LESOTHO

GLOBAL HEALTH (GRANT SC1899010006) THEMATIC REPORT

January to December 2018

Mamahlosi Lerotholi lost her own baby to AIDS-related illness. She has been working to help prevent mother-to-child transmission of HIV, and to keep both mothers and children healthy, ever since.

Prepared by:

UNICEF Lesotho

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for every child

Contents

Abbreviations and Acronyms

BeMONC	Basic Emergency Obstetric and Newborn Care
CCEOP	Cold Chain Equipment Optimization Platform
CCI	Cold Chain Inventory
CEF	Country Engagement Framework
DHIS	District Health Information System
ECHO	European Commission Humanitarian Aid Office
EID	Early Infant Diagnosis
ENAP	Every Newborn Action Plan
EVM	Effective Vaccine Management
EVMA	Effective Vaccine Management Assessment
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
HMIS	Health Sector Management Information System
HSS2	Health Systems Strengthening 2
iCCM	Integrated Community Case Management of Childhood Illnesses
ISS	Integrated Supportive Supervision
KAP	Knowledge, Attitudes, and Practices
LDHS	Lesotho Demographic and Health Survey
M	Maloti
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Neonatal, and Child Health
MNH	Maternal, Neonatal Health
MOH	Ministry of Health
ODK	Open Data Kit
ODP	Operational Development Plan
PBF	Performance Based Financing
PSR	Programme Support Rationale
RMNCAH	Reproductive, Maternal, Neonatal, Child, Adolescent Health
SACU	South African Custom Union
SBCC	Social behaviour change and communication
SMT	Stock Management Tool
SRH	Sexual Reproductive Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VHP	Village Health Programme
ViVa	Visibility for Vaccines
WFP	World Food Programme
WHO	World Health Organisation

Executive Summary

UNICEF Lesotho mobilized 5,687.89 USD for the health sector from the United Kingdom National Committee. Despite no expenditures in 2018 for the specific funding source, Lesotho achieved some progress in expanding access to quality, high impact interventions in health. The under-five mortality rate declined from 117 per 1,000 live births in 2009 to 94 per 1,000 births in 2016 (Lesotho Demographic and Health Survey [LDHS] 2014). There are high national levels of antenatal care (95 per cent for the first visit) and delivery in a health facility (77 per cent – LDHS 2014). According to the Lesotho Health Sector Management Information System (HMIS), the proportion of children under one year receiving measles vaccines is about 80 per cent (as of September 2018), a decrease from 90 per cent documented in LDHS 2014. The coverage for the third dose of pentavalent vaccine (Penta-3) was 84 per cent in the same period. However, it should be appreciated that Lesotho tends to report on average, lower immunization coverage figures on administrative data compared to population-based surveys due to issues with reliable denominators derived from projections.

In 2018, the EPI programme saw marked improvement in the Effective Vaccine Management Assessment (EVMA) composite score from 48% in 2014 to 71% due to the implementation of the 2015 improvement plan including procurement and installation of cold chain equipment across health facilities.

UNICEF supported the Ministry of Health (MOH) to update the Village Health Worker policy which will institutionalize and standardize a currently fragmented program. The policy document also comes with a standardized reporting mechanism for Village Health workers which will later be integrated into the National Health Information System. UNICEF continued its advocacy for increased government coordination of the Village Health Programme (VHP) at the national level— coordination is weak as there is no designated programme manager within the MOH.

Quality of care within basic emergency obstetric and newborn care (BEmONC) facilities remains a challenge in Lesotho—with an unacceptably high maternal mortality of 1,024 deaths per 100,000 live births in 2014 compared to 1,155 per 100,000 live births in 2009. UNICEF supported the MOH to scale up BEmONC services. By the end of November 2018, a total of 182 health centres in 10 districts, (84%) are classified as BEmONC, thereby expanding access to basic emergency obstetric services to women in the rural areas. Additionally, UNICEF continued its support to the MOH's Reproductive Maternal, Neonatal health program to carry out a newborn care bottleneck analysis. The bottleneck analysis engaged the sexual and reproductive health mentors who immediately worked with health facilities to address some gaps identified, like low postnatal care for newborns as one of the quality of care indicators. As a result, newborns in the 182 facilities conducting deliveries are being examined with their mothers.

