

Executive Summary

The country programme used the findings of the Mid-Term Review (MTR) to adjust the programme strategies used in 2011. In addition, the Lesotho Country Office (LCO) conducted a Strategic Moment of Reflection to review the situation of children and women and the drivers of inequity. This analysis was used to critically assess the UNICEF programme and identify areas of strategic focus in preparation for the new country programme (2013–2017).

Positive gains were made towards the Elimination of Mother-to-Child Transmission (EMTCT) of HIV. In terms of coverage, 81 per cent of HIV-positive pregnant women received ARVs for the prevention of mother-to-child transmission of HIV, representing a 10 per cent increase from the previous year. In addition, 62 per cent of HIV-positive children were on ART, an increase of 10 per cent. UNICEF provided its resources and technical support for the development of the Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Paediatric HIV Care and Treatment.

In social protection, the Lesotho Child Grants Programme (CGP), providing an unconditional social cash transfer, reached nearly 10,000 vulnerable households caring for over 27,700 children in five districts, surpassing the project target of 8,000 households. UNICEF's advocacy efforts were instrumental in the inclusion of social protection issues in the 2012/3–2016/7 National Strategic Development Plan (NSDP).

The passing of the Children's Protection and Welfare Act (CPWA), in March 2011, constitutes the most significant milestone for children in the area of child protection. The enactment domesticates the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provisions in Lesotho and actions have since been taken towards its implementation.

To facilitate an enabling environment for the provision of Integrated Early Childhood Care and Development (IECCD) services, a draft national IECCD Policy and its Strategic Plan were developed. Teacher training for IECCD was undertaken and learning material for teaching and communicating with children (ages 3–5) produced and disseminated to IECCD reception classes nationwide.

The Lesotho country programme is grappling with an increasingly challenging environment. This includes gaps in capacities and service delivery for all sectors, the impact of sharp declines in the Southern African Customs Union (SACU) revenues and constrained funding within UNICEF for programming areas such as child protection, health and nutrition, and HIV prevention.

Strategic partnerships for reaching the most deprived children were strengthened, including with World Vision for implementation of the CGP, Baylor College of Medicine for reaching HIV-positive children with care and treatment; Partners in Health for increasing access to high impact health interventions for women and children residing in hard-to-reach areas; the Commonwealth of Learning for scaling up the initiative through IECCD pre-service training, and Kick4Life for reaching young people with HIV prevention interventions for increasing knowledge and access to health services.

Country Situation

The situation of children and women in Lesotho is severely threatened by poverty, a high burden of HIV and AIDS, food insecurity and increasing mortality rates. These trends have negatively affected progress towards the achievement of the MDGs and children's and women's rights.

The effects of the global economic crisis continued in 2011 with sharp drop in the Southern African Customs Union (SACU) revenues. Economic growth was 3.1 per cent (compared to the projected 4 per cent). The distribution of income is highly skewed, with the top 10 per cent of the population owning just under 40 per cent of the national income. Lesotho's Gini coefficient is 0.53. According to the latest findings of the Lesotho Child Poverty Study, one in two children in the country is now living in absolute poverty. Marked disparities exist across regions, ecological zones and wealth quintiles.

HIV/AIDS:

The persistently high HIV prevalence is the most significant threat to the realization of the rights of children and women in Lesotho. Lesotho has the world's third highest HIV prevalence, with an estimated 23 per cent of the adult population infected. The immediate drivers of the HIV and AIDS epidemic have been identified as high frequency of multiple and concurrent sexual partnerships and alcohol abuse; low levels of consistent and correct condom use; and low levels of medical male circumcision. HIV prevalence rate rises sharply (four-fold) among adolescents, particularly among girls, as they move from the 15-19 years age group into the 20-25 years group. According to national estimates there were 21,000 new infections in 2010; 3,000 of whom were children. Only half of children and adults in need are on treatment, however, four-fifths of HIV-positive pregnant women are receiving antiretroviral for the prevention of mother-to-child transmission of HIV. It is estimated that there are 13,000 adolescent girls and 6,800 adolescent boys living with HIV; requiring services and psychosocial support interventions as they transition into adulthood.

Education:

Lesotho is on track to meet MDG 2. The government of Lesotho introduced free and compulsory primary education in 2010, following enactment of the Education Act 2010. The overall net enrolment rate in primary education was 81 per cent in 2009 and appears to have remained static at around this level for several years, following a large rise in enrolment after the introduction of free education in 2000. Net enrolment ratios are 83 per cent for girls and 79 per cent for boys. Enrolment of girls is higher in mountainous districts, where young boys are often employed in herding livestock. Despite growing enrolment in Early Childhood Care and Development services in recent years, only one in four children aged between 2 and 4 years attend preschool. There is no difference in the proportion of boys and girls attending preschool, but 44 per cent of urban children attend preschool. Basotho children from households in the highest socio-economic quintiles are nine times more likely than those from the poorest quintile to participate in early childhood programmes. Quality of the education services provided in Lesotho is an issue and is illustrated by Lesotho's SAQMEC ratings, the high proportion of unqualified teachers (42 per cent in 2009), high repetition (19 per cent) and drop-out rates in primary schools and low transition rates to secondary school. Net enrolment in secondary schools is much lower than in primary schools, 39 per cent for girls and 24 per cent for boys.

Child Survival and Development

Lesotho is not on track for MDG 4 and MDG 5 targets due to the HIV and AIDS epidemic, high levels of under-nutrition and poor access to safe water, basic sanitation, health services, endemic poverty and chronic food insecurity coupled with poor dietary quality. The under-five mortality rate has increased from 90 per 1000 live births in the early 1990s to 117 per 1000 live births in 2004-2009. The major causes of deaths among children are HIV related diseases, diarrhoea, pneumonia, malnutrition and neonatal conditions. The proportion of infants receiving three doses of Pentavalent vaccine increased from 67 per cent in 2010 to 78 per cent in 2011. About 75 per cent of households lack access to basic sanitation facilities. The level of stunting has stagnated at 39 per cent since 2004 as a result of combined effects of poor feeding practices and recurrent childhood illnesses. The maternal mortality ratio increased from 762 per 100,000 live births in 2004 to 1,155 in 2009. The major causes of maternal mortality are HIV/AIDS, puerperal sepsis; pregnancy induced hypertension and obstructed labour. Though ANC attendance is high (91 per cent), skilled birth attendance (62 per cent) and postnatal care (47 per cent) remain low. Maternal and child morbidity and mortality rates are worse among poor households and those residing in rural and mountainous areas.

Protective Environment for Children

The passing of the Children's Protection and Welfare Act (CPWA) in March 2011 domesticates the UN CRC and the ACRWC provisions in Lesotho and advances the rights of children. However, the confluence of an unrelenting AIDS pandemic, hunger, poverty and worsening economic outcomes are shattering traditional social safety nets for women and children. The 2006 Census estimated the total number of orphans (including paternal, maternal and double orphans) at 221,403 representing a 70 per cent increase over the figure of 130,245 reported in the 1996 Census. Only 45 per cent of births are registered and only 18 per cent received a certificate of registration. The June 2008 Labour Force Survey reports that about 3 per cent of children aged 6-14 years are currently employed, about 70 per cent of employed children were engaged in subsistence farming, with the remaining 30 per cent engaged mainly in private households.

Lesotho is prone to recurrent floods and droughts, which appear to be increasing in frequency, severity and unpredictability, possibly as a result of the effects of climate change. The impact of these hazards is exacerbated by the weak infrastructure, especially in the rural areas, and the high levels of poverty, which lead people to adopt high-risk coping strategies. Disaster Risk Reduction is increasingly being seen as a priority by the government of Lesotho and a national Disaster Risk Reduction policy has been developed.

Who are the deprived children in your country context?

The most deprived children are from the poorest households, hard-to-reach areas, those living with critically ill parents, orphans, children living with disabilities, children living without family care, children living on the streets and children in conflict with the law.

With support from UNICEF Lesotho, a Study on Child Poverty was recently completed. The study highlights that over half of all children face two or more deprivations on basic critical indicators for child well-being. Child poverty is influenced by factors as varied as the urban/rural divide, ecological zones, family's wealth quintile and the mother's level of education. Poverty in rural areas is 50 per cent higher than in urban areas.

Child mortality rates are higher in poor households, rural areas and those with parents with lower educational status. Mortality rates are higher among children from Mophale's Hoek district (126 per 1000) and Thaba-Tseka district (109 per 1000). The child mortality rate is 125 deaths per 1000 live births among children in households in the second and lowest wealth quintile compared to 80 per 1000 deaths in the highest wealth quintile. Stunting rates are greater among children residing in mountainous districts. Poverty, poor infant feeding practices and inadequate access to health care account for the high prevalence of stunting.

Data/Evidence

The data from routine nutrition surveillance and the health management information system has been reviewed and analyzed; population segments with poor health, nutrition, HIV and social indicators have been identified. In four selected districts, which have high HIV prevalence and very high level of under-five stunting, UNICEF along with MoHSW, WHO and other partners supported community and facility based management of acute malnutrition, behaviour change communication for HIV prevention and child care practices, with emphasis on young people and women.

