



UNITED NATIONS
LESOTHO



IMPACT OF COVID-19 ON YOUTH AND ADOLESCENTS IN LESOTHO

June 2021

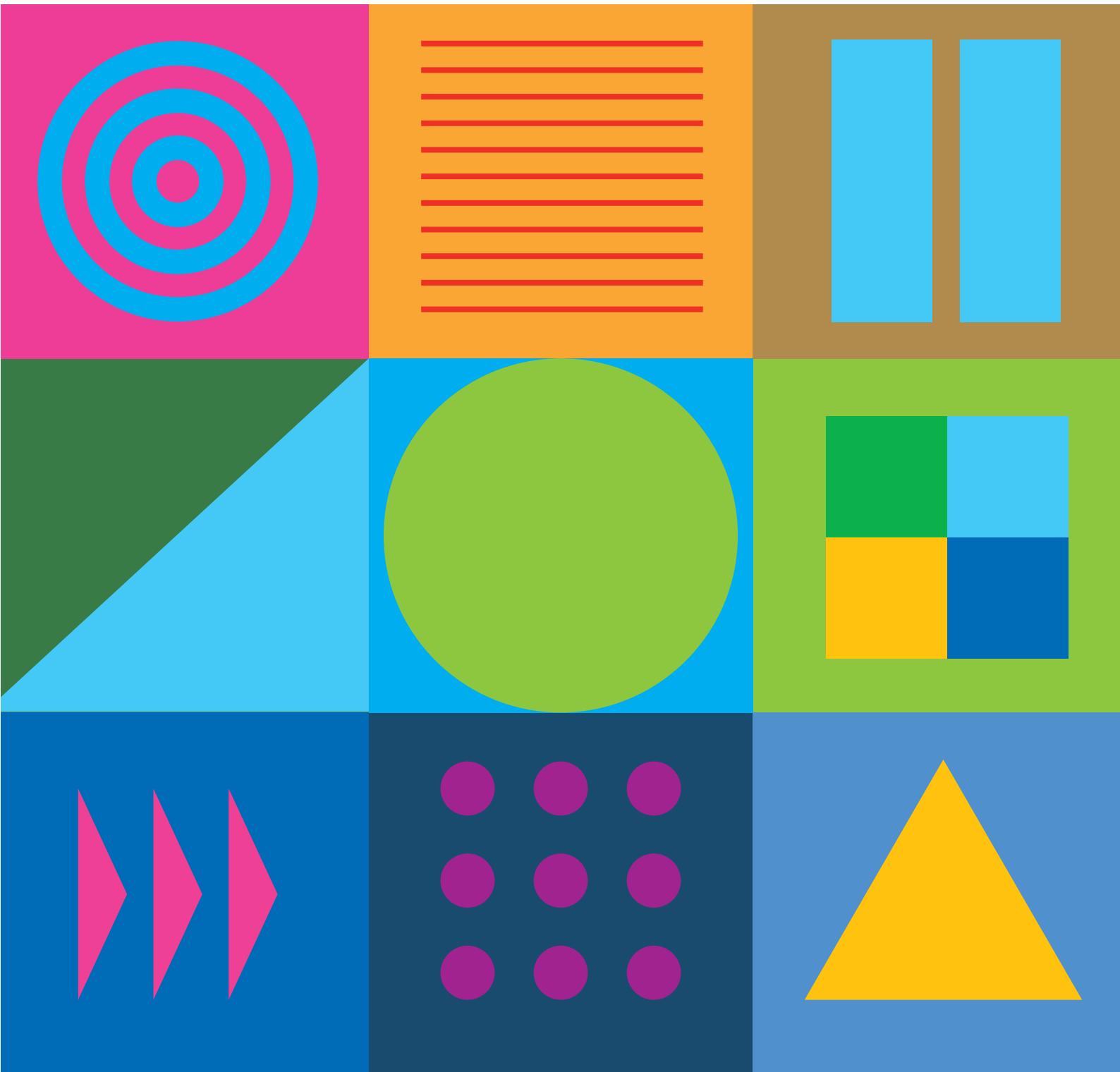


Table of Contents

BACKGROUND	4
INTRODUCTION	5
Lesotho COVID-19 Outbreak.....	5
Contextual Overview of the State of Adolescent and Youth Development in Lesotho.....	6
Education and Skills Development.....	7
Health and Well Being.....	9
Safety and Protection	13
Employment and Opportunities	16
Civic Space and Participation	17
METHODOLOGY	18
Sampling Strategy and Data Collection Methods.....	18
Data Cleaning, Merging and Analysis	20
FINDINGS	21
Demographics – Characteristics of Respondents.....	21
COVID-19 Awareness.....	22
Impact of COVID-19 on Adolescents and Youth in Lesotho.....	23
CONCLUSION	47
RECOMMENDATIONS	49

LIST OF TABLES

Table 1:List of Interviewed Informants from Relevant Organizations.....	19
---	----

LIST OF FIGURES

Figure 1: Age Distribution of Respondents Figure 2: Gender Distribution of Respondents	21
Figure 3: Distribution by Disability.....	22
Figure 4: COVID-19 Impact Per Age Group	23
Figure 5: Areas of Greatest COVID-19 Impact	24
Figure 6: Part of Life Mostly Impacted Per Age Group	25
Figure 7: Distribution of Respondents by Education	25
Figure 8: School Attendance During Lockdown.....	26
Figure 9: Attending School before Lockdown- Per Age Group.....	28
Figure 10: Percentage of those Able to Go Back to School - Per Age Group.....	28
Figure 11: Access to Health Services	30
Figure 12: Information on Where and How to Access SRH Services and Products	31
Figure 13: Accessing SRH Services and Products	31
Figure 14: Impact on Mental Health Figure 15: Impact on Physical Activity	32
Figure 16: Assessment on Availability of Someone to Talk to about day-to-day Problems.....	33
Figure 17: Employment, Entrepreneurship, and Unemployment Per Age Group.....	34
Figure 18: Work and Related Income	35
Figure 19: Violation of Rights.....	38
Figure 20: Percentage Per Age Group of those that felt their Human Rights and Freedom have been violated since COVID-19.....	38
Figure 21: Rights Mostly Violated Per Age Group	39

LIST OF ACRONYMS

ARV	Antiretroviral
AYC	African Youth Charter
AYSRRH	Adolescent and Youth Sexual and Reproductive Health Rights
BOS	Bureau of Statistics
CATI	Computer Assisted Telephone Interviews
CAWI	Computer Assisted Web Interviews
CYP	Commonwealth Youth Programme
ECCD	Early Childhood Care and Development
FPE	Free Primary Education
GBV	Gender Based Violence
GoL	Government of Lesotho
ILO	International Labour Organization
LAT	Lesotho Association of Teachers
LeSPA	Lesotho School Principals Association
LTTU	Lesotho Teachers Trade Union
MoH	Ministry of Health
NACOSEC	National COVID-19 Secretariat
NMDS	National Manpower Development Secretariat
NSDP	National Strategic Development Plan
NYP	National Youth Policy
PSI	Population Services International
SADC	Southern African Development Community
SDG	Sustainable Development Goals
SGBV	Sexual Gender Based Violence
SMME	Small, Micro and Medium Enterprise
TB	Tuberculosis
ToR	Terms of Reference
TVET	Technical and Vocational Education and Training
UN	United Nations
UNCT	United National Country Team
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
WRA	Women of Reproductive Age

BACKGROUND

In support of Lesotho's development priorities, as outlined in the Second National Strategic Development Plan NSDP II (2019 -2023) and as guided by the Sustainable Development Goals (SDGs), African Union Agenda 2063 and other strategies and international instruments, the Government of Lesotho (GoL) collaborated with the United National Country Team (UNCT) to formulate the Lesotho United Nations Development Assistance Framework UNDAF (2019– 2023). To anchor UNDAF's Strategic Framework, the UNCT has identified three key strategic priorities: (a) Accountable governance, effective institutions, social cohesion, and inclusion; (b) Sustainable human capital development; and (c) Sustainable and inclusive economic growth for poverty reduction.

To control the spread of the COVID-19 pandemic, the GoL implemented various response measures to slow the transmission of virus. Following an initial country-wide lockdown, the GoL imposed movement restrictions and closed schools and non-essential businesses. To cushion against the immediate shock on the most vulnerable groups, the GoL in collaboration with Development Partners (DPs) and Civil Society Organizations (CSOs) scaled up urgent health spending and expanded social assistance.

The United Nations (UN) system continuously seeks to protect and uplift the most vulnerable. This is particularly critical during the COVID-19 pandemic, when new vulnerable groups have emerged, and widespread vulnerability has increased. For effective response, it is, therefore, important to understand how COVID-19 has impacted vulnerable groups.

In Lesotho, more than 60% of the population is aged below 35¹. Before the pandemic, young people already suffered disproportionate levels of multidimensional poverty and unemployment, and it is likely that their vulnerability will have heightened during the pandemic due to higher levels of informal employment and widespread school closures. This paper, therefore, seeks to investigate in detail the impact of COVID-19 on adolescents and youth in Lesotho, paying particular attention to the vulnerabilities they may face.

¹ Lesotho Voluntary National Review on the Implementations of Agenda 2030 Report 2019

INTRODUCTION

The outbreak of coronavirus, also known as the COVID-19 pandemic, began in Wuhan, China in December 2019. The World Health Organization (WHO) notes that the virus is spreading globally at an alarming rate, with 167,011,807 confirmed cases and 3,472,068 deaths as of May 25, 2021². Although the pandemic has been slow to take root in Africa, the WHO claims that cases are now spreading rapidly. Since the first case was recorded on the continent on February 14, 2020, Africa has registered 3,457,590 cases and 86,220 deaths as of May 25, 2021³.

Lesotho COVID-19 Outbreak

Lesotho recorded its first COVID-19 case on 13 May 2020, and infections have risen sharply since then. As of 22 May 2021, Lesotho had recorded 10,822 confirmed cases and 326 deaths. In response to increasing COVID-19 cases both globally and regionally, as earlier noted, the GoL established a set of restrictions to control the spread of the virus. On the 18th of March 2020, the GoL declared a national emergency, followed by a compulsory lockdown for all non-essential services a week later. Under the lockdown, all non-essential activities were closed for 6 weeks, with restrictions relaxed on the 19th of May 2020.

Although restrictions were relaxed, the economy has not yet fully opened; instead, the GoL has adopted a colour-tiered coding scheme, whereby the country changes its colour (green, blue, purple, orange, or red) in accordance with the level of COVID-19 transmission at the time. The GoL changes tiers relatively frequently (changing five times in the course of 2021 to the 25th of April), demonstrating fast responsiveness to the situation on the ground.

For national response planning and preparedness, the government initially established the National Emergency Command and Operation Centre led by a Cabinet sub-committee and the Ministry of Health (MoH). However, In June 2020 the Prime Minister of Lesotho, Dr. Moeketsi Majoro, dissolved the Command Center and replaced it by setting an autonomous National COVID-19 Secretariat (NACOSEC). The main mandate of the Secretariat is to coordinate and implement all COVID-19 response strategies and measures. In line with its

² For live dashboard, check: <https://covid19.who.int/>

³ Ibid

mandate, NACOSEC developed the National COVID-19 Strategy and Risk Determination and Mitigation Framework⁴.

Contextual Overview of the State of Adolescent and Youth Development in Lesotho

The Lesotho National Youth Policy (NYP) 2017-2030 defines *youth* as any person between the ages of 15 and 35 years⁵, while the World Health Organization (WHO) identifies an *adolescent* as any person between the ages of 10 and 19⁶. For this study, therefore, the age range that falls within both definitions, 10 and 35 years, will be adopted to define *young people* in Lesotho.

The global youth population for ages 15 to 24 years was about 1.2 billion in 2019, with nearly 20 percent of the youth living in sub-Saharan Africa⁷. With inclusion of all young people aged between ages 10 and 35 years, the latter number of sub-Saharan Africa youths increases to a staggering two thirds of Africa's population⁸. Likewise, Lesotho is experiencing a demographic shift; 70.0 percent of the population is below the age of 34⁹.

However, the fertility rate has also slowed, falling to 0.8 percent in 2019¹⁰. The combination of a large young population amidst a falling fertility rate has created a youth bulge that is slowly ageing and will soon be entering the labour force. This poses an opportunity for Lesotho to quickly develop under a large labour force and low dependency ratio, but also requires that the youth be engaged in the labour force and not be disenfranchised, which would in turn risk heightened political and social instability.

To attain effective youth development in Lesotho, the country launched its National Youth Policy (2017 – 2030) in 2019, aligned to recommendations of the African Youth Charter (AYC). The adopted NYP provides a framework for enabling youth to develop social, economic, cultural, and political skills to enhance their participation in all aspects to improve their quality of life. Through proper coordination of youth interventions and initiatives in Lesotho, the NYP plans to attain the following policy outcomes¹¹: Entrepreneurship, Innovation and Financial Literacy are integrated into the education system at appropriate levels by 2021; The percentage of youth with access to savings and credit services in Lesotho is a minimum of 40% by 2026 and 60% by 2030; By 2030, youth-friendly services in Lesotho include access to online counselling, dedicated and free HIV/AIDS and youth health call centres, free strips for home based HIV testing, and vending machines for prescribed medication and reproductive health commodities are available in every health centre; and there is

⁴ Check: <https://nacosec.org.ls/strategy/> and <https://nacosec.org.ls/risk-determination-and-mitigation-framework/>

⁵ Ministry of Gender, Youth, Sports and Recreation (2019), Lesotho National Youth Policy (NYP) 2017-2030, Lesotho

⁶ [Microsoft Word - YOUTH Definition 2013-1-23.docx \(un.org\)](#)

⁷ [WYP2019_10-Key-Messages_GZ_8AUG19.pdf \(un.org\)](#)

⁸ [Africa's first challenge: the youth bulge stuck in 'waithood' | Mo Ibrahim Foundation](#)

⁹ Lesotho Voluntary National Review on the Implementations of Agenda 2030 Report 2019

¹⁰ World Bank, 2020, World Development Indicators

¹¹ Ministry of Gender, Youth, Sports and Recreation (2019), Lesotho National Youth Policy (NYP) 2017-2030, Lesotho

an Operationalized, equitable and gender-sensitive youth representation in all structures and levels of public decision-making by 2030.

The following section, therefore, provides an overview of young people's development in Lesotho, focusing on the following dimensions: Education and skills development; Health and well-being; Safety and Protection; Employment and opportunity; and Civic space and participation.

Education and Skills Development

Education empowers young people, provides a safe social space for interaction with others, and creates a better living standard and better opportunities. As such, the GoL invests considerably in education and has a good network of technical and vocational training institutions. Under the Education Act, primary education has been made free and compulsory for primary school learners and the Government has invested in building more schools to facilitate learning¹². Furthermore, the country boasts of having 'special-needs' schools in four districts, namely Maseru, Berea, Leribe and Butha-Buthe. Some of these schools are specifically for visual and hearing impairments, while others cater for multiple disabilities.

It is no surprise, therefore, that Lesotho's population is one of the most highly literate in the sub-Saharan region. With the regional adult literacy rate of 65.5 percent, Lesotho ranks among the highest countries with a rate of 76.6 percent¹³. Compared to the adult literacy rates, youth literacy rates, on the other hand, are generally higher regionally (78.8%) and nationally (86.6%)¹⁴. With the 86.6 percent rate in Lesotho, female literacy is at 94.0 percent, while male literacy records 79.6 percent¹⁵. However, according to the NSDP II, the country's high literacy rates have not translated into employable skills for young people in Lesotho.

Despite the country's high adult and youth literacy rates, and relatively high expenditure on education (14.6 percent of GDP in 2020/21¹⁶), the quality of education¹⁷ in Lesotho remains low¹⁸. Only 45.0 percent of children aged 7 to 14 years demonstrate foundational reading skills in English or Sesotho, and only 15.0 percent demonstrate foundational numeracy skills¹⁹. Amongst teachers, only 51.0 percent demonstrate adequate literacy knowledge and only 31.0 percent demonstrate adequate numerical knowledge. Furthermore, the

¹² CRC/C/LSO/CO/2. Para. 53.

¹³ [Literacy rate, adult total \(% of people ages 15 and above\) - Sub-Saharan Africa | Data \(worldbank.org\)](#)

¹⁴ Ibid

¹⁵ UNESCO Institute for Statistics: Literacy rate in Lesotho. Check: www.unesco.org/lesotho

¹⁶ [2020/21 MID-TERM BUDGET REVIEW \(finance.gov.ls\)](#)

¹⁷ UNESCO defines quality education as a human right and supports a rights-based approach to the implementation of all educational activities - [Promoting quality education: education for peace, human rights and democracy; education for sustainable development; curricula, educational tools and teacher training - UNESCO Digital Library](#)

¹⁸ Ministry of Education and Training, 2018, Education Statistics Bulletin

¹⁹ UNICEF, 2018, Multiple Indicator Cluster Household Survey (MICS)

average primary school class has one teacher per 63 students, which falls to one teacher per 79 students in secondary school. Furthermore, about 13.0 percent of students who complete primary school do not continue to secondary school, and only 30.0 percent of students complete secondary school²⁰. According to the United Nations Children’s Fund (UNICEF), rural boys are the most unlikely to complete education in Lesotho²¹.

In addition, government’s spending is skewed towards tertiary education, benefitting an exceedingly small proportion of learners²². The country further suffers from serious skills mismatch between skills supply and labour market requirements. The NSDP II claims that the caliber of graduates of higher education institutions does not match the demands of what the country needs for sustainable economic growth²³. The Plan suggests that graduates could have better success in the labour market if the education sector were reorganized to promote inter-sectoral coordination and involving the private sector in curriculum development (so that skill development meets the private sectors labour needs).

The inability of Lesotho's education system, therefore, to produce the relevant skills is concerning from a development perspective, as it hampers private sector job creation and inclusive economic growth. For instance, in 2016 the then Letseng Diamonds Chairman, Clifford Elphick, publicly complained to the press that a dearth of technical skills was one of the major risks to the growth of the diamond mining sector²⁴.

