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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Lesotho

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Lesotho which has an annual planning level of \$1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of \$5,000,000 from general resources, subject to the availability of funds, and \$14,600,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

| | |
|--|-------|
| Child population (millions, 0-15 years) | 0.9 |
| USMR (per 1,000 live births) | 156 |
| IMR (per 1,000 live births) | 106 |
| Underweight (% moderate and severe) (1993) | 21 |
| Maternal mortality rate (per 100,000 live births) (1990) | 610 |
| Literacy (% male/female) (1995) | 81/62 |
| Primary school enrolment (% net, male/female) (1993) | 59/71 |
| Primary school children reaching grade 5 (%) (1993) | 60 |
| Access to safe water (%) | 56 |
| Access to health services (%) (1985) | 80 |
| GNP per capita | \$700 |

One-year-olds fully immunized against:

| | |
|-------------------------------|-------------|
| tuberculosis: | 59 per cent |
| diphtheria/pertussis/tetanus: | 58 per cent |
| measles: | 74 per cent |
| poliomyelitis: | 59 per cent |

Pregnant women immunized against:

| | |
|----------|-------------|
| tetanus: | 12 per cent |
|----------|-------------|

THE SITUATION OF CHILDREN AND WOMEN

1. Lesotho has not produced sufficient food to feed its 2 million inhabitants since 1973. Up to 60 per cent of the population live in absolute poverty due to low agricultural productivity and unemployment. Eighty per cent of the population live in rural villages, but urban populations are growing at a rate of up to 10 per cent per year. Fifty-one per cent of households are headed or managed by women, many of whose husbands work in the mines of South Africa. Rural women spend up to three hours per day looking for fuelwood.

2. Progress towards achievement of the mid-decade goals is mixed. According to national estimates, the infant mortality rate (IMR) has declined, but there are regional variations. Stunting has increased from 33 to 42 per cent, moderate malnutrition from 15 to 18 per cent and severe malnutrition from 2.4 to 5.7 per cent. There is a high incidence and poor treatment of acute respiratory infections (ARI) and diarrhoea. The oral rehydration salts (ORS) use rate is only 42 per cent (1993), and ORS is available in only 48 per cent of health centres. Access to safe means of excreta disposal is 35 per cent in rural areas and 38 per cent in urban areas.

3. A 1995 literacy survey found that 70 per cent of women were literate compared to 54 per cent of men. The primary school enrolment rate is 59 per cent for boys and 71 per cent for girls, but according to national estimates, the overall completion rate is much lower. Boys' enrolment and completion rates are constrained by their traditional full-time work as herdboys. Girls' completion rates are influenced by domestic work and early marriage. The quality of teaching is poor, with 23 per cent of teachers unqualified. School fees are also considered high by rural families.

4. The maternal mortality rate (MMR) remains high largely because 50 per cent of deliveries take place at home and only 20 per cent of them are assisted by trained personnel. Thirty-six per cent of women of child-bearing age have goitre, and sexually transmitted diseases (STDs) and HIV/AIDS are serious and growing problems. Although the Convention of the Elimination of All Forms of Discrimination Against Women has been ratified, women continue to face legal barriers and discriminatory traditional practices.

PROGRAMME COOPERATION, 1992-1996

5. The objectives of the 1992-1996 programme of cooperation were to reduce infant, child and maternal mortality, and child malnutrition, increase access to primary education and raise the primary school completion rate; and reduce the adult illiteracy rate, with an emphasis on males. The programme also sought to improve the protection of children in especially difficult circumstances.

6. Progress towards the achievement of those objectives has been mixed. Using the Economic Commission for Africa/UNICEF estimate for the period 1985-1990 of 101 per 1,000 live births, IMR has subsequently been reduced by 15 per cent, or one half of the target. The World Health Organization (WHO)/UNICEF estimates for 1990 place MMR at 610 per 100,000 live births, while a 1993 national survey estimated it at 282. The high child immunization coverage achieved during this period was maintained. Although child malnutrition rose, supplementary food was provided to malnourished children during the drought periods. However, these relief efforts were constrained by weak institutional capacity. The targets for improving access and completion rates in primary education were not achieved. A major constraint was the paucity of qualified teachers and their reluctance to be deployed in the remoter rural areas. Similarly, the reduction of adult illiteracy would require increased numbers of qualified functional literacy teachers.

