

.....COMB  
AT HIV & AIDS



..... ERADICATE EXTREME POVERTY  
AND HUNGER



.....ACHIEVE UNIVERSAL PRIMARY  
EDUCATION



.....PROMOTE GENDER  
EQUALITY AND EMPOWER WOMEN



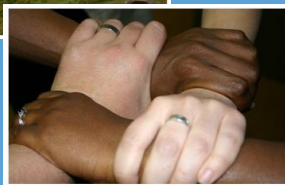
.....REDUCE CHILD  
MORTALITY



.....IMPROVE MATERNAL  
HEALTH



.....ENSURE  
ENVIRONMENTAL  
SUSTAINABILITY

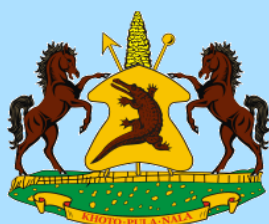


.....DEVELOP A  
GLOBAL PARTNERSHIP  
FOR DEVELOPMENT

# LESOTHO

## Millennium Development Goals Status Report

# 2008



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Goal	Target	Will the Goal/Target be met? (probably, potentially, unlikely, no data)	State of Supportive Environment (strong, fair, weak but improving, weak)
Combat HIV and AIDS and TB	Have halted and begun to reverse the spread of HIV by 2015	Potentially	Strong
Eradicate extreme poverty and hunger	Halve, between 1990 and 2015, the proportion of people below the national poverty line	Potentially	Fair
	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Unlikely	Fair
Achieve universal primary education	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Probably	Strong
Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education by 2015	Probably	Strong
Reduce child mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Potentially	Weak
Improve maternal health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	Unlikely	Weak
Ensure environmental sustainability	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Potentially	Weak but improving
	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	Potentially	Fair
	Halve, by 2015, the proportion of people without sustainable access to sanitation	Potentially	Weak but improving
Develop a global partnership for development	Develop further, an open, rule-based, non-discriminatory trading and financial system	Probably	Weak but improving
<p>Note: The determination of whether the goal/target will be met is based on a linear extrapolation of current trends. In determining the state of the supportive environment, five basic areas are considered: (1) Does the Government have a policy in the area? (2) Is there a coordinating body? (3) Does it have the capacity to implement? (4) Is funding available; and (5) Is the goal/target a Government of Lesotho priority?</p>			

**Lesotho's Prospects for Achieving the Millennium Development Goals  
MDG's Status at a Glance**

## LIST OF ACRONYMS

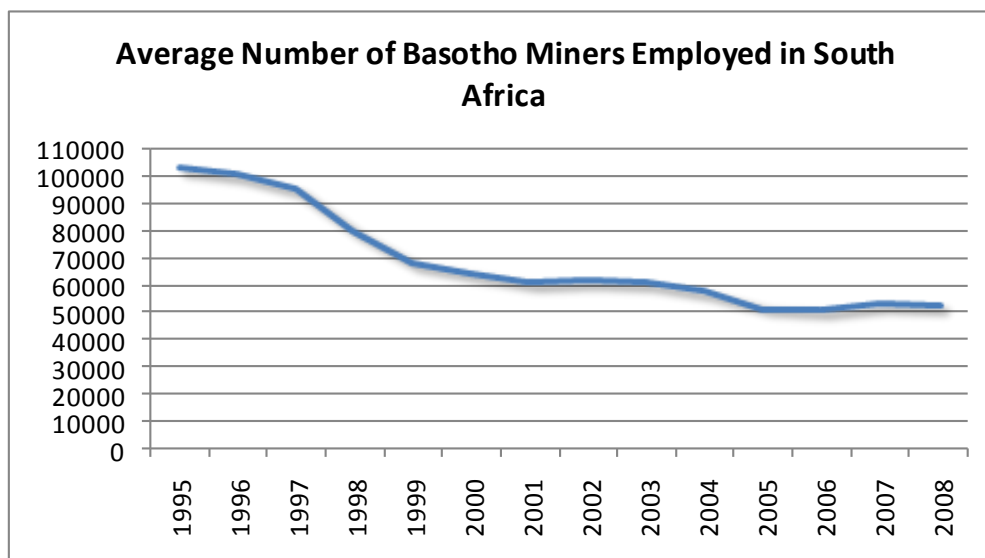
AGOA	African Growth and Opportunities Act
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
ARVs	Anti-Retrovirals
BoS	Bureau of Statistics
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CGPU	Child and Gender Protection Unit
CITES	Convention on International Trade in Endangered Species
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CWIQ	Core Welfare Indicators Questionnaire
DCU	Disease Control Unit
EIA	Environmental Impact Assessment
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunisation
FAO	Food and Agriculture Organization
FDI	Foreign Direct Investment
FPE	Free Primary Education
GDP	Gross Domestic Product
GNI	Gross National Income
GNDI	Gross National Disposable Income
GoL	Government of Lesotho
HDR	Human Development Report
HIV	Human Immuno-deficiency Virus
IFC	International Finance Corporation
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
JPOI	Johannesburg Plan of Implementation
LENEPWA	Lesotho Network of People Living with HIV and AIDS
LHDA	Lesotho Highlands Development Authority
LDHS	Lesotho Demographic and Health Survey
LHWP	Lesotho Highlands Water Project
LVAC	Lesotho Vulnerability Assessment Committee
M&E	Monitoring and Evaluation
MASOWE	Maseru South West
MD	Millennium Declaration
MDGs	Millennium Development Goals
MDTP	Maloti Drakensberg Conservation and Development Project
MEAs	Multilateral Environmental Agreements
MFA	Multi-Fibre Agreement
MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MoAFS	Ministry of Agriculture and Food Security
MoGYSR	Ministry of Gender, Youth, Sports and Recreation
MoHSW	Ministry of Health and Social Welfare
MoET	Ministry of Education and Training
MoNRE	Ministry of Natural Resources and Environment
NAC	National AIDS Commission
NEPAD	New Partnership for African Development