Through implementation of the NSDP II and the Education Sector Strategic Plan for 2016-2026²⁵, however, the government plans to reform its education system by matching training with sector/industry specific needs, increasing utilization of ICT by all, and expanding and upgrading Technical and Vocational Education and Training (TVET).

The country’s education system is further weakened by common teachers’ strikes. In 2019, the teachers, under the banner of three teachers’ unions, the Lesotho Association of Teachers (LAT), Lesotho Teachers Trade Union (LTTU) and the Lesotho School Principals Association (LeSPA), went on strike for more than three months after failing to reach an agreement with the Ministry of Education and Training on the resolution of their demands for salary increments (eight percent salary increment) and improved working conditions²⁶. The strike caused many children to lose out on schooling in 2019. Coupled with the impact of COVID-19 since 2020, there is evidence that more marginalized students, including herdboys, young people living with disability and those

²⁰ Ibid

²¹ Ibid

²² Ministry of Development Planning, NSDP II (2018/19-2022/23)

²³ Ministry of Development Planning, NSDP II (2018/19-2022/23)

²⁴ Lesotho Times May 14th, 2016: “Skills gap stifles diamond mining”. Check: www.lestimes.com

²⁵ [Education Sector Plan 2016-2026. Lesotho | Documents | Global Partnership for Education](#)

²⁶ [Lesotho: Striking Teachers' Salaries Docked - allAfrica.com, No going back on strike: teachers - Sunday Express, striking Teachers Told To Go Back To Work – Government of Lesotho \(www.gov.ls\)](#)

living with HIV and AIDS, and orphans and other vulnerable children, have mostly been negatively impacted²⁷. Before the pandemic, these vulnerabilities were identified as factors influencing the dropout rate in Lesotho²⁸, and the pandemic is assumed to have exacerbated the situation.

Health and Well Being

HIV/AIDS and Tuberculosis (TB)

According to the World Bank, Lesotho has the second highest rate of HIV prevalence in the world, with 22.2 percent of the adult population estimated to be living with HIV in 2020²⁹. However, due to enormous gains Lesotho has made to date in HIV detection and prevention³⁰, the high HIV prevalence may partly be attributable to people living with HIV now living longer and healthier lives.

According to the Lesotho Population-Based HIV Impact Assessment conducted in 2020, children appear to have slightly poorer access to HIV health services, in comparison to the rest of the population³¹. The assessment found that 29.0 percent of children living with HIV (CLHIV) did not know their status and were, therefore, not on Antiretroviral Therapy (ART), as evidenced by the ART coverage of 71.0 percent for young people³².

Lesotho further suffers from high prevalence of tuberculosis (TB), which is the second leading cause of death and a dangerous opportunistic infection for the many HIV-positive citizens. In 2016, the HIV/TB co-prevalence was 72.0 percent, with a low childhood TB case detection rate of 3.3 percent³³. Notably, the low childhood TB detection rate is attributable to the fact that many healthcare workers in Lesotho have limited capacity and confidence to diagnose and manage childhood TB³⁴.

Compared to other sectors, Government's expenditure on healthcare is relatively high (14.8 percent of GDP in 2020/21³⁵). However, the country's healthcare system remains weak, with limited infrastructure and resources to reach the geographically constrained populations with accessibility challenges. Through implementation of the NSDP II, however, the GoL plans to address the current challenges in the Healthcare system including

²⁷ [Through the Eyes of Learners and Teachers | The Impact of the FutureLife- Now! COVID-19 Emergency Programme on Lesotho – MIET AFRICA](#)

²⁸ [43176873.pdf \(core.ac.uk\)](#), [Disability in Lesotho \(Infod.org.ls\)](#), [Microsoft Word - PitikoeCORRECTEDthesisMarch2016 \(ukzn.ac.za\)](#)

²⁹ World Bank, Health Nutrition and Population Statistics, 2020

³⁰ UNAIDS, 2020, Spectrum Modelling Estimates

³¹ Lesotho Population-Based HIV Impact Assessment (LePHIA) Preliminary Results, Ministry of Health, Lesotho, 2020

³² Ibid

³³ Elizabeth Glazer Pediatric AIDS Foundation: The Lesotho Program - Working with Women, Children, and Families to End Pediatric AIDS

³⁴ "Final Report for a Joint Review of HIV/Tuberculosis and Hepatitis Programmes 2nd December 2017"

³⁵ [2020/21 Mid-Term Budget Review \(finance.gov.ls\)](#)

maternal and infant mortality, HIV/AIDS, TB, and other non-communicable diseases by strengthening systems and building human resource capabilities.

Adolescent and Youth Sexual and Reproductive Health

As highlighted, young people in Lesotho face multi-dimensional health challenges, including limited accessibility of Antiretroviral drugs (ARVs) and sexual and reproductive rights/ health services. The government is aware of the health challenges and has committed to invest more on comprehensive sexuality education to ensure that young people have knowledge and skills to protect their sexual and reproductive health and rights. For instance, Lesotho made a tremendous effort to reduce the cost of menstrual hygiene products by removal of related tax in early 2019, mainly because many young girls, especially in rural and poor families faced cost barriers in accessing menstrual hygiene products³⁶.

Likewise, better access to contraceptive information and services helps reduce the number of girls becoming pregnant and giving birth at a young age, and the risk of illegal and unsafe abortions. According to the analysis developed by *Track20*, based on 2019 population estimates for 2020³⁷, of all the women of reproductive age (WRA) in Lesotho, about 37 percent are adolescents and youth (aged between 15 and 24). Of these, 83,000 (or 15 percent of the WRA) are unmarried and not sexually active, while 12 percent of all women are adolescents/youth using a modern method of contraception, with 3.2 percent and 6.8 percent being adolescents/youth with no need for and with an unmet need for modern methods, respectively³⁸.

Early Childbirth

Globally, the leading cause of death for girls aged between 15 and 19 years is complications from pregnancy and childbirth³⁹. About 11 percent of all births worldwide are by girls aged 15 to 19 years, and most of these births are in low- and middle-income countries⁴⁰. In Lesotho, the adolescent fertility rate (the number of births per 1,000 women aged 15-19) has been rising since 2010, to a high of 9.0 percent in 2019⁴¹. According to the UN, the adolescence stage is a transitional period in which young people develop health behaviours, often experience their sexual debut, and establish their gender role and sexual identity⁴². As such, the rising adolescent fertility rate could be a result of limited consideration of the adolescent needs by policy makers and implementation of SRH services not relevant to young people. High adolescent fertility implies that many

³⁶ [Lesotho: Government scraps tax from sanitary wear - Gender Links](#)

³⁷ Assessing Opportunities for Family Planning Programming among Adolescents and Youth in Lesotho - [Lesotho Youth Opportunity Brief.pdf \(track20.org\)](#)

³⁸ Ibid

³⁹ [Adolescent Health | WHO | Regional Office for Africa](#)

⁴⁰ Ibid

⁴¹ World Bank, Gender Statistics, 2020

⁴² [PopFacts 2019-1.pdf \(un.org\)](#)

young women face an elevated risk of maternal death and disability. Furthermore, complications of pregnancy and childbirth for this age group are a leading cause of death, as are unsafe abortions.

Of note, Basotho sexual and gender identity is molded around heterosexual relationships and orientation. For example, issues of reproduction are at the core of societal expectations that have differential bearing on young women and young men. As such, sexual orientation and gender identity are neither protected nor overtly criminalized in Lesotho's Constitution⁴³. Although, the Constitution has general clauses talking to freedom from discrimination of any sort and the overall rights of equal treatment, fairness before the law and respect, there are no specific protection clauses for sexual orientation or gender identity, which could be gateways into explicit freedoms and protections for the lesbian, gay, bisexual, and transgender (LGBTI) community in Lesotho.

Mental health

Depression is the third leading cause of illness and disability among adolescents, and suicide the third leading cause of death in older adolescents (15–19 years) globally⁴⁴. For young people, sexual violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems. All these life challenges can put pressure on young people and push them into having mental problems and depression. Likewise, for some it often tends to lead to premature use of alcohol and drugs.

Alcohol and Drug Use

Alcohol and drug use among adolescents is a major concern globally. It reduces self-control and increases risky behaviours, such as unsafe sex or dangerous driving. It is a primary cause of injuries, including those due to road traffic accidents, violence (especially by a partner) and premature deaths.

According to the Lesotho National Human Development Report (2015), the substances commonly used by youth in Lesotho can broadly be categorized into three categories:

- a) **Alcohol** – The report claims that an average of 19.7 percent of youths in Lesotho were regular drinkers of alcoholic beverages⁴⁵. The data indicates that there is a progressive increase in consumption of alcoholic beverages from a low of 4.8 percent (one in every 20 youths) among the age group of 15-17 years to 32.5 percent among the group of 30-32 years. Most youth (58.9 percent) indicated that they

⁴³ [Conceptualizing LGBT Stigma and Associated HIV Vulnerabilities Among LGBT Persons in Lesotho \(springer.com\)](#)

⁴⁴ Ibid

⁴⁵ Lesotho national human development report 2015

consume alcohol for entertainment reasons, while 19.4 percent drink to relieve stress and 20.3 percent to impress peers⁴⁶.

- b) **Tobacco** - The report shows that there is a gradual increase in the rate of tobacco smoking by age, and at least 3.0 percent of the youth in Lesotho will have tried a tobacco smoke by age 17⁴⁷.
- c) **Narcotic drugs and other substances** - The tendency of youths to experiment often leads them to the use of narcotic drugs and other toxic substances which are inhaled, chewed, or injected. The most abundantly available narcotic drug in Lesotho is marijuana, and this is anecdotally a widespread problem. Younger youths between age group of 15 to 17 years have been found to inhale glue, petrol, and benzene⁴⁸.

In terms of regions, alcohol use was much higher amongst urban youth at 28.0 percent compared to rural youth at 13.3 percent. The same applies to substance abuse at 7.5 percent for urban youth and 2.3 percent for rural youth⁴⁹.

In the context of health and well-being, the national lockdowns imposed by government due to COVID-19 have potential to impact the already overburdened health care system of Lesotho. This may affect accessibility of health-related information and services and products, especially by young people. In addition, the low-quality health care system, coupled with dependency on South Africa for secondary and tertiary healthcare services⁵⁰, could increase the vulnerability of Basotho people to COVID-19, with possibility of adding to fatalities caused by other diseases, and morbidity, especially due to HIV and AIDS. This is especially concerning for adolescents and youth in Lesotho, as they already face multiple overlapping health risks as highlighted.

Sports and Recreation

The high incidence of HIV and relatively high alcohol and illicit substance abuse suggest the need for increased psychosocial services. Building life skills in young people and providing them with psychosocial support, including healthy eating and exercise habits, in schools and other community settings can help promote good mental health.

Therefore, the mental and physical well-being of young people relies further on the availability of and quality of sports and recreation facilities. There are both educational and psychosocial benefits when adolescents and youth participate in sports and recreational activities. Organized sports activities develop and increase

⁴⁶ *ibid*

⁴⁷ *ibid*

⁴⁸ Although there is limited data, this is a widespread problem, especially for children living in streets.

⁴⁹ *ibid*

⁵⁰ UN Lesotho, 2020, Assessment of the Socio-Economic Impact of COVID-19 on the Kingdom of Lesotho

cognitive skills. Furthermore, young people who participate in sports are less likely to engage in drugs use and early sexual activity.

There are clubs in Lesotho dedicated to improving the lives of young people for a better future. For instance, Kick-for-Life is a charity and social enterprise whose mission is to change the lives and long-term prospects of vulnerable young people in Lesotho, through a wide range of social development activities focused on health, education, and support towards sustainable livelihoods. As a football club committed to social change, their model enables them to change lives off the football pitch as well as leading systemic change in the industry. In 2020 they became the first topflight club in the world to commit to gender equal budgets⁵¹.

The Lehakoe Club Gym and Recreational Centre in Maseru has also played a huge role with regards to recreational activities that children and the youth engage in. Some of the activities include swimming, dance, tennis, and basketball, among others. Likewise, in all the country's districts, there are several youth sports clubs and organizations in the different cluster villages and towns, attending to and satisfying common needs and interests of young people. However, due to COVID-19, it has become difficult for most young people to access these services, either because they are no longer provided or the fees for house calls are now too high.

Safety and Protection

Lesotho spends close to 4 percent of GDP on social protection programmes⁵². However, despite high public spending on social security, numerous beneficiaries continue to languish in poverty with no signs of graduating. Although well resourced, the social protection sector remains poorly organized and managed. It is wide-ranging in scope, funded from numerous sources and spread across many ministries. However, the situation presents challenges related to government capacity to coordinate these partners and funders towards one goal of effective and responsive national response. For instance, the NSDP II claims that national response to vulnerability is clouded by lack of coordination of social protection programmes and poor programme targeting, and this has resulted to double dipping. Efforts are, however, underway to strengthen social protection coordination at different levels of government and to make it more targeted so that it becomes more efficient, equitable and transformative.

⁵¹ Kick for Life Football Club. Check: www.kick4life.org

⁵² Ministry of Development Planning, NSDP II (2018/19-2022/23)

Sexual Violence

Gender-based violence (GBV), defined as any harm that is perpetuated towards an individual or group because of their gender (including sexual, physical, emotional, economic, and verbal violence), is prevalent in Lesotho⁵³. In 2019, about 24 per cent of women aged between 15 and 59 years had experienced GBV⁵⁴. Amongst the same group that reported being forced into sex during their lives, 39.0 percent were now living with HIV. According to the 2019 Violence Against Children study, 18.0 percent of girls' first sexual experience was physically forced or coerced, and 11.0 percent of girls were married before the age of 18.0⁵⁵. Furthermore, about 26.0 percent of girls aged 13-14 reported experiencing physical violence, whilst 12.0 percent reported experiencing sexual harassment or sexual violence in 2017⁵⁶.

Due to additional stress caused by loss of income and unemployment, and confinement to smaller living conditions under lockdown, COVID-19 has potential to increase the frequency of GBV, particularly domestic and intimate partner violence.

People Living with Disability

People living with disability still have unequal access to social services and economic opportunities including access to labour markets in Lesotho⁵⁷. Children living with disabilities still face significant challenges accessing education due to lack of appropriate assistive devices, limited teachers with requisite skills to teach the children and related stigma towards disabilities. The NSDP II further claims that women and girls with disabilities are among the most vulnerable to GBV and human trafficking as their conditions make them easy targets⁵⁸.

The UN states that persons with disabilities are at heightened risk of exposure to COVID-19, due to their limited access to information on prevention measures, structural stigma and discrimination, and barriers to accessing health services⁵⁹. Likewise, the general well-being of young people living with disability, including their education, and safety and protection are likely to be negatively impacted by Government-imposed COVID-19 restriction measures.

⁵³ Lesotho Violence Against Children Survey 2019: High Level Priorities Indicators Report

⁵⁴ Ibid

⁵⁵ Government of Lesotho, 2019, Violence against Children and Youth Survey (VACS)

⁵⁶ Lesotho Population-Based HIV Impact Assessment (LePHIA), Ministry of Health, Lesotho, 2017

⁵⁷ Ibid

⁵⁸ Ibid

⁵⁹ [COVID-19 Situation update \(un.org\)](https://www.un.org/)

Child Headed Households

About 16.5 percent of young people between the ages of 10 and 24 in Lesotho head households, with 12.4 percent and 4.1 percent headed by young males and females, respectively. Furthermore, about 0.4 percent of those under the age of 17 also head households⁶⁰. The absence of prime-age adults at home, aggravated by HIV/AIDS, distress migration, and other fatal and severe disabling illnesses, force young people to disproportionately carry heavy care responsibilities. The consequences of absent parents are dire to youth development. Without the love and care from parents, young people become susceptible to a lot of challenges, including social, health and economic struggles.

The social expectations placed on young people about their household responsibilities and biological disposition, especially women and girls, further result in gender-specific risks and vulnerabilities, such as gender-based violence and child marriage. These are further accentuated when pre- and post-natal care, family planning, reproductive rights and sanitary protection are absent; and when there is lack of social care services for the disabled and those suffering from protracted illness.

Child marriage

Child marriages are common in Lesotho. Organizations such as World Vision Lesotho face cultural barriers in working towards eradication⁶¹. The practice is deeply entrenched in the Basotho culture, and in some cases, it is viewed as a means of survival, especially for young people who are orphans. A report from world vision relates a story of a young Mosotho girl who opted to get married to have food for her family⁶². Although culture does play a role, in some instances other young people marry young because of unplanned early pregnancies.

Many of the complex factors that drive child marriage in stable environments are exacerbated in emergency settings, as family and community structures break down during crisis and displacement. A pandemic such as COVID-19 further presents unique challenges that can increase child marriage both in the acute and recovery phases. However, in Lesotho there is also a higher risk for boys to become permanent herd-boys under COVID-19, failing to return to school as they must protect their families' incomes.

⁶⁰ UNAIDS, 2020, Spectrum Modelling Estimates

⁶¹ World Vision Lesotho Report (Wednesday 15 July 2020)

⁶² Ibid

Employment and Opportunities

The problem of chronic youth unemployment is a global issue. According to International Labour Organization (ILO), the global youth unemployment rate started to rise in 2007 and worsened in 2009 due to the global financial crisis and recession⁶³. The ILO estimates that nearly 75 million youth are unemployed globally. Africa is not immune to this crisis. Many young Africans find themselves unemployed or underemployed in informal jobs with low productivity and pay. According to the ILO, unemployment of the youth population aged between 15 and 24 years has been increasing faster in Africa than in other parts of the world. Therefore, the fast-growing population growth rate on the continent requires significant job creation to employ new workers (youth) entering the labour force. As such, African Governments are pressed to provide a large increase in jobs, while faced with limited resources to do so.

According to the World Bank, Lesotho's rate of unemployment declined from 27.0 percent in 2010 to 23.0 percent in 2019⁶⁴. Likewise, although youth unemployment has consistently been declining since 1999 (49.8 percent), it remains a persistent challenge in 2020 (32.8 percent)⁶⁵. A general mismatch between skills and labour market demands as earlier highlighted and a limited investment environment have adversely affected employment opportunities, which in turn threaten the realisation of poverty alleviation and decent work for all⁶⁶.

