

Lesotho

Update on the context and situation of children

2021 continued to be a year of economic crisis for Lesotho, resulting in severe negative impact on the lives of children and adolescents. The country has been in recession since 2017 and is experiencing a spike in public debt, which reached 61.4% of GDP in 2020/21[1], breaching the 60% ceiling established by the 2019 Public Debt Management Policy Framework.[2] As the COVID-19 pandemic continues to impact the country, the economy has contracted by 5.4%[3]. In real terms, the size of the Lesotho economy now matches what it was in 2012, depicting a decade of lost growth. Extreme poverty (measured at \$ 1.90/day) which had previously declined from 2017 to 2019 by 35 percentage points, has increased by 10%, reaching 30% in 2020 and 2021[4].

Mitigating the impact of COVID-19 required increased spending and intensified efforts to mobilize resources. 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.

Children therefore remain the hardest hit by poverty in Lesotho despite numerous child-focused poverty reduction programmes. While multidimensional child poverty decreased from 65.4% in 2014 to 45.5% in 2018, it is anticipated to increase in the coming years due to loss of educational, health and missed targets for critical outcomes brought about by COVID-19.[5] Yet, pro-poor spending in education, health, and social protection have remained stable at 20.3% of GDP. High-level discussions with the Ministry of Finance suggest that spending on poverty-targeted programmes such as the Child Grant Programme will be ring-fenced against austerity measures expected by future rounds of credit facilities.

COVID-19 prolonged strikes and *ad hoc* “go slow” movements in the health sector, coupled with lockdown restrictions, particularly in the first half of 2021, severely negatively impacted Lesotho’s already weak health system.

UNICEF’s leadership and support to the country’s COVID-19 response was in a range of sectors, including mobilizing resources for cash transfer top-ups for vulnerable households, scaling up water and sanitation systems, and innovating programme delivery to reach children in need. In 2021, UNICEF played a lead role in procuring, delivering and supporting management of 1.5 million COVID-19 vaccines. By December 2021, Lesotho surpassed WHO vaccination targets with 45% of the eligible population fully vaccinated.

While ANC attendance is traditionally high, with 77% of pregnant women having 4 ANC visits,[6] there was an 8% reduction of ANC services between the first quarter in 2020 and 2021. In addition, still-births and peri-natal deaths are showing an increasing trend associated with the COVID-19 pandemic since these are often caused by poor healthcare quality during pregnancy and birth.

Lesotho has the second-highest prevalence of HIV in the world, estimated at 21.1%, with 3.8% of adolescents 10-19 years old living with HIV, with stark gender disparities (female: 4.38 %; male: 2.8%). While HIV-related outcomes have improved remarkably for all other age groups, this is not the case for children and adolescents. There was a reduction of 67% in HIV testing among adolescents and young people and 47% reduction in initiation to ART as a result of the COVID-19 pandemic.

Adolescent girls and young women account for a disproportionate number of new HIV infections,[7] driven by overlapping risk factors, such as high levels of sexual and gender-based violence, multiple

concurrent partnerships, age-disparate sexual relationships, and early sexual debut. All these vulnerabilities have been exacerbated since COVID-19.

One-third of children in Lesotho are stunted (92,000 children under the age of five), which has increased in recent years from 33% in 2014 to 35% in 2018[8]. The persistent nutritional deprivation that causes stunting also causes long-term irreversible physical and cognitive damage. Among children aged 6 to 59 months, micronutrient deficiencies stand at 51%, and iron deficiency is the most common cause of anemia. COVID-19 worsened this situation as 39% of Basotho children were fed fewer meals and smaller quantities of nutritious food in 2021.[9]

COVID-19 has presented an opportunity to increase access to hygiene services as new facilities were established in 2021, quality sanitation, which stands at 73%, and scaling up WASH in schools.

Primary education is free and compulsory. Before COVID-19, Lesotho was close to achieving universal primary education with a primary net enrolment at 85% and good retention until primary school completion[10]. However, for Basotho learners, 2021 can be characterized as another year where learning crisis. After a year of school closure, schools re-opened in April 2021 in shifts, which meant that children only attend school on certain days. 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[11].