NES	National Environmental Secretariat
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PADELIA	Partnership for the Development of Environmental Laws and Institutions in Africa
PMTCT	Prevention of Mother to Child Transmission of HIV
POP	Persistent Organic Pollutants
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PSIRP	Public Sector Improvement and Reform Programme
SACU	Southern African Customs Union
SADC	Southern African Development Community
SEA	Strategic Environmental Management
SMME	Small, Micro and Medium Enterprises
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on AIDS
UNCBD	United Nations Convention on Biological Diversity
UNCCD	United Nations Convention to Combat Desertification
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climatic Change
WHO	World Health Organisation
WFP	World Food Programme

## Development Context

Lesotho has an area of 30,500 square kilometres and a population estimated at 1.88 million according to the 2006 Census of Population and Housing conducted by the [Lesotho Bureau of Statistics](#). With a Gross Domestic Product (GDP) per capita of M5,380.2 (US\$ 793) in 2006<sup>1</sup> ([BoS 2008](#)), the country is classified as one of 50 Least Developed Countries<sup>2</sup>. In the Human Development Report for 2008, it was ranked 138<sup>th</sup> out of 177 countries on the Human Development Index scale for the reference year 2005. Under this classification, Lesotho qualifies as a medium Human Development country. Three-quarters of the country is highlands, which rise to nearly 3,500 meters in the Drakensberg/Maluti Mountain range. The remaining one-quarter of the country is lowlands, with altitudes between 1,500 and 2,000 meters making it the country with the highest lowest point of any country in the world. Arable land is limited and less than 10 percent of the country is presently under cultivation. The rural highlands are less developed and winters are severe, with heavy snowfalls that often cut off the population from basic health services and food supply. However, the mountains are also repositories of the bulk of the natural resources, including water, gemstones and critical biodiversity.

Agriculture, livestock production and manufacturing are the mainstay of Lesotho's economy, while remittances from migrant mineworkers employed in the Republic of South Africa account for a significant part of the Lesotho's overall National Income. Although the number of migrant workers to South Africa has been declining over the past decade as shown in the Figure below, their numbers, as well as their earnings, remain a significant contribution to overall disposable income in the economy.



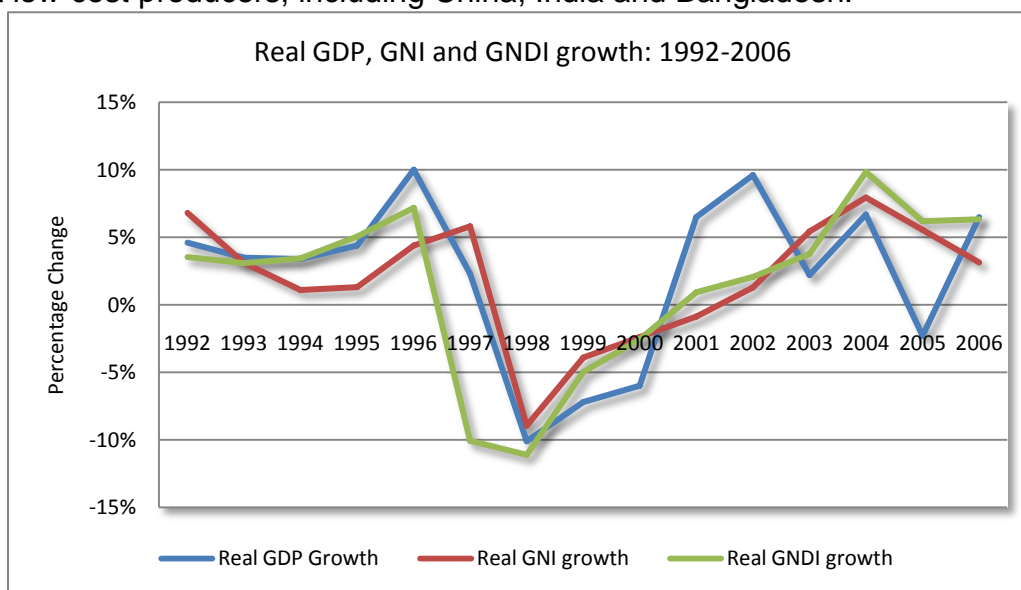
<sup>1</sup> Per capita GDP at US\$ PPP (Purchasing Power Parity) is US\$ 3,335. PPP is defined as the rate of exchange that accounts for price differences across countries. PPP US\$1 in Lesotho has the same purchasing power in the domestic economy as US\$1 has in the United States.

<sup>2</sup> Cape Verde graduated from the group of LDCs in December 2007.

Source: Central Bank of Lesotho, Annual Report, 2005; Central Bank of Lesotho, Quarterly Review, Volume XVIII, June 1999, Volume XIX, December 2000 and volume XXIX, March 2008.

The decline in the number of migrant workers is a result of many factors, including the falling gold prices worldwide between 2003 and 2005 as well as a restructuring process in most of the mines. It is estimated that a quarter of Lesotho's total imports are financed by remittances from miners, down from 50 percent in 1995. Unemployment, estimated at about 24.3 percent<sup>3</sup>, has been exacerbated by this decade-long decline in the number of Basotho migrants employed in the South African mining industry and the increasing number of youth entering the labour force every year.