The country programme extensively uses available data from DHS to identify areas with the poorest indicators. For instance, four low performing districts (Mokhotlong, Thaba-Tseka, Qacha's Nek and Berea) were selected for an integrated joint UN programme to address the high levels of stunting, maternal and child mortality and HIV/AIDS. Comparisons between the 2004 and 2009 Lesotho DHS indicate a reduction in prevalence of HIV in most age brackets of youth except for young adolescent boys 15–17 (from 0.7 per cent to 3.0 per cent) and young women aged 23–24 (27.9 per cent to 31.6 per cent). While UNICEF has targeted young people in select high prevalence districts, a more dedicated focus on subgroups of youth will be required in the near future.

UNICEF is heavily utilizing the Education Monitoring and Information System (EMIS) to identify the most deprived children and address their needs. Herd-boys in the mountainous area regions of Lesotho are deprived of access to formal education, hence UNICEF is supporting MoET to provide non-formal education. In 2011, herd-boys (3,476) from under-served districts have benefited from the non-formal education literacy and numeracy classes. Facilitating the inclusion of herd-boys into these learning structures will continue to be the focus of UNICEF support in 2012 and next country programme.

UNICEF collaborated with the DSW and key stakeholders on the national household survey, a component of the draft OVC Situation Analysis. The survey estimated that the number of vulnerable children at 10 per cent of the total child population (approximately 107,297), with 3 per cent considered most vulnerable, indicating the need for priority targeted assistance. The study also found that 33.8 per cent of children were orphaned (363,526), although there was no major difference in terms of vulnerability between non-orphans and orphans. The Study was used to inform the on-going development of the National Strategic

Plan on Vulnerable Children 2012–2016.

UNICEF supported DSW to pilot a National Information System for Social Assistance (NISSA). The system identifies and ranks vulnerable households caring for children using the Proxy Means Test Formula (PMTF). The PMTF is based on 20 plus variables that are strongly correlated to poverty. The results from NISSA are further validated by community structures to avoid any inclusion and exclusion errors. Once the households with children are selected by the system and verified by the community, they are included in the CGP. Further work remains on popularizing the CGP selection criteria, strengthening local management systems, the case management system, and the appeals and grievance redressal mechanisms to make the systems more effective, transparent and accountable.

Monitoring Mechanism

UNICEF contributed to national efforts to strengthen systems for monitoring results for children in all sectors. This work focused primarily on improving the set of indicators utilized, the processes and periodicity for gathering data, and the mechanisms for analyzing the information:

- UNICEF supported the DSW to design a central registry system, designed as a single targeting tool for all social assistance programmes. Currently, data of 272,000 individuals has been collected and analyzed. The system is currently being utilized to monitor results of the CGP.
- UNICEF has previously supported the Food and Nutrition Coordinating Office (FNCO) to publish a quarterly national nutrition surveillance bulletin to monitor trends in malnutrition rates in children. In 2011, these bulletins were not published because the nutrition data from health facilities was not submitted to the FNCO. It is anticipated that the decentralization of health professionals, including nutritionists, will address this gap in the near future.
- Given delays in conveying data from the health facilities to the national level, a joint UN programme on monitoring and evaluation is proposed and a concept note that will strengthen the capacity of key government institutions, FNCO, MoHSW and NAC, to use ICT to speed up the transmission of data has been developed. UNICEF has introduced the use of mobile phones technology for midwives in 60 of the 197 health centres to make emergency calls to district hospitals when they have an obstetric emergency; and for transmission of HIV test results for children from central level to the health facilities to cut back on the four weeks that it takes for test results to reach parents.
- UNICEF supports the MoET to produce annual education statistical bulletins using data gathered through EMIS. The data helps to identify inequities faced by children in accessing quality education. However, due to on-going challenges with the quality of data gathered, UNICEF plans to support the upgrade of the existing EMIS system. This will be complemented by trainings of national and district level professionals with a view to improving the timeliness of data collection, its quality and analysis.

Support to National Planning

In the area of social protection, UNICEF through its engagement with the CGP, is supporting national efforts to create operational efficiencies within national systems for targeting the most vulnerable with social assistance programmes. A Management Information System (MIS) has been configured to track beneficiaries of the cash grant programme across a whole range of criteria that facilitate snapshots or reporting on any combination of indicators. Further, UNICEF has supported the MoHSW in developing an overall registry (NISSA), which includes data from the MIS. The NISSA, currently populated with information from the 15 community councils following the census approach in the 5 districts targeted by the CGP, collates beneficiary information on a number of parameters under five broad categories of wealth rank and if used collectively by all social safety nets (SSNs) can create operational efficiency and reducing cost. Discussions are underway with the government to scale up NISSA nationally and encourage SSNs to utilize it as a single central registry system.

The Ministry of Health and Social Welfare has institutionalized quarterly reviews, where a select group of indicators are used to assess progress in the health sector. In 2011, the values for the indicators that were presented were incomplete and delayed by five months. UNICEF and partners, including WHO, will work with the Ministry to train key staff on the use of ICT, including mobile phones, to transmit data faster and ensure that there is complete and timely data available for these reviews and programme interventions.

The MoET convenes stakeholders, including development partners, for annual sector reviews to assess performance of the education sector as per indicators and targets. The indicators and targets measure access to education, efficiency, and quality.

Country Programme Analytical Overview

UNICEF's Mid-Term-Review (MTR) influenced the programme strategies used in 2011. In addition, UNICEF conducted a Strategic Moment of Reflection to review the situation of women and children and the drivers of inequity. This analysis was used to critically assess the UNICEF programme and identify areas of comparative advantage in preparation for the new country programme (2013–2017).

UNICEF will intensify its support for equity-focused interventions in order to reach the most hard-to-reach and vulnerable children and women. The office will pursue integrated interventions, ensuring convergence of services in four districts with high prevalence of HIV, child and maternal mortality, and high prevalence of under-five stunting. In addition, children in rural mountainous areas will be reached with high impact health and nutrition interventions.

The emerging research agenda around the CGP (including use of the previously conducted rapid assessment, the recently commenced impact assessment as well as a number of studies on the state of social protection) will allow for a more informed delivery of the programme. The CGP will shift towards a narrower set of interventions aimed at identifying more efficient models for the delivery of the grant at household level, improving the systems for monitoring and tracking, and strengthening coordination on issues of vulnerable children and social protection.

Out-of-school children, mainly herd-boys, will be provided with education opportunities through non-formal education. Social mobilization aimed at parents and employers of herd-boys will be undertaken to raise their awareness of the value and availability of accessing and completing non-formal education. UNICEF will also engage in advocacy efforts with the government for increased budgetary allocations and expanded coverage of IECCD services for children under 5.

As a means of bolstering civil society engagement in the child protection agenda, UNICEF will continue to enhance community "support groups". The support groups were originally constituted to deliver home-based care and have evolved to informal child protection structures undertaking activities such as the monitoring of the CGP at community level. UNICEF will advocate for increased linkages and information-sharing between these informal structures and social welfare practitioners particularly in light of the recently passed Children Protection and Welfare Act and its implementation.

UNICEF will support increased coordination of line ministries and CSOs in the area of adolescent health and HIV prevention. This will contribute to improved monitoring of interventions related to young people and a greater focus on adolescents living with HIV. UNICEF will contribute to trends analysis of routine data gathered in health clinics, including HIV testing and counseling service provision for young people.

In line with findings and lessons learned from the PDNA, carried out after the January 2011 floods, UNICEF will continue to ensure a focus on disaster risk reduction interventions in its annual plan for 2012, next country programme and UNDAF. Within the education sector, UNICEF will advocate for a standing group within the MoET that is able to prepare for and respond to emergencies as they arise.

Effective Advocacy

Mostly met benchmarks

UNICEF continues to identify and select varied approaches, platforms and audiences for advancing its

advocacy agenda for increasing awareness around emerging children's issues.

A milestone of UNICEF's advocacy efforts was the passing of Children's Protection and Welfare Act 2011 (CPWA), five years after its initial drafting. UNICEF played a consistent advocacy role with focus on parliamentarians and key ministries. Further, UNICEF supported a series of grass-root consultations at district level prior to the passing of the CPWA.

UNICEF's key advocacy priority, in 2011, was to ensure that children's rights were meaningfully addressed in the NSDP 2012/3–2016/7. While UNICEF led or co-led the Social Protection, Skills and Innovation, HIV, Health and Nutrition Clusters, technical assistance was provided for all major clusters and issue papers that informed the Plan. This engagement resulted in the prominent inclusion of children's issues in the national agenda. The NSDP provided the parameters for informing the selection of priority outcome areas for the 2013–2017 United Nations Development Assistance Framework (UNDAF).

