

Update on the context and situation of children

In 2019, Lesotho made progress in reducing poverty and child mortality, accelerating the HIV response and improving access to social services. Government investments, particularly in social protection were critical in addressing inequities and vulnerabilities among households. Yet despite progress, persistently high levels of poverty, large social disparities, high rates of HIV, limited access to social services, severe and erratic climate patterns, and political instability continue to adversely affect the population. With 38 per cent of the population under 18 years, children and adolescents face challenges to survive and thrive, which in turn compromises the country's progress towards achieving the Sustainable Development Goals (Census, 2016).

Classified as a lower middle-income country by the World Bank, Lesotho's GDP declined from US\$1,147.5/capita in 2013/2014 to US\$854.3 in 2019/2020. At the same time, UNCTAD classified Lesotho as a least developed country. Budget deficits are projected at 1.2 per cent in 2019/20 from 6.6 per cent in 2018/19 aiming at attaining macroeconomic stability as the country is heavily dependent on South African Custom Union revenues, which was projected to decline by 14.4 per cent in 2018/19. The projected deficit would be maintained through reforms to control Government spending and increase revenue. Lesotho invested 15.3 per cent of its GDP and 31.8 per cent of its national budget in the social sectors (health, education WASH, and social development). However, investments have declined from previous years.

While poverty remains a serious issue, it is declining. According to the Bureau of Statistics (BOS), the poverty rate fell 7 percentage points over a 15-year period (from 56.6 per cent in 2002 to 49.7 per cent in 2017). However, national data mask rural-urban disparities (poverty rates have stagnated in rural areas). Children continue to shoulder the brunt of the burden of poverty in Lesotho. Sixty-five per cent of all children are considered multi-dimensionally poor (deprived in at least three areas).

The political environment can be characterized as polarized and at times, unpredictable. Between 2012 and 2017, three elections were held, resulting in political instability, insecurity and constrained ability of institutions to deliver public services. The year was marked with protests and "stay home" actions by teachers, students, police force members, youth, wool and mohair farmers and others on the grounds of a deteriorating economic situation. Since 2014, the Southern African Development Community has been engaged in efforts to maintain political stability. This culminated in the completion of national dialogues and establishment of a National Authority to advance reforms.

Lesotho is vulnerable to climate change including extreme weather events. In 2019, almost a quarter of the population (508,125 people) was affected by drought (Lesotho Vulnerability Assessment and Analysis). As a result, children, especially in the southern districts, were exposed to economic, health, environmental, and income-related deprivations and shocks.

With the second highest HIV prevalence rate in the world, estimated at 23 per cent, the impact of HIV on the population is significant. The country has made progress in the HIV response, with 77.2 per cent of adults knowing their HIV status, and 90.2 per cent of those on treatment (2017 LePHIA). For pregnant women living with HIV who attended antenatal care, 99 per cent received antiretroviral therapy (ART) to prevent mother-to-child transmission (PMTCT) of HIV. The MTCT rate (including the breastfeeding period) decreased from 13 to 11 per cent between 2017 and 2019, helping to avert 4,577 new infant infections (Spectrum Estimates, 2018).

Overlapping risk factors such as high teenage pregnancy (1 in 8), low condom use (1 in 4), low comprehensive knowledge of HIV (1 in 3), high violence (1 in 4) and low awareness on HIV status (1 in 3) place adolescent girls and young women (AGYW) at high risk of HIV (2014 LDHS; 2017 LePHIA; 2018 VACS Survey). HIV incidence is 15 times higher in young women aged 15–24 years than among their male peers. National teenage pregnancy rates are 12 per cent and 55 per cent of all pregnancies are among adolescent girls and young women (MICS; 2018 HIV Sentinel Survey).

