UNICEF Annual Report 2014

Lesotho

Executive Summary

UNICEF Lesotho’s Country Programme (CP) was fully aligned with the National Strategic Development Plan (2012/13-2016/17) and the Lesotho United Nations Development Assistance Framework (UNDAF). The CP was also in line with the regional and global priorities.

The 2012 elections led to an uneasy coalition resulting in the suspension of parliament in June 2014, and culminated in skirmishes between security agencies and a suspected coup on 30 August 2014. The Southern Africa Development Community (SADC) gave mandate to the Deputy President of South Africa who convened actors for the Maseru Declaration (October 2014), committing all parties to the temporary opening of parliament, calling for early elections in February 2015 and paving the way for SADC to oversee the security situation.

Lesotho is ranked 162 out of 187 in the Human Development Index (HDI), and off track in meeting Millennium Development Goals (MDGs) 1, 4, 5, and 6; leaving much unfinished in the agenda for children. The country has the second highest HIV prevalence in the world (23 per cent); high stunting (>40 per cent); very high poverty levels (57 per cent); and stark inequality (GI -53).

At policy level, the Government adopted the national framework on social development, including the Policy on Social development and the national Social Protection Strategy, which were important milestones for the Government to build a systemic approach in social protection. With the high HIV prevalence in the country, the systemic approach is key to strengthen linkage between social protection and HIV/AIDS interventions in the coming year.

Other achievements included the National Multi sectoral Child Protection strategy following the completion of the child protection mapping and systems assessment, and the costed plan for implementation; the Integrated Early Childhood Development (IECD) policy; and the start-up of institutional arrangements to facilitate its implementation; and the development of an education sector wide approach in partnership with the World Bank through the Global Partnership for Education.

In social protection, the Child Grants Programme (CGP) expansion resulted in an increase in the number of vulnerable children (VC) receiving external support, from 59,000 in 2013 to 65,000 in 2014, and the proportion of households caring for orphans and vulnerable children (OVC) increased from 19,813 in 2013 to 25,600 in 2014.

In nutrition, UNICEF’s joint advocacy with partners led to Lesotho joining the Scaling Up Nutrition (SUN) movement as the 54th country, elevating nutrition in the national agenda. The Expanded Programme on Immunization (EPI) interagency coordination committee (ICC) was strengthened, which has led to a comprehensive review of the country’s immunization system; introduction of new vaccines (pneumococcal, rota and inactivated polio vaccines) in 2015, expansion of REC approach; and effective vaccine management assessment.
Despite substantial investments by the Government and its partners, Lesotho continued to register stagnant progress against key indicators of the HIV response, particularly in coverage of treatment for women and children (53 per cent for women and 15 per cent for children, short of the 95 per cent coverage targets). Contributing factors include weak national coordination, integration and targeting and low facility delivery among pregnant women.

In the education sector, despite progress in enrolment and high budget allocation, quality is still low in primary education.

The political crisis in mid-2014 led to instability, economic slowdown and weak implementation of planned programmes.

UNICEF Lesotho continued to engage with UN agencies, donors and other development partners in 2014. The partnership between UNICEF and European Union, the World Bank, Food Agriculture Organization (FAO), World Food Programme (WFP), and International Labour Organization (ILO) was instrumental to strengthening Government’s vision to expand social protection and move toward a more systemic approach. This partnership yielded an US$ 8.5 million contribution in a third phase covering the next four years. The adoption by Government of the national social policy development policy and social protection strategy provided a framework for the World Bank to commit US$10 million toward social protection in 2015. UNICEF also engaged with the World Bank to jointly initiate a PETS in Health to address bottlenecks in services delivery and budget efficiency. PBF pilot in three districts, and support the implementation of the Global Partnership for Education to promote a sector wide approach.

In an effort to further strengthen the generation of data to inform the decision making process, UNICEF, in partnership with other UN agencies (WHO, United Nations Population Fund /UNFPA) and other development partners such as Global Fund, World Bank and President’s Emergency Plan for AIDS Relief (PEPFAR), provided financial support for the implementation of Demographic and Health Survey 2014.

UNICEF Lesotho allocated a total amount of US$6,208,779, coming mainly (73 per cent) from other resources (OR) and emergency other resources (ORE) with an execution rate of 99 per cent.

**Humanitarian Assistance**

The humanitarian situation was characterized by chronic food insecurity in the SINQU Valley area in 2014. The Lesotho Vulnerability Assessment Committee (LVAC) consistently reported almost half a million (447,000) were food insecure in 2014. The convergence of multiple vulnerabilities in Lesotho created a complex risk profile, in which poor households were chronically exposed to a wide range of economic, health, environmental and climate threats, as revealed in the study conducted in 2013 by UN Regional Inter-Agency Standing Committee (RIASCO) on the humanitarian challenges in the Southern Africa Region. Widespread chronic malnutrition with stunting for children less than five years (at 39 per cent) and iron deficiency anaemia (at 47 per cent) remained key concerns. These threats were not only impacting negatively on the country’s developmental agenda but also reversed the successes recorded previously, such as the good performance in the education sector. A constant stunting rate of 39 per cent over the last decade was quite alarming; though underweight is moderate, at 13 per cent. Acute malnutrition was also considered to be low, at 4 percent; however, treatment was characterized by high mortality, possibly because of underlying HIV-related complications.
UNICEF’s contribution during the 2014 political crisis was aligned with other UN agencies under the UN Resident coordinator. UNICEF completed and tested the business continuity plan with the support of UNICEF East and Southern Africa Regional Office (ESARO) as well as an assessment of security of staffs. At programmatic level, under the leadership of UN Resident Coordinator (RC), a matrix on programme criticality was developed to focus UN agencies intervention in case of political unrest. UNICEF prioritized interventions on nutrition, child protection, cash transfer, health and education. With the upcoming elections in February 2015, UNICEF will continue to work jointly and coordinate with UN agencies on preparedness.

UNICEF continued to provide technical support to the UN Disaster and Risk Management Team. Against this background of recurrent and complex vulnerabilities, in 2014 UN Lesotho developed the “UN Resilience Building Framework”. This Resilience Framework is a multi-sectoral strategic framework based on the lessons learned by the UN during the implementation of different actions devoted to assist disaster affected families, reduce poverty and mitigate future disaster risks.

Through the 2012-2013 emergency response, UNICEF’s experience in using the social protection system provided important lessons to Government and development partners. In this regard, the National Information System for Social Assistance (NISSA) database developed with the support of UNICEF is seen as a potential registry to provide rapid assessment, to support targeting of beneficiaries and to strengthen coordination of interventions during humanitarian response. For example, with the support of UNICEF, WFP used NISSA data in 2014 to target areas and beneficiaries for a food for work intervention supported by the European Commission’s Humanitarian aid and Civil Protection (ECHO).

**Equity Case Study**

**Title:** Strengthening the social protection system: addressing the most vulnerable populations in Lesotho

Poverty, unemployment, HIV and AIDS, and food and nutrition insecurity substantially undermine the well-being of women and children in Lesotho. A total of 57.1 per cent of the population lives below the poverty line. That percentage masks significant inequalities (Gini - 0.53). Poverty in Lesotho is exacerbated by recurrent floods and drought and high HIV prevalence (23 per cent), the most pressing challenge for social development.

Social protection is a priority for the Government of Lesotho (GoL) and is reflected in the National Strategic Development Plan 2012-2017. It represents 4.6 per cent of GDP, which is well above 1-2 per cent spent by most developing countries. Despite the strong commitment by the GoL, the sector grapples with challenges including the lack of coordination, lack of pro-poor targeting in critical programmes, both overlap and gaps in coverage and spending between social protection schemes.

UNICEF Lesotho, in partnership with the European Union (EU) and other development partners such as the World Bank, provided support to the Government to articulate its vision for a social protection system that is recognized as the most effective and sustainable way to fight against poverty, vulnerability and social exclusion.

The establishment of a Ministry of Social Development in 2012 was a significant milestone which accelerated steps toward the approval of a Social Development Policy and Social
Protection Strategy. The strategy’s objective is to outline the GoL vision and benchmarks for a strong and effective social protection system. It uses a life-cycle approach, recognizing that citizens are exposed to different vulnerabilities at various stages. The life-cycle approach permits the GoL to reduce existing programmes to a set of necessary and complementary schemes.

Lesotho has a wide range of social protection interventions, mostly supported by the GoL. The Child Grants Programme (CGP) initially supported by EU and UNICEF is considered as the most targeted in addressing poverty and vulnerability. It was designed to mitigate the impact of HIV/AIDS on children and their families in Lesotho.

The CGP has steadily grown in coverage, from six community councils covering 1,000 beneficiaries caring for 2,700 children, to 43 community councils covering 25,000 beneficiaries caring for 65,000 children as of October 2014. The CGP reaches the most vulnerable population (18 per cent of most vulnerable households in rural areas) and also the hardest to reach families in the mountainous districts. From an exclusively donor-supported pilot project, the CGP and its related costs have been assumed by the GoL since October 2013, and is officially included in the medium term expenditure framework and is planned for national roll-out.

An impact evaluation conducted in 2014 concluded that the CGP has contributed to a significant reduction in the vulnerability of targeted households, specifically:

- increased child-related expenditure, particularly in education (25 per cent more children with uniforms and shoes);
- increased food-security, and capacity to deal with unanticipated shocks (the number of months during which households experience extreme shortage of food reduced by 1.5 months);
- reduced reliance on disruptive coping strategies such as sending children to live elsewhere, sending children to work, and taking children out of school, reducing spending on health and selling assets;
- significant reduction in child morbidity rate (-15 per cent);
- significant decreases in school drop-out rates;
- increased birth registration by 43 per cent;
- increased ownership of productive assets and improved housing conditions; and
- created a high multiplying effect in local economy of 2.23.

The integrated social safety nets pilot supported by EU and UNICEF is testing a “one social protection programme” where CGP is integrated and harmonized with other programmes such as OVC bursary. This will lead to an increase in coverage of vulnerable population by eliminating duplication or gaps in targeting between programmes. It also generates savings and economies of scales through an integrated payment and case management system which can be used for further expansion.

To promote the “graduation” of social protection beneficiaries and strengthen access to social and economic services, UNICEF supports implementation of an integrated community development approach in collaboration with World Vision and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The first component aims to strengthen community mobilization and participation for better utilization of social and economic services in CGP areas. The second component aims to develop a “One Stop Shop” or referral mechanism to strengthen service delivery in the CGP areas. The “One Stop Shop” uses decentralization to refer communities to existing services.
UNICEF and EU have supported GoL to strengthen the social protection delivery mechanism. The National Information System for Social Assistance (NISSA) stores information for 103,000 households representing nearly one quarter of Lesotho’s population and 37 per cent of its rural population. The 2014 NISSA review provided evidence and recommendations to build a single national registry of social assistance programmes and to promote integration of programmes.

Other innovations to improve targeting and delivery mechanisms and to reduce leakages and fraud include development of a Management Information System (MIS) to facilitate integration of safety nets and automate programme management. UNICEF and EU are supporting utilization of mobile phone payments to reduce costs of delivery and to strengthen financial inclusion of the most vulnerable populations.

The programme has taken note of the following lessons:

• Capacity building of the newly formed Ministry of Social Development (MOSD) has been integral to strengthening Government leadership in the sector;
• Evidence generation has been instrumental to influence the political agenda for social protection:
• A realistic design in line with country context is essential:
• Ongoing commitment to learn best practice from other countries and to adapt as necessary; and,
• Coordination mechanisms and strong institutions are necessary to facilitate integration of programmes.

Summary Notes and Acronyms

ACRONYMS

ACRWC - African Charter on the Rights and Welfare of the Child
AMP – Annual Management Plan
ANC - Antenatal Care
ART - Antiretroviral Therapy
AU - African Union
BCP - Business Continuity Plan
BNLSS - Botswana, Namibia, Lesotho, South Africa and Swaziland
BOS - Business Operations Strategy
CCT - Conditional cash Transfer
CFS - Child friendly schools
CGP - Child Grants Programme
CLTS - Community Led total Sanitation
CMT - Country management team
COP - Community of Practice
CP - Country Programme
CPWACT - Child Protection and Welfare Act
CRC - Convention for the Rights of Children
DCT - Direct Cash Transfer
ERM - Enterprise Risk management
ECCD - Early childhood care and development
EGPAF - The Elizabeth Glaser Paediatric AIDS Foundation
EPI – Expanded Programme on Immunization
EU - European Union
FAO - Food Agriculture Organization
GAVI - Global Alliance for Vaccines and Immunization
GI - Gini co-efficient index
GDP – Gross Domestic Product
GoL - Government of Lesotho
HACT - Harmonized approach to cash transfer
HBRA - Human Rights-Based Approach
HDI - Human Development Index
ICC – interagency coordination committee
ICCM - Integrated Community Case Management
IECCD - Integrated Early Childhood Development
ILO - International Labour Organization
IMEP - Integrated Monitoring and Evaluation Plan
ISSN - Integrated Social Safety Nets
JCC - Joint Consultative Committee
JTC - Juvenile Teaching Centre
LCO - Lesotho Country Office
LTA - Long Term Agreement
LUNDAF - Lesotho United Nations Development Assistance Framework
MBP - Mother Baby Pack
MDG - Millennium Development Goals
MIS - Management Information System
MJCS: Ministry of justice and Correctional Services
MOET - Ministry of Education and Training
MOH - Ministry of Health
MORSS - Minimum Operating Residential Security Standards
MOSD - Ministry of Social Development
MOSS - Minimum Operating Security Standards
MP4R – Managing Performance for Results
NatCom - National Committee
NFE - Non-formal education
NISSA - National information system for social assistance
NOCC - National OVC Coordinating Commission
OIAI - Office of Internal Audit and Investigations
OR - Other Resources
ORE - Emergency Other Resources
OVC – Orphans and Vulnerable Children
PEPFAR - President's Emergency Plan for AIDS Relief
PMTCT - Prevention of Mother to Child Transmission of HIV
REC- Reaching Every Child
RMT - Regional Management Team
SACO - South Africa Country Office
SACU- Southern Africa Customs Union
SADC - Southern Africa Development Community
SLWOP - Special leave without payment
SUN - Scaling Up Nutrition
TA - Technical Assistance
UNDAF- UN Development Assistance Framework
UNDP - United Nations Development Programme
UNFPA – United Nations population Fund
UPR - Universal Periodic Review
Capacity Development

The Lesotho MDGs Report (2013) and UNICEF’s Situation Analysis (2011) identified weak national capacities as one of the key bottlenecks for achieving MDGs. UNICEF Lesotho utilized three main methods to address capacity gaps: training to address technical gaps, provision of technical assistance, and system strengthening to achieve sustainable results for children.

