



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

Distr.: General  
12 October 2007

Original: English

**UNITED NATIONS POPULATION FUND**  
**Country programme document for Lesotho**

Proposed indicative UNFPA assistance: \$7 million: \$3 million from regular resources and \$4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.3	1.8	3.1
Population and development	0.7	1.4	2.1
Gender	0.5	0.8	1.3
Programme coordination and assistance	0.5	-	0.5
Total	3.0	4.0	7.0

## I. Situation analysis

1. Since 2001, Lesotho has faced multiple crises caused by high HIV prevalence, deep-rooted poverty and chronic food insecurity. The HIV prevalence rate among adults aged 15-49 is estimated at 23 per cent, with 57 per cent of all infections occurring among females. The per capita gross domestic product is approximately \$272, and 56 per cent of the population lives below the poverty line.

2. The 1996 census indicated a total population of 1.96 million; the current population is estimated at 2.2 million. The results of the 2006 population and housing census are not yet available.

3. The reproductive health status in Lesotho is poor, despite the fact that the total fertility rate declined from 5.3 children per woman in 1986 to 3.5 children per woman in 2004. The decline has been higher in urban areas, where the rate fell to 1.9 children per woman, than in rural areas, where the rate fell to 4.1 children per woman. The contraceptive prevalence rate declined from 41 per cent in 2001 to 37 per cent in 2004.

4. The number of deliveries conducted by skilled attendants fell from 60 per cent in 2000 to 55 per cent in 2004. The maternal mortality rate increased from 419 deaths per 100,000 live births in 1996 to 762 deaths per 100,000 live births in 2004, while the infant mortality rate increased from 81 deaths per 1,000 live births in 2001 to 91 deaths per 1,000 live births in 2004. The inadequacy of, and inaccessibility to, reproductive health information and services, especially for emergency obstetric care, has contributed to this situation. The mountainous terrain common in most parts of Lesotho further hampers access to services.

5. About 36 per cent of the population is younger than 15 years old. Among the challenges facing youth are unintended pregnancies and sexually transmitted infections,

including HIV. The HIV prevalence rate is 18.4 per cent among male youth and 25.8 per cent among female youth. The vulnerability of youth is compounded by inadequate access to life skills-based sexual and reproductive health information and services. Gender-based violence, intergenerational sex, multiple concurrent sexual partners, and low condom use during high-risk sex (47.6 per cent among male youth and 50.1 per cent among female youth) exacerbate the situation.

6. Basotho women have a relatively high literacy rate (90.3 per cent) compared to their male counterparts (73.7 per cent). However, discriminatory practices are entrenched in the customs, beliefs and traditions of the country, and these limit women's rights in many areas. Women's vulnerability is reflected in rising levels of gender-based violence, the high prevalence of HIV and AIDS among women and girls, and the unequal participation of women in the decision-making process. Only 23 per cent of parliamentarians and 36 per cent of government ministers are women.

7. Lesotho is committed to reducing poverty and to achieving the Millennium Development Goals and the goals of the International Conference on Population and Development (ICPD). The Government has developed a long-term national development plan, Vision 2020, as well as medium-term national planning frameworks, policies and strategies, including the 2004/2005–2006/2007 poverty reduction strategy and other national and sectoral policies. However, only the education-related Millennium Development Goal target is likely to be achieved by 2015.

## II. Past cooperation and lessons learned

8. UNFPA support to Lesotho began in 1985. Since then, UNFPA has supported four country programmes. The fourth country programme (2004-2006) sought to reduce HIV incidence and maternal mortality and morbidity; alleviate poverty; and improve the quality of life of the

people of Lesotho. The reproductive health subprogramme helped to: (a) increase utilization of reproductive health services, including services for youth; (b) develop national strategies; (c) develop and launch a road map to reduce maternal and neonatal mortality; and (d) procure reproductive health commodities and strengthen capacity in this area.

9. In the area of population and development, the programme increased the availability of disaggregated data and its utilization in policy planning. UNFPA supported the analysis of the 2006 national population and housing census and the demographic and health survey.

10. In the area of advocacy, the programme supported: (a) the development of an adolescent health policy; (b) the gender policy implementation plan; (c) the enactment of the Legal Capacity of Married Persons' Act, which seeks to improve the status of women; and (d) the development of a gender action plan. It also strengthened the capacity of district gender officers.