UNICEF provided technical support to the Country Engagement Framework (CEF) process for the new GAVI funding application (HSS2) by leading the development of the Programme Support Rational (PSR) document. An Effective Vaccine Management Assessment (EVMA), Cold Chain Inventory (CCI) and the Operational Development Plan (ODP) which are essential documents for the Cold Chain Equipment Optimization Platform (CCEOP) application process were also developed to be submitted in January 2019. The results of the EVMA show a marked improvement in the EVMA composite score from 48% in 2014 to 71% in 2018. To further strengthen the delivery of potent vaccines, UNICEF facilitated procurement of 35 refrigerators (18 SDD and 17 electric-type), which have already been installed in health facilities.

In 2018, UNICEF spent 639,545 USD in health, the sector that received the thematic funding. In 2019, UNICEF has a planned budget of 906,178 USD out of which 607,815 USD (67%) is funded. UNICEF will continue to mobilise resources and uses opportunities for cross-sectoral and integrated programming to mitigate the funding shortfalls. Additionally, UNICEF will continue to leverage strategic partnerships with the World Bank and Gavi, to achieve the key results for 2019-2020.

Strategic Context of 2018

Lesotho is a small landlocked country with a population of about 2 million, of which 38 per cent are children under 18 years (Lesotho 2016 Population and Housing Census). The country is classified as a lower middle-income country. The economy of the country is small. As indicated in Lesotho's 2017 Government of Lesotho (GoL) Macro Economy Budget Brief, the gross domestic product (GDP) of the country was equivalent to roughly US$3.2 billion in 2017/18. Over the last five years (2013/14–2017/18), average economic growth was 2.6 per cent. The real GDP declined from US$1,352 per capita in 2013/14 to US$1,060 per capita in 2018/19 (2018 GoL Budget Brief). Budget deficits are projected at 4.2 per cent in 2018/19, from 5.7 per cent in 2017/18. The country is heavily dependent on South African Customs Union (SACU) revenue. SACU revenue is the third-largest component of overall revenues. However, projected SACU revenue declined from 17.5 per cent in 2017/18 to 14.9 per cent in 2018/19 (2018 Budget Brief).

According to the 2018 Budget Brief, Lesotho invested about 16 per cent of its GDP and 32.7 per cent of its national budget in the social sectors that mostly benefit children and adolescents (health, education, social development) in 2018/19. However, investment as a percentage of the national budget has decreased from 35.5 per cent in 2016/17. The investment in social protection has declined both as a percentage of the national budget and GDP. The investment as a percentage of the national budget and GDP declined from 12.3 per cent and 7 per cent in 2014/15, respectively, to 10.4 per cent and 5.5 per cent in 2018/19.

Poverty and inequality remain key structural and entrenched issues. An estimated 57.1 per cent of the population lives below the national poverty line of US$1.50 a day (almost six out of every ten people). More than 1 in 3 people (34 per cent) lives below the food poverty line (extreme poverty) of Maloti (M) 138 (US$10.30) per adult per month, with disparities between the rural and urban population. Lesotho is ranked one of the ten most ten unequal countries in the world with a Gini coefficient value of 0.54 (Lesotho 2017 CCA).

According to the 2018 Child Poverty Report, the extent of poverty affects children the most. About 65 per cent of all children in Lesotho are deprived simultaneously in three or more dimensions of well-being. Deprivation varies according to age groups and dimensions. Between 84 per cent and 88 per cent of all children are deprived of housing; 17 per cent are deprived of primary education and 62 per cent of secondary education; 29–32 per cent are deprived of water; 64 per cent of children aged 0–23 months and 51 per cent of children aged 2–17 years are deprived of sanitation. The rate of overall deprivation is high among boys (66.5 per cent), and in rural areas (72 per cent).

