development, Health, Education, Gender and Justice to work together in coordinated community sensitization and dialogue sessions in the 10 districts of Lesotho, reaching more than 5,000 people (52 per cent female). These dialogues opened the way for continued engagement with communities on a deeply entrenched practice, which is exacerbated during crises as a coping mechanism by some families, as highlighted in the UNFPA baseline study on gender based violence 2017.

Service delivery

Age disaggregated data informed HIV, childhood health and interventions on communication intended to increase uptake of social services. Support provided to the 2016 Census produced data on disability among children for the first time, a breakthrough for social sector programming and service delivery.

Recognising the need for MOH to enhance service delivery focusing on the poorest and most vulnerable, UNICEF in partnership with World Bank, supported Government to track financial expenditure for health.

The 2017 Lesotho PER report for health showed that resource allocation was not in line with priorities. Additional surveys in defining bottlenecks and constraints to absorptive capacities beyond budget allocation to the district will be conducted in 2018. Support was provided to decentralisation and local governance efforts to strengthen community participatory mechanisms in benefiting children. The service package was underway through a Government-led operation 'Humang' (meaning 'who are you'), to ensure birth registration for children under the age of 18. To date, 402,026 children aged 0 – 18years (54 percent cent female) have been registered, surpassing the 50 percent cent mark for the first time in the last decade.

UNICEF also continued to provide support for improving the capacity of community-based structures to demand services such as EPI and hold government accountable.

Human rights-based approach to cooperation

The State Party was supported to submit the combined (1999-2013) UN Convention on the Rights of the Child report. The submission and presentation of the Confidential Report (by UNICEF) and the complementary report by CSOs to the Committee on the Rights of the Child was completed in October 2017. UNICEF Lesotho continued to provide technical and financial assistance to the National Orphan and Vulnerable Children's Coordination Committee to support implementation and coordination of child protection activities nationally. UNICEF also facilitated the training of the newly resuscitated Letsema Network of CSOs in public finance management advocacy, obligations to regional and international treaties and resource-mobilisation.

Through the Citizen Service Centre, support was provided for the decentralisation of birth registration services to community councils, thus accelerating the issuance of birth certificates for children and communities at large and bringing the total for children with birth certificates to more than 400,000. During service days, UNICEF facilitated sensitisation campaigns on justice for children, violence against children and ending child marriage.

As part of the ongoing NSDP II, UNDAF, and CPD development processes, UNICEF provided cross-sectoral human/child rights inputs, with the aim of guiding the UN country team in supporting the state party to address structural causes of non-realisation of rights in the country. Efforts continued to strengthen the capacity of the social cluster parliamentary portfolio committees on monitoring of key child indicators, with a focus on equity. The portfolio committee members were provided with tools and resources to develop the requisite expertise on holding government ministries accountable. Committee members will be trained on public financing for children in 2018.

Gender equality

Children's parliamentary sessions were facilitated to engage them in the development of the NSDP II (50 per cent of participants were girls). Among the key issues raised by the children

were ending child marriage and ending violence against children. The children's parliament was also central in the Government of Lesotho/African Union launch on ending child marriage.

The capacity of the Child and Gender Protection Unit (CGPU) in all district police stations was enhanced to produce sex and age disaggregated data on reported abuse cases against children, including the age and sex of perpetrators.

Water supply was provided to and latrines were constructed in five schools in 2017 to ensure that girls' and boys' latrines were separated by a significant distance and provisions were made for children with disabilities. The updated facilities have minimized girls' absenteeism, especially during their menstrual periods. There has not been a single reported case of abuse and/or abduction since the construction of the new latrines.

Hygiene education was provided, including menstrual hygiene for girls. In the recently released 2016 Census full report, all aspects were both gender and sex disaggregated, with related trend analysis. The 2018-2021 elimination of mother-to-child transmission (EMTCT) strategy was finalized. It documented progress in prevention of mother-to-child transmission (PMTCT) coverage (72 per cent) and mother-to-child transmission rates of HIV (16 per cent at 18 months). The strategy also identified gaps in control of new infections among women of reproductive age, pregnant adolescents and retention of baby-mother pairs in care and antiretroviral therapy adherence. The 2017 HIV Prevention Assessment highlighted the increased vulnerability to HIV infections for adolescent girls and young women between 15-19 years old (three times higher than their male counterparts).

Environmental sustainability

UNICEF focused WASH sector efforts on working with DRWS to support communities in preparing the water sector for adaptive catchment of drinking water and home utility in view of climate change impacts. This included construction of water supply and sanitation systems for communities and schools. In some cases the terrain allowed for wholly gravity flow of water, and in some areas pumping was required for water to reach beneficiaries. In three of the communities where the systems required pumping (Mafeteng, Butha Buthe and Berea) solar pumping mechanisms using renewable forms of energy with no carbon emissions were installed.

The Food and Agriculture Organization completed several assessments on climate change vulnerabilities for Lesotho that provide a wealth of evidence on where to target WASH interventions.

UNICEF Lesotho also embarked on several office-based initiatives toward environmental sustainability, including waste management and installation of motion sensing lights in offices and halls. The installation of motion sensing lights was part of the UN common services initiative and aimed to reduce the carbon footprint through reduced electricity use by ensuring that lights go off when there is no movement in the halls. Print cartridges and old ICT equipment were handed over to professional electronic waste handlers for recycling and proper disposal. General waste such as paper and plastics were kept in separate bins for recycling and disposal by waste management vendors.

Effective leadership

The country management team (CMT) met monthly and improved on all the performance scorecard indicators, with a score of 100 per cent (compared to 84 per cent the previous year).

Key actions undertaken to progressively improve the achievement of results focused on monitoring the indicators on the global scorecard, the compact with the UNICEF Regional Office, the key regional and national priorities, the plan for research monitoring and evaluation (PRIME), annual management plan (AMP), rolling work plans and enterprise risk management (ERM). The country management team emphasized ways to address results of the Global Staff Survey to improve staff performance, and implemented the office retreat action plan.

Peer review recommendations were reviewed by the country management team on a quarterly basis to ensure constant follow up to close open findings and ensure sustainability of closed observations. The team endorsed the final audit report and established a task team for timely implementation of recommendations through a clear action plan, division of labour, timeline and measurement indicators. The team also implemented several corporate group trainings to improve staff performance and established a research and evaluation team to strengthen evidence generation for advocacy and programming. It monitored the preparation and update of ERM and Early Warning Early Action (EWEA) plan with the support of the UNICEF Regional Office.

The country management team ensured the office held mid-year and annual review meetings with counterparts and partners. This included consultation with children and partners on the direction of the new Country Programme for 2019-2023.

Through the finance dashboard, the country management team also continually monitored budget utilisation, liquidation of direct cash transfers (DCT) to implementing partners and expiring grants. The team provided guidance and direction to keep the office performance on track.

Financial resources management

Key indicators reviewed by the country management team included bank reconciliations, open TAs, implementation rates, grants monitoring and reporting, resource mobilization, and direct cash transfers. All open items were monitored and reported on regularly, ensuring identification, prompt correction and clearing of outstanding items. Bank reconciliation statements were approved within the established deadlines and reconciling items were acted upon in a timely manner. The optimal cash limit as per the UNICEF financial regulations was maintained. UNICEF Lesotho was nominated for an effective monitoring of management indicators award and also for best performance in financial management in the region. The peer review and audit both provided a good rating for the office governance and financial management.

Significant efforts were made to ensure that all staff completed training in FACE and eZHACT, which facilitated smooth implementation by the office of eZHACT. Efficiency gains were obtained from engaging an audit firm under a long-term agreement to conduct spot checks on behalf of the office. A macro-assessment was carried out as a joint activity with UNDP and UNFPA. An audit firm was commissioned to conduct audits on implementing partners as per the HACT guidelines and to support partner capacity in effective management of internal financial control processes. To ensure that the office maintained strong internal controls, the table of authority was reviewed on a quarterly basis and segregation of duties conflicts were reviewed monthly.

Utilization rates at year end were at 100 per cent for both Other Resources and Other Resources Emergency Outstanding DCTs were 26 per cent for 6-9 months and 0 per cent for over 9 months.

Fundraising and donor relations

Fundraising continued to be a priority. Monthly country management team meetings tracked UNICEF Lesotho fundraising efforts, which included funds flow to the office, absorption capacity, and timely, quality donor reporting. The team also monitored the implementation of the office resource mobilisation strategy (2013 – 2017), which was amended to 2018.

In coordination with the UNICEF Regional Office, UNICEF Lesotho organised a field visit to WASH and social policy programme sites funded by DfID under the drought humanitarian response. The field visits generated national media coverage.

Following the humanitarian appeal for children during the drought crisis, UNICEF Lesotho received US\$4.4 million out of the US\$9.1 million appeal (48 per cent). The main donors were DfID and the Government of Canada. All of the funding was spent on humanitarian assistance to children and their families, reaching more than 120 per cent of targeted population.

The year began with US\$6,765,315 Other Resources Regular, with a funding deficit of 26 per cent. To address this deficit, proposals were developed and shared with donors through UNICEF National Committees and the Regional Office. By the close of 2017, an additional US\$1,107,962 of Other Resources funds had been raised and US\$1,079,140 of 7 per cent Set Aside received, thereby increasing the total funding to US\$8,952,418. In a bid to build public private partnerships, an MOU with Metropolitan Lesotho was signed for a pledge of US\$600,000, of which 50 per cent was received to support nutrition programmes with a special focus on micro-nutrient supplements and education at community level. This brought the total resources to US\$9,252,417 (116 per cent) raised

Evaluation and research

An evaluation committee was established, but no evaluations were intended to be completed in 2017.

PRIME was developed and approved during the first quarter of 2017, and covered eight activities planned for the two-year rolling work plan, with an estimated value of US\$2,043,751. Six of the activities covered social policy (monitoring and evaluation, social protection, and child protection) and two covered education and health.

Of the eight planned activities, one was categorised as an evaluation study (Impact Evaluation of SPRINGS-Child Grants Programme) and was conducted jointly with FAO and MOSD. The study was jointly managed by the three parties, with a technical steering group providing oversight. It aims to quantify the impacts of the two programmes, the existing complementarities between the child grants programme and the livelihood components, at both household and local economy levels. It also considers the causal links and channels through which these interventions impact the outcomes of interest.

To maintain scientific rigor, the study was initially designed as a randomised control trial, but due to contamination brought by the response to the El Niño emergency, the design was modified to regression discontinuity. Results from preliminary analysis showed that the design did not fit the observed data set. The design was changed to a propensity score matching. Due to these changes the study was delayed to the end of 2017. The expected completion date is 2018. Once completed, the plan is to do a management response and conduct advocacy sessions for decision-makers to integrate findings into policy decisions.

More evaluations are planned for 2018 as the current country programme document comes to an end.