11. Challenges encountered during the fourth country programme included: the limited capacity of the country office; delays in the approval of project documents and in the release of funds; and the limited capacity and rapid turnover of staff at national and district levels. Lessons learned included the need to: (a) strengthen national capacity to ensure effective service delivery; (b) establish baseline indicators to effectively monitor programme achievements; and (c) increase advocacy and capacity-building initiatives to ensure that disaggregated data is used for planning and policy development.

### **III. Proposed programme**

12. The proposed programme will address national priorities in line with the Millennium Development Goals and the ICPD Programme of Action. The programme is aligned with the

2004 common country assessment and the 2007 United Nations Development Assistance Framework (UNDAF), and takes into account challenges and opportunities identified in the 2004 progress report on the Millennium Development Goals and the UNFPA strategic plan.

13. The overall goal of the country programme, which is consistent with the poverty reduction strategy, is to improve the welfare of the Basotho people. The programme will focus on: (a) preventing HIV/AIDS; (b) improving reproductive health; (c) ensuring sustainable population growth and development; and (d) promoting gender equality and women's empowerment. UNFPA will support, with other United Nations organizations and partners, joint programmes that focus on: (a) the prevention of gender-based violence; (b) data for development; and (c) life skills-based sexual and reproductive health programmes for young people. These programmes will be within the framework of the road map for maternal and neonatal health and the Maputo Plan of Action.

14. The country programme has three components: (a) reproductive health; (b) population and development; and (c) gender.

#### *Reproductive health component*

15. The expected reproductive health outcome is increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS. The programme will emphasize HIV prevention, emergency obstetric care, adolescent sexual and reproductive health, and the prevention and management of obstetric fistula. The programme uses a rights-based, gender-sensitive and culturally sensitive approach.

16. The programme will seek to promote the adoption of positive behaviour by women, men, young people and vulnerable groups.

Behaviour change strategies will increase access to, and the utilization of, services by young people, women and men, especially in the fight against HIV and AIDS. The programme will also mobilize communities to support the implementation of sexual and reproductive health-related laws, policies and programmes. These initiatives will target political, traditional, religious and civil society organizations, as well as those focusing on women and on youth leaders.

17. Output 1: Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health. To achieve this output, the programme will: (a) conduct ethnographic research on gender and sexuality, to inform behaviour change strategies for HIV prevention and the promotion of reproductive health; (b) strengthen the institutional and technical capacity of stakeholders to develop and manage behaviour change communication interventions; (c) advocate the integration of sexual and reproductive health strategies (including those focusing on HIV prevention and human rights) into community programmes through cultural and religious institutions and the media; (d) harmonize and expand population and family-life education and life-skills education for in- and out- of-school youth, including people with disabilities; and (e) strengthen linkages between health, education and social support services.

18. Output 2: Improved availability of comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security. To achieve this output, the programme will: (a) advocate the implementation of existing sexual and reproductive health services policies, plans and strategies; (b) strengthen the management and financial capacity of health-service providers and implementing partners; (c) strengthen community-based provision and distribution of family planning services, HIV prevention information and services,

and programmes to increase male participation in reproductive health; (d) support the establishment of a logistics management system to ensure a reliable supply of reproductive health commodities; and (e) strengthen the reproductive health services referral system.

#### *Population and development component*

19. The outcome of this component is: poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages. There are two outputs.

20. Output 1: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes. Activities will include: (a) institutional and technical capacity-building for the staff of the Ministry of Finance and Development Planning, in collaboration with the National University of Lesotho; (b) research on the linkages between population dynamics and poverty reduction; and (c) support for finalizing and disseminating the revised population policy.

21. Output 2: Improved capacity of institutions at national and district levels to collect analyse and utilize data for planning and policymaking. This will be achieved by: (a) analysing, publishing and disseminating the results of the 2006 population and housing census; (b) building institutional and technical capacity; (c) supporting the intercensal demographic survey and the Lesotho demographic and health survey; and (d) developing user-friendly tools (such as the *DevInfo* database of development indicators and the integrated management information system) for programme implementation and for monitoring and evaluating the poverty reduction strategy, the UNDAF and the Millennium Development Goals.