As households struggle to make ends meet, caregivers' capacity to care for children in a nurturing environment is diminished due to illness and stress, early indications of an increase in negative coping mechanisms, including early marriage and child labour. The National Plan of Action to prevention and response to VAC was constrained. 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.

[1] IMF, 2021, Kingdom of Lesotho requests for disbursement under the Rapid Credit Facility and purchase under the Rapid Financing Instrument – Debt Sustainability Analysis

[2] Government of Lesotho, Ministry of Finance, 2019, Public Debt Management Policy Framework

[3] IMF, 2021, World Economic Outlook, October 2021

[4] World Bank, World Development Indicators and Macro-poverty outlook projections

[5] UNICEF, Child Poverty Report, 2021 (forthcoming)

[6] Lesotho MICS 2018,

[7] UNAIDS, 2020, Draft Lesotho HIV Estimates and Projections

[8] Lesotho DHS 2014 and MICS 2018.

[9] ESARO, Spotlight 2: The Covid-19 Pandemic – A Fall In The Quality Of Children's Diets in ESAR, 2021.

[10] Ministry of Education and Training, 2018, EDUCATION STATISTICS BULETIN

[11] 2018 Multiple Indicator Cluster Household Survey (MICS)

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. In 2021, contributing to the national COVID-19 response and recovery plan was a priority, with emphasis on saving lives, enhancing household coping capacities, and improving community resilience.

Goal area 1

In 2021, UNICEF continued to provide leadership and coordination support to the national COVID-19 response, while advocating and supporting continuity of essential maternal, child and adolescent healthcare services.

UNICEF facilitated the procurement and deployment of 1.5 million doses of COVID-19 vaccines and supported the development of the National Deployment and Vaccination Plan (NDVP), district microplanning, and vaccination rollout. As a result, over 635,000 people have been fully vaccinated against Sars-COV-2, representing 45% of the target population by November 2021.

UNICEF also provided technical and financial support for the continuity of routine immunization. Cold chain systems were upgraded at the national, district, and health facility levels with 184 units to ensure safe and potent vaccines are available for the COVID-19 vaccination rollout and routine immunization.

90% of health facilities were designated to provide basic emergency obstetric and newborn care; Kangaroo Mother Care units were established in 7 hospitals. A total of 30,000 pregnant women received iron-folate supplements as part of ANC. In addition, seventeen district hospitals and 1 tertiary hospital continued implementing the Perinatal Problem Identification Program system established with UNICEF to improve the quality of care to mothers and babies.

According to the MOH HMIS, significant progress has been made towards the elimination of mother-to-child transmission of HIV in 2021, with service coverage at 93%. UNICEF continued to support the integration of COVID-19 in HIV programs for young people through social accountability and mentorship programs for pregnant and breastfeeding AGYW. Almost 12,000 AGYW have benefited from UNICEF-supported projects which have supported their ability to access youth-friendly sexual and reproductive health services. UNICEF adapted regular HIV programming in order to reach young mothers with information and psychosocial support on maternal and child health, HIV, family planning, mental health, and SGBV and COVID-19 prevention. Over 400 young mothers were reached, and 98% of their infants remained HIV-free at 18 months.

UNICEF strengthened the nutrition-policy environment with the development of an investment case advocating for an annual allocation of 3.5% of GDP to avert stunting. Technical and financial support was provided to MOH to improve children's dietary diversity through health facilities and community-based infant and young children feeding and integrated HIV interventions in all 10 districts of the country. As a result, 89% of women targeted (26,919 out of 30,000 mothers and caregivers) were reached with nutrition education and counseling, while over 100% of targeted children (17,842 children, exceeding the target of 13,598) received micronutrient powders.

With the Ministry of Education and Training (MOET), UNICEF supported the revision of the ECCD curriculum, which will benefit all pre-school children in the country (47,447 children).

Goal area 2

The COVID-19 pandemic continued to challenge learning continuity in 2021. UNICEF supported MOET for the safe reopening of schools with funding from the Global Partnership for Education (GPE), resulting in phased reopening for ECE, primary, and secondary schools in April 2021. UNICEF led procurement of masks (934,370) for half-a-million children in school; installation of handwashing stations in 745 schools covering 40% of the schools in the country to benefit 251,100 learners (130,929 girls), and training of focal points in all the schools on COVID-19 prevention and mitigation protocols.