Efficiency gains and cost savings

Specific attention was paid to efficiency gains, cost reduction and savings throughout the year. The BNLS operations Hub, which went live on 1 July 2017, increased efficacy by freeing up finance staff time to focus on other key areas such as HACT. This resulted in enhanced capacity building of partners. The Hub developed standard operating procedures, work processes and submission checklists, which facilitated quality assurance and timely submission of documents to GSSC via the Hub. It also extended technical support and guidance to UNICEF Lesotho, which helped staff to perform their duties more effectively. The efficiency gains from the consolidation of services through the Hub were estimated at US\$70,000 per annum.

The continued use of the GPS tracking carpooling system improved the use and management of office vehicles. The use of UN LTAs for various services, including catering, cleaning and security, also resulted in reduced time spent on procurement and helped to consolidate costs. UNICEF participated in the UN Lesotho closed cycle waste separation and recycling programme (recycling Bio Waste, E-waste and general waste such as plastic/metal/paper/glass), which is provided free of charge to all agencies. The UN electrical assessment, screening and upgrades resulted in the reduction of an annual shared agency cost of US\$45,000.

Following implementation of eZHACT, staff spent less time in processing of DCTs, resulting in timely implementation and reporting of programme activities. UNICEF Lesotho replenished its local account through the UNICEF New York Headquarters Treasury, resulting in significant exchange rate gains during a year when the local currency experienced significant fluctuations. The use of a bank contracted by the UN also resulted in savings through negotiation of zero bank charges.

Supply management

The annual Supply Plan was developed to align with the programme strategy and was updated on a quarterly basis throughout the year. UNICEF's Supply Unit continued to facilitate procurement services and participated in Common UN Procurement, as part of the Delivering as One strategy.

The procurement value for services was \$4,067,646.53, as shown in the tables below.

Programmatic and operational supplies

UNICEF Lesotho procurement 2017	Total (US\$)
Programme supplies	1,362,973.15
Operational supplies	172,406.78
Contracting for services	2,532,265.59

Total	4,067,645.52
Construction project/s	
UNICEF Lesotho procurement 2017	Total (US\$)
WASH construction	212,651.74

All procurements and deliveries of supplies for Multiple Indicator Cluster Survey (MICS) were timely. An orientation workshop on procurement services was held for representatives from the Government of Lesotho, NGOs and other stakeholders, with assistance from UNICEF's Supply Division and Regional Office. The supply function continued to support programme activities leading to the introduction of new vaccines in Lesotho as well as procuring contracting services for CPIE.

UNICEF Lesotho did not maintain a warehouse. Procured programme supplies were delivered directly to partners. The national expanded programme of immunization was supported by facilitating GAVI/Government of Lesotho co-financing and procurement of vaccines. The common services procurement strategy included use of shared long-term agreements for procurement of services such as hotel/workshops, graphic design and common cafeteria catering.

Security for staff and premises

UNICEF Lesotho worked closely with the local United Nations Department of Safety and Security (UNDSS) office and the UN Operations Management Team to implement several security enhancements. These included upgrading of residential security for new staff and issuing staff with monthly airtime to enable them to communicate in case of emergency situations. The communication tree was updated on a regular basis and tested every two weeks. Corrective action was taken when gaps were identified. A warden system, managed by UNDSS, continued to be in place. The country management team addressed issues related to the duty of care on a quarterly basis and as need arose and contributed to the updating and testing of the Business Continuity Plan. UNICEF Lesotho also appointed two fire wardens who were trained to support the office during fire drills.

All staff have undertaken the mandatory safety and security certification courses. All travel authorisations approvals were subject to security clearances. New staff were oriented by the local security assistant. UNDSS security notices and any actions decided upon by the UN Security Management Team were regularly disseminated to all staff.

Office vehicles were on GPS tracking systems, which enhanced security monitoring when staff were on field trips in the mountainous areas. Vehicle security physical checks were carried out on a quarterly basis to ensure that all vehicles were MOSS compliant. Weekly reports on drivers' driving performance were generated and reviewed regularly. All drivers completed defensive driving training and were medically cleared.

Human resources

UNICEF Lesotho remained committed to ensuring gender parity. Gender balance among international staff was 40 per cent male, 60 per cent female; among general service staff it was 50 per cent male and 50 per cent female; and in the national officer category, it was 30 per cent male and 70 per cent female.

UNICEF Lesotho successfully recruited consultants, interns, and volunteers and provided stretch assignment opportunities.

UNICEF Lesotho developed the 2017 learning and development plan based on capacity gaps identified during the 2016 performance appraisal process. Staff capacity development was enhanced through continuous learning within and outside the organization. Staff members were given the opportunity for stretch assignments in other areas of work and in other country offices. In 2017, UNICEF Lesotho emphasized enhancing staff skills in managing self and managing others, performance management and coaching for senior management. All staff were trained in the HR reforms. Special focus was placed on the new performance management system, to enhance the effective use of the ACHIEVE system and support a transparent performance management culture with continuous ongoing feedback and coaching processes, with strong focus on delivering results. UNICEF Lesotho achieved 100 per cent performance planning and regular performance review.

All recommendations from the last Global Staff Survey were addressed and closed. The recommendations were reviewed at the annual staff retreat and a revised action plan was established.

The revised staffing structure was successfully implemented in July 2017 following the implementation of the BNLS Hub. All recruitments were completed within the 90 days recruitment period

Staff meetings were used to sensitize staff members on UN Cares issues and all staff were well informed on the PEP kits custodians.

Effective use of information and communication technology

UNICEF Lesotho's information and communication technology (ICT) unit continued to provide support to ensure consistent availability of ICT resources and efficient user experience through technical maintenance of ICT infrastructure. All ICT objectives and standards were met. UNICEF Lesotho continued to benefit from the cloud-based office automation tools. Meetings with New York Headquarters, GSSC, BNLS Hub, Regional Office and some international suppliers were held using Skype for business. The UNICEF Lesotho Team site on SharePoint was established in 2016 and enhanced in 2017 with support from the UNICEF Regional Office. The support received during 2017 included hands on support from the Regional Knowledge Management Specialist. This led to efficiencies and effectiveness in records management in the office.

UNICEF Lesotho migrated to Microsoft Word 10 in line with New York Headquarters guidance

In ICT4D, UNICEF continued to support the Ministry of Education and Training to acquire a suitable system for the openEMIS to track key performance indicators in the education system. Different systems were explored and one was recommended that was suitable for the Ministry.

To reduce the ICT footprint in 2017, there was LIGHT migration of server hardware to the Hub,

leaving only laptops and printers at the country office level. Other activities included the use of a common Internet Service Provider by all UN agencies in the UN house, and common IP telephony and infrastructure, which also contributed to reducing power usage.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 PCR 9: Support

Analytical statement of progress

UNICEF Lesotho's support function contributed to the oversight of office management by addressing issues relating to operations and programmes in order to achieve a high implementation rate of the country programme. This was facilitated by putting in place governance structures that ensured that the country programme was effectively implemented in alignment with UNICEF Global programme goals and mission. Operational business processes were implemented to achieve efficiencies in support of programme delivery. These included the business operating strategy that was implemented under the delivering as one initiative, which culminated in savings and long term agreements with vendors. The BNLS Hub also became operational, which resulted in efficient and effective processing of transactions and provided technical support to UNICEF Lesotho.

UNICEF Lesotho developed and implemented the Enterprise Risk Management (ERM), which integrated all the risks and security assessments that could affect achievement of the planned results for children. The ERM was monitored and updated on a quarterly basis and discussed in Country Management Team meetings as an outstanding agenda item. The all UN Business Continuity Plan (BCP) and the Security Plan were developed and implemented. The emergency preparedness and response plan was developed and uploaded with the EWEA on InSight, UNICEF Lesotho also developed the ICT disaster recovery plan, which was updated as necessary.

UNICEF Lesotho facilitated the successful implementation of the LIGHT project and of eZHACT, which contributed to efficiencies and effectiveness. UNICEF Lesotho invested in staff capacity development through stretch assignments, face to face trainings, online courses, and orientation and coaching sessions.

Challenges faced during 2017 included limited human resources mainly for the positions of the Deputy Representative, Education Specialist, PA, Driver and Admin/HR assistant. Some problems were encountered with the operation of the BNLS Hub which contributed to delays in processing of transactions. UNICEF Lesotho also experienced power outage during winter season, which disrupted the daily work activities. The newly implemented telephone system experienced some technical problems, which hindered effective communication both internally and externally.

UNICEF Lesotho arranged for stretch assignments and consultancies to fill vacant positions. The office also had a pre-determined OIC for each staff member. Interns and volunteers were recruited to complement staffing. Some activities were implemented through the delivering as one initiative and with support from BNLS Hubs. The availability of SOPs, checklists and templates also facilitated timely submission and processing of transactions.

OUTPUT 1 IR 9.1: Effective and Efficient Governance and Systems

Analytical statement of progress

The country management team (CMT) continued to adopt a vision for incremental improvement in 2017, with clear goals defined through plan for research implementation, monitoring and evaluation (PRIME), annual management plan (AMP), audit findings, global survey results, country action plan, and the 2017 staff retreat action plan. CMT minutes with clear action points were shared three days after the meeting to ensure follow up and timely completion of action points.

A total of 12 CMT meetings were held in 2017. The management dashboard was used to track progress on management indicators linked to results for children and the compact between UNICEF Lesotho and the UNICEF Regional Office (RO). The Finance Dashboard provided the CMT with an overview of the office financial status and kept UNICEF Lesotho on track with budget utilization, liquidation of direct cash transferred to implementing partners and expiring grants. An audit and peer review exercise was conducted by the Regional Office and New York Headquarters and an action plan was developed and monitored.

The country management team continuously monitored indicators on the scorecard via Insight and took action wherever necessary. This resulted in UNICEF Lesotho ending the year at 100 per cent on all scorecard indicators. Following the global guidelines, the CMT monitored the operationalization of HACT activities in order to ensure cost effective and quality results for children. Preparation for the BNLS Hub implementation and roll-out of eZHACT were major initiatives. There were challenges with the implementation of the BNLS Hub, which led to delays in processing of payments and affected programme implementation. The challenges were brought about due to poor quality submissions especially those that were not done through the finance office for quality checks. The office also experienced delays in processing transactions in the first weeks after introducing eZHACT. A mid-year review was held with partners to review progress and adjust the 2017 plan where necessary.

UNICEF Lesotho incorporated the ERM in the 2017 Annual Management Plan and section rolling workplans. The implementation of ERM was monitored and updated on a quarterly basis. The office committees were reviewed and updated to reflect changes in the staff structures brought about by the introduction of the BNLS Hub. Orientation for members of all committees is planned for 2018.