#### *Gender component*

22. The gender component contributes to the following country programme outcome: institutional mechanisms of the Government and civil society promote and protect the rights of women and girls and advance gender equality. There are two outputs in this component.

23. Output 1: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender-responsive policies and programmes. This will be achieved by: (a) establishing and strengthening strategic, gender-related mechanisms (including the national gender commission and the network of women ministers and parliamentarians); (b) conducting awareness-creation and advocacy campaigns on national, regional and subregional policies, protocols and declarations on gender parity; (c) supporting technical and institutional capacity-building of government and civil society organizations to formulate, design, implement, monitor and evaluate gender-responsive policies, plans and programmes; (d) supporting the institutionalization of gender parity in selected higher education learning institutions; and (e) training local women leaders on gender and other development issues.

24. Output 2: Increased capacity of government and civil society organizations to prevent gender-based violence. This will be achieved by: (a) strengthening the gender directorate of the Ministry for Gender, Youth, Sports and Recreation to coordinate the response of stakeholders to gender-based violence; (b) providing support to adapt, disseminate and apply guidelines to prevent and manage cases of gender-based violence; (c) support for awareness campaigns on gender-based violence and South-South cooperation study tours on gender-based violence; and (d) support for establishing a database on gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

25. UNFPA and the Government will implement the programme within the context of the UNDAF and the poverty reduction strategy. All programme components will have national coverage and will be implemented through ongoing sectoral and decentralized frameworks. The Ministry of Finance and Development Planning will be responsible for coordinating the programme, and will also coordinate the population and development component. The Ministry of Health and Social Welfare and the Ministry of Gender, Youth, Sports and Recreation will be the lead agencies for the reproductive health and gender components, respectively, including the coordination of activities implemented by civil society organizations.

26. The programme will employ results-based management techniques, building on the existing UNDAF and on UNFPA and government monitoring and evaluation mechanisms. The programme will use existing data collection and management systems such as *DevInfo*, household surveys, the census, demographic and health surveys, management information systems and service statistics to generate disaggregated data to monitor programme performance, and will support baseline and end-of-programme surveys. The Government and the country office will develop a resource mobilization plan to mobilize additional resources.

27. The UNFPA country office consists of a representative, an assistant representative and two administrative and financial support staff. Additional human resources will be required to implement the programme. The UNFPA country technical services team based in Harare, Zimbabwe; the regional director's team in Johannesburg, South Africa; national and international consultants; and staff from UNFPA headquarters will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR LESOTHO

<b>National priorities:</b> (a) HIV and AIDS; (b) gender and youth; and (c) improved quality and access to essential health care, education and social welfare services <b>UNDAF outcomes:</b> (a) strengthened capacity to sustain universal access to HIV prevention, treatment, care and support, and impact mitigation; and (b) improved and expanded equitable access to quality basic health, education and social welfare services for all				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate</li> <li>• Percentage of young men and women aged 15-24 reporting two or more sexual partners in last 12 months</li> <li>• Proportion of deliveries attended by skilled personnel</li> </ul> <p><b>Baselines:</b> 37% contraceptive prevalence rate (2004); 35.5% male and 8.8% female (2005); 55% of deliveries attended by skilled personnel</p> <p><b>Targets:</b> 50% contraceptive prevalence rate; 80% reduction; 75% of deliveries attended by skilled personnel</p>	<p><b>Output 1:</b> Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of schools and non-formal settings with teachers trained in life skills education, sexual and reproductive health, and HIV prevention who used their training during the last academic year</li> <li>• Percentage of stakeholders with enhanced capacity to advocate, plan, implement and evaluate evidence-based behaviour change interventions</li> <li>• Percentage of young people aged 15-24 with correct knowledge of and skills to prevent HIV</li> </ul> <p><b>Baselines:</b> 120 schools and non-formal settings with teachers trained in life-skills education, sexual and reproductive health, and HIV prevention who used their training during the last academic year; number of stakeholders trained; 26% female, 18% male</p> <p><b>Targets:</b> 50% of schools and non-formal settings with teachers trained in life-skills education, sexual and reproductive health, and HIV prevention education who used their training during the last academic year; percentage increase in number of stakeholders trained; 80% female and male</p> <p><b>Output 2:</b> Improved availability of comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of facilities providing youth-friendly services</li> <li>• Number of service providers with the capacity to deliver high-quality sexual and reproductive health services</li> <li>• Percentage of facilities providing emergency obstetric care</li> </ul> <p><b>Baselines:</b> 17 hospitals and 4 health centres; number of providers with capacity; 25% facilities providing emergency obstetric care</p> <p><b>Targets:</b> 80% of facilities; number of providers with capacity; 50% of facilities providing emergency obstetric care</p>	<p>Ministries of: Education and Training; Gender, Youth, Sports and Recreation; and Health and Social Welfare</p> <p>National AIDS commission</p> <p>Joint United Nations Programme on HIV/AIDS; United Nations Children's Fund (UNICEF); World Health Organization</p> <p>Christian Health Association of Lesotho</p>	<p>\$3.1 million (\$1.3 million from regular resources, \$1.8 million from other sources)</p>

