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Country programme document

Lesotho

Summary

The country programme document (CPD) for Lesotho is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$9,100,000 from regular resources, subject to the availability of funds, and \$43,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2024 to 2028.

* [E/ICEF/2023/24](#).

Note: The present document was processed in its entirety by UNICEF



Programme rationale

1. Lesotho is a small southern African country of 2.2 million people, 99.7 per cent of whom are Basotho and 53.4 per cent of whom are under 25 years of age. It ranks 168 out of 191 countries and territories on the Human Development Index.¹

2. Over the past decades, Lesotho has experienced political instability and institutional constraints hindering the delivery of public services and the implementation of national development plans. Lesotho faces significant challenges, including climatic, health and macroeconomic shocks compounded by the coronavirus disease 2019 (COVID-19) pandemic, declining transfers from the Southern African Customs Union and 6.8 per cent inflation in 2022–2023. The economy is projected to modestly recover, but too slowly to create jobs and improve household incomes.

3. Lesotho has prioritized investments in the social sector and encourages private sector investments for economic growth. Since 2018, the Government has allocated 7–8 per cent of gross domestic product to the education sector,² exceeding the suggested international level of 6 per cent, although expenditure allocated to health remains below the Abuja Declaration commitment of 15 per cent. It recently increased funding for its Child Grant Programme (CGP) and its disability grant, and enabled the expansion of its secondary education bursaries for orphans and vulnerable children from 26,400 beneficiaries to 36,000.

4. While social spending is considerably higher than in neighbouring countries, most is used on salaries, with not enough left to cover children's needs. Lesotho ranks 98 out of 120 countries for budget transparency and 95 for public participation. There are no institutionalized and systematized mechanisms nor platforms to foster the engagement of children and adolescents to influence investment in their well-being and rights monitoring. Domestic resources remain insufficient to achieve green and digital transitions that increase resilience, competitiveness, social justice and effectively fulfil children's rights.³

5. In 2018, 49.7 per cent of households lived in monetary poverty while 45.5 per cent of children were multidimensionally poor.⁴ Lesotho has made commendable strides towards providing social protection for children through the CGP and the National Information System for Social Assistance (NISSA), which helps to identify the children most in need. Currently, the CGP covers only 16 per cent of poor children, lacking the relevant information to reach more.⁵

6. The monitoring of child rights presents challenges. Relevant data is often outdated, lacks disaggregation by disability, gender and region, and is not effectively analysed, disseminated or used to inform decisions. Administrative data systems lack interoperability, especially important for identifying and comprehensively addressing multiple deprivations faced by children. Evidence gaps remain, particularly around mental health and psychosocial support (MHPSS), violence against children (including gender-based violence) and the impact of climate change.

7. Lesotho is highly vulnerable to the many adverse impacts of climate change, including recurrent droughts, floods, extreme temperatures and frost, which affect

¹ United Nations Development Programme (UNDP), *Human Development Report 2021–22* (New York, September 2022).

² Lesotho, Ministry of Education, computed from “Domestic financing requirement matrix”, 2018–2023.

³ International Budget Partnership, “Open Budget Survey 2021”.

⁴ Lesotho, Ministry of Development Planning, Bureau of Statistics (BOS) and UNICEF, “Lesotho 2021 Multidimensional child poverty report” (Maseru, 2021).

⁵ Lesotho, “National Information System for Social Assistance Database” (March 2022).

socioeconomic development, livelihoods, agricultural productivity and food security. The impact of climate change is intrinsically linked to gender inequity, as girls and women are forced to travel farther for water, have less control over resources and are more vulnerable to food insecurity and child marriages as a means of survival. Climate adaptation and action still lack coordination and comprehensive investment. Initiatives to empower adolescents to participate and become agents of change for climate action should be sustained.

8. Children with disabilities face significant barriers in accessing good-quality inclusive basic services, including lack of accommodating infrastructure, particularly in schools and health-care facilities. They face low birth registration rates of 53.3 per cent⁶ undermining access to subsidized health care, and limited specialized staff and teachers. Around 40 per cent of children with disabilities (5–10 years) are not in school and those who are show worse learning outcomes. The inclusivity of national policies and plans is undermined by their partial implementation and poor monitoring.