The under-five mortality rate declined from 117 per 1,000 live births in 2009 to 94 per 1,000 births in 2016 (Lesotho Demographic and Health Survey [LDHS] 2014). There are high national levels of antenatal care (95 per cent for the first visit) and delivery in a health facility (77 per cent – LDHS 2014). According to the Lesotho Health Sector Management Information System (HMIS), the proportion of children under one year receiving measles vaccines is about 80 per cent (as of September 2018), a decrease from 90 per cent documented in LDHS 2014. The coverage for the third dose of pentavalent vaccine (Penta-3) was 84 per cent in the same period. However, it should be appreciated that Lesotho tends to report on average, lower immunization coverage figures on administrative data compared to population-based surveys due to issues with reliable denominators derived from population projections. The proportion of the population that practises open defecation has also decreased, from 42 per cent in 2009 to 20 per cent (2016 Household Census Report), indicating slow progress.

The Government of Lesotho is committed to addressing deprivation and disparities and promoting equality of opportunities for the most disadvantaged and excluded people, including the most vulnerable children. The country has adopted relevant national policies and legal frameworks and ratified all international and regional conventions and treaties to address deprivation and inequality in access to basic social services. UNICEF will continue its support to the government based on its comparative advantage, expertise and lessons learned while other actors will address the remaining challenges where UNICEF will not intervene.

Support will also be rendered to the media, particularly training in reporting on child rights, as captured in the country advocacy and communication strategy.

Several issues impact on the situation of children by affecting their access to basic social services. The country is characterized by political instability. Between 2012 and 2017, two successive coalition governments and three national elections collapsed. The Lesotho Political Economy Study 2017 indicated that the unstable political environment seriously slowed down the implementation of policies, exacerbating weakness in accountability, frequent turnover of ministers and senior bureaucrats, weakening oversight by the legislative branch, and enhancing political patronage and nepotism. Weak accountability and inequitable development may affect economic growth, social progress and environmental sustainability in Lesotho. Corruption is rooted in all sectors and systems of the government, which might affect children's rights to basic social services.

Lesotho has experienced successive natural climatic shocks such as recurrent droughts and floods in the last ten years. These negatively affect the livelihoods of people, particularly the most vulnerable such as children and girls, and expose them to a wide range of economic, health, environmental and income related risks and shocks. The last El Niño-induced drought in 2016, for example, affected an estimated 679,437 people, including 310,015 children in 135,887 households. UNICEF, European Commission Humanitarian Aid Office (ECHO), World Food Programme (WFP) and Food and Agriculture Organization of the United Nations (FAO) are working together to make the social protection system responsive to shock.

Despite improvements in outcome indicators, quality of care is an important bottleneck in the reduction of maternal and child mortality. Additionally, the availability of quality and timely data remains a challenge. There are discrepancies between district health information system (DHIS) 2 data and survey reports. UNICEF works alongside government and partners to respond to such challenges such as support to data management and competency-based training.

Results Achieved in the Sector

UNICEF Lesotho mobilized 5,687.89 USD for the health sector from the United Kingdom National Committee. Despite no expenditures in 2018 for the specific funding source, the following results were achieved in the Health Sector for 2018.

There was satisfactory progress towards increasing access to high impact health interventions in 2018 including an improvement in the Effective Vaccine Management score to 71% in 2018 an increase of 23% in 2014. Though no new data has been available from population-based surveys to document the actual scale of progress in areas such as deliveries attended by skilled health personnel, newborns receiving post-natal care services within two days of birth and stunting reduction, Lesotho has achieved some progress in expanding access to quality, high impact interventions in health.

