

## **Country context**

### **WEAK HEALTH SECTOR**

Lesotho is facing formidable public health challenges, including low coverage of essential public health services and weak public health institutions. Most health Millennium Development Goals (MDGs) were not achieved. The high rates of communicable and non-communicable diseases, including tuberculosis and the HIV pandemic, place significant pressure on health infrastructure and resources. Maternal, infant and child survival is precarious and compounded by extremely high rates of childhood stunting and poor access to quality health care services during pregnancy, childbirth and after delivery, especially in rural areas. Delivery in health facilities stood at only 77 per cent in 2014.

#### POOR ACCESS TO QUALITY EDUCATION

Access to and quality of education also remain a challenge. Although primary education is free and compulsory, and the majority of girls and boys (over 89 per cent) enrol in school, many drop out. Only 7 in 10 students who start the first grade of primary school complete the last grade, with boys less likely to do so than girls. Children in rural areas are also less likely to make it to the last grade of primary school: 59 per cent compared to 86 per cent for urban children.

Secondary school completion fares worse, with only just over 4 in 10 completing junior secondary and 1 in 3 senior secondary. Gross enrolment in pre-primary education is 42 per cent, and 1 in 4 disabled children aged 5–10 does not attend school. Access to non-formal education for those who have missed out on formal education remains limited, particularly in rural areas.

### HIGH INEQUALITY AND CHILD POVERTY

Lesotho is one of the 10 countries globally with the greatest inequalities, with a Gini coefficient of 0.549 in 2016. Poverty remains a persistent problem. More than 6 in 10 children live in multidimensional poverty where they are deprived of three or more basic social services (education, health, information, nutrition, sanitation, shelter, water and others). The high poverty levels are one of the key drivers of child labour in the country, which is growing rapidly across different sectors. The lack of disaggregated data, in particular by age and gender, creates additional challenges in identifying those most in need.



### **CHALLENGES IN ACCESS TO SERVICES FOR MIGRANTS**

There is a challenge for migrants to access services in the public health centres, mainly due to the language barrier and limited access to information, as they have not been fully integrated into the host community. The lack of data disaggregated by migratory status makes it difficult to develop an evidence-based policy.

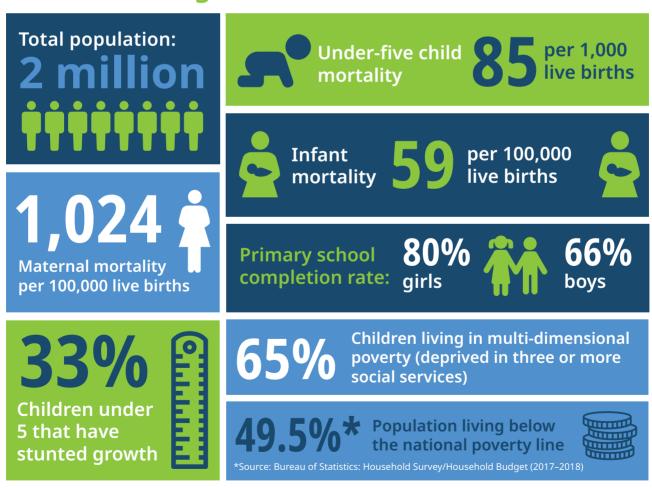
#### **GENDER-BASED VIOLENCE IS WIDESPREAD**

Violence against women is pervasive. Underpinned by unequal gender norms, it violates women's human, sexual and reproductive rights and prevents them from fully participating in public decision-making forums. Lesotho is also a source, transit and destination country for forced labour and sex trafficking. A policy framework is needed to address trafficking in persons and smuggling of migrants through strengthening the criminal justice system and victim support.

#### **ANTI-CORRUPTION MEASURES REQUIRED**

Similar efforts are required to strengthen government capacities to implement measures against money laundering and in detecting, seizing and confiscating illicit proceeds, as required by United Nations instruments and other globally accepted standards.