9. Children in their first decade (0–9 years) face challenges to their survival and development. Only 72.9 per cent of births are registered.⁷ The under-5, infant and neonatal mortality rates stand at 72.9, 57 and 35 deaths per 1,000 live births,⁸ respectively. Neonatal mortality has not improved over the past decade and, together with a maternal mortality rate of 566 deaths per 100,000 births, remains among the highest in the region. Exacerbated by the COVID-19 pandemic, routine immunization rates have declined, with seven per cent of infants remaining unvaccinated in 2022 compared to two per cent in 2013.⁹ The 8 per cent vertical HIV transmission rate is higher than the elimination target of minimum 5 per cent.¹⁰ HIV testing and treatment coverage for children is insufficient. Underlying the stagnant progress in health indicators are gaps in the quality of maternal, child and primary health-care services. Health-care facilities lack sufficient, equitably distributed and adequately trained staff. While community health is yet to be institutionalized, many village health-care workers are overworked and poorly remunerated as volunteers, not recognized as cadres contributing to the health system. Weakness in supply chains results in frequent commodity and vaccine shortages. Coordination and referral systems across related sectors remain weak. Furthermore, tools for the early detection of disabilities among children are outdated and not standardized.

10. Stunting, which affects 34 per cent of children, and wasting remain among the leading underlying causes of child mortality and poor development outcomes. Overweight and obesity rates, including among young children, are rising due to increasingly obesogenic environments. Malnutrition in all its forms is driven by lack of access to nutritious foods, poor care and feeding practices and lack of access to, and uptake of, good-quality multisectoral services that address the multiple underlying drivers of malnutrition. Lesotho continues to suffer from food insecurity, aggravated by climate change. There is inadequate knowledge of nutrition, including among professionals. Cultural beliefs, including those on breastfeeding, exacerbate poor infant and young child feeding practices.

11. Efforts to promote parental engagement and positive parenting and nurturing care practices, including for nutrition and child protection, remain limited. Many children are subjected to corporal punishment, experience violence, or are neglected

⁶ Lesotho, BOS, “Multiple Indicator Cluster Survey (MICS) 2018”.

⁷ Lesotho, 2021 Multidimensional child poverty report.

⁸ United Nations Inter-agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2022* (UNICEF, 2023).

⁹ World Health Organization (WHO)/UNICEF Estimates of Immunization Coverage, “Lesotho country profile”.

¹⁰ Joint United Nations Programme on HIV/AIDS (UNAIDS), “UNAIDS data 2022”. Available at https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf.

or ostracized due to stigma or a lack of awareness of child rights and of practices to promote nurturing care, early stimulation and play.

12. Only 26 per cent of children (2–4 years) engage with a household member in activities that promote learning and school readiness. Only 3 out of 10 children are enrolled in pre-primary education, with relative gender equality, but the quality of learning remains a challenge, with just 2 out of 10 children (3–4 years) developmentally on track on literacy and numeracy despite the high early childhood development index of 72 per cent. The National Policy for Integrated Early Childhood Care and Development and its strategic plan are comprehensive but lack coordination and monitoring for effective implementation. Enrolment in primary education is nearly universal (97/96 per cent among girls/boys,) but with poor learning outcomes. Fewer than half of children in Grade 4 have acquired foundational literacy and numeracy skills, with girls slightly outperforming boys.¹¹ Both in pre-primary and primary education, teachers have a limited capacity to respond to learners' diverse needs. Pandemic-related school closures further hindered learning.

13. Access to child-friendly, gender-inclusive and disability-inclusive water, sanitation and hygiene (WASH) services in communities and institutions remains low. Only 72 per cent of the population has access to basic drinking water services; 50 per cent to basic sanitation services; and 6 per cent to basic hygiene services, while 22 per cent practice open defecation.¹² WASH services must be better managed; existing services are not climate-resilient.

14. Children and adolescents in their second decade (10–19 years) face challenges, exacerbated by inequality, in realizing their rights to health, WASH, quality learning, participation and protective violence-free environments.

