Executive Summary

The year 2013 marked the start of the 2013-2017 Country Programme. In this first year of implementation, significant achievements were registered in all components, particularly in social protection. The Lesotho Child Grants Programme (CGP) doubled its coverage from approximately 10,000 to 20,000 vulnerable households, reaching over 60,000 children. In addition, the National Information System for Social Assistance (NISSA) expanded significantly to cover 100,000 households, or a quarter of the country’s population. Also noteworthy is the Government of Lesotho’s (GOL) takeover of 100 per cent benefit and 70 per cent administrative costs of the CGP, planned to rise to 100 per cent in the coming year. This demonstrates Government ownership as a key achievement in terms of sustainability of the programme.

Significant progress was recorded towards improving the quality of HIV prevention and treatment services by changing the drug regimen for the prevention of mother-to-child transmission (PMTCT) of HIV from Option A to Option B Plus. Following this switch, a policy was instated for all HIV-infected pregnant women currently enrolling in PMTCT services to receive lifelong antiretroviral therapy, contributing to increased access to paediatric care and treatment.

The Lesotho Country Office (LCO) supported the development of a national Integrated Early Childhood Care and Development (IECCD) policy and strategy, and advocacy efforts for its issuance, making it the first document of its kind in the country. The Mapping and Assessment of the Child Protection Systems, initiated in August under the leadership of the Ministry of Social Development (MOSD), is an important step toward better understanding the strengths and weaknesses of the current systems, both formal and informal.

Notwithstanding this progress, shortfalls remain. In spite of heavy resource allocation in the health sector, major indicators such as HIV prevalence and stunting remain stagnant, and maternal and under-five mortality rates are increasing. The country has yet to sign up to the Scaling Up Nutrition (SUN) initiative. Likewise, while the education sector is generously funded, disparities in budget allocation between sub-sectors (heavily biased towards tertiary education) have prevented significant improvements in salient indicators, including quality. Inequality is of particular concern, with urban-rural disparities on the rise and pockets of vulnerable learners (such as herd boys) being left behind. The most significant shortfall in relation to ensuring a protective environment for children is the limited capacity of the newly-formed MOSD. Full implementation of CPWA also remains constrained by the absence of a GOL budget allocation and by the delay in issuing rules and regulations.

In the framework of Delivering as One (DaO), UNICEF has continued to collaborate with other UN agencies - FAO, UNDP, WFP, WHO, UNFPA and the World Bank. The LCO’s partnership with the European Union (EU) was instrumental to moving forward with the country’s social protection agenda. Moreover, collaboration with civil society organisations (World Vision Lesotho, Sentebale, Kick4Life, CHAL, JHPIEGO, and others) was maintained to promote the realisation of children’s rights at grassroots levels and programme implementation.

Country Situation as Affecting Children & Women

The Kingdom of Lesotho, a constitutional monarchy, is a landlocked country surrounded on all sides by South Africa. It is governed by a Coalition government founded in July 2012, which has created a favourable environment for the realisation of children’s rights. Social protection has been prioritised by elevating the status of the previous Department of Social Welfare of the MOH, to a full-fledged Ministry.

Real GDP growth reached 4.3 per cent in 2012/13 and is projected to increase in coming years. [1]. Gross national income per capita has increased slightly to US$1,380 (2012, Atlas method) in the past year. However, deep poverty and high levels of inequality continue to affect the people of Lesotho. The decline in revenue that Lesotho experienced at the time of crisis became a credible risk to public capacity to disburse the required resources, exacerbating poverty, food insecurity and unemployment – some of the main threats to human and children’s well-being in Lesotho. Nonetheless, it is important to note that an enabling environment in the policy and management realms persisted, as the GOL continued its high expenditure level...
in the social sector. According to the World Bank, 12.5 per cent of national budget is spent on health, 19 per cent on education and 13 per cent on social protection [2]. This last sector in particular has seen an increased investment in the past five years, reflecting the government’s commitment to address extreme poverty, vulnerability and inequality.

Millennium Development Goal (MDG) 1 is off-track in Lesotho. In 2012, the country was ranked 158 out of 187 countries on the Human Development Index, up one place from last year but still lower than in 1990 and in the Low Human Development range [3]. In 2013, the poverty rate was 57 per cent, with poverty concentrated in rural areas [4]. The difficulty in extending access to services in mountainous and remote areas continues to be a major barrier for equitable development. The 2011 Child Poverty Study found that 52 per cent of children in Lesotho live in absolute poverty, with 31 per cent of these located in the lowlands and 83 per cent in the highlands [5].

Lesotho is also off-track for MDGS 4, 5 and 6. The UN Inter-Agency Group’s latest estimates of under-five mortality rate show an increase from 85 deaths per 1,000 live births in 1990 to 100 in 2012 [6]. The 2011 demographic survey confirmed this trend and further revealed marked rural-urban disparity [7]. Likewise, the Maternal Mortality Estimation Interagency-Group found that the maternal mortality ratio increased from 520 deaths per 100,000 live births in 1990, to 620 in 2010 [8]. High adult HIV prevalence, which has stagnated at 23 per cent since 2001, continues to be the main threat to the fulfilment of children’s rights. In 2012, 59 per cent of adults in need and 25 per cent of eligible children received antiretroviral therapy, while 58 per cent of pregnant women living with HIV received antiretroviral for PMTCT [9]. Indicators on sanitation under MDG 7 show very slow progress with wide urban-rural variations.

This scenario of worsening indicators has underlying roots in supply-side determinants, such as poorly staffed health facilities and availability of essential commodities. Moreover, beneficiaries’ limited access to health and nutrition information (demand) and adequate sanitation facilities has been associated with high levels of childhood illnesses. While there is strong political commitment to scaling-up successful interventions, social norms and cultural practices are reported as the main obstacles to an effective HIV response, also hampering significant uptake of health, nutrition, water and sanitation services. In addition, after the dissolution of the National AIDS Commission (NAC) in 2012, there is no functioning national mechanism to coordinate HIV response in the country. Furthermore, insufficient investments in deprived and remote areas have contributed to large disparities in health outcomes across geographical areas. For example, while the national average stunting rate has been 39 per cent since 2004, some of the lower-performing districts have rates as high as 52 per cent [10].

Lesotho is on-track for achieving MDG 2 targets. The Government spends a high proportion of its budget on education. However, the adequacy of policies is far from enabling, as only 20 per cent of this budget is directed to primary education and less than 1 per cent to ECD. This year, the net enrolment rate reached 82 per cent, 0.5 points higher than in 2012. This is consistent with the net enrolment rate trend since 2008, hovering just above 80 per cent. Demand has been hampered by limited supply of and access to schools and low quality of education, which in turn affects completion rates. Additionally, while high within the regional context, these numbers hide significant gender and regional imbalances. Pockets of disadvantaged children who continue to be out of school include herd boys, learners with disabilities, orphans and other vulnerable children.

The country is also on track for achieving MDG 3. The Gender Parity Index is around 1; interestingly, literacy rates for women are extremely high at 98.2 per cent, as compared to 87 per cent for men [11]. However, HIV/AIDS continues to have a disproportionate impact on women and girls [10].

The 2011 “Situation Analysis of Orphans and Other Vulnerable Children” estimated that 34 per cent of all children are orphans and approximately 125,000 are in need of urgent assistance [12]. The same source estimates the number of incidents of child sexual abuse at 10,000 annually, in stark contrast with the 423 cases reported to and handled by the Police Child and Gender Protection Unit in 2010. A recent decision by the GOL to introduce national IDs is expected to boost child birth registration, currently 18 per cent, over time.

UNICEF’s work in Lesotho tackling the barriers that affect disadvantaged children continues to be framed by
recurring factors. On the positive side, the GOL’s strong commitment to social expenditure creates an enabling environment for the Country Programme. However, the effective management and quality of services and, above all, the equitable provision of these to all sectors of the population continue to be constraining factors that affect the achievement of desired results.

**Country Programme Analytical Overview**

The current Country Programme 2013-2017 is fully in line with the National Strategic Development Plan 2012/13 – 2016/17 and the Lesotho United Nations Development Assistance Framework (LUNDAF). As 2013 is the first year of implementation, the Country Programme’s main goal of contributing to the fulfilment of the rights of all children and women in Lesotho to survival, development, participation and protection, is highly relevant.

In 2013 the total allocation of resources was US$7,506,067, coming mainly (86 per cent) from other resources (OR) and emergency other resources (ORE). Within the Health and HIV component, four of six planned Intermediate Results (IRs) are on-track and two are constrained. Results have so far focused mainly on supply-side bottlenecks, somewhat neglecting the demand side, which is planned to be addressed in 2014. Likewise, the component’s focus on hard-to-reach locations must become a priority as the disparity in child mortality between geographical areas widens. The switch from regime Option A to Option B Plus has directly addressed the programme’s focus on expanding access to quality PMTCT.

Assessment of the Education sector’s performance shows that the three planned IRs are on track, all supporting supply-side results and promotion of an enabling environment. Providing support to the country’s IECCD policy will continue, as it is relevant. UNICEF will focus on kick-starting its initial implementation by supporting the establishment of the IECCD unit within the Ministry of Education and Training (MOET). Likewise, the 2010 Education Act will continue to be at the core of wider efforts to improve access to quality education, particularly by over-aged children; especially herd boys and children living with disabilities. The Social Policy component has met one IR, is on-track for three others and has one "constrained". Overall, the results focus on enhancing social protection, particularly through (i) the expansion of the CGP, successfully achieved in 2013; and (ii) supporting the GOL’s vision of an integrated and sustainable social protection system. For 2014, policy advocacy for child-sensitive policies and budgets through an evidence-based approach will continue to be a core strategy. In addition, dissemination and mainstreaming of lessons learned from the second phase of implementation of the CGP will be prominent. Hence, strong support to the national monitoring and evaluation system is a priority.

With regard to the Child Protection component, in spite of intensive technical and financial support provided, both planned IRs are currently constrained. Progress has been made, but was delayed due to lengthy procurement processes and unavailability of staff in the MOJCS. The expected results of the Mapping and Assessment of the Child Protection System and the Costing of the CPWA will be used in 2014 to guide efforts to strengthen the protective environment for children.

**Humanitarian Assistance**

The armyworm outbreak in early 2013, combined with severe hailstorms and dry spells throughout the southern lowlands meant that although crop production prospects are generally better than in 2012, they will remain below expected levels. As this lean season endures, many poor rural households of selected areas will continue to experience food insecurity throughout 2014. A total of 223,000 people – including 12,200 children under five - will be affected by this food crisis [13].