OUTPUT 2 IR 9.2: Effective and Efficient Management and Stewardship of Financial Resources

Analytical statement of progress

On a monthly basis, the country management team reviewed key management indicators, including implementation rates, grants monitoring and donor and internal reporting, resource mobilization, and direct cash transfers (DCT). At the end of the year, there were 26 per cent of DCT over 6 months and no DCT over 9 months. Operations and programme management indicators defined in the annual management plan were tracked to ensure adequate oversight of both programme and operations performance. Training on HACT, procurement and the local tax system were carried out for all implementing partners and UNICEF staff. Micro-assessments

were completed in a timely manner for eligible implementing partners. An audit firm was engaged to conduct an audit of six implementing partners, representing 100 per cent of the planned audits. Spot checks were carried out by designated finance and programme staff and 100 per cent of the planned assessments were conducted. Additional spot checks were conducted by an audit firm after funding was received from the Regional Office for implementation of HACT activities. All planned quality assurance activities for programme implementation were concluded to ensure value for money and results for children.

The table of authority was revised and updated on a regular basis to reflect changes in staffing. Monthly reviews of segregation of duties were carried out to avoid conflicts. Open items were monitored on a weekly basis to ensure identification, prompt correction and clearing of outstanding items. Bank reconciliation statements were approved on time and reconciling items acted upon immediately. Local finance focal points were trained on quality assurance of documents before submission to Global Shared Support Centre (GSSC). A final audit report was submitted to OIA and the audit recommendations continued to be implemented.

OUTPUT 3 LCO HACT Implementation of Activities related to HACT(Planning, assurance activities and Capacity Development)

Analytical statement of progress

In 2017 all the Global and Regional HACT minimum requirements were met. A macro-assessment was completed, and seven spot checks and six audits were completed as per the HACT plan for 2017. Twenty nine programme visits and field monitoring visits were undertaken to support programme implementation and DCT monitoring. In 2017, UNICEF Lesotho continued to use the audit firms for spot checks and audits; however the challenges in managing the time to complete the work within the agreed timeframe and general quality of reporting by the audit firms delayed implementation of the recommendations. Moving forward, UNICEF Lesotho plans to use the services of the global LTAs who have wider UNICEF experience from various countries and contexts. A lesson learned from 2017 HACT audits and spot checks indicated the need to closely monitor the use of cash transfers to all government partners and CSOs. Additional focus should be placed on providing hands-on capacity building for staff and counterparts. Training has been planned in the first quarter of 2018 through technical support from the Regional Office.

OUTCOME 2 By end of 2018, Policy analysis and knowledge produce high quality evidence for influencing child friendly policies, programmes laws and budget

Analytical statement of progress

UNICEF established a partnership with the Ministry of Finance (MoF) and Bureau of Statistics (BOS) to generate evidence through research, survey and evaluations. Two MOUs, one with BOS and the other with MoF, were signed in 2017. BOS began implementing the Multiple Indicator Cluster Survey (MICS 2017/18). The MICS data will provide the country with baseline data and support progress in monitoring of results for children. The BOS conducted the child poverty study using a Multiple Overlapping Deprivation Assessment (MoDA) approach to provide baseline data for monitoring child poverty, and to inform the preparation of 2019 -- 2023 UNICEF Country Programme and National Strategic Development Plan (NSDP). UNICEF, along with the World Bank and other UN agencies, supported the BOS to conduct the MICS and child poverty study.

UNICEF, along with the World Bank, supported the Ministry of Health to conduct a Public Expenditure Review (PER) and a Public Expenditure Tracking Study (PETS). UNICEF supported the MoF to conduct analyses on political economy and fiscal space. UNICEF also supported the Ministry of Education and Training to conduct a study on childhood care and development to assess the appropriate age for particular ECCD interventions. Support was also provided to the Ministry of Health to conduct an analysis on health seeking behaviour to inform the design and implementation of health services at national and district levels.

Budget briefs on macro economy, health, education and child protection were prepared jointly with the Ministry of Finance. The briefs aimed to explore the extent to which the national budget addressed the needs of the health, education and social protection of Lesotho's population. The briefs analysed the size and composition of budget allocations and offered insights into the efficiency, equity and adequacy of past spending. The main objectives of the briefs were to synthesize complex budget information so that it can be easily understood by all stakeholders and to put forth key messages that can inform policy and budgeting decision-making processes. The budget briefs showed that approximately one-third of the budget was devoted to key social sectors, but total social expenditure as a per cent of total expenditure declined from 35.5 per cent in 2016/17 to 32.6 per cent in 2017/18. The social spending on education and health per capita basis was 14 per cent.

Challenges to evidence generation included inadequate interest from the Government to create evidence to inform policy; inadequate data; and inadequate of intellectual human resources and research organizations.

The MoF and BOS demonstrated a commitment to evidence generation. In 2018 UNICEF will prioritize the completion of the MICS, preparation of budget briefs and dissemination of the reports completed in 2017.

OUTPUT 1 By end of 2018, 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 Lesotho, along with partners, conducted six socioeconomic studies to provide policymakers with evidence to make informed decisions toward child sensitive programmes and budget allocations. The studies included an analysis of political economy and fiscal space, studies on early childhood care and development and on health seeking behaviour for maternal, neonatal, and young child services. Studies also included a Public Expenditure Review (PER) of Health, and a Public Expenditure Tracking and Quantitative Service Delivery Survey (QSDS) of Health. Of the six studies, four were conducted jointly with the Ministry of Finance and the World Bank, one was conducted with the Ministry of Education and Training and one with the Ministry of Health.

Budget briefs on macro-economy, health, education and social protection were prepared jointly with the Ministry of Finance. These briefs will be shared during pre-budget consultation in February 2018. In order to strengthen the PF4C activities, an MOU was signed between UNICEF and the Ministry of Finance (MoF). MoF also agreed to sign rolling workplans beginning in 2018. A child poverty study was completed jointly with Bureau of Statistics (BOS) and social sector ministries to use as a baseline for monitoring child poverty.

Advocacy sessions on increasing the coverage of the child grant programme and on increasing transparency of the national budget process were conducted. The Ministry gave consent to initiate pre-budget discussions beginning with the next budget cycle.

A number of challenges were encountered in 2017. A change in the administration led to a slowdown in the implementation of planned advocacy activities. Securing the Bureau of Statistics agreement to lead the child poverty studies took more time than anticipated.

The priorities for 2018 include the launch of all the studies and conducting advocacy sessions with relevant partners; support for the Ministry of Finance (MoF) to conduct pre-and post-budget consultation; and support for the MoF to improve participation in and transparency of the national budget. UNICEF also will continue to prepare budget briefs and conduct an absorptive capacity study of the Ministry of Health jointly with the World Bank.

OUTPUT 2 By end of 2018, 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

UNICEF supported the Ministry of Social Development to strengthen the M&E System to enhance routine data collection on social assistance programmes. A plan to finalize the M&E Framework was agreed to but the framework could not be finalized due to changes in the Administration. A total of two surveys (MICS6 and Household budget) and one evaluation (on SPRINGS) were initiated in 2017.

In an effort to strengthen the national M&E system, especially the survey component, UNICEF, jointly with the World Bank, UNFPA and WFP, supported the Bureau of Statistics (BOS), Ministry of Development Planning to conduct the Multiple Indicator Cluster Survey (MICS6) 2017-18. In 2017 an MOU was signed between UNICEF and BOS. Steering and technical committees were established. Supplies were procured and questionnaires and manuals were customized. Training and pre-test of questionnaires was conducted, along with training on CAPI. UNICEF and FAO supported MoSD to conduct the impact evaluation of the Sustainable Poverty Reduction through Income Generation, Nutrition and Access to Public Services (SPRINGS)-Child Grants Program (CGP). Primary data collection was completed. The report will be prepared in 2018. The evaluation aims at quantifying the impact of program complementarities between the CGP and the livelihood components at the household and local economy.

The M&E framework was not approved due to changes in the administration of the Ministry of Social Development. The implementation of MICS activities was delayed due to BOS delay in opening a bank account to receive cash from UNICEF; procurement of equipment taking longer than expected and other competing priorities from the Government such as dissemination of census.

In 2018, priorities will include completion of MICS; publication and dissemination of the SPRINGS evaluation report; finalization of the M&E framework; and initiation of the CGP evaluation.

OUTCOME 3 Outcome 6: Enhanced access to quality IECCD services, enrolment and learning outcomes especially for the most vulnerable primary school going age and over-aged children

Analytical statement of progress

UNICEF Lesotho continued to support access and improve quality of education in the three sub-sectors of early childhood education, primary education and non-formal education. With UNICEF's support and with the assistance of other partners such as World Vision and Catholic Relief Services, social mobilisation activities were conducted through radio and television. This led to an increase in pre-school enrolment from 33 per cent in 2016 to 33.49 per cent in 2017. The target was not met in large part due to continued fiscal constraints (meaning early childhood education has costs associated with it that are prohibitive to most families).

The percentage of trained teachers increased from 21.7 per cent in 2016 to 41.4 per cent in 2017 (surpassing the target by 20 per cent). This was due to the cost-effective way that MOET conducted the trainings. Learning outcome results in core subjects remained a concern. Results in Sesotho, English and Mathematics, respectively, decreased from 47, 51 and 53 percent to 39.5, 32 and 44 percent between 2014 and 2016. There were several possible influencing factors for this, but the primary reason was the phased introduction of the new integrated curriculum, which was introduced in grade 6 (which is assessed) in 2015. Teachers are still finding it challenging to adapt to the new curriculum.

UNICEF Lesotho continued to support the child-friendly-schools (CFS) initiative to create a safe and conducive learning environment and improve quality of education in primary schools. The number of primary schools that implemented the child friendly schools programme increased from 40.7 per cent in 2016 to 41.5 percent 2017. A total of 150 teachers were trained in CFS standards in the last quarter of 2017. In an effort to improve learning outcomes in primary schools, UNICEF continued to support the implementation of the integrated curriculum, which emphasises continuous assessment and follows a child-centred approach to teaching and learning. All primary schools were implementing the new curriculum, although assessment packages did not yet cater to children with special needs. UNICEF continued to support the Ministry of Education and Training to strengthen Education Management Information System (EMIS) so that data is available to track key indicators UNICEF supported the deployment of OpenEMIS, which is a robust open source platform expected to improve timeliness of EMIS data and real time monitoring of education indicators. A scoping exercise was completed and a roadmap for piloting OpenEMIS in 100 schools was developed. To create an enabling environment for children with disabilities and those who have missed out on education, UNICEF supported the development of inclusive education and non-formal education policies which are expected to be approved by the Cabinet in 2018

Some of the constraints for the sector included the low budgetary allocation for early child education programmes and the lack of enforcement mechanisms by the Government in promotion of child-friendly schools. Delays in the EMIS data report continued to make evidence-based planning and accurate monitoring of key indicators a challenge.

The National Policy on Integrated Early Childhood Care and Development provided an opportunity for national scale-up of ECD in Lesotho. The strategy was developed using a multi-sectoral approach. It has a strong equity focus and includes strategies on developing IECCD centres (0-3 years), improving and expanding preschool services and improving teacher training. It also includes an investment plan. The new integrated curriculum deploys child-centred approaches to learning and teaching that fit well with the child friendly schools framework. UNICEF will be working closely with partners such as World Vision to implement the child-friendly schools programme. UNICEF will continue its collaboration with the World Bank on

School Development Plans, particularly the Lesotho Quality Education Project and the Improving Teaching and Learning of Mathematics and Science projects, in order to improve learning outcomes.

