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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Lesotho**

Proposed indicative UNFPA assistance: \$11 million: \$5 million from regular resources and \$6 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Population dynamics	1.0	1.0	2.0
Maternal and newborn health	1.6	3.0	4.6
Prevention services for HIV and sexually transmitted infections	1.1	1.5	2.6
Gender equality and reproductive rights	0.6	0.5	1.1
Programme coordination and assistance	0.7	-	0.7
<b>Total</b>	<b>5.0</b>	<b>6.0</b>	<b>11.0</b>

## I. Situation analysis

1. The global economic crisis has adversely affected Lesotho. The country ranks 160 of 187 countries on the UNDP human development index. Unemployment is high (29 per cent), and over half of the population lives below the poverty line. Wealth inequality is also high. The Gini coefficient, which measures inequality, is 0.56.

2. Lesotho suffers from severe droughts, floods and food shortages, as well as the loss of skilled personnel to its neighbour, South Africa.

3. Lesotho is undergoing rapid demographic change. The 2006 census estimated the population at 1.88 million (51.8 per cent of whom were females), with an annual population growth rate of 0.08 per cent. The population is projected to increase by 0.13 per cent each year until 2020.

4. The low population growth rate is mainly due to declining fertility and increasing mortality. The total fertility rate, which declined from 5.4 children per woman in 1976 to 3.3 children per woman in 2009, is projected to decline to 2.8 children per woman by 2025. However, fertility rates are higher in poor and rural regions.

5. Life expectancy at birth declined from 59.0 years in 1996 to 41.2 years in 2006, largely due to HIV/AIDS. Young people aged 10-24 constitute 35 per cent of the population.

6. The maternal mortality ratio increased from 762 maternal deaths per 100,000 live births in 2004 to 1,155 maternal deaths per 100,000 live births in 2009. Infant mortality increased from 81 deaths per 1,000 live births to 91 deaths per 1,000 live births during the same period. HIV/AIDS contributes to these mortality trends. At least 58 per cent of maternal deaths are associated with HIV/AIDS.

7. The prioritization of institutional deliveries and family planning has led to improvements in some health indicators. From 2004-2009, the skilled delivery rate increased from 55 per cent to 61.7 per cent, and the contraceptive prevalence rate increased from 37 per cent to 47 per cent. During

the same period, the teenage pregnancy rate declined slightly, from 20 per cent to 19.6 per cent.

8. The HIV/AIDS prevalence rate among adults (23 per cent) is third highest in the world. Among people aged 15-24, there has been a decline in prevalence rates, from 11.3 per cent in 2004 to 9.3 per cent in 2009. However, prevalence rates among young women increase dramatically with age, due to age-disparate sexual relationships and a lack of empowerment among young girls, who are unable to negotiate safe sex.

9. Schools introduced life-skills education in 2006. However, implementation remains low.

10. Lesotho performs relatively well on the UNDP gender inequality index. Its score of 0.685 ranks it 102 of 169 countries.

11. However, the patriarchal system and sociocultural norms and practices that are a part of Basotho society marginalize women and impede them from achieving sexual and reproductive health and rights. While the Legal Capacity of Married Persons Act of 2006 repealed many discriminatory provisions, the act has not been fully implemented. Women still have limited ability to make independent decisions and to negotiate safe sex.

12. Lesotho has formulated a five-year national strategic development plan. The proposed programme will contribute to the implementation of this plan.

## II. Past cooperation and lessons learned

13. The fifth country programme, 2008–2012, focused on three components: (a) population and development; (b) reproductive health; and (c) gender equality. The majority of the programme was implemented through the United Nations ‘delivering as one’ approach.

14. Under the population and development component, the programme: (a) increased the availability of data for planning by supporting census-data reports and population-projection tables at national, district and community levels;

(b) produced reports on the demographic and health survey and the inter-census demographic survey; (c) produced vital-statistics reports for 10 districts; (d) supported training for six senior- and middle-level managers on population statistics and for 34 planners on integrating population variables; (e) led to the revision of the national population policy; and (f) helped to integrate population variables into the new national development plan.

15. In the area of reproductive health, the programme: (a) drew attention to maternal health and HIV/AIDS issues through advocacy events, including a campaign on maternal mortality and morbidity launched at the national level and in six of 10 districts; (b) revitalized HIV-prevention efforts through a national symposium that attracted over 1,000 government officials and decision makers; and (c) led to the revision of two policies, four strategic plans and eight manuals and sets of guidelines.