While the number of university and college graduates increases from year to year, it is estimated that of the 7,500 graduates who enter the labour market each year, half do not get jobs⁶⁷. This presents several economic and development challenges. The high number of unemployed graduates implies that resources that should be engaged in the production of goods and services are lying idle; results in a waste of scarce resources and dampens the long run growth potential of an economy as earlier highlighted.

High youth unemployment is further associated with high levels of poverty and income inequality. When young people are left with no alternative but unemployment and poverty, they are more likely to join a rebellion as an alternative way of generating an income. As such, unemployment among the youth is associated with an increase in crimes such as robbery, drug related offences and murder.

For an economy that is predominantly informal (Micro, Small and Medium Enterprises (MSMEs) and informal traders make 80% of the domestic private sector⁶⁸), COVID-19 has a potential to negatively impact Lesotho's

⁶³ Ibid

⁶⁴ World Bank, Sustainable Development Goals, 2020

⁶⁵ [Lesotho - youth unemployment rate 1999-2020 | Statista](#)

⁶⁶ [Lesotho Common Country Analysis | United Nations in Lesotho](#)

⁶⁷ World Bank, Sustainable Development Goals, 2020

⁶⁸ [Surviving the lockdown: the new normal experience | UNDP in Lesotho](#)

economy, especially because the government-imposed measures restricted such informal traders and SMMEs from operating during the national lockdown.

Civic Space and Participation

Lesotho's youth civic participation has deteriorated from a rank of 21 in 2016 to 47 in 2020, out of 49 Commonwealth countries (CWC)⁶⁹. As determined by the Youth Development Index (YDI), the key dimensions for assessing participation are the existence of youth policies and level of representation in political structures, and voter education and opportunities to express political views. Lesotho's poor scoring is attributed to limited programmes and interventions by the political parties targeting the youth to effectively participate in the country's politics, leadership, and decision-making processes.

In 2017, a local Non-Governmental Organization (NGO), Sentebale, formed a partnership called *Let Youth Lead* with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)⁷⁰. The programme provides a platform for young people to regularly engage leadership on socio-economic problems they face in their communities, and youth related solutions thereof.

Notably, due to various economic and other socio-political factors, civil society in Lesotho is largely uncoordinated, lacks a central organizing body and operates in relative isolation from the government. As such, limited information is available about Youth Civic Participation initiatives implemented by civil society organizations in Lesotho. However, lately there have been cases of uprising and protests from the youth. On July 2, 2019 youth marched to streets to have their voice heard for the first time in the country, demanding answers from the then Prime Minister, Thomas Thabane⁷¹. They peacefully protested all socio-economic challenges they faced, including the high unemployment youth rate.

However, because of imposed COVID-19 restriction measures, young people's participation in activism activities, such as the one highlighted above, has been restricted, and this has a likely negative impact on their human rights and freedom.

⁶⁹ [Global Youth Development Index \(YDI\) - The Health Hub \(thecommonwealth-healthhub.net\)](https://thehealthhub.net/global-youth-development-index-ydi/)

⁷⁰ Let Youth Lead, Building Responsible Youth, Youth Dialogue Forums 2018

⁷¹ Lesotho times July 2, 2019 'Thabane faces angry youth' (www.lesitimes.com)

METHODOLOGY

Survey Objective

The primary objective of the study is to provide an analytical assessment on the impact of COVID-19 on the adolescents and youth in Lesotho, in relation to response measures adopted by the GoL. The analysis establishes perceptions on the impact of COVID-19 on adolescents and youth, bridges the existing data gap and generates evidence to help formulate and implement adolescent- and youth-specific response policies, strategies, programmes, and projects.

Sampling Strategy and Data Collection Methods

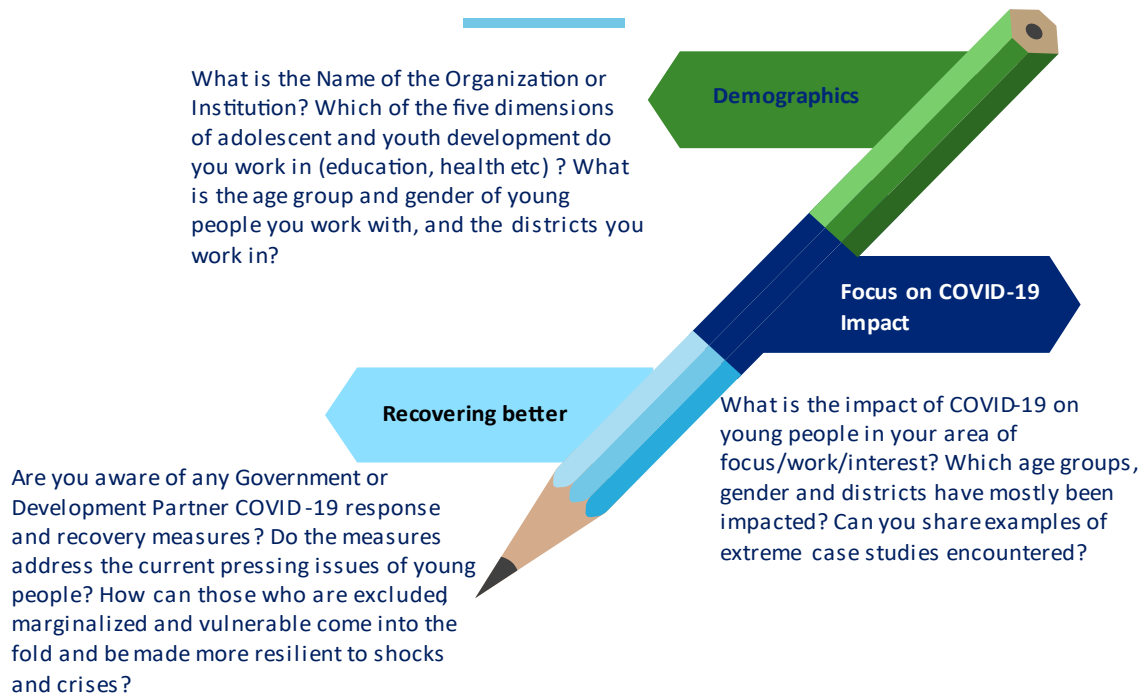
Data and information were derived from both secondary and primary sources. For primary data gathering, the sampling strategy involved a simple random and snowball sampling of young people between ages 10-35 years, including youth leaders, workers, and practitioners to undertake the quantitative survey. The quantitative data was, therefore, collected through administering UN Lesotho's pre-designed closed-ended question survey.

The Consultant reviewed the survey to ensure it captures the necessary data useful to create tailored policy with adolescent- and youth-orientated interventions. The updated sections of the survey include questions on demographics: gender, marital status, level of education, living arrangements and numbers within households; Young people's awareness on COVID-19; and Specific questions on the five areas of focus in relation to adolescent and youth development in Lesotho: Education and skills development; Health and well-being; Safety and protection; Employment and opportunity; and Civic space and participation. The reviewed survey completed by young people can be found in the following link: <http://www.covidandyouth.co.ls/>

For more in-depth gathering on qualitative data and information collection, the sampling involved simple random sampling of relevant civil/public servants, development partners and Non-Governmental Organizations (NGOs). Therefore, qualitative information and data was sourced through conducting literature review on various documents capturing the impact of COVID-19 on Adolescent and Youth Sexual and Reproductive Health Rights (AYSRRH), economic stimulus and relief policies, education strategy, public health regulations and COVID-19 burden on young people. This data provided the most recent empirical evidence for COVID-19 impact on young people in Lesotho and had a variety of rich indicators pertaining to their vulnerabilities. Furthermore, the Consultant reviewed the extent to which the young people have been included in the COVID-19 response frameworks by government, development partners and civil society organizations.

To collect qualitative data, an interview guide with the following guide questions was administered to civil/public servants, development partners and NGOs:

Qualitative Guide Questions



The designed survey completed by informants at the organizations can be found in the following link:
<https://ee.kobotoolbox.org/x/6DdcMDro>

The subsequent review of qualitative and quantitative data and information was sourced from the following reputable stakeholders:

Table 1:List of Interviewed Informants from Relevant Organizations

Ministry of Gender, Youth, Sports and Recreation	Ministry of Social Development	Ministry of Health
Ministry of Labour and Employment (Child Labour Desk)	The Bureau of Statistics (BOS)	Transformation Resource Centre (TRC)

Red Cross Lesotho	Help Lesotho	Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) Lesotho
Jhpiego Lesotho, Pact Lesotho, PSI Lesotho	Lesotho Planned Parenthood Association (LPPA)	Touch Roots Africa
Mohlomi Mental Hospital	Kick-4-life	Skillshare
Society for Women and AIDS in Africa Lesotho (SWAALES)	Sentebale	World Vision Lesotho

Both surveys were delivered through the following modalities: Computer Assisted Web Interviews (CAWI), with the survey links circulated on social media; that is on Facebook, WhatsApp, Instagram, and LinkedIn, where the survey had capacity to reach multitudes of young people. Snowball/chain-referral sampling, a recruitment technique in which participating young people were asked to contribute to the study by further identifying and circulating the survey to other potential respondents within their social networks, was adopted for the first survey directed to young people. Furthermore, an email with the second survey link was sent to key informants at relevant organizations and institutions; while Computer Assisted Telephone Interviews (CATI) and further emails were conducted and sent, respectively, as follow-up with such respondents.

Data Cleaning, Merging and Analysis

Before merging of the raw data, the datasets were recoded and labelled to create identical variables. Data cleaning, merging and analysis were conducted using Microsoft Excel. That is, descriptive statistical analysis by means of frequency analysis was conducted after data had been captured into an excel spreadsheet. Findings from the qualitative methods were further triangulated based on available grey and white literature where available, with most quantitative data analyzed through Excel spreadsheets. Data analysis included the creation of basic summary statistics, disaggregated by age group, gender, and district, where possible. All percentages were rounded up when the decimals were found to be .50 or higher and rounded down when the decimals were found to be smaller than 0.50. As such, the figures in some graphs do not add up to exactly 100 percent.

FINDINGS

The first survey link that was circulated through social media platforms received 102 responses from young people aged between 10 and 35 years. The second survey link administered through email to key informants at relevant government ministries, development partners and Non-Governmental Organizations (NGOs) that work directly with young people received 16 responses. The collated information and data from the latter, therefore, were analyzed with motive to complement gaps in the analysis of the first survey administered to young people.

Aligned to the structure of the first survey administered to young people, the Findings Section first provides analysis on the characteristics/demographics of respondents, followed by their level of awareness on COVID-19, and lastly by analysis on the impact of COVID-19 on the following five dimensions: Education and Skills Development, Health and Well-Being, Safety and Protection, Employment and Opportunity, and Civic Space and Participation.

Demographics - Characteristics of Respondents

As Figure 1 depicts, the age distribution of the 102 respondents reveals more participation in the survey from the age groups 21-25 (27.5 percent), 16-20 (26.5 percent) and 26-30 (22.5 percent), followed lastly by 31-35 (17.6 percent) and 10-15 (5.9 percent), respectively. In terms of gender, 51.0 percent of respondents are girls/women, 47.1 percent boys/men, with 2.0 percent being those preferring not to reveal their gender, as depicted in Figure 2.

Figure 1: Age Distribution of Respondents

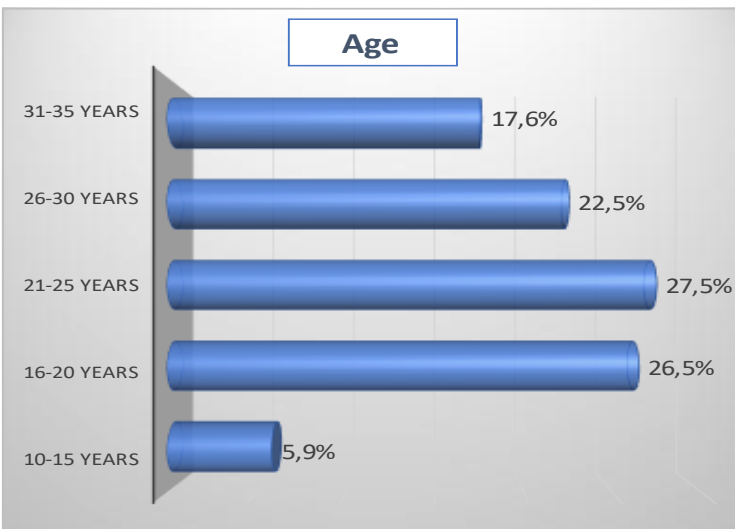


Figure 2: Gender Distribution of Respondents

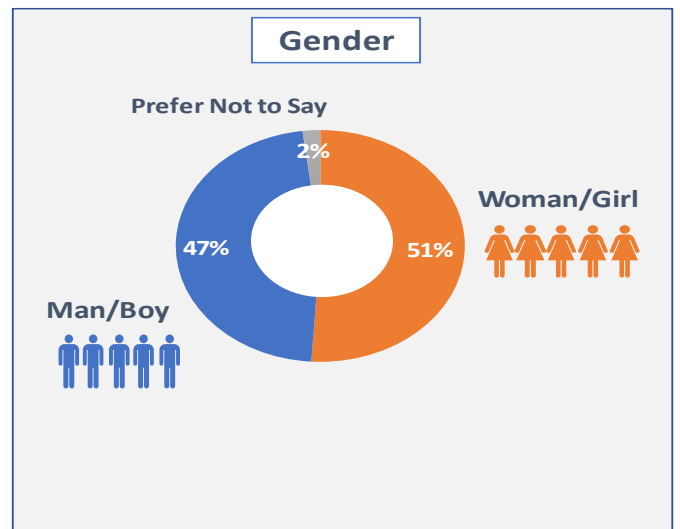


Figure 3 further shows that only three of the respondents are living with disability; two with vision impairment and one with physical disability. This is largely representative of people living with disability in Lesotho (4.2 percent of the population⁷²).

Figure 3: Distribution by Disability



Although all districts are represented in the survey, Maseru had more respondents at 77.5 percent, followed by Berea and Leribe at 6.9 percent and 3.9 percent, respectively. In terms of living arrangements, 50.5 percent live at home with parents, 18.1 percent live at own home and 15.2 percent live with spouse or partner. Of those living with spouse or partner, about 2.0 percent are in the age group of 10 – 15 years⁷³. Notably, 69.0 percent of the respondents are single, 25.0 percent married and 6.0 percent preferring not to reveal.

To analyze the impact of COVID-19 and the risk of infection on young people, it was important to further know the number of people or family members living under the same roof with respondents, and about 44.7 percent of respondents stated that there are three to four people, 29.1 percent live with more than five people and 26.2 percent live with one to two people.

COVID-19 Awareness

In terms of COVID-19 awareness, information on precautions seems to have reached most of young people in Lesotho. About 86.3 percent of respondents, including the three young people living with disability, noted that they are aware of COVID-19 and have received information on the pandemic, and 98.9 percent of those have heard of it more than once. In relation to the source of COVID-19 information dissemination for young people, the social media seems to be more popular at 52.1 percent, followed by television at 34.1 percent, and a combination of all other channels at 14.7 percent. The three young people living with disability noted that their main source was radio. 100 percent of 10-15-year-olds stated that they were only informed by social media and television, not by the other sources, and this further shows the popularity of the two platforms to adolescents.

⁷² [Disability in Lesotho \(Infod.org.ls\)](http://infod.org.ls)

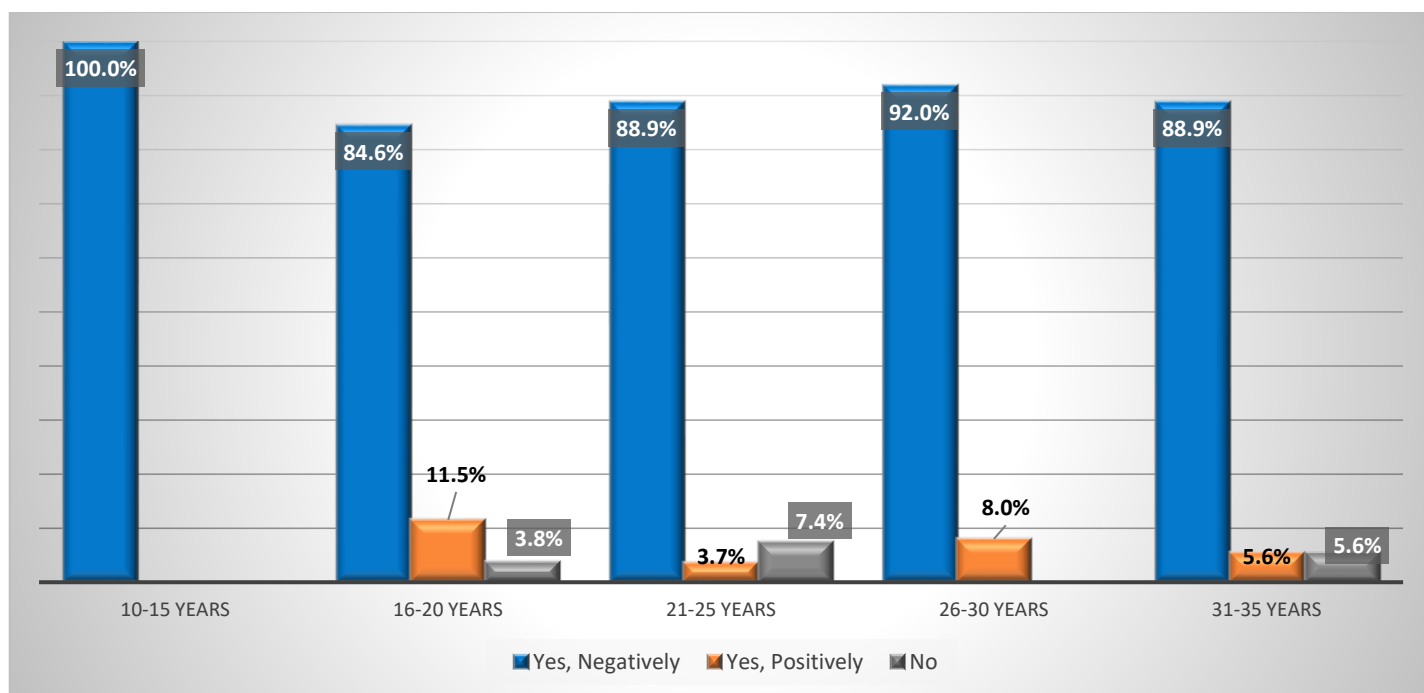
⁷³ The high percentage of those living at home with parents requires further investigation to understand if this has been due to COVID-19, or if it has always been this high. Unfortunately, the survey tool design omitted this aspect.