In the decade 1987-1997 the domestic economy, as measured by GDP growth, grew at an annual average in excess of 6 percent, driven mainly by investments of the Lesotho Highlands Water Project (LHWP) and macroeconomic stability. However, since the recession of 1998, exacerbated by the civil unrest following the disputed election that year, and the scaling down of the LHWP, the economy has recovered slowly, as evident from the Figure below. GDP grew significantly between 2000 and 2004, a period in which Lesotho witnessed unprecedented growth in the textiles and garments sector, with more than 50,000 jobs created as a result of the Africa Growth and Opportunities Act (AGOA). This Act grants duty and quota free access to Lesotho textiles imported into the United States of America. Real Gross National Income (GNI) and Gross National Disposable Income grew more sluggishly during the same period. Another recession hit the country in 2005, following a drought which decimated the sub-region as well as a downturn in textile production, emanating from exchange rate losses attributed to an appreciating South African rand, which saw a number of foreign-owned textile companies close, with a loss of about 10,000 jobs. The expiration of the Multi-Fibre Agreement (MFA) in December 2004 had further compromised the rate of employment in the textiles sector. The expiry of the MFA implied that Lesotho would have to compete for the US market on a more equal footing with the world's most low-cost producers, including China, India and Bangladesh.



<sup>3</sup> CWIQ 2002

Source: [Bureau of Statistics 2008](#).

Some mineral deposits exist in Lesotho. Known deposits include diamonds, uranium, base metals, high quality sand stone and clay. Recent policy initiatives have been aimed at encouraging greater private sector participation in the mining industry. To date, interest has mainly focused on diamonds. The Lesotho Geological Survey has identified 33 kimberlitic pipes and 140 dykes, of which 24 are diamondiferous. The Letšeng-la-Terae Mine, owned by the Letšeng Diamond Company, in which the Government of Lesotho (GoL) has a 24 percent shareholding, is operational. At an elevation of more than 3,000 metres, Letšeng Diamonds is one of the world's highest altitude diamond mines. Initial estimated production is 50,000 carats per year. Mine Gem has carried out testing of the Liqhobong kimberlitic pipes and a feasibility study has been completed. It is estimated that, at full operation, the mine will produce an average of 300,000 carats per year for a five-year period. The viability of mining Lesotho's reserves of uranium, base metals and clays is being evaluated. Reserves of coal and bituminous shale have also been identified in several areas of the country (SADC Review, 2006). The diamond production index rose from around 60 points in 2005 to 549.4 points in March 2008, reflecting a continued buoyancy in the industry. Growth is likely to be boosted following reports of further diamond discoveries by other prospecting mines.

Government has stepped up its economic reform process with support from the World Bank and the IMF. Liberalization of financial markets, privatisation of public enterprises and parastatals, fiscal restructuring and a continuation of the strong monetary link with South Africa are considered key elements in providing an enabling environment for private sector growth, Foreign Direct Investment (FDI) and employment generation. Within the context of a comprehensive programme for public service reform, the Government has taken a "zero-tolerance" stance against corruption, and is in the process of overhauling its financial management system and restructuring the revenue base. This has been done through the establishment of the Lesotho Revenue Authority and the merging of the Ministries of Development Planning and Finance into one Ministry, as well as the establishment of the Anti-Corruption Directorate in the Ministry of Justice and Human Rights. The Table below summarizes some of Lesotho's key development indicators.

<b>Key Development Indicators</b>			
<b>Indicator</b>	<b>Value</b>	<b>Year</b>	<b>Source</b>
Population Size ( <i>de jure</i> )	1,880,661	2006	<a href="#">BOS 2008</a>
Population Urbanised (%)	24	2006	<a href="#">BOS 2008</a>
Life Expectancy at Birth	42.6	2005	HDR 2008
GDP (1995 constant prices) Maloti million	4856.1	2006	<a href="#">BOS 2008</a>
GDP (1995 constant prices) Maloti per capita (US\$)	2,581.7 (\$380)	2006	<a href="#">BOS 2008</a>
GNI (1995 constant prices) Maloti million	5,601.7 (\$826)	2006	<a href="#">BOS 2008</a>
GNI (1995 constant prices) Maloti per capita (US\$)	2,978.1 (\$439)	2005	<a href="#">BOS 2008</a>
Population below poverty line (%)	56.7	2002/3	BOS 2007
Adult (15-49) Prevalence of HIV (%)	23.2	2005	NAC/UNAIDS
Underweight Children Under 5 years (%)	13.8	2007	FNCO 2007
Infant Mortality Rate (per 1000 live births)	91	2004	LDHS 2004





Under Five Mortality Rate (per 1000 live births)	113	2004	LDHS 2004
Maternal Mortality Rate (per 100,000 live births)	762	2004	LDHS 2004
Net Primary School Enrolment Rate for Boys (%)	81.6	2006	MoET 2006
Net Primary School Enrolment Rate for Girls (%)	86.3	2006	MoET 2006
Adult Literacy Rate (%)	82	2002/3	MoFDP
Human Development Index Rank (out of 177 countries)	138	2005	HDR 2008
Area (square km)	30,355	2001	LDS 2003

## GOAL 1: COMBAT THE SPREAD OF HIV AND AIDS AND TB

**Target: Halt and begin to reverse the spread of HIV and AIDS by 2015**

Indicator	1990	2000	2005	2015
Adult (15-49) HIV prevalence (%)	4	31	23.2 <sup>1</sup>	17
HIV prevalence among pregnant women attending antenatal clinics (%)	2.3	21	27 <sup>2</sup>	15
Condom use rate as % of the contraceptive prevalence rate	n/a	16	33 <sup>3</sup>	n/a
Women (15-49) using condoms (%)	n/a	6.5	8.1 <sup>4</sup>	30
Death rates associated with sputum positive TB (%)	10	14	10 <sup>5</sup>	6
Life expectancy at birth (years)	59.4	52.5	42.6	63

<sup>1</sup> Updated 2005 estimate based on 2005 sentinel survey and the Lesotho Demographic Health survey 2004. The 2005 estimates cannot be directly compared with previous estimates of 31% due to different estimation techniques and methodologies.