MOET trained 851 teachers from 399 schools (23% of all teachers and 22% of schools) on accelerated learning in its efforts towards learning recovery, benefiting 34,040 learners. At community level, 22% of the planned target of 44,000 most vulnerable children (including 5,654 girls) benefitted from catch-up classes with community learning facilitators. In addition, the online learning platform, the Learning Passport (LP), has been established to support learning continuity. Curriculum resources, radio and TV lessons, and educational modules were developed and disseminated. Over 2,200 teachers (40% of secondary school teachers) have been registered and trained on the platform. Digital-skills modules were also developed to enhance adolescent digital skills. High-level advocacy to zero-rate the LP continues with the Ministers of Communications and MOET.

Recognizing the challenges of inequity in access to online platforms and connectivity, UNICEF supported MOET to develop learner packs that will benefit 135,000 children (55% of children in pre-primary to grade 4). In addition, 3,483 (87% of the 4000 targeted) of the most disadvantaged learners from lower secondary were supported with fees subsidies to lessen the economic impact of COVID-19 on households.

Following advocacy from the Lesotho National Federation of Organizations of the Disabled supported by UNICEF and other partners, Lesotho enacted the Persons with Disability Equity Act in March 2021, paving into law the way for the implementation of the inclusive education policy.

As the Coordinating Agency of the Local Education Group, UNICEF advocated with MOET for a joint sector review in 2022 to analyze the impact of the pandemic. UNICEF also supported the drafting of a strategy for optimal use of the Education Management Information System.

Goal area 3

With government partners, UNICEF supported availability of protection services for children by strengthening community-based structures (teachers, social-service workforce, village child justice committees, and critical community gatekeepers). As a result, 3,906 children (exceeding the 2021 target of 3,000 children), including 2,158 girls, who had experienced violence were supported through social services. UNICEF supported Ministry of Social Development to reactivate the Child Helpline Line so that 24-hour emergency assistance for children who have experienced any violence and need care is available.

In 2021, 15,679 children (exceeding the 2021 target of 2,736 children and caregivers) were reached with mental health and psychosocial support. Additionally, 10,520 caregivers were oriented with psychological support and positive-parenting skills to support their children.

UNICEF's support to Ministry of Home Affairs (MOHA) resulted in almost double the proportion of children under-5 with birth certificates from 25% in 2020 to 49% in 2021. This was possible through community outreach and using Early Childhood Care and Development centers and birth registration equipment at two hospitals.

As the co-chair of Interagency Network, UNICEF led the development of protection messages sent to 13,400 mobile subscribers through 537,528 SMS. The same messages were used by other UN agencies, CSOs and line ministries.

UNICEF supported the opening of the AU Secretariat of African Committee on the Rights and Welfare of the Child in Maseru. The establishment of the Committee presents an opportunity to leverage partnerships in support of children in Lesotho.

Goal area 4

UNICEF provided technical and financial support to the Water Commission to improve sector coordination, facilitate policy dialogues around WASH in schools and hand hygiene, and develop four critical national guidance documents.

UNICEF rehabilitated 79 rural water systems in seven drought-affected districts based on climate resilience principles, benefitting 101,321 people. These systems have restored water to 22 communities, 69 schools, and 12 healthcare facilities. To strengthen the management of these water systems and knowledge on climate-resilient water supply, UNICEF trained over 400 community members.

UNICEF supported improved hand hygiene in schools by installing durable hand-washing stations in 40% (745 schools), benefitting 251,100 learners. In addition, hand-hygiene behavior change workshops were conducted in 858 schools (47% of all schools), reaching over 16,000 learners and 956 teachers and school board members. 152,272 people in rural communities were reached with COVID-19 hand-hygiene messages, and 113,590 people benefited from hygiene infrastructure and supplies.

Goal area 5

UNICEF supported social-protection-systems strengthening and enhanced programme delivery, including in response to COVID-19 pandemic. UNICEF advocated for an increase in public spending as a percent of GDP 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 coverage progressively; 121,279 children are now enrolled into the programme.