The 2012/2013 emergency response highlighted the important role that the NISSA registry, as well as the CGP, can play in a cost-efficient quick and targeted response. In particular, NISSA provided immediate means for needs-based, pro-poor targeting. Between February and October 2013, UNICEF-supported emergency cash transfers were provided to 6,150 households.

Additionally, the 2012/2013 emergency response reached 35,555 women with iron-folate supplements and vitamin A supplements, and 791 severely malnourished children were provided with therapeutic nutritional support.
Effective Advocacy

Initiating action to meet benchmarks

In 2013, UNICEF’s advocacy efforts focused mainly on Government officials – both local and foreign – and international donors.

Internationally, in October 2013 UNICEF facilitated a team of officials from the Lesotho Ministry of Health (MOH), Ministry of Energy, Meteorology and Water Affairs and the Red Cross Society on a study tour of communities in Zambia that have successfully controlled open defecation by implementing community-led total sanitation (CLTS). As a result, the team – which also participated in the AfricaSan Regional Preparatory meeting – agreed on two key actions for 2014. The first is to establish a sanitation and hygiene steering committee at central level; the second is to pilot a rural sanitation model that is suitable for the country. In collaboration with the World Food Programme (WFP) and the Food and Agriculture Organisation (FAO), UNICEF also organised a briefing for the Parliamentary Under-Secretary of State for Foreign and Commonwealth Affairs of the British government. The topic was the UN response to the food insecurity in Lesotho, mainly focused on progress made in areas of the DFID-funded interventions.

At the local level, and in partnership with the European Commission (EC) and the MOSD, UNICEF continued to host high-level meetings with key ministries (including Health, Education and Finance and Development Planning) to share the positive outcomes and lessons learned from the CGP. Long-term advocacy efforts towards Government ownership of the programme finally bore fruit in 2013 as the GOL took over 100 per cent of the programme’s benefit costs and 70 per cent of its operational costs. Advocacy efforts in this respect were informed by documented evidence of five years of implementation. In addition, a significant step forward was taken when UNICEF closely worked with several ministries (Health, MOET and MOSD) and committed to the implementation of a Conditional Cash Transfer pilot, which will contribute to increased health and education services utilisation.

During 2013 UNICEF continued to advocate for endorsement of the IECCD policy. As a result of intensive work with the MOET at central and regional levels, as well as with other cabinet members and stakeholders through individual meetings and training workshops, in November 2013 the IECCD policy was officially endorsed by the Government. Its implementation will significantly contribute to the improvement of child health, growth, development and education.

At the civil society level, UNICEF and the Lesotho National Federation of Organisations of People with Disabilities jointly organised a symposium to launch the 2013 State of the World’s Children report. The report generated significant interest from media, Government and other stakeholders. As a result, the Minister of Social Development has committed to increasing resources to address the needs of children with disabilities.

Capacity Development

Initiating action to meet benchmarks

In 2013 UNICEF and other UN agencies achieved increased access to better-quality HIV and health care services for children. About 98 per cent of facilities providing PMTCT services received training and supplies to switch from Option A drugs to Option B plus, a more efficient drug regimen for PMTCT. Further, with UN assistance Lesotho now offers a child-friendly in-service clinical training package for doctors and nurses. The training package integrates management of childhood illnesses, acute malnutrition and paediatric antiretroviral therapy, and has contributed to increasing the percentage of hospitals and health centres that provide integrated management of acute malnutrition for children from 20 per cent in 2012 to 50 per cent at the end of 2013.

Noting the lack of standardisation of the Positive Deviance (PD) practice, UNICEF supported capacity building of 28 nutrition and home economics extension officers within the Ministry of Agriculture and Food Security in
participatory action research skills. These extension officers, who work with 37 (of 67) community councils around the country, will lead mobilisation and education efforts on infant and young child-feeding practices in 2014.

After the endorsement of IECCD policy and strategy, with UNICEF support teachers from primary schools and non-formal education institutions were trained in Early Childhood Development. The capacity of the Lesotho Distance Teaching Centre (LDTC), a MOET directorate that works on non-formal education, was developed through trainings on new technology for their print shop, which will allow them to print more teaching and learning materials – in an efficient manner and using modern technology – in order to reach more children. UNICEF continued to provide technical assistance to the MOSD in the area of organisational development. This resulted in the development of a Change Strategy Implementation Plan and a Ministerial Strategic Plan (MSP) 2014/15 – 2016/17. This institutional strengthening process is expected to last a few more years and will be guided by the MSP. The new organisational structure, which provides for five core departments in the Ministry and a substantial increase in human resources, will require further support to ensure that existing and future staff managing the different departments have clear job descriptions and are equipped with knowledge, skills and resources to carry out their functions. The expected end-result of this ongoing capacity development effort is improved service delivery for vulnerable population groups, including children. Additionally, UNICEF provided the MOSD with operational capacity building that would allow the CGP unit to run a rapidly expanding programme. Training was also provided to around 1,200 Village Assistance Committees (VAC) to improve case management and influence community behavioural change. Other support was concentrated in the introduction to the use and management of technologies. However, delays in filling key positions in the MOSD (such as Director of Social Protection, NISSA Manager as well as a Social Assistance Manager) may adversely affect the sustainability of all these investments.

**Communication for Development**

*Initiating action to meet benchmarks*

In 2013 UNICEF supported the MOH to develop radio and television spots promoting the importance of immunisation, which is expected to translate into an increased demand for this service. Using the positive deviance approach, a partnership between UNICEF, WFP and the GOL led to the sensitisation of 27 community councils to improve nutrition outcomes for children. As part of the sensitisation process multi-sectoral teams were formed in these community councils. The next milestone in this process is the formation of village nutrition clubs that will conduct nutrition assessments for children and promote infant and young children feeding practices. With respect to HIV education, UNICEF partnered with Sesotho Media and Development to continue engaging youth through a movie called “The Tsasa Movie”. Our partnership with Population Services International (PSI) also mobilised and educated young people for World AIDS Day using youth-friendly interactive sessions.

The LCO also supported the MOH to develop educational radio and television programmes on PMTCT (coverage currently 68 per cent). In 2014 these products will form the basis for magazine programmes on PMTCT educating men and women of child-bearing age.

In the education sector, UNICEF supported the MOET with a national public campaign on Free and Compulsory Primary education initiated in 2012, with special attention focused on children with disabilities. Simplified versions of the Education Act 2010 developed in 2012 were used to spark community dialogues during public gatherings. UNICEF also supported the MOET to engage parents and community leaders on issues of holistic development using ECCD as an entry point. In 2013 public gatherings were held in three mountain districts where ECCD enrolment is poor, with the aim of sensitising communities on child development and their roles in the management and monitoring of ECCD centres. Only districts with low performance on relevant indicators were targeted.

In the area of social protection communication for development, interventions are supposed to reach communities through trained VACs. However, the CGP’s impact evaluation showed that they have not been the most efficient in this respect, particularly in reaching non-beneficiaries. It will be a priority for 2014 to
strengthen the programme’s communication strategy. In 2014 UNICEF will also support the Ministry of Home Affairs to conduct a nationwide campaign on birth registration. To this end several multi-media products were developed in 2013. The campaign targets under-18s and their parents, as well as pregnant women.

Service Delivery

*Fully met benchmarks*

Through its Health and HIV component, UNICEF supports several NGOs who care for orphans and other vulnerable children, particularly those infected with HIV/AIDS. Likewise, the Education component supports the provision of learning materials for non-formal education and access to education by disadvantaged groups like heard boys and street children.

Strategic Partnerships

*Initiating action to meet benchmarks*

As evident throughout this report, UNICEF collaborates with other UN agencies on a regular basis, particularly in HIV and Health activities. UNICEF continued collaboration with JHPIEGO has enabled the health system to reach young men willing to undergo Voluntary Medical Male Circumcision (VMMC). UNICEF also continues to build its relationships with local NGOs with strong community connections (such as the Lesotho Network of AIDS-Serving Organisations) in efforts to start exploring the bottlenecks that could possibly be hindering access or demand for health services at the community level. Efforts around reaching more adolescents with HIV services through outreach are made in partnership with the Elisabeth Glaser Paediatric AIDS Foundation (EGPAF).

With the purpose of furthering strategic policy work and creating an enabling environment to reach education goals, UNICEF has focused on its local partnership with the MOET. This close collaboration allowed the LCO to directly support interventions in very diverse fields such as IECCD, primary education and distance learning. Civil society has been engaged through local actors such as the Lesotho Association of Non-formal Education (LANFE) and Kick4Life, which have contributed to different activities in the areas of education for herd boys and street children. The LCO also has several small-scale funding arrangements with grass-roots NGOs working in ECD and a first Programme Cooperation Agreement (PCA) was signed with LANFE.

Major progress in the field of social protection was achieved thanks to a strong partnership with the GOL, the EU, the World Bank and other UN agencies, particularly in the consolidation of NISSA as a single registry and the establishment of an integrated social protection system. The partnership with World Vision Lesotho (WVL) was also crucial to enable the community-level operations of the CGP expansion, which surpassed its targets this year. Furthermore, during the 2012/2013 emergency response, collaboration between UNICEF, FAO and WFP on the LIFE project demonstrated how an integrated and joint approach to respond to the needs of those affected by emergencies can build synergies and complementarity. The collaboration resulted in strengthened coordination between UN agencies under the UN Disaster Management and Response Team, which has now adopted a joint strategy for planning, fundraising and response.

In the field of promoting child-sensitive budgeting, UNICEF began participating in the National Committee on Public Finance chaired by the MOF, where key donors also participate. Through these means, the LCO expects to develop strategic partnerships to influence budget allocations. By end-2013 some initial discussions had been held with key donors, such as the International Monetary Fund (IMF) and the World Bank. Evidence from the costing and fiscal sustainability analysis of the CGP and the Child Poverty Study will be used when advocating for more child-friendly budgets.

On the protection side, UNICEF pursued its partnership with the GFATM with a view toward supporting implementation of the 2011 Children’s Protection and Welfare Act (CPWA). This year saw discussions initiated in 2012 translate into actual collaboration around the training of law enforcement officials on the legislation, as well as around the costing of the Act.
Knowledge Management

Initiating action to meet benchmarks

In 2013 UNICEF supported a rapid assessment of the current situation of adolescent health and HIV services. The study showed that most services were not adolescent-friendly and that many service providers did not understand what that meant. These findings informed the development of the Minimum Standards for Adolescent-Friendly Health Service Delivery. UNICEF also supported the Ministry of Gender, Youth, Sports and Recreation to conduct a study on the Situation of Adolescent Girls in Lesotho. The findings of the study are yet to be disseminated.

