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## United Nations Population Fund

## Country programme document for Lesotho

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| Proposed indicative UNFPA assistance: | $9.8 million: $4.6 million from regular resources and $5.2 million through co-financing modalities or other resources |
| Programme period: | 5 years (2024-2028) |
| Cycle of assistance: | Eighth |
| Category: | Tier II |
| Alignment with the UNSDCF Cycle | United Nations Sustainable Development Cooperation Framework, 2024-2028 |

# I. Programme rationale

1. Lesotho is a mountainous landlocked country surrounded by South Africa. It has a population of 2.2 million people, with 49 per cent male and 51 per cent female. The annual population growth rate is 0.68 per cent, with the population projected to increase to 2.8 million by 2030 (2016 Census). The median age is 24 years, with young people aged 15-35 years comprising 39.6 per cent of the total population. Life expectancy – for females (58 years) and males (52 years) – has increased steadily but remains low. More than 60 per cent of the population reside in the rural areas.

2. Lesotho is a lower-middle-income country, with high levels of poverty, income inequality and a Gini coefficient of 0.449 (2017). Approximately 49.7 per cent of the population live below the poverty line. The human development index was 0.52 in 2020, with a 27.6 per cent decline for the inequality adjusted human development index. The Central Bank of Lesotho reports the country's average annual gross domestic product (GDP) per capita growth rate slowed from 4 per cent (between 2000 and 2010) to 2 per cent (between 2015 and 2019). The economy of Lesotho comprises small-scale subsistence agriculture, water extraction, diamond mining, textile and apparel manufacturing, with over 80 per cent of exports being textiles and diamonds. Royalties from the transfer of water through the Lesotho Highlands Water Project to South Africa has declined (from 5 per cent to 3 per cent). The economy is dependent on South Africa, with more than 80 per cent of goods imported from South Africa. Decline in government income has been offset by domestic and international borrowing, resulting in unsustainable debt, consisting of external debt of 45 per cent of GDP and 70 per cent of all debt. The economic fragility and uneven distribution of wealth was exacerbated by recent external shocks, such as the COVID-19 pandemic and the geo-political tension. Domestic resources remain constrained as a result of the stagnated economy, with a need to reprioritize government spending to ensure investment in basic infrastructural services and the educational and health sectors that underpin human capital formation, which will, in turn, spur the sustainable development desired by the Basotho.

3. Lesotho's youth unemployment rate is 37.4 per cent, with a youth development index of 0.282. Thousands of youths, women and men migrate annually to South Africa for work as domestic workers, gardeners, factory or farm workers, while adult men traditionally migrate to work in the mines of South Africa. The families left behind have limited sources of income and rely on subsistence agriculture. Where both parents migrate, children are mostly left in the care of grandmothers or siblings, mostly adolescent girls who are forced to drop out of school to head the household. They may engage in transactional sex, are vulnerable to trafficking, sexual exploitation, violence, child marriage or other forms of gender-based violence (GBV) in order to survive. This increases their vulnerability to early and unintended pregnancies, HIV infections and other sexually transmitted infections.

4. Lesotho is characterised by political fragmentation and unstable governments, with weakened governance systems and structures, which impact negatively economic growth, service delivery and accountability. A new Government was elected in October 2022 with the commitment to accelerate implementation of the National Strategic Development Plan (NSDP) II, focusing on enhanced inclusive sustainable growth, private sector-led job creation, strengthened human capital, and national governance and accountability systems.

5. The country has the second highest maternal mortality ratio in the Southern African Development Community (SADC) region, estimated at 566 per 100,000 live births (Census, 2016). Ninety-five per cent of pregnant women attend antenatal care sessions at least once and 74 per cent had four visits during pregnancy. Some 77 per cent of deliveries occur at a health facility and 78 per cent are by skilled providers. One in three rural women still deliver at home without a skilled birth attendant not only due to cultural beliefs but also because the distances from their homesteads to health facilities limit access. A significant proportion of preventable maternal deaths are recorded at primary health care (62.5 per cent), secondary (19.1 per cent) and tertiary-level hospitals (10.5 per cent) due to the poor quality of care. Young women aged 20-24 years account for 43.3 per cent of maternal deaths; and 9 per cent of maternal deaths are related to complications from unsafe abortions. The midwifery workforce is weak as a result of a non-competency-based curriculum, inequitable geographical distribution of midwives within the care network and limited readiness and functionality of the health care system. Advancing SRHR within the context of universal health coverage (UHC)is important as the country seeks to improve the service coverage index for UHC beyond the current 38.7 per cent (2019) through strengthened health service delivery structures and integrated models, digital health, health financing, governance and coordination, among others.

