

Lesotho

Update on the context and situation of children

2020 was a year of challenge for children and adolescents in Lesotho. While the country has been making consistent but slow progress in reducing poverty and child mortality and improving access to social services, the COVID-19 pandemic, and subsequent strict lockdown profoundly impacted households and children's well-being. The prolonged global economic slowdown will adversely impact the implementation of the 2030 Agenda for Sustainable Development, directly affecting children and adolescents who make up 38% of the population.

Economic growth was expected to contract by 4.8% in 2020 due to national lockdown which resulted in restricted movement, closed borders and closure of businesses. COVID-19 is expected to increase the poverty rate by 1.2 to 1.9% by the end of 2020. The COVID-19 pandemic caused a significant shift in Government and donor priorities from development to humanitarian interventions. Mitigating the impact will require a massive increase in spending, including for social protection and humanitarian assistance. Overall, 28% of the population of Lesotho live on less than US\$1.90 a day, while 50% of the population live below the national poverty line. People living in rural areas, women and children are disproportionately poor. Despite numerous child-focused poverty reduction programmes, children remain the hardest hit by poverty in Lesotho: 65% of all children in Lesotho are simultaneously deprived of at least three basic social services.

COVID-19, prolonged strikes and *ad hoc* “go slow” movements in the health sector, coupled with lockdown restrictions had a serious negative impact on Lesotho’s already weak health system. Lesotho has the second highest HIV prevalence in the world and the impact of HIV on women and children continues to be significant. Young women (10-24 years) and adolescent girls (10-19 years) in particular account for a disproportionate number of new HIV infections. In 2019, HIV incidence in young women stood at 1.5%, nearly three times that of young men (0.6%), while over 12,000 children in Lesotho are estimated to be living with HIV and 1,000 children were newly infected with HIV.

Lesotho has made significant progress in the HIV response, however, children fair more poorly than adults in terms of access to treatment and viral suppression: among children, 71% of CLHIV know their status; of those, 71% are on ART and of those on treatment, 67% are virally suppressed.

There are high national levels of antenatal care (95% for the first visit) and delivery in a health facility (77%). However, under-five mortality remains a challenge, especially for boys (102 per 1,000 live births). Common causes of death amongst children include prematurity, birth asphyxia, pneumonia, and malnutrition. Maternal mortality is also extremely high, at 1,024 deaths per 100,000 live births, and skilled birth attendance displays wide disparities between urban and rural areas (90% vs. 73%) and wealth quintiles (richest, 94%; poorest, 60%).

In 2020, COVID-19 further exacerbated serious food insecurity, which was projected to increase from 380,000 people being food insecure to 582,000, or almost a quarter of the entire population. Food insecurity, resulting from lockdown restrictions and extreme weather events due to climate change, had a direct impact on the nutritional well-being of children.

One third of children in Lesotho are stunted (92,000 children under the age of five), a number that has increased in recent years from 33% in 2014 (DHS) to 35% in 2018 (MICS). The persistent nutritional deprivation that causes stunting also causes long-term irreversible physical and cognitive damage.

Micronutrient deficiencies amongst children aged 6 to 59 months stands at 51%; iron deficiency anemia is the most common deficiency.

Lesotho has high access to basic drinking water services (89% of the population have access to improved drinking water), and COVID-19 is likely to have increased access to hygiene services, as new facilities were established in 2020, which UNICEF contributed to. However, there has been minimal improvement in access to drinking water since 2000 (a less than 2% gain) due to recurrent droughts. Access to quality sanitation services has improved significantly since 2000 and now stands at 73% of the population.

Primary education is free and compulsory, and before COVID-19, Lesotho was close to achieving universal primary education with a primary net enrolment at 85% and a good retention until completion of primary school. For Basotho learners, 2020 can be characterized as a year of education loss. Due to COVID-19 all schools closed in March 2020 and with the exception of a few grades, they have remained closed, affecting over 500,000 learners.

During the COVID-19 lockdown, only 20% of households with children who were previously attending school, were able to maintain access to some form of education. 80% of households with children in school experienced a complete halt in education during the lockdown.

This will have short and long-term consequences for children and the country, as educational outcomes were already low in Lesotho: only 45% of children aged 7-14 demonstrate foundational reading skills in English or Sesotho, and only 15% demonstrate foundational numeracy skills.

