

## Lesotho

### Update on the context and situation of children

Lesotho continued to experience a challenging economy in 2022 that continued to hamper significantly the country's efforts to make progress for children and adolescents. The nation has been in recession since 2017, compounded by the negative impact of COVID-19 and the conflict in Ukraine. Even though COVID-19 limitations have been relaxed, the economy has not yet been restored to its pre-2017 level.

The deficit is projected to increase from 7.4 per cent of GDP in 2021–22 to 14.4 per cent in 2022–23[1]. Real GDP growth is estimated at 2.7 per cent in the fiscal year 2022-23 and 1.4 per cent on average in the near future[2].

Investments in children remained inadequate despite high social sector spending. Lesotho's spending on social protection in the fiscal year 2021-22 remained strong, with approximately 12 percent of total expenditures and 7 per cent of GDP. Yet, social assistance for children accounted for only 2.7 per cent of the social protection budget: disproportionately small compared to subsidies to social security, including civil servants and military pensions[3].

The Government of Lesotho (GOL) complies with international health and education allocation benchmarks. However, while the government is virtuous in allocating money usually spends less than what was initially planned. For example, despite the country allocating 15 per cent of total expenditure to health in line with the Abuja Declaration in the previous fiscal year, spending remained at only 13 per cent of that amount. On the other hand, following the recommended international benchmark of 6 per cent of GDP allocation on education, the government allocated 8 per cent but spent 7 per cent, representing 13 per cent of total allocations and 12 per cent of total expenditure. Furthermore, despite virtuous sectorial spending, nearly the entire recurrent budget is used for salaries, with insufficient resources left to cover the needs of children.

Despite numerous programmes to reduce child poverty, Basotho children are the most affected. While multidimensional child poverty decreased from 65 per cent in 2014 to 45 per cent in 2018, it is expected to rise again in the coming years due to the adverse impact of COVID-19[4]. Nevertheless, discussions at the highest level with the Ministry of Finance indicate that spending on poverty-targeted programmes, such as the Child Grant Programme, will be protected from the austerity measures anticipated by future IMF Rapid Credit Facility rounds.

The lack of updated data on maternal and child health outcomes remains challenging. The current country programme has relied on health surveys from 2014 and 2018 and unreliable administrative data to monitor progress. For instance, antenatal care (ANC) attendance is traditionally high in Lesotho, estimated 77 per cent of pregnant women having 4 ANC visits[5]. However, more recent administrative data shows an increase in the percentage of 4+ visits to ANC among pregnant women delivering in a health facility from 75 per cent in 2021 to 89 per cent in 2022, which needs to be verified and triangulated with demographic surveys. Proper care during pregnancy is crucial for the mother's health status and the unborn baby's development to reduce stillbirth and neonatal deaths, which is still very high in Lesotho, estimated at 44 per 1000 live births[6].

Lesotho has the second-highest prevalence of HIV globally, estimated at 22.7 per cent[7], with 3.8 per cent of adolescents living with HIV and stark gender disparities (female: 4.4 per cent; male: 2.8 per cent). Overlapping risk factors, such as high levels of sexual and gender-based violence, multiple concurrent partnerships, age-disparate sexual relationships, and early sexual debut, drive HIV

prevalence. While HIV-related outcomes have dramatically improved for all other age groups, this is not the case for adolescents. In fact, in 2022, the antiretroviral coverage for adolescents living with HIV grew slightly to an average of 84 per cent from 83 per cent in the preceding reporting period.

Lesotho continues to face challenges in accessing water and sanitation for all and adopting good hygiene behaviours, particularly in rural areas. At home and school, inadequate water and sanitation infrastructure leave communities and children vulnerable to preventable diseases and other threats to their well-being. Frequent droughts, flooding, or extreme temperatures further worsen this situation.

The food insecure population is projected to expand further due to decreased livelihood, decreased remittances, unemployment, lower livestock and animal product sales income, and increasing food and non-food commodity prices. The Lesotho Vulnerability Assessment Committee 2022 verified this trend by demonstrating that 63 per cent of households had an inadequate diet compared to 44 per cent in 2021, and 43 per cent of the national population had a poor diet in the current year.