6. The contraceptive prevalence rate is 64 per cent, and modern contraceptive prevalence rate is 51 per cent (MICS, 2018). Contraceptive use is significantly lower among adolescents aged 15-19 years (28.9 per cent). The unmet need for family planning is significant (18 per cent), with higher rates in remote underserved areas (21 per cent) and among adolescent girls and young women (24.5 per cent). The use of non-barrier

contraceptive methods among female sex workers was reported at 56 per cent. The 2022 Service Delivery Point Survey identified the poor quality of data for forecasting and quantification as a key factor contributing to the regular commodity stockouts. UNFPA procures more than 80 per cent of commodities in the country, with efforts being made to increase domestic investments for the procurement of family planning commodities and strengthened supply chain management.

7. The adolescent birth rate in Lesotho is 55 births per 1,000 girls aged 15-19 years (DHIS 2), more than the global average of 40. The proportion of teen pregnancies increased rapidly, from 3 per cent at age 15 to 40 per cent at age 19, according to the Lesotho Demographic and Health Survey (LDHS) 2014, with adolescents in rural areas and in the lowest wealth quintile disproportionately affected than peers in urban richer households. Over 67 per cent of hospital admissions are attributed to adolescents aged 10-14 years as a result of the complications from unsafe abortions. Contributing factors to teen pregnancy are low levels of comprehensive sexuality knowledge, social and cultural norms, frequent stockouts of commodities, inadequate coverage and access to adolescent-friendly health services and information. Expanding the method mix and access to self-care contraceptive technologies for adolescents in hard-to-reach areas or underserved communities is necessary.

8. Lesotho has the second highest HIV prevalence rate in the world (25 per cent), with 22.7 per cent recorded among persons aged 15-49 years. New infections are estimated at 5,000 annually, the majority of which occur among women (34.2 per cent), compared to men (25 per cent). New HIV infections among youth aged 15-24 years is 1,000 per year and 3,000 for those aged 25-34 years. Young women aged 20-24 years (16.7 per cent) are four times more likely to be infected than their male peers (4 per cent), according to the Lesotho Population-based HIV Impact Assessment, (LePHIA) 2020. The HIV prevalence among female sex workers is high (70-73 per cent) and even higher in districts with migrant populations. The HIV prevalence among men who have sex with men is estimated at 31-33 per cent. Young people lack comprehensive knowledge on the prevention of HIV (38 per cent across both sexes). Self-reported condom use with a non-cohabiting partner at last sex is 79.6 per cent for adolescent boys and young men but only 69 per cent among adolescent girls and young women (LePHIA, 2020). The drivers of new HIV infections are transactional and intergenerational sexual relationships, power imbalances, stigma and discrimination, alcohol and drug abuse, limited access to youth-friendly health services, cultural, social and religious norms, as well as gender-based violence and harmful practices. In relation to the 90-90-90 targets, 90 per cent of people living with HIV know their status, 96.6 per cent of those diagnosed receive sustained treatment and 91.5 per cent of those receiving treatment are virally suppressed. Adolescents and young people are lagging behind; only 82 per cent of youth living with HIV know their status, and while 95 per cent are receiving sustained treatment, only 81 per cent are virally suppressed. To sustain the gains made in declining new HIV infections, reductions in AIDS mortality and life expectancy require continued investments in prevention and treatment.