Data from the post-measles campaign Expanded Programme on Immunisation (EPI) coverage survey is being analysed and findings, due in early 2014, are expected to inform EPI programming in the immediate future.

Additionally, with the support of the Regional Office and through the Joint WCARO and ESARO Social Policy Newsletter, LCO has shared Lesotho’s experience in social protection programming. Moreover, the Office actively participated and contributed in the global network chaired by UNICEF Headquarters on building social protection systems.

In terms of support provided to develop a knowledge management system at national level, LCO supported the MOSD to regularly participate in the Global Social Protection Community of Practice co-chaired by UNICEF headquarters and the World Bank. In 2013 the focus was on Lesotho’s experience on targeting and the wider NISSA. In 2014 the Social Policy Programme will be more systematic about documenting lessons learned throughout Phase II of the CGP, using evidence arising from studies and evaluations carried out in late 2013 and early 2014.

Human Rights Based Approach to Cooperation

Initiating action to meet benchmarks

The human rights-based approach to programming guided the development of UNICEF Lesotho’s 2013-2017 Country Programmes. For example, the LCO tackled the right to education by supporting the provision of basic schooling for children who have fallen out of mainstream education, including herd boys and street children. In 2013, advocacy on this issue had a clear rights-based approach highlighting the right of all children to free and compulsory education.

UNICEF’s support to social protection contributes significantly to the improvement of children’s wellbeing as well as to restoring the dignity of beneficiary households. Preliminary results of the CGP’s impact evaluation show significant results on critical dimensions of child wellbeing, particularly access to education, child labour, food security and morbidity. The strategy for strengthening the programme’s case management processes and community involvement will contribute to tackling those dimensions of child wellbeing where the impact evaluation showed fewer results. This includes: (i) health and nutrition, (ii) quality of education and (iii) other dimension of child protection.

Gender Equality

Initiating action to meet benchmarks

Working towards gender equality is crucial to ensuring equity in Lesotho’s development. Hence, the LCO fully adopted UNICEF’s gender-sensitive, equity-focused programming, which identifies and addresses gender-related disparities relevant to all UNICEF interventions in the country.

In response to the disproportionate effect of HIV among women and girls, UNICEF supported the development of a situation analysis on the needs of adolescent girls in Lesotho. Some highlights of the study
included specific issues such as: (i) services such as health and protection are not adolescent-friendly; (ii) gender-based violence is prevalent among adolescent girls; and (iii) poverty fuels unhealthy sexual behaviour, such as inter-generational sexual relations.

In the process of finalising the IECCD Policy and its Strategic Plan, UNICEF advocated for the recognition of fathers’ contribution in early childhood development and the need to involve them. Lesotho also has the particular situation of having slightly more girls than boys enrolled in formal education. This is attributed to the cultural practice of sending young boys to become herd boys. In view of this, the Education component has targeted the weakest performing districts with education campaigns to increase enrolment from ECCD to primary level. As a result, in Thaba-Tseka, one of the lowest-performing districts where taking boys out of school to become herd boys is a common practice, ECCD enrolments increased from 3,200 children in 2012 (1,241 boys and 2,258 girls) to 4,993 (2,467 boys, 2,426 girls) in 2013. This represents a 10 per cent increase in boys’ enrolment in a single year. This is also encouraging when compared to the decreasing trend of new entrants enrolment observed in other districts. However, as the issue of herd boys remains significant, UNICEF has consistently supported other learning opportunities, such as non-formal education.

Additionally, the Life-skills Education Curriculum was reviewed in terms of gender to help build resilience in children and adolescents and work towards encouraging behaviour change.

### Environmental Sustainability

*Fully met benchmarks*

### South-South and Triangular Cooperation

In 2013, Lesotho hosted the 5th African Taskforce on Food and Nutrition Development, which brought together the African Union Commission, the New Partners for Africa’s Development (NEPAD) Planning and Coordinating Agency, experts from member states, UN Agencies, development partners, civil society organisations and professional associations/stakeholders focusing on this area. The meeting reviewed progress in the implementation of projects such as the Cost of Hunger in Africa (COHA) Study; discussed strategies to enhance nutrition in Africa such as Africa’s Renewed Initiative for Stunting Elimination (ARISE) under the slogan 5 and 10 by 2025; and drafted plans for the African Day on Food and Nutrition Security 2013. The meeting resolved that a nutrition champion be identified for the Africa region and His Majesty, King Letsie III was unanimously identified as a potential candidate for this position.

Likewise, through a partnership between UNICEF and the World Bank, the MOSD hosted a delegation from Swaziland in October 2013 composed of nine officials. The objective was to learn from Lesotho's experience in social protection, particularly in delivering cash transfers to vulnerable households. This visit was organised to allow Swaziland to learn from a country with a similar geographic, political and institutional context. The two countries also present a similar development context, which is characterised by high levels of vulnerability driven by poverty and HIV/AIDS. Lessons the delegation took home included the need for developing sustainable and strong targeting systems such as NISSA, the use of ICT to improve efficiency in the management of cash interventions, the need for capacity building and the importance of developing a strong M&E system.
Narrative Analysis by Programme Component Results and Intermediate Results

Lesotho - 2520

PC 1 - HIV and health

Constrained

PCR 2520/A0/04/804 PCR1. By 2015, 95 per cent of coverage of quality PMTCT and paediatric HIV care and treatment services attained to eliminate new infections among children and to keep those infected alive.

Progress:

The implementation of the country’s 2011-2016 Strategic Plans towards the goal of eliminating mother-to-child transmission of HIV and to keeping mothers alive is proceeding as planned. The country improved the quality of prevention and treatment services to women and children by changing the drug regimen for the prevention of mother-to-child transmission of HIV (PMTCT) from Option A to option B plus. Following this change, all HIV-infected pregnant women enrolling in PMTCT services were eligible to receive lifelong antiretroviral therapy. UNICEF assisted the Government to strengthen the capacity of the PMTCT programme by providing training to health personnel and logistical support for the supply of medicines that contribute to the change in drug regimen. Other development organisations that contributed technical and financial assistance toward the change included EGPAF, WHO, Clinton Health Access Initiative, PEPFAR and mothers2mothers.

Uptake of PMTCT services continues to fall short of the national target of over 80 per cent. Estimates from UNAIDS indicate that antiretroviral coverage for pregnant women living with HIV for 2010, 2011 and 2012 was 40 per cent, 76 per cent and 58 per cent, respectively. Access to PMTCT services is hampered by limited access to adequately staffed facilities and information, limited financial access to health facilities and perceived poor quality of maternal care. Access to PMTCT services also appears to have been affected by the change in drug regimen in 2013. Provisional data from health facilities indicate that the number of pregnant women receiving antiretroviral drugs during the period January to September decreased from 6,404 in 2012 to 5,380 in 2013. This observation will be investigated in 2014 and corrective measures will be taken.

Access to antiretroviral therapy (ART) for children is below the 2012/2013 national target of 60 per cent. According to UNAIDS estimates, ART coverage for children for three consecutive years (2010, 2011 and 2012) was 21 per cent, 27 per cent and 25 per cent respectively. Data for 2013 is yet to be published. To improve access to ART services for children, UNICEF, WHO, Baylor College of Medicine and PEPFAR supported the development of an integrated package for training health care workers in the management of sick children.

In 2014 UNICEF will work with Government to ensure better coordination and integration of the Expanded Programme on Immunisation and the ART programme. This is expected to to improve ART service delivery to children in need who attend immunisation services.

On-track

IR 2520/A0/04/804/001 New Element

Progress:

In partnership with other agencies (EGPAF, WHO, the Clinton Health Access Initiative, PEPFAR, mothers2mothers and others), UNICEF supported the Government to change the drug regimen for PMTCT from Option A to Option B Plus. The partnership trained 265 health professionals to administer the new drug regimen. Following this, 203 of Lesotho’s 207 health facilities that deliver PMTCT services now provide lifelong ART to all pregnant women enrolled into the PMTCT programme. UNICEF also supported Government to package the antiretroviral drugs for PMTCT and iron and folic acid into 55,000 packs (Mother-Baby Packs), which the pregnant women took home.

With support from UNICEF and other agencies, the Government has developed an integrated package for training health workers on how to manage sick children. The training package, which combines integrated management of childhood illnesses (IMCI), integrated management of acute malnutrition (IMAM) and paediatric AIDS care and treatment, was used to train 66 nurses, 10 doctors and nine nurse educators. The 66 nurses are now practicing in health facilities in three pilot districts (Botha-Bothe, Leribe and Maseru). Training had not started in the remaining seven districts as of end-2013.

Constrained

IR 2520/A0/04/804/002 IR 1.2. Capacity developed for the DHMT in three districts to provide high quality community based PMTCT services for HIV-infected pregnant women and paediatric HIV care and treatment by December 2014.

Progress: To overcome long travel distances and cost of transport – key barriers of access to PMTCT services – UNICEF supported district health management teams (DMHT) in three (Thaba Tseka, Botha Bothe, Mohales’ Hoek) of the ten districts of Lesotho to provide community-based PMTCT services (HIV testing and counselling, initiation of HIV-positive women on ARVs for PMTCT services provided at an identified site, usually a health post, by the responsible health centre on a monthly basis). With UNICEF support, 34 of the 40 health facilities in the three focus districts are implementing community-based PMTCT services. Of the 34 health facilities providing community-based PMTCT services, nine are in Thaba Tseka, ten in Botha Bothe and 15 in Mohales’ Hoek. These health facilities were able to provide a package of integrated PMTCT, maternal and child health services in 28 communities far from their facilities, which contributed to reaching the hard-to-reach population. Provisional institutional data for January to September 2013 provided by the Ministry of Health.
show a marginal increase in the number of pregnant women receiving antenatal care in these three districts, from 5,488 in 2012 to 5,838 in 2013. The implementation of community-based PMTCT services also resulted in 128 more HIV-positive children beginning antiretroviral therapy. The main challenge to the provision of community-based PMTCT services is limited transportation.

UNICEF also supported the development of communication materials that will be used to create demand for PMTCT services. Due to delays in the procurement of the services of the private company that developed the PMTCT communication material, the materials were yet to be used by end-year.