7. Significant gains were made during the programme cycle in building partnerships for child-focused activities with churches, non-governmental organizations (NGOs), community-based organizations and members of Parliament. The relationship with members of Parliament has led to the decentralization of the national programme of action (NPA) for children, finalized in August 1995, into Constituency Plans of Action (CPAs).

Lessons learned

8. The country situation analysis, programme reviews and the mid-term review in July 1994 identified a number of key constraints to child-related programmes in particular and human development more generally. There are weak linkages among sectors, which tend to undermine government ownership and reduce the prospect of sustainability. Because most strategies used to improve the delivery of basic services have been centrally-managed, supply-driven and vertical in nature, services do not fully address community needs or promote local participation and monitoring. With the exception of the constituency and community-based planning processes recently initiated, there have been few activities aimed at generating baseline data by which to measure the impact and outcomes of interventions. Currently, statistical information available at the national level is not fully disaggregated by district, gender or other important dimensions.

9. Because poverty is the most fundamental problem affecting children and women, UNICEF must work closely with all concerned stakeholders to support decentralized nationwide programmes for children and women. Furthermore, the objectives set for the 1992-1996 programme did not adequately take into account the management capacity of various sectors. The political changes in South Africa have exacerbated the "brain-drain" that was already severe in Lesotho and have further reduced the available management capacity for social development programmes.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

| | <u>1997</u> | <u>1998</u> | <u>1999</u> | <u>2000</u> | <u>2001</u> | <u>Total</u> |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|---------------|
| <u>General resources</u> | | | | | | |
| Primary health care and nutrition | 245 | 245 | 244 | 244 | 244 | 1 222 |
| Basic education and training | 275 | 275 | 275 | 275 | 275 | 1 375 |
| Primary environmental care | 78 | 78 | 79 | 79 | 79 | 393 |
| Programme development and monitoring | 297 | 297 | 297 | 297 | 297 | 1 485 |
| Programme support | <u>105</u> | <u>105</u> | <u>105</u> | <u>105</u> | <u>105</u> | <u>525</u> |
| Subtotal | <u>1 000</u> | <u>1 000</u> | <u>1 000</u> | <u>1 000</u> | <u>1 000</u> | <u>5 000</u> |
| <u>Supplementary funding</u> | | | | | | |
| Primary health care and nutrition | 900 | 900 | 900 | 900 | 900 | 4 500 |
| Basic education and training | 499 | 899 | 899 | 899 | 900 | 4 096 |
| Primary environmental care | 650 | 650 | 650 | 650 | 650 | 3 250 |
| Programme development and monitoring | 535 | 535 | 535 | 535 | 535 | 2 675 |
| Programme support | <u>16</u> | <u>16</u> | <u>16</u> | <u>16</u> | <u>15</u> | <u>79</u> |
| Subtotal | <u>2 600</u> | <u>3 000</u> | <u>3 000</u> | <u>3 000</u> | <u>3 000</u> | <u>14 600</u> |
| Total | <u>3 600</u> | <u>4 000</u> | <u>4 000</u> | <u>4 000</u> | <u>4 000</u> | <u>19 600</u> |

Country programme preparation process

10. Programme formulation began in 1995, under the coordination of the Ministry of Planning. The Catholic Church, Lesotho Evangelical Church, other major churches and NGOs such as World Vision International, Lesotho Council of NGOs and Christian Health Association of Lesotho joined seven government ministries in formulating the country programme. Both Pretoria- and Maseru-based donors, Board member countries, the European Union and other United Nations agencies were consulted on the strategy. Other meetings were held on the programme plans of action and master plan of operations. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of

Discrimination Against Women, which have been ratified by the Government, will constitute the overall framework within which the country programme will operate.

11. The country programme has also been developed in the context of a major multi-year counterpart financial commitment of the Government for micro-projects at the community level. Funding will come from the Lesotho Highlands Water Project (LHWP) which will generate approximately \$55 million-\$70 million per year from the sale of water to South Africa and the domestic sale of electricity starting in 1998. Accumulated customs revenues on capital imports for the huge water project have already generated over \$50 million. This amount currently constitutes the LHWP Revenue Development Fund earmarked and used for community-based micro-projects since 1995. The wide range of objectives and activities in the programme, therefore, reflect this financial commitment and will of the Government, churches and NGO partners to use these national resources for child development, with UNICEF playing a supportive advisory and advocacy role.