Notably, 13.7 percent of respondents claimed to not be aware of COVID-19. This is in contrast with BOS’s findings from the Impact of COVID-19 on Basotho Households (2020) Report which showed awareness of 97.8 percent within Basotho households⁷⁴. As such, the 13.7 percent could be attributable to response bias; the respondent’s deliberate or subconscious inaccuracy in providing information and/or unwillingness to answer the questions honestly. Therefore, only 86.3 percent of the initial number of respondents were able to respond to follow-up questions specific to the impact of the pandemic on their lives, the analysis of which is provided in detail in the following section.

Impact of COVID-19 on Adolescents and Youth in Lesotho

The third section of the survey opened with a general question on the impact of COVID-19 on young people. In response, 85.2 percent indicated that they have been negatively impacted (including all three of the young people living with disability), 9.1 percent positively impacted, and 5.7 percent not impacted at all. Figure 4 depicts the impact of COVID-19 per age distribution of respondents.

Figure 4: COVID-19 Impact Per Age Group



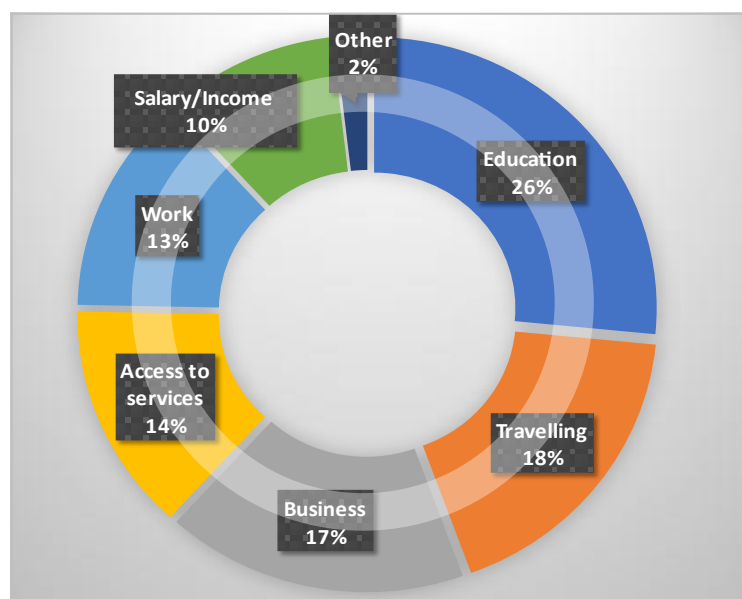
In terms of age distribution, all age groups are mostly negatively impacted. However, 100% of 10–15-year-olds claim to have been impacted negatively. The main reason provided by the 10-15 years age group is the limited access to formal and non-formal education during COVID-19 lockdown, with severe disruptions to their routines and social support systems. This is further in line with information received from key informants from

⁷⁴ Bureau of Statistics, Covid-19 Socio-Economic Impact on Households Survey, October 2020

organizations and government ministries that work with young people, who noted that the lives of most 10–35-year-olds were negatively impacted by COVID-19⁷⁵.

In addition, it was important to get information on areas of life young people felt were mostly impacted by COVID-19. Figure 5, therefore, generally depicts the areas in which the youth felt their lives have been mostly impacted.

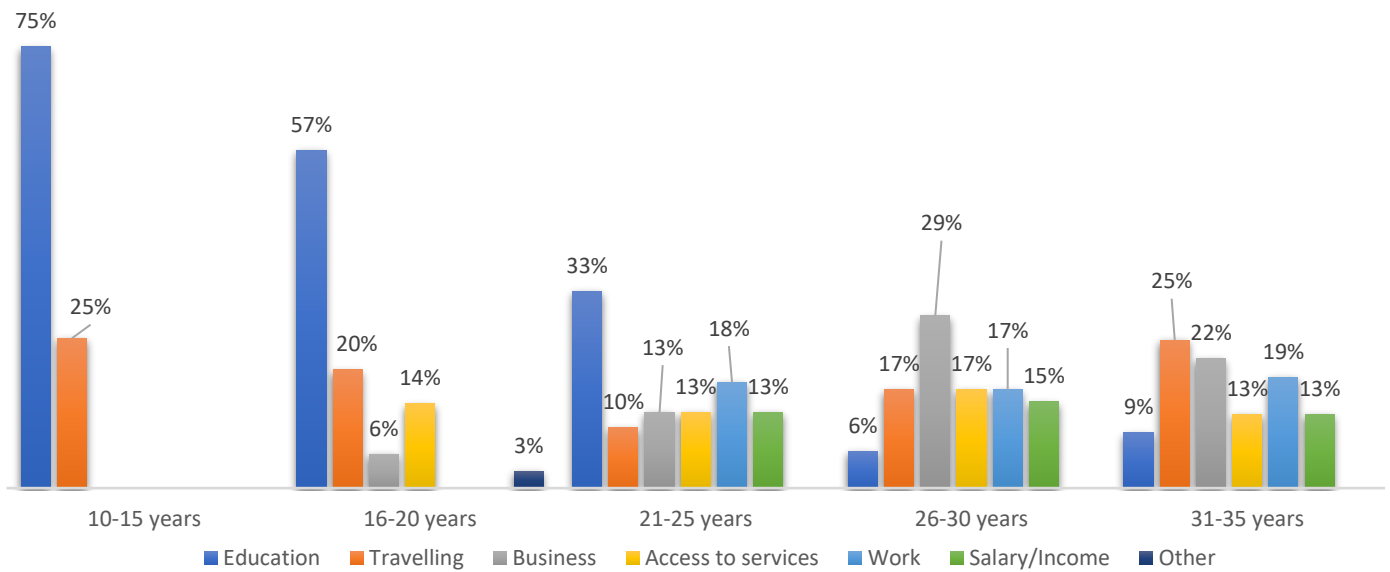
Figure 5: Areas of Greatest COVID-19 Impact



As illustrated in Figure 5, 26.0 percent of the youth felt that their education and skills development have been greatly impacted, followed by travelling, business, access to services, work, income and other. As depicted further per age group distribution in Figure 6, respondents between the ages of 10 and 25 years felt that the part of their lives mostly impacted by COVID-19 is education (including two of the three young people living with disability), while those between the ages of 21 and 35 highlighted further the impact on business, work, and salary (including the one person living with disability). Notably, the prominence of impact on business compared to salary among the working age group could be an indication of a rise in entrepreneurship in young people in Lesotho. In addition, all age groups highlighted travelling and access to services as one area of their lives mostly impacted by COVID-19.

⁷⁵ The information is from most of the key informants interviewed from Government Ministries and organizations that work with young people.

Figure 6: Part of Life Mostly Impacted Per Age Group

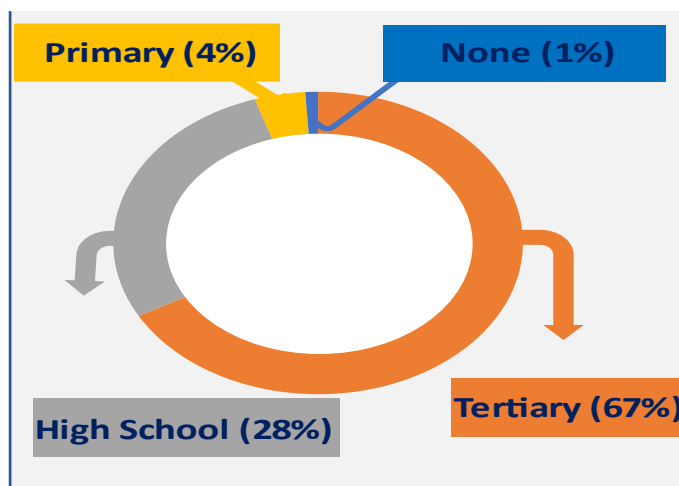


The initial general questions on impact as per the preceding analysis were then followed by specific ones on the five focus dimensions of the study.

1. Education and Skills Development

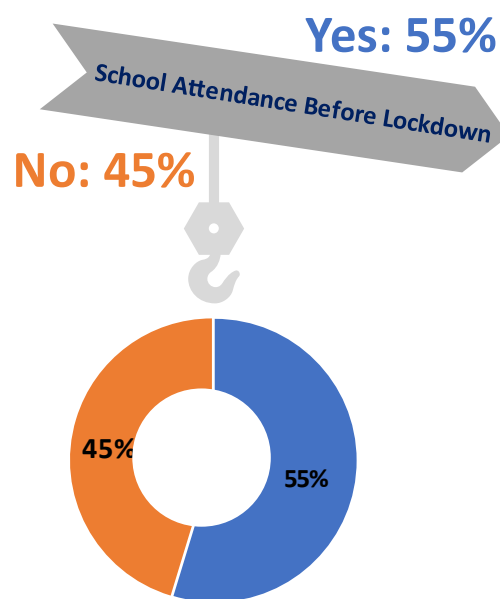
Nearly half of the young people interviewed, 42.2 percent, claimed to be students (which includes two of those living with disability). As depicted in Figure 7, of those studying, 67.0 percent are in Tertiary, 28.0 percent in High school, 4.0 percent at Primary school and 1.0 percent not in the formal education structure. It is worth noting, therefore, that most respondents seem to be from tertiary level, and this could be attributable to the mode adopted in delivering the survey (being broadly through social media).

Figure 7: Distribution of Respondents by Education



When the COVID-19 pandemic hit Lesotho early 2020, the schools were initially closed from March to October 2020, with further closures in the following months. The UNICEF claims that approximately 511,318 learners in Lesotho have been affected by school closures⁷⁶. To understand the impact of the pandemic on education and skills development, the respondents were first asked if they attended school before lockdown restrictions. This helped to first sever from those who had not been initially studying, and follow-up questions related to school attendance and learning modalities or channels during lockdown are analyzed below.

Figure 8: School Attendance During Lockdown



About 55.0 percent of the respondents attended school before lockdown, and 83.0 percent have been able to go back to school after lockdown, with 17.0 percent not being able to. The finding includes two of the young people living with visual disability who claim to have both been able to go back to school after lockdown. In citing the reasons that prevented them from going back to school, 33.3 percent of young people claim they feared the overcrowding at schools, 22.2 percent had started working, another 22.2 percent see no point in going back to school and 11.1 percent are not able to pay school fees, while the other 11.1 percent have other reasons including failing a grade. The fear of COVID-19 seems to be the main reason why young people have not returned to school, prompting, therefore, the need for better COVID-19 communication and safer schools for improvement in attendance.

Other than the fear of COVID-19, some respondents (22.2% and 11.1%) dropped out of school to look for work and others were not able to pay school fees, respectively. This is in line with findings from the interviews conducted by the Eye Magazine in Volume 17 of the April 25, 2021 publication, where former students

⁷⁶ 2021-HAC-Lesotho.pdf (www.unicef.org/appeal/lesotho)

highlighted that they were no longer keen to attend school, as they had found other things to do, such as hustling for jobs⁷⁷.

Furthermore, in April 2021, a regional NGO, MIET-Africa, working on improving the lives of adolescents and youth in Africa, published a newsletter titled: Through the Eyes of Learners and Teachers in Lesotho⁷⁸. In the newsletter, the organization claims to have interviewed learners and teachers from selected high schools in Lesotho who claimed that many young girls from their schools got pregnant during lockdown and were not able to go back to school, while some students could not go back to school because parents have lost jobs and were not able to pay school fees⁷⁹.

In addition, on 26 April 2021, the Minister of Education and Training went on National Television to give an official speech on national Junior Certificate (JC) results. She highlighted that the overall pass mark has declined from 62.4 percent in 2019 to 59.7 percent in 2020, and this is because students' learning process during lockdown was disrupted, and a lot of students dropped out as some could not afford school fees (because parents had lost jobs), others got pregnant, became herdboys and opted to engage in other economic activities in effort to make ends meet, or eloped (in most instances through abduction – *shobela*). The perpetrators in the latter mostly being well-off older men who offer money to stranded and/or poor families in exchange for their daughters.

Notably, the highlighted findings from MIET-Africa and the Minister's official speech differ slightly with those of the current study due to the rapid nature of the latter and its limited geographical coverage⁸⁰. For further illustrations, figures 9 and 10 depict analysis on age group distribution of those who attended school before lockdown and related percentages of those that were able to return to school.

⁷⁷ The Eye Magazine, Vol 17 (April 25, 2021), COVID-19 Leaves Indelible Mark on Students' Psyche, Lesotho. Check: [The Eye Vol 17 | \(publiceyenews.com\)](https://www.publiceyenews.com)

⁷⁸ [FL Now Newsletter print ISSUE3 v2.pdf \(mcusercontent.com\)](#)

⁷⁹ Ibid

⁸⁰ The mode adopted in delivering the survey, mainly through social media, is not conducive for young people in rural areas.

Figure 9: Attending School before Lockdown- Per Age Group

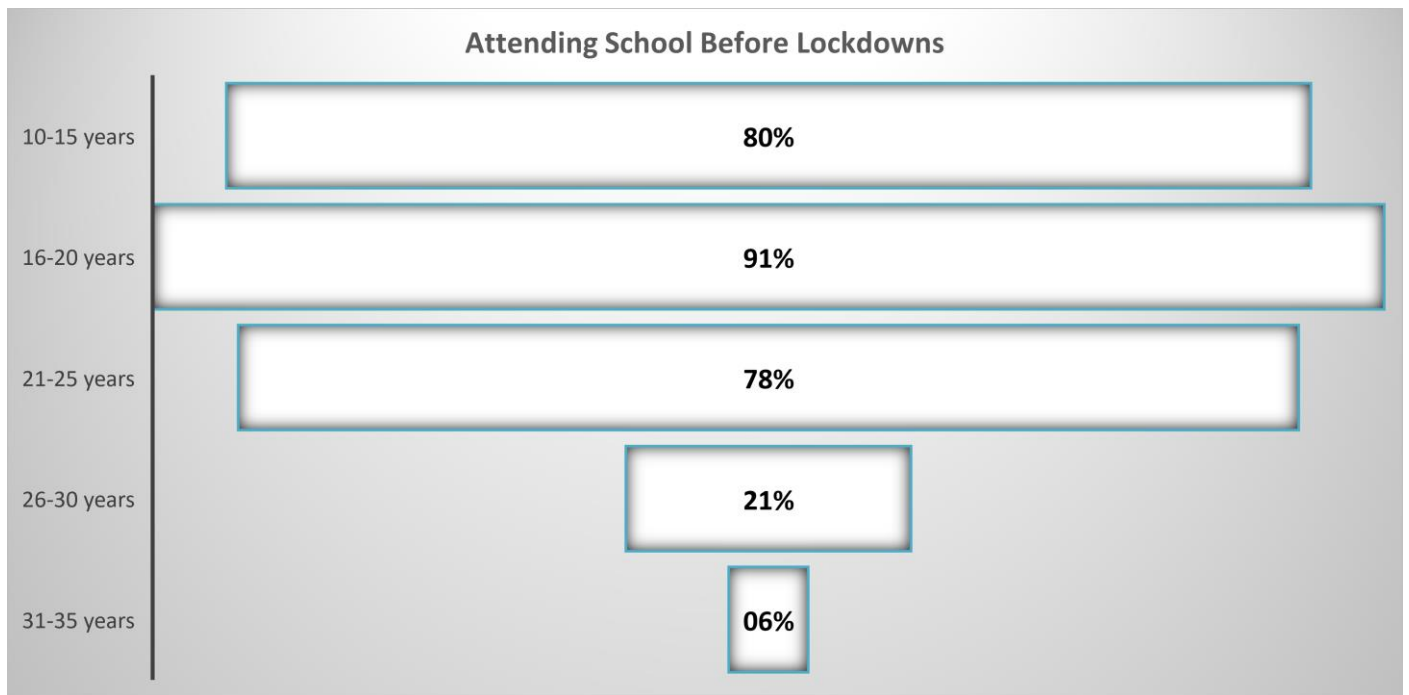
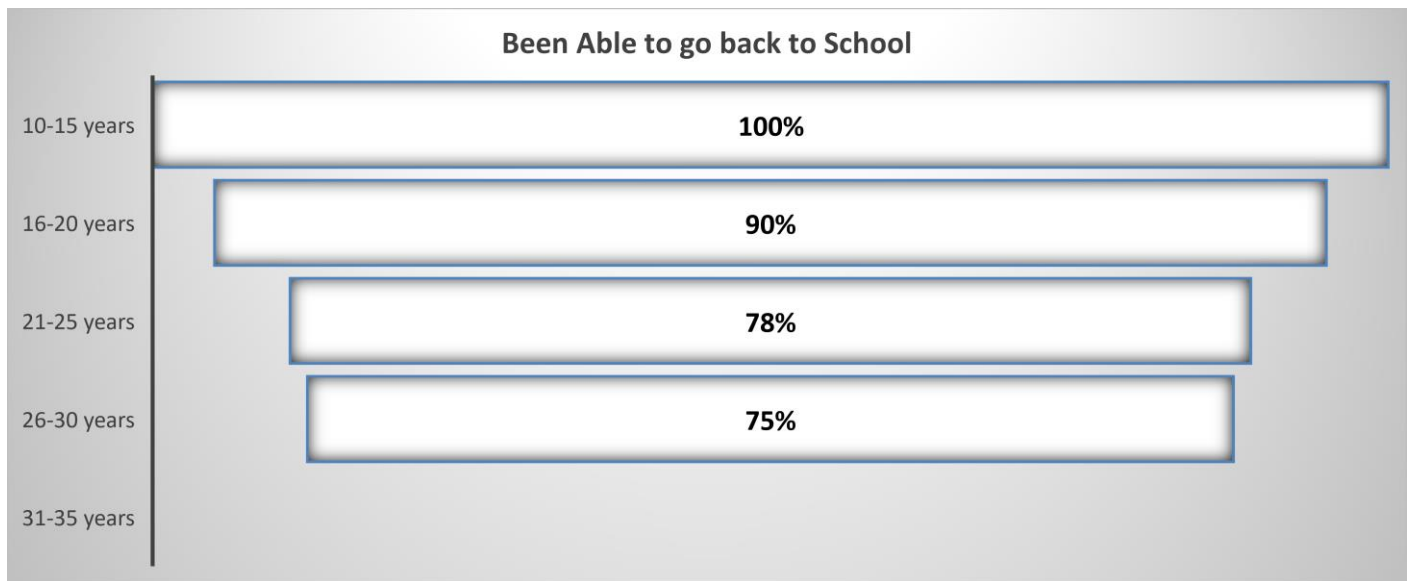


Figure 10: Percentage of those Able to Go Back to School - Per Age Group



All the interviewed young people in the age group of 10-15 years have been able to go back to school, followed by 90.0 percent of those in the 16-20 years age group. To a certain extent, this demonstrates a household prioritization of maintaining primary, then secondary, education. It is important, however, to note that most of the respondents from both age groups are from urban areas and presumably more privileged (representative of a higher income group) due to accessibility of the modality in delivering the survey. As such, the findings cannot be taken to be representative of these age groups in Lesotho.