In 2018, UNICEF will commission an evaluation of CFS implementation that will inform scaling up CFS in the country. The focus on children with disabilities will be enhanced and UNICEF will work with the MOET to develop a cross-departmental action plan for the implementation of the inclusive education policy. Teacher training at ECCD, primary and secondary levels will be prioritised to improve learning outcomes. Knowledge generation and sharing, advocacy on investment in ECD, and approval and implementation of draft policies will be prioritised in 2018. UNICEF will continue to support the deployment of Open EMIS to improve timely data collection and analysis, as well as real time monitoring of education indicators during emergencies.

OUTPUT 1 Output 6.1 Improved quality and access to ECD services especially for vulnerable children

Analytical statement of progress

In an effort to improve the quality of early childhood services, UNICEF supported the Lesotho College of Education (LCE) and the Ministry of Education and Training (MOET) to train 434 pre-school teachers. As a result, the percentage of trained ECE teachers increased from 15.4 per cent in 2016 to 41.4 per cent in 2017. MOET was able to train more ECE teachers in 2017 because of the cost-effective strategy they used in conducting the training, wherein MOET's buildings were used to accommodate the teachers and teachers were provided with cash for meals. Teachers trained by LCE graduated with a certificate in early childhood education. Those trained by the MOET acquired skills of teaching young children. In partnership with the National University of Lesotho's Nutrition Department, the MoET also trained caregivers at 17 day care centres on nutrition, food preparation and handling as well as hand-washing and hygiene, which are critical for child development. A training of trainers was conducted for factory workers on nutrition, food handling, growth monitoring and other issues related to development of young children. Early Learning and Development Standards were age-validated and the results showed that there is a need for a review of the pre-school curriculum and revision of some childcare practices. UNICEF continued to support implementation of the National Policy on Integrated Early Childhood Care and Development, which resulted in more coordinated and integrated early childhood services.

Constraints in 2017 included low budgetary allocations to the pre-school sub-sector and the changing leadership in government, which affected timely implementation of the ECE activities such as registering of pre-schools. The Lesotho College of Education's low annual intake of teacher trainees continued to slow the increase of qualified early childhood education teachers. The National Policy on Integrated Early Childhood Care and Development is a good entry point to advocate for increased budget for the pre-school sub-sector. The World Food Programme provides school feeding for pre-schools, which acts as impetus to attract children to pre-schools to incentivise retention and completion, in addition to improving the nutrition of children.

In 2018, UNICEF will continue to forge partnerships and support the MOET to train more teachers and caregivers, and support LCE to establish a Diploma programme for an ECE foundation phase. The programme will help increase the number of qualified teachers for both pre-school and early primary grades. An ECE curriculum will be reviewed and C4D activities around demand for services and on childcare practices will be intensified. UNICEF and

partners will also strengthen advocacy on increasing investment in pre-school education and UNICEF will intensify efforts for ECE fundraising.

OUTPUT 2 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

Given the importance of reliable data for evidence-based programming, real time monitoring and policy decisions, UNICEF supported MOET to strengthen Education Management Information System (EMIS) for improved access to data on ECCD, primary and non-formal education sub-sectors through introduction of OpenEMIS. The OpenEMIS is particularly critical during emergencies to track the enrolment and retention rates of children and monitor quality education in emergency affected schools. With the full roll-out of the system, it is expected that data on education can also be fed back to communities and schools. It is also expected that the system will improve response and reporting times, reduce operational costs and increase the quality of the data.

To address the issue of quality of education in primary schools, UNICEF supported the training of school principals on CFS standards. A total of 751 teachers were trained, surpassing the target of 500 teachers. UNICEF supported the turnaround strategy used on the poor performing

schools in the poorest performing district of Quthing. The principals of these schools were trained on management and leadership. Student performance in the primary school leaving examinations in these schools improved significantly as compared to control schools. As a follow up to lessons learned in the El Niño drought experienced by the country from 2015 to 2016, UNICEF supported a training on Education in Emergencies and 10 MOET officers were trained in 2017 on how to effectively relay messages at district level during emergencies.

In Lesotho, the education sector had limited capacity to fully develop and implement EMIS to inform evidence-based planning and reporting. Budgetary constraint of the MOET led to delays in generating data from the EMIS and sharing these results with schools and communities. UNICEF will continue to support the deployment of the OpenEMIS to improve data collection and analysis for evidence-based planning and interventions. In 2018, UNICEF will work with the Regional Office to monitor the implementation of OpenEMIS through a pilot and build capacity of staff to effectively implement the system.

Limited coordination and mainstreaming of inclusive education in the MOET constrained progress. When the inclusive education policy is adopted, UNICEF will work with the MOET to develop an implementation plan that includes all departments. In 2018 UNICEF will also undertake an implementation evaluation of CFS to inform a plan for scaling up this initiative.

OUTPUT 3 Increased access to quality non-formal education for over aged excluded girls and boys in 10 districts with a special attention to herdboys by 2017

Analytical statement of progress

UNICEF supported the Ministry of Education and Training (MOET) to develop the 2016-2026 National Education Sector Plan (ESP), which has been approved by the local education group. The plan seeks to address vulnerabilities and inequities of children, youth, women and men who have missed out on formal education, by providing alternative learning opportunities. UNICEF partnered with the Lesotho Association of Non-Formal Education (LANFE), the Good Shepherd Sisters, and the Lesotho Distance Teaching Centre (LDTTC) to establish more learning centres where out-of-school children, women and men learned literacy and numeracy skills enabling integration into formal schooling. Seven herdboys integrated into secondary school after passing primary school leaving certificate examinations. The NFE's literacy programmes were free and could be accessed throughout the year, which facilitated enrolment by these vulnerable groups. Teaching and learning materials for the first four grades were developed with support from UNICEF. This ensured that the NFE curriculum was at par with the new formal integrated curriculum. UNICEF supported a non-formal education programme that specifically targets the herd boys, who are the most disadvantaged group, especially in the mountainous districts where herding is a norm. In Mokhotlong, a total of 1,668 herdboys were reached with non-formal education. In Semonkong and Ha Marakabei, Good Shepherd Sisters enrolled 285 herdboys, out of which seven proceeded to secondary schools. A total of 11,114 have been reached since the start of the UNICEF supported programme (against a target of 12,000 children). Data was not yet available from the Lesotho Distance teaching Centre as its data is from EMIS. Advocacy efforts on the importance of education were carried out through campaigns prior to establishing the 84 new literacy centres in the Mokhotlong, Bothe-Bothe, and Maseru districts.

Budgetary constraints affected implementation of NFE programme and the level of commitment from some employers of herdboys impeded them from completing their education. There were

challenges in the quality of infrastructure (classroom buildings) -- most classroom spaces were rented from individuals, who did not prioritize improving the quality of the NFE classrooms.

UNICEF will use the opportunity of the draft non-formal education (NFE) policy to intensify advocacy efforts for increased budgetary allocation and improved quality of classrooms. Organisations such as the Good Shepherd Sisters and Sentebale constructed classrooms for herdboys and other organizations such as LANFE used rented houses as classrooms. UNICEF will continue to support the establishment of new centres, in addition to the 84 new centres which were established in 2017. In 2018, UNICEF will continue to partner with LANFE, Good Shepherd Sisters and LDTC to increase access to NFE for herdboys and other vulnerable groups and to train the NFE teachers.

OUTCOME 4 By 2018, 95% of coverage of quality PMTCT and paediatric HIV care and treatment services attained to eliminate new infections among children and to keep those infected alive.

Analytical statement of progress

The prevention of mother to child transmission of HIV and paediatric antiretroviral coverage have stagnated for almost three years, at 78 percent and 58 percent, respectively. Early infant diagnosis (EID) increased in 2017, with 85 percent of HIV exposed infants receiving a virologic test at two months, up from 75 per cent in 2016. The success in increasing the EID coverage was realized through provider-initiated testing and counselling (PITC) at well-baby clinics. PITC was piloted by UNICEF and EGPAF in 2015 in two districts, and in 2017 the Ministry of Health (MOH) scaled up PITC to all ten districts.

In 2017, UNICEF, in partnership with WHO, supported MOH to review the 2011/2016 EMTCT of HIV and Syphilis Strategic Plan. The review resulted in the development of the new 2018/2022 EMTCT of HIV and Syphilis Strategic Plan, which led to the prioritisation of adolescent responsive PMTCT services. The EMTCT strategy focuses on community-based care and male involvement to improve coverage and work toward eliminating EMTCT of HIV and Syphilis by reaching the more than 22 per cent of women missed with services during the last five years. The plan will set a pace for the path to elimination of MTCT of HIV and syphilis by 2022. To accelerate the implementation of the 2015 Test and Treat guidelines, UNICEF supported the implementation of an MOH initiative involving the World Bank. The MOH implemented the performance-based financing project in six out of ten districts. The number of children on treatment increased from 57 per cent in 2016 to 58 per cent at the end of September 2017.

UNICEF also provided technical assistance to the Lesotho Population-based HIV Impact Assessment (LePHIA). The preliminary results confirmed progress in linking children to treatment -- all children under five identified to be living with HIV during the assessment were already in treatment. The LePHIA further estimated the HIV prevalence among children 0-4 was 0.6 per cent among boys and 1.5 per cent among girls. The HIV prevalence among children 5-9 was estimated at 0.9 per cent among boys and 2.9 per cent among girls. This was the first time disaggregated estimates for children 0-5 and 5-9 were available. The HIV prevalence of children 0-14 decreased from 2.8 per cent in 2015 to 2.1 per cent in 2017.

Paediatric viral suppression among children living with HIV remained a challenge, at 69 per cent among females 0-14 years and 50 per cent among males 0-14 years. In 2015, paediatric viral suppression was estimated at 64 per cent. In 2018, UNICEF will support the MOH in analysing

the LePHIA data to further understand the underlying factors driving a higher HIV prevalence among girls 0-9 years, which is a consequence of vertical transmission.

In 2017 UNICEF supported knowledge generation and management by providing technical assistance to the MOH in conducting an HIV cohort analysis focusing on adolescents. This resulted in new data on adolescents, including on retention. The preliminary results showed 62 per cent retention among adolescents on ART. The lack of follow-up and weak retention of adolescents in ARV treatment was a significant bottleneck toward the elimination of mother to child transmission of HIV. Studies have shown that 60 per cent of ANC attendees are below the age of 24 years.

UNICEF supported the review of the HIV/Tb programme, the Lesotho HIV Epidemic Analysis, and the Mode of Transmission Study. Findings will be published in 2018 and will provide much-needed data on prevention, link to care and retention for both PMTCT beneficiaries and adolescents.