<b>National priorities:</b> good governance and gender equality				
<b>UNDAF outcome:</b> governance institutions are strengthened, ensuring gender equality, public service delivery and human rights for all by 2012				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Population and development	<p><b>Outcome:</b> Poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Population and poverty linkages are explicit in national and district development policies and plans and poverty reduction strategies</li> <li>Number of new and revised policies and plans that have integrated population issues</li> </ul> <p><b>Baseline:</b> 10% of policies with population considerations <b>Target:</b> 50% of new or revised policies and plans with population issues integrated</p>	<p><b>Output 1:</b> Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of staff at national and district levels trained to integrate population issues</li> <li>Availability of empirical evidence on the linkages between population and poverty</li> </ul> <p><b>Baseline:</b> Four staff members with medium-term training on integration <b>Target:</b> Two professionals from each of the sector ministries and two from each of the districts trained on integration; linkages between population and poverty established on the basis of research</p> <p><b>Output 2:</b> Improved capacity of institutions at national and district levels to collect, analyse and utilize data for planning and policymaking</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of staff trained in data collection and analysis</li> <li>Number of survey and censuses results disseminated</li> </ul> <p><b>Baseline:</b> 75% of Bureau of Statistics staff trained in population data analysis <b>Target:</b> 100% of Bureau of Statistics staff at national and district levels and one staff member from each of the sectoral ministries; available census and survey results disseminated at national and district levels</p>	Ministry of Finance and Development Planning; Other sectoral ministries	\$2.1 million (\$0.7 million from regular resources and \$1.4 million from other sources)
Gender	<p><b>Outcome:</b> Institutional mechanisms of the Government and civil society promote and protect the rights of women and girls and advance gender equality</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>National mechanism in place to promote gender equality and reduce gender-based violence</li> <li>At least three laws reviewed and amended in line with the Convention on the Elimination of All Forms of Violence against Women</li> <li>Number of women reporting cases of gender-based violence</li> </ul> <p><b>Baseline:</b> Women's representation in parliament: 23%</p>	<p><b>Output 1:</b> Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender-responsive policies and programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of strategic, gender-related mechanisms established and strengthened</li> <li>Number of institutions with staff skilled in developing gender responsive policies, plans and programmes</li> </ul> <p><b>Baseline:</b> Gender commission: 0; network of women ministers and parliamentarians: 0; institutions with skilled staff: 1 <b>Target:</b> Gender commission and network; institutions with skilled staff: 20</p> <p><b>Output 2:</b> Increased capacity of government and civil society organizations to prevent gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of institutions with systems in place to prevent and treat gender-based violence</li> <li>Relevant data and information on gender-based violence available</li> </ul> <p><b>Baseline:</b> Zero for bullets 1 and 2 <b>Target:</b> 20</p>	<p>Ministries of: Education and Training; Gender, Youth, Sports and Recreation; Health and Social Welfare; and Justice, Human Rights and Rehabilitation</p> <p>International Federation of Female Lawyers; UNDP; German Agency for Technical Cooperation; Irish Aid, UNICEF</p>	<p>\$1.3 million (\$0.5 from regular resources and \$0.8 million from other sources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>