In health, and HIV/ AIDS, 80 representatives from the Ministry of Health (MOH), community leadership, and media were trained on Community Led Total Sanitation (CLTS) techniques by a recognized foundation conversant in community empowerment approaches. The training was an important milestone for the CLTS initiative in Lesotho – equipping participants from all 10 districts with the skills to achieve “open defecation free” status through positive behaviour change methodologies. For the successful introduction of the new vaccines (pneumococcal and rota) UNICEF supported the MoH staff at central and district level on preparatory trainings, including C4D elements. The MNCH bottleneck analysis in all districts assisted district level teams to include evidence informed activities for their 2015 work plans.

A training on social protection systems was conducted by Institute of Development Studies for 30 participants, including 10 trainers. The training imparted knowledge on social protection systems, programming and planning methods as well as recommendations for sustaining and improving current programmes. In partnership with World Vision, more than 350 community members, including children, were reached through training and school debates focusing on civic engagement, including the importance of participating in local development programmes and service delivery mechanisms. UNICEF Lesotho continued to provide technical assistance to the GoL through Ayala Company. The support ensures on-going training and coaching for MOSD staff in the design, implementation and quality assurance of CGP, Conditional Cash Transfer (CCT), Integrated Social Safety Nets (ISSN) and MIS development. Technical assistance was also provided to the MoSD for organizational development. Significant resources were invested to develop a strong social protection delivery system, including manuals, guidelines, registry, and MIS. UNICEF Lesotho also supported use of mobile phone technology for beneficiary’s payment.

Evidence Generation, Policy Dialogue and Advocacy

In 2014, UNICEF Lesotho supported studies and research to provide evidence for policy and decision making.

In social protection, UNICEF Lesotho supported a comprehensive package of research on CGP (impact evaluation, local economy-wide Impact, and a costing and cost effectiveness study) which provided evidence used to expand CGP and position it as a flagship programme. It also raised Government’s awareness to integrate social protection with other interventions to promote graduation and access of basic services. The results of the NISSA and Village Assistance Committee review were instrumental in committing the GoL to develop a single registry and improve its targeting mechanism.
In health and HIV/AIDS, UNICEF Lesotho supported a bottleneck analysis in the 10 districts of Lesotho aimed at understanding the barriers to maternal, neonatal and child health services utilization. UNICEF used the information during the Ministry of Health’s 2015 district planning exercise to advocate for more investment in communication for development activities to increase demand for health services.

The results of the mapping and assessment of the child protection system were disseminated and discussed by child protection actors. Findings were used to inform the Child Protection Strategy and also costing of the Child Protection Welfare Act. UNICEF Lesotho was engaged in the formulation of the National Social Protection Strategy, National Child Protection Strategy and adoption of the IECD policy. More specifically, UNICEF’s advocacy using the CGP impact evaluation and the World Bank safety net review convinced the Government to utilize the life cycle approach as a core principle in the social protection strategy. The results of mapping and assessment convinced the Government to utilize the systems approach to child protection as a major direction for the Child Protection Strategy. Regarding the IECD policy, UNICEF’s advocacy led to the GoL establishing a unit for its implementation in the Ministry of Education and Training (MOET).

**Partnerships**

With the challenges faced by children in Lesotho and the scarcity of resources, UNICEF Lesotho used strategic partnerships as a main strategy to enhance results for children in various areas.

In health and HIV/AIDS, collaboration with UN Agencies in advocating for and providing technical assistance to government ministries that are responsible for food and nutrition resulted in Lesotho joining as the 54th country in the Scaling Up Nutrition (SUN) movement. The acquisition of SUN membership, coupled with Lesotho’s King as African Union Champion for nutrition, has put nutrition on the national agenda. In the health sector, UNICEF Lesotho’s partnership with the Global Alliance for Vaccines and Immunization (GAVI) resulted in the mobilization and leveraging of resources for the realization of the rights of children. The GAVI has funded the introduction of pneumococcal vaccine.

UNICEF’s joint collaboration with the European Union contributed to the EU’s commitment to finance the third phase of the CGP for US$ 8.5 million. UNICEF’s collaborative work with the EU, FAO, World Bank and WFP resulted in the use of one national registry for targeting and coordination of social assistance and formulation of a National Social Protection Strategy. The collaboration with the World Bank during the formulation of the social protection strategy resulted in a commitment by the Bank to provide US$10 million to support a systemic approach in the sector.

UNICEF, in collaboration with development partners such as USAID, EU and national and international NGOs (MSH, Sentebale, WVI) supported the Ministry of Social Development to strengthen coordination on vulnerable children, which culminated in the development of the National Child Protection Strategy and Costed Action Plan. The Child Protection strategy emphasizes the need by Government to fully take over the coordination secretariat as a permanently established Department.

UNICEF collaborated with civil society organizations to develop national delivery capacity, reaching the most vulnerable and in the remotest areas. UNICEF provided assistance to the
Sentebale/Letsema Network of 52 member organizations in capacity building in the areas of improved governance, reporting on child protection, and psychosocial support at community level.

**External Communication and Public Advocacy**

UNICEF Lesotho sensitized the Social Cluster Portfolio Committee of Parliament using evidence from the CGP Evaluation and Child Poverty Study. This led to engagement with Parliamentarians on social protection programmes and child focused budgets. Sensitization meetings targeting NGOs, media, donors and other policy makers were undertaken in partnership with the MOSD and EU. As a result, commitment to expand social protection and adopt a common vision was achieved. The Cabinet’s endorsement of the Social Development Policy and the National Social Protection Strategy point to the success of these advocacy measures.

In an effort to address high levels of malnutrition, UNICEF Lesotho facilitated Lesotho’s signing onto the SUN, leading to the establishment of a multi-coordination platform to address reduction of stunting.

UNICEF partnered with MSH, USAID, and MOSD to organize a high level regional conference on vulnerable children to engage Government and all stakeholders to invest in reducing children’s vulnerability. A communique will be circulated among all stakeholders calling for their practical actions to address various vulnerabilities.

UNICEF Lesotho supported the Ministry of Home Affairs to implement a multi-media campaign on birth registration targeting children at community level using Radio and TV spots, pamphlets and posters. This resulted in increased awareness of communities and Government partners to expedite birth registration and issuance of Birth Certificates.

UNICEF Lesotho used the CRC@25 commemoration and UN Day to strengthen promotion of child rights. A partnership with MISA-Lesotho was secured to train child journalists on child rights, social media, radio and film production, resulting in the publication of “Voice Magazine” and broadcasting weekly radio programmes on Catholic Radio. Collaboration with World Vision facilitated the voices of children through a children’s parliament held at community level.

UNICEF Lesotho did not have an official social media account in 2014, but was well covered on the UN Lesotho Facebook and twitter accounts, facilitated by UNDP, under the ‘Delivering as One’ framework. UNICEF Lesotho will identify ways to increase its social media ‘footprint’ in 2015.

**South-South Cooperation and Triangular Cooperation**

UNICEF Lesotho used South-South cooperation as a strategy to share and learn lessons from other countries.

UNICEF Lesotho supported programme specialists from RWSD, MOH and MOLG to attend the Southern African Regional Workshop on CLTS in Namibia, which led to the establishment of the multi-sectoral Technical Working Group (TWG) on WASH and the initiation of the CLTS pilot in the Thaba Tseka district of Lesotho. To develop Integrated Community Case Management (ICCM) programme in Lesotho, a team, including representation from Red Cross, Christian Health Association of Lesotho, UNICEF and MOH, attended a workshop in Ghana, which led to the revival of the Community Health Worker Programme Technical Working Group and action plan to strengthen ICCM.
UNICEF Lesotho’s experience in social protection systems was shared in various events. UNICEF Lesotho participated to the Cash Transfer Book Project between eight sub-Saharan countries that aims to document cash transfer evaluations in one volume for researchers, policy makers and programmers. UNICEF Lesotho also sponsored the GoL to share lessons learned on scaling up social protection and building a system approach in international conferences in Tanzania on “Productive Social Safety Net Programmes” and in Cape Town, South Africa in an African Union (AU) Expert consultation meeting.

UNICEF Lesotho also supported partners from the Ministry of Social Development to participate in south-south learning opportunities through Community of Practice (COP) meetings held in Brazil and Zambia. The COP meeting is a platform for African countries to share knowledge and experiences on cash transfer programmes in at least 20 countries. As a result, Lesotho is in the process of designing the "One Stop Shop" model as a centre for social services and referrals. Lesotho also learned how other countries are linking cash transfers with other programmes. A study tour to learn the Kenyan MIS was supported to see efforts to accommodate several safety net programmes.

UNICEF Lesotho collaborated with Botswana, Namibia, Lesotho, South Africa and Swaziland (the BNLSS countries) to develop joint proposals and concepts for research and resource mobilization in the areas of prevention and response to VaC, Prevention of Mother to Child Transmission of HIV (PMTCT), prevention of HIV among adolescents and nutrition.

**Service Delivery**

UNICEF procured all routine vaccines and related materials for the vaccination of 56,000 infants and tetanus toxoid for 56,000 pregnant women, given UNICEF’s systems to benefit from economies of scale. UNICEF Lesotho also procured “mother baby packs” and assisted in the packaging and distribution of antiretroviral medicines for 56,000 pregnant women and their babies. A bottleneck analysis was conducted with MOH to consider factors hindering performance against key indicators on maternal and child health, including on support for supply chain management.

After conducting a bottleneck analysis on social and economic service delivery at community level, UNICEF partnered with GIZ to develop a model "One Stop Shop", to serve as hub for information, referrals and extension of basic services. The project is an initial design phase and will continue throughout 2015. It will be implemented in areas with a social protection system in place – thus increasing the demand for social services by the most vulnerable. To promote timely and quality delivery of social protection services to communities, UNICEF/ EU provided operational support of 10 vehicles and 34 motorbikes to all MOSD district offices as well as community councils. This will facilitate delivery, monitoring and quality assurance of social protection services across the country.

UNICEF supported several Integrated Early Childhood Care and Development (IECCD) centres that cater to especially vulnerable children, including those affected by HIV (through a partnership with Touching Tiny Lives). Besides learning and development, attention was given to health, nutrition and parental education. Non-formal education (NFE) learning centres for street children and for herd boys and the schooling of approximately 100 children who have been in conflict with the law in the Juvenile Teaching Centre (JTC) was also supported. NFE interventions target those who would otherwise be “left behind”.

10
Human Rights-Based Approach to Cooperation

Strengthening respect for human rights in the national agenda has been one of principles which guided UNICEF Lesotho’s support to national stakeholders. UNICEF Lesotho facilitated the submission by the GoL of the combined report on the CRC and a periodic on the African Charter on the Rights and Welfare of the Child (ACRWC). UNICEF Lesotho also supported the drafting of the Shadow ACRWC report as well as the production of the Universal Periodic Review (UPR) in partnership with other UN agencies.

Social protection interventions have contributed to reduction of poverty and vulnerability and promotion of equity. At policy level, the new life-cycle social protection Vision takes into account vulnerabilities from pregnancy, elderly, people with disabilities and those affected by shocks. At programme level, the active and informed participation by communities in the CGP selection of beneficiaries, monitoring the use of grants and addressing complaints by beneficiaries have contributed significantly to the improvement of the wellbeing of population and of children in particular. The Impact Evaluation showed the CGP’s contribution to restoration of the dignity of individual beneficiaries and their households as well as their participation.

Special interventions targeting specific groups such as herd boys, street children, children in conflict with the law and young mothers undertaken jointly with NGOs contributed to improved access to education by excluded children.

The new CLTS WASH and community development interventions illustrated strengthening community ownership and participation in development to use and access social services.

UNICEF Lesotho conducted a mapping and assessment of the child protection system and supported an assessment of root causes of violation of children’s rights as stipulated in the CRC. These two studies will contribute to adjusting country programme orientations and strengthening support to these areas.

More efforts need to be made in 2015 to build capacity of more staff in human rights based approach (HRBA) programming. The main challenge for staff and partners is programming around bottlenecks, especially those showing unequal power relationships in society. Guidance is required to bridge the divide between understanding of human rights and HRBA programming. More work needs to be done in gender-based programming, environmental sustainability and linking results-based management to HRBA programming.

Gender Mainstreaming and Equality

UNICEF Lesotho’s non-formal education (NFE) sub-component aimed to address gender inequalities that affect boys in rural mountainous areas. It provided alternative learning opportunities for out-of-school children, especially herd-boys, so they can acquire the necessary skills to reintegrate into formal schooling. In rural areas, boys are frequently taken out of school to herd livestock due to cultural practice, or in economic support of their families.