Prioritizing adolescent PMTCT clients remained critical to generating demand for ANC, preventing HIV infections for those who test negative, linking those adolescents living with HIV to treatment, and supporting adherence. Data trends from the Lesotho District Health Information System (DHIS2) showed stagnant ANC attendance in public facilities --from 36,315 in 2015 to 36,755 in 2017. The 2014 Lesotho Demographic and Health Survey also estimated that only 5 per cent of women in Lesotho did not attend ANC and 95 per cent received ANC from a skilled health provider. This illustrates a gap between population-based estimates and facility-based coverage. In response, UNICEF, in collaboration with partners, will support the MOH to strengthen its data management systems and engage the private sector to comply with MOH reporting mechanisms and monitor service, including during climate shocks.

In partnership with MOH and EGPAF, UNICEF will support capacity building of health workers to deliver adolescent-friendly health services to increase the uptake of PMTCT services by pregnant adolescents living with HIV. UNICEF will focus on strengthening the linkages between facility-based services and community-based interventions to increase demand generation, utilisation of services, and adherence to treatment through the pilot of a male champions program and scale-up of the mentor mother program.

OUTPUT 1 Increased national capacity to provide access to integrated services essential for scaling up, monitoring and generation of knowledge for PMTCT and ART for adolescents and children by end of 2018

Analytical statement of progress

UNICEF provided its final support for the pre-packaging of ARVs for pregnant and breastfeeding women through the National Drug Service Organization (NDSO), ensuring alignment with the 2015 Lesotho Test and Treat Guidelines. The pre-packaging of ARVs created an enabling environment for increased uptake of PMTCT and paediatric HIV care services. In 2017, 36,755 newly pregnant women accessed antenatal care services, out of which 6,249 were living with HIV and already on ARVs. This was a positive reflection of the 2015 Test and Treat Guidelines. An additional 5,520 women were initiated on treatment in 2017, bringing the total number of pregnant women who received ART for PMTCT during 2017 to 11,769. This programme/HMIS data, once validated, will show an increase in the PMTCT coverage in Lesotho from 74 per cent in 2015 to 78 per cent in 2017.

UNICEF continued to support the MoH to deliver integrated health services. Availability of MOH programme and health care delivery data remained an issue. The latest validated HIV data was published in 2016, and child HIV estimates were not published due to uncertainties about the quality of the data. To address this challenge, UNICEF provided technical assistance in the development of tools for the Lesotho Population-based HIV Impact Assessment (LePHIA) and data analysis. UNICEF provided technical support for the rollout of provider-initiated HIV testing and counselling at well-baby clinics. As a result, 11,074 HIV exposed infants were tested for HIV, increasing coverage to 85 per cent in 2017 from 74 per cent in 2016. The initiative has had a spillover effect on ART initiation, increasing the number of HIV exposed infants initiated on treatment from 9,742 in 2015 to 11,074 in 2017. All 209 facilities within the MNH setting provided life-long ARV treatment for pregnant and breastfeeding women and paediatric HIV care and treatment services. All facilities within the MNH had at least one nurse who could initiate ART. Children who tested HIV positive were placed on ART without referral to ART clinics.

In 2017, UNICEF, in partnership with WHO, supported MOH to review the 2011/2016 EMTCT of HIV and Syphilis Strategic Plan. The review resulted in the development of the new 2018/2022 EMTCT of HIV and Syphilis Strategic Plan which led to the prioritisation of adolescent responsive PMTCT services. The plan will set a pace for the path to elimination of MTCT of HIV and syphilis by 2022.

In 2018, UNICEF, in partnership with MOH and EGPAF, will strengthen capacities of health workers to deliver adolescent-friendly PMTCT services. UNICEF will focus on strengthening linkages between health facility services and community-based interventions to increase demand generation and adherence to treatment through the pilot of a male champions programme and scale-up of the mentor mother program. UNICEF, in collaboration with partners, will also support the MOH to strengthen data management systems and engage the private sector to comply with MOH reporting mechanisms. UNICEF will also support the MOH and the National AIDS Commission (NAC) in the development of the 2018/2022 National Strategic Plan for HIV, which is the guiding document for the HIV response in the country.

OUTPUT 2 Strengthen community based structures to generate demand for MNCH services that will enhance increased uptake and retention into MNCH services

Analytical statement of progress

In 2017, UNICEF supported the MOH in the finalisation and dissemination of the integrated community case management (ICCM) of childhood illnesses manual. The manual introduces a module on home-based newborn care which will increase the capacity of health workers to provide post-natal health services in the community. UNICEF supported the training of 210 village health workers (75 per cent of the annual target) to implement ICCM in the community. Cumulatively, this brings the total number of village health workers trained as of 2017 to 960 (96 per cent of the target). UNICEF was unable to train the remaining 4 per cent of the targeted health workers due to funding constraints. As mitigation, UNICEF leveraged Global Fund resources to print the manuals and mobilised resources from the private sector to carry out the remaining trainings in 2018. The trainings also will have a focus on mitigating the impact of climate change on childhood illnesses.

UNICEF Lesotho places a high priority on the generation of knowledge to increase demand for

MNCH services. UNICEF supported the MOH in undertaking the knowledge, attitudes and practices (KAP) of pregnant and breastfeeding women Study which examined the underlying structural, behavioural and cultural factors that prevent pregnant and breastfeeding women from accessing health services. The study showed that women wanted to attend ANC but waiting times and facility distances were significant challenges. The study also showed that women attended ANC to confirm pregnancies rather than to receive services. Further findings will enable the MOH to effectively programme and target beneficiaries using evidence-informed interventions. Use of community-based approaches for strengthening demand and uptake of MNCH services (including HIV) will be articulated in the next phase of the programme, as part of the implementation of the recommendations of the KAP survey.

In 2017, UNICEF advocated for increased government coordination of the community health worker (CHW) program at the national level, as there is no designated programme manager within the MOH. UNICEF, in partnership with World Vision Lesotho, will follow up on the currently revised CHW programme concept note to advocate for prioritisation and leadership of community-based health care using village health workers as a pillar for primary health care. UNICEF advocated with the MOH for the use of RMNCHA scorecards to monitor the progress on key child survival indicators, including ICCM indicators. Further advocacy led the World Bank to sponsor MOH officers to participate in a study mission in Tanzania. As a result, RMNCHA scorecards will be piloted in a limited number of districts in 2018.

In 2018, UNICEF will support the MoH to develop communication strategies based on the findings of the KAP study to increase the uptake of RMNCAH services. UNICEF also will support the development of an M&E framework and implementation of the scorecard for the monitoring of RMNCAH services. UNICEF will also prioritise the training of village health workers on iCCM and support national efforts to strengthen RMNCAH in communities.

OUTCOME 5 Development Effectiveness

Analytical statement of progress

The HIV prevalence among adolescent girls aged 15-19 years increased from 4.1 per cent in 2009 to 5.4 per cent in 2014 and was estimated at 6 per cent in 2017. Adolescent male prevalence varied from 2.9 per cent to 4.8 per cent to 3 per cent during the same periods (LDHS 2009/2014 and LePHIA 2017). Despite the 93 per cent increase in testing (from 88,816 in 2016 to 171,660 in 2017, according to MoH among adolescents 10 - 19 years old, the LePHIA still showed that nationally only 60 per cent of female adolescents and 50 per cent of male adolescents who are HIV positive knew their status.

The voluntary male medical circumcision (VMMC) programme has also shown some progress in reaching adolescents in Lesotho. MOH data indicate that since 2012, 114,868 adolescents 10 to 19 years of age had been medically circumcised by September 2017. Comprehensive knowledge on HIV has not improved, and was estimated at 33 per cent among adolescents 15-19. Among adolescent males, comprehensive knowledge increased from 28 per cent in 2009 to 30 per cent in 2014, while comprehensive knowledge among adolescent girls stagnated at 35 per cent during the same period. Updated data on the comprehensive knowledge and sexual behaviours (including condom use at last sex and number of sexual partners) of adolescents will be provided through the LePHIA survey results in 2018.

The limited achievements in HIV prevention were highlighted in the HIV Prevention Assessment, which noted that the Government's focus was primarily biomedical, and that

behavioural and structural interventions were less visible. Coordination for the multisectoral response suffered a severe setback due to the closure of the National AIDS Commission (NAC) and the time taken for the new structure to be fully functional. As a result, there has been limited coordination of prevention programmes. This is exacerbated by the split of districts between PEPFAR and the Global Fund which have led to parallel programmes and reporting mechanisms.

In 2017, UNICEF supported efforts to improve HIV testing, comprehensive knowledge of HIV, and condom use among adolescents and young people. Through the Ministry of Health and other sub-recipients, UNICEF supported the acceleration of implementation of The Global Fund to Fight AIDS, TB(GFATM) funded activities through technical assistance to the Global Fund Principal Recipient - PACT. UNICEF, in collaboration with UNFPA and GFATM, also supported the training of 264 service providers from health facilities in all 10 districts on adolescent-friendly service delivery, using WHO adapted training materials. Subsequent supervisory monitoring with the MoH noted positive results on adolescent friendly service delivery in the facilities visited. UNICEF also provided technical support in the development of the Adolescent Girls and Young Women Catalytic Funding concept note. UNICEF supported the training of 32 peer educator trainers (17 female, 15 male) using the nationally endorsed comprehensive sexual education (CSE) package. In 2018, UNICEF will continue supporting the capacity development of health service providers to deliver adolescent-friendly services as part of the adolescent HIV prevention package being scaled up by PEPFAR and GFATM.

UNICEF supported national coordination and policy efforts, including the review of the National HIV/Tb Programme, the development of the new National HIV Strategic Plan, the revision of the VMMC Policy and monitoring of adolescent health interventions. UNICEF supported the National AIDS Commission (NAC) in conducting an HIV Prevention Assessment, HIV Prevention Consultations, and in the planning of the Epidemic Synthesis Analysis. UNICEF also supported the domestication and prioritisation of the SDGs for the Government, which will inform the review of the National Strategic Development Plan 2019 - 2023.

In 2017 the MOH, through its development partners, reached more than 16,000 young people with HIV prevention interventions. UNICEF partnered with the Adventist Development and Relief Agency, a faith-based organisation, to reach more than 400 young people with the knowledge and skills to reduce risky behaviours within the church setting. UNICEF also partnered with the Lesotho Network of AIDS Service Organisations (LENASO) to expand combination prevention interventions to an additional 2,000 adolescents. The partnership agreement was signed in 2017 and the activities will start in 2018.

In 2018, UNICEF will support the Global Fund in accelerating results for Adolescent Girls and Young Women to reach 100,000 adolescents and young people with HIV prevention interventions through partnerships with civil society organisations (CSO) such as LENASO and Sentebale. UNICEF's support to the HIV interventions will contribute to an increased demand for HIV testing services, condom promotion and HIV knowledge among adolescents, improving the coverage of the three indicators. UNICEF will also work on expanding access to combination prevention to enhance the abilities of adolescents and young people to practice behaviours that lower their risk of contracting HIV using community structures. In 2018, UNICEF plans to continue supporting coordination, implementation and evidence generation efforts at central and decentralised levels through innovations.