The administrative data on the performance of the immunization programme shows that at least 80% of children under one year old were vaccinated with the 3rd dose of pentavalent and measles-containing vaccines as of the end of September. Poor data management and under-reporting during routine immunization has been documented during the Immunization data Quality Review implemented with WHO support during the year and an improvement plan has been developed for the programme.

To improve the quality of child survival services, UNICEF Lesotho focused on providing support for the development of policies, standards/ guidelines and strengthened the capacity of service providers. Additionally, UNICEF worked with the Government of Lesotho (GoL) and partners to improve access to services across the country. With UNICEF technical and financial support, the MoH implemented bottleneck analysis for newborn care in the country and subsequently supported the development of an Essential Newborn Action Plan to address the poor statistics for newborn (34 deaths/1,000 live births) and maternal mortalities in the country.

In 2018, UNICEF engaged the University of Pretoria to support the MOH to establish a perinatal death review system, with two biannual mentorship visits scheduled for March and September 2019. The system would help document, track causes of deaths in the early neonatal period, provide platforms for implementing death audits and developing action plans for quality improvements. As a result, all private hospitals in Lesotho are tracking perinatal mortality in Lesotho.

Using the HIV sector as an entry point, UNICEF, along with 2Gether4SRHR partner agencies (UNFPA, UNAIDS, WHO), supported the MOH in improving coverage of PMTCT interventions through the standardization and institutionalization of the Village Health Worker Programme to allow community-based follow-ups for pregnant and breastfeeding women. A significant milestone was the development of the 2018 Village Health Worker Policy. As a result, 30 village health coordinators and 86 village health supervisors were re-oriented on the village health program including, HIV home-based care throughout November and December 2018. In 2019, UNICEF will continue its support to institutionalize the Village Health Programme in two districts, and scale-up based on results.

Child Health

UNICEF supported the MOH to update the Village Health Worker policy which will institutionalize and standardize a currently fragmented program. The policy document also comes with a standardized reporting mechanism for Village Health workers which will later be integrated into the National Health Information System. UNICEF continued its advocacy for increased government coordination of the Village Health Programme (VHP) at the national level— coordination is weak as there is no designated programme manager within the MOH. UNICEF, in partnership with EGPAF and 2Gether4SRHR implementing UN agencies, took advantage of the political commitment for the Village Health Programme, including the mentor mother programme concept note which UNICEF developed with the MOH and EGPAF, to advocate for prioritization and leadership of community-based health care at the national level with clear coordination structures at the health centre level.

UNICEF supported the training of 425 village health workers, (79% of the 2018 planned target and 92% (n=1355) of the Country Programme target), to implement Integrated Community Case Management of Childhood Illnesses (iCCM) in the community. Sector reviews show that the health workers are now screening and identifying children with childhood illnesses at growth monitoring points thus taking services to the community.

Maternal and Newborn Health

UNICEF supported the MOH in developing a social behaviour change and communication strategy (SBCC) which included targeted and tailored messages for pregnant and breastfeeding women. The messages are designed to address socio-cultural issues identified in the 2017 Lesotho Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH) Knowledge, Attitudes, and Practices (KAP) study. The SBCC strategy will enable the MOH to reach beneficiaries with evidence-informed messaging effectively. UNICEF and WHO also supported the MoH to develop an M&E framework for the RMNCAH strategy and strengthen RMNCAH interventions in communities through mobilisation of communities and partnerships.

UNICEF supported the MOH in the use of community-based approaches for strengthening demand and uptake of MNCH services (including SRH/HIV) through the piloting of the mentor mother programme. UNICEF, with the support of the World Bank and the University of Pretoria, is also supporting the MOH in developing the capacity of 65 master trainers (doctors, advanced midwives and nurses) to provide quality services—through in-service training. The training, which included trauma, emergency obstetrics, and quality of care in MNH, made extensive use of mannequins and videos for demonstration and practice. Pre- and post-test capacities and knowledge were assessed. Initial pre-post-assessment of the skills and knowledge of participants is very low even though it has improved after the training (Skill average score

pre: 32.2%, and post:33.7%; Knowledge score pre:28.8%, and post:34.6%). This is a clear alert to sustain the program at the facility level. The trainings are essential to the scale-up of performance-based financing at the health facility level—which has a strong emphasis on the quality of health service delivery.