As earlier highlighted, the sample is representative of tertiary students (67%), and irrespective of available loan bursary from the National Manpower Development Secretariat (NMDS), progressively from the age of 21

to 35 years, data shows that young people have not been able to go back to school, with the greatest impact realized in the 31-35 years age group. This, therefore, highlights a different perspective for this age group; of lack of school fees not being the major reason for some youth dropping out in urban areas, but rather the assumed opportunity cost of going back to school, compared to getting a job.

For further analysis, the study found that 64.4 percent of respondents claim that they were able to do schoolwork during lockdown, while 35.6 percent indicate that they could not. The latter includes one person living with disability who could not access school materials during lockdown. Those that continued learning seemed to have adopted a wide variety of learning methods during the lockdown, with the three most popular avenues being mobile phone (36.6 percent) and computer (35.6 percent), followed by other channels (27.8 percent). This implies that young people without access to digital technology, mobile phones and computers, have somehow been excluded from education opportunities, and these are mostly from low-income families or rural areas. Likewise, one of the people living with visual disability indicated that they could only continue learning through lessons offered on radio.

Furthermore, the interviewed organizations that work in education and skills development claim that COVID-19 has turned back the clock on school progression for a lot of young people. They note that with schools on long hiatus, the pandemic has robbed majority of young people of the opportunity for education and skills development. As one respondent highlighted, keeping up with studies and staying focused on set academic goals seemed difficult for some students. The concerns are in line with UNICEF's claims that with prolonged school closures as per COVID-19 restrictions, Lesotho is bound to face a serious risk of reversing gains in access to education and literacy, especially in the rural areas⁸¹. Likewise, there are also young people who depend on school feeding programs in Lesotho, and the UNICEF claims that this group has also been gravely affected by school closures, as hunger and malnutrition rates increase⁸².

“Since March 2020, all 4,188 schools and early childhood development Centres in Lesotho have been closed, affecting 511,000 learners, most of which are in rural areas”

UNICEF, Lesotho

2. Health and Well Being

The COVID-19 pandemic response is evidently putting immense stress on health systems around the world. It is disrupting the delivery of routine health services and information to young people, limiting access to

⁸¹ 2021-HAC-Lesotho.pdf (www.unicef.org/appeal/lesotho)

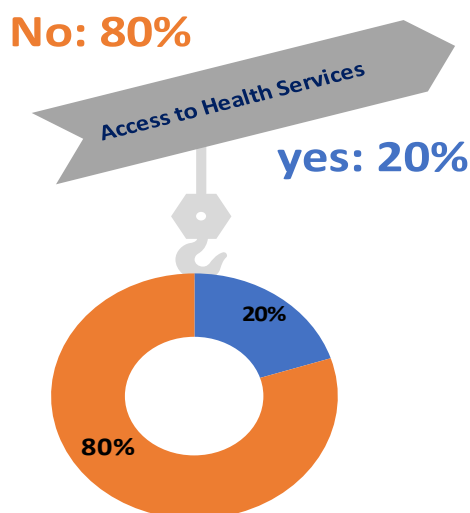
⁸² Ibid

contraceptives and safe abortion, disrupting immunization schedules, and cutting off young people’s access to health services including continuation of preventive measures such as physical exercise. Lesotho, with disproportionately high numbers of young people and a significantly weaker health system, is no exception to the impact, as depicted in the following findings.

Access to Health Services

As illustrated in Figure 11, during the COVID-19 lockdown restrictions there were evident disruptions to the health system, and young people who needed essential, time-sensitive, and life-saving medication and services were at risk of not being able to access them, thereby increasing the likelihood of developing complications if/when infected with COVID-19.

Figure 11: Access to Health Services



About 80.0 percent of the young people claimed they could not access health services during lockdown, including two of the people living with disability, and this was mostly 16-20- and 21–25-year-olds. Of those that could not access the services, 36.8 percent said they feared being infected of COVID-19 at the clinic, while the other 36.8 percent noted that the clinics were closed and 10.5 percent could not afford, followed by other reasons at 15.9%. Once again, the fear of COVID-19 comes out as a leading factor.

The pandemic and associated lockdown has evidently exerted unsustainable pressure on the country’s already pressured health system. The pandemic has overstretched the country’s health system and disrupted health service continuity. With about 80.0

percent of young people claiming they could not access health services; it means access to essential antiretroviral medications and services for those living with HIV, contraception, and maternal health may have

“In 26% of households, at least one person required medical attention during lockdown, and 30% of those were unable to access medical services”

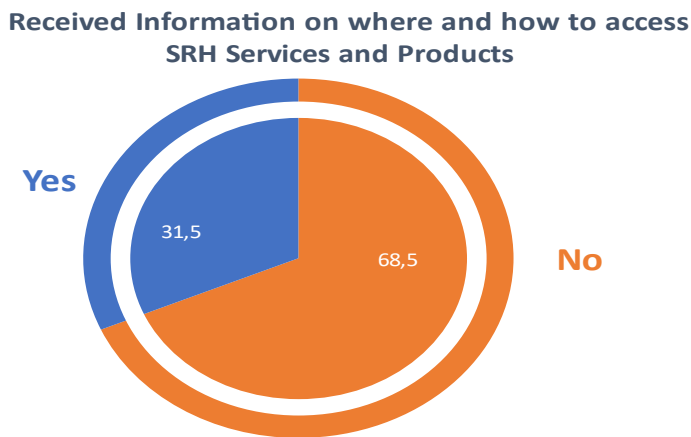
BOS, Socio-Economic Impact on Households Survey, October 2020

been deprioritized and disrupted during lockdown.

Sexual and Reproductive Health

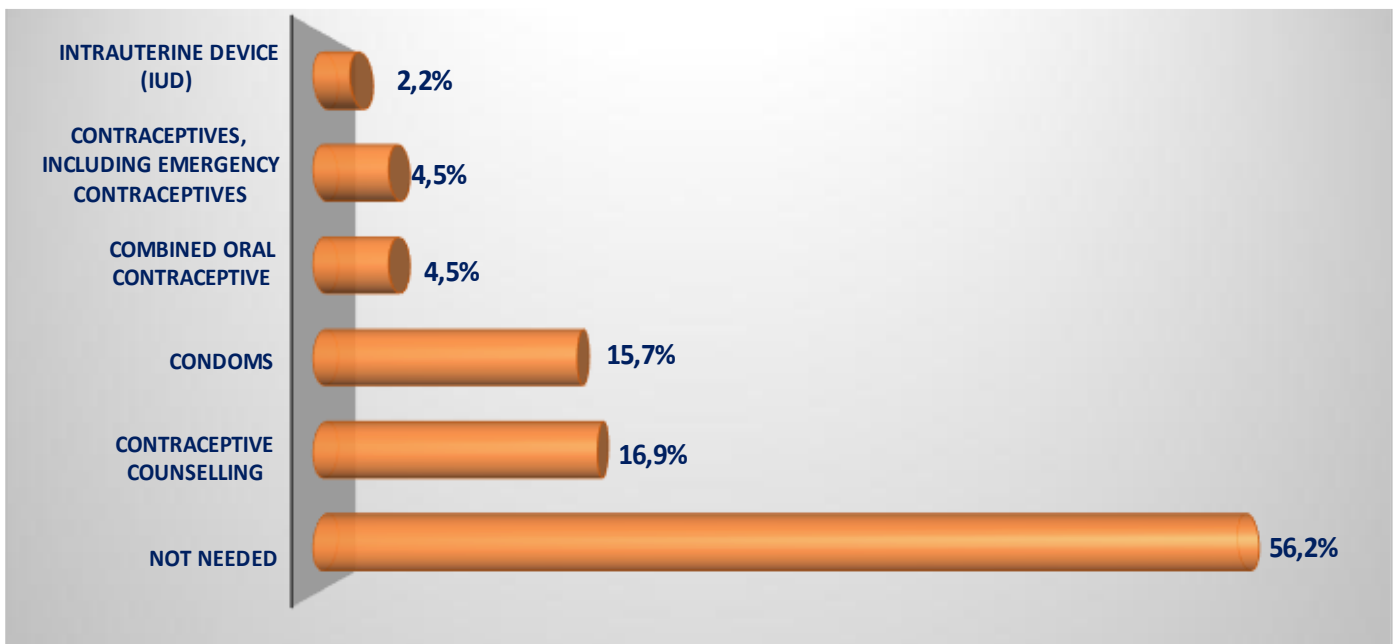
As per findings in Figure 12, for those that needed SRH services and products, about 68.5 percent of the young people interviewed did not receive any information on where and how to access the services and products during lockdown, and this included 89.2 percent of all young women of Reproductive Age interviewed.

Figure 12: Information on Where and How to Access SRH Services and Products



Specifically, about 16.9 percent of the young people interviewed could not access contraceptive counselling, with 15.7 percent not accessing condoms, followed by 4.5 percent each for combined oral contraceptives and other contraceptives including emergency pills, with 2.2 percent not being able to access intrauterine device, as depicted in Figure 13.

Figure 13: Accessing SRH Services and Products



Limited access to SRH services and products has had impact on young people’s lives. As such, adolescents and young people could be more vulnerable to new HIV infections and unwanted pregnancies. The Skillshare Lesotho claims that although they currently have not compiled data to support their claim, since lockdown there has been a rapid increase in teen pregnancy in the two districts they work in: Quthing and Qacha’s Nek.

Mental Health and Psychosocial Support

Owing to lockdown measures, young people have further had limited access to positive coping mechanisms they usually turn to in times of crises, including social or community initiatives, formal or non-formal education, sports, and other types of physical activity. Figures 14 and 15 provides analysis on questions related to mental health and level of physical activity.

Figure 14: Impact on Mental Health

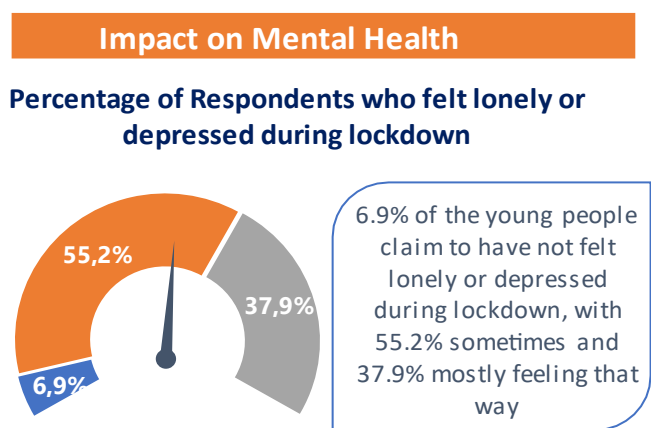
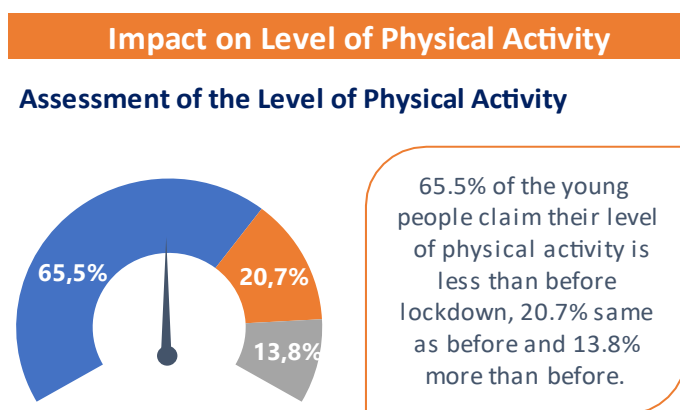


Figure 15: Impact on Physical Activity



Altogether, about 93.1 percent of the young people to a certain extent felt lonely and depressed during lockdown, including all three respondents living with disability. However, the survey responses do not provide an indication of the state before lockdown⁸³. In addition, 65.5 percent claim that that their level of physical activity was less than before lockdown, with 92.0 percent of all women interviewed falling under this group.

The isolation from support systems as earlier highlighted, coupled with limited physical activity and the anxiety of the pandemic added to young people’s anxiety and stress. In such instances, some young people may turn to negative coping mechanisms such as alcohol and drug abuse, self-harm, or other harmful behaviors. This is one area for further research.

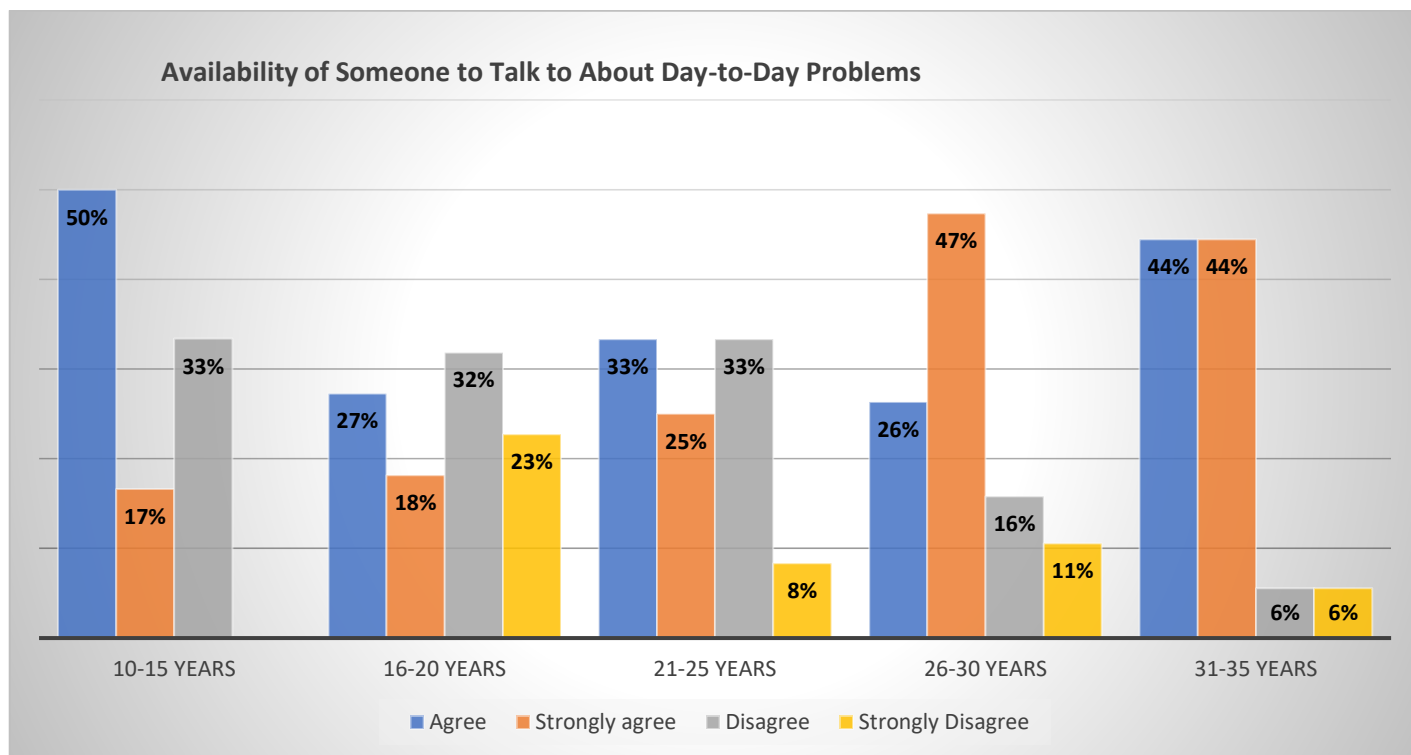
About 61,4% of the young people have had someone close to them infected with COVID-19, thus adding to their anxiety and stress.

A respondent from Mohlomi Mental Hospital claimed that the hospital has been experiencing a higher intake

⁸³ This is an error omission of the survey tool

of young people with mental breakdowns, mainly because of the disruptions of the pandemic to education. The hospital has further provided psychological support from other vulnerable groups such as the LGBT community and young sex workers. Furthermore, reduced access to health information sessions implies that the young people have been left without any sort of support or guidance pertaining to social behaviour. Figure 16 provides analysis on related findings from the survey.