15. Lesotho has the world's second-highest HIV prevalence, at 27.4 per cent among women and 17.8 per cent among men, or an estimated 324,000 people living with HIV.¹³ Adolescent girls and young women are three times as likely as men to contract HIV. Increased risks of HIV infection in adolescent girls are particularly concerning as they relate to gender-based violence, lack of sexual and reproductive health and rights (SRHR), early and unintended pregnancy and harmful social norms, including child marriage. Around 38.5 per cent of girls marry before turning 18 years (10.2 per cent of boys) and 14 per cent of adolescent girls give birth. Poor adolescent nutrition is compounded by the co-existence of undernutrition, particularly high among males at 27.4 per cent, and growing rates of overweight and obesity affecting 18.3 per cent of adolescent girls. Furthermore, 19 per cent of adolescent girls are anaemic.¹⁴ Lesotho is yet to have a strong adolescent-specific and gender-responsive focus in policies and programmes that effectively address and coherently link HIV-related services, adolescent health, SRHR, nutrition and the prevention of violence and child marriage. Adolescent engagement and demand for services related to MHPSS, HIV and SRHR are constrained by limited knowledge, skills and access to information among adolescents and caregivers.

16. Many children and adolescents experience physical, emotional or sexual violence; those with disabilities being most at risk. Around 57.4 per cent of males

¹¹ Examination Council of Lesotho, *Report on National Learning Assessment* (Maseru, 2022). Available at https://web.examsCouncil.org.ls/uploads/The_2021_Survey_Report_HR_Singles_d43d6e3756.pdf.

¹² WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene 2020.

¹³ Lesotho, Ministry of Health, "Lesotho Population-based HIV Impact Assessment 2020" (Maseru, 2022). Available at <https://phia.icap.columbia.edu/lesotho-final-report-2020/>.

¹⁴ Lesotho, Ministry of Health, "Lesotho Demographic and Health Survey 2014" (Maseru, 2016). Available at <https://dhsprogram.com/publications/publication-fr309-dhs-final-reports.cfm>.

experience physical violence and one in seven females experience sexual violence before the age of 18 years.¹⁵ Perpetrators are often relatives or someone known to the victim. Children also witness violence at home and in their communities. Many communities condone corporal punishment and have limited knowledge about violence prevention. Gender-based violence is a serious concern in Lesotho, which ranks 144 out of 191 countries¹⁶ on the gender equality index. Gender norms of a historically patriarchal society exacerbate discrimination against girls and women and undermine their rights and opportunities, including in labour-force participation and economic independence. Existing child protection policies and laws are outdated and lack harmonization, undermining access to adequate child-friendly, disability-inclusive and gender-responsive preventive and protective services. Protection mechanisms for referral and reporting are inadequately utilized and platforms for adolescent participation remain rudimentary. However, a new National Response Plan on Violence Against Children is being launched.

17. The free primary education policy has contributed to achieving almost universal primary education enrolment. Primary education completion rates are at 80 per cent but drop to 33 and 14 per cent at lower secondary and upper secondary levels, respectively. Student absenteeism remains high partly due to adolescent pregnancy, violence and herding obligations, with more boys than girls dropping out at every level. Lesotho is committed to transforming the learning system to improve learning outcomes and relevant skills acquisition. Only 44 per cent and 15 per cent of children (7–14 years) demonstrate foundational reading and numeracy skills, respectively. Several factors hamper school access and learning outcomes, including cost (particularly for adolescents traveling from remote areas), insufficient inclusive secondary schools and their inequitable distribution, and lack of connectivity in existing school infrastructure. There is a mismatch between what is taught in school and the life skills demanded in the job market. The education system offers only limited flexible learning modalities that would allow greater numbers of adolescents to learn, including pregnant adolescents and those most at risk of dropping out.

18. Lack of climate-resilient, gender-responsive and disability-accessible WASH services in schools discourage attendance: 67 per cent of schools have no handwashing facilities, 20 per cent no working toilet and 37 per cent no safe source of drinking water. Existing school WASH facilities are often poorly maintained, prone to vandalism and without adequate consideration for menstrual health and hygiene. Lesotho lacks policies, strategies and official standards to support WASH in schools, including coordination strategies to link school and community WASH interventions.

19. Lessons from the previous country programme evaluation highlight the need to:

- (a) Strengthen integrated life-cycle programming for children and adolescents;
- (b) Reinforce shock-responsive social protection systems, while strengthening financing for children; and
- (c) Adopt a systematic approach to addressing gender inequality and embedding social and behaviour change (SBC) priorities into programming.

¹⁵ Lesotho, Ministry of Social Development, *Lesotho Violence Against Children and Youth Survey 2018* (Maseru, August 2020). Available at <https://files.mutualcdn.com/tfg/assets/files/Lesotho-VACS-Report-2020.pdf>.