## Lesotho at a glance



Source: United Nations, United Nations Development Assistance Framework for Lesotho 2019-2013, Delivering together for development, 2019.



# **Development objectives and priorities**

The United Nations Development Assistance Framework (UNDAF) 2019–2023 provides joint United Nations support to Lesotho's national development priorities, as United Nations agencies join forces to help Lesotho progress towards the achievement of the Sustainable Development Goals (SDGs) by 2030.

This fact sheet presents a summary and funding gaps for outcome 2.1 of the UNDAF pillar 2 on sustainable human capital development.

#### WHAT DO WE WANT TO SEE BY 2023?

#### **UNDAF outcome 2.1**

#### UNDAF outcome 2.1 is aligned with...











4 QUALITY



















## WHAT DO WE FOCUS ON?

- Strengthen national and sub-national capacity to design, deliver and finance social protection systems and improve delivery of social services, with a focus on vulnerable and marginalized groups.
- Promote evidence generation and greater disaggregation of data, in order to enhance service delivery and quality for the most vulnerable groups.
- Strengthen **public demand** for social services.
- Improve provision of quality formal education, with a focus on the most disadvantaged children, including those with disabilities.
- Develop alternative pathways to learning, including informal and non-formal education, skills training for young people.
- Deepen integration of early childhood care and development across sectors.
- Support the Ministry of Health to deliver essential health, HIV and nutrition services for mothers, children and adolescents, and ensure universal health coverage.





## **SPECIFIC ACHIEVEMENTS BY 2023**

rate reduced to

per 100.000 live births

down from 1,024 deaths in 2014

5.5/1,000 Adult HIV incidence (down from 14.2)

7/1,000

HIV incidence in young women aged 15-24 years (down from 17.2)

25% Stunting in children under 5 (down from 33% in 2014)

Allocation to social protection as part of GDP (up from 9% in 2016)

**New cohort** survival rate in primary education (up from 72.7% in 2016)

Married women with unmet need for family planning (down from 18% in 2014)

Prevalence of gender-based violence among women experienced in a lifetime (down from 86% in 2014)

## **IMPLEMENTATION AND MANAGEMENT**

#### Delivering as one (implementing UN agencies):

Food and Agriculture Organization (FAO), International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Food Programme (WFP), World Health Organization (WHO) and non-resident agencies - International Atomic Energy Agency (IAEA), International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), International Trade Centre (ITC), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Trade Organization (WTO).

#### Partnerships:

School proprietors, churches, traditional leaders, families, civil society organizations/networks/initiative groups, Ministries of Finance, Labour and Employment; Education and Training; Social Development; Health; Development Planning; Gender

and Youth; Sports and Recreation; Local Government and Chieftainship Affairs; Justice; Human Rights and Correctional Service; Police; Home Affairs; Agriculture; Prime Minister's Office-Disaster Management Authority; Bureau of Statistics; National AIDS Commission; Christian Health Association of Lesotho (CHAL); and other partners.

Governance structure and management arrangements: UNDAF Joint Steering Committee, UN Country Team, UNDAF Outcome Results Group 2.

#### **Current donors:**

Adaptation Fund, UK Department for International Development (DFID), European Union, Gavi Alliance, Japan, Lesotho Government, Netherlands, Rotary International, Swedish International Development Cooperation Agency, Swiss International Development Agency, UN Central Emergency Response Fund (CERF), UN Peacebuilding Fund.

**BUDGET FOR UNDAF OUTCOME 2 (2019-2023)** 

**Total needed:** 

US\$124.3 million



What we have so far:

**US\$95** million



Funding gap: US\$29.3



**BUDGET FOR UNDAF OUTCOME 2 (2019-2020)** 

**Total needed:** US\$39.5



What we have so far:

**US\$12.2** million



**Funding gap:** US\$27.3











































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