Cognizant of the decline of external resources to Lesotho and the challenge of an HIV epidemic stabilizing at a prevalence of 23 per cent, UNICEF prioritized advocacy for increased resource allocations by the government for HIV prevention. High-level engagement was facilitated by the UNICEF Regional Director's meeting with the Prime Minister of Lesotho on the importance of continued and enhanced investments in HIV and AIDS. UNICEF reinforced this central message in collaboration with notable advocacy groups such as "The Champions", led by former African Heads of State. UNICEF supported the efforts to accelerate the EMTCT agenda, with King Letsie III, launching the Strategic Plan on the subject.

Commemorations, such as the Day of the African Child, presented UNICEF and partners with opportunities to sensitize the public on child protection issues, including those related to children living on the streets. The National Symposium on HIV Prevention, held in November 2011, provided adolescents with the platform to offer concrete recommendations on improving the HIV prevention response for young people at the highest level.

Changes in Public Policy

Lesotho is guided by its third National HIV and AIDS Strategic Plan (2011–2016) as well as a new National HIV Prevention Strategy (2011–2015). These frameworks and other recent policy documents call for "revolutionizing" prevention. The strategies emphasize "combination of prevention" approaches to address behavioural, biomedical and structural factors and list young people as a key population group for targeting strategies including condom use, HIV testing and counseling, male circumcision and sexual and reproductive health education.

The launch of the Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Paediatric HIV Care and Treatment has provided the stimulus needed for galvanizing the efforts of government, implementing and development partners for joint action in reaching the remaining 20 per cent of HIV-positive pregnant women and their infants with PMTCT services. The costed plan also provides the tools for leveraging resources.

As stipulated in the Education Act 2010, all ECCD and non-formal centers are required to be formally registered as they are now classified as categories of schools. This additional information will allow for more routine reporting on attendance in ECCD centers through the Education Statistical Bulletin.

A revised National Strategic Plan on Vulnerable Children (2012–2016) is near completion. The updated Plan includes a paradigm shift from a narrow focus on orphans to examining child vulnerability more broadly, promotes a family-centred approach towards child well-being, gives greater emphasis to social protection and systems strengthening, and articulates a shift away from social "welfare" approach to one of social "development".

Leveraging Resources

In 2011, UNICEF managed to influence the re-programming of Global Fund resources (US\$5 million) for the national programme on Prevention of Mother-to-Child Transmission (PMTCT). UNICEF provided technical

support to the MoHSW to update its national PMTCT scale up plan, adapt the 2010 WHO technical guidelines for PMTCT, develop the national guidelines for the management of acute malnutrition, and produce a plan for the procurement and utilization of nutrition supplements, which were all prerequisites for release of the funds.

Through the successful implementation and completion of the CGP, UNICEF and the government were able to set the stage for a second phase of the programme to be funded by the EU (at a value of 9.8 million Euro).

In view of the lack of in-depth information providing comparative analysis on social sector spending, UNICEF effectively advocated for the World Bank to integrate social protection components within the public expenditure review.

UNICEF worked with development partners to include child-friendly indicators in the Performance Assessment Framework (PAF). The PAF indicators, which serve as triggers for the release of donor funds under General Budget Support (GBS), have increased resources for the social sector (primary education, social protection and child nutrition). Since 2008, the country received over M 3 billion (approximately USD 400 million), from three major donors (the World Bank, African Development Bank, and the European Union) for the GBS. Some additional M 300 million is in the pipeline once agreed targets are met.

For the first time, UNICEF LCO leveraged funding from a private foundation, the Open Society Initiative of Southern Africa (OSISA). In line with UNICEF's renewed focus on ECCD, UNICEF will utilize the catalytic funds for improving ECCD service provision. Further, UNICEF convened a meeting for partners engaged in ECCD to also submit funding proposals to OSISA. As a result, the Lesotho College of Education, was successful with its proposal.

Capacity Development

Mostly met benchmarks

UNICEF, in collaboration with its partners, engaged in several processes designed to meaningfully strengthen key actors and national bodies.

MoHSW was supported to undertake a capacity gap assessment of the Department of Social Welfare (DSW) and to address the recommendations. This resulted in a strategy articulating the need to redefine roles within the DSW, to review operational job descriptions and to update and improve the performance appraisal guidelines. Further, DSW was trained on data collection using mobile technology, data analysis, and generation of customized reports. This is a critical stage in building the capacity of the government to lead the CGP independently over the next three years.

To contribute to timely and correct treatment of severely malnourished children and the reduction of mortality in state facilities, UNICEF trained staff in 77 out of 216 health facilities on the management of acute malnutrition among children, using recently developed guidelines. Key staff from the remaining health facilities will be trained in 2012, in order to achieve national coverage.

UNICEF provided technical and financial support for the training of 500 health care providers to use the new national PMTCT guidelines. In addition, in collaboration with the UNICEF Regional Office, the national PMTCT programme managers were trained to better monitor the use of the minimum PMTCT package.

An IECCD multi-sectoral committee including key ministries and NGOs was set up and trained in participatory approaches for undertaking district and community consultations on IECCD. The findings from the district and community consultations were used to guide the draft national IECCD policy. The multi-sectoral committee will be instrumental in the roll out of the policy once finalized.

Communication For Development

Mostly met benchmarks

UNICEF supported MoET to conduct a communication campaign to promote free and compulsory education, which was launched by the Prime Minister. Community dialogue facilitators (200) in all districts were trained to conduct community dialogues using a guide developed by and pretested amongst the facilitators. The guide tackles social norms and cultural practices that prevent children from accessing education and introduces new values such as alternatives to corporal punishment. Standardized messages derived from the Education Act targeting parents/caregivers, children, teachers and community leaders were also developed and pretested through focus group discussions on target groups. The messages were packaged into four pamphlets, two booklets and two radio jingles to accompany the community dialogues. To date the dialogues have been implemented in ten districts and will continue in 2012 while jingles continue to be broadcast on local radios. Through the dialogues, communities are building home grown strategies to address barriers in accessing to education such as school uniforms.

A package for communicating with children aged 0–8 for parents and IECCD teachers was developed in partnership with MoET. Representatives (150) from media, pre-schools and organizations working with children with disabilities and on HIV informed the development of the package. Trainees were equipped with skills on how to communicate with children and develop teaching and learning materials. Through this initiative, books, posters, audio and video jingles were produced. These also included books and DVD targeting children with disabilities. The products were pre-tested on the target groups through focus group discussions.

UNICEF, in partnership with MoHSW and village health workers, used the minimum PMTCT package to promote the “Healthy Baby, Healthy Mother” campaign, which was launched by the Minister of Health. In partnership with Mothers 2 Mothers (M2M), focus group discussions were used to drive key messages that motivate women to attend ANC were conducted. The discussions also informed packaging of the minimum PMTCT package and related social mobilization activities. To address stigma, IEC activities and products developed targeted all pregnant women irrespective of HIV status and were pretested amongst pregnant women and service providers. The campaign focused on 42 villages in three districts.

Training of youth organizations in interpersonal communication for HIV prevention saw the emergence of creative and appealing channels such as puppetry to dialogue on sensitive issues with parents and young children on HIV. Nationwide youth consultations on HIV using a guide developed and pretested among young people resulted in their views being incorporated at a national symposium for HIV prevention. Multi-media were also used to create awareness on HIV prevention, including the launch and dissemination of the first Lesotho-based movie on HIV and young people.

Service Delivery

Fully met benchmarks

Since Lesotho ranks as a lower middle-income country, UNICEF does not regularly engage in large scale service delivery activities. In 2011, two interventions were undertaken to contribute to the design of models of service delivery with potential to be taken to scale to address bottlenecks for delivering services at community level. Related activities gave added emphasis to reaching the most marginalized women and children.

UNICEF and Partners in Health (PIH) have started a partnership that holds great promise for the equity approach to programming. This collaboration, which started in 2011, is testing a model of service delivery – the performance-based incentive approach, for community health workers to accompany pregnant women

to a health facility for antenatal, delivery and postnatal services and child health services. The approach has increased access to high impact interventions for women and children in the hard-to-reach mountainous areas of the country where women and children have to travel significant distances to seek care at a health facility. As part of this collaboration, 96 community-based health workers were trained and given incentives to identify and accompany 265 pregnant women for their first and second ANC visit, and 80 women were accompanied for their post natal visit, where all new born received BCG dose. In addition, 1,656 children were vaccinated against common childhood illnesses. These women and children would not have received services, if it had not been for this unique performance-based incentive approach. The service delivery model will be evaluated in 2012 and the results used to guide advocacy for equity-focused service delivery in deprived areas of the country.

The DSW was supported to conduct a capacity development needs assessment in 2010 to identify major areas for improvement in service delivery. In light of the review, a two-year Organization Development Strategy (ODS) was prepared. The aim of the ODS is to strengthen leadership and systems capacity of DSW in order to achieve improved performance and deliver social development programmes, in particular for vulnerable groups including children. To improve the effectiveness and efficiency of social assistance programme, processes and systems were developed, pilot tested and improved for targeting, enrolment, delivery, monitoring and evaluation, and case management at community level.

Strategic Partnerships

Fully met benchmarks

UNICEF engages in both UN and external partnerships (including those with the private sector, civil society, and others) that yield positive results for children across sectors and contexts.