NFE also aimed to sensitize women and men with functional literacy and numeracy so that mothers can undertake practical activities for themselves, such as the ability to administer medicine to their children. Men also gain certain abilities, such as signing forms needed for birth registration for their children. This empowers men and women and restores their dignity as they support their families and communities. NFE enrolment rose from 8,878 in 2012 to 11,007 in 2013/2014 (19 per cent increase compared to the target of 6,700 enrolled learners). One quarter of learners were below 18 years of age – 86 per cent of those were males and 14 per
cent were females. Of the total number of learners enrolled, 75 per cent were above the age of 18. A total of 261 of the learners sat for literacy and numeracy exams (47.5 per cent passed) and 4,410 sat for secondary school examinations (36.5 per cent passed). The UNICEF Lesotho gender focal point was responsible for this intervention. The allocated budget was US$191,961.

PMTCT is a “family” focused agenda in which both parents have an essential role in the delivery of an effective maternal and child health platform. Given the programme’s general targeting of women and children, UNICEF partnered with The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) and the MOH, providing technical assistance to institutionalize the more family-centred approach in six districts. The objective was to engage male partners to accompany their partners to facilities, while targeting HIV-exposed siblings of new-borns. Beginning in 2014, the approach reached approximately 6 per cent of male partners of pregnant women in the target areas. It will be rolled out in the remaining districts.

Environmental Sustainability

UNICEF Lesotho’s education section provided support to the MOET for the implementation of child friendly schools (CFS) standards, including those related to waste minimisation and recycling. Environmental education was taught to learners through the formal curriculum delivered in the classroom. Key aspects were also practiced by learners outside the classroom setting. The 60 schools that are implementing CFS standards (40 of which officially started in 2014) with the help of district-based environmental health officers, have developed environmentally friendly waste management systems, including waste minimisation and recycling. School waste is collected in bins, pits or stone built enclosures. Rubbish is separated by type (organic, tins, plastic, and glass). The schools avoid burning waste and minimise wood consumption and time spent by learners collecting firewood. Schools also reduce soil erosion and smoke inhalation through use of fuel efficient stoves or organic briquettes with some recycling paper to make fuel for the energy saving stoves.

In the school setting, children were included in raising awareness in caring for the environment. The schools implementing CFS standards encouraged learners to plant trees within school premises and to participate in national tree planting campaigns where appropriate. The schools also provided gender appropriate sanitation facilities for boys, girls and staff members. The school grounds, as a result of implementing the CFS standards, were free of human and animal waste, rubbish, stagnant water, weeds, and sharp objects.

In 2014, 148 teachers from the 40 schools selected from the 10 districts of Lesotho underwent training in CFS standards. An estimated 12,000 children have benefited from the CFS standards implementation. It is expected that the benefits of environmental education have had a ripple effect in the homes of learners and teachers, resulting in an estimated 12,000 homes benefiting from the CFS programme. The budget used to date was US$76,081.

UNICEF Lesotho had a policy of switching off the lights at the end of the working day and key documents for meetings were frequently projected on screens to reduce the need for individual printing.

Effective Leadership

The Country Management Team (CMT) met monthly, reviewed the implementation of the 2014 Annual Management Plan (AMP), monitored Programme and Operations performance, audit recommendations, Direct Cash Transfer (DCT), Enterprise Risk Management (ERM), advocacy and resource mobilization, staff issues and emerging matters.
Programme and operations reviews included detailed review of management indicators covering domains including the closure of audit recommendations, role mapping in the TOA, utilization of funds, human resources, donor reports and travel. The review of indicators were reconciled with those posted on the Dashboard on inSight (VISION).

An audit task force was established, with terms of reference and work plan. In 2014, all recommendations in the audit report 2013/14 were closed by the Office of Internal Audit and Investigations.

UNICEF Lesotho updated its advocacy and resource mobilization strategy and tools. Resource analysis of the country programme was carried out and shared with ESARO. An advocacy package was developed, published and is being shared. Proposals on key programme areas were developed targeting relevant donor interests. The office managed to mobilize resources from the EU, Irish Aid and UK Natcom.

UNICEF Lesotho employed a structured approach to mitigate risks for the achievement of planned results. It reviewed and revised the Risk Control Library developed in 2013 following an office-wide Risk and Control Self-Assessment. The updated Risk and Control Library was used as an input for annual planning, prioritized high and medium-to-high areas in the 2014 AMP.

A Harmonized approach to cash transfer (HACT) committee was established, chaired by the Deputy Representative, and reported on the status of the HACT implementation plan to the CMT on a regular basis. The appointed HACT focal point received training and participated in UN HACT meetings. UNICEF staff and partners received a refresher training on HACT during 2014 facilitated by UNICEF Kenya, and the office continued to orient new partners on the principles and financial management of HACT. The office has also updated the HACT assurance plan, which is monitored by the HACT committee. An international audit firm was engaged to conduct a micro-assessment of UN partners receiving more than US$100,000.

The Joint UN Business Continuity Plan was reviewed in March 2014, outlining key functions, lists of critical staff, and their roles and responsibilities. A simulation exercise was carried out in May 2014 and a separate simulation exercise was successfully carried out by UNICEF in September 2014 with the support of ESARO Regional Security Advisor.

The staff association was represented in the CMT. Three Joint Consultative Committee (JCC) meetings were held and minutes were shared with all staff. Through staff association and Lesotho Learning and Training Committee (LLTC) coordination, an office-wide retreat was conducted with emphasis on personal growth and team building, with assistance from a resource institution. At the conclusion of the retreat there was agreement by all on the code of conduct to be placed in every office/room, embracing core values and competencies of staff.

The Global Service Shared Centre (GSSC) transition review and plan was conducted and coordinated in an inclusive and transparent manner. The submission, approved by ESARO, included the abolishment of two General Service staff positions that resulted in savings of US$33,906 of regular resources and US$63,575 of the institutional budget for 2015-2017.

**Financial Resources Management**

The CMT took various steps to closely monitor programme and operational performance. In its monthly meetings, priorities and emerging issues were discussed. A consolidated list of key
management indicators covering utilization of funds, DCTs status, expiring grants, donor reporting, outstanding travel claims, audit and other pertinent indicators were presented. Bottlenecks were identified and corrective measures discussed.

As HACT was identified a high risk area, the CMT put in place a HACT Committee to strengthen its implementation and minimize financial and programmatic risks. The HACT Committee updated the CMT on progress made on a quarterly basis. UNICEF Lesotho played an active role within the UN to ensure the implementation of Micro Assessment exercise in 2014. The results will be utilized to complete the risk rating of partners in VISION and determine the most appropriate cash transfer modality to each partner.

In June 2013, UNICEF Lesotho was audited by the Office of Internal Audit and Investigations (OIAI). A process facilitated by a joint programme and operations audit taskforce, ensured continuous follow-up on action plans and timely response to the 10 identified observations, which were all closed in 2014.

UNICEF Lesotho continued to make effective use of its bank optimization and cash forecasting tools and mostly met its closing bank bench mark of US$100,000, with the exception of two months, which were due to unforeseen refunds from counterparts. Bank reconciliation was performed on a monthly basis and there were no unreconciled items of over one month. Cost saving initiatives included, among others, the purchase of restricted tickets as opposed to full economy, and the use of HQ treasury for the replenishment of the local bank account to obtain a favourable rate.

Utilization rates at year end were 100 per cent for Regular Resources, 97 per cent for Other Resources and 100 per cent for Other Resources - Emergencies. Outstanding DCT was 8 per cent 6-9 months and 2 per cent for over 9 months.

**Fund-raising and Donor Relations**

UNICEF Lesotho was highly dependent on OR to finance implementation of CP priorities. Hence, the 2014 ERM and two UNICEF Lesotho internal audits considered fundraising and fund management as a risk area requiring specific focus. To manage the risk, UNICEF Lesotho developed governance mechanisms to ensure quality management of funds and timely submission of reports. These mechanisms were included in the fundraising strategy developed in 2013 and its updated annual action plan.

To oversee fund management, UNICEF Lesotho used CMT and programme meetings to provide updates on fundraising efforts and donor-fund utilization. Under the leadership of the Representative, chairperson of the fundraising committee and CMT, fundraising efforts and response from donors was tracked monthly, with corrective measures appropriately identified. The monitoring included review of indicators on status of available funds, of outstanding DCTs, and progress in timely submission of donor reports.

The Programme Group met monthly and prior to the CMT, provided another platform to discuss the same indicators in detail. As a result, the office utilized all allocated OR funds on time.

To ensure the submission of quality donor reports, UNICEF Lesotho put in place quality assurance mechanisms. All donor reports were systematically reviewed by the programme and then the Deputy Representative for responsiveness to organizational and donor-specific guidelines. In 2014, five of six 5 donor reports were submitted on time as per UNICEF quality
standards.

UNICEF Lesotho prepared tools to advocate with partners and donors, including a comprehensive advocacy package. In follow-up to Regional Management Team (RMT) recommendations, UNICEF Lesotho also updated and compiled programme specific proposals for fundraising.

**Evaluation**

In 2014 UNICEF Lesotho developed and implemented its Integrated Monitoring and Evaluation Plan (IMEP) concurrently with the annual work plan. The IMEP status was regularly updated on a quarterly basis to include new studies and assessments and review progress. Management responses were produced to inform and follow up with decision makers on implementation of recommendations from studies and evaluations.

Two evaluations initiated in 2013 were completed in 2014: the Impact Evaluation of CGP by the OPM and an assessment of the feasibility of Mother Baby Pack (MBP) conducted by a joint team from UNICEF and MOH. Other studies that were also completed included the assessment of the effectiveness of Village Assistance Committees (VACs) conducted by a national consultant, the review of NISSA and targeting methods for social protection by OPM, mapping and assessment of child protection system and the HIV/sensitive social protection. All evaluations and studies used strong methodology jointly approved by Government and UNICEF.

In social protection, the evaluations and studies provided significant evidence that strongly supported UNICEF advocacy to build a reliable system of social protection. They also provided answers to myths and beliefs on social protection and convinced Government to continue expansion of CGP, improve Government delivery mechanisms and build an integrated social protection programme. Results were also used to inform the content of the national social protection strategy as well as influence the approval of the national social development policy and, social and protection strategy.

The results of the MBP feasibility assessment influenced the 2015 health planning of MoH.

The mapping and assessment of the child protection system provided evidence on the child protection sector and led to the formulation and approval of the child protection strategy as well as the costing of the Child Protection and Welfare Act (CPWA).

**Efficiency Gains and Cost Savings**

Several initiatives implemented in prior years to maximize efficiency gains in the use of resources were maintained by UNICEF Lesotho in 2014. Bank replenishments through Treasury-HQ during 2014 resulted in savings of US$24,510 due to difference in the foreign exchange rate between the Local Bank and Headquarters. Purchasing of discounted/restricted air tickets for official travel and the use of economy class airfares instead of business class tickets for some official trips resulted in an estimated savings of US$30,000 for the year.

Unquantified savings were realized by the efficient use of resources such as: reducing paper consumption by configuring network printers to defer to double sided printing, promoting paperless meetings, and the use of Skype and Lync for long-distance and conference calls. The office made use of a transport Long Term Agreement (LTA), reducing administrative time devoted to seeking quotations. Most of the workshops and trainings for staff and counterparts
were conducted in-house using the common services facilities, which contributed to considerable cost savings.

UNICEF Lesotho continued to occupy space within a common UN building provided for by the GoL and maintained common services contracts for the maintenance of the building, security, cleaning services, receptionist, and insurance. The cost sharing of the security service for the UN premises contributed to a considerable cost savings of approximately US$85,000 per annum.

The UN Agencies in Lesotho agreed to be one of the pilot countries for implementing the “Business Operations Strategy” (BOS) Framework approved by the UNCT in 2013. As part of BOS, one UN ICT/IP telephony infrastructure and one internet service provider were agreed on and are under consideration for implementation to increase efficiency and maximize utilization of resources.

**Supply Management**

UNICEF Lesotho’s strategic sourcing leverages the BNLSS Agreement under which procurement of institutional contracts and some strategic programme supplies are made through UNICEF South Africa (SACO). Institutional contracts mainly supported the MOSD through CGP. In February 2014, an assessment review meeting on the BNLSS centre was held, which resulted in further streamlining communication and business processes.

Local procurement included printing, computer equipment and services such as catering and transport hire. All programme supplies were delivered directly to the implementing partner as UNICEF Lesotho does not manage a warehouse. Distribution to end-users was handled by beneficiary Ministries or NGO partners, therefore responsibility for in-country logistics lies with them.

UNICEF Lesotho continued to facilitate procurement and logistical arrangements for safe delivery of Procurement Services (PS) supplies. In 2014, PS was mainly on vaccines, immunization devices and Mother-Baby Package kits. There were challenges such as delayed payments which resulted in expiry and re-issue of a number of Cost Estimates, causing further delays in the supply chain. Lesotho experienced shortage of BCG vaccine, but Supply Division provided support to get the Vaccines from the supplier, Customs Clearance as well as the airline booking and the compilation and circulation of the Pre Alerts were completed in a timely manner for safe delivery of the vaccine. UNICEF, WHO and MoH (EPI) are working together to address the problem of stock shortages.

Lesotho received an annual In-Kind Donation of Vitamin A. In 2014, a quantity of 500 kits was received by Ministry of Health through UNICEF.

**Security for Staff and Premises**

UNICEF is housed in the UN Building, which is MOSS compliant. The aging and malfunctioning access control system to the building was recently upgraded to a fingerprint identification system to further enhance security and access control into the premises. The UN premises is considered one of the safe havens for UN staff and their dependents during emergencies.

The common UN Security Plan for 2014 was developed by the UN Security Management Team and was endorsed by all UN Agencies.
UNICEF remained fully compliant with MOSS requirements: all staff were equipped with VHF radios and all UNICEF vehicles were MOSS compliant. IP staff premises were assessed for MORSS and endorsed by the Local Security Advisor before occupancy and local staff were granted loans for security enhancements to their premises based on UNDSS assessments.