In terms of child protection, Lesotho launched the Violence Against Children Survey in 2020. The VACS shows that girls and boys experience unacceptable high rates of sexual and physical violence, with more than half of boys and almost one in three girls experiencing physical violence. On birth registration, fewer than half of children under five are registered (45% of boys and 43% of girls were registered). This varies widely across districts and increases with household wealth quintile (poorest, 34%; richest, 63%).

As households struggle to make ends meet, as caregivers' capacity to care for children in a nurturing environment is diminished due to illness and stress, there are early indications of an increase in negative coping mechanisms, including early marriage and child labour.

The impact of COVID-19 on health, livelihoods, food security, learning and well-being is profound. As part of delivering as One UN, UNICEF continues to highlight issues affecting children in joint advocacy and resource mobilization efforts.

Major contributions and drivers of results

The UNICEF Lesotho Country Programme 2019–2023 is aligned with the National Strategic Development Plan II, 2019–2023, the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities, the SDGs and the UNICEF Strategic Plan 2018–2021. Contributing to the COVID-19 response and recovery, with specific emphasis on saving lives, enhancing household coping capacities, and improving community resilience, are a priority.

Goal area 1 Every child survives and thrives

In 2020, UNICEF strengthened support towards health, nutrition, water, and hygiene needs in Lesotho, focusing on drought emergency and the COVID-19 pandemic. Following the development of guidelines and training of health workers, all health facilities implemented the “Kangaroo” Mother Care package for newborns. 3,030 children under five years received treatment for malnutrition, 13 water systems were rehabilitated in drought-affected communities benefitting 7,316 people with sustainable water. As of December 31st, Lesotho recorded 2,546 confirmed COVID-19 cases with 48 deaths. While absolute numbers are low, challenges in testing, surveillance of data, including deaths, provision of treatment, and care, are very challenging. UNICEF supported the COVID-19 response in a range of priorities, including coordination, procurement of medical supplies and PPE, and hygiene and sanitation supplies in treatment centers. UNICEF is a key partner for the ongoing planning and preparedness for the deployment of COVID-19 vaccines in the country.

Amid COVID-19, UNICEF supported revision of the Prevention of Mother-to-Child Transmission of HIV (PMTCT) guidelines, trained 40 healthcare workers in 60 health facilities (28%) to pilot point-of-care services for viral load testing for pregnant women. As part of the COVID-19 response, UNICEF supported the MOH to develop the health sector and RMNCAH + Nutrition COVID-19 response plans. Through UNICEF TA, 48 health workers were oriented to strengthen the continuity of RMNCH

services.

UNICEF supported evidence generation for pregnant and breastfeeding adolescent girls and young women. Preliminary findings show that HIV knowledge increased from 18% at baseline to 92% in 2020, and ANC attendance increased from 30% at baseline to 79%.

With UNICEF support, MOH implemented the social accountability initiative to improve the quality of adolescent-friendly health services (AFHS) in 35% of health facilities. Improvements include 100% participating health centers included AYP in their health center committees, change in working hours to accommodate AYP, and 40% improvement of healthcare worker's knowledge of AFHS, from 35% at baseline to 75%.

A total of 4,568 VHWs (100% target achievement) were trained on COVID-19 surveillance and integrated community case management. To improve access to quality and timely information during the pandemic and strengthen demand for essential health services, UNICEF's outreach encouraged mothers and caregivers to continue using essential MCNH services, including immunization during the lockdown.

Over 20,479 (surpassing the target) primary caregivers of children aged 0-23 months received counseling on infant and young child feeding using integrated primary healthcare platforms. Fortified micronutrient powders were delivered to 3,368 children in two districts as part of a pilot to show effectiveness (target: 3,149 children 6-23 months). Additionally, over 293,418 people received integrated messaging on nutrition, hygiene, and COVID-19 awareness, and 3,030 children were treated for severe acute malnutrition, both in-patient and outpatient care. The target was exceeded by 7,000 additional caregivers (20,479 caregivers) with counseling on IYCF.

To address stunting – over one-third of children are stunted – and reach the WHO 2025 target for stunting reduction, UNICEF leveraged partnerships within the UN Nutrition Network and Government Food and Nutrition Coordination Office to enhance joint nutrition programming and strengthen high-level advocacy on nutrition, resulting in the Prime Minister launching the multisectoral nutrition and food security plan. The national programme will target 2000 households with children under the age of five from four districts with high stunting rates.