UNICEF provided technical assistance for developing the National Social Protection Strategy. As a result, a final draft is available together with a monitoring and evaluation plan and is expected to be approved in 2022. UNICEF supported completion of the Social Assistance Integration Strategy and its operational manual, which advocates for the adoption of one social registry for all social assistance programmes.

Using an innovative approach that couples GIS methods and phone surveys, the National Information System for Social Assistance (NISSA) achieved countrywide coverage following data collection in 11 Urban Councils and one Municipal Council.

UNICEF mobilized 5.5-million euro from the EU for COVID-19 mitigation. Funds were disbursed to 47,974 child grant beneficiaries in all 10 districts (96% of 50,000 target beneficiaries). Horizontal expansion payments enrolled 8,162 new beneficiaries (surpassing the initial target of 6,944). UNICEF, with World Vision, conducted two U-report polls, which revealed that 89% of respondents used the emergency cash transfers to purchase food staples. Cash transfer delivery was complemented with COVID-19 information, and personal protective equipment was provided to district-level staff.

UNICEF supported the Ministry of Finance (MoF), by participating in discussions with the International Budget Partnership to review the budget transparency plan developed in 2019 to strengthen the continuous effort of the Government of Lesotho to improve its global ranking in the Open Budget Survey (OBS). Based on 2020 lessons and recommendations from OBS calling for citizen groups to contribute their views in Lesotho's budget-making process, the MoF institutionalized pre-budget consultations in Lesotho's public financial management process. UNICEF financially supported pre-budget consultations in four districts in preparation for the FY 2022/23 budget and at the sectoral level through a national meeting with Principal Secretaries.

UNICEF has been leading the coordination of the Joint Programme on Economic and Financial Management Integration for the Achievement of the SDGs. Efforts to build capacity of MoF and line ministries to develop sectoral plans and Medium-term Expenditure Frameworks for three pilot sectors (education, health, and Social Protection) will continue in 2022.

UNICEF supported the Bureau of Statistics to finalize the Child Poverty Report, resulting in extensive advocacy including a social-media campaign and a range of media assets.

Gender

UNICEF's gender programming is focused 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 underlying knowledge, attitudes and practices around COVID-19. UNICEF, through partners has provided remote health counseling, COVID-19 information, and psychosocial support through teleconsultations for PBF-AGYW (15-24 years) and their children as part of the joint UN 2gether4SRHR programme. As a result, 885 adolescent mothers (100% of the target) and their caregivers/partners were provided with remote teleconsultation and psychosocial support services. In addition, where young mothers were identified as particularly vulnerable, social protection interventions were provided to mitigate some of the negative impacts of the COVID-19 pandemic on livelihoods.

Communication for Development

UNICEF focused on community engagement and strengthening capacities of partners to effectively engage with communities on COVID-19 prevention and vaccine promotion. UNICEF supported the national COVID-19 Risk Communication and Community Engagement group, resulting in the establishment and ongoing training of 10 RCCE teams in all 10 districts, and the establishment of 65 community RCCE groups. In 42 community councils supported by UNICEF, 177 intensive sessions on Covid-19 vaccines were held through community platforms (school boards, churches etc) reaching about 78% people in 42 out of 65 community councils. A UNICEF-supported community rapid assessment exercise undertaken in the same 42 councils reached 2,680 community platforms (100% target) resulting in community-led awareness sessions. The assessment also revealed an increase in acceptance of COVID-19 vaccine to 76%, from a baseline of 68%.

Thirty-four school boards in districts where Covid-19 outbreaks were reported were trained in Infection Prevention and Control and risk communication. As a result, an additional 400 schools were identified in 7 districts and mapped for IPC engagement and scorecards. With most learners not attending school regularly, community RCCE's also utilized community gatherings to intensify messaging on child protection, WASH, and nutrition. UNICEF, with partners such as PSI and Lesotho Red Cross, have supported MoH through radio stations and social media to engage with the general public on COVID-19 vaccination, reaching about 1 million people with key messages.

Advocacy and partnerships

UNICEF used social media campaigns to advocate for vaccine acceptance among the public. Over 200,000 people expressed their concerns which helped inform the Covid-19 vaccine programme. In addition, UNICEF supported the National Covid-19 Secretariat with weekly media coordination meetings with national updates on Covid-19.