Quality of care within basic emergency obstetric and newborn care (BEmONC) facilities remains a challenge in Lesotho—with an unacceptably high maternal mortality of 1,024 deaths per 100,000 live births in 2014 compared to 1,155 per 100,000 live births in 2009. Fresh stillbirths are high (26%), which points to the quality of care during labour and delivery. UNICEF supported the MOH to scale up BEmONC services—which were found to be sub-optimal in the 2015 BEmONC Assessment with 40% of facilities providing the required signal functions. By the end of November 2018, a total of 182 health centres in 10 districts, (84%) are classified as BEmONC, thereby expanding access to basic emergency obstetric services to women in the rural areas. The level of readiness in the provision of EmONC signal functions varies within and between facilities. Neonatal deaths still accounted for 50% of all under-five mortality in 2017—an increase from 40% in 2009.

UNICEF continued to support the capacity building of Sexual and Reproductive Health mentors and advance midwives on high impact MNH intervention (Helping Babies Breath and Helping Mothers Survive Bleeding training). As a result, the mentors scheduled mentorship visits to the health facilities within their catchment areas to improve the quality of services.

UNICEF continued its support to the MOH's Reproductive Maternal, Neonatal health program to carry out a newborn care bottleneck analysis. The bottleneck analysis engaged the sexual and reproductive health mentors who immediately worked with health facilities to address some gaps identified, like low postnatal care for newborns as one of the quality of care indicators. As a result, newborns in the 182 facilities conducting deliveries are being examined with their mothers. The analysis also guided the development of the Every Newborn Action Plan (ENAP), which focuses on increasing newborn survival in Lesotho. The plan will be costed in 2019.

UNICEF engaged the University of Pretoria to support the MOH to establish a perinatal death review system —which is also an indicator for the MOH's performance-based financing (PBF) project supported by World Bank. The system is aimed at strengthening decision making and remedial actions to reduce perinatal mortality at facility levels. Additionally, UNICEF supports three coverage indicators for PBF (EID for HIV exposed infants, pediatric ART coverage, and postnatal care for the newborns). In 2019, UNICEF will financially support quality of care indicators for mothers and infants.

Immunisation

In 2018, the EPI programme saw marked improvement in the Effective Vaccine Management Assessment (EVMA) composite score from 48% in 2014 to 71% due to the implementation of the 2015 improvement plan including procurement and installation of cold chain equipment across health facilities.

The use of updated monthly Stock Management Tool (SMT) and bi-weekly Visibility for Vaccines (ViVa) tools has greatly facilitated and enhanced tracking and monitoring of vaccines and supplies through the levels of the EPI programme – central, district and health facilities through the year. UNICEF is fast-tracking the delivery of some traditional vaccines (Bacillus Calmette Guerin, Measles-Rubella and Tetanus Toxoid) in early December to limit the impact of the 2 –month stock out on immunisation coverage and continued faith in the immunisation program. As of September 2018, data from the MoH/DHIS showed that a total of 16,523 (84 %) children under one had received vaccinations for the 3rd dose of Pentavalent vaccine (Penta-3) and 22,851 (80 % received the Measles-Rubella (MR) vaccine. UNICEF provided technical support to the Country Engagement Framework (CEF) process for the new GAVI funding application (HSS2) by leading the development of the Programme Support Rational (PSR) document. An Effective Vaccine Management Assessment (EVMA), Cold Chain Inventory (CCI) and the Operational Development Plan (ODP) which are essential documents for the Cold Chain Equipment Optimization Platform (CCEOP)

application process were also developed to be submitted in January 2019. The results of the EVMA show a marked improvement in the EVMA composite score from 48% in 2014 to 71% in 2018. To further strengthen the delivery of potent vaccines, UNICEF facilitated procurement of 35 refrigerators (18 SDD and 17 electric-type), which have already been installed in health facilities.