9. Gender-based violence and harmful practices, including child marriage, are a major concern. Over 86 per cent of women have experienced some form of violence at least once in their lifetime. One in seven females (14.5 per cent) have experienced sexual violence before age 18 and 62 per cent of women report experiencing intimate partner violence in their lifetime (LDHS, 2014). One in five girls are estimated to be married by age 18. Rural women and girls, those from lowest wealth quintile and those with disabilities are disproportionately affected. The combined direct and indirect cost of violence against women and girls is estimated at 5.5 per cent of the GDP in 2017. Gender-based violence is minimally integrated into national policies. Poor coordination, weak data systems and the lack of capacity of national institutions to generate, analyse and use data for the prevention, management and response to GBV persists. There is a need to strengthen Lesotho's ability to leverage global and regional conventions and protocols to protect the rights of women and girls, taking into consideration the dual legal system. While Lesotho has ratified nine core United Nations human rights treaties and four optional protocols, the implementation, monitoring and reporting of its human rights obligations as a duty bearer remains weak. Cultural and social norms, the low socio-economic status of women and girls and patriarchal practices leave women and girls vulnerable to early marriage and violence. Addressing gender inequality and gender-based violence requires government institutions to translate laws, policies into meaningful action, with concerted collective efforts to address cultural, religious and social norms that undermine the rights of women.

10. Climate change and biodiversity loss has left Lesotho vulnerable to recurrent droughts and floods that negatively impact the agro-industry, infrastructure, livelihoods and access to services, especially for the rural population. Women, adolescent girls and young women, particularly those from the lowest wealth quintile, in rural hard-to-reach areas and people with disabilities, remain the most adversely affected in emergencies. The absence of a comprehensive government-financed response to climate change will continue to place a stress on the health of the population and ecosystems, which may undermine the aspirations of NSDP II. The COVID-19 pandemic exposed gaps in an already weak health system and the recent Minimum Initial Service Package readiness assessment highlighted the need to invest in national emergency response plans that

incorporate SRHR, HIV and GBV and ensure the availability of the minimum initial service package during emergencies.

11. Weak data systems and the lack of disaggregated data in most programmatic areas are a challenge considering the 2016 Census results provided national-level indicators, with limited further analysis of the different thematic areas. The 2019 LDHS was postponed due to the COVID-19 pandemic. The health management information system is paper based; and administrative data quality is a major concern, hampering the ability to identify trends through service utilization data, monitor the availability of commodities and supplies, and ensure availability of resources to provide essential high-quality services. The lack of a unified GBV reporting data system, for instance, with poor recordkeeping by service providers, hampers GBV data generation, analysis, storage and use for evidence-informed decision-making, policies and programmes. Weak coordination, accountability and institutional capacity gaps hamper the effective implementation of legal and policy frameworks in the country. This results in a significant proportion of the Basotho being left furthest behind, including (a) persons living with disabilities; (b) women and girls; (c) herders; (d) youth; (e) adolescent girls, including those of migrant parents; (f) the LGBTIQ+ community and female sex workers; (g) older persons; (h) people living in poverty in rural areas; and (i) refugees and asylum seekers. Reconfiguring the socio-economic development landscape to ensure rights and choices will be essential if Lesotho is to leave no one behind.

12. UNFPA actively contributed to the development of the Common Country Analysis, the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the Humanitarian Response Plan and ensured the diagnostic analysis of gaps in the health system through the programme management team, the humanitarian country team and the United Nations country team. UNFPA leadership and its comparative advantage in maternal health, family planning, SGBV, comprehensive sexuality education (CSE), HIV prevention and data generation has made UNFPA the go-to agency for Government, United Nations agencies and other stakeholders.

13. The new country programme is informed by key achievements from the seventh country programme, including: (a) strengthening the legal provisions to advance and protect the rights of women and girls through the enactment of the Counter Domestic Violence Law and the Harmonization of Rights of Widows with Legal Capacity of Married Persons Law; (b) advancing the development, health and well-being of adolescent and young people, women and girls, key populations and the most vulnerable through the National Youth Policy, the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy, the Gender and Development Policy, 2019-2030 and the National HIV and AIDS Policy; (c) ensuring SRHR and GBV are integrated in humanitarian emergencies through the disaster management plans; (d) expanding universal access to high-quality integrated SRHR, HIV and GBV services, including for key populations, by incorporating SRHR, HIV and GBV service packages within the essential health services package; (e) improving maternal and reproductive health outcomes by partnering with institutions of higher learning to develop a competency-based pre-service midwifery curriculum; (f) bolstering SRHR outcomes for adolescents and youth through capacity building of health care providers to provide youth-friendly SRH services and institutionalizing CSE into primary and secondary school curricula as a compulsory and examinable subject; (g) promoting evidence-based programming on family planning, targeting hard-to-reach and underserved areas, improving ‘the last mile’ assurance and promoting the uptake of long-term methods; (h) strengthening the delivery of integrated adolescent-friendly SRH services through capacity building of the service providers, development of guidelines and production of information materials; (i) scaling up evidence for policy and decision-making by institutionalizing the maternal death review system; and (j) increasing the availability of age-disaggregated data on contraceptive use, including for adolescents and youth aged 10-24 years, as well as reporting and monitoring GBV with the Ministry of Police and Bureau of Statistics.