Primary schooling is mandatory and free in Lesotho. The country came near to attaining universal primary education before COVID-19, with a net primary enrollment of 85 per cent and a high retention rate until primary school graduation[8]. However, COVID-19 has both immediate and long-term effects on youth; even if schools regularly operated in 2022, a recently completed learning evaluation done on a nationally representative sample of fourth and sixth graders indicated that the problem of quality education for Basotho students persists[9], one in two children lacked the essential reading and numeracy skills. Before COVID-19, educational achievements in Lesotho were already poor, with 45 per cent of students aged 7 to 14 gaining core reading skills in English or Sesotho, and only 15 per cent demonstrated foundational maths skills[10].

As families struggle to make ends meet, caregivers' ability to provide a loving environment for children is weakened owing to sickness and stress. As such, there are early signs of increased harmful coping methods, such as child marriage and labour.

[1] IMF, Staff Report for the 2022 Article IV Consultation, June 2022

[2] Ibid

[3] GOL, Social Protection Budget Brief 2021/2022

[4] Kingdom of Lesotho, Voluntary National Review on the implementation of the SDGs Report 2022

[5] Lesotho MICS 2018

[6] Child Mortality and Stillbirth Estimates

[7] LePHIA 2020

[8] Ministry of Education and Training, 2018, Education Statistics Bulletin

[9] National Learning Assessment 2021

[10] Lesotho MICS 2018

## Major contributions and drivers of results

### Goal area 1

In 2022, UNICEF coordinated the national response to the COVID-19 pandemic while advocating for and supporting the provision of integrated primary health care for mothers, children, and adolescents.

UNICEF facilitated the procurement and deployment of 2,317,240 doses of COVID-19 vaccines since 2021 and supported the cost of the National Deployment and Vaccination Plan (NDVP) development, district microplanning, and vaccination rollout. As a result, 920,894 people were fully vaccinated against SARS-CoV-2 by 30 November 2022, representing 46 percent of the total population, 62.1 percent of adults, and 32.2 per cent of adolescents aged 12–17 years old.

UNICEF also provided technical and financial support for the continuity of routine immunisation and catch-up campaigns to respond to the declining trend in essential vaccine coverage seen in recent years and exacerbated during the COVID-19 pandemic. This included the integrated vaccination campaign conducted in the fourth quarter of 2022, which resulted in 85,582 children vaccinated against Measles and Rubella, 96,664 children vaccinated against Polio, and 21,268 children vaccinated against Tetanus-Diphtheria. In addition, vitamin A was administered to 62,948 children, albendazole to 55,376 children, and 59,916 people aged 12 years and older received COVID-19 vaccines.

UNICEF's Perinatal Problem Identification Program (PIPP) strengthened the capacity of healthcare facilities to report on maternal and newborn death audits. This entailed educating 75 healthcare workers on quality newborn care. UNICEF also supported developing and disseminating the Kangaroo Mother Care (KMC) guidelines and nursery registers, distributing KMC wraps, and procuring life-saving equipment.

UNICEF supported the Ministry of Health (MOH), improving children's dietary diversity through health facilities, community-based infant and young child feeding (IYCF), and integrated HIV and nutrition interventions. As a result, 1,416 children with severe acute malnutrition were treated at outpatient and inpatient care centres across the ten districts. In addition, 29,784 mothers and caregivers received counseling on nutrition issues.

UNICEF has reached out to 20,471 adolescents and young people (AYP) to increase access to youth-friendly sexual and reproductive health services. As a result, 91,069 teen girls between the ages of 9 and 13 were vaccinated against HPV, and 7,711 teen student girls benefited from Menstrual Hygiene Management rooms and supplies.

## **Goal area 2**

Learning from the effects of the COVID-19 pandemic, UNICEF continued to support the Ministry of Education and Training (MOET) in strengthening education systems for continuity of learning and resilience. This Strategy recognises the need for flexible approaches to reach all learners, in and out of school, in multiple ways that suit their context. This is in line with what the country promised at the Transforming Education Summit, supported by UNICEF, UNESCO, UNAIDS, and UNFPA working together.