<sup>2</sup> UNSD\_MDG 2006.

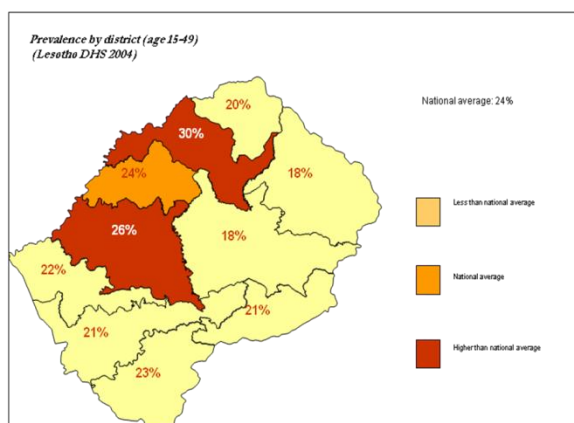
<sup>3</sup> From the 2002 Reproductive Health Survey (male condom use). Value for female condoms: 0.3%. For 2000, the value is for both male and female condom use as documented in Lesotho Demographic Survey (2001).

<sup>4</sup> From the 2002 Reproductive Health Survey. The 2005 value refers to the age group 12-49.

<sup>5</sup> Value based on observation among pulmonary sputum positive TB patients (MOHSW -DCU, 2004)

### Trends in the 1990s and Current Situation

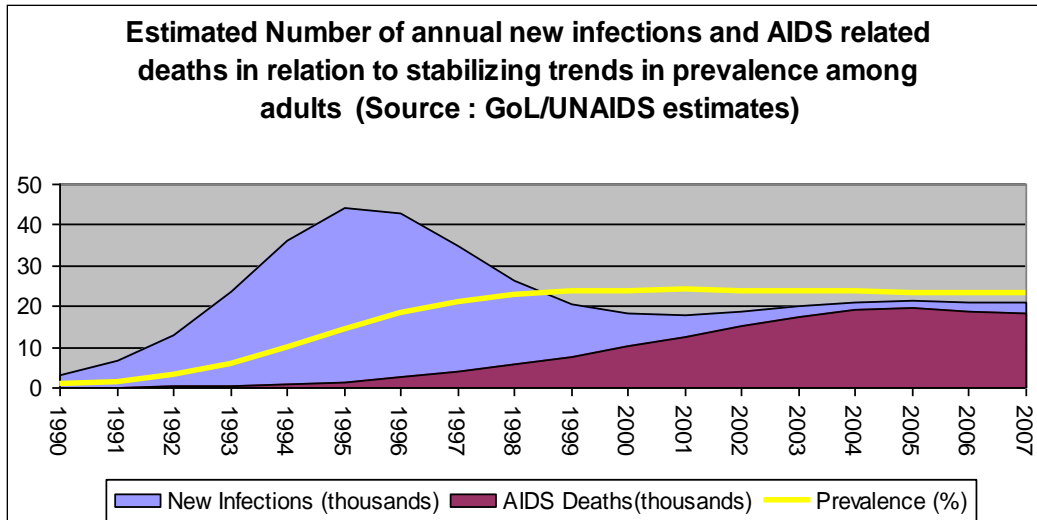
For Lesotho, it has been well-acknowledged that the foremost constraint to attaining all eight MDGs is the scourge of HIV and AIDS. From 1986, when the first AIDS case was reported, HIV and AIDS prevalence trends have shown a steep increase. Projections established that a person who became 15 years old in 2000 has a 74% chance of becoming HIV positive by the time they reach the age of 50 (UNAIDS Global Report 2002). The concurrent patterns of recognized associated disease conditions such as TB and Sexually Transmitted Infections (STIs) have, likewise, contributed to the overall escalating morbidity and mortality patterns. National estimates produced in 2005 in collaboration with UNAIDS/WHO place Lesotho as the country with the third highest adult HIV prevalence rate in the world. Since 2000, numerous sero-prevalence and behavioural surveys have substantiated that Lesotho's HIV epidemic is characteristic of the generalized HIV epidemic within the Sub-Saharan African context.



As of 2005, it was estimated that 23.2 percent of the population aged 15-49 were infected by HIV (26.4 percent prevalence among women and 19.3 percent