14. The programme leveraged strategic regional and national partnerships to increase programme investments through joint United Nations programmes such as the ‘2gether4SRHR’ programme implemented together with UNAIDS, UNICEF and the World Health Organization (WHO), the Safeguard Young People’s Programme, the Joint United Nations Team on HIV/AIDS, and CSE partnerships with UNICEF and UNESCO. The programme partnered with civil society organizations to support the Government to deliver HIV prevention programmes for key populations and integrate SRHR at outreach service points. UNFPA is working with United Nations agencies in Lesotho and six other countries on a regional initiative to address gender-based violence.

# II. Programme priorities and partnerships

15. The new country programme responds to priorities of the National Strategic Development Plan II, which reinforces the Government’s commitment to engage, empower and encourage participation of citizens, in

particular adolescent girls and young people, in the national development process and to promote inclusive growth. It accelerates the SRHR targets of the SDGs and the unfinished business of the ICPD Programme of Action, including the voluntary ICPD25 commitments made by Lesotho. It is aligned to the African Union Agenda 2063, and the SADC Regional Indicative Strategic Development Plan. In alignment with the UNFPA Strategic Plan, 2022-2025, the country programme aims to achieve universal access to sexual and reproductive health and rights, with particular emphasis to: (a) reduce the unmet need for family planning; (b) reduce preventable maternal deaths; (c) reduce gender-based violence and harmful practices, with the underpinning reduction of sexual transmission of HIV.

16. The country programme contributes to three pillars of the UNSDCF: Pillar 1 (good governance and social equity); Pillar 2 (equitable food systems, environmental sustainability and climate action); and Pillar 3 (people's well-being and economic development). Programme beneficiaries are populations at risk of being left furthest behind: adolescent girls; young people; women; key populations; and people with disabilities, in particular those in underserved poor rural areas.

17. The country programme was developed in partnership with the Government, development partners, United Nations agencies, civil society organizations, and traditional and faith-based organizations.

18. This country programme will sustain and build upon the gains made in the previous cycle by: (a) shifting from funding to financing through greater domestic, multilateral and bilateral resources; (b) strengthening the primary health care system to ensure universal access to SRHR within the context of universal health coverage through high-quality integrated SRHR services, in particular adolescent youth-friendly services; (c) ensuring continuity of SRHR services in humanitarian settings arising from the impact of climate change, including GBV in emergencies; (d) translating laws and policies into meaningful programmes, building the capacity of duty bearers and strengthening the prevention of sexual exploitation and abuse, including in humanitarian settings; (e) strengthening data systems and the use of data to inform programming and reaching those furthest left behind.

19. The country programme will deploy a combination of modes of engagement, at national and subnational levels, targeting duty bearers and rights holders including: (a) strategic advocacy and policy dialogue for an enabling environment and mainstreaming SRHR into relevant national priorities; (b) knowledge management for evidence-based decision-making; (c) capacity development of key stakeholders and institutions to strengthen delivery of evidence-based programmes; (d) strengthening the capacity of national institutions to deliver the ICPD Programme of Action and accelerate progress towards universal access to SRHR; and (e) partnership, coordination, South-South and triangular cooperation, to reach scale.

20. The programme will accelerate progress towards achieving the three transformative results by drawing upon the six accelerators, including: (a) embedding human rights-based and gender-transformative approaches to address social and cultural norms and practices that perpetuate inequalities and vulnerabilities; (b) deploying innovative and digital solutions for engaging beneficiaries, scaling in-service capacity building for health care workers and strengthening supply chain management; (c) strengthening data generation and utilization for decision making; (d) engaging in strategic partnerships, South-South and triangular cooperation and sustainable financing; (e) leaving no one behind and reaching those furthest behind, especially the marginalized adolescent girls who reside in the rural areas; and (f) building resilience and adaptation across the humanitarian, development and peace continuum through capacity building and integration of SRH and GBV into disaster reduction plans and ensuring continuity of SRHR as part of essential services during humanitarian situations.