OUTPUT 1 Improved national capacity to coordinate, track and provide HIV services for adolescents in all districts, particularly adolescent girls by 2018.

Analytical statement of progress

In 2017, UNICEF, in collaboration with UNFPA, UNAIDS and UNESCO, provided technical support for the expansion of HIV prevention services for adolescents and for strengthening the adolescent-friendly health service (AHFS) programme in eight Global Fund supported districts through training of 264 service providers from 10 districts. This training seeks to strengthen the service delivery aspect of the minimum comprehensive HIV prevention package for adolescents and young people, thus increasing access to these services for more than 400,000 adolescents and young people aged 15-24 years.

UNICEF provided technical assistance to create an enabling environment for the HIV response to national coordination forums. Specifically, UNICEF supported the National AIDS Commission (NAC) in the review of the National HIV/Tb Programme, which will inform the development of the new National HIV Strategic Plan (NSP). UNICEF also supported the voluntary medical male circumcision (VMMC) technical working group (TWG) on the revision of the VMMC Policy and the Adolescent Health TWG in the monitoring of adolescent health interventions. UNICEF supported the National AIDS Commission (NAC) in conducting an HIV Prevention Assessment, HIV Prevention Consultations, and in the planning of the Epidemic Synthesis Analysis. These studies will inform the 2018 Lesotho HIV Prevention Symposium and target setting for the NSP.

UNICEF also supported the domestication and prioritisation of the SDGs for the Government, which will inform the review of the National Strategic Development Plan 2019 - 2023.

While UNICEF supported the training of health workers to provide adolescent-friendly health services in 2017, it will take more time for facilities to meet the required standards. Access to services was not equitable -- adolescents in PEPFAR districts had access to a higher quality and package of services (including VMMC) than adolescents living in Global Fund supported districts.

In 2018 UNICEF will focus on the quality of adolescent-friendly health services through evidence generation and innovations.

UNICEF supported the Ministry of Health in the monitoring of the health workers trained on adolescent-friendly health services in six districts. Reports from these visits showed that all facilities visited had plans to generate demand for adolescent-friendly services within the community, and some facilities were designating days for adolescents, including pregnant adolescents, and forming clubs that link to Global Fund supported programmes.

In 2018, UNICEF will continue to support the Government in increasing its capacity to deliver, monitor and coordinate adolescent-friendly services, at all levels. UNICEF also will support innovations with the piloting of Shout out For Health Initiative to increase adolescent participation and government accountability toward quality adolescent friendly services. UNICEF will also support the implementation of RapidPro in Lesotho to increase comprehensive knowledge of HIV among adolescents and youth and establish a platform for youth engagement during emergencies.

OUTPUT 2 Enhanced ability of at least 40,000 adolescents to practice healthy behaviors related to HIV and AIDS by end 2018

Analytical statement of progress

In 2017, UNICEF provided technical support in the development of a National AIDS Commission-led Lesotho HIV Prevention Roadmap which would include, among other things, the development of complementary documents such as an HIV Prevention Strategy and HIV Behaviour Change Communication (BCC) Strategy for adolescents and youth. The BCC roadmap was under development. The Ministry of Health (MOH) and National AIDS Commission (NAC) will develop strategy once the HIV Prevention Symposium takes place and the new National HIV Strategic Plan has been developed in 2018.

UNICEF, with UNFPA and UNESCO, supported the MOH in strengthening its comprehensive sexual education (CSE) program by training 32 peer educator trainers (15 males and 17 females) and monitoring the roll-out of peer educator training using the nationally endorsed CSE package. In 2017 the MOH, through its developmental partners, reached more than 16,000 young people with HIV prevention interventions. UNICEF partnered with the Adventist Development and Relief Agency, (ADRA) to reach 432 young people with the knowledge and skills to reduce risky behaviours for HIV infection. UNICEF also supported the Ministry of Education in reviewing its interventions on learner behaviours, and from the exercise, developed a plan to create a consolidated behaviour change framework in the school setting and surrounding communities. The framework aims to combine efforts outlined in the child-friendly schools framework, the School Health Programme and the CSE curriculum.

UNICEF contributed to the development of the Adolescent Girls and Young Women (AGYW) catalytic funding concept note. In Lesotho, AGYW are at higher risk of HIV infection, with an incidence rate three times higher than their male counterparts. UNICEF's continued support to accelerate the implementation of Global Fund activities will increase access to HIV preventive services for adolescent girls and young women.

A primary constraint was the delay in the MOH to select sub-recipients, who are also UNICEF's partners. UNICEF internal processes delayed the partnership with the Lesotho Network of AIDS Service Organisations (LENASO) to expand combination prevention interventions to an additional 2,000 adolescents. While the partnership agreement was signed in 2017, the activities will start in 2018.

In 2018, UNICEF will partner with NGOs to support young people to know and manage their HIV status and will lead in advocating for their access to services and influence decision-makers to provide additional services and support where necessary. The programme will be delivered through youth advocates, including individuals with different vulnerabilities such as herding, disability, poverty, key populations and those living with HIV. In 2018, UNICEF plans to support the Global Fund to accelerate the implementation of interventions focusing on adolescents and young people. These activities will include increased utilisation of HIV testing services -- reports show that only 60 per cent of young people 15 - 24 years of age who are living with HIV know their status. UNICEF will also support efforts to keep HIV negative adolescents uninfected by creating demand for sexual reproductive health services and combination HIV social protection for adolescent girls and young women. These activities will also address HIV prevention in the humanitarian context.

OUTCOME 6 Access to high impact health, nutrition and WASH interventions 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 achieved some progress in expanding access to quality, high impact interventions in health, nutrition and WASH nationwide. To improve the quality of child survival services, UNICEF Lesotho focused on providing support for the development of policies, standards/ guidelines and strengthened the capacity of service providers. UNICEF also worked with Government of Lesotho and partners to improve access to services across the country. Although national stunting rates remained high at 33 per cent, strategic milestones were achieved to build capacity for planning and for service delivery. UNICEF, in partnership with WHO, supported the MOH to strengthen treatment of acute malnutrition in accordance with national standards. In 2017, 75 per cent of children aged 6-59 months affected by severe acute malnutrition were admitted into treatment. The percentage of children under five with severe acute malnutrition that received treatment as per national standard reached 66 per cent of target for inpatient care. The improvement in SAM treatment is attributable to enhanced capacity of service providers and partnership with EGPAF, WFP and Global Fund.

UNICEF, in collaboration with REACH, WFP, WHO and FAO, supported the Government of Lesotho to develop the national food and nutrition strategy and action plan by the end of 2018. The National Food and Nutrition Strategy included point of use supplementation using MNPs as one of the strategic actions.

Sixty one per cent of health facilities were BEmONC-certified, contributing to reduction in neonatal morbidity and mortality. Provision of BEmONC services improved the quality of skilled birth attendance and immediate newborn care. The live births attended by a skilled birth attendant and newborns receiving post-natal care within two days of birth were estimated at 78 per cent and 18 per cent, respectively, based on the 2014 Lesotho Demographic and Health Survey. Updated data will be available with the results of the 2018 Multiple Indicator Cluster Survey (MICS).

UNICEF prioritized the roll out of community-led total sanitation (CLTS) as a response to the high percentage of the population practising open defecation and low percentage of the population practising hand washing, estimated at 38 per cent and 46 per cent, respectively. New data will be available in 2018 with results of the MICS. Slow progress was made in rolling out the CLTS initiative to additional communities, with only four communities out of the planned 20 reported as open defecation free (ODF). Those four communities were yet to be formally certified. Major challenges included a lack of government-owned and led policy and strategy (enabling environment) for the programme. UNICEF advocated for adopting CLTS nationwide and continued to build capacity in the country through trainings. Linkages between WASH and nutrition programming were strengthened in 2017 by initiating six nutrition clubs in ODF certified villages.

UNICEF, in partnership with WHO, supported the MOH to conduct a measles-rubella (MR) mass vaccination campaign targeting children 14 years and younger, reaching 540,017 (80 per cent of target) with measles-rubella vaccines and 516,973 (81 per cent of target) with deworming tablets. In the same campaign, 113,145 children under five (49 per cent of target) received vitamin A. Routine immunization national coverage data stood at 65 per cent for Penta 3 and 57 per cent for measles (September 30 data), a decrease compared to the 70 per cent

baseline for Penta 3 in 2013. Poor data management and under-reporting during routine immunization may be undermining the immunization coverage, especially as the country tends to report higher coverages from population surveys (85 per cent for Penta-3 in 2014 LDHS) and WHO/UNICEF country estimates (93 per cent for Penta-3 in 2016) . UNICEF continued to support MOH with implementation of the cold chain improvement plan, which included procurement and installation of temperature monitoring devices.

UNICEF Lesotho continued to support the Government-led humanitarian response to the El Niño emergency, with specific contributions in nutrition, WASH and social protection sectors. With technical assistance from UNICEF Regional Office, the capacity of 36 officers from MOH, DMA, MAFS and NGOs was strengthened in order to improve nutrition response planning. UNICEF partnered with World Vision to reach 23,563 people, including children in school (3,794 girls and 3,016 boys), with hygiene messages. UNICEF also provided 5,388 people with access to clean water and 2,528 children in school with latrines.

To strengthen reporting on management of acute malnutrition, UNICEF continued to advocate for inclusion of IMAM indicators into DHIS2. In 2018, the focus of the multisectoral nutrition programming will be on developing the Lesotho Food and Nutrition Strategy, which will be followed by the costed action plan. Point of use fortification through MNPs will be piloted to address anaemia reduction. More efforts will also be made to strengthen synergies between WASH, social protection and nutrition for stunting reduction. UNICEF will also continue to advocate for inclusion of CLTS in the review of the National Water and Sanitation Policy. This advocacy will extend to parliamentarians and other community leaders once CLTS is adopted at policy and strategy level. UNICEF, in collaboration with WHO, will continue to provide technical and financial support to the Government to improve immunization coverage and reduce bottlenecks through the health systems strengthening in the areas of vaccine management and immunization supply chain.

OUTPUT 1 Targeted communities in all districts have knowledge and skills to exercise healthy sanitation and hygiene practices by 2018.

Analytical statement of progress

Community led total sanitation (CLTS) activities continued with the triggering of 22 villages/communities in the districts of Mokhotlong, Quthing and Thaba Tseka, resulting in four villages attaining open defecation free (ODF) status (although awaiting official certification). A total of 155 latrines were built as a result of the triggering. The slow progress toward ODF in the triggered villages is attributed to early elections and change of government, with prolonged closure of parliament in the months leading to elections and afterwards. This caused an indefinite postponement of advocacy activities among members of parliament designed to ensure their buy-in into the CLTS approach toward ODF status within their constituencies. Slow progress was also attributed to changes at the top level of the government department and ministry, which caused some disruption to the programme as incoming senior officers took time to understand what the programme entails and inadequate monitoring by the Department of Rural Water Supply (DRWS).