16. The programme also: (a) provided training in emergency obstetric care to 32 doctors and 560 nurses and midwives from 18 hospitals and 42 per cent of health centres; (b) provided training in family planning to 180 health workers from 15 hospitals and 81 per cent of all health facilities; (c) institutionalized maternal death reviews at the national level and in all 10 districts; (d) doubled male condom distribution, from 5.3 million in 2008 to 12 million in 2011; and (e) provided life-skills training to 7,750 students drawn from 50 per cent of the secondary schools, and to 2,700 out-of-school youth in three districts.

17. In the area of gender equality, the programme contributed to: (a) the revision of the gender policy and the formulation of two action plans and one bill on human trafficking; (b) skills development for 20 planners on gender-responsive budgeting and 30 gender officers on gender mainstreaming; (c) skills development on gender-based violence for 321 health workers and 730 community leaders and members of the legislature and judiciary; and (d) the establishment of a 'one-stop' centre and 13 community networks to address gender-based violence.

18. Challenges include the emigration of skilled personnel and the rugged geographical terrain, which hinders access to health care.

19. Lessons learned point to the need for: (a) continuous hands-on skills development for personnel recruited to replace those who have left the country; (b) continued engagement for an improved policy environment; (c) the use of the 'delivering as one' approach to strengthen joint programming; and (d) improved monitoring, accountability and overall coordination of the programme.

### III. Proposed programme

20. UNFPA and the Government formulated the proposed programme, which responds to the findings of the evaluation of the fifth country programme. The proposed programme is the result of a consultative process involving multisectoral cluster groups. These groups were initially constituted to formulate the national strategic development plan, 2012/13-2016/17, and the United Nations Development Assistance Framework (UNDAF), 2013-2017. The programme is therefore aligned with the national plan and the UNDAF, as well as with the recommendations of the midterm review of the UNFPA strategic plan, 2008-2013, and the UNFPA business plan.

21. The programme will contribute to the UNFPA goal of achieving universal access to sexual and reproductive health and will promote human rights and results-based management approaches, gender equality, environmental sustainability and capacity development. Issues regarding young people and emergency preparedness and response are mainstreamed throughout the four programme outputs.

22. The 'delivering as one' approach will guide programme implementation. The programme will deliver four interlinked outputs, which will contribute to four strategic plan outcomes.

#### *Population dynamics*

23. Output 1: The capacity of planners from eight sectors is enhanced for evidence-based

decision-making and the integration of population variables into development policies and plans. The output will be achieved by: (a) supporting the 2014 demographic and health survey and the 2016 population and housing census; (b) strengthening vital statistics; (c) providing essential data for humanitarian preparedness and response; (d) supporting operational research on health, gender and issues concerning young people; (e) developing skills to integrate population issues into development planning; (f) developing and reviewing national development plans and frameworks to incorporate population, reproductive health, gender and youth concerns; and (g) institutionalizing governance structures for young people.

24. Implementing partners will include the Bureau of Statistics in the Ministry of Finance and Development Planning; the Ministry of Gender and Youth; and the National University of Lesotho. Development partners will include the European Commission, the United Kingdom and the United States.

#### *Maternal and newborn health*

25. Output 1: Increased capacity of health institutions in 10 districts to provide high-quality, skilled delivery care, emergency obstetric care, and family planning services. This output will ensure high-quality, skilled delivery care, emergency obstetric care and family planning through: (a) the pre-service training of midwives; (b) a curriculum review to enhance midwifery skills; (c) hands-on training on emergency obstetric care; (d) skills development on the family planning method mix and logistics management; (e) the formulation and review of training manuals, quality assurance tools and guidelines; (f) advocacy and partnerships for maternity waiting homes and referral systems; (g) maternal death reviews; (h) emergency obstetric care assessments; (i) promotional campaigns on maternal health and family planning; and (j) the provision of minimum service packages in emergency situations.

26. Implementing partners will include the Ministry of Health and selected non-governmental organizations. Development partners will include

the Governments of Japan, the United Kingdom and the United States.