21. UNFPA will work with and draw upon the expertise and innovations of government institutions, parliamentarians, traditional, faith-based and civil society organizations, academia and the networks of youth, women and men's organizations, at national and subnational levels, to implement the country programme. In line with the United Nations development system reform and the principle of 'delivering as one', UNFPA will lead, convene and contribute to joint United Nations efforts to accelerate progress towards the three transformative results, as defined by its mandate and the UNSDCF, with a focus on adolescents and young people, vulnerable women, persons with disabilities.

## A. Output 1. By 2028, laws, policies, strategies and accountability frameworks are developed, harmonized and strengthened to advance SRHR in universal health coverage

22. This output will generate evidence to strengthen the enabling environment that advances and protects the SRH rights of beneficiaries through: (a) review, development, harmonization and implementation of laws, policies, strategies that effectively integrate SRHR, HIV and GBV, including in humanitarian settings; (b) generating and utilizing high-quality data for informed decision-making and accountability, including the 2026 Census and DHS 2023; the generation and use of data will guide the implementation of global,

continental and regional commitments; (c) generating evidence for advocacy to increase domestic financing for SRHR, improve access to services, operationalize the family planning compact and FP2030 commitments, to accelerate the ICPD agenda; (d) supporting the government to incorporate SRHR into national disaster plans to ensure the functionality and resilience of the health system during humanitarian situations; (e) advocate for sustainable investment in young people so that Lesotho can harness the demographic dividend and unlock the full potential of its youth to contribute towards the development of the country; and (f) ensure the meaningful engagement, participation and leadership by youth in decision-making at national and regional levels.

## B. Output 2. Health systems, communities and institutional capacities strengthened to provide high-quality comprehensive SRHR information and services, including on harmful practices

23. This output will accelerate progress towards the three transformative results by: (a) reducing preventable maternal deaths and strengthening reproductive health outcomes by promoting postpartum family planning, strengthening the quality of care by rolling out the midwifery competency curriculum, in-service mentorship and skills building, and institutionalization of maternal death reviews; (b) developing and updating key national guidelines, in line with international norms and standards on SRHR that define the core package of services to be provided, including the minimum initial services package in humanitarian crises. Healthcare workers are trained to provide high-quality integrated services, including the provision of the minimum initial services package during humanitarian emergencies; (c) reducing the unmet need for family planning by expanding the method mix and promoting self-care methods for adolescents and women living in the rural areas; (d) strengthening male engagement on SRHR, in particular on family planning; (e) strengthening supply chain management by applying 'the last mile' assurance approach and implementing an electronic logistics information system; (f) scaling up adolescent-friendly SRHR services by supporting the accountability and coordination framework, institutionalizing adolescent sexual and reproductive health within the pre-service and in-service capacity building programmes for health care providers and village health care workers; (g) scaling up HIV prevention interventions among adolescents, young women and key populations by building the capacity of key institutions to deliver high-quality CSE and social and behaviour change communication interventions for out-of-school young people, which address the key drivers of HIV; (h) strengthening integrated SRHR services that include the promotion and uptake of condoms, advocating for sustained investments in HIV prevention and treatment for adolescents and youth; (i) promoting the institutionalization of comprehensive sexuality education in teacher training institutions to scale up and ensure the sustainability of CSE, supportive mentorship, monitoring and evaluation, forging stronger linkages between school health and adolescent sexual and reproductive health services: and (j) strengthening the health management information system to ensure high-quality SRHR-related data collection and reporting that is age and gender-disaggregated.