UNICEF placed OpEds in local newspapers on reopening of schools and vaccines and engaged policymakers, resulting in teachers being prioritized for the Covid-19 vaccine. UNICEF's supported MOH on all aspects of media engagement on vaccines, including on adverse events following immunization.

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 in the country. As part of the UN Country Team, UNICEF continues to monitor the socio-economic impacts of COVID-19 closely, particularly on children and adolescents and using the results from this exercise during engagements with policymakers.

UNICEF used various opportunities such as World Children’s Day to highlight children's issues in Lesotho, give children a voice, and engage with local policymakers and leaders.

Disability

Following advocacy from LNFOD supported by UNICEF and other partners, the Government of Lesotho enacted the Disability Equity Act in March 2021, paving the way for the implementation of the inclusive education policy and support to the National Disability Mainstreaming Strategic Plan 2021- 2025. UNICEF-Norway partnership has been a key enabler to achieve results for disability inclusive programming. Through LNFOD, UNICEF supported the procurement of inclusive teaching and learning materials for 12 special education and inclusive schools to address the prevailing lack of accessible teaching and learning materials which hinders effective learning for learners with disabilities. National guidelines for inclusive WASH in schools have been developed, and Organizations of Persons with Disability were involved in designing training materials. Training of key stakeholders was conducted in all 10 districts. A partnership between UNICEF and CHAI has enabled the execution of the Assistive Technology Assessment Capacity in the country. This assessment will help address gaps in mainstreaming disability across sectors, especially for implementing inclusive education.

UN Collaboration and Other Partnerships

UNICEF played a critical role in the health sector coordination, acting as secretariat for the health partners meetings, engaging in various technical working groups (immunization, nutrition, HIV, oxygen task force), and supporting the MOH in coordinating the national response against COVID-19 pandemic. UNICEF was and is very active on the Global Fund CCM, which in 2021 resulted in an additional \$18 million for the national COVID response. UNICEF also provided key support in country for GAVI and COVAX investments, as well as facilitated mobilization of over \$1 million from the private sector for COVID-19 vaccines for Lesotho.

UNICEF partnered with Catholic Relief Services (CRS) and World Vision International to pursue integrated HIV/AIDS, nutrition, and WASH community-based interventions. UNICEF chaired the UN Nutrition network to advance the food systems dialogue at district and national levels. The district dialogues were presented at the national forum hosted by his Majesty King Letsie III in July 2021. UNICEF provided technical support to the Food and Nutrition Coordination Office, multi-stakeholder platform to develop the investment case on high-impact, cost-effective interventions to reduce stunting.

UNICEF is the “go-to” partner for MOSD in its effort to strengthen social protection systems. Collaborations with government ministries, the Disaster Management Authority, World Bank, UN agencies, private sector, and NGOs has resulted in NISSA expansion and a robust social protection system. UNICEF collaborates closely with the EU delegation in-country, as the EU is the leading partner and donor for social protection. UNICEF maintains a good relationship with the IFIs (IMF, World Bank), in an effort to ring-fence child-related expenditures.

In the Education sector, UNICEF partnered with CSOs such as LNFOD, World Vision, Lesotho Red Cross and NECDOL. UNICEF works closely with the World Bank continued to provide coordinated

support for the safe reopening of schools. UNICEF also continues to work closely with members of LEG, which has been critical for the implementation of the sector response to COVID-19.

UNICEF's partnership with GPE through the COVID-19 Accelerator Fund has resulted in supporting the safe reopening of schools and continuity of learning, including for pre-school.

UNICEF participated in the Protection from Sexual Exploitation and Abuse (PSEA) Network implementation plan and supported the development messages for government and CSOs. The CO worked closely with CSOs to strengthen PSEA systems by implementing the PSEA Implementing Partner Procedure. UNICEF partnered with GIZ on a digital app to address violence against women and girls. UNICEF is an active contributor to the government-led technical team on Gender-Based Violence, and has participated on in collaboration with UN agencies on dialogues on ending child marriage, comprehensive sexuality education, and sexual reproductive health and rights.