Objectives and strategies

12. The objectives and strategies of the programme are derived from the NPA, with UNICEF providing support in the areas of primary health care (PHC), nutrition, basic education, environment, household food security, water and sanitation, legal issues affecting women and children and supporting social mobilization. The programme will focus on gender-sensitive capacity-building for community empowerment, embracing legal, informational, managerial and participatory dimensions. The planning initiatives for CPAs will form the basis for rapidly scaled-up capacity-building activities in support of community empowerment and sustainable, child-oriented development programmes.

13. The programme aims to mobilize and secure broad-based participation in accelerating progress towards sustained improvement of children's health and well-being. More specific objectives are to: (a) reduce both IMR and the under-five mortality rate by 30 per cent; (b) significantly reduce MMR; (c) increase the net primary school enrolment rate to 80 per cent for both sexes; and (d) significantly increase primary school completion rates. The strategy will include advocacy for the rights of children and women, carried out through an advocacy, communication and social mobilization project.

Primary health care and nutrition

14. The objectives of the PHC and nutrition programme are to: attain 90 per cent full immunization coverage for children under one year of age and 90 per cent coverage of pregnant women with two doses of tetanus toxoid; eradicate poliomyelitis; eliminate neonatal tetanus; reduce the incidence of diarrhoea among children under five years of age by 70 per cent and reduce the diarrhoea case fatality rate by 50 per cent; improve the management of ARI and reduce the case fatality rate by 50 per cent; improve the quality of maternal health; reach 80 per cent of the population with information to enhance the creation of positive behavioural change for better health; reduce the STD, HIV and tuberculosis infection rates among sexually active people by 50 per cent; increase the provision of quality health service coverage to identified areas of need in the 19 health service areas (HSAs); increase the knowledge and skills of 4,250 newly recruited community health workers (CHWs) and 600 village health committees (VHCs) in the areas of community-based management of PHC and primary environmental care (PEC); strengthen collaboration among the 13,000 CHWs, the

modern medical personnel of the HSAs, the 9,000 traditional practitioners and all extension workers at all levels of the health delivery system; reduce the rates of both moderate and severe under weight among children under five years old, as well as the rates of stunting, by 50 per cent; and reduce the incidence of micronutrient deficiencies.

15. In order to achieve the above objectives, it will be necessary to strengthen the capacity of the PHC system to provide quality care, with an emphasis on the hard-to-reach areas of the country. A vital part of this strengthening process will be capacity-building at the community level to co-manage and effectively utilize the health services. More systematic competency-based on-the-job training will be provided to all CHWs and VHC members. Adequate and regular supplies of essential drugs, vaccines and other equipment will be ensured through improved planning of delivery and sufficient budget allocations by the Ministry of Health and Social Welfare. A multi-media strategy will be pursued to promote positive behavioural changes leading to the reduction of STDs, tuberculosis and HIV infection. The Ministry will coordinate all technical and financial resources in support of health sector reform and strengthening.

16. To achieve the nutrition-related objectives, a more intensive involvement of CHWs and the strengthening of village development council (VDC)-linked development committees for health, agriculture and household food security will be sought, with a focus on activities such as dietary diversification and improved child feeding practices. Breast-feeding support groups will be organized in each community. The International Conference on Nutrition recommendation to formulate a national food and nutrition policy will be pursued by the Food and Nutrition Coordinating Office in the Office of the Prime Minister, implemented by concerned government ministries, NGOs, VDCs and urban community organizations, and facilitated by UNICEF, the Food and Agriculture Organization of the United Nations (FAO) and WHO. Legislation to prevent the sale of non-iodated salt will be given priority attention by the Ministry of Health and Social Welfare and the Ministry of Trade and Industry. Dietary diversification, complemented by the distribution of vitamin A capsules and iron tablets in affected areas, will help to reduce the incidence of micronutrient disorders.

Basic education and training

17. This programme aims to: increase the number of children covered by early childhood development (ECD) services from 13 to 35 per cent as well as ensure the attainment of the minimum ECD standards; increase the enrolment of primary-school-age students to 80 per cent; significantly increase the primary school completion rates; integrate 17,000 children with special needs into the mainstream of primary school education; provide basic education for 120,000 learners who have not been able to attend primary schools or who have dropped out; build the capacity of about 300 new community groups through basic life skills; and strengthen links between formal and non-formal education, and between government and non-government non-formal education programmes.