The launch of the 2018 Multiple Indicator Cluster Survey (MICS) was a milestone for data and evidence for children and adolescents. MICS shows a mixed picture for children, noting some progress, but also declines in key areas. Since 2014, under-five mortality has dropped from 85 to 76 deaths per 1,000 live births; institutional deliveries increased from 77 to 89 per cent; and the proportion of newborns receiving postnatal care increased from 18 to 48 per cent. Marginal improvements were made in access to WASH, including increased access to basic drinking water from 71.6 to 79 per cent, access to basic sanitation is 52 per cent (from 43.8 per cent) and the rate of open defecation dropped from 30 to 19 per cent. At the same time, rates of exclusive breastfeeding have declined from 67 to 59 per cent, neonatal mortality has increased from 34 to 36 per 1,000 live births, and stunting has increased slightly from 33 to 34.5 per cent.

In education, primary-school enrolment is near universal and repetition rates decreased from 9 to 6.1 per cent since 2014. However, only 15 per cent of 7 to 14-year-olds have foundational numeracy skills, and less than half (44 per cent) have foundational reading skills. Girls in Lesotho are more likely than boys to complete basic education, but secondary

completion rates overall are low with only 1 in 3 children completing upper secondary school.

In terms of child protection, children experienced high levels of violence with 75 per cent of girls and 77 per cent of boys in the first decade of life experiencing any form of violent discipline. On birth registration, fewer than half of children under five are registered (45 per cent of boys and 43 per cent of girls were registered). Sixteen per cent of women aged 20-24 years were married before the age of 18. Since 2014, child marriage has declined from 26 per cent among the 45-49 age cohort to 16 per cent among the 20 - 24 age cohort.

As UN Reform accelerates, UNICEF continues to highlight issues affecting children, our comparative advantage and value add as an agency for joint advocacy and resource mobilisation efforts.

Major contributions and drivers of results

The UNICEF Country Programme (CP), 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. The CP contributes to the governance, human capital development and economic growth pillars of the United Nations Development Assistance Framework. In line with the UNICEF Gender Action Plan, 2018–2021, the programme mainstreams gender analysis, promotes community interventions to end discriminatory practices and tackles harmful social norms. Humanitarian action, with specific emphasis on saving lives, enhancing household coping capacities, and improving community resilience, is a priority.

Goal area 1. Every child survives and thrives

In 2019, efforts to accelerate results and improve quality of care for children were strengthened. The Village Health Policy was developed and endorsed by the Ministry of Health. It is currently being implemented in two districts with support from UNICEF. As part of the implementation, 597 village health workers were trained on Integrated Community Case Management.

The Expanded Programme on Immunization achieved 87 per cent coverage of Penta 3, as of October 2019. UNICEF supported the MoH with the development of the 2018/19 vaccine and supplies forecast and the request for renewal of new vaccines support, which was approved. As a result, the MoH continued its co-financing obligation to ensure continued supply of pentavalent, IPV, rotavirus and PCV 13 vaccines.

UNICEF partnered with the University of Pretoria and the World Bank to improve the quality of care through the Perinatal Death Review System in 17 Government hospitals. Data on total reduction of newborn mortality will be available in the first quarter of 2020, but promising data from Mohale's Hoek Hospital showed a reduction from five to zero in six months.

With support from the UK Department for International Development, UNICEF and MoH introduced food fortification with micronutrient powders (MNP) in two districts, Mokhotlong and Butha-Butha. As of October 2019, 3,039 children out of 8,900; 6–23 months, received adequate MNPs to reduce high levels of anaemia among this age group. MNPs were procured by UNICEF through Supply Division. The quality of care for children with severe acute malnutrition (SAM) was further improved evidenced by a decline in death rate from 10 percent to 9 percent for most health facilities, with UNICEF and WHO supporting the training of 60 health workers in Integrated Management of Acute Malnutrition. As part of the drought response, UNICEF provided support for SAM treatment to 2,031 children. Using SPHERE standards for assessing treatment outcomes, the inpatient and outpatient SAM cure rate was 67 per cent (below the 75 per cent standard), the mortality rate was 10 per cent and defaulter rate 16 per cent for the 10 districts.