UNICEF supported the program with the procurement and installation of a cooling unit for the national vaccine store. UNICEF in collaboration with WHO held a regional AEFI workshop (8 countries participated) which resulted in the development of AEFI communication plans. UNICEF supported MOH to conduct an in-depth equity analysis at the national level and two of the lowest performing districts. The analysis indicated access to immunisation services was largely due to poor mountain roads, inward and outward migratory populations to neighbouring South Africa, inconsistent outreach services and poor staff management patterns. The results were further used to improve the micro plans with solutions proposed to the identified challenges. Continued support for the low-performing districts to address the barriers to immunisation from the equity analysis is on-going in 2019 with planned support for Immunization In Practice training for frontline health workers, regular review and updates to micro plans following from performance reviews at the district level

In collaboration with WHO, adaptation of the Integrated Supportive Supervision (ISS) tool using ODK (Open Data Kit) took place with the participation of district EPI Child Health officers. The ISS tool was used in 73 health facilities. The MNCH & N Communication strategy and plan were developed and endorsed through multi-stakeholder collaboration under the leadership of MOH.

In collaboration with WHO, the adaptation of the Immunization in Practice manual with stepwise training of health centre staff will be implemented between November 2018 and January 2019 with technical and financial support from UNICEF.

Results Assessment Framework

Health Sector Outcome Indicators
(as per UNICEF Lesotho Country Programme Document 2013-2018)

No.	Standard Outcome Indicators	Baseline		Target		As of Date	Rating/ Comment	Status (Value)	Primary Source
		Year	Value	Year	Value				
1	Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	2016	41%	2017	60%	31 December 2018	Achieved	78%	MICS/DHS or other National Survey
2	Newborns receiving postnatal care within two days of births	2016	18%	2018	80%	31 December 2018	Not Achieved	18% No new data since 2014	MICS/DHS or other National Survey
3	Children < 1 year receiving measles-containing vaccine at national level	2014	90%	2018	95%	30 September 2018	Partially Achieved	80% Data only available until September 2018	Sector Management Information System
Health Sector Output Indicators									
1	Community Health Workers trained to implement integrated community case	2017	75%	2018	100%	30 June 2018	Partially Achieved	73% N= 395/540	Sector Management Information System

	management (% of actually trained against the planned)							(425 out of 540 planned in 2018). This equals to 92% achievement in the country programme against the planned 1500) In 2019, the MOH, with UNICEF support, will train community health workers on the new tools and curriculums.	
2	Months with stockout of measles vaccine at national level (Target: 0 month)	2017	0	2018	0	31 December 2018	Not Achieved	2 Delayed funding of vaccine cost estimates led to stockouts in 2018: discussions with MoH on ensuring early commitment of vaccine procurement funds are ongoing.	Sector Management Information System
3	Effective Vaccine Management (EVM) composite country score	2017	50%	2018	60%	31 December 2018	Achieved	71%	Sector Management Information System
4	Designated BEmONC facilities that are operational on a 24/7 basis	2017	133 (60%)	2018	172 (80%)	31 December 2018	Achieved	182 (84%)	Sector Management Information System

Financial Analysis

Table 1: 2018 Planned Budget for Health: Child Survival and Thrive.