During the political instability in August of 2014, staff received a refresher training by the Regional Security Advisor on security measures and on the use of VHF radios. Regular updates on security issues were communicated to staff through use of emails and regular meetings. Radio checks were changed from weekly to daily during August and September. Training of wardens was also conducted by UNDSS and a wardens list and communication tree were regularly updated, including evacuation plans.

The Joint UN Business Continuity Plan was reviewed in March 2014 outlining key functions, lists of critical staff, their roles and responsibilities, and a simulation exercise was carried out in May 2014. The BCP was implemented by UNICEF by availing critical staff with laptops, 3G internet and airtime. As a consequence of the political crisis in the country during August/September 2014, the BCP was updated and a separate simulation exercise was successfully carried out by UNICEF in September 2014 with the support of ESARO Regional Security Advisor.

**Human Resources**

In 2014 there were no major changes to the office human resources structure. Current staff profiles are based on the 2013-2017 CPMP. Minor structural adjustments – comprising of the abolition of three posts – were effected at the beginning of 2014 (Child Protection Specialist, Receptionist and vacant Education JPO). The office successfully adjusted and distributed its work load to the existing staff, albeit with some challenges regarding work load, and complemented staff capacity through the short-term use of local and international consultants.

There were noteworthy human resources challenges in the last quarter of the year when the office staff capacity was extensively stretched due to movement of staff, such as the surge mission of the Deputy Representative to Liberia to support the Ebola emergency from October 2014 to January 2015; the Special leave without payment (SLWOP) of the Operations Manager; mission of the Senior HR Assistant to South Sudan in October and November; and the voluntary resignation of one GS-5 Programme Assistant in November. UNICEF Lesotho provided support to Swaziland and Pretoria offices in HR and M&E. As a mitigation measure, the office delegated one section chief to function as officer-in-charge deputy representative and also requested temporary support in operations from UNICEF Tanzania.

In line with the ongoing Global Service Shared Centre initiative, a comprehensive and transparent review for operations functions was completed with active participation of the staff association. As a result, posts of the Administrative Assistant GS-5 and Senior HR Assistant were identified for abolition, taking into consideration HR mitigations such as bridging staff to early retirement. The Programme and Budget Review decisions will be effected in 2015 and 2016 respectively.

Due to UNICEF Lesotho’s OR funding constraints toward the end of 2014, especially in Health/HIV/AIDS and Education programmes, one staff was bridged for few months from OR to RR funding to ensure continuity of ongoing programmes until the expected OR funds are received early 2015.
One hundred per cent of performance appraisals (ePAS and PAS) for 2013 were completed within the required time frame and the 2014 objectives and mid-year discussions were completed by all staff. Staff have undergone Managing Performance for Results (MP4R) training, with a re-training facilitated by SACO in November 2014.

Based on the results of the 2013 survey, a staff retreat was held, facilitated by an external consultant, whereby common issues were identified for action, notably on improving internal communication. Action items completed included the development of a code of conduct for staff, visibility materials, a staff association work plan, and MP4R session. The work plan will be carried to 2015 and updated with any new items coming out of the 2014 survey.

The UN Cares committee was active and met the 10 minimum standards. The committee organized a wellness week for UN personnel from 18–22 August 2014 to inform staff on key health issues including HIV & AIDS, [prostate cancer, stress management, healthy lifestyles, blood donation, and family dynamics. UN Cares was actively involved in preparations for commemoration of World AIDS Day.

Emergency preparedness was enhanced in 2014 due to some political instability in August, as detailed under the “Security” section.

**Effective Use of Information and Communication Technology**

UNICEF Lesotho benefited from the organizational automation tools facilitated by the migration to Outlook and use of related Office products. Staff are utilizing Outlook and Lync in their everyday work, with OneDrive and SharePoint being less utilized. Collectively, these tools have permitted staff to engage in topical webinars and to conduct work outside their physical offices with greater ease.

UNICEF Lesotho does not have an official social media account, but is well covered in the common UN Lesotho Facebook (www.facebook.com/UNLesotho) and Twitter accounts, facilitated by UNDP, in the spirit of ‘Delivering as One’. UNICEF chaired the UN wide Communication Group, providing oversight to UN social media accounts. Commemorations such as CRC@25 were well covered and the Facebook page registered more than 7,500 likes.

In an effort to ‘Deliver as One’ and part of BOS, the UN in Lesotho is seeking to standardise ICT services and avoid duplication of efforts and roles by different UN agencies in Lesotho. The introduction of one internet service provider, one UN network and one UN IP telephony aims at reducing costs while providing high quality services. The infrastructure for the cabling of internet and the procurement of IP Telephony was completed in 2014, pending installation by a CISCO authorized technology provider and LTA for remote management of the IP Telephony and network backbone.

All critical staff, as per the BCP, were provided with laptops and data modems which can be used from home if the office premises cannot be accessed.

In an effort to promote efficiency in Government programme, UNICEF Lesotho supported MOSD in the use of ICT for CGP data collection and enrolment. UNICEF Lesotho also supported development of new integrated MIS to strengthen Governance of social protection and the use of mobile phone payment methods through m-pesa and ECOCASH (Mobile Money Transfer Services) to save delivery cost.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1

Analytical Statement of Progress:

UNICEF Lesotho provided the needed support toward the efficient and effective implementation of office programmes. This was achieved through development of systems that focused on key management and governance areas of financial management, human resources, security and supply. During 2014 UNICEF Lesotho emphasized effective functioning of the CMT, participation in all UN “Delivering as One” activities, risk management, a functioning business continuity plan and enhanced security for staff and premises. The CMT achieved its governance objective of improving programme and operational effectiveness and efficiency using mechanisms such as holding regular monthly meetings, deciding and communicating priority areas and results, monitoring the implementation of the Annual Management plan (AMP) and Annual work plans (AWPs) using management indicators, monitoring the implementation of its own recommendations and providing oversight to statutory committees.

Some achievements were also noted as a result of UNICEF’s participation in the “Delivering as One” initiatives. These included the joint micro-assessments that were carried out in 2014, and joint programming and implementation.

UNICEF Lesotho reviewed and revised the Risk Control Library developed in 2013 following an office-wide Risk and Control Self-Assessment. The updated Risk and Control Library was used as an input for annual planning, prioritizing high and medium-to-high areas in the 2014 AMP. The Joint UN Business Continuity Plan was also reviewed in March 2014 outlining key functions, lists of critical staff, and their roles and responsibilities. A UN-wide simulation exercise was carried out in May 2014. UNICEF also successfully carried out a separate simulation exercise in September 2014 with the support of ESARO Regional Security Advisor.

UNICEF Lesotho also noted achievements in the area of security, which included the upgrading of the access control system to a fingerprint identification system to further enhance security and access control into the premises. The UN premises is MOSS compliant and is considered one of the safe havens for UN staff and their dependents during emergencies.

OUTPUT 1 Effective and Efficient Governance and Systems

Analytical Statement of Progress:

UNICEF Lesotho’s governance systems functioned effectively and efficiently. The Country Management Team (CMT) met monthly, decided management priorities and results, reviewed the implementation of the Annual Management Plan (AMP), monitored Programme and Operations performance, audit recommendations, liquidation of cash assistance, Enterprise Risk Management (ERM), advocacy and resource mobilization, staff issues and emerging matters. The Programme Coordination Group, which met monthly, ensured a coherent Annual Workplan, coordination between programme sections and monitored programme performance. Programme and operations reviews entailed the detailed review of management indicators covering domains including programme results, the closure of audit
recommendations, role mapping in the TOA, utilization of funds, human resources, donor reports and travel.

An audit task force was established that developed and implemented an audit workplan that addressed the risks identified in the 2013/2014 audit report. In 2014, all recommendations in the audit report were closed by the Office of Internal Audit and Investigations. The CMT also put in place a HACT Committee to strengthen HACT implementation and minimize financial and programmatic risks. The HACT Committee updates CMT on progress made on a quarterly basis. UNICEF Lesotho played an active role within the UN to ensure the implementation of a Micro Assessment exercise in 2014. The results will be utilized to complete the risk rating of partners in VISION and determine the most appropriate cash transfer modality to each partner.

A Global Service Shared Centre (GSSC) transition review and plan was conducted and coordinated in an inclusive and transparent manner. The submission, approved by ESARO, included the abolishment of two GS positions that resulted in savings of US$33,906 of regular resources and US$63,575 of the institutional budget for 2015-2017.

Three Joint Consultative Committee (JCC) meetings were held and minutes were shared with all staff. Through the staff association and the Lesotho Learning and Training Committee (LLTC) coordination, an office-wide retreat was conducted, with emphasis on personal growth and team building, with assistance from a resource institution.

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

Analytical Statement of Progress:
UNICEF Lesotho management developed and adapted a list of key management indicators to track fund management and thereby improve contributions management, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance. The indicators covering utilization of funds, Direct Cash Transfer (DCT) status, expiring grants, donor reporting, outstanding travel claims, and audit and bank reconciliations were monitored on a monthly basis by CMT and any bottlenecks were identified and corrective measures were discussed.

The fund utilization rates as at 31 December were 100 per cent for RR, 97 per cent for OR and 100 per cent for ORE. Outstanding DCT was 8 per cent for 6-9 months and 2 per cent for over 9 months.

UNICEF Lesotho continued to make effective use of its bank optimization and cash forecasting tools and mostly met its closing bank bench mark of US$100,000, except for two months, which were due to unforeseen refunds from counterparts. Bank reconciliation was performed on a monthly basis and there were no unreconciled items of over one month. Cost saving initiatives included, among others, the purchase of restricted tickets as opposed to full economy, and the use of HQ treasury for the replenishment of the local bank account to obtain a favourable rate.

To oversee fund management, UNICEF Lesotho used CMT and programme meetings to provide updates on fundraising efforts and donor-fund utilization. Under the leadership of the Representative, chairperson of the fundraising committee and CMT, fundraising efforts and response from donors were tracked monthly, with corrective measures appropriately identified. The monitoring included review of indicators on status of available funds, of outstanding DCTs, and progress in timely submission of donor reports.
OUTPUT 3 Effective and Efficient Management of Human Capacity

Analytical Statement of Progress:

UNICEF Lesotho’s current office human resources structure and current staff profiles are based on the 2013-2017 CPMP. Minor structural adjustments consisting of the abolition of three posts were effected at the beginning of 2014 (Child Protection Specialist, Receptionist and vacant Education JPO). The office successfully adjusted and distributed its work load to the existing staff, albeit with some challenges regarding work load, and complemented staff capacity through the short-term use of local and international consultants. During the last quarter of the year the office staff capacity was extensively stretched due to movement of staff, such as the surge mission of the Deputy Representative to Liberia to support the Ebola emergency; the SLWOP of the Operations Manager; mission of the Senior HR Assistant to South Sudan in October and November; and the voluntary resignation of one GS-5 Programme Assistant in November. As a mitigation measure, the office delegated one section chief to function as OIC deputy representative and also requested temporary support in operations from UNICEF Tanzania.

In line with the GSSC initiative, a review for operations functions was completed, with the active participation of the staff association. As a result, posts of the Administrative Assistant GS-5 and Senior HR Assistant were identified for abolishment, taking into consideration HR mitigations such as bridging staff to early retirement. The PBR decisions will be effected in 2015 and 2016, respectively.

Due to UNICEF Lesotho’s OR funding constraints toward the end of 2014, especially in Health/HIV/AIDS and Education programmes, one staff was bridged for few months from OR to RR funding to ensure continuity of ongoing programmes until the expected OR funds are received in early 2015.

Performance appraisals (ePAS and PAS) for 2013 were completed within the required time frame and the 2014 objectives and mid-year discussions were completed by all staff. Staff have undergone MP4R (in full) training, with a re-training facilitated by SACO in November 2014.

Based on the results of the 2013 survey, a staff retreat was held with the facilitation of an external consultant whereby common issues were identified for action, notably on improving internal communication. Action items completed included the development of a code of conduct for staff, visibility materials, staff association work plan, and MP4R session. The work plan will be carried to 2015 and updated with any new items coming out of the 2014 survey.

OUTCOME 2 By end of 2014, National M & E System is supported for the collection, analysis and dissemination of strategic information for planning and implementation of national policies.

Analytical Statement:

UNICEF supported the promotion of evidence-based decision making, and in 2014 significant progress was made in the field of evidence generation in most of the sectors in which UNICEF was engaged.

In 2014, UNICEF supported completion of a number of studies from sectors such as social policy, health and child protection, and the results of those studies were used for advocacy, targeting key stakeholders such as Parliamentarians, Government officials, CSOs and media. This led to strengthening Government reflection on building a social protection system, child
protection system and to focus on strengthening health systems. Findings and recommendations from the following evaluations were utilized in decision making processes. The CGP impact evaluation was intended to assess the effectiveness and impact of the CGP intervention and identify key actions for future effective expansion of the programme. The VAC assessment intended to assess the effectiveness and necessity of the VAC within the CGP and broader development context. The HIV-sensitive social protection study intended to assess whether social protection can be used to curb the spread of the epidemic or not, and the findings were used to shape future interventions. The NISSA review was used to refine targeting and minimize inclusion and exclusion errors in the selection of social protection beneficiaries within the social protection area. The feasibility assessment of Mother Baby pack provided evidence on what prevents communities from utilizing PMTCT services. The study on child protection system mapping was used to assess the weaknesses and strengths, opportunities and threats of the child protection system and identify areas that needed attention.

In an effort to strengthen an M&E system for the country, UNICEF continued to provide support to generate data related to the children’s sector through the nutrition surveillance, a demographic and health survey (DHS), and a continuous multipurpose survey whose results are expected in 2015.