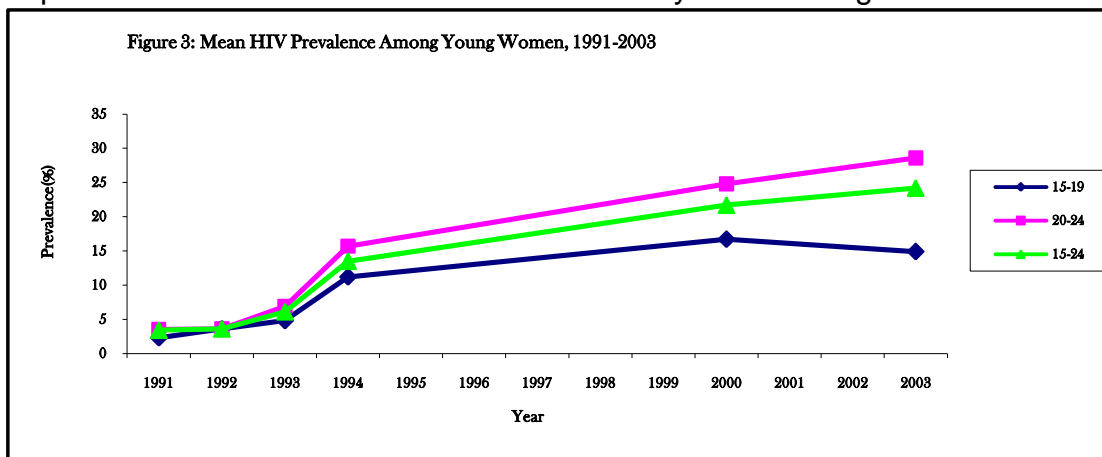


prevalence among men). In 2007, it was estimated that there would be 29,000 new infections implying an infection rate of about 80 per day, bringing the number of people living with HIV to total over 270,000, of which 16,000 are children between 0 – 14 years of age. Of the 270,000 HIV-infected people living in Lesotho, women and children are the most adversely affected population groups. It is estimated that 57 percent are women, with the rate being double for women under the age of 30 compared to men in the same age group. Of note is that the new infections were predominantly among younger women and children and have been attributed to the common sexual partnerships between older more experienced men who are already likely to be HIV-infected and the younger uninfected women.



Source: 2005 Sentinel Survey and the Lesotho Demographic Health survey 2004

At the household level, the impact of adult HIV and AIDS on traditional and cultural family structures has resulted in a disconcerting image. As of 2003, there were 100,000 young people below the age of 17 years who had lost one or both parents to AIDS and, hence, more young individuals are adopting adult roles as household heads and caregivers. In spite of this situation, there have been some reassuring developments. The 2003 HIV Sentinel Survey demonstrated declining HIV infection levels among younger pregnant women aged 15 to 19 years, which, in turn, is a reflection of decreasing new infections, since this younger age group is representative of individuals who are most likely to be having their sexual debut.



Source: Estimate based on 2005 sentinel survey and the Lesotho Demographic Health survey 2004

Furthermore, the launch of the Prevention of Mother To Child Transmission (PMTCT) programme is an intervention that will contribute significantly to expanding the “window of hope” for a younger, AIDS-free generation that will additionally benefit from increasingly available numerous HIV prevention measures. Wider access to antiretroviral drugs has been expedited by collaborative partnerships for the implementation of the UNAIDS/WHO “3 by 5” initiative, which will favourably alter the HIV and AIDS epidemiological profile as more HIV-infected individuals will be living longer.

## **Challenges**

Persistently high levels of poverty and entrenched gender inequalities have increased the vulnerability of individuals and communities to the unfolding HIV and AIDS crisis. The establishment of high-level coordination through the National AIDS Commission (recently established by law) and the setting up of a National AIDS Secretariat (NAS) is providing an opportunity to tackle the pandemic in a coordinated fashion. This is coupled with the establishment of a well-rooted, nation-wide network of people living with HIV and AIDS, which will provide essential inputs at all levels to better address the relevant issues. The most important challenges are:

- Reviewing the 2001 National HIV and AIDS Policy as well as the National HIV and AIDS Strategic Plan, including a costed operational and M&E plan;
- Strengthening the human resource base of the newly established NAS;
- Establishing measures to mitigate the impacts on individuals, households, communities and institutions countrywide;
- Ensuring country wide-accessibility and advocacy of treatment, care and support of adults and children who are already infected, including PMTCT;
- Ensuring that condoms are widely accessible to sexually-active people and promoting their use;
- Strengthening existing educational programmes on HIV and AIDS and ensuring their long-term sustainability;
- Strengthening HIV testing and counselling and referral; ensuring availability of HIV testing kits in all districts;
- Improving the coordination of, and collaboration between, HIV and AIDS and TB prevention and control activities at all levels;
- Ensuring that TB patients get adequate medical care by improving accessibility and quality of service;
- Ensuring that adequate resources are available for treatment and mitigation of HIV and AIDS and other opportunistic diseases;
- Establishing a unified M&E system;
- Establishing a single “basket fund” for HIV and AIDS;
- Mainstreaming HIV and AIDS in all sectors; and,
- Contributing to poverty reduction.

## **Factors Contributing to Meeting the Target**

The Government recognizes that HIV and AIDS is not only a health problem, but a development one that has social, economic and cultural implications. The Government has set an ambitious goal of fighting the epidemic as a matter of national priority. The following milestones, which contribute towards meeting the target of halting and reversing the spread of HIV and AIDS, have been passed:

- Establishment of the National AIDS Commission and National AIDS Secretariat;
- Established country-wide Lesotho Network of People Living with HIV AIDS (LENEPWA);
- Every Ministry allocating 2% of their annual budget to HIV and AIDS issues;
- The PRSP, National AIDS Strategic Plan and the National AIDS Policy have outlined a series of policy responses in the areas of prevention, care and support and mitigation;
- The National Vision 2020 in which HIV and AIDS issues are prominent;
- Global Fund resources;
- External support for Lesotho's fight against the epidemic;
- AIDS Unit now an STI/HIV and AIDS Directorate in the MOHSW; and,
- Established National M&E Working Group.

### **Priorities in Resource Allocation**

In September 2003, at the 13th International Conference on AIDS and STIs in Africa, a working group approved a set of guiding principles for optimizing the use of resources and improving the country-level response to AIDS. In April 2004, the Consultation on Harmonization of International AIDS Funding – bringing together representatives from governments, donors, international organizations and civil society – endorsed the “Three Ones” principles as follows:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners
- One national AIDS coordinating authority, with a broad-based multisectoral mandate
- One agreed country-level monitoring and evaluation system

For Lesotho, the accomplishment of these three principles remains the main priority for development assistance. As previously highlighted, these remain challenges, although progress has been made. It is particularly urgent to have new fully costed national strategic framework, which will more clearly identify gaps and areas in need of support.