UNICEF's contribution on HIV included technical expertise and leveraging resources of global partners to ensure HIV results for pregnant women, children and adolescents. UNICEF leveraged resources from the President's Emergency Plan for Aids Relief (PEPFAR) and ICAP to ensure that the PMTCT cascade was included within the roll-out of e-registers. As of October 2019, 8,004 of 30,402 pregnant women who were seen in health facilities tested positive for HIV. Ninety-nine per cent of those women living with HIV (7,898) were initiated on ART. UNICEF's support to MoH helped improve the quality of sexual and reproductive health and rights (SRHR) and HIV data in the District Health Information System. Additionally, UNICEF with UNAIDS, BOS and MoH developed the 2019 and 2020 Spectrum Modelling Estimates, which will enable Lesotho to report against global AIDS monitoring indicators.

As part of the joint UN programme, *2Gether4SRHR*, UNICEF continued implementation of the *Let Youth Lead* initiative to improve the quality of adolescent-friendly health services (AFHS) in 35 per cent of health facilities. Results show that

health-worker knowledge on AFHS increased from 35 to 75 per cent, and knowledge of SRHR among youth advocates improved from 30 to 72 per cent.

Empowerment of pregnant and breastfeeding AGYW through peer-to-peer mentoring demonstrated results. Among 150 participants, self-reported comprehensive knowledge of SRHR/HIV issues increased from 36 per cent to 72 per cent and 79 per cent of AGYW reported attendance to ANC services within the last 30 days (up from 30 per cent at baseline). All AGYW in the programme knew their HIV status. Through village support groups, an additional 335 pregnant and breastfeeding AGYW were reached.

Goal area 2: Every child learns

The enabling environment in education was improved in 2019 through the *Better Early Learning and Development at Scale* initiative, which supported the development of an action plan with key areas of focus to improve the delivery of early childhood education (ECE) services. UNICEF advocated for national scale-up of ECE for all five-year olds and supported the Ministry of Education and Training (MoET) to develop a costed-plan for universalizing reception classes. An ECE technical working group was established as part of the Local Education Group (LEG) to foster ownership and plans for the ECE scale-up strategy. After protracted teacher strikes a new teacher salary structure which includes ECE teachers was approved. UNICEF successfully advocated for ECE to feature prominently in the Education Sector Plan.

UNICEF support to strengthen the ECE workforce resulted in improved teaching capacity of 401 pre-school teachers (395 female, 6 male). Seventy-four teachers trained by the Lesotho College of Education will graduate in 2020 with an ECE certificate. The teachers supported by MoET were trained on how to teach young children and identify and refer children with disabilities. A Diploma in ECE will be established in 2020.

The *#EarlyMomentsMatter* campaign reached 28,763 parents and 54,607 children in 10 districts with messages on early childhood care and development. Advocacy by the Network for Early Childhood Care and Development of Lesotho reached 1,933 community members in 66 villages of Quthing and Mohale's Hoek where ECE enrolment rates are low. As a result, nine ECCD centres in Quthing and 12 in Mohale's Hoek were established, benefitting almost 300 pre-school children.

The Non-Formal Education (NFE) policy was launched in early 2019. Registration guidelines to improve quality of NFE for NFE providers were drafted, and plans are underway to create an NFE department in the Ministry. UNICEF provided significant support for NFE learning inputs, distributing 36,773 books and 27,910 printed worksheets for all NFE learners (10,443 learners; 7,315 male, 3,128 female). The Inclusive Education Policy was launched in August, paving the way for curriculum review to ensure it is inclusive of learners with disabilities.

As the coordinating agency for the LEG, UNICEF worked to strengthen education-sector planning and monitoring through support to the development of the education sector analysis and education sector plan. UNICEF continued to work to strengthen the Education Management Information System developing and testing the architecture for the new OpenEMIS system to be rolled out in 2020. The evaluation of the child-friendly schools (CFS) initiative was completed, showing that implementation of CFS in Lesotho is effective, with room for improvement.