UNICEF has trained more than 1,227 girls, exceeding the annual work plan target of 60 per cent on digital skills, of which 36 per cent won coding competitions. In addition, recognising the challenges of connectivity, UNICEF was able to advocate for the introduction and planned rollout of the Giga initiative in collaboration with MOET and the Ministry of Communication and Technology, as well as the mobile network providers. Giga initiative is aimed at improving the education of hearing-impaired children in primary schools through a global partnership between UNICEF and the International Telecommunication Union (ITU) to connect schools. The first phase will help connect almost 2,000 primary and secondary schools and give more than 300,000 school-aged children access to the internet.

UNICEF recognises the urgent need to strengthen data quality and generate evidence on education outcomes. Hence, it supported the finalisation of the 2021 National Learning Assessment Report, which revealed that learners' performance in Grades 4 and 6 is below 50 per cent in literacy (English and Sesotho) and numeracy (Mathematics).

UNICEF continued mainstreaming disability and inclusion in education in collaboration with MOET, the Lesotho National Federation of Organizations of the Disabled (LNFOD), and the Norwegian Agency for Development Cooperation (NORAD). Teachers' guides were converted into braille, and

assistive technology devices were distributed to support the teaching and learning of children with disabilities. A total of 333 teachers (159 male and 174 female) were also trained to use assistive devices to ensure that teaching and learning in schools are effective and open to everyone. This made schools a better place for nearly 9,900 children with disabilities (11 per cent of the total).

UNICEF led as the Coordinating Agency for the Education Sector. A major achievement has been to partner with MOET to secure USD 2.5 million from the innovative financing window of the Global Partnership for Education (GPE) as a matching grant to the Roger Federer Foundation's USD 2.5 million for early childhood education.

A milestone was achieved in 2022 for the sector when UNICEF and MOET's joint advocacy brought on board private sector participation in education sector dialogue and the Local Education Group for the first time through the Lesotho Chamber of Commerce and Industry. A memorandum of understanding was also signed with the Vodacom Foundation to promote digital learning and gender-based violence prevention. Together with the MOET, UNICEF supported the development of supporting materials for implementing the Early Childhood Care and Development (ECCD) curriculum.

### **Goal area 3**

UNICEF and The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) collaborated to support the GOL in increasing access to gender-based violence (GBV) risk mitigation, prevention, and response services through the social marketing of the Nokaneng app. The app provides a platform to sensitise, stimulate conversations, and build peer support among adolescent girls and young women (AGYW) to prevent GBV and support the survivors with the required services, including psychosocial support. This collaboration has increased the number of interactions (mobile application access frequency by AGYW) from 15,552 in 2021 to 21,143 in 2022. In addition, the use of this app increased fourfold, from 572 in 2021 to 12,349 in 2022. Through this initiative, GBV survivors could receive psychosocial support more efficiently and safely without physically entering counseling rooms.

UNICEF supports MGYRSD in developing a cost-effective national response plan to end violence against children, which will be implemented in 2023. This plan brings the key line ministries, such as social development, gender, health, education, police, etc., together to implement mechanisms to prevent violence against children. For example, the Child Helpline is now increasingly being used to report cases of abuse, and over 2100 cases were reported in 2022, which were then addressed by social workers from the Ministry of Social Development (MOSD).

Lesotho has formally established a national coordination mechanism to work on the civil registration and vital statistics systems to improve the effectiveness and efficiency of service delivery and achieve targets for the SDGs by 2030. In 2022, 51,486 children (25,992 male and 25,564 female) were issued birth certificates. UNICEF provided technical support and facilitated the convening of the critical line ministries to establish the coordination mechanism.

### **Goal area 4**

UNICEF supported water sector coordination by spearheading key thematic discussions and advocacy on World Toilet Day, World Water Day, and Menstrual Hygiene and Management Day. In particular, it provided technical support to the high-level delegates from Lesotho who attended the Sanitation and Water for All (SWA) Sector Ministers Meeting (SMM) in Indonesia on 18-19 May 2022. In addition, UNICEF continues to support the sector and the government to fulfill their commitments to the African Ministers' Council on Water (AMCOW) and the SADC Secretariat.