In the area of social protection, UNICEF and the government carefully analyzed the critical tasks, which needed to be completed under the social protection initiative by civil society organizations. Key private firms, NGOs and FBOs were identified and their capacity was assessed. UNICEF, the government and World Vision Lesotho entered into a partnership that resulted in the data collection from 50,000 households, reaching 27,700 vulnerable children with the CGP. World Vision Lesotho shared their technical expertise and resources with the government and UNICEF in order to achieve the stated results.

In addition, UNICEF benefited from a strong partnership with a Sport for Development NGO, Kick4Life, which has been instrumental in identifying innovative practices for engaging with young people, including the use of SMS messaging to both raise awareness about HIV and to link individuals with their local HIV testing and counseling service point. Further, through the partnership, use of national media outlets ranging from newspapers, radio, billboards and print magazines were pursued for HIV prevention messaging.

UNICEF continues to benefit from its global and local partnership with the Commonwealth of Learning. The partnership has been instrumental in scaling up the Child-friendly Schools initiative through pre-service teacher training programmes.

During the flood emergency of early 2011, UNICEF collaborated with the Lesotho Red Cross Society to implement a water and sanitation project, which provided latrines to schools and restored small water schemes for villages that lost their water supply. The partnership assisted UNICEF to assume a cluster coordination role for the water and sanitation sector. Lesotho Red Cross Society also benefitted by using the collaboration to leverage more resources for their humanitarian programmes from other donors.

Mobilizing Partners

The CGP engaged villages with the support of national NGOs to facilitate the establishment and strengthening of local management systems that are playing a critical role in identifying and prioritizing the

most vulnerable families caring for children to benefit from the programme. The preliminary results from a draft targeting analysis revealed that such a system has improved the identification of the vulnerable children for inclusion in the programme by 50 per cent. The system will be further strengthened to be the first line of contact for children at risk of violence, abuse and exploitation.

UNICEF continues to be informed by the work of community and faith based organizations through an informal child welfare and protection-focused umbrella network. The Letsema network has been in existence for over three years and convenes regularly to discuss emerging and topical issues (such as the implications of the Children's Protection and Welfare Act). UNICEF will continue to advocate for greater support for the network by the government and key stakeholders as it serves as a potential community-based platform for reinforcing the over-extended formal social welfare work force.

Knowledge Management

Mostly met benchmarks

UNICEF supported the development of a number of knowledge products that will continue to be utilized and heavily disseminated in 2012.

A Child Poverty Study was completed and informed UNICEF's contributions to the National Strategic Development Plan (2012/3–2016/7). A comprehensive Situational Analysis on Women and Children was developed and is guiding the next country programme.

UNICEF supported the government in its efforts to complete the Situation Analysis of Orphans and other Vulnerable Children in Lesotho, which includes survey data assessing issues such as access to services by over 4,200 individuals. The findings were utilized for the development of the National Strategic Plan on Vulnerable Children (2012–2016).

On-going technical support is being provided for the National Information System for Social Assistance (NISSA), which currently compiles profile information for the households and individuals enrolled in the CGP. This has created the potential for further use of the tool in capturing household and individual vulnerabilities nationwide.

UNICEF supported the MoHSW to conduct a survey to validate a document review of the PMTCT programme. The validation survey confirmed that the country had achieved remarkable progress in providing ARVs to mothers to prevent HIV transmission but has not been successful in primary prevention of HIV and prevention of unintended pregnancy among HIV-positive women. The information was also used to develop The Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Paediatric HIV Care and Treatment.

Human Rights Based Approach to Cooperation

Partially met benchmarks

The human right based approach remains an integral strategy of UNICEF's programme. Staff members developing the new UNDAF were trained in HRBA, which included a focus on equity, addressing the needs of the most disadvantaged, building capacities of duty bearers and raising awareness of right holders.

The HRBA was used to guide the development of the 2011 Situation Analysis on Women and Children. All sectors were encouraged to comprehensively reflect and address root causes of inequality and the impact of varying kinds of discrimination and vulnerabilities faced by women and children. Similarly, the Situation Analysis of Orphans and other Vulnerable Children in Lesotho was framed around the degree to which children's rights to survival, development, protection and participation are being fulfilled.

UNICEF continues to identify and facilitate opportunities for engaging rights holders in programme and policy formulation. Notably, women, children and young people were engaged in community sensitization efforts for the Education Act 2010. These groups were also involved in the development of the draft IECCD Policy and materials for caregivers and children, including children living with disabilities. The views of children and young people were reflected in the Child Poverty Study and in the district and national HIV prevention symposia, held in November 2011.

Gender

Mostly met benchmarks

In 2011, LCO set out to implement the recommendations of the Gender Audit conducted in 2010. The country programme continues to be informed by *UNICEF's Operational Guidance for Promoting Gender Equality through UNICEF-Supported Programming*.

The Gender Audit recommended engaging men and boys as strategic partners for achieving gender equality and the need for clear gender analysis informing the design of studies. During the development of the IECCD policy this year, a deliberate effort was made to emphasize the role of fathers in child development. This was done in the recognition that early childhood development is both a protection and parenting support intervention, in addition to the educational benefits. The tools for the out of school survey which was carried out this year specifically employed gender analysis during their development and they were qualitative in nature to ensure consideration of gender inequality and cultural traditions. This is in the context where Lesotho ranks third in the SADC region in the 2011 Southern Africa Gender Protocol Barometer which introduces an index for measuring progress against the 28 targets of the Protocol to be achieved by 2015.

In the context of the CGP, vulnerabilities of the girl child and female-headed households were considered in identifying and prioritizing recipient households. Similarly, women form about two thirds of those supported and trained in psychosocial support (PSS) and child protection issues.

UNICEF is a member of the Gender Technical Committee, an arm of the national Gender Theme Group, with membership from the government, the UN and other partners. UNICEF collaborated with UNFPA and UNDP in planning for Sixteen Days of Activism Against Gender-based Violence campaign. The campaign was preceded by a national Gender Symposium, which involved groups of men, women and young people to discuss drivers of gender-based violence in their view as men, women and young people and how to address those drivers. These included meaningful discussions on culturally appropriate alternatives or modifications to the *bohali* a practice of the groom's family making an offering to the bride's family, which has at times been interpreted locally as 'payment' for the bride, raising issues of gender-based violence.

The Gender Focal point continues to participate in the Country Management Team and Programme meetings, using the fora to encourage on-going consideration for gender mainstreaming and gender equality measures. Efforts continue to be made to improve the gender balance in the LCO through staff recruitment.

Environmental Sustainability

Mostly met benchmarks

UNICEF is pursuing an increased focus on environmental sustainability in its current and upcoming country programme.

In 2011, UNICEF actively participated in a Post Disaster Need Assessment (PDNA). The findings were used

to advance risk-informed programme interventions. In particular, UNICEF convened key stakeholders on the development of a programme integrating disaster risk reduction into the school curriculum. The proposed changes are expected to be integrated, finalized and adopted by the MoET in 2012.

As part of the preparation for the next country programme, a rapid review of the impact of the proposed results on the environment was conducted. A detailed environmental assessment was not pursued, as proposed activities of the country programme do not include water extraction, disposal of solid or liquid waste (in bulk), use of chemical, construction work or use of energy such as coal, oil or wood. Further, the results of the next country programme are not expected to have a detrimental impact on the environment.

UNICEF supported Durham Link, an NGO, to educate child representatives from all 10 districts on climate change and its impact prior to a tree-planting ceremony. The ceremony was held in partnership with the government and the private sector.

Internally, the Country Office is increasing its commitment to 'green' initiatives. These include the use of electronic copies of documents and efforts to reduce printing, utilizing the default duplex printing setting and responsible use of air-conditioning.

South-South and Triangular Cooperation

Activities related to South-South cooperation involved exchanging lessons learned and partnership building.

UNICEF facilitated a study tour to Brazil and Colombia to observe and draw lessons from their comprehensive social protection programmes. The dialogue around success factors and the visits to the field have encouraged the government to refocus its work on developing a central registry system that will be a repository of all vulnerable households/ individuals that would need any kind of social assistance.

To inform the eventual establishment of the National Council of Social Workers, the country hosted an exchange visit among social workers from Botswana and Republic of South Africa. The Department of Social Welfare and the Lesotho Social Workers Association also participated in a social work leadership development workshop, organized and hosted by Botswana.