The UNICEF Representative was acting RC for 4 months in 2021, providing leadership to the UN Country Team. As an active UNCT member, UNICEF chairs the UN Communications Group, the Programme Coherence Team and provides major contributions to the Human Capital Pillar of the UNDAF and the M&E working group.

Lessons Learned and Innovations

UNICEF continued to adapt and adjust programmes in response to challenges posed by COVID-19. Despite the lockdown and limited movement due to the COVID-19 pandemic, UNICEF adopted innovative approaches to delivering services, including online remote workshops, using ICT to reach children, adolescents, and communities. UNICEF has supported key meetings to move to virtual platforms, including for COVID-19 coordination meetings, technical working groups, validation of PMTCT guidelines, and care and services for neo-natal care services. Communication with partners was maintained through remote meetings and regular calls. In addition, other platforms such as social media and radio were used to encourage mothers and caregivers on health services utilization.

As part of adapting in the health sector, UNICEF leveraged COVID-19 funds allocated for emergency supply and logistics to strengthen routine immunization, which has been neglected while the country focuses on COVID-19 vaccination.

UNICEF deployed the use of U-Report to improve the effectiveness of programmes and ensure public engagement and feedback. U-Report has enabled young people and hard-to-reach groups to access information and voice issues that matter to them. In 2021, U-Report proved helpful in collecting data for studies (e.g., regional nutrition and COVID-19 studies) or for quick feedback from beneficiaries (e.g., horizontal and vertical expansion of cash transfer U-report polls). The results of these polls have highlighted the effectiveness of real-time, qualitative feedback in strengthening programme delivery.

While schools reopened in 2021, learning recovery continues to be a challenge and offers a critical lesson on the need to have alternate learning modalities to complement in-school learning. UNICEF leads advocacy with education partners for a comprehensive education strategy that combines school-based learning with online and self-learning materials. This is expected to build resilient education systems. The strategy also utilized online teaching and learning for student teachers, thereby avoiding a backlog of students repeating a year. UNICEF supported MOET to establish the Learning Passport, an online platform to ensure learning continuity and curriculum-based learning materials and modules have been uploaded. UNICEF continued to work with organizations of persons with disabilities, especially LNFOD, on inclusive education and disability programming. Partnerships to address remote teaching and learning challenges and develop offline learning opportunities needs to be strengthened.

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 that UNICEF seized. UNICEF's years of support and close relationship with MoSD allowed 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. They reflect the currently existing challenges and address actual needs. The need to continue to expand mobile payment methods for social protection was revealed as COVID-19 and lockdown posed challenges to in-person delivery of grants.

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. Finally, building trust and nurturing good relationships with key ministries, such as Ministry of Finance and Ministry of Planning remained the key to a successful collaboration for this area of work.

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 addition, 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.

The COVID-19 emergency has changed living and working patterns, which led to a reflection on traditional work, what it means to be part of a country team and office and how to work with government and partners.

As UNICEF took a prominent and visible role in vaccine procurement and delivery as well as key pillars in the response, we learned the importance of working in partnership (in this case, hand-in-hand with WHO) and creating tools and dashboards that would support effective government coordination and sharing of information among partners. With regular changes in government leadership (four different Ministers of Health since the start of the COVID-19 pandemic), UNICEF senior management took time to engage and nurture relationships with key government technical directors, as well as PS's and Ministers. With this approach, UNICEF very quickly established itself as a key "go-to" partner and leader in the COVID response and recovery efforts.

For the CO, the emergence of a "new normal" of remote and hybrid working, remote monitoring, and remote guidance and tools have been critical. Lesotho CO has stayed and delivered in difficult circumstances. Throughout this several lessons were learned – it is important to be flexible and adopt and support (including financially) virtual tools for staff and partners if programme implementation is to succeed; using a range of methods to communicate is critical (email, phone calls, text messaging, WhatsApp, mail polls, virtual meetings) and developing, training staff and using electronic work systems contributes to programme continuity, quality assurance, enhanced coordination, and good monitoring of programmes.

Providing flexibility to staff, prioritizing duty of care of team members, encouraging discussions among supervisors and teams on accountabilities, partnering as senior management and staff association and providing platforms to discuss, share and support each other have helped strengthen the team spirit of the CO and helped diminish stress and anxiety.