Goal area 3: Every child is protected from violence and exploitation

UNICEF, in partnership with CDC and ICAP, provided financial and technical assistance to conduct the Violence Against Children Survey. The survey is a first for Lesotho and will be used to inform advocacy efforts and the updating child protection policies/laws and child protection/GBV information management systems.

UNICEF and WHO supported the Ministry of Home Affairs (MoHA) to conduct a comprehensive assessment on Civil Registration and Vital Statistics (CRVS). Based on the findings, a draft action plan was developed. In 2020, the UN and World Bank will support the roll-out of the action plan to strengthen the information system for CRVS.

In 2019, 25,690 children were registered and issued birth certificates in 47 government and church-owned health facilities. This is partly a result of a close working relationship between MoHA and MoH, which was fostered through a UNICEF-supported study tour in 2018 on e-Birth notification.

UNICEF supported 12 community campaigns to end child marriage and end violence against children. A total 15,486 people (4,066 male, 8,168 female, 1,694 boys under 18 years, 1,558 girls) were sensitized and capacitated to prevent and respond to child protection issues.

UNICEF supported the Ministry of Social Development (MoSD) to collate the proposed amendments of the Children's Protection and Welfare Act, 2011.

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

UNICEF provided increased technical and financial support to the Water Commission, resulting in improved coordination and the establishment of technical working groups.

In response to the drought, 70,618 people (23,115 men, 24,904 women, 11,488 boys and 11,111 girls) out of the 86,329 people in need benefited from hygiene-promotion activities and water trucking. Over 1-million-litres of water was trucked to people in communities, schools and health centres in three districts that were most affected by the drought meeting their daily water requirement. WASH facilities were constructed in 11 healthcare centres in the three drought-affected districts, providing water for lifesaving procedures in health facilities and benefiting 224,858 people.

The results of a UNICEF-supported water quality surveillance exercise in three districts revealed that their water sources were contaminated (49 per cent of sampled water sources had a high to very high-risk score). As a follow-up, over 14,322 households in the three districts were sensitized on appropriate water treatment and storage.

Implementation of the school-led total sanitation (SLTS) in 20 schools reached 8,640 students (4,397 boys and 4,243 girls). Hygiene promotion, including menstrual hygiene management, was done in all the 20 schools. Among these schools, 8 schools benefited from new boreholes, 8 schools from latrines (sex-separated blocks for girls and boys) and 7 schools received handwashing facilities.

Goal area 5: Every child has an equitable chance in life

Considerable progress was made in strengthening the national social protection system. MoSD increased the coverage of the Child Grant Programme (CGP) from 37,738 households (88,800 children) to 41,049 households (90,821 children) between 2018 and 2019. The mobile CGP payment system was scaled up from 10 to 12 community councils, helping to administer payments to 6,694 households in 2019.

With UNICEF support, the Ministry also expanded the National Information System for Social Assistance (NISSA) in all 64 rural councils to target and manage social protection beneficiaries. Currently, the system covers about 60 per cent of Lesotho's population. UNICEF, with support from the European Union, is supporting Government to expand NISSA to include urban households. By mid-2020, all households in the country will be in the database. With FAO and WFP, and support from EU-ECHO, UNICEF is providing support to ensure that NISSA and social protection systems are shock responsive and early warning early action mechanisms are strengthened.

UNICEF supported efforts to strengthen national budget allocation and expenditure for social sectors. To enhance budget participation and transparency, the Ministry of Finance (MoF), with UNICEF, organised budget consultations in five districts. This was the first-time community consultations of this kind took place. When 300 citizens, including women, were consulted on how they want to Government to allocate the national budget, they focused on priority expenditures that benefit children (health, education, social development).

UNICEF provided technical support to MoF to develop a plan to improve budget transparency. UNICEF supported MoF to train 40 parliamentarians and civil servants and 17 CSOs on public finance for children (PF4C).

Considering the overall slow economic growth and fiscal constraints faced by Government, UNICEF prepared a policy brief on fiscal space for social sectors for MoF, with the aim to improve the size and composition of social sector budgets. Four sectoral budget briefs were prepared to strengthen evidence-based advocacy on PF4C, including capacity building of relevant ministry officials in efficient budget forecasting and determination of expenditure ceilings. UNICEF coordinated and led a technical workshop for UN colleagues on PF4C.