¹⁶ UNDP, “Gender Inequality Index”, Table 5. Available at https://hdr.undp.org/sites/default/files/2021-22_HDR/HDR21-22_Statistical_Annex_GII_Table.xlsx.

Programme priorities and partnerships

20. The proposed UNICEF country programme supports the priorities of the National Strategic Development Plan II 2018/19-2022/23 of strengthening human capital, sustainable infrastructure and national governance and accountability systems. It is aligned with the UNICEF Strategic Plan, 2022–2025 and Gender Action Plan, 2022–2025. It derives from, and contributes to, all three United Nations Sustainable Development Cooperation Framework 2024–2028 (UNSDCF) outcomes:

- (a) Good governance and social equity;
- (b) Food systems, environmental sustainability and climate action; and
- (c) People’s well-being and economic development, contributing to advancing Sustainable Development Goals.

21. The programme is the product of a consultative process engaging the Government, the United Nations system, partners, children and adolescents. Its vision is to support Lesotho in realizing the rights of all children and adolescents, providing them with opportunities to survive, thrive, develop to their full potential and actively engage in society, while promoting social inclusion and reaching the most vulnerable, including children with disabilities and those facing gender or other inequalities. The programme supports the Government in implementing the Convention on the Rights of the Child and other human rights treaties and addressing the concluding observations by the Committee on the Rights of the Child in 2018, particularly on adopting renewed child-related policies, implementing an effective coordinating system to monitor child rights and strengthening awareness-raising among parents and communities.

22. The programme maintains a life-cycle-based decade approach to comprehensively address child and adolescent challenges. UNICEF will contribute to building national capacities, while focusing on populations and regions with the greatest deprivations and risks to shocks. Strategies to drive systemic change include:

- (a) Cross-sectoral SBC and fostering community and adolescent engagement;
- (b) Gender-transformative programming to address maternal, newborn and child health, adolescent girls’ nutrition, HIV prevention, SRHR and pregnancy care, good-quality learning and retention, and accessible and dignified menstrual health and hygiene, while fostering participation;
- (c) Disability-inclusive programming, improving access to good-quality inclusive basic services;
- (d) Data management and evidence-generation to inform equity-focused decision-making;
- (e) Innovation and digital transformation to expand services for children;
- (f) Leveraging partnerships, including with the private sector, to maximize results for children, increasing access and demand for climate-resilient services and strengthening relevant skills development in adolescents; and
- (g) Risk-informed programming to strengthen resilience, ensuring service continuity, effective preparedness and response.

Children in their first decade

23. This programme component supports the UNSDCF outcomes on governance, social equity, food systems, environmental sustainability, climate action, people’s well-being and economic development. It is aimed at improving the physical,

cognitive and emotional development of children aged 0 to 9 years, in an integrated multisectoral approach.

24. A priority is increasing the health-care system's capacities to provide equitable, affordable and accessible high-quality primary health care that is focused on maternal, newborn and child health care and supports preventive, promotive and curative approaches, including HIV services. This includes:

(a) Strengthening health-care workers' capacities and community health initiatives, particularly for the response and early detection of disabilities;

(b) Scaling up community health information systems;

(c) Developing and implementing strategies for strengthening primary health care, eliminating HIV mother-to-child transmission and strengthening paediatric HIV treatment and care; and

(d) Strengthening community engagement and feedback mechanisms for primary health-care and HIV services.

25. Addressing the multiple underlying drivers of malnutrition in all its forms, UNICEF will work with the Government and partners to strengthen multisectoral strategies, planning and coordination at national and community level to increase access to, and demand for, good-quality nutrition services and practices. It will generate evidence on food systems to inform policy changes, and advocate for systematic links between nutrition and social protection platforms and services. The capacities of health-care and nutrition workers and caregivers will be strengthened to improve maternal nutrition, breastfeeding and diet diversity among young children. Scaled-up community-based SBC interventions and evidence-generation will promote nutrition and feeding practices.

26. Interventions to improve access to immunization services include advocating for increasing the use of digital systems for monitoring these services in real-time, supporting the development and implementation of an Operational Zero Dose strategy and a costed national immunization strategy, and advocating that funding for immunization be prioritized. UNICEF will work with the Government and WHO in strengthening health-care workers' capacities to provide integrated routine vaccination services, reinforcing cold chain and vaccine management, and implementing SBC strategies to promote demand for immunization. Immunization services will be used as a platform for delivering integrated maternal, newborn and child health care.