Goal area 2 Every child learns

COVID-19 had a swift and severe impact on the education sector, with school closures disrupting children's learning, routine and social support networks. As a result of COVID-19, UNICEF changed priorities to focus on the COVID-19 response, convening education stakeholders through the education in emergencies working group and the Local Education Group to develop a national COVID-19 education-sector response plan. This plan formed the basis of a proposal to GPE, which mobilized \$3.5 million for COVID-19 response, with UNICEF as the grant agent.

In early childhood education (ECE), 208 pre-school teachers were trained on pedagogy following their initial 2-year certified training. The cumulative number of ECE teachers trained with UNICEF support is 1776, or 59% of ECE teachers. Further, UNICEF supported the Lesotho College of Education to develop and accredit a diploma programme for ECE from the Council of Higher Education.

To ensure continuity of learning, UNICEF supported the Lesotho Distance Teaching Centre to develop materials to support school lessons, including radio and TV lessons and learner packs. So far, 165,691 learners, or about 20% of learners, have been reached with radio and TV lessons. Despite these efforts, the partners' capacity to effectively and efficiently coordinate the rollout of these materials was limited, and the development of the learner packs was delayed. Many lessons were learned in 2020, and UNICEF will continue to build capacity and strengthen partnerships in remote learning to improve the system's resilience to future shocks, including the use of SMS-based learning, distribution of learning

packs, and community-based teacher support in hard to reach areas. UNICEF will also support the roll-out of the Learning Passport, which the Ministry adopted.

In addition to our coordination role for the LEG, UNICEF provided technical support for revising the National Education Sector Plan (2020-23), which better addresses equity issues in education and has a stronger focus on improving access and retention for disadvantaged boys. UNICEF supported the development of the EMIS data reporting and usage strategy and training of EMIS staff at national and district levels.

Goal area 3 Every child is protected from violence and exploitation

UNICEF supported MOSD for the launch of the Violence Against Children and Youth Survey 2019 (VACS). The social welfare workforce was capacitated with supervision skills to ensure that essential services continued during the lockdown. This resulted in 1,616 children (53.8% of the annual target) provided with MHPSS, while 5,000 were reached with essential information on GBV during “ending child marriage” campaigns. Technical support was also provided to the MOSD in re-activating the Child Help Line. UNICEF also supported the Ministry of Home Affairs to conduct onsite registration of people in hard-to-reach areas. Unfortunately, due to COVID-19 restrictions, only 24% of children were registered.

Goal area 4 Every child lives in a safe and clean environment

UNICEF rehabilitated 13 water systems in seven drought-affected districts ensuring sustainable water to 7,316 people, and water trucking in 7 healthcare facilities benefited 100,518 people (49% of the 2020 target). In communities, water-quality surveillance was conducted in 7 districts covering 123 water sources to ensure drinking water safety. All households (14,733) using the 123 water sources subsequently received water treatment packages, including water purification tablets, hygiene supplies, and storage receptacles. To enhance hygiene practices, UNICEF supported communities and healthcare facilities by installing 90 group handwashing facilities in selected priority locations, and rural households constructed “tippy taps” for handwashing and strengthened WASH committees in 50 communities. To meet the Infection Control and Prevention gap identified in healthcare facilities, UNICEF supplied hygiene and environmental cleaning supplies to the three main COVID-19 treatment hospitals, benefiting 20,544 people. UNICEF continued to provide technical and financial support to the Water Commission to improve sector coordination to strengthen the enabling environment for WASH. UNICEF facilitated Lesotho’s participation in the Sanitation and Water for All Finance Ministers Meeting and provided critical inputs to the National Water and Sanitation Policy's final draft, emphasizing the sanitation and hygiene components in the policy.

Goal area 5 Every child has an equitable chance in life

UNICEF advocated for an increase in the share of public spending as a percent of the gross domestic product in social sectors to increase from 19.3% in 2019/20 to 20.3% in 2020/21, and in social protection from 6.8% to 8.4%. This contributed towards a Government decision to increase the Child Grant Programme (CGP) coverage from 41,049 households in 2019 to 50,321 in 2020. The Orphans and Vulnerable Children Bursary continues to cover 23,845 vulnerable children.