In an effort to institutionalise and standardize the CLTS approach, a draft CLTS implementation guideline was developed with UNICEF support. UNICEF also advocated for the inclusion of CLTS in the water and sanitation policy which was under review at year end. As part of the advocacy, media personnel were taken on a tour of one of the villages that attained ODF status

through CLTS programme implementation. To enhance coordination, a national Sanitation Steering Committee consisting of representation from various stakeholder organisations was established. UNICEF continued to build CLTS capacity in the country, having sponsored government officials to participate in the South-South Sanitation Forum, and providing training on CLTS Rapid Appraisal Protocol (CRAP) and Post ODF Strategies and Tools, both with the assistance of the UNICEF Regional Office.

UNICEF partnered with World Vision and the Department of Rural Water Supply (DRWS) in implementing the emergency WASH Programme addressing access to water supply as well as sanitation and hygiene messages. Construction of water supply systems and latrines was implemented across five districts, with 12 communities and 9 schools being provided with sanitation facilities. A total of 5,388 people were reached with water supply and 2,528 children benefitted from access to sanitation facilities. Sanitation and hygiene education was delivered to a total of 271 village health workers, 7 water committees, 51 ECCD teachers and 62 primary school teachers. The education cascaded down to communities and school children, reaching 16,753 adults, 3,794 girls and 3,016 boys.

OUTPUT 2 Strengthened capacity of EPI programme to manage, maintain and monitor cold chain systems and vaccines supplies annually

Analytical statement of progress

In 2017, the use of updated monthly stock management tools (SMT) and bi-weekly ViVa tools ensured that no vaccine stock outs were experienced at the national level. To further strengthen the delivery of potent vaccines, UNICEF supported installation of temperature monitoring devices, vaccine management coaching, repairs and maintenance of refrigerators by MOH cold chain technicians. Continued capacity building efforts on forecasting will also address localised stock outs experienced at the subnational level. With technical assistance from the UNICEF Regional Office, UNICEF supported the development of 28 cold chain standard operating procedures for immunization supply chain activities. The EPI HR capacity needs assessment supported by UNICEF showed that MOH HR policy does not include immunization supply chain function. More advocacy will be needed to address this gap.

Administrative immunization data indicated a downward trend between 2016 and 2017 in immunization performance. Only 65 per cent of children under one year old received the third dose of Pentavalent, and 57 per cent were vaccinated against measles as of end of September 2017, compared to 68 per cent and 61 per cent in 2016, respectively. Low performance was attributed to poor data management and lack of EPI designated staff at the district level. UNICEF supported an equity assessment to shed more light on the immunization disparities focusing on five lowest performing districts. UNICEF, in partnership with WHO, continued to build capacity of EPI staff on employing REC/RED strategy. In 2018 advocacy efforts will emphasize appointment of EPI officers by MoH at the district level.

In March/April 2017, UNICEF, in partnership with WHO, supported the MOH to conduct a measles-rubella (MR) mass vaccination campaign targeting children 14 years and younger, reaching 540,017 people (80 per cent of target) with measles-rubella vaccines and 516,973 (81 per cent of target) with deworming tablets. In the same campaign, 113,145 children under five (49 per cent of target) received vitamin A. The MR vaccine Supplementary Immunisation Activities (SIA) received negative media publicity related to rumoured adverse events

following immunization (AEFI). UNICEF and WHO jointly supported the MOH to mitigate the negative publicity with intense media and civil society dialogues.

UNICEF and WHO continued support to MOH on the introduction of rota vaccine in December 2017, through intensive social mobilizations trainings at the subnational level with wider multi-stakeholder engagement including CSO and the media. UNICEF facilitated the completion of the maternal and child health (MCHN) knowledge attitudes and practices study, which will be followed by the development of a communication strategy and plan. The KAP study revealed that caregivers were knowledgeable on vaccine scheduling and the importance of each antigen. Inadequate implementation of the supermarket approach for immunization services continued to undermine communities' trust on health worker's attitudes.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to legislate, plan and implement scaling-up nutrition interventions by 2018.

Analytical statement of progress

In 2017, 78 per cent of health facilities were reaching more than a 75 per cent cure rate for the management of severe acute malnutrition (SAM) for outpatient care. In 2017, a total of 1,750 children (911 boys and 839 girls) were admitted and treated for SAM inpatient care. Out of 1,422 children who exited from SAM treatment, 943 (66 per cent, 503 males and 440 females) were cured, 58 (4 per cent, 33 males and 25 females) died, and 168 (12 per cent, 69 males and 99 females) defaulted from treatment. Eighteen per cent of exits (140 males and 113 females) were classified as 'not recovered', by the time they were discharged from the SAM treatment programme. The cure rate of 66 per cent of inpatient care falls below the recommended SPHERE threshold of 75 per cent. The percentage of deaths during SAM treatment for 2017 were within the SPHERE standards of less than 10 per cent. UNICEF will continue to support capacity building efforts on data management for SAM treatment to address data completeness.

In 2017 UNICEF supported the training of 36 government counterparts on nutrition in emergencies to strengthen national nutrition emergency preparedness and response planning. In response to high levels of anaemia in children under the age of five, (52 per cent, per LDHS, 2014), UNICEF signed a two-year Memorandum of Understanding (MOU) with the Metropolitan Lesotho to provide micronutrient powders (MNPs) to children under 24 months in collaboration with Ministry of Health, to be piloted in 2018 focusing on districts with the highest level of anaemia.

Under multisectoral programming, three Scaling Up Nutrition (SUN) networks (United Nations, Business and Civil society) were established. UNICEF, in collaboration with REACH, WFP, WHO and FAO, supported the Government of Lesotho to develop the national food and nutrition strategy and action plan by the end of 2018. The National Food and Nutrition Strategy includes the use of MNP supplementation as a strategy.

UNICEF supported MOH to update country specific infant and young child feeding (IYCF) guidelines in line with the 2016 WHO HIV and infant feeding guidance. Following the update, EGPAF, UNICEF, and Global Fund partnered to support training on integrated management of acute malnutrition (IMAM), nutrition assessment, counselling and support (NACS) and IYCF for 300 health workers in 10 districts. Optimal feeding practices were promoted through the formation of nutrition clubs in three CLTS triggered districts using the positive deviance (PD) hearth community IYCF approach. A total of 500 IYCF training manuals for health staff and

supporting pamphlets were printed, reaching 6,000 pregnant women attending ANC services and approximately 110,000 breastfeeding women and their children attending child services. To protect, promote and support exclusive breastfeeding, the draft Code for Lesotho was updated using 2016 WHO guidance.

Limited mentoring and supervision visits, coupled with high staff rotation in MOH, hampered efforts to scale up data management for the IMAM programme. UNICEF will continue to build capacity of the nutrition multi-stakeholder partners in IYCF, IMAM, MNPs. Additional resources are being mobilised to strengthen the national health information system (HIS) to allow real-time monitoring of nutrition indicators.

OUTPUT 4 New Element

Analytical statement of progress

Quality of care within BEmONC facilities remained a challenge in Lesotho, with an unacceptably high maternal mortality of 1,024 deaths per 100,000 live births in 2014 compared to 1,155 per 100,000 live births in 2009. Fresh stillbirths are high (26 per cent), which points to the quality of care during labour and delivery. UNICEF supported the MOH to scale up Basic Emergency Obstetric and Newborn Care (BEmONC) services, which were found to be sub-optimal in the 2015 BEmONC Assessment, with 40 per cent of facilities providing the required signal functions. By the end of December 2017, a total of 133 health centres in 10 districts, (61 per cent) were conducting deliveries (all of them are now classified as BEmONC), thereby expanding access to basic emergency obstetric services to women in the rural areas. The level of readiness in the provision of EmONC signal functions varies within and between facilities. Neonatal deaths still accounted for 50 per cent of all under-five mortality in 2014, an increase from 40 per cent in 2009.

In 2017, UNICEF, in partnership with UNFPA, supported the MOH to increase the capacity of health workers to provide safe deliveries. Specifically, UNICEF supported the establishment of quality improvement systems during childbirth, and the implementation of the Helping Babies Breathe and Helping Mothers Survive training for 13 master trainers and 53 health workers. The training increased the health workers' skills to identify risk signs during childbirth and to perform appropriate interventions to save the lives of both the mother and the baby. At the end of December 2017, Maseru district started its stepdown trainings.

UNICEF, WHO, and UNFPA supported the MOH to develop an integrated reproductive, maternal, newborn, child, and adolescent health (RMNCAH) + nutrition strategy, which will guide the delivery of integrated RMNCAH services through the continuum of care. The strategy focuses on recommendations of the 2017 WHO ANC Guidelines and includes postnatal care reporting for infants. Through the implementation of the strategy, the MOH will be able to monitor post-natal care (PNC) quarterly (it is currently not being tracked in the Health Information Systems (HIS)).

In 2017, UNICEF supported the MOH in developing quality of care tools for RMNCAH that will increase the quality of health services. The tools are comprehensive and include the continuum of care. UNICEF also supported maternal death assessments in seven districts. The preliminary findings showed that the majority of the maternal deaths were due to the poor management of pregnant women during labour and childbirth.

In 2018, UNICEF will support the MOH in building the capacity of health workers to properly

manage women during labour and delivery and support the step-down trainings of the Helping Babies Breath project. The trainings will be used as an entry point to improve quality of care and increase the capacity of health care workers with the skills and competencies to provide emergency maternal and neonatal care. In partnership with the World Bank, UNICEF will sponsor two competency-based quality of care performance-based financing (PBF) indicators to improve outcome performance at the facility level.

OUTCOME 7 PCR 4. Protective environment strengthened for children at risk of and exposed to violence, exploitation and abuse.

Analytical statement of progress

Lesotho continued to make progress toward accelerating registration of child births and issuance of birth certificates. Under the leadership of the Ministry of Home Affairs (MOHA), the Citizen Service Centres (CSC) in district councils registered and issued birth certificates to 51,948 children under the age of 18, bringing the cumulative total to 402,026 (54 per cent). Most of these registrations were done during the child focus service days. Of the cumulative total, 83,461 (20 per cent) were under-five children.

Children's Parliamentary sessions were facilitated to engage in the development of the NSDP II. Fifty percent of the members were female. Among the key issues raised by the children were ending child marriage, ensuring that girls remain in and finish secondary education, and ending violence against children. The children's parliament was also central in the GoL/AU launch on ending child marriage.

The CGPU in the police services and the Child Helpline recorded a total of 228 cases of child abuse. Of these cases, 150 (66 per cent) were of sexual violence in nature. Ninety three (62 per cent) of the reported sexual violence cases were forwarded to the Probation Unit for assessment and referral to Legal Aid and Children's Court.