UNICEF, in collaboration with other UN agencies, supported the Ministry of Development Planning (MODP) and Bureau of Statistics (BOS) to strengthen the national M&E and statistical systems to produce high quality data. A National M&E framework was produced and disseminated. The functionality of the national monitoring and evaluation system remained a challenge due to insufficient capacity at national level. In spite of the commitment of BOS and the Government, engagement to allocate resources for data production, BOS needs to be capacitated so that data is produced in a timely manner to inform decision-making.

UNICEF joint advocacy in various sectors like health, social protection and education has resulted in a Government commitment to conduct budget analysis to strengthen budget efficiency. UNICEF, in collaboration with the World Bank, convinced Government to conduct a PETS in the health sector to analyse efficiency bottlenecks in the sector. Through the GPE, a sector analysis including budget analysis is planned for 2015 in partnership with the World Bank. One hundred per cent of social protection programmes have been assumed by Government and Government has increased CGP budget to cover 25,600 households.

With regard to the functionality of a strengthened data collection system, the country was faced with challenges in collecting and producing data in a timely fashion due to political instability. The following interventions will be given priority in 2015 to address the M&E system-wide challenges: generate a demand for information for decision making; intensify utilization of the HIV-sensitive social protection study; support the dissemination of DHS results so as to influence strategies; support BOS to fast track data analysis and dissemination and advocate for the use of findings; and support establishment of a functional M&E system for social and child protection.

**OUTPUT 1** By end of 2014, evidence is generated and used to influence social budgeting and advocate for child-friendly sector budgets, social and economic policies and legislative measures

**Analytical Statement of Progress:**
UNICEF supported completion of the impact evaluation and three other studies to support decision-making and improvement of the children’s agenda in Lesotho. These studies and evaluations were:

- The CGP impact evaluation and costing/cost sustainability of CGP, whose results have been disseminated to all national stakeholders, including Parliament, Government, CSOs and Media -- this contributed to strengthening Government’s commitment to expand CGP coverage as well as move toward a systemic approach and also contributed to addressing some negative beliefs and perceptions on cash transfer programmes;
- The “HIV- sensitive social protection study” was finalized and results will be used to strengthen focus on HIV/AIDS in social protection interventions;
- The VAC review and NISSA review exercises contributed to providing findings of the CGP governance and targeting system -- Results of the NISSA review contributed to engaging Government to reform NISSA’s approach for targeting and data collection to address leakages in the system; and the VAC review provided information and recommendation on VAC structures as well as strategies to strengthen their role and responsibilities in the broader social protection system; and
- The NISSA and PMT review was completed and findings and recommendations were disseminated to the wider stakeholders

Other studies and assessment in the children’s sector that were conducted included the mapping and assessment of the child protection system and the bottleneck analysis for PMTCT.

UNICEF, jointly with European Union and MOSD, conducted high level advocacy meetings on social protection to engage Government to expand and integrate social protection programmes. A high level meeting was organized in February 2014 with the Ministry of Finance (MOF) to advance integration of Old Age Pension in the ISSN pilot. The meeting facilitated discussions between MOSD and MOF to create a consensus on the ISSN pilot. In April, a high level meeting was organized with Ministers, principal secretaries, parliament members in the social and HIV cluster, development partners, CSOs and media to disseminate results of CGP impact evaluation. The meeting was an opportunity to inform decision-makers on the results of the CGP impact evaluation as well as to advocate for future expansion as well as better integration and harmonization of social protection programmes. A CGP advocacy package was produced to share information on CGP as well as UNICEF work on social protection.

In 2015, evidence generation and utilization will be strengthened by facilitating secondary data analysis to generate more evidence on children; support for research on investment returns on social protection to support advocacy for CGP expansion; support for budget analysis studies (PETS for Health); and dissemination of studies, policies and reports.

**OUTPUT 2** By end of 2014, 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:**
In 2014, UNICEF supported MOSD to draft an M&E framework to be used in management of social protection interventions. This M&E plan provided guidelines for the implementation of M&E activities focusing on data collection, analysis and dissemination.

In an effort to further strengthen the generation of data to inform the decision-making process,
UNICEF, in partnership with other UN agencies (WHO, UNFPA) and other development partners such as Global Fund, World Bank and PEPFAR, provided financial support in the implementation of Demographic and Health Survey 2014. The support included procurement of equipment (measuring boards and scales) and testing kits, and training of data collectors.

UNICEF, in collaboration with World Bank, provided financial support to update the data sets for BOS surveys, namely the household budget survey and the implementation of continuous multi-purpose survey. UNICEF supported the training of 38 supervisors and 40 enumerators who will be responsible for data collection, analysis and report writing for BOS population surveys and population census. The information gathered from these surveys will be of high quality and will serve as data sources for most of the child rights indicators, and will be used to influence interventions in favour of child protection and survival. Data collection has been completed for both surveys and the process of data cleaning has been initiated and is expected to be completed by early 2015.

UNICEF plans to support the BOS data base DevInfo, which will enable proper reporting on the MDGs. Other priorities are finalization of the Social Development M&E framework and support for its implementation.

OUTCOME 3: 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:
Though there has been improvement in the proportion of teachers with improved teaching skills, and an improved learning environment, including the policy environment and school feeding supported by UNICEF and partners such as World Food Programme (WFP) and World Bank, enrolment has declined. Poverty, limited number of classrooms, and hidden costs (uniforms and other costs) related to free primary education are among the main bottlenecks in the education sector. Enrolment on the Non Formal Education (NFE) sector, however, increased.

To address the challenge of limited data on children attending school in South Africa, strengthening of the Education Management Information System (EMIS) will continue. Advocacy efforts will continue to address the limited number of classrooms and long distance to school, especially in the rural areas. To expand the coverage, UNICEF, World Bank and UNESCO, working through the Global Partnership for Education, will continue to support Government to commission the Country Education Diagnostics Study in preparation for a new Education Sector Plan (ESP) in 2015. The ESP will define government planning for the next five years. The issue of the low number of qualified ECCD teachers will be addressed by in-service training of ECCD teachers and support to the implementation of ECCD guidelines. Collaboration between education and poverty alleviation programs such as the child grant programme will be promoted.

The study of herd boys, which will be ready by May 2015, will provide relevant information on NFE farmers.

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

Analytical Statement of Progress:
In 2014, UNICEF provided financial support to both MOET and Lesotho College of Education (LCE), the teacher training college, to train and certify ECCD teachers. A total of 128 ECCD teachers completed in-service training in July 2014, and 105 were still enrolled with LCE. To ensure quality, UNICEF supported LCE to conduct supervision and mentoring for the enrolled 105 ECCD teachers.

In order to address the training needs of ECCD teachers and address limited absorption capacity of LCE to enrol more trainees, the MOET offered in-service training to ECCD teachers using its area resource teachers’ structure. This resulted in training of 6,104 ECCD teachers. The trainings happened in 101 resource centres nationwide, using the UNICEF-supported curriculum and other learning materials. Trainings will continue in 2015.

Although the number of trained teachers has more than doubled, to a total of 233, the percentage of trained teachers has stayed at 4 per cent, since the total number of teachers has also doubled.

Due to an increasing number of ECCD centres and reception classes, and the challenges of reaching some of the hard to reach areas, there is a need for continuous training of ECCD teachers. There is a lack of certified teachers. Although the number of government-funded reception classes increased by 20, annual enrolment decreased from 61,013 in 2012 to 55,972 in 2013 (Education Statistical Bulletin 2013). This may be the result of lack of awareness campaigns on the importance of ECCD. The recruitment of personnel for the IECCD unit within the Ministry of Education resulted in a delay in implementing the IECCD policy.

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

**Analytical Statement of Progress:**

UNICEF supported the MOET to train principals and teachers to implement CFS standards and in inspection of the implementation of standards, and as result 20.4 per cent (300) schools are implementing CFS standards, UNICEF supported rolling out of the new integrated curriculum. Grade 4 curriculum dissemination was carried out throughout the country. The new curriculum is child-centred and child friendly. UNICEF, in partnership with the Lesotho National Federation of the Disabled (LNFOD), supported the MOET with development of guidelines and campaigns for teaching disabled children. Since 2012 and the proportion of children with disabilities accessing primary schools has gone up slightly, from 5.2 per cent to 5.4 per cent (Education Statistical Bulletin 2013). The existence of inclusive education and free and compulsory primary education policies created an opportunity to scale up interventions in the CFS domain. UNICEF also supported education management information system (EMIS) through support for data collection, capturing, analysis and data cleaning for evidence-based programming and knowledge generation, resulting in available disaggregated education statistics and annual education sector statistical bulletin.

**OUTPUT 3**: Increased access to quality non-formal education for over aged excluded girls and boys in 10 districts with a special attention to herd boys by 2014

**Analytical Statement of Progress:**
UNICEF, in partnership with the Lesotho Association for Non Formal Education (LANFE), Good Shepherd, Juvenile Training Centre and Kick4Life, supported the Lesotho Distance Teaching Centre (LDTC) of MOET to implement NFE programme. The NFE programme was offered in two modes; the first was the literacy programme offered by LANFE and Kick4Life, which used football as an entry point to attract street children and OVCs to their literacy and life skills programme. The other mode offered by LDTC, the Juvenile Training Center (JTC) and the Good Shepherd was continuing education for children who dropped out of formal education. This initiative complements the literacy programme in reaching children out of school.

With the support provided, a total of 11,007 NFE learners were reached, of which 2,778 (25.2 per cent) were under 18 years old (Education Statistical Bulletin 2013). The majority of NFE learners (7,922) were enrolled in continuing education programme (distance education) while the remaining 3,085 NFE learners were enrolled in the literacy programme. The terms of reference for the study on herd boys were developed by the Ministry and UNICEF and a national consultant is being recruited to conduct the study, which is planned to be completed in April 2015.

OUTCOME 4 Cross-Sectoral

Analytical Statement of Progress:

Since the 2013 internal audit, UNICEF Lesotho has deployed significant efforts to improve the coherence and quality of the programme. To aid in this effort, in 2014 UNICEF Lesotho improved and developed tools and instruments to strengthen implementation of HACT. In collaboration with UN agencies, UNICEF invested significant resources to improve HACT implementation as per 2013 global recommendations. After the establishment of a HACT committee, chaired by the Deputy Representative, several activities were implemented to ensure smooth implementation of HACT. The HACT focal point participated in relevant trainings; and UNICEF staff and partners received a refresher training on the implementation of HACT facilitated by UNICEF Kenya. In terms of improvement of programme implementation and quality assurance, UNICEF Lesotho systematized field visits with partners and recommendations were shared during programme meetings. An international audit firm was engaged to conduct micro-assessment of UN partners receiving more than US$100,000 to assess programmatic and financial risk so as to provide specific support to partners as needed.

UNICEF Lesotho developed tools and mechanisms to advocate for the realization of the rights of children. High level meetings were organized with Cabinet members, parliamentarians, CSOs and the media to share results of studies or progress on advancing child rights, targeted advocacy for policy approval. Three high level meetings were supported targeting key stakeholders and decision makers such as Cabinet members, Principal Secretaries and parliamentarians. High level conferences were organized in partnership with NGOs and development partners, such as the Lesotho Conference on Vulnerable Children. Commemoration of special events like the CRC @25, UN Day, and Day of the African Child were also organized and advocacy tools and materials using evidence from programme implementation were produced. In 2015, further focus will be placed on strengthening utilization of social media (Facebook and Twitter) in collaboration with the UN Resident Coordinator’s office. Efforts will also be deployed to strengthen C4D in nutrition and WASH.

The agreement signed by BNLSS countries to use one procurement support centre based in South Africa was instrumental to support 2014 country programme delivery. While SACO
procurement centre focused on institutional contracts and strategic offshore programme supplies, UNICEF Lesotho procurement covered local procurement and supplies. This arrangement has extended UNICEF Lesotho procurement capacities beyond the Senior Procurement Assistant.

**OUTPUT 1** Technical Support and Monitoring and Evaluation for Effective Programme Delivery

**Analytical Statement of Progress:**

During the 2013 internal audit, HACT implementation was considered a critical risk area where UNICEF Lesotho needed to place greater focus to ensure quality implementation and efficiency of programme resources. In 2014, critical priorities were set in the Office AMP, including systematic financial assessment of all implementing partners, conducting a micro assessment of all IPs receiving at least US$100,000, and strengthening field visits to ensure quality implementation of the programme.

In early 2014, UNICEF hired a local consultant who conducted a financial assessment and spot checks of all implementing partners, including NGOs and government agencies, to assess risks as per the audit recommendation. During the consultancy, 100 per cent of the 20 planned spot checks were realized. Findings from spot checks were used to update IP profiles in VISION, develop capacity enhancement activities and inform the mechanism used to transfer cash, depending on the risk level of the IP.

During the last quarter of 2014, in collaboration with UN agencies, a more in-depth micro assessment exercise was conducted by an international independent company covering all 20 IPs receiving more than US$100,000. Micro-assessment results will be instrumental for full application of HACT in Lesotho in 2015 as per global guidelines.

Field visits and mechanisms to share key findings with all programme staff were improved. In 2014, 35 out of 38 planned field trips were organized to monitor implementation in all four programme components. Results or recommendations from field visits were systematically shared during section meetings and programme coordination meetings for necessary follow up actions.

In spite of progress made in HACT implementation, several challenges remain, including: improving planning of cash transfers, reducing the amount of over 6 month unliquidated DCT which affect programme delivery performance, and systematizing joint field visits with IPs.

**OUTPUT 2** Communication for Development (C4D) & External Relations

**Analytical Statement of Progress:**

Advocacy has continued to be at the core of UNICEF Lesotho’s activities. In line with the global and regional priorities, UNICEF Lesotho identified several national initiatives to create important advocacy platforms for children’s rights. As part of its advocacy strategy UNICEF Lesotho also invested in creating strategic opportunities to present documented evidence among key stakeholders.