Figure 16: Assessment on Availability of Someone to Talk to about day-to-day Problems



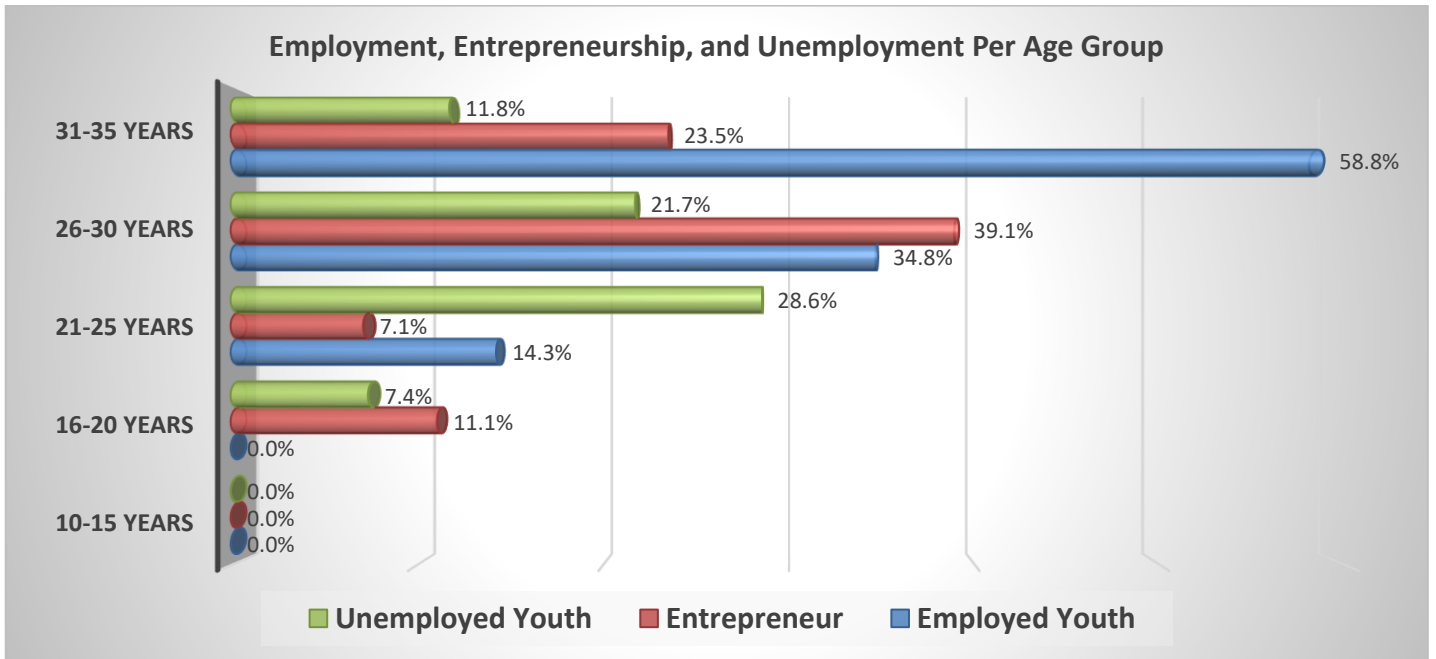
As depicted in Figure 16, over 50.0 percent of the 10-15-year- and 21-25-year-olds felt that they had someone to talk to during lockdown, with close half of the 26-30-year- and 31–35-year-olds strongly in agreement. A significant number within the age groups ranging from 10 to 25 years, 33 percent, 32 percent, and 33 percent respectively, do not agree with the statement that there was someone to talk to about day-to-day problems during lockdown, with more than a fifth of the 16-20-year-olds strongly disagreeing with the statement.

For adolescents and youth, connecting with one another and having someone to talk to on a day-to-day basis are crucial to their sense of belonging and overall well-being. This is because as adolescents, children continue to grow physically, cognitively, and emotionally, and develop more advanced patterns of reasoning and a stronger sense of self, as they seek to forge their own identities and develop important attachments with other people. As such, long-term confinement and isolation from educational spaces and other support structures have eroded the social support networks young people build with each other for physical and emotional growth.

3. Employment and Opportunities

The study further sought information related to employment, entrepreneurship, and unemployment, from respondents. Figure 17 depicts analysis of relevant data per age group.

Figure 17: Employment, Entrepreneurship, and Unemployment Per Age Group



As depicted in Figure 17, of all age groups interviewed, the most unemployed young people are represented in the 21-25 years age group, while the most employed are in the 31-35 years age group, and most entrepreneurs are represented in the 26-30 years age group. Notably, about 44.0 percent of those who are employed and are entrepreneurs, have not been able to go back to work since COVID-19, due to lack of funds to resuscitate their businesses which have been negatively impacted by the pandemic. This also includes the one person living with disability, who owned a business before COVID-19, and had not been able to resuscitate it.

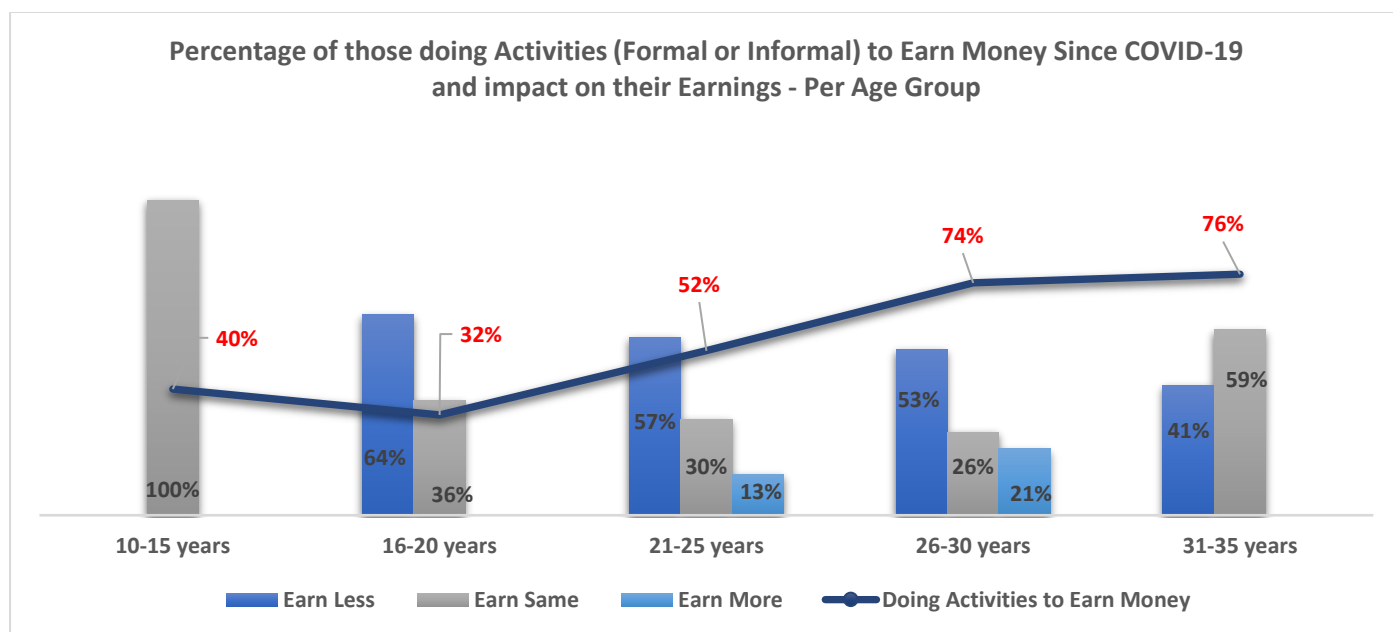
“23% of the employed population and 30% of those in wage employment lost their jobs during COVID-19, and 59% cited closure of office as the main reason”

BOS, Socio-Economic Impact on Households Survey, October 2020

To further understand the impact of COVID-19, therefore, on young people’s economic welfare, the survey had specific questions probing young people on work and income. Figure 18 depicts the analysis of survey responses to the following two questions:

- 1) Have respondents been engaged in any activities to earn money since COVID-19? And,
- 2) Are current earnings less, more or the same as before COVID-19?

Figure 18: Work and Related Income



55.8 percent of respondents have been doing activities to earn money since COVID-19 and 51.0 percent claim to earn less than they did before COVID-19, while 41.0 percent earn the same amount, and only 8.0 percent earn more. It is important to note that 40.0 percent of respondents in the 10-15 years age group are engaged in activities that earn money, although they see themselves as neither employees nor entrepreneurs⁸⁴. This can, therefore, imply some form of informal activities.

In addition, more than half of young people in each age group within the 21-35 years range have engaged in activities that earn money since COVID-19, and this could be a result of some not going back to school as earlier findings in the Education category. However, within the age group range of 16-30 years, majority have been earning less than they did before COVID-19, with only a few in the 21-30 years range earning more.

Given the high unemployment rate among youth in Lesotho, a significant number of those working, in both the formal and the informal sectors, have been impacted by the closure of non-essential businesses and restrictions on movements posed by the national lockdown. On November 6, 2020, the youth as guided by the 'Transform Lesotho Initiative', headed to streets protesting high unemployment rates and demanding assistance from the government to cushion against the impact of COVID-19 in their lives⁸⁵. For instance, those who are in the entertainment industry, lamented that their livelihoods have been affected during the pandemic and needed some relief from government.

⁸⁴ The study cannot confirm if they the respondents in this age-group engaged in these activities before COVID-19 but assumes that the earning status of 'same' could be a result of absence of any previous earnings (before COVID-19) to compare to.

⁸⁵ Lesotho Times November 6, 2020 'youth protesters released on bail' (www.lestimes.com)

To underscore the impact on young people's livelihood, the 12-18 March 2021 publication of the local newspaper, Newsday, featured a story on how the DJ's Association of Lesotho blamed the government, NACOSEC, for the alleged suicide of one of its members on 4 March 2021⁸⁶. The Association laments that the depression that led to the DJ's suicide was caused by the pressure of not being able to work and do what he had passion for as a young person.

In discussion with the Child Labour Desk at the Ministry of labour and Employment, the Consultant was informed of a risk of many boys in rural areas who could not return to school after lockdown and had to become herders. In addition, there are more cases of herders risking their lives by assisting migrant workers to cross over rivers along borders into SA and being paid in return. The Ministry further confirms that there is a persistent premature engagement of young people into economic activities and exploitative labour, especially for males aged 6 to 18. There is also an increased risk that children from low-income families are the one who have not been able to return to school as they for instance need to instead support their families to recover lost income.

"We are currently investigating a case of a 9-year-old girl working more than statutory hours of work"

Child Labour Desk, Ministry of Labour and Employment

4. Safety and Protection

The UNICEF further states that COVID-19 has upended the lives of children and families across the globe and adversely affected programmes to end GBV and child marriage⁸⁷. Comparative evidence was sought from previous efforts to stop the Ebola epidemics in some countries, by closing schools, leading to a loss of education; a decrease in access to sexual and reproductive health information and services; a loss of livelihoods and a contraction of social support networks. The UNICEF claims that these issues undermined strategies to end GBV and child marriage, and adversely affected the progress made over the past decade. As such, COVID-19 threatens to do the same.

Gender-Based Violence

During lockdown, and in a context of overall economic and social distress, children and adolescents are at high risk of domestic violence. Young women and girls are at higher risk of experiencing GBV, intimate partner violence, or sexual exploitation. Many young women and girls are forced to 'lockdown' with their abusers while their access to support services is severely disrupted⁸⁸.

⁸⁶ [NACOSEC blamed for DJ's death – Newsday \(newsdayonline.co.ls\)](https://www.newsday.co.ls)

⁸⁷ [Child Marriage in COVID-19 Contexts | UNICEF Eastern and Southern Africa](#)

⁸⁸ United Nations, Policy Brief: The Impact of COVID-19 on Women (April 2020).

The information on GBV was sought from relevant organizations, as the Consultant could not seek consent to ask the young people sensitive questions or those that could expose them to more danger. Most organizations confirmed that being confined at home for long periods, without any education or social activities, has exposed the young people to all sorts of psychological conditions including witnessing and experiencing GBV.

The Ministry of Health claimed that they have had more than usual multiple rape and sexual abuse cases of adolescent girls during lockdown, with the 10–19-year-old girls and boys more vulnerable. In addition, the Kick4Life Organization stated that during lockdown they had to dissolve the residential component of their flagship programme and send the kids back to their homes; back to the vulnerable situations they were trying their level best to resolve.

“A 14-year-old girl was sexually assaulted by her father.”

Ministry of Health, Lesotho

Detailed information on specific cases was sought from the Society for Women and AIDS in Africa Lesotho (SWAALES); an organization that works specifically on Violence Against Children (VAC) cases. During the lockdown period, the organization referred four sexual offence cases involving young girls between the ages of 7 and 16 years to the Women and Law in Southern Africa (WILSA) paralegals. The Organization further highlighted that this number of cases within a period of a year is more than usual, as they normally handle one or two such cases in a year. The sexual offence cases involve for instance; a sexually assaulted 13-year-old girl from Qacha’s nek (Tebellong), where the culprit has already been sentenced to 15 years in prison; a 15-year-old girl still from Qacha’s nek (Thifa), where the culprit is a juvenile and the case is still awaiting the Commissioner of Justice to work on; girls aged 16 and 7 from Maseru, Semonkong and Mazenod, respectively, where the police are still conducting investigations.

Child Headed Households

In Lesotho, the World Vision has cases referred by communities of children aged 12, 10, 7 and 4 years neglected by parents and left alone at homes without food. In most of the cases they found that parents had either left to search for jobs and opportunities in South Africa or other districts. The pandemic perpetuates the situation as neighbours are no longer able to support and assist, since most are out of jobs. The World Vision claims that one of the children lives with a disability. To make matters worse, even for children put on social grants, the organization claims that guardians use such money for their own benefit, without consideration of children’s needs.

“We have a child-headed household case where a 15-year-old lives with his 12-year-old wife in the Kubake Community Council”

Pact Lesotho

5. Civic Space and Participation

Young people have played leading roles in a growing number of mass protests around the world, fighting for change in governance structures, economic inequalities, democratic inclusion, response to climate change, and more. Physical distancing has, however, put many of these protests on hold, potentially undermining progress to date. Restrictions on movement hampers the ability of young leaders and organizations to mobilize and support their communities. Youth civil society organizations (CSOs) are often uniquely placed to understand the specific challenges faced by their communities as well as existing coping mechanisms that may help communities mitigate the effects of the pandemic. The survey had specific questions related to whether young people felt their rights were violated since COVID-19, with the analysis of response depicted in Figure 19.

Figure 19: Violation of Rights

About 72.7% of the young people interviewed feel their rights have been violated since COVID-19, 87% of those being 21–25-year-olds. About 39.8% claim it has mainly been their freedom of movement, 23% their right to participate in economic activities, and 18.8% their right to education, followed by other rights (21.1%). In addition, 75.0% of those who feel their rights have been violated point out that the civil servants, specifically soldiers and police officers, are responsible for the violation.

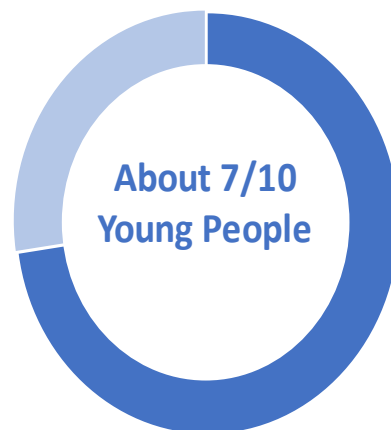
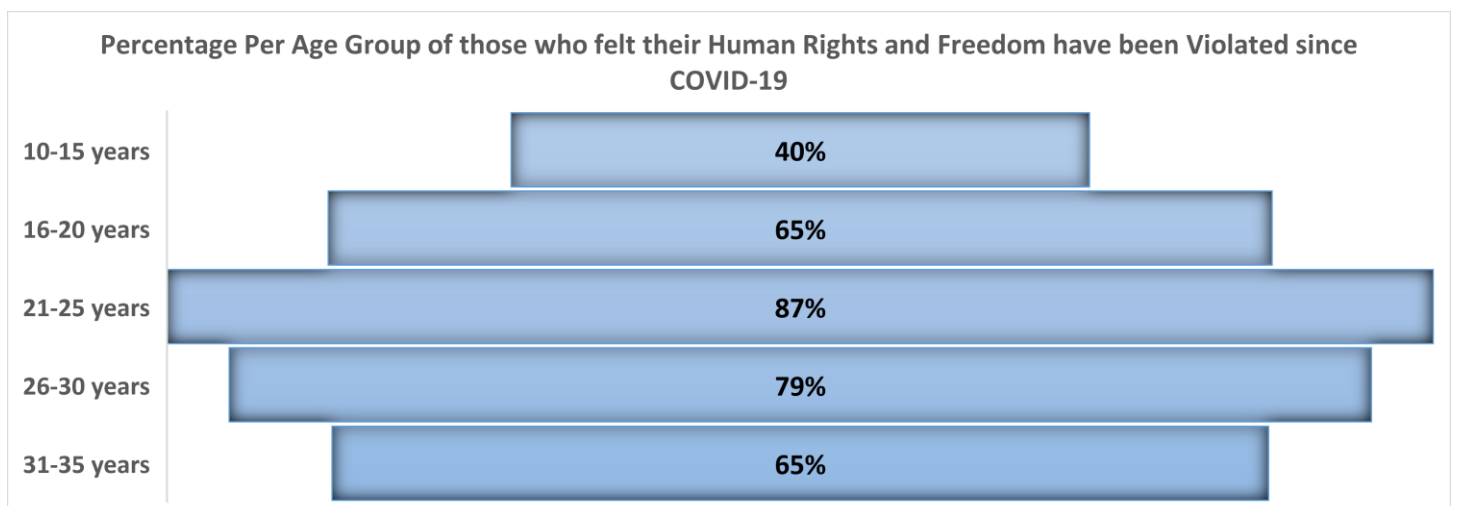


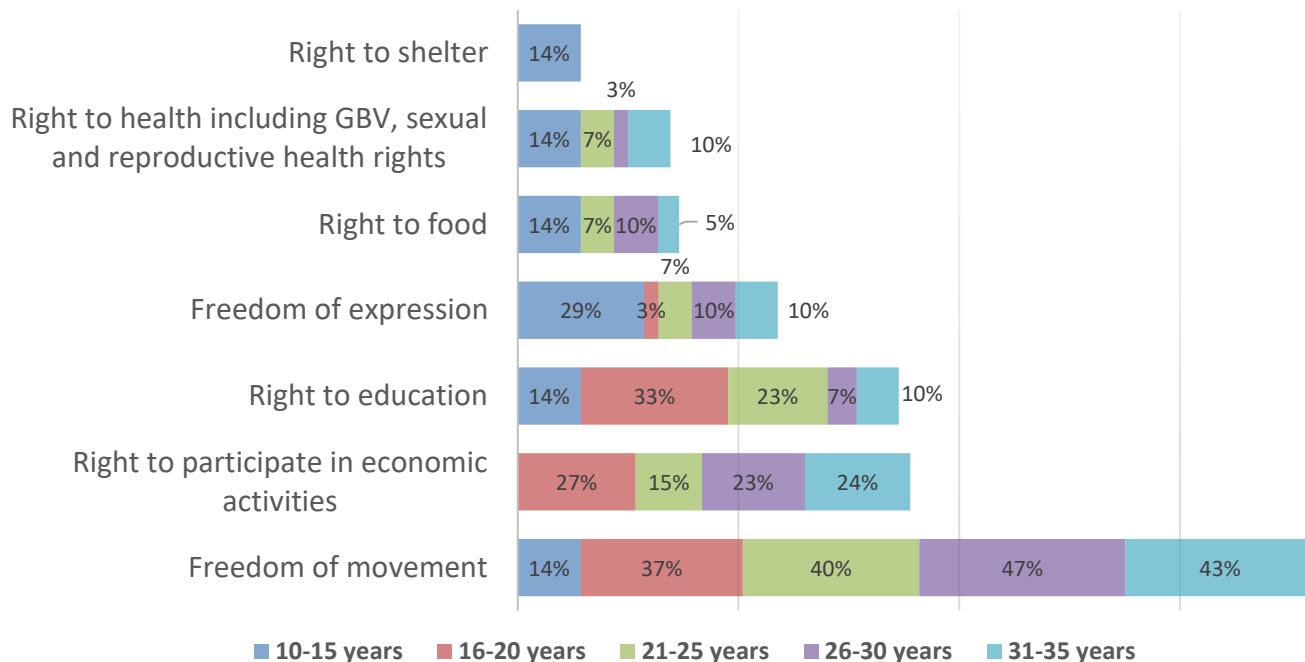
Figure 20 further depicts the percentage of the young people who feel their rights have been violated since COVID-19 per age group.