## C. Output 3. By 2028, strengthened mechanisms and capacities of actors and institutions address discriminatory gender and social norms and advance gender equality and decision-making

24. This output will address harmful practices and negative social, cultural and religious norms to address root causes of structural gender inequalities and empower women and girls working in partnership with women-led organizations and civil society. It builds on the normative work on gender-transformative strategies, policies and programming to implement human rights-based, integrated, context-specific, evidence-based and innovative approaches to: (a) advocate for a unified multisectoral GBV data system that enables the generation, analysis and utilization of disaggregated data (by age, gender and socio-economic status) to inform prevention, management and response to GBV, including in humanitarian crises; (b) advocate for the domestication and implementation of global and regional ratified treaties and reporting for accountability to protect and advance human rights, and end the harming, deprivation and exclusion of women and girls and other beneficiaries; (c) support and strengthen the coordination, accountability and institutional capacity, at both national, sub-national levels, for research, design, implementation, monitoring and evaluation of GBV programmes aimed at eliminating harmful cultural practices, including child and forced marriages, and implementation of relevant policies and legal frameworks to end GBV; (d) use of gender-transformative approaches to advance policies on engaging adolescent boys, men, adolescent girls and women together as agents of change in addressing gender-based violence and harmful practices; and (e) support strengthening and scaling-up of high-quality and gender-responsive survivor-centred essential services leveraging an enabling policy environment.

# III. Programme and risk management

25. The country office management will spearhead compliance with UNFPA policies and procedures to lead the team to deliver results; engage in resource mobilization, particularly by increasing domestic financing, leveraging multilateral resources, such as the Global Fund, the Global Financing Facility, the Millennium Challenge Corporation, thematic funds, regional programmes, bilateral resources and public-private partnerships. The programme will draw on South-South and triangular cooperation to strengthen the institutional capacities of key government ministries, including the Coordinating Ministry, the Ministry of Finance and Development Planning, the Ministry of Foreign Affairs and other line ministries. The programme will collaborate with other United Nations agencies; media networks; academia; and civil society organizations. The country programme will prioritize innovative financing and evidence-based advocacy to mobilize domestic resources in support of the ICPD agenda in the country.

26. Planned results may be threatened by potential risks, which include: (a) a deteriorating economy, which may negatively impact the political environment, leading to social unrest and disruptions to programme implementation; (b) increasing constraints on bilateral donor resources, due to the long-term negative impact of the COVID-19 pandemic, global insecurity and instability, and the global economic environment; (c) potential financing implications associated with the country's lower-middle-income status, which may hamper resource mobilization; and (d) the likelihood of climate change-related emergencies and pandemics.

27. To mitigate these risks and any disruption to programme implementation, the country programme will: (a) exercise vigilance through regular environmental and political scanning, ensure emergency preparedness and that business continuity plans are in place; (b) use innovative financing mechanisms and strengthen partnership with parliamentary committees, civil society organizations and media networks to enhance advocacy and policy dialogue in support of the ICPD; and (c) operationalize lessons learned from past emergencies, including the COVID-19 pandemic.

28. UNFPA will continue to implement the harmonized approach to cash transfers to manage financial and operational risks in close collaboration with other United Nations agencies. Implementing partners will be selected based on a thorough risk analysis and their strategic relevance and ability to produce high-quality results at minimum risk. The programme will strive to ensure the effective and efficient use of resources by leveraging support drawing upon the comparative advantage of other United Nations agencies in Lesotho, regional support teams, other country offices, and South-South cooperation. It will solicit quality-assured technical support from individual experts, institutions, civil society partners, at national and regional levels.

29. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

# IV. Monitoring and evaluation

30. UNFPA, relevant government institutions and key stakeholders will monitor and evaluate the country programme, guided by UNFPA policies and procedures, applying the principles of results-based management and accountability frameworks. These include monitoring results and data collection; real-time monitoring, analysis and course correction; joint annual reviews and planning meetings, monitoring visits, spot checks, assessments, thematic and project-specific evaluations and a final country programme evaluation.

31. UNFPA will strengthen the capacity of its staff and national and subnational implementing partners to undertake results-based reporting and provide mentorship and quality assurance. In reporting on its results and lessons learned, the programme will draw on various modalities, including in-person, digital and hybrid approaches. Feedback mechanisms with beneficiaries and implementing partners will be strengthened to document lessons learned that can be drawn upon to inform future programme design, implementation and accountability. The country office will actively participate in United Nations inter-agency technical working groups related to monitoring and evaluation. It will actively support initiatives to track progress with relevant SDG targets, the ICPD Programme of Action, the National Strategic Development Plan II and the UNSDCF. UNFPA will draw upon the universal periodic reviews and voluntary national reports and support the Government to report against continental and regional accountability mechanisms, such as the Maputo Protocol, the Maputo Plan of Action and the SADC SRHR Strategy and Scorecard. The UNInfo platform will be used to report on and consolidate information through the alignment of the country programme results framework with the UNFPA Strategic Plan resources and results framework and the UNSDCF results framework.