#### *Prevention services for HIV and sexually transmitted infections*

27. Output 1: Increased capacity of three line ministries (Health and Social Welfare; Education; and Gender and Youth), the National AIDS Commission and civil society institutions to prevent HIV, with a focus on young people. The output will be achieved by: (a) developing policies and institutional capacity to integrate reproductive health and HIV/AIDS; (b) supporting community-based organizations and multimedia campaigns on HIV prevention; (c) strengthening condom distribution and demand creation; (d) revitalizing life skills-based sexuality education both in and out of school for young women as well as for sex workers and herd boys; and (e) training health providers to deliver youth-friendly services.

28. Implementing and operational partners will include the National AIDS Commission; the Ministry of Health and Social Welfare; the Ministry of Gender and Youth; the Ministry of Education, and non-governmental and community-based organizations. Other partners will include the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Entity for Gender Equality and the Empowerment of Women, and the Government of the United States.

#### *Gender equality and reproductive rights*

29. Output 1: Enhanced capacity of the Ministry of Gender and Youth and civil society organizations to promote gender equality and address gender-based violence. The output will be achieved by: (a) developing and reviewing gender policies and laws; (b) supporting civil society institutions and networks to promote gender equality and prevent gender-based violence in selected districts; (c) developing skills on integrating gender issues into development frameworks; (d) supporting awareness-raising campaigns on gender equality and gender-based violence; and (e) developing the skills of health workers and of personnel in judiciary and local

government structures to address gender-based violence.

30. Implementing partners will include the Ministry of Health and Social Welfare, the Ministry of Gender and Youth, and community-based and non-governmental organizations. Development partners will include the Government of Ireland.

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

31. UNFPA policies and procedures will guide the implementation of the proposed programme. The Ministry of Finance and Development Planning will provide overall oversight and coordination of the programme. UNFPA will partner with United Nations organizations, government institutions and civil society to implement the programme.

32. In the spirit of the ‘delivering as one’ approach, the UNDAF action plan will elaborate detailed actions and collaboration arrangements. The programme will focus on upstream activities at the national level and on midstream capacity development for selected institutions in 10 districts.

33. UNFPA will develop joint programmes with other United Nations organizations in the areas of data for development, maternal and neonatal health, HIV prevention and gender. UNFPA will develop and implement a resource-mobilization plan and a monitoring and evaluation plan that will be aligned with that of the United Nations in Lesotho, sectoral coordination structures, and the coordination mechanisms of development partners.

34. National execution will continue to be the preferred implementation arrangement. UNFPA will carefully select implementation partners based on their ability to deliver high-quality programmes. UNFPA will also continuously monitor their performance and periodically adjust implementation arrangements as necessary. UNFPA will perform a risk analysis in

conformity with the harmonized approach to cash transfers.

35. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

36. The UNFPA country office in Lesotho includes basic management and development-effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise as well as associated support for the implementation of the programme. UNFPA will earmark \$700,000 for programme coordination and assistance.

**RESULTS AND RESOURCES FRAMEWORK FOR LESOTHO**

<p><b>National development priority:</b> build effective institutions and promote democratic governance  <b>UNDAF outcome:</b> by 2017, national and lower-level institutions make evidence-based policy decisions. Indicator: percentage of government sectors utilizing an integrated management information system for decision-making. Indicator: percentage of national and district plans that reflect population issues</p>				
<b>UNFPA strategic plan outcome</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources</b>
<p><b>Population dynamics</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of new or revised policies and plans that have integrated population issues Baseline: three policies in 2011 Target: eight policies</li> <li>• Percentage of sectors using an integrated management information system for planning Baseline: 0; Target: 80%</li> </ul>	<p><u>Output:</u> The capacity of planners from eight sectors is enhanced for evidence-based decision-making and the integration of population variables into development policies and plans</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of planners with skills on integrating population issues Baseline: four planners; Target: 20 planners</li> <li>• Number of in-depth analyses of existing census and survey data Baseline: five monographs of 2006 census Target: four in-depth analytical reports on the 2014 demographic and health survey</li> </ul>	<p>Bureau of Statistics; Ministries of: Agriculture; Education; Environment; Finance and Development Planning; Health and Social Welfare; Home Affairs; Natural Resources; and Local Government; National University of Lesotho; United Nations organizations</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other sources)</p>
<p><b>National development priority:</b> promote health, combat HIV/AIDS and reduce social vulnerability  <b>UNDAF outcome:</b> by 2017, equitable access to and utilization of high-impact, cost-effective health and nutrition interventions achieved for vulnerable populations.  Indicator: skilled attendance at birth</p>				
<p><b>Maternal and newborn health</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of deliveries attended by skilled personnel Baseline: 61.7% in 2009 Target: 75% in 2017</li> <li>• Contraceptive prevalence rate Baseline: 47% in 2009 Target: 60% in 2017</li> </ul>	<p><u>Output:</u> Increased capacity of health institutions in 10 districts to provide high-quality, skilled delivery care, emergency obstetric care and family planning services</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of health facilities with health workers skilled in emergency obstetric care Baseline: 100% of hospitals and 42% of health centres in 2011; Target: 100% hospitals and 80% of health centres</li> <li>• Percentage of health facilities with no stock-outs of at least three modern family planning methods Baseline: 80% in 2009; Target: 100%</li> </ul>	<p>Ministries of: Education; Health and Social Welfare; Local Government; and Public Service; non-governmental organizations; United Nations organizations</p>	<p>\$4.6 million (\$1.6 million from regular resources and \$3 million from other sources)</p>