27. To improve the quality of early childhood (EC) and primary education, UNICEF will support the Government and partners in strengthening teacher training on inclusive learning practices and building foundational skills, while promoting evidence-based pedagogical approaches. It will support scaling up age-appropriate and inclusive, particularly disability-inclusive, reception classes in primary schools and catch-up learning programmes, and making the free primary education policy more inclusive, disability-inclusive and reflective of digital learning, particularly around learning assessments and the Education Management Information System (EMIS). UNICEF will advocate for increased investment in EC development and free EC education services. Parental and community engagement will be promoted to monitor learning outcomes and adopt positive parenting practices. UNICEF will support the integration of disaster risk reduction preparedness and mitigation in the education sector.

28. These efforts will be coordinated with prevention and response interventions under the second decade component, especially concerning violence against, and neglect and abuse of, young children in communities and schools, and promoting SBC

for positive non-violent parenting and child participation. Building on existing health and school systems and infrastructure, interventions will promote the expansion of birth registration, advocating for digital transformation, scaling up birth registration in service delivery points and promoting SBC to enhance the demand for birth registration among communities.

29. Improving overall WASH system capacities is key to providing more climate-resilient and disability-inclusive services. UNICEF will support the Government to build and rehabilitate climate-resilient community water supply systems in rural areas and increase access to basic hygiene services, while strengthening sector coordination to ensure mainstreaming of climate resilience.

Children in their second decade

30. This programme component supports the UNSDCF outcomes on governance, social equity, food systems, environmental sustainability, climate action, people's well-being and economic development, to ensure that children and adolescents aged 10 to 19 years have greater access to equal opportunities and are empowered to foster positive change and development.

31. To ensure that students and out-of-school adolescents learn and acquire twenty-first century skills, UNICEF will work with the Government and partners on rolling out the new Basic Education Curriculum, which encompasses technical, vocational and academic pathways. Priorities include expanding flexible and alternative learning pathways, life skills development and disability-inclusive and gender-transformative learning systems, while strengthening community learning centres, advocating for greater and affordable access to secondary education and leveraging private sector initiatives on entrepreneurship and innovation, using low- and high-technology solutions. UNICEF will support the harmonization, operationalization and monitoring of key policies, developing a comprehensive strategy for learning continuity. It will strengthen the monitoring of learning outcomes and the institutionalization of national learning assessments, promoting the increased availability of data and the digitalization of EMIS. Adolescent engagement and participation will be fostered through mentorship and leadership programmes and gender- and disability-inclusive youth councils that encourage the co-creation of innovative solutions to violence, harmful practices and gender norms, and to climate change.

32. Protecting children and adolescents from violence, exploitation, abuse and harmful practices includes improving the operationalization of legal and policy frameworks, supporting a national child protection strategic plan and related statutory oversight structure, and monitoring budget allocation and expenditure for child protection. Improving multisectoral coordination for evidence-generation and strengthening the Child Protection Information Management System will help to enhance case management and monitoring and reporting of violence against children. Adolescent girls' empowerment and agency will be supported through the creation of safe spaces, increased adolescent-led advocacy and life skills development. UNICEF will collaborate with partners to improve the quality of protection services, including: enhancing the capacities and distribution of the social service workforce; strengthening national, district and community child protection structures; systematizing one-stop-shops for child victims of violence; developing the media's capacities to report on violence; and enhancing MHPSS for adolescents and service providers.

33. UNICEF will support the Government in implementing an Adolescent Health Strategy and scaling up adolescent health programmes. Strengthened multisectoral coordination mechanisms and accountability structures will improve intersectoral linkages, particularly between HIV, SRHR, nutrition and MHPSS services and those

related to preventing adolescent pregnancy and violence. Coordinated initiatives will focus on improving and systematizing comprehensive evidence-generation on adolescent health and well-being; advocating for the continuous use of data to inform decisions and quality improvement; and ensuring the security of child-responsive commodities. Using a multisectoral approach, UNICEF will enhance strategic engagement with community gatekeepers, caregivers, parents and adolescents for SBC that benefits adolescent health and SRHR and that reduces stigma and harm. Local adolescent-led initiatives will be scaled up, together with advocacy for adolescent leadership and engagement through youth-led networks and youth resource centres. UNICEF will support the country in improving adolescent-friendly services by:

- (a) Expanding their availability in health facilities and beyond;
- (b) Strengthening the implementation of minimum standards;
- (c) Enhancing referral and links for health and other services, including SRHR; and
- (d) Strengthening MHPSS capacities among all adolescent health service providers.