## RESULTS AND RESOURCES FRAMEWORK FOR LESOTHO (2024-2028)

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| **NATIONAL PRIORITY:** NSDP II Strategic Focus, 2023/24 - 2027/28: Key Priority Area IV: Good Governance and Accountability. | | | | |
| **UNSDCF OUTCOME:** People living in Lesotho are better served by improved governance systems and structures that are inclusive and accountable, with people empowered, engaged, and enjoying human rights, peace, justice and security by 2028. | | | | |
| **RELATED UNFPA STRATEGIC PLAN OUTCOME(S):** 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated. | | | | |
| **UNSDCF outcome indicators, baselines, targets** | **Country programme outputs** | **Output indicators, baselines and targets** | **Partner contributions** | **Indicative resources** |
| UNSDCF Outcome indicator(s):<br>● Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)<br>*Baseline: 38.7% (2021) WHO Global data; Target 75%: (2026)*<br>● Proportion of sustainable development indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the Fundamental Principles of Official Statistics.<br>*Baseline: 40.4%; Target: 70%* | Output 1. By 2028, laws, policies, strategies and accountability frameworks are developed, harmonized and strengthened to advance SRHR in universal health coverage. | ● Number of SRHR and population policies, strategies and national costed action plans in place<br>*Baseline: 4 (2023); Target: 8 (2028)*<br>● Proportion of the health sector budget allocated for maternal health, family planning and SGBV<br>*Baseline: 0 (2023); Target: 5% (2028)*<br>● Number of national population-based surveys supported by UNFPA<br>*Baseline: 0 (2023); Target: 2 (2028)*<br>● SRHR, HIV and GBV integrated into the humanitarian response plan<br>*Baseline: No (2023); Target: Yes (2028)* | Ministry of Health; Ministry of Finance and Development Planning; Minister of Gender, Youth, Sports, Arts, Culture and Social Development; Clinton Health Access Initiative; Jhpiego Lesotho; Lesotho Network of People Living with HIV and AIDS; Gender Links Lesotho; United Nations organizations; Lesotho College of Education; Lesotho Network of AIDS Services Organizations; National University of Lesotho; CARE Basotho; USAID, Ministry of Education and Training, Ministry of Health, Help Lesotho, LPPA and teachers colleges, CSOs, UN agencies | $3.2 million ($1.2 million from regular resources and $2.0 million from other resources) |
| **NATIONAL PRIORITY:** NSDP II Strategic Focus, 2023/24 - 2027/28: Key Priority Area II: Social Transformation | | | | |
| **UNSDCF OUTCOME:** People living in Lesotho, especially the most vulnerable, benefit from transformational economic development and reduced inequalities in an enabling business environment with increased decent employment, with access equitable and sustainable access to social services | | | | |
| **RELATED UNFPA STRATEGIC PLAN OUTCOME(S):** 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender based violence and harmful practices has accelerated. | | | | |
| **UNSDCF outcome indicators, baselines, targets** | **Country programme outputs** | **Output indicators, baselines and targets** | **Partner contributions** | **Indicative resources** |