IR 2520/A0/04/804/003 New Element

**PCR 2520/A0/04/805 PCR 2: 80 per cent of adolescent girls aged 15-19 have the knowledge and practice the behaviours that reduce their risk of HIV infection.**

**Progress:** Efforts are underway to improve the poor knowledge and skills of adolescent girls and boys in reducing the risk of contracting HIV. Currently, only 35 per cent of adolescent girls and 28 per cent of boys have comprehensive knowledge of HIV (DHS 2009). However, outcomes are yet to be measured in the upcoming 2014 demographic and health survey. In the health sector, the quality of HIV education and counselling for young males undergoing VMMC was improved with the use of the prevention pack, an improved tool for counselling adult male clients developed by UNICEF and JHPIEGO. All young males undergoing VMMC in health facilities now receive counselling. Another key outcome of the collaboration between UNICEF and the Ministry of Health, which has the potential to improve the knowledge and skills of young people, is the completion of the minimum standards for adolescent health service delivery. This will be endorsed by partners and Government and used in health facilities in 2014.

In the education sector, UNICEF worked with the Ministry of Education and Training (MOET) to improve life-skills education. A mapping exercise supported by UNICEF and conducted by NGO partners on how life skills programmes are being implemented in schools found an uncoordinated, non-uniform implementation of life skills activities. Consequently, the MOET is leading a process aiming at revising the life-skills programme.

UNICEF, in partnership with JHPIEGO and the Ministry of Gender, Youth, Sports and Recreation conducted a rapid assessment on the situation of girls in all spheres of their lives. The findings had not yet been disseminated by end-2013. Another study that will guide UNICEF support in 2014 is a comprehensive mapping of social and behaviour change communication activities in four districts. The study showed that organisations that work with adolescents in the districts are not well coordinated and interventions consist mainly of ad hoc, campaign-type activities rather than long-term programmes.

UNICEF, in collaboration with MOET and a number of NGOs, reached about 19,317 young people with HIV prevention information and services. Improvement in adolescent HIV prevention outcomes is constrained by factors including: socio-cultural taboos on seeking reproductive health services; an insufficient number of competent service providers for adolescents; and harmful behaviours, such as early sexual debut and having multiple concurrent sexual partners.

**IR 2520/A0/04/805/001 IR 2.1 Capacity of four districts to provide improved HTC and referral services to adolescents, particularly girls aged 15 - 19 is strengthened, by December 2014.**

**Progress:** The country’s capacity to provide improved HIV testing, counselling and referrals for adolescents was strengthened through the introduction of HIV counselling that targets young people and the development of minimum standards for adolescent health services. UNICEF provided support to the Ministry of Health (MOH) to promote access and quality of VMMC in health facilities; performance in this area surpassed the annual target by far. The VMMC programme reached a total of 13,202 young male clients with counselling, considerably more than the year’s target of 8,000. UNICEF also collaborated with JHPIEGO and the MOH in developing improved tools for counselling adult male VMMC clients, particularly young men, who form 80 per cent of the client base.

UNICEF supported the MOH to complete the minimum standards for adolescent health service delivery and is waiting for its endorsement and dissemination. It is expected that the standards will be ready for use in selected sites in 2014. UNICEF, in partnership with JHPIEGO and the Ministry of Gender, Youth, Sports and Recreation conducted a rapid assessment on the situation of girls in all spheres of their lives. The stakeholder meeting for dissemination of the study findings is planned for early 2014, and will agree on a joint programme of work that would address the major findings.

UNICEF also expanded recent lessons around adolescent-focused "health weeks" to mainstream adolescents more directly in nationwide child health weeks. Subsequently, UNICEF supported EQAF in providing outreach health services to 1,813 adolescents (707 males and 1,106 females) in Berea, Mohale’s Hoek and Qacha’s Nek districts. Of the 1,813 adolescents tested for HIV, (1.5 per cent) tested HIV-positive and were enrolled into care at nearby health facilities.

**IR 2520/A0/04/805/002 I.R 2.2 Capacity of 4 districts to monitor extra-curricular activities for comprehensive knowledge targeting girls and boys is strengthened**

**Progress:** UNICEF supported four districts to conduct a comprehensive mapping of social behaviour change communication (S/BCC) activities. The mapping showed that organisations that work with adolescents in the districts are not well coordinated and interventions are mainly ad hoc campaign-type rather than long-term programmes.

UNICEF also supported a local NGO (Lesotho Network of AIDS Support Organisations) to convene district-level teams. The four districts (Mohale’s Hoek, Qacha’s Nek, Thaba Tseka and Berea) reviewed their action plans around HIV and acknowledged the need for a consistent coordination platform and common reporting tool. The districts then held monthly coordination meetings to better manage
HIV prevention activities and services for young people. A uniform reporting tool that was developed in the first half of the year is yet to be used by the districts.

With respect to life-skills education, UNICEF supported a mapping exercise on how life-skills programmes are being implemented in schools by NGO partners. The mapping demonstrated that the implementation of life-skills by NGOs was not coordinated or uniform in terms of content and approach. In response, UNICEF is supporting MOET in the revision of the life-skills curriculum at secondary level. An internal strategic change in the MOET constrained the completion of the life skills revision process in 2013.

In other efforts, UNICEF supported Sesotho Media to reach 3,402 people (1,500 males and 1,902 females) in Berea, Maseru, Leribe, Mohale’s Hoek, Mafeteng and Mokhotlong. For World AIDS Day, UNICEF provided support to PSI in reaching 900 young people (350 males and 550 females) during the week before the event. Of these 58 (39 males, 19 females) went through HIV testing and counselling (HTC); one male tested positive and was referred for further services.

**Constrained**

**PCR 2520/A0/04/806 PCR 3.** Access to high impact health, nutrition and WASH interventions increased by at least 10 percentage points in four focus districts that have the worst child mortality and malnutrition rates

**Progress:**

Although outcome data are not available, a number of activities were initiated towards outputs that improve women and children’s access to high-impact health and nutrition interventions nationwide.

UNICEF and WHO supported the Government to address access and commodity stock-out barriers by training district management teams and health facility managers in planning and supply chain management. UNICEF also supported the MoH in forecasting and procurement of vaccines for the immunisation programme.

UNICEF supported four districts (Berea, Mokhotlong, Qacha’s Nek, and Thaba Tseka) with the highest malnutrition rates to develop and implement micro-plans to improve the delivery of integrated maternal and child health services. Provisional EPI administrative data indicate that as of September 2013 immunisation coverage had increased by at least 2 per cent over the 2012 figure in three of the four districts. Rural population and mountainous geographic terrain, inadequate transport for outreach services in remote areas, insufficient number of qualified health workers in facilities and inadequate infrastructure are the key obstacles to increasing access to maternal and child health services. A nationwide supplementary immunisation activity reached 85 per cent of eligible children below the age of five with measles vaccine. Children who are eligible also received vitamin A, albendazole and polio vaccine. Measles coverage during the supplementary immunisation activity (SIA), however, did not achieve the 95 per cent target due to inadequate resources, poor planning and social mobilisation.

Following the introduction of national Community Management of Acute Malnutrition (CMAM) guidelines in facilities nationwide, the case fatality rate for severe acute malnutrition in children has declined from 25 per cent in 2012 to 10 per cent in 2013. In an effort to address poor child care and feeding practices, UNICEF collaborated with WFP to introduce a positive deviance fatality rate for severe acute malnutrition in children has decreased from 25 per cent in 2012 to 10 per cent in 2013. In an effort to address poor child care and feeding practices, UNICEF collaborated with WFP to introduce a positive deviance

**Constrained**

**IR 2520/A0/04/806/001 IR 3.1:** Capacity of the 4 UN Delivering as One districts to deliver integrated maternal and child survival interventions strengthened by December 2014.

**Progress:** UNICEF and WHO supported the Government to carry out a nationwide SIA that resulted in the vaccination of 140,688 children under-five against measles. Preliminary data from the post-campaign coverage survey show that 85 per cent of eligible children (nine to 59 months) were vaccinated against measles. Children who are eligible also received vitamin A, albendazole and polio vaccinations. Measles coverage, however, did not achieve the 95 per cent target due to insufficient funds, inadequate transportation, poor planning and social mobilisation.

UNICEF assisted the Government in the procurement of vaccines for the routine EPI programme as well as the SIA. Findings from a UNICEF-supported cold chain assessment were used to develop a cold chain upgrading/replacement plan for EPI. UNICEF also supported the development and dissemination of nationwide radio and TV spot promotional messages on the importance of immunisation to increase demand for routine immunisation services. Routine immunisation (measles) coverage increased by at least 2 per cent in three of the four focus districts (Berea, Mokhotlong, Qacha’s Nek and Thaba Tseka).

The Ministry of Health, through support provided by UNICEF, distributed therapeutic nutrition supplements to district hospitals nationwide to facilitate treatment of acute malnutrition of under-five children. This has translated into a reduction of case fatality rates from 25 per cent in 2012 to 10 per cent in 2013. However, the proportion of children with severe acute malnutrition accessing CMAM services is low, at 20 per cent. UNICEF will increase communication for development (C4D) activities, while continuing to support the supply chain management system for maternal and child health services.

**On-track**

**IR 2520/A0/04/806/002 IR 3.2:** Capacity of community systems for the promotion of health behaviour in relation to breastfeeding, complementary feeding, WASH and use of Health services in the 4 delivering as One districts by 2014.

**Progress:** UNICEF, in collaboration with WFP, supported the Ministry of Agriculture and Food Security (MAFS) to raise awareness on and build district and community capacity for the Positive Deviance process in 27 of the country’s 75 community councils. District nutrition multi-sectoral teams were formed and the capacity of the community council multidisciplinary teams, led by Chiefs and Councillors, was built. The next milestone of the Positive Deviance process is the establishment of village nutrition education clubs, which will each hold education sessions on infant and young child feeding and care for members.
UNICEF, in partnership with WHO and FAO, has supported the MAFS and FNCO through its multi-sectoral Information, Education and Communication (IEC) task force, to develop educational materials to influence: Infant and Young Child Feeding; Water, Sanitation, and Hygiene (WASH) practices; and recognition of malnutrition signs. Additionally, in an effort to standardise messages on malnutrition, a communication strategy with a focus on stunting was initiated. Bottleneck analysis showed that poor feeding practices in Lesotho are determined by: social and cultural norms and beliefs related to malnutrition hence intensive campaigning using IEC materials and standardised messages is planned for 2014. In 2014 UNICEF will conduct a formative study to assess the most effective communication channels to influence positive behaviours in selected community councils, aligned to the Child Grants Programme for promoting IYC practices.

**IR 2520/A0/04/806/004 New Element**

### PC 2 - Child protection

#### PCR 2520/A0/04/807 PCR 4. Protective environment strengthened for children at risk of and exposed to violence, exploitation and abuse.

**Progress:**

Initial steps toward strengthening the protective environment for children were taken, but have not yet been translated into positive protection outcomes for children.