34. Responding to specific needs for WASH in schools, UNICEF will contribute to enhancing national capacities to deliver climate-resilient, gender-responsive and disability-inclusive WASH and menstrual health and hygiene programming and services in schools, advocating for improved coordination between ministries responsible for education, water, health, gender and local governments. Full integration of WASH, climate and energy indicators in the EMIS and implementing the WASH in Schools Guidelines will be supported. Priorities include:

- (a) Improving infrastructure, supplies and information access; and
- (b) Strengthening capacities within schools and communities to build, manage and maintain shock-responsive WASH infrastructure and adopt green technologies.

Interventions will empower adolescent-led action in schools and communities on WASH, climate and energy.

Social policy

35. Complementing other programme components and supporting the UNSDCF outcomes on governance, social equity, people's well-being and economic development, this component is aimed at improving public investment in social services for multidimensionally poor children .

36. To strengthen the social protection system, UNICEF will work with the Government and partners to ensure that sufficient, predictable and equity-based cash transfers are delivered to vulnerable families, while promoting digital innovations that better connect children to social services. UNICEF will support the Government in digitalizing NISSA as a potential unifying targeting system for all social protection programmes, as well as the payment system used to target and administer cash transfers to children. The CGP will be promoted as a platform for strengthening social service linkages to reduce child rights deprivations.

37. To ensure that resources for children are sufficient, equitable and efficiently utilized, UNICEF will support the consolidation of budget reforms, including on programme-based budgeting and the Medium-Term Expenditure Framework, strengthening the Government's capacity to plan, implement and evaluate child-relevant expenditure. UNICEF will undertake scenario analyses to maximize investments in children; support contingency financing; and work with the Ministry

of Finance and Development Planning to strengthen budget coordination. To ensure that resources invested in children are transparent and influenced by children's voices, especially those of adolescent girls, UNICEF will support the institutionalization of children's participation in budget planning processes. It will work cross-sectorally on improving child rights' monitoring, data quality and evidence, including that on children with disabilities. It will advocate for the adoption of comprehensive and enforceable legal frameworks for data management and support the coordination and interoperability of databases. UNICEF will support the Government and civil society in analysing and reporting on the Sustainable Development Goals and key child-related conventions, strengthening legislation for their effective implementation. UNICEF will strengthen the participation and engagement of communities, families and children in child rights monitoring through systematized forums and capacity strengthening.

Programme effectiveness

38. This component supports cross-sectoral priorities that drive programme effectiveness, including:

- (a) Mainstreaming SBC across programme components to address harmful social and gender norms and practices;
- (b) Strengthening rights- and results-based planning, monitoring, evaluation and knowledge management;
- (c) Raising visibility of child rights through public advocacy and communication;
- (d) Leveraging influence and resources from public and private sector partners;
- (e) Coordinating shock-responsive and climate-resilient programming and emergency preparedness; and
- (f) Improving programme efficiency and risk management.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Children in their first decade	3 458	15 050	18 508
Children in their second decade	2 184	8 600	10 784
Social policy	1 729	18 060	19 789
Programme effectiveness	1 729	1 290	3 019
Total	9 100	43 000	52 100

Programme and risk management

37. This CPD summarizes the contributions of UNICEF to national results and is the principal mechanism for accountability to the Executive Board for aligning results and resources assigned to the programme at country level. The responsibilities and accountabilities of managers at country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

38. The programme will be implemented and monitored in collaboration with the Government of Lesotho under the coordination of the Ministry of Finance and Development Planning. UNICEF will support results under UNSDCF outcomes 1 to 3 and co-lead coordination structures at national and subnational levels and in emergencies in the WASH, nutrition and child protection subsectors. It will work with the United Nations country team on regularly monitoring UNSDCF and Sustainable Development Goal indicators and on resilience-building and mobilizing resources for emergency response when needed.

39. Risk management tools and early warning mechanisms will help to monitor local, regional and global socioeconomic conditions and funding trends, assess programmatic, operational and financial risks on children and programmes, and adopt appropriate mitigation measures to ensure the continued and efficient delivery of good-quality results. The harmonized approach to cash transfers will help to manage financial resources. Measures will be taken to enhance protection from sexual exploitation and abuse.