Cross-cutting

Gender

UNICEF's gender programming continued to focus on adolescent access to gender-responsive health services and education, HIV prevention, and menstrual health. The combined impact of UNICEF interventions in the HIV sector reached 6,644 adolescent and young people, 71 per cent of whom were female, with information on adolescent health, SRHR, and HIV through peer-to-peer mentoring, civic participation and social accountability. A total of 1,220 herd boys and 75 herd girls were provided with literacy skills through NFE initiatives. Sector planning is following guidance on gender planning of the United Nations Girls' Education Initiative (UNGEI). Key line ministries attended a UNGEI workshop on education sector planning for this purpose. To address menstrual hygiene management and improve access to a full complement of WASH services, UNICEF supported a gender-responsive, SLTS intervention in 20 poor performing schools in two districts.

Humanitarian

Over 500,000 people were affected by the drought in 2019, and the Government declared an emergency in October. In response, UNICEF supported nutrition, WASH and protection programmes to address urgent needs. WASH interventions reached almost 300,000 people (295,486 reached, surpassing the target of 273,635) with water trucking and WASH infrastructure. Over 2,000 children with SAM received treatment through UNICEF support in prepositioning therapeutic nutrition commodities. Life-saving messages on infant and young child-feeding, prevention of violence against children and GBV, and good hygiene practices reached 132, 208 people. In response to the protection risks facing children, 642 law enforcement officials gained knowledge on identification, referral and management of violence against child abuse, leading to the referral of 3,252 child victims of violence in emergencies to psychosocial support and legal and health services. As part of joint UN efforts, education materials highlighting children's vulnerabilities during the emergency and correct use of referral pathways for child abuse cases were distributed to 90,867 community members, including 13,245 girls and 12,202 boys. One hundred community-based committees on GBV were established and 867 officers gained knowledge on protection mainstreaming.

Communication for Development

UNICEF supported the development and implementation of the Reproductive, Maternal, Neonatal, Child, Adolescent, Health + Nutrition C4D strategy in five districts, resulting in district-level plans. The RMNCAH+N C4D Strategy was also used in the humanitarian response for the WASH, nutrition, and protection sectors. To improve acceptability of MNPs, 3,039 caregivers in two districts were reached by IYCF messaging and nutrition counselling. In collaboration with MoH, UNICEF supported the development of the HPV Communication Strategy, ahead of the HPV roll-out in 2020. The *Let Youth Lead* initiative included C4D research which showed improved knowledge of AFHS among health-workers and improved SRHR knowledge among youth advocates. Other achievements include mobilization of 4,870 AYPs (1,482 male, 3,388 female) through administration of scorecards; institutionalization of AYP participation in health centres, and alternative health-centre opening hours to accommodate AYPs. C4D was a key part of humanitarian activities.

Advocacy and partnerships

Advocacy efforts increased visibility on issues affecting children and adolescents. In 2019, UNICEF launched the MICS report, highlighting progress and gaps for children and the State of the World's Children during World Food Day which highlighted the nutritional status of children. UNICEF's HIV work was featured on South African media for World AIDS Day. UNICEF successfully advocated for the Government to renew their commitment to the implementation of the CRC for CRC@30 celebrations. The #EarlyMomentsMatter campaign continued with support from Her Majesty the Queen of Lesotho. Ongoing engagement with the private sector, especially on child-friendly policies, resulted in the Lesotho Post Bank creating a children's room for clients and staff. With Her Majesty Princess Senate, UNICEF supported 2 national and 10 community sensitizations on violence against children and ending child marriage reaching 34,163 people. With partners, UNICEF trained 30 Basotho children on using and engaging media in six out of 10 districts. Young journalists took over TV and radio outlets as part of CRC@30 events, among other events. With UNFPA, UNICEF trained 15 media outlets houses on the humanitarian situation, resulting in increased media on the impact of the drought on families. As well, UNICEF produced a high-quality, compelling video on humanitarian response efforts which is being used to increase awareness and mobilise resources. The CO shared promising practices social accountability and engagement and empowerment of young people and scaling up ECE in global webinars.