The existence of the CPWA and the introduction of social cash transfers represent major opportunities to build a stronger protective environment for children, especially when child protection violations result indirectly from household deprivation and poverty.

The protective environment for children in Lesotho is currently characterised by a relatively comprehensive policy and legal framework, but also by an inadequate workforce (both in terms of numbers and skills-set). The preliminary findings of the mapping and assessment of the child protection system point to: the absence of an effective referral mechanism; the lack of effective coordination; and the need to focus attention and investment on the development and utilisation of standard operating procedures, strong case management, and an accountability system. The exercise also revealed an evidence gap in relation to children experiencing abuse, violence and severe neglect, as well as those in contact with the justice system. This calls for urgent action aimed at bridging the information gap through the improvement of the exiting reporting and monitoring systems.

The Ministry of Social Development, the lead ministry on children’s issues, has started a long journey towards improving its service delivery. The ongoing transformational process will require that existing staff are encouraged and supported to use results-based management, and also to deliver more timely and higher-quality services. Additional staff will need to be recruited and oriented on the social development approach that underpins the new mandate of MOSD, which stresses the empowerment of clients.

The MOSD will also have to make deliberate efforts to play effectively its role as coordination and convener, making sure that other key stakeholders involved in the protection of children collaborate along a clearly articulated referral pathway.

The introduction of identity cards in the country is having a positive effect on the demand for birth certificates, as the latter is now a pre-requisite for issuing IDs. Contributing to this national effort, UNICEF support to the Department of National Identity and Civil Registry for the national campaign on birth registration focused on children. In total, some 34,240 child births were registered nationwide in 2013. This figure does not, however, cover the first six months of the year for some districts and is not attributable to UNICEF assistance.

**IR 2520/A0/04/807/001 By end of 2014, the organisational and institutional capacity of the Ministry of Social Development (MOSD) is strengthened to deliver effective welfare and protection services to vulnerable children and their families**

**Progress:**

The mapping and assessment of the child protection system started in August, using the CPWA as an entry point, with a view to determining how best the system can be strengthened to effectively protect children. The data gathering is ongoing, and will be completed in January 2014. The findings will be validated in March 2014, and followed by the development of a Child Protection Strategy and Costed Action Plan.

The costing of the CPWA was only initiated in December. Once complete, it will provide valuable information to policy makers when deciding on GOL budget allocation. One of the outcomes of the exercise will be a user-friendly Excel costing model that can be used to determine the costs of implementing the Act. A national implementation plan, which will set out priorities, activities and timeframes, as well as indicate who will be responsible for different aspects of the implementation process, will also be produced by end-April 2014.

The training of law enforcement officials began, with 24 magistrates, prosecutors, and staff from the Office of the Master of the High Court attending a three-day session in December.

UNICEF support to the Department of National Identity and Civil Registry resulted in the design of IEC materials to promote birth registration. UNICEF used the national campaign to introduce identity documents in the country as a platform to call attention to the importance of issuing birth certificates to all children born in Lesotho.
Two of the major barriers to achieving the expected results related to the shortage of motivated and skilled staff, as well as to weak procurement capacity in the three main partner ministries.

**Constrained**

**IR 2520/A0/04/807/002** By end of 2014, the knowledge foundation (gap analysis, costs, etc.) is in place for the effective implementation of the Children’s Protection and Welfare Act 2011 (CPWA)

**Progress:**

Continued support was provided to MOSD to further define its organisational and staffing structures. The MOSD is now proposing to establish five core departments, as reflected in its new Ministerial Strategic Plan 2014/2015 – 2016/2017. Some 50 per cent of the 107 positions established in August 2012 have been filled, including 34 of the 72 Auxiliary Social Welfare Officers. It is unlikely that MOSD will be allowed to create new positions in the current financial year, yet the effective functioning of the Child Protection Services Department is weakened due to insufficient permanent staff.

Consultations were organised in all districts to ensure that the process of formulating the draft National Policy on Social Development was inclusive. It is hoped that the policy will be submitted formally to the Cabinet in February 2014.

The annual review of the first year of implementation of the National Strategic Plan on Vulnerable Children 2012–2017 (NSPVC) was conducted, with UNICEF support. The review found that a wide range of activities included in the NSPVC have been carried out. However, in view of the absence of much of the baseline data, it was difficult to measure progress against the plan. In 2014, UNICEF will support MOSD to implement some of the key recommendations of the annual review, in particular those aimed at establishing baselines for some of the core indicators and further strengthening the M&E capacity in the MOSD.

UNICEF resumed its partnership with Sentebale to assist the Letsema Network in strengthening the capacity of civil society organisations to provide better protection, care and support to vulnerable children, and to coordinate the response of NGOs. Beginning in February 2014, some 52 Letsema member organisations will be trained in management/governance issues and caring practices.

### PC 3 - Basic education

**On-track**

**PCR 2520/A0/04/802** Outcome 6: Enhanced access to quality IECD services, enrolment and learning outcomes especially for the most vulnerable primary school going age and over-aged children

**Progress:**

Through the development, finalisation and adoption of the Integrated Early Childhood Care and Development Policy and its Strategic Plan, a fertile environment is being created to put early childhood development in the agenda of policy makers and stakeholders, promoting the likelihood of increased quality early childhood services.

Although there was a drop of 104 children (from 61,117 in 2011, to 61,013 in 2013), there was an increase in enrolments in one of the lowest performing districts, Thaba-Tseka, where only 3,200 children enrolled in 2012, but 4,993 (2467 boys, 2426 girls) enrolled in 2013, according to the ECCD District-based report. The number of trained teachers increased to 151 in 2013, an increase of 51 per cent that brings the proportion of trained teachers to 30.2 per cent of the 2014 target. However, getting accurate ECCD data at the central level is a longstanding challenge, which was addressed by integrating ECCD data into EMIS in 2013. Another issue intended to address inaccurate data is a requirement for ECCD centres to register legally with MOET. However, the requirements in the registration guidelines might reverse the numbers of children accessing ECCD even further, since many ECCD centres are likely not to meet all the requirements, especially the home-based ECCD centres, which, for example, don’t have bank accounts or leases.

The number of pupils with disabilities was recorded as 20,636 (5.4 per cent) of the 385,437 pupils enrolled in 2011. In 2012, the number declined slightly, to 19,682 or 5.2 per cent of total enrolment (58 per cent boys; 42 per cent girls), reflecting the trend of declining enrolment that year (Education Statistical Bulletin 2012).

Although the repetition rate is still high, 19 per cent, with the implementation of the new integrated curriculum that emphasises continuous assessment is expected to dramatically reduce it, especially because repetition is higher in the first three grades. Learning outcomes are expected to improve due to Child-Friendly Schools (CFS), the new curriculum and assessment approaches. In 2010 the national performance assessment had scores above SAQMEC III average scores, signifying improving outcomes. There were about 6,500 non-formal education learners in 2013, as compared to 5,126 in 2012, an increase of 1,374, as a result of campaigns on radio and in districts on NFE and availability of learning materials supported by UNICEF.

**On-track**

**IR 2520/A0/04/802/001** Output 6.1 Improved quality and access to ECD services, especially for vulnerable children

**Progress:** All of Lesotho’s 105 ECCD Area Resource Teachers and two of its home-based ECCD Resource Teachers (50 per cent) completed two in-service training on child-centred pedagogy, held in March and July 2013. Additionally 44 teachers graduated from Lesotho College of Education (LCE), yielding a total of 151 trained teachers, an increase of 51 per cent, bringing the number of trained teachers to exceed the 2013 target. Moreover, 52 teachers (47 female and 5 male) have completed their first year of training at LCE, as
reported by LCE and the ECCD Unit.

Although there is limited capacity in the formal setting (LCE) to absorb the remaining 349 ECCD teachers, to reach the target of 500, and MOET's resources allocation for in-service training in 2014 was uncertain in late 2013, progress was notable, since the target was exceeded by 51 teachers. However, with the anticipated introduction of a diploma ECCD programme at LCE, it is hoped that trainee intake will further increase from 90 students per year to about 200 annually.

In an effort to increase access to ECCD services the MOET, through UNICEF support, printed and distributed 30,000 booklets and 27,500 posters on and for disabled and vulnerable children, reaching the 61,013 children enrolled in ECCD centres in all 10 districts. In an effort to increase enrolment, awareness campaigns were conducted in districts with lower enrolments (Quthing, Thaba-Tseka, Qacha's Nek and Mokhotlong) reaching 28 villages. UNICEF supported three NGOs – Good Shepherd Teen Mothers Centre, Beautiful Gate and Touching Tiny Lives – that enrolled 340 vulnerable children aged 0-5 for holistic development.

- **On-track**

**IR 2520/A0/04/802/002 IR 2** Capacity of MOET is enhanced to coordinate, plan, implement, and monitor provision of quality basic education with special attention for children with disabilities

**Progress:** With UNICEF support, MOET inspected 37 (74 per cent) schools using CFS standards in the two targeted districts (Qacha’s Nek and Quthing), as part of efforts to improve education quality.

UNICEF supported CFS as a holistic package to increase access to and retention in primary school for disabled and non-disabled children. To improve access and quality, UNICEF supported MOET to train 27 per cent of teachers and 100 per cent of inspectors on CFS. In addition, UNICEF supported EMIS by procuring a web-based tool to ensure accurate data collection, capturing and analyses so that all children’s statistics are disaggregated by variables such as disability, age, gender etc. Final statistical reporting is expected to become available in early 2014, somewhat later than expected, due to insufficient human resources, despite UNICEF’s contribution toward recruitment of part-time data capturers.

UNICEF supported MOET, which trained 160 teachers (25 per cent) on CFS from 60 pilot schools that implement CFS standards in all the 10 districts, exceeding the 2013 target of 30 schools. Teachers are trained during vacations to avoid disrupting learning in classrooms, and will be trained again during the summer vacation in January 2014. For the new curriculum's implementation for Grades 1 through 4, which is being piloted in selected schools nationally, UNICEF supported training of 37 district resource teachers, 63 principals and 84 Grade 4 teachers. Some 70,000 continuous assessment reports, 204 syllabuses and 314 teachers’ guides were printed and used for curriculum implementation, which improves quality.