It is worth mentioning at this stage that, when assessing progress of MDGs and whether they will be achieved by 2015, for the first seven MDGs, a Table is included on elements of monitoring environment, which consist of five items that serve as the basis to guide the Government on how the various MDGs will advance, given available resources. These determine the state of the supportive environment: the first three items determine whether there is a coordinating body responsible for data gathering and statistical analysis; and the last two assess the

state of government's capacity to implement policies as well as for monitoring and evaluating such policies. To assess elements of the monitoring environment, choice is made between the following four options: strong, fair, and weak but improving and weak. The following Table summarizes this dimension of this assessment of progress towards the first MDG.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Fair
Statistical tracking capabilities	Fair
Statistical analysis capacities	Fair
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Weak
Monitoring and evaluation mechanisms	Weak but improving

## GOAL 2: ERADICATE EXTREME POVERTY AND HUNGER

Target 1: Reduce by half, between 1990 and 2015, the proportion of the people who live below the poverty line



Eradicate extreme poverty and hunger

Indicator	1990	2000	2005	2015
Proportion of People living below the poverty line (%)	59	66.6	56.6	29
Unemployment rate (%)	23.4	23.2	25	15

Source for unemployment for 2002: HBS 2002/03

### Trends in the 1990s and Current Situation

The vast majority of Basotho live in deepening poverty, deprived of incomes that can cover basic necessities such as food, shelter and clothing. One of the main reasons for the observed trend is insufficient employment opportunities. In 1996, unemployment was estimated at 23.4 percent of the workforce. Estimates of changes in unemployment and employment over the past few years vary. However, there is general consensus that overall unemployment has been rising since the mid-to-late 1990s. Reports indicate that an average of 25,000 job seekers entered the labour market each year in the late 1990s whilst just 9,000 per annum were being absorbed into the work force.

Lesotho's location inside South Africa has played a key role in determining its employment parameters. South African gold mines have traditionally employed significant numbers of Basotho. In the 1990's, remittances from migrant workers accounted for a significant portion of Gross National Income, and the ratio of remittances to Gross Domestic Product was around 50 percent. This has been reduced dramatically in recent years to between 10 and 15 percent, owing to increased redundancies from the mines. The number of migrant workers employed in the mines has been steadily decreasing, from around 65,000 in 2000 to about 53,000 in 2005.

As a result of high unemployment rate and the lack of alternative sources of income, a significant proportion of Basotho live below the poverty line. Between 1987 and 1995, the percentage of the population below the national poverty line was virtually unchanged at about 58 percent. This figure has shown only slight improvement in recent years (56% according to the 2002/03 HBS Report).

One of the key features of the poverty situation in Lesotho is the inequality with which incomes are distributed. The poorest 10 percent of the population account for less than one percent of the total income while the same proportion of the richest control more than 50 percent of the total income. This disparity is more pronounced in the rural-urban divide, in which urban districts have significantly higher levels of income compared to the rural districts. The level of poverty and vulnerability in rural and mountainous districts is much higher than in the urban districts.

There is also a distinct gender aspect to income poverty in Lesotho. Female-headed households are generally poor compared to the male-headed households. This is mainly a reflection of socio-cultural practices. Traditionally, men are providers or breadwinners and the loss of a husband in a family setup places the household in a very precarious situation. This is particularly true for those families that largely depend on the labour and incomes (remittances) of their husbands.

The Table below describes the elements of Lesotho's monitoring environment, which consists of five items that serve as the basis to guide the Government on how this MDG will advance, given available resources.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Strong
Statistical tracking capabilities	Fair
Statistical analysis capacities	Fair
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Weak
Monitoring and evaluation mechanisms	Weak

Indicator	1990	2000	2005	2015
Prevalence of Underweight children under 5 years old (%)	16.9	22.8	13.8	8
Proportion of undernourished people in total population (%)	27	26	25	14

Eradicate extreme poverty and hunger

### **Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.**

Source: MoAFS, FAO and WFP 2005; FNCO 2007, National Nutrition Survey Fact Sheet

### **Trends in the 1990s and Current Situation**

Lesotho, along with several other countries in the Sub-region, has been going through severe food shortages in the recent past. In the 2002/03 marketing year, about a third (760,000) of the total population required targeted food aid. For 2005 a total of 548,800 people were projected by the Lesotho Vulnerability Assessment Committee (LVAC) to have significant food deficit and required food or cash assistance during the 2005/06 marketing year. Whilst there has been a significant reduction of food deficits between these two marketing years, the underlying causes of hunger/food insecurity remain the same. These include poverty, continued land degradation and soil erosion, recurrent weather-related disasters (droughts, frosts) emerging consequences of the HIV and AIDS pandemic and migrant labour retrenchments from the South African Mines.

This chronic food insecurity has serious nutritional status manifestations among the nation's children. Twenty-two percent of the children under the age of five were



underweight in 2005. The situation has since improved, with the level reducing to 13.8 percent in 2007, according to the Cabinet's Food and Nutrition Coordinating Office (FNCO). In addition, 17 percent are stunted (height for age) and 12 percent are wasted (weight for height). The proportion of children underweight increased by more than a third from 1992 to 2002. This is an indication that Lesotho's population is becoming more food insecure. Whilst these indicators highlight the likelihood of significant chronic food insecurity problems, they should be interpreted with a degree of caution in terms of indicators of food intake (hunger), as they also capture the influence of health and care factors.

## **Challenges**

Poverty in Lesotho is viewed as a multi-dimensional phenomenon, which poses a number of challenges, one of which is to increase household incomes. An effective response to the Poverty and Hunger challenges requires a coherent policy framework. Major current development policies and programmes in Lesotho pursue food security as a priority objective. This applies, for example, to the PRS and the Agricultural Sector Strategy. Agricultural sector development is at the core of food security concerns in Lesotho and the main challenges for the sector as a whole include:

- Reversing negative trends in per capita food production;
- Increasing crop and livestock productivity;
- Increasing income from crops and livestock; and,
- Effective and sustainable use of natural resources.