Monitoring, learning and evaluation

40. Progress towards planned programme results will be monitored through results and resources framework indicators aligned with the UNSDCF and the UNICEF Strategic Plan, 2022–2025. UNICEF will monitor the situation of children and of UNSDCF and joint programmes.

41. UNICEF will support the Government in strengthening its national statistics institution, evidence-generation and data systems to improve knowledge-informed programming and integrated policy support. This includes enhancing the interoperability of data systems, data reliability and disaggregation by gender, disability and region to facilitate the effective use of evidence in addressing multiple child rights deprivations.

42. UNICEF will continue to learn and improve its approaches, undertaking six evaluations and refining strategies and programmes based on programme monitoring, lessons learned from programme implementation, research-based evidence and innovation, and partner feedback.

Annex

Results and resources framework

Lesotho – UNICEF country programme of cooperation, 2024–2028

<p>Convention on the Rights of the Child: Articles 1–42</p> <p>National priorities: National Strategic Development Plan II priorities 2–4</p> <p>Sustainable Development Goals: 1–6, 10, 11, 13, 16, 17</p>
<p>UNSDCF outcomes involving UNICEF: 1–3</p>
<p>UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
<p>1. People living in Lesotho are better served by improved governance systems and structures that are inclusive, accountable, with people empowered, engaged, and enjoying human rights, peace, justice, and security by 2028.</p> <p>2. All people living in Lesotho enjoy improved food and nutrition security, with</p>	<p>1. By 2028, more children (0–9 years) effectively benefit from quality, inclusive and integrated health-care, HIV, nutrition, WASH, protection and early learning and primary education services and programmes for their optimal survival and development.</p>	<p>Percentage of children (6–23 months) who consumed a minimum acceptable diet B: 12.8% T: 20%</p>	<p>Annual Vulnerability Assessment, population-based surveys</p>	<p>1.1 The health-care system has increased capacities to provide equitable, affordable and accessible high-quality primary health-care services focused on maternal, newborn and child health-care that support preventive, promotive and curative approaches, including HIV services at all levels of care.</p> <p>1.2 Children, pregnant and breastfeeding</p>	<p>Ministry of Health (MOH); Ministry of Education and Training (MOET); Ministry of Social Development (MOSD); Ministry of Natural Resources; Department of Water; Disaster Management Authority; Food and Nutrition Coordinating Office; WHO; UNAIDS; World Food</p>	3 458	15 050	18 508
		<p>District or equivalent administrative unit with at least 80% coverage of measles-containing vaccine for children <1 year receiving B: 84% T: 95%</p>	<p>WHO/UNICEF estimates of national immunization coverage</p>					
		<p>Newborns receiving postnatal care within two days of birth B: 82% T: 95%</p>	<p>Health Management Information System</p>					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
<p>transformed national food systems, benefiting from natural resources and green growth that is risk-informed and climate-resilient.</p> <p>3. People living in Lesotho, especially the most vulnerable, have equitable and sustainable access to social services, increased decent employment, in an enabling business environment, and benefit from transformative economic development.</p> <p>(UNSDCF outputs 1.2, 1.3, 1.6, 1.7, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4)</p>		Mother-to-child HIV transmission rate B: 8% T: 5%	UNAIDS Spectrum estimates	<p>women, parents and caregivers benefit from strengthened policies and have increased access to, and capacities to demand, good-quality, coordinated and evidence-based nutrition services and to adopt good nutrition practices.</p> <p>1.3 Children in all districts have improved access to static and outreach health-care service delivery points for integrated and quality immunization services for all.</p> <p>1.4 Education systems have increased capacity to ensure good-quality early childhood and primary education for children to acquire foundational</p>	Programme; United States President's Emergency Plan For AIDS Relief (PEPFAR); Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); civil society organizations (CSOs); private sector			
		Participation rate in organized learning 1 year before the official primary entry age* B: 26.7% T: 50%	EMIS					
		Percentage of children at Grades 2–3 achieving minimum proficiency levels in:.* Reading (English): B: 5% T: 60% Reading (Sesotho) B: 12% T: 60% Numeracy: B: 1.2% T: 60%	MICS					