- **On-track**

**IR 2520/A0/04/802/003 Increased access to quality non-formal education for over aged excluded girls and boys in 10 districts with a special attention to herd boys by 2014**

**Progress:** The LDTC, supported by UNICEF, recruited 45 tutors in Mohale’s Hoek, Mafeteng and Botha-Bothe to increase the number of teaching staff in the NFE sector, which will in turn increase enrolment by learners. LDTC has broadcast six radio programmes to raise awareness about NFE and as a teaching mode. Some 1,374 new learners for the continuing education were enrolled during 2013, bringing the total number to about 6,500, as compared to 5,126 in 2012. In the NFE sector, more learners enrol when there are learning materials to study on their own. To ensure the availability of those materials, UNICEF supported procurement of relevant equipment and training on its use. Additionally, 20 LDTC officers were trained to identify subjects to accommodate the new curriculum; 25 officers were trained on how to write and revise English and Physical Science textbooks; while 21 officers were trained on the revision of COSC Geography and Mathematics. The textbooks were simplified for use by learners studying alone. These efforts aimed to increase enrolments by learners, as well as their retention and completion.

Forty-five new NFE teachers were trained to teach NFE learners and distance education learners; 360 were re-trained, bringing the total of trained NFE teachers to 405. Two NFE institutions established 33 new learning centres. The study on herd boys was not initiated due to lack of funds. The study will provide data on the magnitude of the problem and information on coverage, reflecting on the effectiveness of UNICEF’s contribution.

**PC 4 - Social Policy, Planning and Knowledge Management**

- **On-track**

**PCR 2520/A0/04/801 By end of 2014, National M & E System is supported for the collection, analysis and dissemination of strategic information for planning and implementation of national policies**

**Progress:**

In an effort to generate evidence through M&E systems, in 2013 UNICEF initiated in the field of social policy/social protection two studies and one impact evaluation of the Child Grant Programme in an effort to influence decision-making, policy formulation and budget allocations for children. The two studies are “fiscal sustainability of CGP” and “HIV-sensitive social protection”. Findings from the fiscal sustainability study will reveal information about the financial resources required to support the expansion of the Child Grant programme by Lesotho’s Government over a period of 20 years. It is expected that findings from HIV-sensitive social protection study will influence, in particular, the final social protection strategy and future programmatic interventions that will address both social protection and
HIV/AIDS in the country. In an effort to strengthen the M&E system that will generate evidence for decision-making, UNICEF in partnership with FAO, supported the MOSD to conduct an impact evaluation of CGP. The draft results, as well as the costing and fiscal sustainability study, were shared with partners.

With the final results expected in February-March 2014, the CO plans to widely disseminate findings and recommendations of the studies and evaluation, as well as the management response. UNICEF, in partnership with the MOSD, will also engage in a high-level advocacy with national stakeholders, including Parliament and civil society organisations (CSOs). UNICEF will ensure that there is a management response for each recommendation emanating from each of the above-mentioned studies and evaluations.

UNICEF also supported an advocacy event focusing on CSOs and the media, using evidence generated from the 2011 child poverty study, which leads to a better understanding of children’s deprivations and their key drivers in Lesotho. Results of the Child Poverty study were also used during the HIV/AIDS annual report and planning.

On-track

IR 2520/A0/04/801/001 By end of 2014, evidence is generated and used to influence social budgeting and advocate for child-friendly sector budgets, social and economic policies and legislative measures

Progress:

In partnership with MOSD, UNICEF initiated the CGP Impact Evaluation study, with the main objective of assessing the impact of the programme on food security and mitigating the impact of HIV/AIDS on vulnerable households caring for OVC. The evaluation focused on the relevance, efficiency, effectiveness, impact and sustainability of the programme. An additional module on costing and fiscal sustainability was added to the exercise to assess the potential cost of the Programme by analysing the potential fiscal space, as well as the affordability of a national expansion of the child grant programme. Preliminary results shared in December 2013 showed many important impacts of the CGP, which will contribute to the effectiveness of UNICEF’s advocacy for a national expansion. Final reports are expected in January 2014, and the Office plans to disseminate the report widely.

To enhance child-sensitive social protection policies and strategies, UNICEF, in partnership with MOSD, supported since March 2013 an HIV-Sensitivity Social Protection study, which will provide key evidence to Government and partners on how to improve current social protection programming to have more impact on HIV. The results of the study, expected in the first quarter of 2014, will inform the upcoming process of formulating the national social protection strategy as well as HIV/AIDS annual planning and reporting process. Three studies and evaluations were conducted for social protection, though not all were fully disseminated. The dissemination process will begin in 2014 when the studies are complete.

Some of the challenges that were faced, which affected the rate of implementation, are the weak commitment and ownership from the Government at the beginning of the planning stage, due to competing priorities and limited staff, and inadequate technical capacity of some key partners, which hindered the implementation process.

To avoid encountering these challenges in the future, UNICEF has adopted both intensive and extensive consultative processes with partners to address all identified and potential challenges.

Constrained

IR 2520/A0/04/801/002 By end of 2014, National M & E System is supported for the collection, analysis and dissemination of strategic information for planning and implementation of national policies

Progress:

In collaboration with other development partners, UNICEF assisted the MOH to plan and prepare for the implementation of the Demographic and Health Survey (DHS) 2014. UNICEF supported the MOH in the procurement of HIV test kits and equipment for anthropometric measurement of nutrition indicators, and participated in the review of the questionnaire to ensure that the survey covers indicators for measurement of key dimensions of child wellbeing. The survey is anticipated to end in 2015; UNICEF plans to support this entire process, through dissemination of the final results.

In the area of M&E system-strengthening, limited progress was made in setting up an M&E system for MOSD and a national database at BOS. UNICEF supported the development of TORs for MOSD M&E system development, and in partnership with other UN agencies, under the “delivering as one” principle, supported development of a concept paper to support both MODP and BOS.

Early challenges associated with the implementation of DHS 2014 included the delay in recruitment of the consultant to coordinate the survey, which then caused delays in implementation. Other important challenges include the limited number of stakeholders and insufficient financial resources for carrying out the DHS 2014.

A challenge encountered in strengthening database management systems was competing priorities within BOS, leading to the postponement of the activity related to revitalisation of DevInfo.

In an attempt to alleviate pressure on DHS as a single source of data, UNICEF has identified a number of population-based surveys and studies periodically undertaken by the GO that can generate data for better understanding the situation and measuring the progress on annual basis.

As a way forward, UNICEF scheduled planning meetings with all partners to agree on M&E activities that need to be prioritised in 2014.

On-track
**PCR 2520/A0/04/808 Outcome: Strengthened child and gender-sensitive social protection systems for vulnerable children and their families**

**Progress:**

UNICEF, in collaboration with the EU, supported the Ministry of Social Development to expand the National Information System for Social Assistance (NISSA) from 40,000 households in 2012 to more than 100,000 households in 2013 (1/4 of total Lesotho population). In this way, NISSA served as a foundation for the establishment of an integrated and harmonised social protection system that will allow the Ministry to build better-targeted social protection programmes. These, in turn, are expected to lead to the significant reduction of extreme poverty and vulnerability. The expansion of NISSA has enabled the ministry to increase the number of CGP beneficiaries from 9,987 to 20,018 households, reaching more than 60,000 children. Expansion of the CGP covered all ten districts and 37 (of 67) community councils, particularly in mountainous area populated by hard-to-reach households.

In 2013 UNICEF's support to the social protection sector contributed to significantly changing the national environment, with a higher commitment by Government to build strong social protection systems that are sensitive to children's rights and needs. Government commitment and ownership have grown sharply, as illustrated by the take-over of the entire cost of the Child Grant programme benefit and 70 per cent of operational costs. Government is also committed to formulating a Social Protection Strategy, with its MTEF, and to building a national single registry as well as to develop an integrated social protection programme.

This increase in CGP enrolment has reduced the proportion of households that lack enough food to meet their needs from 87 per cent to 83 per cent. The impact of CGP is also evident in: (i) retaining children in primary school; (ii) reduction of negative coping mechanisms; (iii) reduction of the poverty trend in areas of implementation; (iv) improvement of social networks, particularly solidarity; (v) increased birth registration; (vi) investment for a better future. However, the impact in access to health was not significant, although the study shows an impact on reducing child morbidity.

The main challenge facing social protection, especially the CGP, is lack of predictability of payments, which leads to erratic consumption patterns. The other challenge is the weak capacity of the Ministry of Social development with regard to the growing social protection sector.

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**Met**

**IR 2520/A0/04/808/001 Output 5.1.** By end of 2014, the Child Grants Programme (CGP) is expanded to selected communities in all 10 districts, targeting the most vulnerable children and their families.

**Progress:** During the reporting period (Jan – Dec 2013), the number of households that benefited from CGP increased from 9,987 to 19,813, reaching an estimated 62,174 OVCs in the most remote and hard-to-reach areas of all 10 districts in Lesotho. This progress was possible thanks to a partnership with World Vision, which undertook the intense data collection that contributed to registering an additional 46,293 households into NISSA, bringing the total to approximately 100,000 households, or about one-quarter of Lesotho's population. To address the main concerns raised in the CGP Phase I Evaluation, further technical support was provided to the MOSD to introduce new adjusted payment levels to CGP beneficiaries, to take into account the size of households. At the same time, through advocacy in partnership with the EU, the GoL took over 100 per cent of benefit costs and 70 per cent of operational costs of the CGP Programme into the national budget FY 2013/2014. A mid-term review of the CGP was also organised in 2013.

During the 2012/2013 food-security emergency, through the support of DFID, UNICEF contributed to reach a total of 6,533 vulnerable households caring for approximately 52,000 OVC. These households received three payments of 400 Maloti, from January to October 2013. The emergency response through DFID support also contributed to expanding NISSA by 16,000. These households will be used to expand the CGP in 2014. The main lesson learnt from the emergency response is the strong potential of NISSA, which can be used for rapid targeting and response to vulnerable households.

Key challenges were the weak capacity of the MOSD, which needs more staff and operational capacities proportionate to the large increase of the programme during 2013. In addition, several delays were encountered in 2013 payments, due to the late enrolment of additional households as well as delays in release of Government funds. These types of challenges can affect the programme's sustainability as well as its potential impact on poverty.

In 2014 UNICEF will focus on further expansion of CGP coverage, by an additional 5,000 households, to reach additional 25,000 children, as well as capacity development and improvement of social protection systems.

**On-track**

**IR 2520/A0/04/808/002 Output 5.2.** One social protection system (at the central level) is developed and implemented by integrating and harmonising different social protection schemes.

**Progress:** In collaboration with World Bank Technical support, the Ministry of Social Development aims to develop a framework for the National Social Protection Strategy which articulates the national vision for social protection and will guide the development of detailed strategies for harmonising, integrating and scaling up the different social protection schemes. Support to the strategy's formulation is ongoing and will be finalised and presented to Parliament the approval in 2014.