The other major challenge is to increase income-earning opportunities through employment creation. The main focus should be on formal sector wage employment in large enterprises, development of small, micro and medium sized enterprises (SMMEs) in rural and urban areas, and farm employment.

As mentioned in the previous sections, female-headed households are generally more vulnerable than male-headed households in Lesotho. Therefore, one of the challenges is to increase participation of women in economic activities and review laws that hamper their participation.

## **Factors Contributing to meeting the Target**

The presence of the PRS and Vision 2020 establishes a comprehensive framework for fighting poverty, in all its complex dimensions, and forms the basis for greater responsiveness by the government to the priorities and needs of the people. There are other sector-specific policies and frameworks that provide a conducive environment for meeting this Millennium Development Goal. These include:

- The availability of a comprehensive Agricultural Sector Strategy;

- The presence of a National Medium Term Investment Programme under NEPAD's Comprehensive Africa Agriculture Development Programme;
- The presence of a comprehensive food security policy;
- The development of a National Action Plan for food Security;
- The Stock theft Act;
- Local Government Act;
- Land and Married Persons Equity Bills;
- The establishment of more vocational training institutions; and,
- Establishment of a poverty reduction programme under the Prime Minister's Office.

### **Priorities in Resource Allocation**

The government of Lesotho will rely on continued financial and technical support from its development partners in its efforts to reduce the prevalence of poverty and hunger. Priorities for development assistance will concentrate on:

- Review of progress made in the last PRS 2004-2007, including the commencement of its monitoring and the finalisation of the new Interim Poverty Reduction and Growth Strategy 2008/09 – 2009/10;
- Continued support for developing the country's social and physical infrastructure;
- Soliciting financial support from the international community for the implementation of the National Medium Term Investment Programme and the National Action Plan for Food Security;
- Continued pursuit of the aspirations contained in the National Vision and,
- Assistance in the incorporation of recurrent food crises into medium term planning.

The Table below provides the monitoring environment which will guide the Government in assessing how quickly this MDG on poverty and food security will be achieved, given available resources and interventions.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Strong
Statistical tracking capabilities	Fair
Statistical analysis capacities	Fair
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Fair
Monitoring and evaluation mechanisms	Weak



# GOAL 3: ACHIEVE UNIVERSAL PRIMARY EDUCATION



**Target: Ensure that children (boys and girls alike) will be able to complete a full course of primary schooling**

**Achieve universal primary education by**

Indicator	1990	2000	2005	2015
Net enrolment rate (%)	76	69	83.9	100
Proportion of pupils in Std. 1, who reach Std. 5 (%)	65	74	42.6	100
Adult literacy rate (%)	47	80	82	100
Teacher : Pupil ratio	55	50	41.6	40
Pupil : Classroom ratio	99	65.1	63	40
Dropout rate (%)	7.1	7.3	7.1	0
Primary Completion Rate	59.3	66.0	73.7	100

**2007**

Source: MoET 2007 and UNICEF 2005

## Trends in the 1990s and Current Situation

The GoL is committed to the provision of basic and quality education to all its people. Though enrolment in primary schools has fallen since the mid-1980s, to 76 percent in 1990 and further to 51 percent in 1999, in 2000, the GoL embarked on a programme of Free Primary Education (FPE), introduced gradually over a 7-year period, beginning with Standard 1. As a result, primary net enrolment increased to 69 percent in 2000 and further increased to 83.9 percent in 2006. In support of the programme, 184 new schools have been constructed, while 1,105 new classrooms were installed. More than 1 million textbooks and other teaching materials were supplied to 1,300 schools.

The country continues to have a higher level of primary enrolment for girls than for boys. This is unique in the developing world, where it is customary that girls are discriminated against in accessing primary schooling.

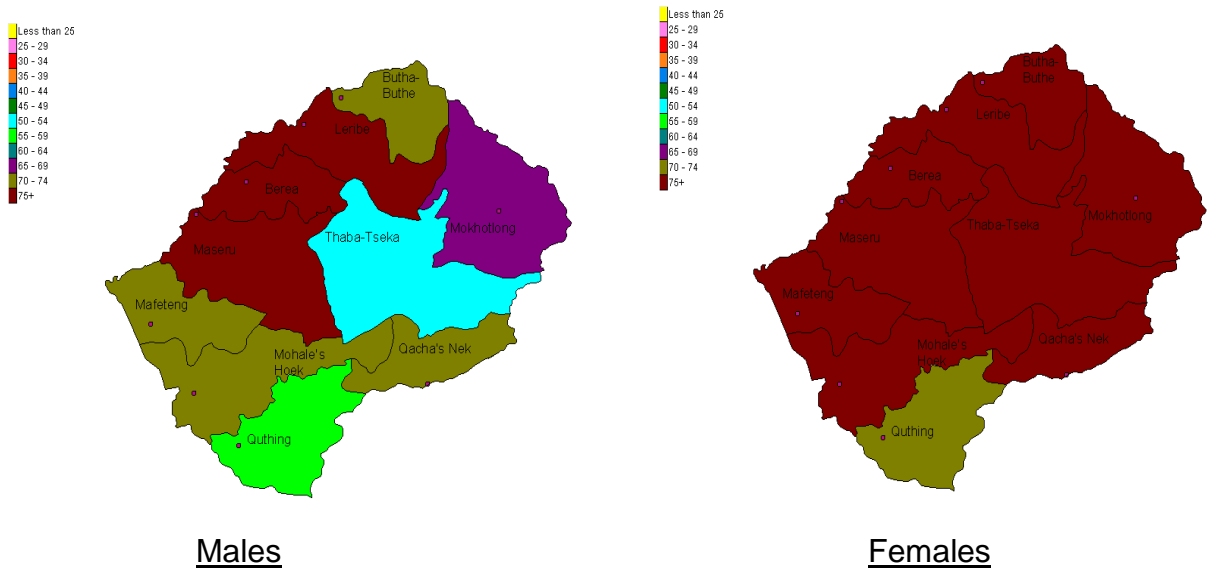
In Lesotho the norm has been that from a young age, boys tend to herd livestock and later in life migrate to take up work in the South African mining industry. Recently, the advantage of girls over boys in primary education seems to be narrowing. The Education Statistical Bulletin of 2004 shows that in 2004, more boys than girls enrolled in primary school with a ratio of 101.2, a departure from the norm.