UNICEF also supported the MOET publishing of the first-ever National WASH in Schools Guidelines

for Lesotho. In addition, with the Ministry of Water and the Department of Rural Water Supply, the agency supported the development a mobile-based app for monitoring rural water supply systems.

UNICEF partnered with LNFOD to train a total of 149 stakeholders in all ten districts on disability-inclusive WASH, including 89 teachers and 59 stakeholders representing the department of rural water supply, Ministry of Local Government and Chieftainship, MOH, Red Cross, World Vision. For this purpose, UNICEF developed disability-friendly hygiene promotion materials (braille and pictorial).

## **Goal area 5**

In 2022, UNICEF improved child well-being by implementing policies that increased social protection and promoted technology that made systems more efficient. These efforts led to cost savings. In particular, UNICEF helped draft and validate a National Social Protection Strategy (NSPS II), including detailed implementation, monitoring, and evaluation plans. The NSPSII was approved by the previous government and officially launched by the new government in December 2022. This Strategy is essential for the government to improve the country's social protection system and set costed targets and goals in the medium as much as in the longer term. Additionally, UNICEF assisted in the development of a policy called the Social Assistance Policy to make sure that people have legal rights to social assistance.

UNICEF and MOSD teamed up to bring innovation to the Child Grant Programme by piloting digital payments. As a result of this collaboration, an impressive 7,000 households out of 48,000 in the programme have switched to mobile payments during the reporting period. To ensure the success of the digital payments pilots and the updating of the National Information System for Social Assistance (NISSA), UNICEF provided support to enhance the IT performance of the NISSA and its operational management information system, the Management Information System for Social Assistance (MISSA). With UNICEF's support, these technological advancements will make the Child Grant Programme more efficient and accessible to needy families.

UNICEF has assisted the GOL with public financial management reforms, transparency and accountability, and measuring spending as part of public finance for children. Three targeted handbooks for the Cabinet, Executive, and Ministry Departments and Agencies were developed on implementing the Medium-Term Expenditure Framework (MTEF) under the Joint Programme on Economic and Financial Management Integration for the Achievement of the SDGs (JP-EFMIS). The MTEF enables the government to budget for three years rather than annually, improving the efficiency of expenditures for children. UNICEF also provided technical assistance to improve budget transparency and accountability. This included, among others, advocacy and support for dissemination of the Open Budget Survey 2021 results and technically supporting the Ministry of Finance (MOF) 's efforts to empower civil society organizations (CSO), youth, and the general public to participate in the budgeting process.

Furthermore, UNICEF helped the GOL produce relevant data on the country's current state of child rights. It promoted evidence and right-based policies to enhance the government's ability to conduct child rights analysis. For example, the agency supported the Ministry of Development Planning (MODP) in completing the Voluntary National Review (VNR) 2022 by gathering and analyzing primary quality data on young people's perceptions of the SDGs using the U-Report. With UNICEF's assistance, MODP could also access internal poverty projection data that UNICEF had generated in collaboration with academic institutions. This timely support helped address the lack of recent national data to inform how much progress had been made in reducing poverty.

Finally, the Bureau of Statistics (BOS) was capacitated to carry out further granular analysis using the Multidimensional Overlapping Deprivation Analysis (MODA) methodology. As a follow-up to the Child Poverty Report, published in 2021, the BOS will work with UNICEF in 2023 to conduct further

MODA analysis.

## **Gender**

In 2022, UNICEF mainstreamed gender in programmes to sharpen menstrual health, HIV prevention, education, and protection interventions that are better tailored to the needs of AGYW and young mothers. AYP participated in advocating for their health, education, and protection services through accountability scorecards in collaboration with the CSO Sentebale a 4115 (75 per cent female). As a result, a livelihoods and economic strengthening model for HIV prevention among AGYW was developed with technical assistance from UNICEF in partnership with the Global Fund. In addition, UNICEF and the Vodacom Foundation worked together to promote digital literacy, resulting in 1,227 girls with advanced coding and digital skills.