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| UNSDCF Outcome indicators:<br>● Maternal mortality ratio *Baseline: 566/100,000 (Census, 2016); Target: 335 (2028)*<br>● Number of new HIV infections in adults 15+, by sex, age and key populations *Baseline: 5,, (2020) LePHIA; Target: 1250 (2028)*<br>● Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group *Baseline: 55 per 1,000 (2019); Target: 35 per 1,000 (2028)*<br>Related UNFPA Strategic Plan Outcome indicator(s):<br>● Proportion of births attended to by skilled provider *Baseline:77; Target: 55*<br>● Contraceptive prevalence rate *Baseline: 60 (2018); Target: 80 (2028)*<br>● Percentage of women with unmet need for family planning *Baseline:18; Target: 11*<br>● Percentage of adolescent girls aged 15-19 years who are mothers or pregnant with the first child *Baseline: 19; Target: 14* | Output 2: Health systems, communities and institutional capacities strengthened to provide high-quality comprehensive SRHR information and services, including on harmful practices. | ● A functional digital health management information system and logistics management information system for SRHR established *Baseline: No (2023); Target: Yes (2028)*<br>● Number of adolescents and women of reproductive age using self-care and long term family planning methods (disaggregated by age) *Baseline: 10-24 years: 25,186; 25+ years: 35,776 (2022); Target: 10-24 years: 314,825; 25+ years: 894,400 (2028)*<br>● Number of primary health care facilities strengthened to respond, expand and deliver high-quality integrated SRHR services that are adolescent and youth friendly *Baseline: 49 (2023); Target: 90 (2028)*<br>● Number of institutions capacitated to deliver high-quality CSE/SBCC interventions for in-school and out-of-school young people, including digital solutions, for accelerating the achievement of transformative results *Baseline: 3 (2023) Target: 8 (2028)*<br>● Number of institutions capacitated to deliver quality SRH interventions for key populations *Baseline: 2 (2023) Target: 6 (2028)*<br>● Number of district health strategic annual plans that incorporate guidance on the delivery of MISP in emergency settings *Baseline: 0 (2023) Target: 10 (2028)* | Ministry of Health; Ministry of Finance and Development Planning; Minister of Gender, Youth, Sports, Arts, Culture and Social Development; Clinton Health Access Initiative; Jhpiego Lesotho; Lesotho Network of People Living with HIV and AIDS; Gender Links Lesotho; United Nations organizations; Lesotho College of Education; Lesotho Network of AIDS Services Organizations; National University of Lesotho; CARE Basotho; USAID | $2.8 million ($1.6 million (from regular resources and $1.2 million from other resources) |
| **NATIONAL PRIORITY:** NSDP II Strategic Focus, 2023/24 - 2027/28: Key Priority Area IV: Good Governance and Accountability & Key Priority Area II: Social Transformation. | | | | |
| **UNSDCF OUTCOME(S) 1:** People living in Lesotho are better served by improved governance systems and structures that are inclusive, accountable, with people empowered, engaged, and enjoying human rights, peace, justice and security by 2028. People living in Lesotho, especially the most vulnerable, benefit from transformative economic development and reduced inequalities in an enabling business environment with increased decent employment, with equitable and sustainable access to social services. | | | | |
| **RELATED UNFPA STRATEGIC PLAN OUTCOME(S):** 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated. | | | | |
| **UNSDCF outcome indicators, baselines, targets** | **Country programme outputs** | **Output indicators, baselines and targets** | **Partner contributions** | **Indicative resources** |

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| UNSDCF Outcome indicators:<br>● Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age<br>*Baseline: 37.6% (2021);*<br>*Target: 20% (2028)*<br>● Availability of national systems to track and make public allocations for gender equality and women's empowerment<br>*Baseline: No; Target: Yes* | Output 3. By 2028, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms and advance gender equality and decision-making. | ● Digital GBV information management system, in line with the minimum standards of safety and confidentiality, at national level established and functional<br>*Baseline: No (2023); Target: Yes (2028)*<br>● Number of national policies that incorporate male engagement to promote positive masculinities to achieve the transformative results<br>*Baseline: 0 (2023); Target: 2 (2028)*<br>● Number of entities with strengthened capacities to implement legislation, policies, action plans and initiatives to prevent GBV<br>*Baseline: 1 (2023); Target:4 (2028)* | Ministry of Health; Ministry of Finance and Development Planning; Minister of Gender, Youth, Sports, Arts, Culture and Social Development; Clinton Health Access Initiative; Jhpiego Lesotho; Lesotho Network of People Living with HIV and AIDS; Gender Links Lesotho; United Nations organizations; Lesotho College of Education; Lesotho Network of AIDS Services Organizations; National University of Lesotho; CARE Basotho; USAID | $3.6 million ($1.6 million from regular resources and $2.0 million from other resources) |
| Programme coordination and assistance | | | | $0.2 million from regular resources |