18. To achieve those objectives, the seven community schools pioneered by the Catholic Church will be expanded to another 300 or more schools with government financing. The schools will also be used for the non-formal education of out-of-school children and drop-outs. Some 900 community resident paraprofessional teachers will be recruited and receive in-service training. To

increase completion rates for children with learning disabilities, all primary schools will have at least one teacher with special education skills in core subjects to assist other teachers through in-service training. The use of radio for educational broadcasting will be strengthened. ECD activities will be supported through broader community-based planning processes. VDCs will be assisted to form an ECD committee and to formulate projects for community- and home-based child care. The Lesotho Pre-school and Daycare Centre Association, and the Bernard van Leer Foundation will be the main programme partners.

Primary environmental care

19. The overall objective of the PEC programme is to promote an environment for sustaining the development of healthy families and communities by focusing on household food security and rural and peri-urban water and sanitation. Primarily through UNICEF advocacy and advisory inputs, communities will be encouraged to increase the range of crops grown in home gardens and to raise small animals for home consumption and to meet school lunch requirements, and appropriate food crop processing and preservation techniques will be introduced and strengthened. These activities will benefit 60,000 households and 500 schools in all 10 districts. The programme will also (a) increase the ability of 50 per cent of poor households in 10 districts to supplement the family income, by identifying viable income-generating projects; (b) strengthen the capacity of field-based government personnel of relevant ministries; (c) increase national coverage of safe and adequate water supply in rural and urban areas to 82 and 80 per cent, respectively, including in 680 primary schools; (d) improve the management and maintenance of water supply systems in both rural and urban areas; (e) increase access of households to sanitary means of excreta disposal in rural and urban areas to 65 and 60 per cent, respectively; and (f) increase the sanitary ventilated improved pit (VIP) latrine coverage in primary and secondary schools from 50 to 100 per cent and introduce sanitary VIP latrines in 200 ECD centres. UNICEF will advocate for the merger of the disparate rural water and sanitation services currently located in three government ministries to improve efficiency and encourage the standardization of water pump designs. Together with the Japan International Cooperation Agency, UNICEF will assist in the provision of water supplies and latrines in rural schools.

Programme development and monitoring

20. Programme development aims to strengthen the legal framework for the rights of children and women, in line with both Conventions. This will be achieved through advocacy to raise national awareness of the situation of children and women, leading to law reforms and the creation of an environment that is supportive of children's and women's rights. Ongoing UNICEF advocacy and social mobilization activities will promote the incorporation and mainstreaming of priority needs of children and women in macroeconomic and macro-social policies adopted by the Government. The implementation level of UNICEF-assisted programmes will be improved, and some 1,600 VDCs will be trained to promote sustainable local development goals.

21. Indicators to measure progress and the achievement of objectives have been developed with all government agencies and NGOs concerned. The provisions of both Conventions will also be used as standards against which to monitor programmes. The existing quarterly and annual reviews based on monitoring activities will continue. A mid-term review will be held in 1999 and a full end of programme evaluation conducted in 2001. A multisectoral, community-based

Planning and Management Information System will provide a visually-oriented presentation of the situation of children, women and their families at all levels. It will be expanded nationwide by mid-1997, and district and intersectoral area support teams will be trained in its use.

Programme funding

22. The \$15 million to be sought in the form of supplementary funding will be critical as a catalyst to mobilize additional resources for children, including at the local level by VDCs. This funding will enable UNICEF to provide innovative and appropriate knowledge inputs in areas of its comparative advantage. UNICEF will also assist the Government through advisory services and sharing of experience to monitor and report on the implementation of the NPA and the Convention of the Rights of the Child.

Programme management, monitoring and evaluation

23. Overall programme management and coordination at the national level rests with the Government of Lesotho/UNICEF Steering Committee headed by the Principal Secretary of the Ministry of Planning with senior representation of relevant ministries, churches and NGOs. The Steering Committee meets quarterly. The Ministry of Planning also organizes annual review meetings, mid-term review meetings and the end of programme cycle evaluation meeting. The District Secretary, who is the head of the district government, is responsible for programme coordination and management at the district level.