Regarding the promotion of NISSA as a single registry, several interventions were carried out by UNICEF to reform and strengthen its design. In this regard, an assessment of the Proxy Means Test (PMT) Formula, using Household Budget Survey (HBS) data was completed with support from the World Bank. The review concluded that it was preferable to continue using the current formula because the inconsistency of HBS data prevented the formulation of a more accurate measure. Based on that conclusion, a broader and more comprehensive NISSA review is being supported by UNICEF, to include: (i) an update of the PMT formula to focus it on a pro-poor...
targeting, (ii) an assessment of the national statistical system and data collection approach and methodology, and (iii) a costing for a national roll out of NISSA. In addition, UNICEF is supporting the development of a new Management Information System, to facilitate management of integrated, harmonised safety nets programmes. At an institutional level UNICEF provided support and advice to the MOSD to develop a new organisational structure for the Department of Social Protection that is more consistent with the new vision of integrated social protection programmes, as well as managing the coordination of different stakeholders.

On-track

IR 2520/A0/04/808/003

**Progress:** The Conditional Cash Transfer (CCT) and Integration of Social Safety Nets (ISSN) pilots are new initiatives supported by UNICEF with the purpose of maximising effectiveness and efficiency and the impact of social protection on beneficiaries. In 2013, support was focused on the design and development of tools.

The overall design of the CCT, with conditionalities in health and education, was finalised and presented to the relevant line ministries. A corresponding Memorandum of Understanding between UNICEF and the MOSD, MOE and MOH was signed in October, for an official start in January 2014. During a workshop held beginning of July 2013, all stakeholders provided inputs to the detailed design and project cycle. Regarding implementation, the final guidelines outlining the different steps, roles and responsibilities of all actors are currently under finalisation. Trainings were organised to include stakeholders of the three involved ministries. Key preliminary activities – particularly the supply capacity analysis, data collection and enrolment – are expected to be finalised during the first quarter of 2014 in order to make the monitoring of conditionalities effective by the March 2014 payment.

Regarding the integration of four social safety nets (CGP, public assistance programme, old age pension, and OVC bursary), the design proposal for the Integrated Social Safety Net (ISSN) pilot was discussed with all stakeholders in a technical workshop supported by UNICEF in November 2013, leading to an agreement on elements that need to be taken into account or be adjusted within the four programmes to facilitate integration. Planned way-forward actions include: (i) strategic discussions at policy level to get buy-in from other ministries on the revised design, (ii) start preliminary activities such as data collection, training and enrolment at the beginning of 2014 and start integrated payment in the second quarter of the year.

The weak capacity of the MOSD, as well as long delays to convince other ministries to sign the MOUs, were the key constraints seriously affecting the start of these pilots.

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Effective Governance Structure

The Annual Management Plan for 2013 was finalised in the second quarter of the year and contained a detailed description of the Office’s governance structure, the agreed Office objectives, priorities and management performance indicators. This plan was shared with all staff members.

Effective governance and oversight was maintained during 2013 through different mechanisms including: monthly Country Management Team (CMT) meetings, Programme Coordination Group (PCG), Operations, and Monday staff meetings. The meetings reviewed performance vs. AMP, key management indicators and decisions on efficiency of processes. The LCO updated and maintained effective functioning of all statutory and non-statutory committees contributing to the management of the Office, and staff development and well-being. The Joint Consultative Committee (JCC) met on a quarterly basis to address staff concerns, which were jointly and closely monitored and reviewed during the meetings. An all-staff retreat was conducted in September 2013 to review and address audit observations, office priorities and staff needs.

In addition to the oversight of CMT, with regards to programme implementation and monitoring of direct cash transfers to partners – and as per audit recommendations – the CMT included in its agenda the monitoring of the status and implementation of the “Risk and Control Self-Assessment”, to systematically manage risks and opportunities that could affect the achievement of the office’s objectives, and “Resource Mobilisation and Management”, as the aid environment and predictability of funding is rated as high risk.

The LCO internal audit took place in June, 2013. The audit covered governance, programme management and operations support during the period January 2012 to May 2013. The final audit report was shared in September, and included 10 recommendations of which three were rated as “high priority”, with the rest being “medium priority”. The high-priority recommendations were related to “Resource Mobilisation”, “Harmonised Approach of Cash Transfers (HACT)” and “Cash Transfers”. UNICEF’s Office of Internal Audit and Investigation (OIAI) concluded that, except for the high-priority area mentioned above, the governance, risk-management and control processes of the LCO were adequately established and functioning well. The action plan to close audit recommendations was finalised and the first report on the status of implementation was sent to OIAI in December 2013.

The Office last updated its library of risk control self-assessment in December 2013. The review provided a baseline of the four key risks and associated controls and responses that may impact the achievement of UNICEF’s objectives and results. Among the high risks identified were: aid environment & predictability of funding, programme strategy & technical quality, governance and accountability, and budget management.

Strategic Risk Management

The UNICEF LCO conducted a systematic and participatory review of Enterprise Risk and its management. An action plan was updated to address the identified risks, which mainly focused on mitigation, transfer, avoidance or acceptance of the risk. The CMT reviewed the status of the Risk Management Plan of Action on a quarterly basis. In addition, overall attention was paid by the CMT to monitoring the magnitude of identified risks and ensuring that the organisational risk profile was up-to-date and responsive to the level of identified risks.

The Office has developed and maintained an up-to-date Business Continuity Plan (BCP), which was reviewed and updated during the year. Both the internal and external operating environment was regularly monitored and in case of significant changes, risk management plans (ERM and BCP) are updated and adjusted as required.

Evaluation

In 2013 the LCO developed an integrated monitoring and evaluation plan which now guides the implementation of M&E activities for the planned period. Within the IMEP, the Country Office incorporated the feedback mechanism and strategy to fuel demand for utilisation of the findings.
In partnership with other development partners, UNICEF has supported the GOL to strengthen its M&E system in order to improve the timely delivery of quality data. Along the road, UNICEF has established strong partnerships with the Bureau of Statistics, the MOSD and the Ministry of Planning. Two evaluation exercises were planned for 2013. The impact evaluation of the CGP was intended to assess the impact of the programme on the beneficiary communities, focusing on socio-economic outcomes affecting children (i.e. food consumption, access to education and health services). The assessment of the Mother Baby Pack assesses the acceptability and safety of the MBP to mothers who self-administer the drug at home.

Implementation of these two evaluation exercises was carried out in collaboration with other UN agencies, such as FAO, and development partners, such as EGPAF, under GOL leadership. They were undertaken by independent qualified evaluators who adopted all the necessary scientific protocols and ethical considerations that are required by UNICEF and the GOL.

Preliminary results of these two evaluations were widely shared and discussed with all national stakeholders to promote ownership of results as well as national commitment for the implementation of evidence-based responses. For example, the 2014 CGP work plan already includes activities related to the findings of the impact evaluation, as well as a review of the role of Village Assistance Committees. Overall, Lesotho has weak evaluative capacities. Consequently, strengthening evaluation capacities is one of the main strategies of the Lesotho UNDAF. The GOL’s leadership in the above-mentioned evaluation exercises was an important step forward for this strategy, as well as for efforts to enhance awareness on the relevance of conducting evaluations to support policy and decision-making.

### Effective Use of Information and Communication Technology

UNICEF drives innovations to improve effectiveness of the whole CGP system. Such innovations include UNICEF support in the development of a new Management Information System (MIS) to facilitate integration of all social assistance programmes, which will translate into effectiveness and efficiency on beneficiaries and resource management. CGP data collection is accomplished through the use of mobile phone devices. This method of data collection helps in reducing delays in data importation, data treatment and most importantly reduces paperwork and loss of data. In a quest to further strengthen the CGP, UNICEF is exploring the possibility of linking the soon-to-be introduced national IDs to the payments system, which is expected to translate in reducing the risk of fraud and duplication of payments or missing out some beneficiaries.

No major changes were made in terms of the Disaster Recovery Plan from what was implemented and reported in 2012, except that a second wimax link was installed. During the reporting year the primary link went down for over three days and the backup connectivity could not automatically take over. The diagnosis revealed that a backup link needed to be dedicated, but not to be used for office wireless as well, which is why a second link was necessary. The current backup link was tested and is working as expected. A joint UN BCP simulation exercise was conducted in December, to ensure connectivity and accessibility to VISION and Lotus Notes for all critical staff.

Under Delivering as One, the UN Lesotho ICT Working Group presented common key priorities as reported in 2012 and the work plan was approved by the Operations Management Team. However budget restrictions forced the planned activities to be postponed to 2014. The priorities are: a common telephone system, internet backup link and wireless internet connectivity. Most importantly, the elimination of individual receptionists for each UN agency in favour of one common receptionist triggered the need for a common telephone system. UNICEF will, however, engage Regional ICT to evaluate the technicalities with regard to the proposal and the budget.

The LCO completed all the global upgrades and system implementations on time. Global rollouts for 2013 included implementation of VEEAM 6.5 with patch 3, implementation of DHCP and 10.x IP address allocation, release of Service Pack 1 for Windows 2008R2 Hyper-V hosts and implementation of SEP 12.1 RU3, in which Lesotho CO was part of the Open Pilot. LCO maintained hardware and software as per UNICEF standards.
**Fund-raising and Donor Relations**

In 2013 the LCO approved a five-year resource mobilisation strategy to support Country Programme implementation for the cycle 2013 to 2017. The strategy intends to support processes linked to the systematisation of resource mobilisation efforts. This will be achieved by improving planning and transparency of fundraising and related actions, particularly by predicting and managing organisational financial risks and preparing for audits. In order for UNICEF Lesotho to fulfil the commitments made to the GOL, the LCO will need to raise US$8 million per year, or a total of US$40 million for the five-year programme.

In 2013 the LCO received funding of US$1,703,851 to implement activities in the core thematic areas of health, education, social policy and humanitarian response. In an effort to fill funding gaps, the LCO continued to engage with different donors and submitted proposals around the following thematic areas: social policy in emergencies, HIV and AIDS and ECD to the Government of Japan, the EU, PARMO, Vodafone and the GIS. A positive response was received with regards to the EU’s 11th European Development Funds (EDF) for an amount of US$10,000,000 covering 2015/17 in the area of social protection. The LCO also engaged with the British Natcom and shared the Health and HIV Toolkit and IECCD proposal. A UK Natcom was hosted.

LCO revitalised the Resource Mobilisation Task Force, which is chaired by the Country Representative. The core business of this task force is to maximise current funding and partnership opportunities by understanding donors’ expectations; engaging in regular dialogue; providing efficient and high-quality follow-up; delivering timely quality reporting; and improving contribution management and expenditure. To increase the LCO’s accountability with regards to fundraising, a decision was made to closely monitor fundraising activities during CMT meetings. Hence, 100 per cent of all of donor reports were submitted on time, all grants were utilised on time and there were no expiring grants during 2013. Feedback from ESARO has classified the quality of submitted reports in 2013 as “satisfactory”.