Human rights

UNICEF supported MoSD to submit the proposed amendments of the Children's Protection and Welfare Act, 2011 on raising the age of criminal responsibility to 15 years. UNICEF provided child rights-related inputs for the updating of the Universal Periodic Review, including the appointment of a commissioner to the Human Rights Commission with expertise in, and responsibility for children's rights. UNICEF contributed to the country submission for the Voluntary National Review of SDGs, including SDG 4 on quality education. UNICEF is also supporting the Government to prepare for hosting the Secretariat of the African Committee of Experts on the Rights and Welfare of the Child from January 2020.

Disability

UNICEF contributed to the launch and dissemination of the Inclusive Education Policy, which was promoted in three community councils in Quthing, the district with lowest enrolment of children with disabilities, to enroll children with disabilities in school. School infrastructure was also made more accessible for learners with disabilities, including installation of disability-friendly WASH facilities in 20 schools. In addition, a situational analysis of people with disabilities in Lesotho will be finalized in 2020, with UNICEF and UNFPA support, and will inform future policy and programming.

Programme and operational effectiveness

Programme and operational effectiveness were enhanced through strategic planning, rigorous monitoring and evaluation and improved knowledge management. As the chair of the Basic Social Services pillar of UNDAF, UNICEF provided guidance and quality assurance in the implementation of joint activities across UN agencies. The 2018 MICS was launched by the Government, providing impact-level data across social sectors and showing gender and geographical disparities. In addition, nine research projects and evaluations were completed, including the CFS evaluation, the CRVS assessment, and a Knowledge, Attitudes, Practices and Norms (KAPN) survey on SRHR/HIV. Knowledge exchange platforms were created to foster and promote a culture of information sharing and strengthening cross-sectoral linkages in programme implementation. Harmonized Approach to Cash Transfer activities remained core to effective and efficient delivery of UNICEF programme activities. As part of the Delivering as One initiative, UNICEF benefitted from the implementation of joint long-term agreements, which brought about savings of US\$55,029 for all agencies. Identifying operational efficiencies as part of One UN and common services will continue in 2020. In supply, UNICEF supported procurement of nutrition commodities for the drought emergency and strengthened the management of the vaccine supply chain. On human resources, the gender balance among international staff was 57/43 per cent female/male, and among general staff 56/44 per cent female/male.

Lessons Learned and Innovations

Goal area 1

Onsite mentorship, as opposed to workshop-based training, was found to be more effective in helping health personnel apply their skills. For example, the application of perinatal death review (PDR) for the reduction of neonatal mortality in all 17 Government hospitals resulted in PDR being used as a measurement tool for MNH quality of care. Additionally, three of the 17 hospitals are using PDR as a staff-management planning tool.

Engagement of district officers in the adaptation/development of key documents (guidelines, SOPs, data collection tools) encouraged them to immediately adjust their work and accelerate results for children and women.

In nutrition, the scale-up of the MNP programme will require intensive social mobilization to dispel misconceptions that prevent caregivers from returning for MNP refills. In addition, there is a need to synchronize the MNP schedule with the EPI schedule to encourage greater uptake.

In HIV, socio-cultural beliefs remain significant barriers to HIV testing, care and treatment for AYPs. UNICEF will support MoH to use the results of the KAPN study to further analyse the structural bottlenecks at the community level. UNICEF is introducing U-Report as a tool to improve effectiveness of programmes by engaging children and adolescents in the development process. Over 12,000 adolescents and young people will be targeted in Phase 1, with plans to expand beyond SRHR/HIV in Phase 2.