UNICEF supported MOSD in developing a scalability framework that consists of a set of principles for scaling up social protection in response to shocks. The framework will ensure better coordination and management of emergency cash transfer programmes and support harmonization across government ministries and authorities for “early warning, early action” and shock-responsive social protection. UNICEF supported Government to ensure that NISSA, a globally recognized database that allows for effective targeting of households most in need of support, included 100% of rural households (330,254) in 64 rural councils. UNICEF supported the launch of “urban NISSA,” which will document all urban households’ status. In 2020, 36% of urban households (78,000) were reached; implementation will continue until 100% of urban households are in the NISSA. To reach those made vulnerable due to COVID-19, the Government continued to use NISSA as the social registry and encouraged its use

by partners.

UNICEF mobilized an additional 5.5-million euros in 2020 for horizontal and vertical expansion of the child grant. The funds, currently being implemented, will provide cash transfer top-ups to 55,000 eligible households and allow for over 7,000 households to be newly enrolled in the CGP.

UNICEF provided support to improve the public finance management for children and citizens in three districts through pre-budget consultations to the national budget-making process. Three budget briefs (national, education, and social protection) with easy-to-access budget information and key messages were developed. While focusing on budget performance 2020, the budget briefs made an effort to identify expenditures meant to protect children and women during the COVID-19 pandemic. To increase budget credibility, the Ministry of Finance and the Ministry of Development Planning (MoDP) officials were provided with technical knowledge to make appropriate budget ceilings for line ministries and a simple budget forecasting tool to rationalize expenditure estimation ceilings. UNICEF mobilized USD 400,000 to strengthen Economic and Financial Management Integration for the achievement of SDGs through the Joint SDG Fund.

In the February Budget speech, the Minister of Finance outlined a vision for progress for the country, which focused on improving all children's well-being through comprehensive, community focused ECD programming. UNICEF played a key role in shaping the messages, which due to COVID-19, have not been fully realized.

UNICEF supported the Bureau of Statistics (BOS) to conduct and disseminate COVID-19 impact data so that informed decisions could be taken on COVID-19 response measures. To strengthen the government's monitoring and evaluation function and evidence for advocacy, a situation analysis on M&E was conducted, and a national technical committee has been established, and a capacity assessment was conducted. Data analysis using Multiple Indicator Cluster Survey (MICS) 2018 data has been launched to update Lesotho's child poverty trends. The findings will be used to improve the targeting of poor children eligible for the child grant program. BOS is one of the critical users of child poverty update results. BOS has also disseminated the MICS report findings in nine districts so that district stakeholders can use child-related data for better programme implementation. UNICEF supported BOS to disseminate the findings of COVID-19 socioeconomic impact on household's survey.

Cross-cutting Gender

UNICEF's gender programming continued to focus on adolescents' access to gender-responsive health services and education, HIV prevention, and menstrual health. Empowerment of pregnant and breastfeeding adolescent girls and young women (PBF-AGYW) during the COVID-19 lockdown helped inform programming so that underlying KAPN around COVID-19 were taken into account. With partners, UNICEF has been providing remote health counseling, COVID-19 information, and psychosocial support through teleconsultations for PBF-AGYW (15-24 years). 325 adolescent mothers (93% of target) and their children have been provided remote teleconsultation services. An additional 250 partners and mothers-in-law (71%) of the targeted mothers received information on SRHR/HIV and COVID-19. UNICEF supported the revision of the Prevention of Mother to Child Transmission of HIV guidelines, aligning to new WHO recommendations with training 40 health care workers in 60 health facilities (28% of all facilities) to pilot point-of-care services for viral load testing for pregnant women.

Communication for Development

Communication for Development activities focused on strengthening staff and partners' capacities to effectively engage on child rights issues, including mainstreaming COVID-19 messages in national social and behavior change communication strategies. UNICEF supported the national Risk

Communication and Community Engagement pillar of the COVID-19 response. As a result, over 1,000,000 men, women, boys, and girls were reached with critical information on COVID-19.

UNICEF supported the MoET to develop and broadcast radio lessons for continued learning during school closure. Over 300,000 learners (boys and girls) were reached with PSAs and life skills messages. To support mothers to access health/HIV services, UNICEF supported the Ministries of Health and Education to establish WhatsApp groups targeting frontline workers, mothers/caregivers, pregnant women, and teachers to promote utilization of immunization, health/HIV/AIDS services, child nutrition, and handwashing during COVID-19.