Figure 20: Percentage Per Age Group of those that felt their Human Rights and Freedom have been violated since COVID-19



87 percent of respondents in the 21-25 years age group feel their human rights and freedom have been violated since COVID-19, respectively followed by the 26-30 years (79%), 16-20 years (65%), 31-35 years (65%), and 10-15 years (40%) age groups. Figure 21 further provides analysis on the specific rights mostly violated.

Figure 21: Rights Mostly Violated Per Age Group



As depicted in Figure 21, the violation of; freedom of movement, right to participate in economic and social activities and right to education topped the list. The three respondents living with disability stated mostly the right to education and right to participate as the top violations in their case.

As per findings, civic space has contracted in Lesotho since COVID-19, and freedoms of assembly, privacy, and expression have been negatively affected, silencing young people’s calls for change. The current crisis is likely to have long-term effects on the critical work that youth organizations undertake, as such organizations tend to rely on volunteer work and already face major challenges in accessing reliable, sustained, and flexible funding. Youth leaders and organizations now have even more limited access to power and decision makers.

“Imposition of restrictions limited scope for public participation. Young people have been unable to take part in some activities planned by the TRC. As such, some had to resort to use of social media platforms to continue spreading the word on issues concerning them”

Transformation Resource Centre (TRC)

Covid-19 Response Measures and Plans, and Gap Analysis

For further investigation, the study conducted a gap analysis of COVID-19 measures and plans adopted by Lesotho in each focus area to mitigate and contain the spread of the disease. That is, for the response frameworks listed in this section, the study assessing the extent to which young people have been included. As such, the recovery needs as listed in the Recommendations section are identified through the intervention gap-based analysis from this section.

The following, therefore, are some of the COVID-19 Response Frameworks implemented by the Government, Development Partners, and the Civil Society in Lesotho, listed as per the five dimensions of focus, and the identified gaps.

1. Education and Skills Development

1	Ministry of Education and Training, UNICEF and other Partners	When lockdown was initiated, the Government of Lesotho through the Ministry of Education and Training, with the support of UNICEF and other partners worked to reach young people through radio and TV programmes . In late March 2020, the UNICEF office in Lesotho received a GPE grant of US\$70,000 to support the Ministry of Education with producing lessons for the radio and TV, as well as learner packs.
2	Global Partnership for Education, Ministry of Education and Training, and the United Nations	To support the reopening of schools, the Government of Lesotho received M56 million (US\$4 million) from the Global Partnership for Education to supply all schools with Personal Protective Equipment (PPE) and has supplied the Ministry of Education and Training with 769 water tanks to be installed in schools throughout the country. Furthermore, with support from the United Nations, the Ministry of Education and Training has developed a school reopening strategy has been developed by the Ministry of Education and Training with support from the United Nations .
3	The World Bank Group, Ministry of Education	The Basic Education Strengthening Project, supported by the \$7.5 million GPE grant, is to improve student retention and teaching quality in junior secondary schools and support the rollout of a new curriculum.

Identified Gaps

- A. Radio and TV programmes are not sufficient for effective learning of all young people, especially the at-risk and vulnerable groups. Only a limited number of children and adolescents have access to radio and TV, and those in remote areas or learners with disabilities (hearing

impairment) cannot benefit from these lessons. On average, about 4.3 percent of the learners affected by the closure of schools have a disability⁸⁹.

- B. With education shifting to online platforms, young people may face increased risks of cyberbullying, cybercrime and various forms of online harassment and abuse. Measures should be initiated to protect young people in the process of digital transformation
- C. While young people are generally very connected digitally, large numbers do not have regular and affordable Internet access and may fall behind as learning and participation shift to online platforms. Although mobile phone penetration in Lesotho was at 78.7 percent in 2018, internet penetration stood, however, at 30 percent, with 83.0 percent of rural dwellers not using the internet at all.

Nevertheless, online learning limits the pedagogical tools available to educators, placing an extra burden on students and caretakers. This may lead to anxiety, frustration, and elevated dropout rates.

- D. Most school facilities, both in urban and rural areas, are considerably not equipped with water, sanitation, and handwashing facilities. With fear of COVID-19 identified by the current study as a leading factor to why young people have not returned to school; for improvement in attendance, more attention needs to be paid on ensuring that schools are safe and well equipped with necessities. The 769 water tanks provided by Global Partnerships for Education are not enough to cover all schools, especially those in remote areas, considering further the number of learners assumed to have been impacted by the closing of schools, approximately 511,318 learners as earlier noted⁹⁰.

⁸⁹ [2020-06-application-and-program-document-for-covid-19-accelerated-funding-for-lesotho-may-2020.pdf \(globalpartnership.org\)](#)

⁹⁰ [2020-06-application-and-program-document-for-covid-19-accelerated-funding-for-lesotho-may-2020.pdf \(globalpartnership.org\)](#)

2. Health and Well-Being

1	Ministry of Health (MoH), PSI, EGPAF, Health Response, Jhpiego	<p>The MoH supplied stable HIV patients with 3 to 6 months of ARVs at once and enabled community distribution of self-testing kits. UNFPA further bought Wash kits and distributed to the hard-to-reach areas, then EGPAF in collaboration with LPPA gave free psychological support to the groups of youth they work with, including the LGBTQ and sex workers. The kits consist of sanitary pads and toiletries necessary for the immediate health needs.</p> <p>PSI Lesotho, EGPAF, Health Response, and Jhpiego have launched the DREAM project where they distributing the HIV Self-test kits to 10–24-year-old girls in all districts.</p>
2	Lesotho Planned Parenthood Association (LPPA), Global Network of Young People Living with HIV	<p>The LPPA has embarked on the 'Along the Borders: Comprehensive HIV Prevention Project', where they distribute condoms under the slogan: #CondomsAreCool. The MoH and LPPA went to the districts to give information to the youth about SRH and distributed sanitary towels.</p> <p>The LPPA has 'HER VOICE' Project funded by Global Network of Young People Living with HIV. The LPPA intensifies efforts towards preventing HIV and STIs amongst adolescent girls' & young women & document stories in all their diversity; about the issues they face and changes they would like to see, in order to use them in soliciting support & promotion from duty bearers. (I-stories where young women discuss GBV and HIV stories)</p>
3	UNFPA SWAALES Ministry of Health	<p>The UNFPA assisted with support for distribution of WASH Kits in Butha-Buthe.</p> <p>Supply of soakage pits and tippy taps, Masks and sanitizers, Awareness and campaigns, Food parcels, Virtual text and radio messages, and Virtual text and radio messages.</p> <p>Allocation of resources by the Ministry of Health to sustain continuum of care especially on SRH.</p>
4	Mohlomi Mental Hospital	<p>The Mohlomi Mental Hospital offered psychosocial and mental education and support.</p>
5	The National University of Lesotho and the Burdett Trust for Nursing	<p>the NUL Department of Nursing received a grant to conduct a total of ten trainings, one per district. The training program covered: epidemiology, IPC, clinical features and diagnosis of COVID-19, nursing management of a COVID-19 Client, ARDS and Septic Shock, psychological care of patients with COVID-19, as well as legal and ethical aspects related to COVID-19 for nurses.</p>
6	World Health Organization (WHO) Lesotho	<p>The WHO in Lesotho donated a Polymerase Chain Reaction Machine(PCR) to enable the Ministry of Health to conduct COVID-19 tests in Lesotho.</p> <p>Supported the government with the development of COVID-19 Case Management Guidelines as well as assistance with the development of the National COVID-19 plan. To build the capacity of health personnel, WHO conducted various training on case management, COVID-19 risk communication and community management. WHO also provided PPEs and other delivery packs in selected health facilities to reduce the spread of COVID-19.</p>
7	UNAIDS	<p>UNAIDS provided technical guidance to the Ministry of Health on how to set up the system and guidance for surveillance of COVID-19 cases, suspected cases, and contact tracing.</p>
8	UN and Humanitarian Country Team (HCT) members, European Union	<p>United Nations in Lesotho and its partner organizations have also developed a COVID-19 response plan, particularly focusing on: Health, WASH, Food Security, Protection, Education and Nutrition. The integrated drought (USD 33.7 million pledges) and COVID-19 response plan of the UN is currently ongoing in all 10 districts.</p>

Identified Gaps

- A. With the pandemic progressing, there is a need for increase in adolescent and youth-sensitive mental health and psychosocial services and counselling, ideally through accessible COVID-19 friendly channels.
- B. There is limited health literacy directed to young people, as a form of empowerment. Young people do not have adequate levels of health literacy to enable them to gain access to, understand, and use information in ways that protect their health and well-being. This includes the timely recognition of the need for health or other services, the ability to seek advice and care, including making appointments, and the ability to navigate complicated health systems/protocols.
- C. There is limited life-saving information in accessible formats (easy to read materials, videos with closed captioning and sign language, materials in Braille) for young people, and this specifically puts young people with disabilities at higher risk.
- D. National authorities and NGOs that offer essential life-saving services for adolescents and youth experiencing GBV lack resources to enhance availability of and access to such services. AS such, they are not able to reach the young people with greatest need.

3. Employment and Opportunities

1	Lesotho Enterprise Assistance Program (LEAP) and Business Associations	The GoL established a COVID-19 private sector economic relief fund through LEAP, as well as mobilizing development partners' support to address the impact. The LEAP works in partnership with Business Associations, including PSFL and LCCI. However, some sectors, including the informal sector, are not covered by the LEAP fund. The qualifying criteria leaves out unregistered informal businesses without traders' licenses. This means that most businesses, estimated at 446 businesses by the Ministry of Small Businesses, do not qualify.
2	Lesotho National Development Corporation (LNDC), UNDP and Standard Lesotho Bank	The LNDC has also introduced a comprehensive private sector support comprising expansion of credit guarantee facilities, matching grants and rental subsidies. Furthermore, in partnership with Standard Bank Lesotho and UNDP, it has developed the Local Supplier Development Program whose chief objective is to build a sustainable local supply chain in selected supply categories. The project will initially concentrate on Agribusiness and related subsectors.
3	Lesotho Revenue Authority (LRA)	The LRA has put in place tax relief measures and Administrative Measures to ease cash flow problems faced by businesses and individuals during the lockdown. Furthermore, On 14 October, the LRA announced that the Government has set aside M50million to be offered a rent relief subsidy to struggling companies. However, this still excludes non-registered companies.
4	Central Bank of Lesotho (CBL), Insurance Companies, Mobile Network Providers	The CBL has been consistently reducing the rate in order to lower the cost of borrowing. It is anticipated that this will ease the cost of borrowing from commercial banks by private sector. Insurance companies granted premium holidays of up to three months. Mobile network companies lowered transaction charges and increased transaction limits.
5	LNDC, MTI and MSBDCM	The government offered a salary relief subsidy to the textile and apparel sector, which absorbs more than 40,000 workers. The Ministry of Small Business Development, Cooperatives and Marketing (MSBDCM) has received relief assistance to help small businesses from Alliance Insurance.

Identified Gaps

- A. Young people, who disproportionately work in the informal sector, are excluded from the above stimulus packages addressing the economic impacts of the pandemic.
- B. There is no targeted credit, loans, and insurance for young entrepreneurs, especially for young people in the informal economy.
- C. The lower cost of borrowing because of the CBL's reduction of interest rates does not, however, address the fact that young people are less likely to own assets to use as collateral and thus remain less eligible for loans.

- D. Young people are not capacitated to cope with the financial impact they are likely to experience due to the pandemic. This is because young people are less likely to have accumulated savings to protect themselves through the pandemic. Young people further do not have any mentors to support and guide them, be it financially or professionally.
- E. Limited promotion and support of entrepreneurship culture and technological innovation among young people.

4. Safety and Protection

1	Ministry of Social Development and UN Karabo-Ea-Bophelo & SWAALES	<p>In response to Covid-19, the Ministry expanded Lesotho Child Grants Programme (CGP) by increasing cash transfers, targeting both existing and new beneficiaries. Assisted by UN, the Ministry further expanded the NISSA to host COVID-19 related data across both rural and urban areas.</p> <p>The Ministry of Social Development has a Child Helpline that has been revived by Karabo-ee-Bophelo (the SWAALES sexual assault cases were reported through this helpline - there is a response team that works 24 hrs and is alerted of any cases.</p>
2	World Vision IOM	<p>World Vision assists with provision of food parcels, cash transfers and hygiene packages to help community survive.</p> <p>IOM create awareness on human trafficking and irregular migration</p>
3	LPPA, UNICEF, UNESCO and UNFPA WFP	<p>The LPPA team alongside UNICEF, UNESCO and UNFPA have embarked district dialogue with the different groups in communities to discuss issues surrounding child marriages.</p> <p>WFP complemented the government's horizontal expansion of social protection safety net (Public Assistance) which includes targeting vulnerable children, the elderly, people with disabilities and those in the informal sector. The targeted households were provided with USD55 per month so that they can meet basic household needs.</p>

Identified Gaps

- A. There is no strategy that deals directly with inclusion of at-risk and vulnerable groups of children, especially under COVID-19. The immediate and the recovery phases of the response to COVID-19 need to be fully inclusive of the rights of young persons with disabilities, tackling their access to information, healthcare services, education, social protection, and to civic participation.
- B. The response team from SWAALES is incapacitated due to limited resources. The team only has two cars and a few personnel to cover all districts, and this has impacted the effectiveness of their tasks.

- C. The food parcels, cash transfers and hygiene products provided by World Vision are insufficient to cover the extent of the need by communities. As such, some families, especially those with at-risk and vulnerable adolescents and youth are left without any assistance.
- D. The protection needs of young people are not addressed in the context of this pandemic, especially when caregivers are infected, are quarantined, or pass away.
- E. Instead of just creating awareness on human trafficking, more preventative measures in the context of protecting young people are needed.

5. Civic Space and Participation

1	Ministry of Gender and Youth, Sports and Recreation and the United Nations Development Programme (UNDP)	The Ministry and the UNDP embarked on a civic and political engagement of youth programme and went to the national and community radio stations to disseminate information to youth in all districts.
---	---	---

Identified Gaps

- A. Taking into consideration that not all young people have access to radios or televisions, majority of young people, especially in remote areas, are still not involved and included in the discussions or dialogues that may affect them. A 2017 report on the State of ICT in Lesotho found that only 52.8 percent and 29.47 percent of households own a radio and television, respectively⁹¹. The three districts with the lowest radio and television penetration were ThabaTseka, Mokhotlong and Quthing.
 Furthermore, the settings of radios and televisions do not include some children living with disability, such as those living with deafness.
- B. There are currently no legal regulations in place to protect young people while receiving information and sharing experiences and concerns in existing online platforms.

⁹¹ [lesotho.communica \(researchictafrica.net\)](http://lesotho.communica(researchictafrica.net))

CONCLUSION

The study concludes that majority of young people have been negatively impacted by COVID-19, as per previously highlighted findings from the five dimensions. Notably, the lockdown measures imposed by the GoI to curb COVID-19 infections have severely disrupted young people's lives, well-being, and social support systems, among other factors. In relation to education and skills development, the pandemic has disrupted the learners' school attendance, routines and has considerably contributed to an increase in dropouts. Although the findings were representative of tertiary students, the study provided evidence to highlight the same impact on those still in high school.

Because of the overcrowding at most public school, majority of students identified fear of COVID-19 as the main factor for not returning to school, followed by the lack of desire to go back, lack of school fees and other reasons that include failing a grade. Although the study's coverage did not include rural areas due to the mode adopted in delivering the survey, it is anecdotally believed that there has been a severe impact on the education of young people in the rural, especially young boys who are prone to trading off school for herding animals and farming, and young girls normally abducted for marriage (eloped without consent)⁹².

The pandemic has further overstretched the country's health system and disrupted health service continuity. Owing to lockdown measures and disruptions, majority of young people indicated that they could not access health-related information and services and products, including access to essential antiretroviral medications and services for those living with HIV, contraception, and maternal health. Furthermore, young people had limited access to positive coping mechanisms they usually turn to in times of crises, including social or community initiatives, sports, and other types of physical activity, adding to their anxiety, stress, and mental breakdowns.