## **Social and behavioral change**

UNICEF has strengthened partners' ability to work effectively with communities on COVID-19 prevention and vaccine promotion, resulting in the creation of 65 community risk communication and community engagement (RCCE) groups and the establishment of 10 district RCCE teams. 177 community awareness sessions on COVID-19 vaccines were held in 42 of the 65 community councils. UNICEF also supported a rapid community assessment in 42 councils, which showed an increase in COVID-19 vaccine acceptance from 68 per cent to 76 per cent. In districts where COVID-19 outbreaks were reported, 34 school boards received training in infection prevention and control (IPC) and risk communication. As a result, 400 schools in 7 districts were mapped for IPC engagement and scorecards. Child protection, WASH, and nutrition issues were integrated into RCCE messages. In collaboration with PSI and the Lesotho Red Cross, UNICEF has assisted the MOH in educating the public about COVID-19 vaccination through radio stations and social media, reaching about one million people.

## **Disability**

UNICEF partnered with LNFOD to disseminate the Disability Equity Act enacted in March 2021. This Act paves the way for implementing the Inclusive Education Policy and the National Disability Mainstreaming Strategic Plan 2021–2025. Through the partnership with NORAD, UNICEF has become a key country advocate for disability-inclusive programming. UNICEF also collaborated with MOET and LNFOD to procure and distribute assistive technology devices, including computer software, to support the effective teaching and learning of children with disabilities in schools. As a result, a total of 9,964 children were reached, including 1,164 with disabilities. In addition, UNICEF supported MOET in adapting and converting 13 teachers' guides into braille to enable visually impaired teachers to independently read and prepare for their lessons. Furthermore, 200 sign language dictionaries have been procured and distributed to six primary schools to support the growth of sign language vocabulary for hearing-impaired learners in primary schools.

## UN Collaboration and Other Partnerships

A key pillar of LCO's partnership strategy is effective collaboration with UNCT and the office of the RC. UNICEF has played a leading role in joint programming, UN advocacy, and a convening role with the GOL.

UNICEF chairs the UN Communications Group and the Programme Coherence Team and contributes significantly to the Human Capital Pillar of the UNDAF and the M&E working group. In 2022, UNICEF supported the health sector coordination and engaged in various technical working groups, including the national response against the COVID-19 pandemic. UNICEF also supported the MOH by creating a technical working group on community health that played a key role in developing VHW tool kits and other framework documents.

UNICEF built on the partnership with Catholic Relief Services and World Vision International to pursue integrated HIV/AIDS, nutrition, and WASH community-based interventions; and partnered with a consortium of NGOs (SPOON, John Hopkin's University, and Lesotho Federation of the disabled) to advance the children with disability agenda which resulted in the establishment of a multisectoral oversight committee that designed tools and trained 92 service providers on the early identification of disabilities.

UNICEF co-facilitated a UNICEF-World Bank Regional Knowledge and Learning workshop with over 50 WASH technical experts from Botswana, Lesotho, and Eswatini on scaling up Citywide Inclusive Sanitation and Rural Water Service Models in October 2022.

UNICEF collaborated with CSOs like LNFOD, World Vision, the Lesotho Red Cross, and the Network of Early Childhood Development of Lesotho (NECDOL) to undertake parenting education and early identification of disabilities in young children and mobilize caregivers to take their children with disabilities to preschools.

UNICEF continued to offer coordinated assistance for implementing the Education Sector Plan while collaborating closely with the World Bank. Additionally, UNICEF secured USD 2.5 million from the GPE's innovative financing window as a matching grant of USD 2.5 million from the Roger Federer Foundation. Through a dialogue that UNICEF started with the Lesotho Chamber of Commerce and Industry, the Chamber is taking part in educational policy discussions for the first time.

A Memorandum of Understanding has been signed with the Vodacom Foundation to advance digital education and GBV prevention. As a result, the number of girls who learned to code thanks to the Code Like A Girl project's partnership with the Vodacom Foundation nearly doubled compared to 2021.