Advocacy and partnerships

Fifteen media platforms were trained on child rights during COVID-19, with messages focusing on the importance of continued learning and school re-opening. Thirty child reporters and ambassadors engaged policymakers and other children on safe return to schools. Through this platform, 7,000 young people were engaged, and their stories were carried in a newsletter distributed through local newspapers, radio, TV, and social media. The use of radio and social media was highly effective in engaging children and young people. The information collected was used to push the agenda for school reopening and influencing the national agenda on COVID-19.

UNICEF partnered with Radio Lesotho for free slots the lockdown, which engaged 1,500 boys and girls aged 6 to 13 during a weekly show that shared messages COVID-19 prevention, child protection, internet safety, etc., learning.

UNICEF supported a range of government agencies in the COVID-19 response and leveraged existing partnerships to ensure adolescents and children were reached. UNICEF strengthened collaboration with WHO and further engaged CDC and USG partners, CHAI, World Bank, and others, firmly positioning UNICEF as a key partner in all aspects of the COVID-19 response. As part of the UN Country Team, UNICEF worked closely with UNDP on monitoring the socio-economic impacts of COVID-19.

Disability

UNICEF supported inclusive education by working with the Lesotho National Federation of Organizations of the Disabled (LNFOD) to reach children with disabilities who are affected by COVID-19 and to ensure more children with disabilities re-enroll in 20 pre-primary, 15 primary, 35 secondary, and 50 TVET schools when these schools reopen. LNFOD also translated national COVID-19 messaging into accessible formats and made these available online and delivered in person to 1,829 people with disabilities. Without reliable data on the numbers of people living with disabilities, it is difficult to know the scale of reach. Following advocacy from LNFOD supported by UNICEF and other partners, the Disability Equity Bill was passed in Parliament in November 2020, paving the way for implementing the inclusive education policy in 2021.

UN Collaboration and Other Partnerships

In the Health sector, UNICEF continued to support MOH and work with a range of NGOs and CSOs. As part of HIV contributions, UNICEF worked closely with PEPFAR and the Global Fund, through the Joint UN Task Team on AIDS and the CCM, to ensure coordination and efficient funding use. As part of the 2Gether4SRHR programme, UNICEF collaborated with UNFPA, WHO, UNAIDS to improve linkages between SRH/HIV and SGBV. To address nutrition and stunting, UNICEF leveraged partnerships within the UN Nutrition network and the Food and Nutrition Coordination Office to enhance joint nutrition programming and support high-level advocacy for nutrition and stunting. In the WASH sector, results in 2020 were primarily due to the relationship built over the years with the Department of Rural Water Supply and Office of the Water Commission (both in the Ministry of Water) and the Environmental Health department in MoH. Strong partnerships with World Vision, Red Cross, and engagement with the private sector (for rehabilitation/construction activities) have been critical to results. UNICEF successfully engaged Ministers of Water, Health, and Finance for the 2020 Sanitation and Water for All Finance Ministers Meeting.

UNICEF is the “go-to” partner for MOSD in their effort to strengthen social protection systems. Collaborations with government ministries, the Disaster Management Agency, World Bank, UN agencies (FAO and WFP), private sector, and NGOs have resulted in NISSA expansion and a robust social protection system. UNICEF collaborates closely with the EU delegation in-country. The EU is the leading partner and funder for social protection support and the EU ECHO as part of disaster preparedness and response.

In the Education sector, UNICEF provides support to the MoET. In 2020 our close collaboration with the World Bank has resulted in more coordinated support to the government, mobilization of additional funds for the safe reopening of schools, and effective joint advocacy with the government. UNICEF also continues to work closely with LEG members, which was critical for the timely development of the sector response to COVID-19.

UNICEF’s partnership with the Global Partnership for Education through the Better Early Learning and Development at Scale has made it possible to strongly support the approach of learning through play as the base for review of the ECCD curriculum. On Child Protection, UNICEF has collaborated with other UNFPA, UNESCO and UNAIDS, and other CSO for policy support related to Early and Unintended Pregnancies. The CO further participated in dialogues organized in collaboration with UN agencies on ending child marriage, comprehensive sexuality education, and other areas affecting children and adolescents.

UNICEF participated in the Prevention of Sexual Exploitation and Abuse (PSEA) Network and supported an action plan. The CO worked closely with CSOs to strengthen PSEA systems by implementing the PSEA Implementing Partner Procedure.

As part of UNCT, UNICEF chaired the UN Communications Group, led UN@75 events, contributed enormously to the Health Partners Group, the Human Capital Pillar of the UNDAF, and acted as RC/DO when requested.