Goal area 2

The ongoing teachers' strike and changes in ministerial leadership slowed progress in late 2019, resulting in the delayed development of ESA and ESP. UNICEF will continue to engage at the ministerial-level, but a key lesson is that engagement at the technical level needs to be strengthened and sustained, and champions at technical level need to be identified in order to accelerate progress. The appointment of UNICEF as the coordinating agency of the LEG will better position UNICEF as key partner, allowing us to facilitate discussions and engage stakeholders to ensure improved accountability.

The budget allocation to ECE (less than 0.5%) is a challenge for national scale up reception-year classes. In line with UNICEF's global commitment of 10 per cent to ECE, UNICEF will continue to advocate for greater resource allocation for ECE with MoET and MoF.

The CFS evaluation identified several challenges with the implementation of CFS in Lesotho. This calls for a revised implementation strategy with a revised training approach, which UNICEF will pursue in 2020.

Goal area 3

Limited resources for the child protection programming is a challenge. To avoid being spread too thinly and losing impact, in 2020, UNICEF will provide more focused support, following the completion of VACS and updated MICS data. UNICEF will support Government in strengthening referral mechanisms for survivors of violence, particularly in schools and communities. Support will also be given to the roll-out of the CRVS action plan and the establishment of a social welfare workforce to provide decentralized protection services.

Goal area 4

The Department of Rural Water Supply has been facing institutional bottlenecks to shift its approach from full subsidy to targeted subsidy of rural sanitation, hindering implementation of the Community-Led Total Sanitation approach and elimination of open defecation. Following sustained advocacy and the UNICEF-supported WASH bottleneck analysis, the sector is currently developing a revised rural sanitation approach, which will be piloted and fully implemented in 2020.

Goal area 5

The Government, EU and UNICEF continue to invest substantially in social protection. However, cyclical and protracted emergencies pose serious challenges to people's livelihoods and access to basic social services. Based on the evaluation report of the livelihood programme and various studies, UNICEF and the EU are supporting the Government in making the social protection system more shock-responsive to strengthen the coping capacities and resilience of the poorest communities affected by humanitarian crises.

UNICEF supported the Government to use geographic information system to make sure no household is excluded from the National Information System for Social Assistance and initiate mobile payment to reduce operational cost.

With dedicated capacity in UNICEF on public finance and an MOU with MoF, UNICEF has been able to enhance the capacity of relevant officials and increase participation and accountability.

UNICEF led and supported the finalization and launch of the 2018 MICS (18 years after the last MICS in Lesotho). Knowing that the cost of MICS would be beyond the CO budget, UNICEF was able to leverage the resources required (US\$1.5 million from partners) resulting in much-needed data for planning and programming.

Cross-cutting areas

Let Youth Lead demonstrated how a service can become youth-friendly when there is constant evidence-based dialogue between service providers and clients.

There is need for capacity building of partners on C4D. Coordination of C4D, particularly at Government level, has been a constraint for systematizing interventions. As more and more partners, including Government ministries such as MoH, are beginning to understand and appreciate the application of C4D, capacity building of partners should be possible.

In 2020, there will be less emphasis on piloting and more on supporting Government to scale up proven interventions and concepts. Cross-sectoral linkages in ECD and adolescents will continue to be strengthened to maximize impact. Efforts will continue to strengthen the nexus between UNICEF's development and humanitarian activities.

Programme and operational effectiveness

The findings and recommendations from key reports such as MICS, VACS, LePHIA, the CFS evaluation and the SRHR/HIV KAPN study will be used to improve programme effectiveness in 2020. UNICEF recruited a Research and Evaluation Specialist to strengthen the quality of data and evaluations. Furthermore, UNICEF will support the Ministry of Development Planning to develop a National Monitoring and Evaluation Policy.

Lessons learned from the implementation of quality assurance activities include the need for the Country Office to provide financial resources and capacity building for implementing partners to act on the findings. Close monitoring of items contributed to timely submission of donor reports and efficient utilization of financial resources. Brown-bag trainings worked well and provided clarity on key policies to staff. Cash-flow forecasting is still a challenge in the office. Significant efforts are needed to ensure that the office closes with the minimum cash required at the end of the month.