Country Programme Component: Child survival care and development

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. By 2012, quality PMTCT and paediatric AIDS care services will be available to 80 per cent of affected and infected mothers and children	2	FA3OT1, FA3OT2, FA3OT3, FA3OT4
2. A comprehensive package of high-impact maternal neonatal and child survival interventions is accessible to at least 90 per cent of women and children	2	FA1OT1, FA1OT4, FA1OT6, FA1OT7, FA1OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	205104.51	205104.51	100.00
OR-R	1105800.00	931086.18	931086.18	100.00
RR	400000.00	469483.28	469483.27	100.00
Total	\$1,505,800.00	\$1,605,673.97	\$1,605,673.96	

Results Achieved

Lesotho made significant advances in the national **PMTCT agenda**. The Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Paediatric HIV Care and Treatment was endorsed outlining priority and costed actions. In terms of coverage, 81 per cent (8,846) of HIV-positive pregnant women received ARVs for the prevention of mother to transmission of HIV. This represents a 10 percentage point increase over the 2010 coverage. In addition, 62 per cent of HIV-positive children were on ART, covering 8,036 of an estimated 13,000 children in need. Progress is attributable to increases in supplies, diagnosis and community mobilization. Additional facilities (13) were equipped to provide PMTCT services and DNA PCR HIV testing services for children. All of the PMTCT facilities (197) provided the minimum PMTCT package, which is co-packaging ARVs, and micronutrients for pregnant women to take home. Women in 42 villages in the districts with lower PMTCT uptake were mobilized to utilize PMTCT and paediatric HIV and AIDS treatment and delivery services.

UNICEF provided technical support for the preparation of the EMTCT Strategic Plan. UNICEF assisted with the forecasting and procurement of drugs and supplies for the expansion of PMTCT services nationwide. A total of 55,000 Minimum PMTCT Pack, ARVs and 720 Dry Blood Spot kits were provided to the programme. UNICEF also supported the training of 500 health workers on PMTCT and Paediatric HIV in all 10 districts on the revised PMTCT and Paediatric HIV Guidelines.

Limited gains were noted in increasing women and children's access to **high-impact health and nutrition interventions**. The proportion of infants receiving 3 doses of the Pentavalent vaccine increased from 67 to 78 per cent. UNICEF supported forecasting and procurement of vaccines, injection materials and therapeutic milk for the routine immunization and nutrition programme, obstetric and neonatal resuscitation equipment and supported the training of midwives to better manage labour, delivery and neonates. In efforts to reach the most deprived women and children, UNICEF trained community health workers to accompany pregnant women for scheduled visits to health facilities in four districts with remote communities, increasing the proportion of women delivering in health facilities by 300 per cent. The community health workers were also trained to identify and manage or refer diarrhoea and pneumonia cases.

UNICEF supported MoHSW to carry out IMAM trainings, to be rolled out in further cascade trainings, for lead nutritionists and nurses in all 10 districts. UNICEF provided technical assistance to the revision of the

Protocol for Management of Severe Acute Malnutrition in Lesotho, ensuring a greater focus on community care of malnourished children. Technical support was provided to the MoHSW for revising its Under-five Register to include additional indicators in nutrition and PMTCT. OVCs from 2,976 households were assisted with food and nutrition security interventions in the five districts of the CGP.

Most Critical Factors and Constraints

Collaboration of stakeholders and partners working together under the PMTCT Technical Advisory Committee led to the achievement of positive results; reaching at least 80 per cent of HIV infected pregnant women with antiretroviral drugs, the development and launch of The Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Pediatric HIV Care and Treatment, and the adoption of the 2010 WHO PMTCT technical guidelines.

The Minimum PMTCT Package (MPP) feasibility and acceptability study conducted in 2009 showed that 80 per cent of the women who received the MPP were satisfied with the pack, 99 per cent took the drugs according to instructions, 91 per cent made sure their babies received the ARV-at-birth dose, but 9 per cent were embarrassed to carry a pack that all people know is for HIV-positive pregnant women. The issue of stigma associated with carrying the pack has been addressed by providing all pregnant women with a pack, those who are HIV positive get ARVs and micronutrients while those who are negative get only micronutrients.

The delivery of equitable and quality health care has been hampered by several factors: lack of sufficient numbers of trained health personnel due to migration of skilled health workers and AIDS-related deaths; a third of pregnant women unable to return to the health facilities for their scheduled visits due to prohibitive transportation costs or weather (damaged roads, heavy rain or snow); and the insufficient outreach services provided by health facilities to remote communities.

In the area of nutrition, discrepancies between routine data gathered in local health centres, the district and national levels have made it challenging to follow trends around child survival indicators, including those related to nutrition. Efforts in decentralization within the health sector, including the more recent presence of nutritionists at the district level should improve the quality of data and its analysis.

Key Strategic Partnerships and Interagency Collaboration

UNICEF is a key member of the Health Development Partners' Forum, where donors, CSOs and UN agencies coordinate and discuss health-related issues.

UNICEF and EGPAF worked together to support government to expand the provision PMTCT services from 191 to 197 health facilities, bringing Lesotho closer to offering services in all 216 facilities.

The partnership between Baylor College of Medicine and UNICEF on mentoring health nurses working in health centres has enabled 41 additional health facilities in 2010 to provide ART to HIV-positive children. Baylor trained 502 health workers and was able to reach 4,573 children (half of all children on ART) with care and treatment services. UNICEF continues to benefit from this partnership, particularly, as Baylor continues to be a consistent player in providing credible data on paediatric AIDS.

In collaboration with Mothers 2 Mothers (M2M), joint activities have provided psychosocial, and peer support to HIV-infected mothers to adhere to their ARV prophylaxis, bring their newborns to the clinic for early diagnosis, promote appropriate infant and young child feeding practices; encourage HIV-negative mothers to stay HIV free. M2M trained 27 mentor mothers and were able to reach 3,020 HIV infected women with psychosocial support.

UNICEF and Lesotho Red Cross Society responded to the needs of flood victims in 5 districts in Lesotho. This collaboration resulted in the construction of VIP latrines for 8 schools, the restoration of water supply for 20,000 people in 20 communities, and the education of members of 15 villages on hygiene and basic sanitation.

Humanitarian Situations

Following the Floods in Lesotho in December 2010 and January 2011, UNICEF received US\$250,104 from the UN Office for the Coordination of Humanitarian Assistance. The funds were used to provide the following:

- Refurbishment of seven micro water systems in four districts (Thaba-Tseka, Berea, Quthing and Maseru) of Lesotho. Approximately 20, 000 people in 20 communities who were affected by lack of water after the break-down of their systems had their water supply restored following the refurbishment;
- Construction of VIP latrines with 71 cubicles in eight schools whose latrines were destroyed by the heavy rains and strong winds in the five districts. The VIP latrines are serving 1,495 school children and 49 teachers. The number of schools that received a new VIP latrine in each districts were as follows; 2 in Maseru, 2 in Quthing, 1 in Botha-Bothe, 1 in Berea and 2 in Mokhotlong;
- 15 villages in Ha Potsane in Mohale’s Hoek district were given skills necessary for improving their personal hygiene. Ten Environmental Health officers were trained as facilitators, who utilized the “participatory hygiene and sanitation transformation” approach to conduct training sessions for teachers from 6 primary schools and community health workers from the 15 villages. The trained teachers in turns trained school children to observe a high standard of hygiene whereas the community health workers shared the newly acquired knowledge with members of the communities. As a result, the communities have constructed hand-washing facilities for themselves.

Summary of Monitoring, Studies and Evaluations

Assessment of the extent to which Paediatric HIV and Tuberculosis programme and services are integrated is underway; the report will be available in 2012. The assessment will provide information on access to paediatric HIV care and treatment, Tuberculosis case finding and case management among children to guide the expansion of services for children infected with HIV and tuberculosis. UNICEF in collaboration with SADC, engaged a consulting firm to carry out the assessment.

Assessment of the extent to which the 2010 WHO PMTCT guidelines have been adopted and implemented in Lesotho is underway and the report will be available in 2012.

Future Work Plan

Priority actions for 2012 will be as follows:

- Support the national PMTCT programme to develop an operational plan for the EMTCT strategy.
- Provide support for increased integrated maternal, neonatal and child health outreach services to under-served communities;
- Advocate for the introduction of community case management service delivery model for diarrhoea and pneumonia in under-served communities;
- Support the training of health workers to better manage acute malnutrition using the new national guidelines for community management of acute malnutrition.
- Support the health system to strengthen the use of routine information for improving maternal and child health and nutrition services.

Country Programme Component: Education for all

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. At least 85% of school age girls and boys are enrolled in primary school in 2012 academic year	2	FA2OT3, FA2OT5
2. At least 70% children enrolled in grade 1 in 2008 have successfully completed grade 5 by 2012	1	FA2OT4, FA2OT6
3. By 2012, at least 20% of out-of-school children, especially herd boys and rural children, aged 6-16 enrolled in NFE	3	FA2OT3

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	89001.00	89001.00	100.00
OR-R	2100000.00	1090698.00	1052234.00	96.47
RR	175000.00	74039.00	74039.00	100.00
Total	\$2,275,000.00	\$1,253,738.00	\$1,215,274.00	

Results Achieved

In the roll out of the **Education Act 2010**, UNICEF supported public sensitization on the provisions of the Act as well as its implications for communities through a broad-based campaign, launched by the Prime Minister. UNICEF undertook the training of 200 women and men facilitators from all ten districts on community dialogue around the Education Act, offering the space to discuss barriers to accessing education. The facilitators further sensitized 30,000 women and men, community leaders and children on free and compulsory primary education in all the ten districts. It further supported the development of School Management Regulations, a tool to implement the Education Act 2010, which were finalized and are awaiting printing and dissemination.