Lessons Learned and Innovations

Despite the difficult programming environment due to COVID-19, UNICEF was able to adapt swiftly to respond to emerging issues while keeping Government priorities in sight. Leveraging existing partnerships with CSOs in the field in order to reach communities, using Information and Communication Technologies (ICT) and adapting how we work helped us reach children, adolescents and families. Health workers were supported with airtime and data packages for key virtual meetings ensuring programme continuity during the COVID-19 lockdown.

Distance learning through radio and television became key platforms for (pre)schoolers, and online teaching and learning was also utilized by the LCE for its student teachers, thereby avoiding a backlog of students repeating a year. UNICEF's work on strengthening national coordination on education in emergencies was crucial to the effective development of an education sector response plan on COVID-19. Partnerships to address remote teaching and learning challenges and to develop offline learning opportunities need to be strengthened. Other platforms such as Facebook and radio were used to encourage mothers and caregivers on health services utilization.

UNICEF deployed U-Report in August 2020 to improve the effectiveness of programmes and ensure adolescents' engagement. Additionally, U-Report was launched as reports of declining access to adolescent-friendly health services were reported among AYP, including AGYW. Through UNICEF U-Report has been used to enable young people and marginalized groups to have access to information and a voice on issues that matter to them. In 2020, U-Report proved useful in amplifying the barriers towards access to health and education of AYP to high-level discussions for rapid decision making. UNICEF Lesotho will continue to support the Government of Lesotho in 2020 to generate evidence and strengthen innovative SRHR/HIV programming.

The MoET struggled to effectively implement COVID-19 response plans due to a lack of technical capacity and effective coordination structures. This was compounded by political changes in the country at the start of the crisis which led to the appointment of a new Minister and senior management staff. To mitigate some of these challenges, UNICEF worked closely with other development partners to advocate for the safe reopening of schools providing technical support and resources. UNICEF engaged likeminded partners such as the World Bank, in order to strengthen our advocacy messages and support. Engaging the Resident Coordinator to advocate with the Prime Minister at a critical juncture was key in pushing for a national decision to reopen schools. Though UNICEF is the "go-to" partner in the Education sector, working in partnership with key partners was an important lesson. COVID-19 crisis provided an opportunity to strengthen the social protection system and its shock-responsiveness by increasing coverage of beneficiaries in the mainstream programmes. It was unexpected, but the crisis presented an opportunity which UNICEF seized. UNICEF's years of support and close relationship with MoSD, allowed for us to respond to their evolving needs and concerns. The involvement of key Government stakeholders reflects in the strategic documents to enhance integrated social safety nets and improve shock-responsive social protection, as they reflect the currently existing challenges and address actual needs.

While supporting efforts to improve Public Finance for Children, we learned that it is important to hold consultations for the next fiscal year budget well in advance so that citizen-views can be meaningfully reflected in the budget documents. As well, holding regular (remote) meetings to discuss and solve issues regarding the annual work plan has been very instrumental in assuring implementation of activities.

The M&E SitAn provided insight on the Lesotho Statistical System and we learned that this needs to be modernized by digitalizing its process and methods.

In terms of being able to stay and deliver as a team and CO, a number of lessons were learned: adopting and supporting, including financially, virtual tools was key to programme implementation. Using a range of methods -- email, phone calls, text messaging, WhatsApp platforms, mail polls, virtual meetings, and electronic approval systems – all contributed to our programme continuity, quality assurance, enhanced coordination and monitoring of programmes. The CO successfully migrated to the Cloud for all infrastructure and used an always-on VPN, which enhanced faster access to Vision and UNICEF apps for Lesotho staff.

Good practices include the adoption of grant opening meeting (GOM) for all new and additional

resources. The COVID-19 emergency has changed patterns of living and working, which led to a total re-evaluation of work, including M&E, as we know it. As a result, the emergence of a “new normal” of remote working, remote monitoring, and remote guidance and tools came to life. Also, WhatsApp, phone calls, and video-conferencing became important tools to use when conducting remote assessments and surveys. Digital platforms also played an important role in engaging different stakeholders. Investment and advocacy for participatory research for evidence. informed C4D responses led to strengthened RCCE teams, who have also trained on Participatory Rural Appraisal tools.

Providing flexibility to staff, prioritizing duty of care of team members and providing platforms to share and learn and support each other helped strengthen the team spirit of the CO and helped diminish stress, anxiety and contributed to staff well-being.