		Proportion of population using at least basic drinking water services* B: 72% T: 80%	Joint Monitoring Programme data					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		Proportion of children under 5 years of age whose births have been registered with a civil authority, by age B: 72.9% T: 100%	Administrative data Ministry of Home Affairs	literacy and numeracy skills. 1.5 WASH systems have improved capacities to provide more climate-resilient and inclusive WASH services for sustained access and use for all.				
		Under-5 mortality rate* B: 80/1 000 T: 55/1 000	Census, Lesotho Demographic Health Survey (LDHS)					
Outcomes 1, 2, 3 (outputs 1.2, 1.3, 1.6, 1.7, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4)	2. By 2028, national systems are strengthened to provide children and adolescents (10–19 years) with quality services, programmes and practices to ensure that they are healthy, empowered and safe, have acquired learning and relevant skills and are well equipped to transition to the next phase of their life.	Average learning outcome results in core subjects B: 40% T: 60%	Examinations Council of Lesotho National Learning Assessment reports	2.1. Education systems have enhanced capacity to ensure good-quality learning and acquisition of twenty-first century skills for children and adolescents, including those with disabilities, out of school and the most disadvantaged and excluded. 2.2. The social service workforce and child protection systems have enhanced capacities to ensure that children and adolescents are protected from violence, exploitation, abuse,	MOET; MOH; Ministry of Gender, Youth, Sports and Recreation (MOGYSR); Ministry of Justice, Legal and Parliamentary Affairs; PEPFAR; Global Fund; private sector; CSOs	2 184	8 600	10 784
		Lower secondary education net enrolment rate B: 50.1% T: 60%	Education Statistical Bulletin					
		Rate of out-of-school children of primary and lower secondary school-age B: 22.8% T: 15%	MICS					
		Number of adolescent girls and boys who participate in or lead civic engagement initiatives through UNICEF-supported programmes B: 0 T: 5 000	Project reports, year-end reports					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 3,574 T: 5,754	District Health Information System 2 (DHIS2) Sector reports	neglect and harmful practices. 2.3. More adolescents, including adolescent girls and young women, adolescents living with HIV and adolescent mothers, have equitable access to and can use quality health services and information (including on HIV/AIDS, sexual and reproductive health and rights, nutrition, mental health and menstrual hygiene). 2.4. National capacities are enhanced to improve sustained access to safe, climate-resilient and inclusive WASH services in schools for all learners.				
		Percentage of adolescent girls and boys living with HIV who are receiving antiretroviral therapy (female/male/total) B: 78%/79.1%/78.3% T: 95%/95%/95%	DHIS2 HIV estimates					
		Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group* B: 91 T: 35	LDHS, MICS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
Outcomes 1, 3 (outputs 1.2, 1.3, 1.6, 1.7, 3.1, 3.2, 3.3, 3.4)	3. By 2028, children and adolescents benefit from improved and evidence-informed socioeconomic policies and public investment in social services that reduce multidimensional poverty and promote inclusion.	Number of children living in poverty according to (a) international extreme poverty line; (b) national monetary poverty lines or (c) national multidimensional poverty lines Multidimensional poverty B: 45.5% T: 35%	Multiple and Overlapping Deprivation Analysis report	3.1. The Government has enhanced capacities to implement a strengthened social protection system that ensures equitable, integrated and adaptive social protection services for vulnerable children and their families. 3.2. Resources for children and adolescents are sufficient, equitable and efficiently utilized, and financing is informed by citizen and youth participation. 3.3. National capacities for child rights monitoring are strengthened through an improved quality of data and evidence	MOGYSR; MOSD; Ministry of Finance and Development Planning	1 729	18 060	19 789
		Degree to which social assistance programmes link beneficiaries to information and knowledge and/or other services B: Weak (some linkage) T: Strong (integrated approach adopted)	SDG Data Gaps report, Bureau of Statistics					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		Government implements/puts in place measures to improve the efficiency of public expenditures in selected sectors B: Evidence around budget execution generated but no measures taken to improve efficiency of spending T: Evidence generated has triggered Government action to improve spending efficiency		that informs policies and legislation.				
	4. The country programme is coordinated and managed efficiently and effectively for achieving results for children.	Percentage of management and programme indicators on track B: N/A T: 100%	Internal reports	4.1. Effective implementation and coordination of multisectoral programmes, change strategies and enablers.		1 729	1 290	3 019
	Total resources					9 100	43 000	52 100