OUTPUT 1 By end of 2018, the organisational and institutional capacity of the Ministry of Social Development (MOSD) is strengthened to deliver effective welfare and protection services to vulnerable children and their families

Analytical statement of progress

In 2017 a total of 55 officers from government departments were trained in child protection in emergencies. Lesotho continued to make progress toward accelerating registration of child births and issuance of birth certificates. A total of 38 health care workers (HCW) were trained on birth registration from various government and church-owned health facilities. The training, which formed part of the drafting of child protection referral mechanisms and standard operating procedures, focused on the significance of child birth registration in facilitating, among other things, speedy referral and cross-border transit of children requiring urgent medical attention in South Africa.

The absence of registration services, owing to blanket dismissal of registration officers across the country and the subsequent recruitment of new ones by MOHA, resulted in no child birth registration being done from this channel.

Following the African Union-led Civil Registration and Vital Statistics (CRVS) Conference in December, there is a possibility to form a stronger partnership among MOHA, MOH, MOJCS and UNICEF to resuscitate and accelerate registration of child births at health centres. Joint sensitisation sessions for health personnel will be conducted in collaboration with the Health section in 2018.

OUTPUT 2 By end of 2017, the knowledge foundation (gap analysis, costs, etc.) is in place for the effective implementation of the Children's Protection and Welfare Act 2011 (CPWA)

Analytical statement of progress

The Government of Lesotho was pretesting near-final child protection referral mechanisms and standard operating procedures and services for children in contact with law that were applied and delivered in line with international norms. The pretesting was being done in north, south and central regions of the country. The Child and Gender Protection Unit (CGPU) of the Police and Child Helpline recorded a total of 228 cases of child abuse. Of those cases, 150 were of sexual violence nature. Out of the 150, 93 reported cases were forwarded to the Probation Unit for assessment and referral to the Legal Aid and Children's Court. This was the result of enhanced capacity building of law enforcement officials under the Justice for Children and End Violence Against Children programmes, which emphasised, among other things, timely referral of reported cases to relevant justice service providers for effective management of child abuse cases.

Lesotho continued to make progress towards accelerating registration of child births and issuance of birth certificates. With facilitation from MOHA, the citizen service centre (child-focused service days) initiative, which targeted children during winter school holidays, and district-based registration centres managed to register the births of 402,026 children under 18 years of age and duly furnished them with birth certificates. Of those children, 83,461 (20 per cent) were under-fives. A total of 4,510 people were reached with information on how to identify, prevent and/or report violence against children. The target groups were composed of children, chiefs and law enforcement officials.

OUTCOME 8 Outcome: Strengthened child and gender sensitive social protection systems for vulnerable children and their families

Analytical statement of progress

The Government of Lesotho demonstrated a strong commitment toward building a child and gender sensitive social protection system by reaching the most vulnerable children. Per the National Information System for Social Assistance (NISSA), the Child Grant Programme (CGP) covered approximately 26,000 families, including approximately 78,000 children. In 2017, the Cabinet issued a memo to increase the coverage to a total of 40,000 households including 120,000 children by adding 13,000 new households including 39,000 children. The memo also increases the amount of grants by 25 percent. Partial budget was allocated in the last quarter of 2017.

Vulnerable children were identified through the National Information System for Social Assistance (NISSA). The NISSA used an innovative spatial intelligence technology for increasing efficiency and accuracy of targeting the most vulnerable households with children. During 2017, UNICEF, with financial support from the DFID, provided 3,681 E1 Niño affected

households that included approximately 11,043 children (51 per cent girls) with emergency cash top-ups. The World Food Programme (WFP) provided humanitarian cash and food transfers to 42,250 acutely vulnerable people in areas not covered by UNICEF. The support was complemented with a 'Cash+', intervention that included home gardening kits and training on crop and livestock production provided by FAO.

UNICEF, with the financial support of the EU, supported the Ministry of Social Development (MOSD) in strengthening the social protection system for vulnerable children and their families. A social protection technical committee was established at national level. Integrated social safety nets were expanded in 10 councils. A total of 120,948 new households were registered in NISSA. The implementation of integrated community development programmes was expanded to four new councils. Community development plans to facilitate the poor to come out of poverty were finalized and citizen service centres were expanded in two new councils. The Sustainable Poverty Reduction through Income Generation and Access to Public Services (SPRINGS) intervention was implemented.

Challenges faced in 2017 included turnover of senior officials of the Ministry of Social Development due to change of political regime, and inadequate follow up or monitoring the implementation of planned interventions by the MOSD. The new management is committed to expedite the implementation of social protection interventions. In order to realize the Ministry's commitment in 2018, UNICEF, along with EU, will prioritize the expansion of NISSA countrywide, strengthen the social assistance delivery mechanisms, and continue advocacy to expand the coverage of CGP and other child sensitive social protection programmes.

OUTPUT 1 5.4: The MOSD, at all levels, leads, manages and implements a comprehensive and integrated social protection system.

Analytical statement of progress

In order to improve coordination mechanisms for social protection systems established at national and district levels, a 13-Member Social Protection Technical Committee at national level was established. The committee consists of Directors of the line ministries that are implementing social protection programmes and the representatives of development partners, and is chaired by the Director of the MoSD. The secretariat of the committee is the MoSD. The ToR of the committee was finalized by the members of the committee upon consultation. The plan for the establishment of coordination committees in five districts was prepared but the formation of the committees stagnated.

In 2017, the Integrated Social Safety Nets (ISSNs) were expanded to 10 new councils. The ISSN is an approach adopted to harmonise processes of various programmes aimed at improving efficiency and economies of scale and at fostering transparency. The review of both the Conditional Cash Transfer (CCT) and Integrated Social Safety Net (ISSN) recommended scaling up the ISSNs and reconsidering the implementation of CCTs. In order to realize the recommendations and devise an appropriate modality, an international consultant was selected to work with the Ministry of Social Development. The full ISSNs will be implemented for the CGP and OVC Bursary programmes. The integrated targeting process entails collecting the socio-economic data of households, collected through the NISSA. UNICEF and the European Union supported the Ministry of Social Development (MoSD) to establish the coordination committee to improve the coordination of the implementation of social protection programmes at national and district levels and expand the ISSNs.

The changes in administration due to changed political regime resulted in slow implementation of coordination activities at district and national level. The decision makers in the Ministry of Social Development have committed to strengthening the social protection system. In 2018, UNICEF will continue to support strengthened coordination at national and district levels and will provide technical support in integration of all social protection programmes.

OUTPUT 2 A single national registry is institutionalized for use in management and monitoring of social assistance

Analytical statement of progress

The MOSD National Information System for Social Assistance (NISSA) is a nationwide single integrated web-based database in which socio-economic information on all households is stored to identify vulnerable populations and target beneficiaries eligible for social protection programmes. According to NISSA, in 2017, a total of 120,948 households from six districts (Mafeteng, Molepolole, Leribe and Brea Butha Buthe, and Maseru) were registered, bringing the cumulative total of households registered in NISSA to 260,00 since its inception. The 2017 first phase registered 55, 948 households during January-May, and the second phase registered 65,000 households during August-November 2017. The MoSD completed the validation of NISSA data in 10 councils. A total of 13,000 households qualified for CGP. Validation of the remaining councils is scheduled for 2018. The MoSD used the NISSA database to target, enrol and pay for Child Grant Programme (CGP) in 36 Community Councils (CCs) in addition to orphans and vulnerable children (OVC) in three CCs. Other UN agencies and non-governmental agencies also used NISSA data to better target the most vulnerable. In an effort to consolidate gains made with the introduction of NISSA as a single registry and to ensure sustainability, a total of 18 MoSD staff were trained on NISSA Management Information System (MIS). The training covered social protection programmes pertaining to public assistance (PA), OVCs and CGP. The training modules also included administration, case management, payment, monitoring and evaluation and reporting. UNICEF provided IT technical support to MoSD specifically on maintenance and management of the information system in order to improve data synchronisation. As part of the preparation for the NISSA decentralisation, eight districts were connected to the national electricity grid and internet connectivity. A draft decentralisation plan was prepared, to be implemented in 2018. UNICEF, with financial support from the EU, supported the MOSD to expand NISSA to all households in the country. Validation of data was not completed due to inadequate human resources.

UNICEF will continue to support the expansion of NISSA in 2018, linking NISSA with other databases, and including recertification of old CGP households, and decentralisation of NISSA at council level.

OUTPUT 3 5.6: An integrated community development approach is established to support the local management system of social protection

Analytical statement of progress

According to the MoSD report, the number of councils implementing integrated community development programmes increased from 7 in 2016 to 11 in 2017. The integrated community development approach includes two interventions, the citizen service centre (CSC) and the Sustainable Poverty Reduction through Income Generation and Access to Public Services (SPRINGS).

In 2017, through CSC, information on 22 services was delivered to an estimated 2,000 remote people of Mokhotlong and Butha Buthe. Approximately 10.5 per cent of the population of Lesotho has been reached through CSC since its inception. Forty six community council staff and 85 local government staff were trained on CSC and service days. The needs of the community were assessed by two community councils. The service directory was reviewed. The operational manual and the project Implementation Guidelines were revised. Births were registered and birth certificates were issued to 2,900 children aged 0-17 years in Berea and Quthing districts. The birth registration through CSC at decentralized level has resulted in acceleration of the registration and issuance of birth certificates for children and communities at large, bringing the cumulative total for children with birth certificates to 402, 026 (54 per cent). UNICEF, with financial support from the EU, supported the Ministry of Local Government and Chieftainship (MOLGC) to expand the CSC through sensitization and mobilization of district officials and community councillors.

SPRINGS was implemented in five districts -- Likila (Butha-Buthe), Menkhoaneng (Leribe), Makhoarane (Maseru), Tebe-Tebe (Berea), and Tenesolo (Thaba-Tseka). According to a partner's annual report, a total of 338 Savings and Internal Lending Committees (SILC) were formed with a total membership of 6,228 people. The rate of growth of SILC members was 8.4 per cent between 2016 and 2017. A total of 6,368 keyhole gardens were constructed. A total of 5,100 participants were provided with starter pack seeds and 4,485 participants were provided with shade nets.

To provide further strategic direction to link social protection with livelihoods, UNICEF, in partnership with BRAC, supported the MoSD in developing a community development plan that included a cohesive, integrated package of interventions and national strategy for implementation of the plan to support people to come out of poverty.

Implementation of integrated community development programmes encountered a number of challenges in 2017, including highly centralised decision making, a lack of transport for the service providers, and engagement of local government ministry officials in local government elections and induction training of newly elected Councillors.

In 2018, UNICEF will work with the MOLGC to train the new councils earmarked for citizen service centres and also work with the councils and districts to provide outreach services.

Document centre

Evaluation and research

Title	Sequence Number	Type of Report
Budget Brief	2017/007	Study
PER	2017/006	Study
KAPS Study	2017/005	Study
Age Validation of ELDS	2017/011	Study
Age Validation of ELDS	2017/004	Study
AGE VALIDATION OF ELDS	2017/003	Study
AGE VALIDATION OF ELDS	2017/002	Study
Political Economy Analysis Lesotho	2017/001	Study

