Country context

WEAK HEALTH SECTOR

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

POOR ACCESS TO QUALITY EDUCATION

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

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

HIGH INEQUALITY AND CHILD POVERTY

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

CHALLENGES IN ACCESS TO SERVICES FOR MIGRANTS

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

GENDER-BASED VIOLENCE IS WIDESPREAD

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

ANTI-CORRUPTION MEASURES REQUIRED

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

Lesotho at a glance

- Total population: 2 million
- Under-five child mortality: 85 per 1,000 live births
- Infant mortality: 59 per 100,000 live births
- Primary school completion rate: 80% girls, 66% boys
- Maternal mortality per 100,000 live births: 1,024
- Children living in multi-dimensional poverty (deprived in three or more social services): 65%
- Children under 5 that have stunted growth: 33%
- Population living below the national poverty line: 49.5%*


Development objectives and priorities

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

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

WHAT DO WE WANT TO SEE BY 2023?

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<thead>
<tr>
<th>UNDAF outcome 2.1</th>
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<td>All people, particularly the most vulnerable, benefit from gender-responsive social policies and programmes for the sustainable and equitable realization of their rights.</td>
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UNDAF outcome 2.1 is aligned with...
- NSDF II: Strengthening human capital (health, nutrition, education and skills development)
- Sustainable Development Goals 1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 13, 17

WHAT DO WE FOCUS ON?

- Strengthen national and sub-national capacity to design, deliver and finance social protection systems and improve delivery of social services, with a focus on vulnerable and marginalized groups.
- Promote evidence generation and greater disaggregation of data, in order to enhance service delivery and quality for the most vulnerable groups.
- Strengthen public demand for social services.
- Improve provision of quality formal education, with a focus on the most disadvantaged children, including those with disabilities.
- Develop alternative pathways to learning, including informal and non-formal education, skills training for young people.
- Deepen integration of early childhood care and development across sectors.
- Support the Ministry of Health to deliver essential health, HIV and nutrition services for mothers, children and adolescents, and ensure universal health coverage.
SPECIFIC ACHIEVEMENTS BY 2023

Maternal mortality rate reduced to 300 per 100,000 live births (down from 1,024 deaths in 2014)

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

HIV incidence in young women aged 15-24 years reduced to 7/1,000 (down from 17.2)

Allocation to social protection as part of GDP increased to 11% (up from 9% in 2016)

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

Married women with unmet need for family planning reduced to 95% (up from 72.7% in 2016)

Prevalence of gender-based violence among women reduced to 80% (down from 86% in 2014)

New cohort survival rate in primary education increased to 95% (up from 72.7% in 2016)

IMPLEMENTATION AND MANAGEMENT

Delivering as one (implementing UN agencies):

Partnerships:
School proprietors, churches, traditional leaders, families, civil society organizations/networks/initiative groups, Ministries of Finance, Labour and Employment; Education and Training; Social Development; Health; Development Planning; Gender and Youth; Sports and Recreation; Local Government and Chieftainship Affairs; Justice; Human Rights and Correctional Service; Police; Home Affairs; Agriculture; Prime Minister’s Office-Disaster Management Authority; Bureau of Statistics; National AIDS Commission; Christian Health Association of Lesotho (CHAL); and other partners.

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

Current donors:

BUDGET FOR UNDAF OUTCOME 2 (2019–2023)

Total needed: US$124.3 million
What we have so far: US$95 million
Funding gap: US$29.3 million

BUDGET FOR UNDAF OUTCOME 2 (2019–2020)

Total needed: US$39.5 million
What we have so far: US$12.2 million
Funding gap: US$27.3 million

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