UNICEF continues to identify opportunities for improving its understanding and addressing the factors contributing to **inequities among children**. UNICEF supported the first ever survey to review the situation of out-of-school children in Lesotho. Workshops were held on content and open learning methodologies for all registered literacy teachers (356 in total), of which more than 80 per cent were women. The objective was to improve their skills in teaching functional literacy and numeracy that benefitted 6811 learners, mostly herd-boys from remote mountainous areas. To remove barriers to school, UNICEF supported 5,461 OVC (1,779 girls, 3,682 boys) residing in the districts targeted by the CGP, with school uniforms, which resulted in reduced absenteeism among benefitting children. To promote equitable access to early learning, a total of 2,786 vulnerable children (1,323 girls, 1,466 boys) aged 3-5 years were awarded bursaries.

In an effort to facilitate an enabling environment for the **provision of IECCD services**, the IECCD Policy and its Strategic Plan were drafted and are currently available and awaiting finalization. To improve children's language development, 81,000 copies of four booklets and five posters on "communicating with and about children", including children living with disabilities, were printed and distributed to caregivers and reception centres benefitting 60,117 children aged 3-5 years nationwide. The development of these books was a collaborative effort of various stakeholders. UNICEF supported the training of 38 (26 women, 2 men) early childhood teachers who graduated in 2011, bringing the number of qualified ECCD teachers to 98. The ECCD syllabus was printed and distributed to all 236 reception classes while 187 (175 women, 12 men) reception class teachers were trained on how to use the syllabus.

UNICEF supported the Ministry of Education and Training (MoET) to improve its Education Monitoring and Information System (EMIS). As a result, the Ministry was able to provide and report on statistics related to 18 out of 20 core indicators during the annual General Budget Support Meeting. Availability of these statistics contributes to a conducive environment for donor funding, increases accountability and commitment to performance. Further, the improved quality of data and its timely consolidation, facilitated the MoET convening of the Education Sector Joint Review (2011), which was last called in 2008.

Most Critical Factors and Constraints

The Education Sector continues to face coordination challenges that could be addressed through the use of the sector-wide approach, convening the government and development partners. Improved coordination among stakeholders would allow for national agreement on key priorities, avoid duplication of efforts and

increase efficiencies across the sector.

The government is committed to education as evidenced by the budgetary allocation for the sector (25.4 per cent of the recurrent budget), sub-sectors such as IECCD and non-formal education received significantly smaller contributions (.29 per cent for ECCD and .07 per cent for non-formal education).

Key Strategic Partnerships and Interagency Collaboration

UNICEF benefited from a strategic partnership with the Commonwealth of Learning for the purposes of mainstreaming the CFS concept through teacher trainings, contributing to the scale-up of CFS across the country.

UNICEF's partnership with the Lesotho Association of Non-Formal Education (LANFE) and Good Shepherd Teenage Mothers Centre also yielded positive results, facilitating access to non-formal education for 3,476 children, over 90 per cent of which were herd boys. It has also contributed to an increased coverage of non-formal education service provision since LANFE operates in the districts not covered by Lesotho Distance Teaching Centre (Mokhotlong, Mohale's Hoek and Quthing). The partnership with Good Shepherd Teenage Mothers Centre ensured that the teen mothers who dropped out of school due to unplanned pregnancies continued their education.

Within the UN, UNICEF continues to play a leadership role in the education sector, offering technical assistance for consolidating inputs to the "Skills and Innovation" Cluster of the National Development Strategic Plan. This role included the dissemination of evidence-based research on the merits of investing in early childhood education in national education plans as well as other national development plans. UNICEF leads on the education related components of the UNDAF and continues to convene the other UN agencies contributing to the education sector in the preparation of the new UNDAF (2013-2017).

Humanitarian Situations

In response to the December 2010-February 2011 floods, UNICEF, in collaboration with the UN Disaster Management Team (DMT), provided technical support to the disaster preparedness, response and recovery efforts. UNICEF contributed to a rapid education needs assessment to inform, identify and address educational emergency needs for children and women, informed by the Sphere Standards and INEE Minimum Standards.

UNICEF contributed to government efforts for integrating disaster risk reduction into national curriculum in the country, covering primary and secondary school learners. The process marks a paradigm shift in curriculum development away from a traditional subject-based academic model to the one primarily built upon skills development. UNICEF also contributed to strengthening the capacities of state authorities, including MoET, Disaster Management Authority (DMA), Lesotho Fire Brigade and National Curriculum Development Centre (NCDC) as well as non-governmental and community organizations, such as Lesotho Red Cross (LRC), Lesotho Save the Children, Lesotho World Vision. This was an essential strategy for joint and effective humanitarian action. The contribution was in the form of Training of Trainers (ToTs) for 38 officials and practitioners.

UNICEF also provided technical support to DMA for a household risk assessment to inform disaster preparedness and risk reduction activities, in collaboration with WFP, in order to make decisions promptly, recognizing that affirmative management of risks is critical.

Summary of Monitoring, Studies and Evaluations

UNICEF supported a *Study on Knowledge, Attitudes and Practices of Parents and Caregivers of Children aged 0 to 8 Years Regarding Early Childhood, Care and Development (ECCD)*. Findings from the Study were as follows: (a) parents do not read with their children, under the assumption that reading is being tackled in schools; (b) print media is not highly valued, impacting children's language, literacy and numeracy skills development; (c) fathers demonstrated limited involvement in child rearing practices.

The study and its findings have informed the IECCD Policy and its Strategic Plan, including promotion of the

role of fathers in child development, care and support. UNICEF and partners will make efforts to sensitize fathers on select child rearing skills and to distribute children's books to IECCD centres and reception classes so that caregivers read books with and about children having different abilities and disabilities.

Future Work Plan

- In order to effectively implement the Education Act of 2010, free and compulsory primary education campaigns will be intensified using advocacy, community dialogues and partnerships. Procurement of teaching and learning materials, in-service training for teachers and other education personnel will be supported in order to contribute towards increased enrolment and improved quality of education.
- UNICEF will support the development of national CFS Minimum Standards. CFS will be continued as a strategy to improve quality of education, especially for the hard-to-reach mountain areas.
- The capacity of non-formal education subsector will be improved by enhancing institutional capacity of mainly the Lesotho Distance Teaching Centre which coordinates non-formal education provision in the country to increase enrolment and improve quality of non-formal education, especially for the most vulnerable children such as herd boys.
- Support the capacity of preschools by providing technical assistance for finalizing Early Learning and Development Standards, conducting age validation as well as finalizing content validation. Technical support will also be provided for finalizing the IECCD Policy together with its Strategic Plan. High-level advocacy will be used to ensure timely adoption of the policy and its Strategic Plan.
- For evidence-based programming and timely, reliable data, Education Monitoring and Information System (EMIS) will be improved.

Country Programme Component: Adolescent HIV prevention and protection

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. By 2012, young people (10-24) including the most at risk have an enabling and supportive environment to acquire correct information, comprehensive knowledge and risk reduction skills		1 FA3OT7, FA3OT8
2. By 2012, adolescent boys and girls (12 - 24) access and utilize adolescent friendly HTC services in all 10 districts		1 FA3OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	1000000.00	640077.00	637581.00	99.61
RR	130000.00	216000.00	215492.00	99.76
Total	\$1,130,000.00	\$856,077.00	\$853,073.00	

Results Achieved

UNICEF provided technical and financial resources for HIV prevention interventions delivered in the school, out of school or community setting. In view of recent studies indicating the limitations of the current life skills content and delivery in boosting **comprehensive knowledge** on HIV prevention among young people, UNICEF supported the MoET in a regionally facilitated training on evidence-based sexuality education, which was rolled out in-country through refresher trainings for 60 teachers in 10 districts. UNICEF played a convening role among the UN and partners to agree on a roadmap for addressing gaps through the planned revision of the curriculum and to complement this effort with increased coordination among partners delivering life skills through community based HIV prevention programmes for young people for improved

coverage of promising approaches.

UNICEF continued to support NGO and community-based partners delivering **HIV prevention interventions** through several platforms: (a) community-based theatre through roll-out of the "Red Card" campaign promoting peer and inter-generational dialogue on multiple concurrent partnerships, transactional sex, alcohol abuse, and the lack of male circumcision reaching 14,000 young people in 5 high prevalence districts, (b) promoting a free HIV textline for increasing awareness of HIV registering nearly 1,000,000 SMS responses combined with an interactive text messaging platform informing young people of their local HIV testing, counseling and referral resulting in 600 referrals to date, (c) through school based "Hear Me" clubs focusing on HIV, gender and rights supplemented with efforts to improve the capacity of duty-bearers (church leaders, teachers and peer educators) to engage with adolescents on HIV prevention, sexual and reproductive health, and gender equality and refer them to health facilities, (d) HIV awareness raising interventions delivered in complementarity with child grants scheme reaching 1,051 young people in 5 districts.