UNICEF Lesotho developed tools and mechanisms to advocate for the realization of children’s rights. At least three high level meetings were supported targeting key stakeholders and
decision makers such as Cabinet members, Principal Secretaries and Parliamentarians. UNICEF Lesotho also facilitated conferences in partnership with NGOs and development partners such as the LCVC; commemorated special events like the CRC @25, the UN Day, and Day of the African Child; and ensured the production of advocacy tools and materials using evidence from programme implementation.

In 2015, an important focus will be put on increasing the UNICEF Lesotho’s social media footprint.

C4D continued to be a weak area of understanding and expertise – with partners often engaging in the production of materials and once-off campaign driven activities. This has created a major bottleneck for boosting demand for services among women and children. In 2014, UNICEF continued its efforts to support the development of a national communication strategy for maternal and child survival with strong focus on immunization (including the introduction of new vaccines), HIV and AIDS as well as WASH. Training of communities to develop local strategies that address open defecation was undertaken and strategies such as community theatre were identified to educate communities on sanitation. Partnership and engagement with civil society was instrumental in educating communities on child rights and violence against children. Community-led dialogues have focused on promoting birth registration, with many of these dialogues conducted at school level. Avenues such as sport for development were used to spark dialogue that addresses social norms that perpetuate violence against children and women. Forums such as children’s parliaments strengthened child participation and dialogue on access to education for all children.

Human resource capacity and financial resources for C4D are constrained at country level and UNICEF Lesotho plans address these gaps in 2015.

OUTPUT 3  Supply and Logistics for office

Analytical Statement of Progress:

To strengthen supply and logistics capacities for programmes, UNICEF Lesotho signed an agreement with BNLSS offices to use one supply and procurement centre, based in SACO. While the SCAO procurement centre focused on offshore procurement of strategic supplies and institutional contracting, UNICEF Lesotho concentrated on local procurement and Procurement Services (PS).

UNICEF Lesotho completed the 2014 supply plan within the timeframe, an improvement on 2013 performance when the supply plan was finalized and completed in June. This contributed to the office commencing procurement and supply activities on time. The funding shortages in some programme components led to low implementation of the supply plan.

OUTPUT 4  ICT Equipment and systems functioning.

Analytical Statement of Progress:

UNICEF, in coordination with other UN agencies, made efforts to strengthen ICT to improve quality of internet connectivity, which is necessary for programme delivery. Key activities implemented in 2014 included:
1. A peer review for ICT covered the implementation of a new telephone system for all UN sister agencies, and the provision of a higher speed internet connectivity at a lower cost; the review showed that even though UNICEF had a primary internet connectivity via VSAT and the backup link via the WiMax by a local internet provider, the solution was not adequate due to ever growing demand for faster internet connectivity and unstable backup link. The review further revealed that the connectivity speed that UNICEF got from the VSAT was not cost-effective.

2. An investment was made to upgrade the network cabling and switches to increase the performance of the network. This was done with guidance from the Regional Office and as part of the Delivering as One initiative. The upgrade is a prerequisite to implementation of modern technology telephone system (IP Telephony).

3. Equipment was upgraded and tested as required for implementation of BCP during the recent political crisis. This included procurement of VHF radios and internet modems for all critical staff.

The main challenge remains the stability of internet connection due to problems on the VSAT and unstable internet provided by the local firm.

OUTCOME 5 By 2015, 95 per cent 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:

Despite substantial investment in the HIV/AIDS sector by the Government and its partners, the progress against key performance targets in the coverage of treatment for women and children was minimal. The percentage of HIV-positive pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission was 71 per cent. The percentage of HIV infected children receiving antiretroviral therapy was 15 per cent. The treatment coverage for both mothers and children was far behind the 95 per cent target for 2015. Contributing factors included weak national coordination, poor geographic and population targeting, weak integration and low utilization of health services by pregnant women and infants.

UNICEF’s contribution to PMTCT and paediatric HIV care and treatment programme was in strengthening the capacity of the national programme to scale up PMTCT and Paediatric HIV Care services and in supporting initiatives to enhance the ability of families to utilise these services.

UNICEF and other development partners (PEPFAR, WHO, UNAIDS, CHAI, Baylor College, EGPAF, ICAP) provided technical support to MOH to revise the national Antiretroviral Therapy (ART) guidelines, in line with the current WHO guidelines, increasing the number of young children and adolescents living with HIV that are eligible for ART. UNICEF also supported the National Drug Service Organisation to package and distribute ARVs for PMTCT using the Mother-Baby Pack, ensuring that all 207 facilities delivering PMTCT services in the country had medicines throughout the year. In addition to ensuring availability of ARVs, the MOH and its partners, including UNICEF, through its active Technical Working Group (TWG), supported efforts to improve tools and processes for improving the integration of MNCH and HIV services, including in-depth analysis of MNCH and PMTCT data. The results of the analysis enabled UNICEF and MOH to fully understand and integrate challenges facing PMTCT coverage in the 2015 health sector planning process.
To increase demand for PMTCT and children’s ART services, UNICEF provided technical and financial support for MOH to develop the national HIV Standard Operating Procedures for retention into care for use by all health facilities. The national HIV Standard Operating Procedures for retention into care is based on a UNICEF-sponsored pilot programme, implemented by LENASO, a local NGO that successfully tracked 51 per cent of PMTCT clients that were lost to follow-up. UNICEF also sponsored media broadcasts on PMTCT and paediatric HIV care and treatment. Two initiatives underway that have the potential of increasing utilization of maternal and child health services are the World Bank-sponsored Performance Based pilot programme for provision of maternal and child health services and the revitalization of the community health worker programme into an inclusive, comprehensive, and integrated programme.

Despite these efforts and improvements in services delivery, and despite the fact that PMTCT is well appreciated by pregnant women (MBP assessment 2013 report) both PMTCT and paediatric HIV progress continued to be stagnant. Factors included the weak focus on community-based and demand generation interventions for increasing the utilization of maternal, neonatal and child health (MNCH) services.

UNICEF will continue to leverage in-country funding (i.e. Vodafone UK and PEPFAR-Accelerating Children’s Treatment fund) and provide technical assistance to scale-up paediatric HIV services by institutionalizing evidence- and data-driven planning and use of the CHW programme to increase demand for services.

**OUTPUT 1**: Increased national capacity to provide access to MNCH services essential for scaling up PMTCT and ART for children by 2015

**Analytical Statement of Progress:**

UNICEF, in collaboration with other development partners, made progress in strengthening the capacity of the health sector to deliver and scale up PMTCT and Paediatric HIV Care and treatment programmes, both at central and district levels.

In the PMTCT services, UNICEF supported the National Drug Service Organisation to package and distribute ARVs for PMTCT, using the Mother-Baby Pack, to all 207 health facilities that were delivering PMTCT services in the country, leading to no stock outs of PMTCT ARVs and an increase in the proportion of HIV-infected pregnant women receiving ART to prevent MTCT of HIV, from 53 per cent in 2013 to 71 per cent in 2014 (Jan – Sept 2014 routine data).

In Paediatric HIV care and treatment services, UNICEF, in partnership with MOH, WHO and EGPAF, trained 102 nursing assistants on Early Infant Diagnosis (EID), contributing to an increase in the number of health facilities providing ART for children from 145 in 2013 to 165 in 2014. The training also contributed to all 207 PMTCT sites providing EID services. With the increase in the number of sites offering EID and ART for children, the country experienced an increase in the number of DNA PCR samples sent to the central laboratory, which led to a 12 per cent backlog due to low machine capacity. UNICEF supported the testing of the extra 3,000 samples in South Africa.

The main challenges facing the PMTCT and Paediatric HIV care programme are poor geographic and population targeting, weak integration and low utilization of maternal and child health services. To address these, UNICEF supported MOH to carry out bottleneck analysis of
MNCH services in four districts and the results (which showed that the main bottlenecks are on the demand side – low antenatal care attendance, low facility-based delivery) were used in the development of the 2015 MOH national operational plan, which for the first time has elements of evidence-based planning. UNICEF and EGPAF are conducting a pilot project to scale up provider-initiated HIV testing and counselling for children in under-five clinics by integrating immunization and paediatric HIV care services.

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

**Analytical Statement of Progress:**

Tracking of PMTCT clients lost to follow-up, media broadcasts and revitalization of the community health worker programme were the main initiatives to enhance the ability of families to demand PMTCT and HIV/AIDS care and treatment services.

Lost-to-follow-up clients were tracked back to services. In 2014, UNICEF, in partnership with LENASO a local CSO, tracked 700 patients who were lost to follow-up in two of the focus districts. Approximately 51 per cent of loss-to-follow-up patients were brought back into care. Reasons given by the patients for defaulting were analysed and verified through focus group discussions. The analysis report formed a baseline for the current national HIV Standard Operating Procedures for retention into care. In 2015, MOH will be supported to ensure that the new national HIV Standard Operating Procedures for retention into care are used in all health facilities.

UNICEF also supported social mobilization through mass media in order to create demand for PMTCT services. UNICEF supported MOH to develop and broadcast messages on national radio and TV for a period of three months. The messages will be further disseminated to district health management teams for social mobilization and health promotion activities in 2015.

The community health workers programme is another platform for quality community based PMTCT services. With the support of development partners (notably UNICEF, WHO, EGPAF, CHAI, Baylor College) MOH revised the Community Health Worker (CHW) programme guiding principles. The revision resulted in a new inclusive, comprehensive, integrated national CHW strategic plan (which includes home visits) that will be operationalised in early 2015.

**OUTCOME 6**: 80 per cent of adolescent girls aged 15-19 have the knowledge and practice the behaviours that reduce their risk of HIV infection.

**Analytical Statement of Progress:**

Although data on the indicators for measuring progress on adolescent HIV prevention is not available, some milestones were reached toward laying the foundation for systems for equipping adolescents with such knowledge and skills. The capacity of four of the country’s ten districts to provide improved HIV Testing and Counselling (HTC) and referral services to adolescents was strengthened by making health facilities adolescent-friendly, coordination of partners in Adolescent HIV/AIDS work, reviving the school health programme and setting up a youth-friendly Voluntary Medical Male Circumcision (VMMC) client education on HIV prevention programme.
UNICEF supported Government and partners to focus on adolescents’ health service delivery, including roll out of the Minimum Standards for Adolescent Friendly Health Services to 41 per cent of facilities in the four focus districts (in partnership with UNFPA and WHO). The service provider orientations offered recommendations on engaging with adolescents, reporting on adolescents for compilation at central level and inclusion of adolescents in district level planning.

UNICEF contributed to Ministry of Education and Training (MOET) and Ministry of Health (MOH) efforts to report quarterly on key indicators identified through the ESA Inter-Ministerial Commitment on Sexuality Education and Sexual and Reproductive Health for Adolescent and Young People, jointly with UNFPA and UNESCO. UNICEF also worked with partners to reach adolescents and young people through targeted Behaviour Change Communication (BCC) interventions, including through social media and other platforms like the church (3,800 girls and 3,200 boys were reached). UNICEF will use these partnerships to improve access to young people through social media and to improve the rate of adolescents undertaking HIV testing.

The school health programme was revived through joint MOH and MOET field monitoring visits and joint training of teachers on life skills curriculum and the disseminating of adolescent standards.

The youth-friendly Voluntary Medical Male Circumcision (VMMC) client counselling on HIV prevention that began in 2013 reached approximately 14,900 young males in 2014.

Adolescent girls, particularly young women, continued to be insufficiently targeted in high impact interventions necessary in the continuum of the HIV response. The 2013 ANC Sentinel Surveillance Report noted that 80 per cent of clients are aged 15-29 (21.7 per cent of which are 15-19, and 35.1 per cent aged 20-24). HIV prevalence among women aged 15-24 remained stagnant in the last four rounds of the survey (at 18 per cent). An estimated 65.2 per cent of adolescent girls aged 15-19 did not know their status prior to accessing the service.

Given limited funding and resources, the programme will focus on leveraging existing platforms for reaching adolescents, particularly adolescent girls. This will include the national process for developing a concept note to the Global Fund (the need to strengthen girl focused interventions has already been recognized), and PEPFAR-led initiatives such as ACT for accelerating treatment coverage for children and adolescents (UNICEF supported a consultative process for developing the national country plan), and DREAMS (focused on a rapid reduction of incidence among adolescent girls in two years through multi sectoral platforms).

**OUTPUT 1** Capacity of four districts to provide improved HTC and referral services to adolescents, particularly girls aged 15 - 19 is strengthened, by December 2014.

**Analytical Statement of Progress:**

Minimal progress was made in strengthening the capacity of four of the country’s ten districts to provide improved HIV Testing and Counselling (HTC) and referral services to adolescents through making health facilities adolescent-friendly, reviving the school health programme and Voluntary Medical Male Circumcision (VMMC)-client education on HIV prevention.

UNICEF supported the MOH in the orientation of 39 health facilities in four districts, (Thaba Tseka, Qacha’s Nek, Berea and Mokhotlong) on the Minimum Standards for Adolescent Friendly Service delivery, in partnership with WHO and UNFPA. The orientations yielded a
higher awareness of adolescent health issues among service providers and resulted in: stronger community links to drive demand for services and ongoing efforts to render services more adolescent-responsive, including set aside days for adolescents and specialised outreach activities. The continued roll out is expected to support new and repeat testers through Provider Initiated Testing and Counselling (PITC) offered in health facilities.

UNICEF supported the revival of the school health programme by facilitating collaboration between the MOH and MOET. Joint field monitoring visits were undertaken by MOH and MOET. Representatives from the two Ministries also attended technical workshops (such as training of teachers on life skills curriculum and the disseminating of adolescent standards).