In addition, a considerable number of young people who were formally and informally employed or self-employed before COVID-19, have not been able to go back to work. In addition, for those back at work, majority claimed their earnings are now less than before COVID-19, with significant repercussions on their livelihoods. The impact of this, in a country already battling with soaring rates of youth unemployment, has negative implications, including a likelihood rise in poverty and lawlessness.

⁹² UNICEF, 2018, Multiple Indicator Cluster Household Survey (MICS)

Evidently, the pandemic has upended the lives of children and families in Lesotho, and in relation to social protection, it has adversely affected programmes to end GBV and child headed households. Information from the Ministry of Health and organizations working on child protection depicts an increase in the usual number of rape and sexual abuse cases of adolescent girls, which happened mostly during lockdown. The information provided further shows a trend of increasing numbers in child-headed households, as parents and guardians had to leave children at home in search of job opportunities in urban areas and the neighboring country, South Africa. In terms of civic space and participation, majority of young people indicated that they felt their human rights and freedom were violated during lockdown. Due to restricted movements and gatherings, civic space has contracted, and freedoms of assembly, privacy, and expression have been negatively affected, silencing young people's calls for change.

Notably, the current COVID-19 crisis is likely to have long-term effects on the five analyzed dimensions, unless effective and relevant response and recovery measures are adopted and implemented. Although the Government, Development Partners, and the Civil Society in Lesotho have adopted some COVID-19 Response Frameworks as earlier highlighted, the study identified some gaps that still need to be accordingly addressed to ensure young people are included, and related recommendations are suggested in the following section. With that said, the study acknowledges that the current survey analysis had the following research limitations:

- ❑ Low response rate as the country is still under some level of lockdown restrictions and some organizations are not yet fully operational.
- ❑ Limited data availability from some organizations and institutions.
- ❑ Due to the adopted modalities of data collection, only young people with sufficient access to devices that have internet or phone connection were able to participate as respondents, implying that some of the most vulnerable, especially the rural poor, were not able to share personal accounts of the impact of COVID-19 in their lives.
- ❑ The survey was conducted in Maseru, and although information from other districts was collected, the breakdown cannot be representative of the other districts.
- ❑ Due to limitations in terms of obtaining ethical clearance before the study, specific questions on sensitive issues, such as GBV, were omitted.

As such, the survey sample cannot be taken to be representative of the population of young people in Lesotho, as the rapid study could not significantly cover other groups of young people and get to discuss some sensitive issues with them.

RECOMMENDATIONS

The section provides recommendations in line with findings. The recommended measures align to UNFPA’s global strategy: “My Body, My Life, My World”, launched in 2019 as a reaffirmation and operationalization of UNFPA’s commitment to adolescent and youth. Furthermore, the measures align to national youth development initiatives as outlined in the NSDP II and the National Youth Policy (2017 – 2030) and take into consideration global provisions of the Africa Youth Charter (AYC), various Commonwealth Youth Programme (CYP) mandates, as well as the Southern African Development Community (SADC) Youth Development protocols.

The measures have been identified with motive to achieve the overall goal and specific objectives in mitigating the impact of COVID-19 on young people in Lesotho, as detailed below:

Overarching Goal

To Promote and ensure access to age-, gender-, and disability inclusive services that contribute to the education and skills development, health and well-being, economic welfare, safety and protection, and participation of adolescents and youth in the context of the COVID-19 crisis.

Objectives per Dimension



Specific Measures

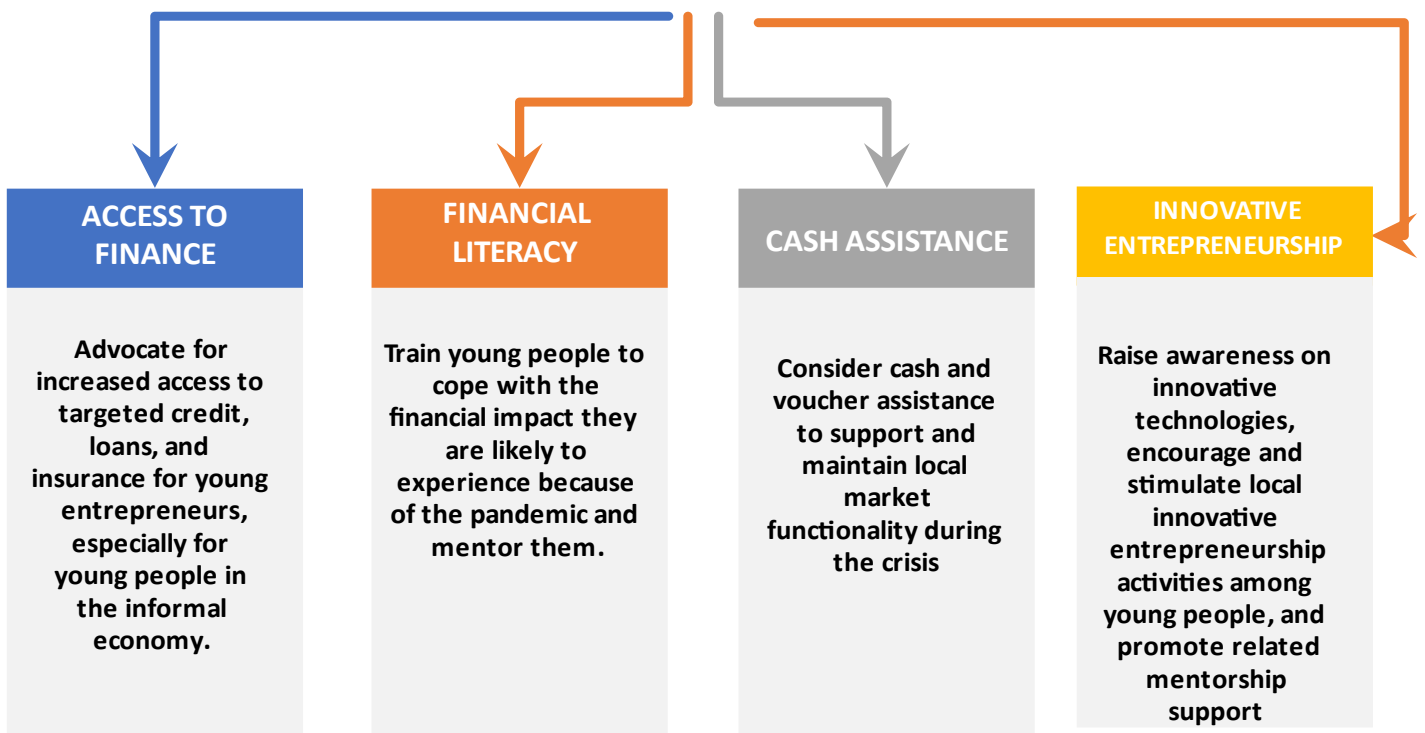
1. Education and Skills Development

EXPANDING THE RADIO AND TV PROGRAMMES	SUPPORT FOR COVID-19 PLAN	COACHING AND MENTORING	CAPACITY BUILDING	INCLUSION IN CONTINGENCY AND RESPONSE PLANS
The Radio and TV programmes need to be regular, with provision of solar radios in hard-to-reach and supplemented with online learning (combined with child protection and psychosocial support initiatives). Physical learning packs provided so children can take lesson plans and materials home. Train educators in online safety and behavior.	When schools reopen, ensure the facilities are safe and equipped with water, sanitation, and handwashing facilities with soap, menstrual health management (MHM) supplies, and support needed by young people	Designing new methods, such as remote coaching or mentoring, to cover life skills, and comprehensive sexuality education (CSE), to keep young people engaged.	Consider providing training, orientation, or guidance for staff and teachers in remote facilitation and mentoring, and train teachers to instruct students with disabilities remotely.	Ensure that adolescents and youth are included in education sector risk assessments, contingency plans, and response plans.

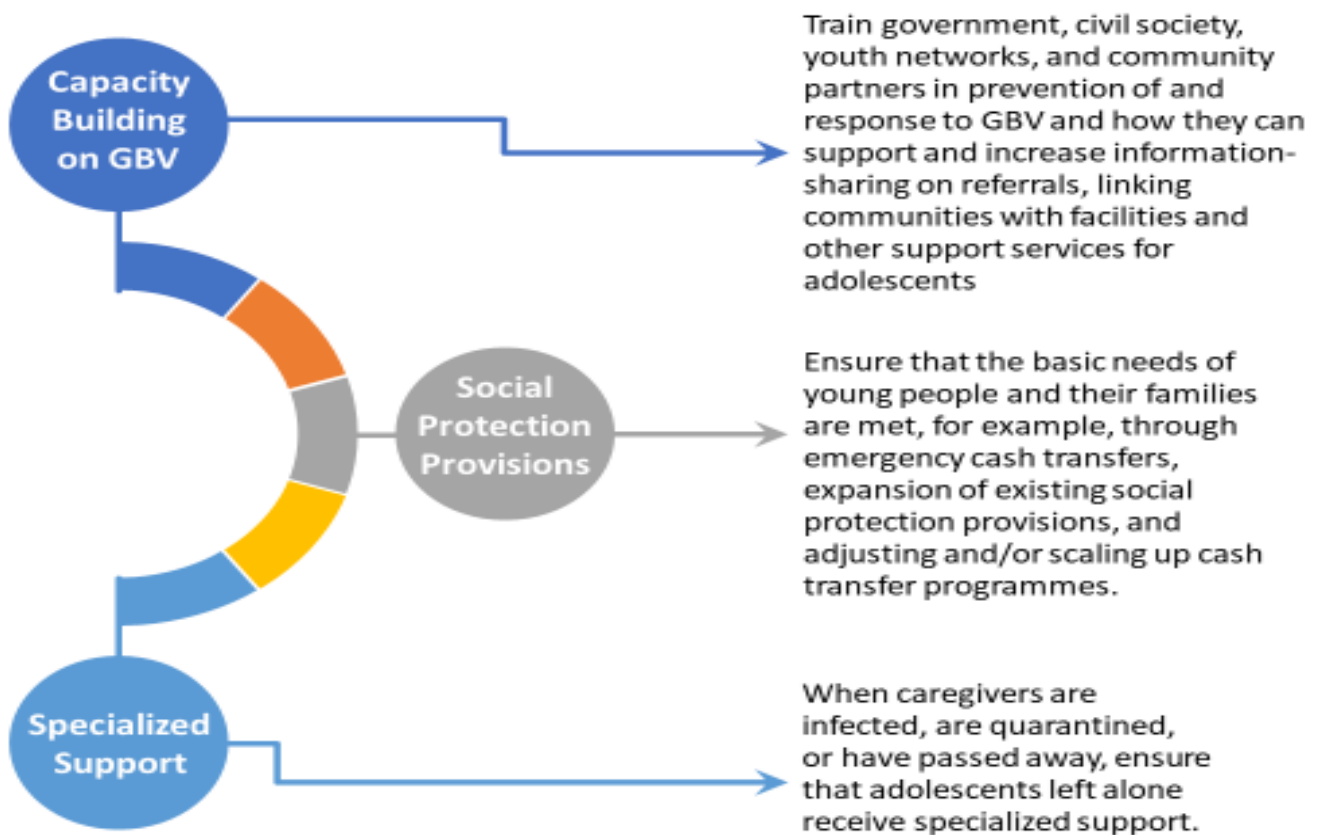
2. Health and Well-being

INFORMATION SHARING	ACCESS TO ESSENTIAL SERVICES	PROVISION OF VARIOUS KITS	CAPACITY BUILDING	MENTAL HEALTH
Promote information-sharing with and by young people on available protection and care and how to access them. Consider changes in services, timings, or personnel during lockdown. .	Support appropriate national authorities and partners to enhance availability of and access to essential lifesaving services for adolescents and youth experiencing GBV during the COVID-19 pandemic.	Expand provision of dignity/hygiene/MH M kits to girls and women, and coordinate with WASH, ASRH, and humanitarian actors	Ensure that first responders are trained prevention of and basic response to GBV, including youthfriendly communication techniques and specific issues related to girls such as early marriage. Coordinate closely with ASRH actors to incorporate basic ASRH information into training	Strengthen availability and access to services related to mental health and psychosocial support (including prevention, promotion, and treatment) for young people along with their families, caregivers, and communities.

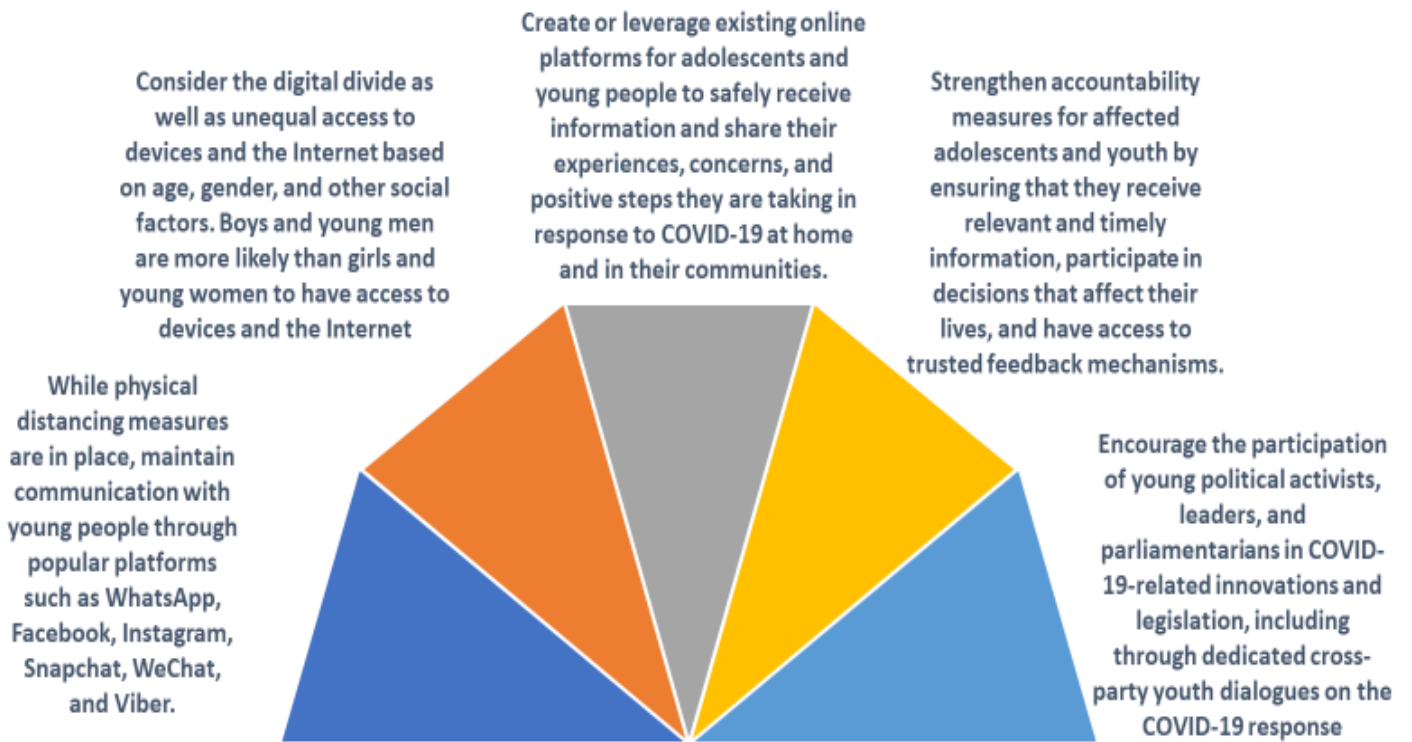
3. Employment and Opportunities



4. Safety and Protection

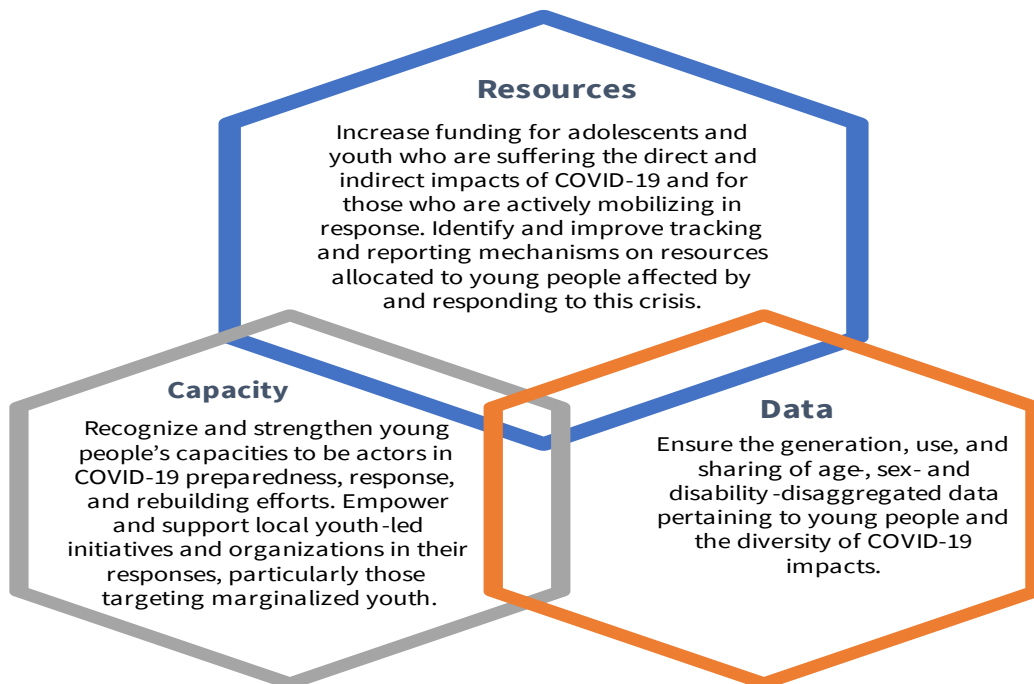


5. Civic Space and Participation



Mainstreaming

Within each of the five dimensions, it will be important to mainstream the following three factors:



The above recommendations are by no means exhaustive. Due to the Study's limitations as highlighted, it is possible that various measures not covered in this report could be adopted and implemented.