In 2014 the LCO will utilise the Donor Engagement Calendar developed this year to engage with donors as well as to diversify its donor base.

**Management of Financial and Other Assets**

The LCO had its internal audit in June 2013 and acknowledged the audit observations on HACT. In addressing these observations, the Office adjusted the spot-check plans to reflect priority and frequency of visits according to risks, and enforced the Simplified Financial Assessment of implementing partners as a precondition to approve PCAs. As part of Delivering as One, UNICEF, in collaboration with other agencies, began to arrange for a consultancy by an auditing firm to assess participating UN agencies, which is expected to be finalised during first quarter of 2014.

Every month the CMT reviews and closely monitors programme implementation, PBA expiry, DCT liquidations and budget utilisation: 100 per cent of Regular Resources (RR) US$989,940; 99 per cent of Emergency Funds (EM) US$786,607 and 68 per cent of Other Resources (OR) US$3,876,749 were utilised. All expiring Programme Budget Allotments (PBA) in 2013 were fully utilised. The office’s total Institutional Budget (IB) of US$211,620 was also fully utilised. The annual common services cost of US$117, 695 remains the single largest item in operations, with around 60 per cent covered from the IB.

The Country Office efficiently managed its financial resources and continued to make effective use of its bank optimisation and cash forecasting tools and mostly met its closing bank balance targets for subsequent months. In some instances cash forecast challenges were caused by receipt of unspent funds from partners, without prior notice to the finance section. Deadlines on bank reconciliations and bank optimisation targets were met throughout the year.

The strategy release for the LCO is at two levels (< =50k and >50k), however the CMT decided to maintain the financial limit for the Contract Review Committee at US$20,000 to ensure that due process is followed in achieving best value for money.
Segregation of duties and allocation of roles to staff in VISION remained a challenge throughout 2013, due to the limited number of staff available to perform different roles in the system in a small to medium-size Country Office. With the 2nd year of VISION implementation, minimal challenges and bottlenecks were experienced. Ad-hoc problems were resolved in a timely way through consultations with the Regional Office and Headquarters. The Table of Authority was updated in March and subsequently in December 2013 to address audit observations.

The banking system used by UNICEF (Standard Lesotho Bank) is planning to discontinue manual transactions in the second quarter of 2014; accordingly the Office sought approval from HQ to move to electronic banking during the first quarter of 2014.

**Supply Management**

The supply plan for 2013 was developed by programme sections in consultation with partners/stakeholders. Requests for procurement were executed on time. Both offshore and locally procured supplies for 2013 met the set quality specifications and timeliness and no loss/wastage in transit of offshore supplies was experienced. In March the Supply Plan was US$53,457 and increased to US$105,500 in June. Institutional Contracts’ planned value in August was US$1,018,674.12. Completed GAVI co-financing activities amounted to US$111,043.66.

In order to maximise utilisation of resources and capitalise on quality, as of the second quarter of 2013 the LCO started working with the South Africa Country Office (SACO) under the BNLS (Botswana, Namibia, Lesotho, Swaziland and South Africa) agreement. Under this agreement, procurement of all programme supplies and institutional contracts is done through SACO. However, printing is done locally. The process has not been reviewed as yet by the two offices to determine the added value and areas for improvement. Also, LCO continued using previously signed LTAs for transport, sea and air freight, which were useful in expediting the supply chain logistics, including quick customs clearance and safe delivery of supplies. The market in Lesotho continues to lack manufacturing industry and competition, and is used only to procure operational supplies.

UNICEF is a member of the Delivering as One Local Procurement Committee. Two LTA drafts were submitted to OMT in October 2013 for endorsement but not finalised by year’s end; namely for joint UN transport services and UN travel management services.

UNICEF does not manage any warehouses. Supplies are delivered directly to Government and NGO partners. Distribution to end-users is handled by the receiving ministry or NGO. UNICEF programme staff conducted end-user monitoring to confirm delivery and good use of supplies. Donations in-kind consisted only of Vitamin A, which was handed over to the MOH during the second quarter of 2013.

UNICEF continued providing Procurement Services and logistic support to its GOL partners, ensuring their compliance and commitment to customs requirements. Procurement services included vaccines and immunisation devices for the Measles SIA campaign. All supplies for the campaign were delivered to partners and its agencies on time and no stock shortages were experienced. Procurement services also included Mother Baby Packages and anthropometric equipment.

Total programme supplies in 2013 (irrespective of procurement location) were US$412,079, and Institutional Contracts issued were US$1,316,174, while operational supplies totalled an amount of US$52,191.99 (funded from both Programme and Institutional Budget). The value of Procurement Services in support of the GoL amounted to US$364,480, excluding GAVI /GOL co-financing.

Programme Supplies: US$412,078.62  
Operational Supplies: US$ 52,191.99  
Institutional Contracts: US$1,316,173.92  
Other Services (transport & catering for programme meetings): US$26,283.16

The Supply Assistant, in her capacity as Vision Super-User, continued to provide support to programme staff to meet VISION requirements for requesting supplies and institutional contracts and is the focal person for
BNLSS between LCO and SACO. The Supply Intranet Blogs and Hotspots continue to be useful tools for information-sharing and discussions related to VISION/IPSAS implementation.

Human Resources

Upon the request of the Regional Office, the LCO resubmitted the 2013-2017 integrated budget to the Technical Review Panel (TRP)/Programme Budget Review (PBR), as part of the efforts on harmonisation, creating closer collaboration between the five BNLSS countries and enhancing effectiveness and efficiency. The outcome of the exercise was the elimination of three positions (Child Protection P3, Receptionist GS3 and Programme Assistant GS6). Using competency-based interviews and technical assessments the office finalised recruitment of two vacant National Officer (NOB) positions.

Available capabilities in the country represent a challenge to implementing UNICEF’s policy on gender balance. In 2013 the overall gender balance in the office was: female, 58 per cent; male, 42 per cent. National Officers represent the highest imbalance, with seven females and two males, followed by GS, with eight females and six males, while International Positions (IP) are represented by five males and three females.

The Office Learning and Training Plan was developed on the basis of an assessment of staff learning needs and key competencies required for effective performance aligned with the office priorities. All individual training requests were highlighted in the staff member’s Performance Appraisal System (PAS). The Lesotho Local Training Committee (LLTC) met four times in 2013 and approved five group trainings and individual development plans. The office managed to conduct two group trainings while three were postponed to 2014. LLTC is aware of the 5 per cent learning time initiated by ESARO, which will be put into effect in 2014. Flexi-time is being exercised by staff. During the reporting period, three staff members went on missions ranging from one week to eight weeks with full Daily Subsistence Allowance.

To promote and enhance staff well-being, UNICEF shares with other participating UN agencies an in-house gym and a staff counsellor. The Office continued to be compliant with the minimum standards on HIV and AIDS in the workplace. In addition, the UN Cares Team continued to conduct joint training sessions for newly recruited staff members on HIV in the workplace. The Office has one trained Peer Support Volunteer who addressed three cases during 2013. All staff were provided with a VHF radio and regularly informed of all security alerts.

Performance evaluations (Phases I and II) for 2013 for all staff were completed on time; 2012 end year performance evaluations (Phase III) were completed within the first quarter of 2013, with a compliance rate approaching 100 per cent.

In cooperation with the Staff Association, the Office held a successful staff retreat in September 2013. Staff-related issues and Office challenges were discussed at length and teamwork activities were carried out. The outcome of the 2011 staff morale survey is being closely monitored and addressed during the JCC meetings, and overall indications showed improvement in staff motivation and satisfaction levels.

Efficiency Gains and Cost Savings

The maximising of efficiency gains in the use of resources was maintained during 2013. Bank replenishments through Treasury-HQ resulted in savings of US$100,692, due to differences in foreign exchange rates between the local bank and Headquarters. All foreign currency transfers were done through the Division for Finance and Administrative Management in New York as inter-office transfers, which contributed to savings on buying foreign currency locally. The Office continued to purchase discounted/restricted air tickets for official travel, which resulted in an estimated 30 per cent reduction in airfare cost, compared to full economy.

Cost savings reported in 2012 continued to be realised by reducing paper consumption through the configuration of network printers to double side printing, encouraging the use of laptops in meetings, and conducting paperless all-staff retreat and meetings. Also, the 25 per cent discount negotiated and granted on
all DHL services was maintained for 2013. The conversion of Blackberry contracts with the MTN South Africa service provider to data only contracts contributed to savings on voice roaming charges and the increased use of Skype for long-distance calls contributed to savings on telephone costs.

UNICEF is housed in a Common UN Premises leased by the GoL with no rent charges which is a major cost saving. In addition, cost sharing of the security service for the UN premises contributes to a considerable cost savings of approximately US$85,000. Apart from this service, no other direct cost savings were observed, despite the considerable effort and time spent by UNICEF staff in attending UN management and sub-committee meetings (i.e. monthly and ad-hoc meetings, participating in interview panels, reviewing common services documentation, etc.). The process of initiating common agreements with suppliers for travel/transport, stationary, workshop facilities and vehicle maintenance began in 2012 or early 2013, with slow progress and are yet to be finalised.

In 2013 UN agencies took part in piloting the Business Operations Strategy for realising common operational efficiency gains; implementation is in its early stages and cost reductions are foreseen for 2014-2017.

**Changes in AMP & CPMP**

Under the new Country Programme for 2013-2017, no significant changes to the AMP are envisaged except for the minor structural changes as per the approved TRP/PBR of 2013. In addition, the AMP for 2014 will build on the 2014 annual work plans and highlighting programme and operational performance indicators which will be monitored throughout the year by the CMT and relevant sections.

**Summary Notes and Acronyms**

**Summary Notes**


**Acronyms**

ART - Antiretroviral therapy
ARISE - Africa’s Renewed Initiative for Stunting Elimination
BCP - Business Continuity Plan
BNLSS - Botswana, Namibia, Lesotho, Swaziland and South Africa
CGP - The Lesotho Child Grants Programme
CMT - Country Management Team
CHAL - Christian Health Association of Lesotho
COHA - Cost of Hunger in Africa
CPWA - Child Protection Welfare Act
DaO - Delivering as One
DfID - The Department for International Development
DSA - Daily Subsistence Allowance
EC - European Commission
ECD - Early Childhood Development
EDF - European Development Funds
EGPAF - Elisabeth Glaser Paediatric AIDS Foundation
## Document Centre

### Evaluation

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