Intermediate Result	Planned Budget, USD
Other Resources-Emergency	0
Other Resources- Regular	421,495
Regular Resources	350,081
Total	771,576

Table 2: Country-level Thematic Contributions to Thematic Pool received in 2018

Donors	Grant Number	Contribution Amount	Programmable Amount
Global- Health	SC189901	5687.89	5687.89
Total		5687.89	5687.89

Table 3: Expenditures in the thematic sector by results area

Outcome Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
21-01 Maternal and newborn health	0.00	18,961	122,844	141,804
21-02 Immunization	0.00	157,924	30,174	188,098
21-03 Child Health	5,307	73,437	230,898	309,642
Grand Total	**5,307**	**250,322**	**383,916**	**639,545**

Table 4: Thematic expenses by results area

Description	Incurred Expense		Cash Advances and Prepayments	Cumulative Expenditure	Commitments	Total
	2018	2019				
Staff and Other Personnel Costs	0.00	88.95	0.00	88.95	0.00	88.95
General Operating + Other Direct Costs	0.00	446.27	0.00	446.27	0.00	446.27
Total	**0.00**	**535.22**	**0.00**	**535.22**	**0.00**	**535.22**

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Code	Amount, USD
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	141,804
21-02-02 Immunization supply chain, including cold chain	184,334
21-02-05 Immunization operations	129
21-02-12 Continuous social mobilization and communication	3,636
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	512
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	648
21-03-98 Technical assistance - HSS	308,482
Grand Total	**639,545**

Table 6: 2019 planned budget for Health

Intermediate Result	Planned Budget, USD
Other Resource-Emergency	0
Other Resources-Regular	566,178
Regular-Resources	340,000
Total	**906,178**

Future Work Plan

Starting in 2019, UNICEF will implement the vision of the new country programme, 2019–2023 to reach every child, everywhere, every time, with opportunities to survive, develop and reach her or his full potential—building on the previous achievements.

The health component envisions that by 2023 young children, particularly the most vulnerable, benefit from gender-responsive equitable social programmes. The component supports multiple Sustainable Development Goals, particularly Goals 1 (end poverty in all its forms, everywhere) to 6 (ensure access to water and sanitation for all) and underpins national efforts to reduce maternal and under-five mortality as defined in the National Strategic Development Plan, 2019–2023. Key priorities include: (a) using the good practices of core packages for integrated maternal, newborn and child health, including HIV prevention, care, treatment and support; (b) increasing access to improved diets for infants and young children and applying quality hygiene interventions towards stunting reduction.

In 2019-2020, key actions within the Health sector include:

- Strengthen efficiency and coordination of maternal and neonatal health (MNH) interventions
- Capacity building for BeMONC
- Forecasting, procurement, & management of immunisation commodities
- Strengthen Health Management Information (HMI) and Monitoring and Evaluation systems
- Scale-up quality of care interventions
- Demand generation to increase access for maternal, neonatal, and child health (MNCH) services

The funding requirements to achieve the proposed interventions under the health sector (immunisation, and maternal, newborn, and child health) are 906,178 USD out of which 607,815 USD (67%) is funded. UNICEF will continue to mobilise resources and uses opportunities for cross-sectoral and integrated programming to mitigate the funding shortfalls. Additionally, UNICEF will continue to leverage strategic partnerships with the World Bank and Gavi, to achieve the key results for 2019-2020.

Expression of Thanks

UNICEF Lesotho would like to express its deep gratitude to the United Kingdom National Committee for the generous contribution to support child health in Lesotho. The financial contribution of the Thematic Fund contributed to strengthening the capacity of the Ministry of Health to deliver health services to vulnerable children living in hard to reach areas. This support has facilitated actions in addressing the gaps in service delivery, advocacy, M&E and capacity building. These funds will continue to help improve the quality of maternal, newborn, and child health interventions during 2019-2020.

Annexes:

Human Interest Story

"So No Other Mother Ever Has to Lose a Baby Like That Again":
Preventing Mother-to-Child Transmission (PMCTC) of HIV—While Promoting healthy behaviours in Lesotho

Imagine walking into a village health centre like this one with your hand resting on your belly, wondering. Imagine a nurse gives you a test and it shows that you are, in fact, pregnant.