The VMMC-client counselling on HIV prevention reached 19,400 young men in 2014.

The main challenges faced by adolescent HIV/AIDS services were limited data and funding. To address the challenge of paucity of information, UNICEF worked with MOH to ensure the MOH’s Annual Joint Review Report reflected age disaggregated data for antenatal care, male circumcision and HTC. Further work is needed to support further analysis of this data. UNICEF also supported an on-going assessment of perceptions among recent young male clients, through its partnership with Jhpiego, given anecdotal information indicating adolescent boys engaging in more risky behaviour post the VMMC procedure and that only 60 per cent of clients returned for post-operative follow up.

Pledged funding for adolescents through the PEPFAR-ACT (accelerating children’s treatment), Global Fund (through the concept note development process), and PEPFAR/Gates Foundation/NIKE Foundation DREAMS (with focus on girls) provide substantial new platforms for leveraging funding given UNICEF’s resource constraints. The additional focus on adolescents also provides opportunity to encourage further disaggregation of data among clinical partners and MOH on treatment coverage.

OUTPUT 2 Enhanced ability of adolescents to practice healthy behaviours related to HIV and AIDS by 2015

Analytical Statement of Progress:

Following actions taken in 2013 on the revision of the life skills curriculum for secondary schools, UNICEF, UNFPA and UNESCO supported the MOET in revising the teachers’ guide and student books. It was expected that by end 2014, these would have been presented to the Education Advisory Board and subsequently piloted in 100 of the 338 post primary schools. However, a substantial funding gap for the piloting of the revised curriculum continued to affect implementation of this activity. Therefore at year end there were no secondary schools which had used the curriculum.

Under the joint UN programme on AIDS, UN agencies continued to target adolescents with BCC activities with a focus on referral for HIV testing and counselling. UNICEF expanded its support for accessing young people via social media platforms (through Sesotho Media) and prioritized engagement with the church (Lesotho Evangelical Church of Southern Africa) given the substantial numbers of young people affiliated with religious structures. These efforts resulted in 7,000 young people (3,800 females and 3,200 males) being reached with BCC activities. UNICEF collaborated with technical partners in the social mobilization cluster in the lead-up to World AIDS Day. The activities resulted in testing 43,000 people (disaggregated information has not yet been made available).
In keeping with regional targets and global priorities under *All In*, UNICEF will aggressively be focusing its resources and investments in supporting implementing partners who are able to access, test and refer adolescents and young people.

**OUTCOME 7** 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:**

Moderate progress was achieved in increasing women and children’s access to high impact health, nutrition and WASH interventions in Berea, Thaba-Tseka, Mokhotlong, Qacha’s Nek, the four UNICEF focus districts, which have the worst child mortality and malnutrition rates among the ten districts of Lesotho.

In child health, the most recent household survey [Expanded Programme on Immunization (EPI) Coverage survey 2013] showed that all four districts have managed to reach the WHO African Regional Office target of 90 per cent coverage for DPT3. UNICEF and WHO provided technical and financial support for the development of immunization micro-plans and expansion of outreach services in these districts. UNICEF and WHO collaboration also led to a comprehensive review of EPI, conducting and dissemination of an EPI coverage survey, effective vaccine management assessment and securing of GAVI funding for introduction of a new vaccine (pneumococcal vaccine) and health system strengthening. MOH used UNICEF procurement services to purchase all traditional vaccines and related materials for the vaccination of 56,000 infants and tetanus toxoid for 56,000 pregnant women, given UNICEF’s systems to benefit from economies of scale. Lesotho plans to launch new vaccines (IPV and PCV) in 2015. Preparatory activities for introduction of PCV, including planning and training on communication for development activities are underway.

Following attendance at a UNICEF-sponsored seminar on Integrated Community Case Management (iCCM) in Accra in March 2014, the MOH formed the community health technical working group to integrate iCCM into the village health worker programme to contribute to the management of pneumonia and diarrhoea, which are the major causes of child mortality in the country.

Nutrition clubs were formed in 22 communities in the four focus districts as part of the pilot of the positive deviance approach in the country. The community clubs are using their platforms to inform and educate their members on infant and young child feeding. At upstream level, the appointment of the King of Lesotho as AU Nutrition Champion and Lesotho joining the SUN movement (54th country to do so) have brought nutrition into the national development agenda.

In maternal and newborn health, coverage rates for current year for the districts for deliveries and postnatal care are not available, however, milestones have been reached that will eventually improve access to these services. A newborn care module was added to the Integrated Management of Pregnancy and Childbirth guidelines and is being used in health centres. With World Bank support, the MOH is conducting a pilot of Performance-based financing for maternal, neonatal and child health services in health facilities in two districts. WASH coverage rates for the districts for hand washing with soap and households with improved water and sanitation facilities are expected to be included in the ongoing demographic
and health survey; however, milestones have already been reached that will eventually improve access to these facilities. Facilitators have been trained in all the ten districts to introduce Community-led Total Sanitation (CLTS) into their communities. Eleven villages triggered in CLTS in Thaba Tseka, one of the four UNICEF focus districts, initiated activities to become open defecation free in 2015.

To address the challenges of the allocation of inadequate funds to primary health care activities and underutilization of health services by the population, UNICEF and other development partners, notably World Bank, WHO, UNFPA, Irish Aid, and CHAI, are prioritizing the generation of evidence on resource allocation in the health sector. A resource mapping in the sector has been done and a UNICEF/World Bank Sponsored Public Expenditure Tracking survey is underway. UNICEF will also support the expansion of the Performance Based Financing programme, with a particular focus on strengthening the newborn care component.

OUTPUT 1: Enhanced ability of families in the lowest wealth quintile for healthy behaviour, improved nutrition, adequate sanitation and hygiene practices in 4 districts (Thaba Tseka, Mokhotlong, Qacha'sNek and Berea) by December 2015.

Analytical Statement of Progress:

The ability of families in the four UNICEF focus districts was enhanced for healthy behaviour, improved nutrition and adequate sanitation and hygiene practices through the use of positive deviance approach to form nutrition clubs and the introduction of Community-Led Total Sanitation (CLTS) approach into the districts.

Using the positive deviance approach, nutrition clubs were formed in 22 communities in the four focus districts as a pilot. The community clubs were expected to use their platforms to inform and educate their members on infant and young child feeding. The nutrition clubs encountered a set-back in 2014 when they did not receive the planned training due to limited funding for nutrition activities. Another major challenge encountered was lack of monitoring and supportive supervision of the nutrition clubs, which led to some clubs becoming dormant. To address these challenges, UNICEF, WFP, MOH, Ministry of Agriculture and Food Security and Food and Nutrition Coordinating Office formed a partnership to put nutrition on the national agenda and to mobilise resources for the implementation of a multi-sectoral national strategy. This effort has started to yield results as a joint funding proposal to Irish AID to scale up nutrition activities, including capacity building to reduce stunting, received favourable response, and a Road Map was developed to guide the partnership toward the receipt of funding and execution of the programme.

The Community-Led Total Sanitation pilot was introduced into Thaba-Tseka, one of the four focus districts. UNICEF collaborated with the CLTS Foundation-India to conduct training for 80 facilitators. Eleven villages that were triggered in Thaba Tseka in December 2014 decided to achieve “open defaecation free” status by May 2015. Post-triggering follow-up and monitoring showed that latrine construction was progressing steadily, with 83 per cent (354 of the 429) of households constructing latrines. The challenge on the initiative is the availability of resources to establish and implement constant supportive supervision. The driving force behind this initiative is a national rural sanitation committee formed under the leadership of the director of Lesotho Rural Water Supply Department (RWSD). UNICEF supported four programme specialists from RWSD, MOH and local government to attend the Southern African Regional Workshop on CLTS in Windhoek, Namibia, which led to the establishment of the multi sectoral sanitation
committee and the initiation of the CLTS pilot in Thaba Tseka. In 2015, priority will be given to integration of the community nutrition and WASH initiatives.

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

Analytical Statement of Progress:

Many milestones were reached in strengthening national capacity to formulate policy, plan, budget for and monitor and evaluate maternal, neonatal and child health interventions.

In maternal and newborn health, through UNICEF technical support, a newborn care module was added to the Integrated Management of Pregnancy and Childbirth guidelines for health centres. Efforts are underway to add newborn health care indicators to those being used by the World Bank-sponsored Performance Based Financing maternal and neonatal health programme. Skilled attendant deliveries are constrained by lack of basic Emergency Obstetric and Newborn Care (EmONC) facilities. The UN–sponsored EmONC assessment will provide specific information for addressing EmONC.

UNICEF and WHO supported MOH to conduct a comprehensive review of EPI. Key findings included high government commitment as reflected by funding the purchase of all traditional vaccines but weak coordination mechanisms. Findings from the 2013 EPI coverage survey, conducted with support from WHO and UNICEF, were also disseminated. The survey results indicated that all the districts reached 90 per cent coverage for DPT3. Administrative data from health facilities, however, show immunization coverage rates less than 80 per cent for all districts.

MOH, UNICEF and WHO commenced preparatory activities (development of plans for vaccine introduction and social mobilization, training of national and district EPI managers, revision of data collection tools) for the introduction of pneumococcal conjugate vaccine into routine EPI in 2015. MOH, UNICEF and WHO also conducted Effective Vaccine Management Assessment in all 10 districts. Preliminary findings showed that there is a need to strengthen stock management of vaccines to avoid stock-outs.

Four programme specialists from Lesotho received information updates on integrated community case management (iCCM) in a UNICEF-symposium in Accra in March 2014. This led to the formation of the community health technical working group to integrate iCCM into the village health worker programme and development of a community health worker dash board. Plans are underway to support village health workers to carry out iCCM.

Collaborative work between UNICEF and the World Bank resulted in the initiation of Public Expenditure Tracking Survey and Quantitative Service Delivery Survey in the health sector that will provide information for identifying inefficiencies, challenges and bottlenecks in resource allocation; and assessing the feasibility of scaling up of the Performance Based Financing (PBF) programme currently underway in the country.

OUTPUT 3 : Strengthened national capacity to formulate policy, plan budget for and monitor and nutrition interventions for children

Analytical Statement of Progress:
National capacity to formulate policy, plan and monitor nutrition intervention was strengthened with a number of high level initiatives led by UNICEF, in partnership with other development partners and Government.

With UNICEF advocacy and support, the King of Lesotho, His Majesty King Letsie III was appointed as Nutrition Champion for the Africa Union (AU). The King’s AU Nutrition Championship activities began in 2014. UNICEF and WFP provided technical support for the King to deliver a good will message, an advocacy speech to African leaders at the AU Heads of State Summit to advance Africa’s nutrition agenda and a speech at the International conference on Nutrition (ICN2) in Rome. In the speech the King highlighted the high prevalence of malnutrition on the continent and its impact on children and the economy, and advocated for increased investment in food and nutrition security programmes.

The King’s appointment as AU Nutrition Champion brought nutrition onto the country’s development agenda. UNICEF used this momentum to facilitate the formation of a national nutrition partnership, comprising key line ministries and the UN, which has drafted a cross-sectoral national nutrition strategy. The European Union, UNICEF and WFP provided technical assistance for the development of the cross-sectoral Nutrition Strategy. UNICEF collaborated with WFP to support Food and Nutrition Coordinating Office (FNCO) to update the nutrition policy.

With UNICEF support, the Government strengthened its nutrition surveillance system and a draft Nutrition Surveillance Bulletin was developed.

The Ministry of Health, Ministry of Agriculture and Food Security and the Food and Nutrition Coordinating Office agreed during the mid-year review meeting to give priority to the finalization of the nutrition policy and strategy to pave the way for the development of an investment case for nutrition. The organizations also agreed to use the implementation of the positive deviance approach in the focus districts to enhance integrated programming between WASH and nutrition.

OUTCOME 8. Protective environment strengthened for children at risk of and exposed to violence, exploitation and abuse.

Analytical Statement of Progress:

Through UNICEF’s support, and in collaboration with EU and NGOs, the Government of Lesotho, through Ministry of Social Development (MOSD), Ministry of Justice and Correctional Services (MOJCS) and Ministry of Home Affairs (MOHA), made significant progress toward building a protective environment for vulnerable children. In 2014, important milestones reached included:

- A national multi sectoral child protection framework was approved, focusing on building a systemic approach to child protection. Based on the final results of the Child Protection Systems (CPS) mapping and assessment, the national multi sectoral strategy proposes ways to strengthen national coordination and interventions to stop violence, exploitation and abuse against children, with a focus on communities.
- UNICEF, in partnership with EU, supported the organizational and institutional capacity development of MOSD for effective delivery of services to children.
• The finalization and approval of the costed Child Protection and Welfare Act (CPWA; 2011), its implementation plan and M&E framework, show Government commitment to strengthening a protective environment for children. The Act will also facilitate prioritization of intervention over the years.

The increase in the number of children whose births have been registered from 34,240 in 2013 to 145,860 in 2014, and the commitment to prioritize Violence against Children (VaC) in the coming years are clear indications of progress towards a strengthened child protection environment.

In order to fill a gap in data on VaC, UNICEF supported MOSD to commission a desk review and initial assessment on VaC beginning November 2014, ending March 2015. The data will be used to inform advocacy and programming around VaC.

Lack of robust data on issues related to child protection (e.g. abuse, exploitation, violence and neglect) contributed to inappropriate planning, programming and decision making processes. Poor coordination of child protection issues at all levels (e.g. from communities, district to national) led to inappropriate delivery of services. Insufficient allocation of financial and human resources to child protection services hindered effective prevention of and response to child protection concerns.

In the future, UNICEF will support MOSD and MOJCS to implement the costed CPWA (2011) implementation plan; support MOHA to carry out a comprehensive national Civil Registration and Vital Statistics (CRVS) system assessment; conduct an in-depth study on Violence against Children; and promote advocacy for institutionalization of a coordinating mechanism with MOSD.