In its effort to strengthen social protection systems, UNICEF remains the "go-to" partner for MOSD. Collaborations with government ministries, the World Bank, UN agencies, the private sector, and other development partners, such as the EU, have resulted in NISSA's expansion and a robust social protection system. UNICEF has also worked closely with the MOF in supporting important PFM reforms and other initiatives on transparency, accountability, and public participation. On the other hand, UNICEF worked closely with youth groups and academia to ensure that quality data on youth perception and projection on poverty were available for the Voluntary National Review 2022.

## Lessons Learned and Innovations

UNICEF continued to adjust programmes to respond to the enduring challenges from the COVID-19 pandemic and, subsequently, the relaxing of lockdown restrictions on movement since early 2022.

some good practices learned during the COVID-19 lockdown, such as remote and hybrid work, zoom meetings, and SMS-based surveys, were used as appropriate.

UNICEF has leveraged COVID-19 investments to strengthen routine immunisation and broader health systems. It entailed the development of a community health information system and a national georeferenced Community health worker master list to improve community health services governance and structure. UNICEF also leveraged COVID-19 investments to equip maternal and newborn wards for pediatric intensive care services.

In immunisation, a key lesson was on the transition from excel based to the electronic vaccine Stock Management Tool for all vaccines, including ancillary supplies, which proved to be helpful for both management of cold chain equipment and supplies.

UNICEF supported the National University of Lesotho Innovation Hub in developing three designs of hand hygiene stations. These stations, produced and installed in nine locations for testing, are now ready to be marketed.

Social accountability to support the demand for services is a strategic intervention that UNICEF applies beyond HIV services. It is now being incorporated into other programmatic interventions such as nutrition and adolescent health. In addition, through the strategic initiative UNICEF is collaborating with the Global Fund, lessons and opportunities for improving livelihoods and economic empowerment of adolescent girls and young women have been identified for scale-up.

The use of technology in education and child protection is emerging as a possible solution to address issues such as continuity of learning, inclusive education, and support for survivors of SGBV to overcome the stigma and fear of seeking help. UNICEF collaborated with MOET to strengthen learning passports and procure assistive technology for teachers and children who can take them to all schools. Similarly, the use of mobile apps for prevention and availability of services to survivors of SGBV can be taken to scale. Building on the lessons learned during the pandemic and alternative teaching and learning modalities, UNICEF invested in improving institutional capacity in digital learning platforms at the LCE for learning continuity of the ECE Diploma and Certificate trainings.

A U-Report poll targeting 12–17-year-olds was conducted between December 2021 and January 2022. As a result, 1,070 responses informed the social media campaign targeting AYP and parents/caregivers on the benefits of both COVID-19 and HPV vaccines, with the best-performing social media post reaching 23,609 people. As a result, UNICEF adopted the social media strategy to mobilize AYP.

A community feedback tool is being piloted to collect data to measure the adoption of health-seeking behaviors and community trust in and uptake healthcare services. As of November 30, 2023, responses have been collected through focus group discussions and Kobo Collect App. A key lesson was community volunteers' importance in collecting and linking this data to health facilities. The database yielded through this platform will be linked to DHIS2 and the community health information system under development.

Another important lesson was engaging the men population in health and nutrition, immunisation, and WASH issues, for instance, working with 45 initiation schools.

Regarding social protection, the development and consultation process for the National Social Assistance Strategy, as previously for the National Social Protection Strategy II, showed not only the importance of a solid facilitation process for developing strategic documents but also the active involvement of crucial GOL stakeholders at every stage of the development process. This is so even if this requires a revision of planned timelines. Similarly, solid coordination and a clear division of labor among stakeholders are critical to success. Finally, it is also essential that all government counterparts



are in the driving seat of these processes and not merely as participants.

While supporting efforts to improve public finance for children, it was essential to hold consultations for the next fiscal year's budget well in advance so that citizen views could be meaningfully reflected in the budget documents. In addition, holding regular meetings to discuss and solve issues regarding the annual work plan has been instrumental in ensuring the implementation of activities. Lastly, the best way to work together in this area was to build trust and keep good relationships with key ministries like the Ministry of Finance and Development Planning (former MOF and MODP) and other ministries, departments, and agencies.