Cooperation with other partners

24. United Nations agencies will strengthen inter-agency planning, advocacy and resource pooling during the next programme cycle. The programme is part of a larger Government poverty reduction programme as contained in the NPA and other national sectoral plans, with support from the United Nations Development Programme, WHO, FAO, the World Food Programme, the World Bank, the European Union and other bilateral agencies. Monthly meetings, which provide an opportunity for each donor agency to brief other donors and to form consensus on common approaches, will continue to be held by the donor community. Joint field visits will be organized as required.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LESOTHO
PROGRAMME : 1997-2001

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET (In thousands of US dollars) | | | | | | | TOTAL | POSTS a/ | | | | | | | STAFF COSTS b/ (In thousands of US dollars) | | | |
|---|--|-----|--------|-----------------|--------|-------|------|-------|----------|------|------|----|----|----|---------|--|---------|---------|-----|
| | GR | FSF | NSF | TOTAL | D2/L17 | D1/L6 | P/L5 | | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL | |
| | | | | | | | | | | | | | | | | | | | |
| GENERAL RESOURCES : | | | | | | | | | | | | | | | | | | | |
| PRIMARY HEALTH CARE AND NUTRITION | 1,222 | | | 1,222 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.0 | 74.6 | 74.6 | 0.0 | |
| BASIC EDUCATION AND TRAINING | 1,375 | | | 1,375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| PRIMARY ENVIRONMENT CARE | 393 | | | 393 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 5 | 755.0 | 326.8 | 1,081.8 | 0.0 | |
| PROGRAMME DEVELOPMENT & MONITORING | 1,485 | | | 1,485 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 4 | 4 | 0.0 | 350.8 | 350.8 | 0.0 | |
| PROGRAMME SUPPORT | 525 | | | 525 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 0.0 | 0.0 | 0.0 | 0.0 | |
| TOTAL GR | 5,000 | | | 5,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 8 | 10 | 755.0 | 752.2 | 1,507.2 | 0.0 | |
| SUPPLEMENTARY FUNDING : | | | | | | | | | | | | | | | | | | | |
| PRIMARY HEALTH CARE AND NUTRITION | | 0 | 4,500 | 4,500 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 1 | 1 | 4 | 1,376.2 | 199.0 | 1,575.2 | 0.0 | |
| BASIC EDUCATION AND TRAINING | | 400 | 4,096 | 4,496 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 3 | 688.1 | 211.5 | 899.6 | 0.0 | |
| PRIMARY ENVIRONMENT CARE | | 0 | 3,250 | 3,250 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 2 | 2 | 688.1 | 124.5 | 812.6 | 0.0 | |
| PROGRAMME DEVELOPMENT & MONITORING | | 0 | 2,675 | 2,675 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 3 | 3 | 688.1 | 165.2 | 853.3 | 0.0 | |
| PROGRAMME SUPPORT | | 0 | 79 | 79 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.0 | 40.7 | 40.7 | 0.0 | |
| TOTAL SF | | 400 | 14,600 | 15,000 | 0 | 0 | 0 | 5 | 0 | 5 | 4 | 4 | 13 | 13 | 3,440.5 | 740.9 | 4,181.4 | 0.0 | |
| TOTAL GR & SF | 5,000 | 400 | 14,600 | 20,000 | 0 | 0 | 0 | 1 | 5 | 0 | 6 | 5 | 12 | 23 | 4,195.5 | 1,493.1 | 5,688.6 | 0.0 | |
| ADH. & PROGRAMME SUPPORT BUDGET | | | | | | | | | | | | | | | | | | | |
| | | | | 1,069.3 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 1 | 7 | 10 | 1,509.0 | 701.7 | 2,210.7 | 0.0 | |
| | | | | Operating costs | | | | | | | | | | | | | | | |
| | | | | Staffing | | | | | | | | | | | | | | | |
| GRAND TOTAL (GR+SF+ADM) | | | | | 0 | 0 | 1 | 1 | 6 | 0 | 8 | 6 | 19 | 33 | 33 | 5,704.5 | 2,194.8 | 7,899.3 | 0.0 |

Number of posts and staff costs:

Current programme cycle

At the end of proposed programme cycle (indicative only)

GR = general resources.

SF = supplementary funding.

FSF = funded supplementary funding.

NSF = new supplementary funding.

IP = international Professional.

NP = national Professional.

GS = General Service.

ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.