UNICEF identified ways of addressing the increasing cohort of children living with HIV who are now entering adolescence and young adulthood. This included: (a) participating in a regional workshop, along with the government, Baylor and Sentebale, on adolescents living with HIV which informed a module for service providers on care for **adolescents living with HIV (ALHIV)**, (b) expanding coverage of teen clubs to 8 districts, offering psychosocial support to 4,200 adolescents (with just over 50 per cent female participants) as well as training facilitators for the teen clubs; (c) reaching over 800 individuals through Caregiver Days designed to offer peer support and improved skills in assisting ALHIV, (d) training 67 hospital and health center service providers in adolescent friendly health care; the districts were selected based on a mapping that reflected districts with substantial hard-to-reach regions.

UNICEF collaborated with the MoHSW to launch the first film of its kind set in a local context dealing with issues of sexuality and HIV at the conclusion of the National HIV Prevention Symposium; in 2012 the film will be further disseminated at community level.

Most Critical Factors and Constraints

Despite the number of actors delivering health and HIV prevention interventions for young people, coordination amongst them remains limited. The inter-sectoral nature of working with young people involves linkages between various line ministries and partners, and there is need for an effective forum for mapping out the various activities on the grounds, assessing coverage and identifying indicators for assessing progress.

UNICEF made little progress against the result related to ensuring adolescents access to youth-friendly HIV testing and counseling services in all 10 districts. Future work will require expanded collaboration with MoHSW and relevant units dealing with adolescent health and HIV testing and counseling. UNICEF will devote greater attention to assessing gaps in coverage and referrals, better use of the monthly compiled data on use of HTC, and strengthening UNICEF's convening role in supporting the MoHSW with its objective to develop adolescent friendly health standards for use at all health service points.

Key Strategic Partnerships and Interagency Collaboration

UNICEF serves as the alternative lead for the UN Prevention Team. In this capacity, UNICEF has pro-actively pursued greater alignment amongst various agencies' accountabilities under the UN division of labour on HIV and responsibilities under UN Business Case on Empowering Young People to prevent HIV. This more concerted effort to address the three result areas around comprehensive knowledge, condom promotion and boosting of HIV testing and counseling are being reflected in efforts to coordinate support to the MoHSW and MoET for the 2012 work plans and in the draft documents for the next UNDAF.

UNICEF supported the National AIDS Commission in convening the Technical Working Group on HIV Prevention and Young People, bringing together relevant line ministries, NGOs and CSOs to take stock of priorities for young people under each of the ministries and to review the interventions and coverage of

partners present. However, in view of re-structuring within the National AIDS Commission, UNICEF is working with the various line ministries to ensure continuity of efforts to coordinate, map services and interventions and to work towards a minimal set of indicators for assessing progress in a few targeted areas.

Summary of Monitoring, Studies and Evaluations

Impact Assessment (Hear Me Project) implemented by Catholic Relief Services (CRS)

SAfAIDS

UNICEF funded an impact assessment of the "Hear Me" project implemented by Catholic Relief Services (CRS) in partnership with Lesotho Catholic Bishops Conference (LCBC). The two-year project worked to address the systemic and contextual factors that make adolescents, particularly girls, vulnerable to HIV infection by addressing issues of gender inequality, gender-based violence, and three modes of HIV transmission. The project reached out to adolescents and adults in 5 districts through the faith-based community schools and churches. By the end of the project, 262 schools had established "Hear-Me" clubs, which implemented regular activities on HIV prevention, gender and rights. Recommendations and findings from impact assessment were as follows:

- (1) Offer platforms for knowledge exchange and learning particularly on inter-generational dialogue on sexuality, gender, rights and HIV;
- (2) Reinforce programming and the core interventions with innovative multi-media interventions such as radio programming for and by youth;
- (3) Stigma and discrimination was often cited by young people as a barrier for participating in the school-based clubs;
- (4) "Champions for Change" at the community level, in this case ranging from principals, church leaders and other influential members of the community were instrumental in realizing the project. Where these duty bearers were less engaged, the level of participation among young people was reduced;

UNICEF intends to use the findings of the impact assessment in the preparatory work for designing its new country programme, given the renewed focus on reaching adolescent girls as a critical cohort for HIV prevention services.

Future Work Plan

Priority actions for 2012 will be as follows:

- Support relevant line ministries and NGO partners towards increased coordination on HIV prevention and young people's programming. This will include efforts to harmonize existing tools and approaches for HIV prevention programming, undertaking mapping exercises to determine coverage of interventions across the 10 districts, and a review of tools and modalities for tracking progress at district level;
- Contribute to the revision of the life skills programme in providing technical assistance for a more evidence-based review as well as providing trainings with MoET and school administration on promising practice in sexuality education;
- Ensure a greater focus on the quality of adolescent care within health service provision. UNICEF will work with MoHSW for the development of minimum standards for quality adolescent care in health services. This will be complemented by efforts to analyze current data collected at HTC service points to review gaps in care and referral for young people;
- Utilizing the manual and training developed in 2011, trainings of service providers supporting adolescents living with HIV, in the remaining 3 districts will be completed. Further, coordination around support of ALHIV will be strengthened, including roll-out of recent trainings undertaken by MoHSW and NGO partners as well as standardization of tools utilized for PSS care;
- Noting that key and innovative materials were finalized in 2011, efforts will be made to match BCC dissemination with uptake in service utilization. While this remains a challenge for "campaign"

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oriented interventions such as radio programming, efforts will be made to roll-out the Red Card campaign at community level, viewings of the Tsasa movie, and increased popularization of the HIV textline directing young people towards use of health services;

- Improved situation of young people more broadly, through support to the Child Helpline, supporting the review of the adolescent health policy, and identifying means for young people to participate in the shaping of the new country programme through and adolescent situation analysis.

Country Programme Component: Policy, legislation and social protection

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. Enabling environment for the enactment and enforcement of the CPWB created.	1	FA5OT4, FA5OT8
2. Child and gender sensitive social protection system promoted.	2	FA4OT7, FA5OT3, FA5OT5, FA5OT6, FA5OT7
3. Policy, advocacy and programming for children, youth and women are evidence- based.	2	FA5OT3, FA5OT5, FA5OT6

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	1900000.00	6527948.00	6435313.00	98.58
RR	250000.00	16341.00	16341.00	100.00
Total	\$2,150,000.00	\$6,544,289.00	\$6,451,654.00	

Results Achieved

The enactment of the **Children's Protection and Welfare Act** (CPWA), in March 2011, constitutes the most significant milestone for children in the area of child protection. The enactment domesticates the UN CRC and the ACRWC provisions in Lesotho and actions have since been taken towards its implementation. A formal multi-sectoral committee was set up by the MoJHRCS to spearhead the CPWA implementation. As its first task, the committee produced an operational plan that included terms of reference for mapping out the process and developing phased regulations. The MoJHRCS coordinated sensitization of senior management and staff of Correctional Services, Judiciary and Lesotho Save the Children including Child Helpline, on the CPWA.

UNICEF has played a leadership role in advancing the **Social Protection agenda** in Lesotho. Notably, UNICEF's advocacy efforts were instrumental in the inclusion of social protection issues in the National Strategic Development Plan (NSDP) 2012/13-2016/17. Further, progress has been made in promoting child and gender sensitive social protection through the success of the Lesotho Child Grants Programme (CGP), the unconditional social cash transfer introduced in April 2009. In 2011, the Programme purposefully reached the most vulnerable children, including those affected by HIV and AIDS covering nearly 10,000 vulnerable households caring for 27,737 children (13,853 girls and 13,884 boys) in five districts, surpassing the project target of 8,000 households. Further, the CGP established linkages with other Social Safety Nets (SSN) and piloted the National Information System for Social Assistance (NISSA), which is being promoted as the future central registry system for all SSNs.

To complement the grants disbursed at household level, UNICEF supported efforts to strengthen the capacities of duty-bearers to contribute to **child protection** efforts at the community level. In partnership with Touch Roots Africa (TRA) and the Catholic Commission for Justice and Peace (CCJP), UNICEF facilitated

the training of 1,460 members of support groups, chiefs, councilors, children and service providers (including teachers) in child protection and psychosocial support including sensitization around key protection issues and reviewing referral services for children. In addition, some 1,433 children living in remote mountainous regions were assisted with school uniforms and hygiene kits.

Protective services were provided through the Child Helpline, which registered 900 calls, with nearly half on issues of abuse, including neglect, physical violence and sexual abuse. The majority of calls were received from one region that includes the most urbanized district. Over 40 per cent of registered calls were from adolescents aged 13-17 and nearly two-thirds of managed cases were from girls.

At the institutional level, the **Department of Social Welfare** (DSW) was provided with technical support in organizational development with a view to improving its service delivery for vulnerable groups, including children. As a result, new organizational and institutional arrangements for strengthening DSW were designed. Job descriptions of key staff at head office were redefined, and operational guidelines on performance appraisal were developed. This support is also meant to assist the Department in its on-going transition from "social welfare" to "social development".