<p><b>National development priority:</b> promote health, combat HIV/AIDS and reduce social vulnerability</p> <p><b>UNDAF outcome:</b> by 2017, the Government and key stakeholders increase their contribution to the reduction of new annual HIV infections, especially among youth, children and adults. Indicators: (a) percentage of young women and men aged 15-24 with comprehensive knowledge about AIDS; (b) percentage of young people aged 15-24 who had two or more partners in the last 12 months and who reported using a condom during their last sexual intercourse; and (c) the percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Prevention services for HIV and sexually transmitted infections</b></p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of young women and men aged 15-24 with comprehensive knowledge about AIDS Baseline: 38.6% women, 28.7% men Target: 50% women, 40% men</li> <li>Percentage of young people aged 15-24 who had two or more partners in the last 12 months and who reported using a condom during their last sexual intercourse. Baseline: 60.3% men, 45.5% women; Target: 70% men, 60% women</li> </ul>	<p><u>Output:</u> Increased capacity of three line ministries (Health and Social Welfare; Education; and Gender and Youth), the National AIDS Commission and civil society institutions to prevent HIV, with a focus on young people</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of policies with integrated reproductive health and HIV/AIDS issues Baseline: two policies in 2011; Target: three policies</li> <li>Number of out-of-school young people receiving life-skills interventions with UNFPA support Baseline: 2,700 in three districts in 2011 Target: 10,000 in 10 districts</li> </ul>	<p>Ministries of: Education; Gender and Youth; and Health; National AIDS Commission</p> <p>Community-based and non-governmental organizations; youth networks</p> <p>United Nations organizations</p>	<p>\$2.6 million (\$1.1 million from regular resources and \$1.5 million from other sources)</p>
<p><b>National development priority:</b> build effective institutions and promote democratic governance</p> <p><b>UNDAF outcome:</b> by 2017, national and local governance structures deliver high-quality, accessible services to all citizens, while respecting the protection of human rights, access to justice, and the peaceful resolution of conflict. Indicators: (a) number and type of institutions promoting gender equality and human rights; and (b) the percentage of women who participate in making household decisions</p>				
<p><b>Gender equality and reproductive rights</b></p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of women aged 20-24 who were married or in union before age 18 Baseline: 18.8% in 2009 Target: 15%</li> <li>Percentage of women who participate in making household decisions Baseline: 66.9% in 2009 Target: 80%</li> </ul>	<p><u>Output:</u> Enhanced capacity of the Ministry of Gender and Youth and civil society organizations to promote gender equality and address gender-based violence</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of policies, laws and strategies developed or reviewed with UNFPA support to promote gender equality Baseline: two (two action plans on HIV, women and girls and on gender-based violence; and two laws, i.e., Legal Capacity of Married Persons Act and Human Trafficking Act; and one gender policy); Target: five (two laws, i.e., Sexual Offences Bill and Marriage Act; and the revision of three action plans)</li> <li>Number of community networks engaged in preventing gender-based violence Baseline: 13 networks in three districts in 2011 Target: 150 networks in five districts</li> </ul>	<p>Ministries of: Health and Social Welfare; Home Affairs; Gender and Youth; and Justice and Human Rights; Parliament</p> <p>Community-based, faith-based and non-governmental organizations; United Nations organizations</p>	<p>\$1.1 million (\$0.6 million from regular resources and \$0.5 million from other sources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.7 million from regular resources</p>