OUTPUT 1 By end of 2014, 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:

UNICEF, in partnership with EU, provided support to the National OVC Coordinating Commission (NOCC) Secretariat to implement its annual work plan, and conducted three quarterly coordination meetings to review implementation of National Strategic Plan on Vulnerable Children (NSPVC) by implementing partners whose reports were submitted to all stakeholders. As part of strengthening the NOCC capacity, UNICEF supported participation of the NOCC Coordinator in a regional Violence against Children Conference in Swaziland. A total of six coaching sessions for the NOCC staff were planned for 2014 and five were completed. In spite of the multi-form support provided by UNICEF and EU for the last five years, coordination of children’s issues within the MOSD is still a big challenge.

In the absence of a functional coordinating mechanism for civil society organisations and community-based organisations, UNICEF partnered with Sentebale/Letsema Network to support the coordination and capacity building of member CSOs working on child protection issues. In 2014, Sentebale/Letsema Network provided training for 45 out of 52 Letsema community-based organisations in the areas of child protection, psycho-social support (PSS) and Governance. This was an endeavour to strengthen the protective environment for children.
at community level. Only Sentebale/Letsema Network member organisations were covered, which leaves a critical mass of other relevant child-focused organisations behind.

UNICEF, in partnership with EU, supported the Organisational and Institutional Development (OD) of MOSD, which resulted in the drafting of job descriptions of key positions - 20 at national level and 7 at district level. These are still awaiting approval by the Public Service Commission (PSC). The OD support also facilitated team-building exercises among MOSD staff, the finalization and signature of performance contract between MOSD and the Office of the Prime Minister, and advocacy for the recruitment of key positions such as Director of Social Assistance and Community development Manager. The OD report recommended continued support to MOSD, with more focus on strengthening capacity to provide effective services at district level.

The Diagnostic of the M&E system was not conducted due to a cut in M&E staff in MOSD. The main constraints were the delay in the approval of proposed positions for MOSD by the Public Service Commission, leading to slow implementation and insufficient monitoring and evaluation capacity within the MOSD.

**OUTPUT 2** By end of 2014, 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:**

With the enactment of the CPWA 2011, and the subsequent establishment of the MOSD in 2012, UNICEF prioritised provision of support for the effective implementation of the Act. In this regard, important milestones were reached. These includes, but were not limited, to:

- UNICEF conducted a national Child Protection System (CPS) mapping and assessment, which was completed in March 2014. The results of the mapping and assessment were used by UNICEF and partners to engage government to formulate and approve a national multi-sectoral child protection strategy and its costed action plan in May 2014. This strategy is a critical achievement to continue and guide the government and partners to implement and monitor effective child protection system for the most vulnerable children of Lesotho.
- UNICEF provided financial and technical support to MOSD and MOJCS to cost selected provisions of CPWA (2011), and a three-year implementation plan. The final report on the Costed CPWA including a 3-year (2015-18) implementation plan was launched in October 2014 by MOSD and MOJCS.MOJCS also trained law enforcement officials on CPWA (2011) and the number trained increased from 24 to 60 officials throughout the country. This indicates 100 per cent completion as per set target.
- UNICEF supported MOHA to expand the production and distribution of IEC materials on birth registration of children and to conduct a national Comprehensive Assessment of the CRVS system. The CRVS assessment identified strengths and weakness and charted a Lesotho-tailored plan of action to improve the system and increase its effectiveness. In collaboration with United Nations Economic Commission for Africa (UNECA) a Pre-assessment orientation on CRVS was provided to a national interagency team and national and international CRVS consultants were engaged to undertake the study beginning in November 2014 and ending in March 2015.
- UNICEF strengthened child protection at community level, through District Child Protection Teams (DCPT) members who were tasked to continue with CPWA (20011) sensitization among communities. Community, district and national-level Children’s
Parliaments organised in collaboration with World Vision Lesotho (WVL) were also used as forums to raise awareness on CPWA (2011) and commemorations of CRC@25.

The major challenge encountered in implementation of the CPWA (2011) implementation plan was the slow response from MOJCS, the major partner. This led to delay in the launch of CPWA costed report. Plans to support the Justice for Children component of the MOJCS in 2015 are underway. Community awareness raising initiatives for community councils and village assistance communities were not fully undertaken due to the reduction of staff in UNICEF Lesotho Child Protection since March and MOSD’s National OVC Coordinating Commission (NOCC).

OUTCOME 9: Strengthened child and gender sensitive social protection systems for vulnerable children and their families

Analytical Statement of Progress:

Significant progress was made toward building a child and gender sensitive social protection system and reaching more vulnerable children (VC) with external support. With UNICEF and EU support all the main pillars of the social protection system reached significant milestones.

In partnership with the EU, the Child Grants programme (CGP) expansion reached the planned 2015 target. CGP expansion resulted in an increase in the number of VC receiving external support, from 59,000 in 2013 to 65,000 in 2014, and the proportion of households caring for OVC increased from 19,813 in 2013 to 25,600 in 2014. The evidence from impact evaluation has shown that households and VC receiving the grant experienced improvement in their wellbeing in terms of wealth, increased school attendance, reduction of drop outs in education, reduced morbidity, improved livelihood and birth registration;

UNICEF worked in partnership with EU, World Bank, ILO, FAO and other partners, to support the country to develop and adopt a child sensitive social protection framework through the social protection strategy and social development policy.

The National Information for Social Assistance (NISSA) was expanded to reach 103,000 households, which is equivalent to one-fourth of Lesotho’s population. The NISSA expansion exercise and Integrated Social Safety Nets (ISSN) pilot are important achievements toward strengthening harmonization of social protection and increasing efficiency and impact. The pilots on community development, and ‘one stop shop’ for referral which started in 2014 will strengthen effectiveness of CGP and promote graduation of beneficiaries through increased utilization of social services and development of livelihood interventions at community level.

UNICEF supported the enhancement of the social protection system through strengthening of community participation and linking programme operations from headquarters through district administration to community level. The Village Assessment Committee (VAC) assessment revealed that VAC-community participation is valued and considered to be the drive for effective social protection intervention.

The main challenge was weak coordination, in spite of Government commitment and leadership, and the capacity gaps in implementing social protection. However, the approval of the social development policy and the national social protection strategy will support the initiative to implement the coordination mechanism that has been proposed by the strategy.
The priorities for 2015 are completion of the two pilots (conditional cash transfer and Integrated social safety net) and assessment of their effectiveness; mobilization of resources and advocacy for the implementation of the National Social Policy and Social Strategy and its coordination mechanism; expansion of NISSA nationwide as a single registry; strengthening harmonization and integration of social protection programmes; and development and implementation of a model of integrated community development, linked to social protection.

**OUTPUT 1** By end of 2014, the Child Grants Programme (CGP) is expanded to selected communities in all 10 districts, targeting the most vulnerable children and their families.

**Analytical Statement of Progress:**

UNICEF, in partnership with the EU, supported Ministry of Social Development (MOSD) to increase vulnerable households receiving cash assistance from 19,813 in 2013 to 25,600 in 2014, increasing the number of children supported through CGP from 59,000 to 65,000. The coverage increased from 37 to 43 councils in the 10 districts of the country. The increase in the number of children reached translates into improved welfare. This is substantiated by the CGP impact evaluation that was completed in 2014, which indicated an improvement in the wellbeing of households and their children, especially in education, health, food consumption, and birth registration.

UNICEF, in partnership with the EU, supported MOSD to increase the number of households captured in NISSA database from 84,000 in 2013 to 103,271 in 2014. These additional households were used to target an additional 5,000 households enrolled this year during CGP expansion. UNICEF, in partnership with EU, supported the NISSA and targeting review with the aim of developing a single registry for targeting, coordination and integration of the programme. The final report produced by Oxford Policy Management provided critical recommendations as well as different options for Government’s decision to scale-up NISSA.

In an effort to build and improve the social protection system, UNICEF, through the Institute of Development Studies, organised a training on social protection for 30 people from MOSD and other Ministries. The objective of the training was to strengthen skills and knowledge on principles, content and key drivers of the social protection system as well as the role and responsibilities of participants. UNICEF also facilitated participation of MOSD staff in international learning opportunities and technical workshops such as the social protection community of practice face-to-face meetings in Brazil and Zambia and a study tour to Kenya to learn about integrated Management Information System (MIS) as well as a single registry. UNICEF provided continuous technical assistance and on-the-job training for at least 80 MOSD staff, at headquarters and districts levels, responsible for CGP, Conditional Cash Transfer (CCT), MIS and ISSN.

The CGP evaluation 2014 revealed that VACs and other community members’ knowledge about the CGP, especially the complaints mechanism, is limited. In an attempt to address the problem, UNICEF, in partnership with World Vision, trained approximately 350 members of community based structures. The purpose of the trainings was to support the VACs and community members to increase their participation and knowledge about the CGP in their communities.

Due to delays experienced during implementation, critical activities that focus on improving complaints and referral mechanism are yet to be executed.
In 2015, UNICEF will focus on supporting expansion of CGP as well as strengthening the delivery mechanisms and coordination. This will involve supporting the expansion of CGP to reach at least 30,000 households; and strengthening community engagement and referral mechanism interventions.

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

Analytical Statement of Progress:

UNICEF, in partnership with the World Bank, FAO, WFP and ILO, provided technical support to the MOSD to develop the Costed National Social Protection Strategy (NSPS). The NSPS and the Social Development Policy were approved by the Cabinet. The NSPS adopted a life cycle approach that identifies gaps and provides a comprehensive response to vulnerabilities across the life course. The NSPS further proposed new programmes such as the infant grant, expansion of the child grants programme, disability grant and linkages to livelihood interventions. The existence of the national social protection strategy will assist MOSD to coordinate, monitor and direct the implementation of the National Social Development Policy.

In 2014, UNICEF and EU supported MOSD to revise the CGP’s Proxy Means Test (PMT) formula and targeting design, as well as data collection models for the expansion of NISSA to take care of other social protection interventions in order to create a favourable environment for integration and harmonization of programmes. The review highly recommended strengthening community based targeting as an approach to reduce inclusion and exclusion errors. The PMT will only be used at the second stage to clean targeting from communities.

To improve delivery mechanisms and governance systems of social protection, EU and UNICEF have, since 2012, supported the development of MIS to support implementation of social protection. In the new vision of building a systemic approach where programmes are integrated and harmonized, a new integrated MIS is being developed through a local IT firm. The new MIS responds to the minimum criteria to integrate key safety nets intervention (CGP, Old Age Pension, Public Assistance and OVC Bursary) in one management system allowing programmes to communicate.

Completion of the new MIS was delayed due to setbacks experienced during procurement of services of a local IT company by MOSD. UNICEF, through technical assistance of Ayala, already developed the manuals which will facilitate the operation of the new MIS. The full version of the new MIS is planned to be operational by the end of 2015. Other priorities for 2015 include facilitating coordination of implementation of the NSPS; NISSA expansion; testing utilization of the new PMT formula in the context of NISSA expansion; and supporting development of a community based targeting model to support targeting mechanisms of social protection programmes.

OUTPUT 3. A model of integrated of social assistance as well as conditional cash transfer piloted to improve effectiveness, efficiency of social protection programme.

Analytical Statement of Progress:

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

Implementation of the ISSN pilot commenced in 2014 and reached 1,312 households under CGP and Public Assistance (PA), covering three community councils. Final enrolment that will include OVC bursary beneficiaries is expected in January 2015. In early 2014, UNICEF coordinated discussions and dialogue among critical stakeholders including MOSD and MOET in preparation for take-off and fostering agreement on finer programme aspects. The discussions were followed by data collection in the three pilot community councils (Likila in Butha Buthe, Makhoarane in Maseru and Siloe in Mohale’s Hoek). Delay in commitment by Old Age Pension (OAP) to join the ISSN pilot led to deferment in enrolment of beneficiaries.

Through UNICEF and EU support, 3,343 households were enrolled in the pilot CCT in 2014, covering six selected community councils. The objective of the CCT is to improve human capital on social protection beneficiaries through application of conditionalities on health (nutrition and immunization) and education (attendance). The pilot is testing three models of conditionalities at the same time. Prior to enrolment, important processes of CCT such as conducting a Supply Capacity assessment in January 2014, and adjustment of implementation manuals and guidelines were done. Currently the focus is on conducting compliance monitoring in preparation for application of conditionalities. The challenges that hampered the commencement of the CCT pilot were delayed commitment from Ministry of Health at central level and limited capacity of the health system to capture immunization and growth monitoring data, which affected health compliance monitoring.

Priorities for 2015 are completion of the two pilots and design of an evaluation to learn lessons for expansion.

**Document Center**

**Evaluation**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapping and assessment of Lesotho’s child protection system: report of key findings</td>
<td>2014/006</td>
<td>SitAn</td>
</tr>
<tr>
<td>Review of the National Information System for Social Assistance (NISSA) in Lesotho Final Report</td>
<td>2014/005</td>
<td>Review</td>
</tr>
<tr>
<td>HIV Sensitive Social Protection Study</td>
<td>2014/004</td>
<td>Research</td>
</tr>
<tr>
<td>The Village Assistance Committee Review</td>
<td>2014/003</td>
<td>Review</td>
</tr>
<tr>
<td>Assessment of MBP in Lesotho</td>
<td>2014/002</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Child Grand Impact Evaluation</td>
<td>2014/001</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

**Other Publication**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Child Grants Programme: An Advocacy Package</td>
</tr>
<tr>
<td>Birth Registration Package</td>
</tr>
<tr>
<td>The Child Grants Programme – A documentary</td>
</tr>
<tr>
<td>Every Child Counts: An Advocacy Package</td>
</tr>
</tbody>
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