Most Critical Factors and Constraints

The CPWA sets an obligatory mandate for the government to play a key role in the enforcement of the legislation through the setting up of relevant structures, supporting skills and capacity development, and ultimately, establishing the required systems and adequate resources for effective implementation. However, these preparatory steps could not be initiated by the MoJHRCS due to lack of budgetary allocations. Further, UNICEF's planned activities in support of this process could not be carried out as a result of slow absorption of previously disbursed funds.

Overall, the issue of capacities and resources devoted to child protection outside and within UNICEF remains a challenge and significantly impedes progress of planned interventions. In particular, funding for the child protection sector is severely limited. Lesotho's lack of adherence to its reporting obligations to the UN Committee on the Rights of the Child is of concern. The country submitted its initial report in 1998 and the second, third and fourth periodic reports are still pending. This year, the country drafted a combined periodic report with UNICEF technical support, but has yet to submit it.

More robust actions for the effective coordination of children's social and protection issues are required at all levels of government, particularly by DSW. Promisingly, numerous efforts to engage with the leadership in DSW to more forcefully address coordination challenges, especially in light of the CPWA, led to a commitment by DSW, to support the National OVC Coordinating Committee. UNICEF continues to support DSW in addressing other areas of constraints – these include delays in restructuring its organizational practices, strategies and in assuming complete management accountabilities of the CGP. In view of DSW's limited presence at community level, UNICEF will explore partnerships with CSOs, which serve as auxiliaries to government service providers and are able to access hard-to-reach populations. These partnerships, however, may have implications for the cost-effectiveness and sustainability of the services provided once partnerships come to an end.

Key Strategic Partnerships and Interagency Collaboration

UNICEF has been instrumental in efforts to elevate social protection within the national development agenda. This has been achieved through strategic partnerships with a range of actors. To carry out this advocacy role, UNICEF was able to draw on its extensive experience with the CGP, which was effectively implemented in partnership with the government of Lesotho, the European Union, World Vision, Oxford Policy Management and Ayala Co.

To promote social protection, UNICEF collaborated with the World Bank, UNDP, WFP and ILO. The World Bank and UNDP have committed resources to conduct studies for supporting evidence-based programming, and ILO is committed to supporting social security law and related capacity building. UNICEF serves as the lead agency for impact mitigation cluster under the Joint Programme on HIV and AIDS and is the UN focal point for social protection. The programme collaborated with other UN agencies in the development of the NSDP, the UNDAF and the undertaking of the PDNA, with a special focus on child protection and social

protection issues.

The programme also partnered with local NGOs, namely TRA, CCJP and Sentebale to implement projects aimed at providing assistance to vulnerable children in remote locations, building capacity of communities in child protection, and also at enhancing networking among civil society organizations working in the area of OVC. The added value of these partnerships lies with the ability of these organizations to support hard-to-reach population groups. In addition, the programme has pursued its partnership with the Global Fund, PEPFAR/USAID, and the European Union, that was initiated in 2009, to complete the Situation Analysis of Orphans and other Vulnerable Children.

Summary of Monitoring, Studies and Evaluations

The rapid assessment of CGP indicated positive results from the programme. It showed that 80 per cent of the households utilized the cash in the interest of their children, and this included buying items to meet their basic needs such as school accessories, and improving their overall living conditions, which in turn led to children feeling more confident at, and enthusiastic about, school and other aspects of their lives. The rapid assessment also provided some key recommendations to further improve the impact of the intervention. These included issues like adjusting the benefit amount and linking it to some index for maintaining its purchasing power; adding incentives to promote specific results in the areas of malnutrition, vaccination, primary education, as well as strengthening the local management systems for ensuring more transparency and accountability at the grassroots level. These suggestions will be looked into during Phase II of the programme.

The draft Situation Analysis of Orphans and other Vulnerable Children in Lesotho, funded jointly by the EU, GFATM, USAID/PACT and UNICEF, was completed in December (validation in process). This study, which combined a national household survey (based on a sample of 4,354 households) with qualitative research methodology, confirmed the need to shift away the focus from orphan status to broader child vulnerability. The study estimated that the number of vulnerable children nationwide at 10 per cent of the total child population (approximately 107,297) whereas 3 per cent are considered most vulnerable (32,189), meaning that they require priority targeted assistance. The study also found that 33.8 per cent of children were orphaned (363,526) although there was no major difference in terms of vulnerability between non-orphans and orphans. The study findings and recommendations were partly used to inform the on-going development of the National Strategic Plan on Vulnerable Children 2012-2016, and will be widely disseminated in 2012. The Child Poverty Study findings were validated in June and were used to inform the NSDP 2012/13-2016/17 that is currently being drafted. Using a deprivation approach to measure child poverty, 52 per cent of children in Lesotho are suffering from two or more deprivations (21 per cent of children suffering from two severe deprivations and 31 per cent experienced three or more severe deprivations).

Future Work Plan

Priority actions for 2012 will be as follows:

- The MoJHRCS, as the lead ministry with regard to the CPWA, will be supported through technical assistance to develop and operationalize the regulations required to implement the new Act. Pending the availability of resources, a mapping and assessment of the child protection system will be conducted, with special focus on its ability to implement the CPWA. High level advocacy will be conducted and further support provided to ensure that Lesotho complies with its obligations against the CRC;
- The scaling-up of the CGP to other selected geographic areas, designing and implementing capacity building interventions to prepare DSW for taking over the programme, and working with other partners (including the UN) to promote HIV and AIDS, child and gender sensitive social protection;
- The institutional strengthening of DSW will continue to feature prominently in the 2012 work plan. Further technical assistance in the area of Organization Development will be provided to accompany the DSW in its transition towards Social Development. DSW will be supported to formulate a National

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Social Development Policy through a consultative process and to prepare for the policy implementation;

- Technical and financial assistance will be made available to DSW to strengthen the long pending issue of coordination of the national response to vulnerable children;
- The partnership with Sentebale will be pursued to further develop the capacity of civil society organizations in managing programmes for vulnerable children and to enhance networking and collaboration.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Cross-Sectoral	0	FA6OT1, FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	0.00	89674.64	89674.64	100.00
RR	179000.00	306546.48	306546.48	100.00
Total	\$179,000.00	\$396,221.12	\$396,221.12	

Results Achieved

- In preparation for the next country programme cycle, the office was engaged in the development of the Situation Analysis of women and children, organized Strategic Moment of Reflection to review the situation and agree on the focus of next CP. The CPD 2013-2017 was drafted in consultation with key partners and stakeholders.
- As part of the efforts to have risk-informed programming and integrate Disaster Risk Reduction in each area, all UNICEF staff were trained on Disaster Risk Reduction.
- In order to improve quality of resource mobilization and reporting, all staff were trained in donor-relation, fund-raising, and report writing skills.
- An all staff retreat was organized, during which sessions on key issues such as the use of International Public Sector Accounting Standards (IPSAS), VISION were conducted. In addition, key work processes were reviewed and necessary actions were taken in order to facilitate speedy action and reduce transaction cost.
- Upgrade of some ICT equipment, in order to meet the minimum UNICEF ICT standards in preparation for the application of VISION and IPSAS.
- UN Cares retreat was attended by the majority of staff, and individual stress counseling was provided to staff in need.
- As UNICEF contribution to the Resident Coordinator office and UN common services, contribution to the communication function of the Resident Coordinator, provision of support for UNDAF development, 50% of common services' cost was funded from cross-sectoral.

Most Critical Factors and Constraints

Due to the limited funding flow, 82 per cent of the cross-sectoral budget for 2011 was spent on local staff salaries.

Future Work Plan

- Continue improving effective and efficient management and governance systems of the office.

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- Strengthening advocacy and fund raising mechanisms.
- Strengthen staff capacity and knowledge of the new integrated application system VISION and IPSAS.
- Continue capacity building in results based management and support the monitoring and evaluation function including the maintenance and expansion of DevInfo.
- Continue to contribute to the common UN functions and services and play a vital role.

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Evaluations

	Title	Sequence Number	Type of Report
1	The Situation Analysis of Orphans and Vulnerable Children in Lesotho	Lesotho OVC Sitan/2011/002	Situation Analysis
2	Impact Assessment of the Hear Me Project	Lesotho/Adol HIV/2011/001	Evaluation
3	Rapid Assessment of the Child Grants Programme	Lesotho/CGP/2011/001	Evaluation
4	Child Poverty Study	Lesotho/CPS/2011/003	Study
5	Baseline study for UNTFHS in Mophale's Hoek, Mafeteng and Maseru	Lesotho/Nutrition/2011/001	Study
6	KAP of Basotho Parents and Caregivers on ECCD	Lesotho/UNICEF-MoET KAP/2011/001	Survey

Other Publications

	Title
1	My Mummy My Blanket ('M'e oa Ka Lerato Laka)
2	I Love Grandma (Ke Rata Nkhono)
3	My Super Friend (Motsoalle oa ka e motle)
4	We are the same (Mats'oana-tsoana rea tsoana)
5	Simplified Education Act Pamphlets
6	Booklets for Teachers and Community Leaders on the Education Act

Lessons Learned

	Title	Document Type/Category
1	National Information System for Social Assistance (NISSA)	Innovation