Imagine learning—in the very next breath— that you are also HIV-positive.

Too many mothers in Lesotho—a country with the second-highest HIV infection rate on earth, where one in four people lives with HIV—have had this experience. In this aluminium shed at the back of a remote village health centre, most of the 14 young mothers have been through it.

You wouldn't expect to spend time with the mothers and babies in this shed, and then walk out with a wide, surprised smile threatening to take over your whole face. However, then, you've never met this group of mothers. Or their babies.

More and more, HIV-positive mothers are successfully giving birth to and raising children who are HIV-free in Lesotho, thanks to a spectrum of PMTCT and health interventions—and to invaluable support from their peers. PHOTO: UNICEF LESOTHO/PITTENGER

"Look how healthy our babies are. How happy!" says one mother. Her breastfeeding baby wears a striped stocking cap over chubby cheeks. He rubs his eyes with one small fist, groggy with milk.

All the babies and toddlers who crawl across the floor or breastfeed in their mothers' arms, in this room today, are HIV-free—whatever their mothers' status. A sign on the wall sums it up: "Start free, stay free, AIDS free." That is, ensure that babies start their lives HIV-free. Keep them free of HIV as they grow into toddlers and beyond. And protect both babies and mothers—whether they are HIV-positive or not—from illness.

So far, the mothers in this room have managed to do just that, thanks to lifesaving and intricately coordinated combination of treatment protocols; nutrition; education; health awareness; destigmatization; and support groups like this one, which is led by the NGO mothers2mothers (M2M) with UNICEF support. But most of all, it's thanks to the mothers themselves, who—like loving mothers anywhere—will do just about anything to give their babies a good start in life.

"You can see that we are taking our ARV treatment. Look how beautiful we are now!" jokes a curvy 27-year-old mother, her full cheeks glowing. "But if we hadn't met M2M, it wouldn't be easy to take ARV or vaccinate our babies. "

These days, the mothers know a lot about protecting their babies from HIV and childhood illnesses, and the support from other mothers in the same situation is clearly invaluable. But there is a lot to know—and some of it was initially misunderstood even by trained healthcare professionals themselves.

The support—including jokes, laughter and gentle kidding amongst the mothers—is palpable in the room today. Yet every mother here knows that the stakes are tremendously high.

"I do this work because my little baby died because of AIDS," says Mamahlosi Lerotholi, a Site Coordinator for mothers2mothers. "And I say 'That's enough. I don't want one other mother to infect their young ones. I want every mother to have a healthy baby.' So I have to work—at first, I volunteered, I worked for free—to help other mothers. So no other mother ever has to lose a baby like that again."

Mamahlosi Lerotholi lost her baby to AIDS-related illness. She has been working with community based organisations to help prevent mother-to-child transmission of HIV, and to keep both mothers and children healthy. PHOTO: UNICEF LESOTHO/PITTENGER

Now, with the help of Lerotholi and mothers2mothers, the women in this support group have clear hopes for their own children's futures. Says another of the young mothers:

"I want my baby girl, at my age, to be educated. To work. To be healthy. And to know how to protect herself against HIV. I will tell her how I got infected, so she will be able to avoid it. I will tell her to protect herself whenever she has sex. And I will tell her how I prevented her getting infected as a baby, too."

There must be days when it is bittersweet, for a mother to work so hard to protect her baby from HIV when she is infected with the virus herself. But today, this mother's face is proud. Her baby girl reaches up, as she breastfeeds, to entwine a chubby fist in her mother's braids. And today, it mostly just looks sweet.

Title of Report/Project: Lesotho Global Health (SC1899010006) Thematic Report

UNICEF Office: Lesotho

Donor Partner: United Kingdom National Committee

Date:

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Anurita Bains, Representative

Email: abains@unicef.org

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SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!