The overall decline in net primary enrolment over the past 20 years can thus almost exclusively be explained by a decline in the enrolment of girls. With HIV and AIDS, girls are expected to assume increased responsibilities in the household, in terms of caring for the family.

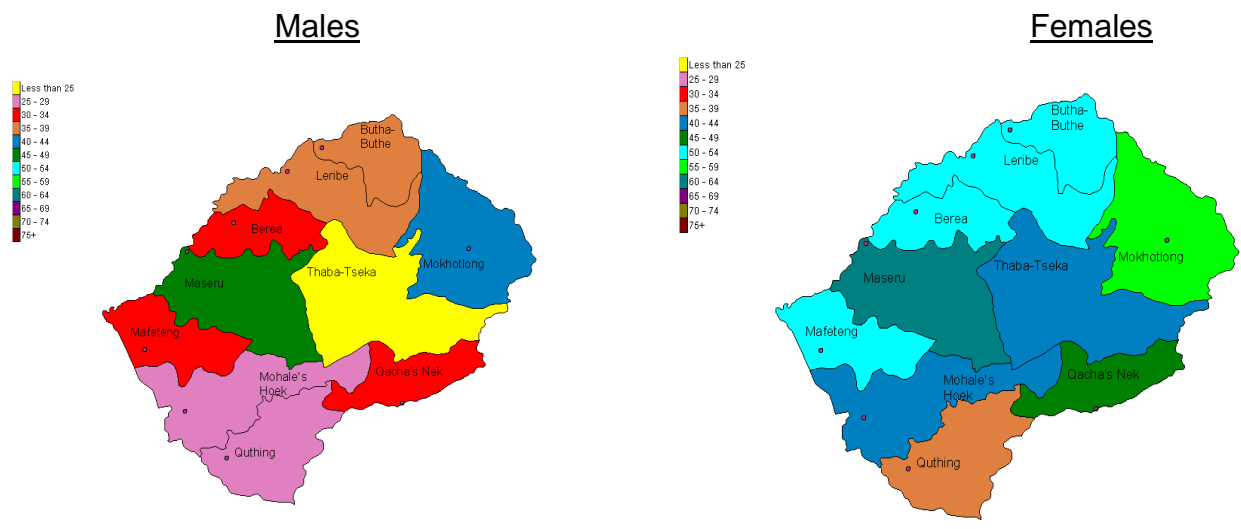
The efficiency of the primary schooling system has improved gradually over the past decades, with fewer children dropping out of school or repeating classes. As a

result, the proportion of children that enter Standard 1 and make it through to Standard 5 has increased from 65 percent in 1990 to 74 percent in 2000, while completion rates have improved from 59.3 percent in 1999 to 73.1 percent in 2004.

Adult literacy rate (self-reported) in Lesotho is among the highest in Africa. In 2004, a total of 82 per cent of the population over 15 years of age were literate. The higher levels of primary education among women also translate into higher levels of adult literacy. Nine out of 10 adult women in Lesotho are considered literate, compared to just over 7 out of 10 men. The picture changes significantly when adult literacy rates are based on the Bureau of Statistics' definition which takes the completion of at least 4 years of primary education as the basis. The national average level based on this definition of literacy falls to 60.5% for males and 81.8% for females with regional variations shown in the Figures below.



For one to be able to write job applications, read and absorb information from books, newspapers and documents and also be able to perform simple arithmetic functions, literacy levels in Lesotho are 37 percent for males and 52 percent for females.







## **Challenges**

The key challenge for Lesotho to achieve the goal of universal primary education is to reverse the downward trend in net primary enrolment and sustain improvements made through the introduction of Free Primary Education in 2000, including:

- Addressing problems limiting access to primary education;
- Addressing the high drop-out and repetition rates;
- Increasing the number of qualified teachers at a pace that matches the toll that HIV and AIDS is already having on the teaching cadre;
- Reducing the Pupil-Teacher Ratio
- Resource mobilisation to sustain the Free Primary Education (FPE) programme; and,
- Making FPE compulsory.

## **Factors Contributing to Meeting the Target**

The Government of Lesotho is highly committed to universal education, as evidenced by its accession to various international conventions, treaties and declarations, such as the 1990 Declaration on Education for All and the Convention on the Rights of the Child. Some of the factors contributing to the performance of the sector include the following:

- Access to education is considered a basic human right and is enshrined in the constitution;
- Introduction of the Free Primary Education Programme in 2000;
- The Government allocates more financial resources to education (20% of the recurrent budget 2004/2005);
- Government of Lesotho and different organisations provide scholarships to the children in need;
- Introduction of Educational Geographical Information System in 2004; and,
- The Child Protection and Welfare Bill, 2004.

## **Priorities in Resource Allocation**

Within the framework of the PRS and the FPE programme, development partners are expected to continue to provide support to the national initiative of making high-quality primary education free and accessible for all and putting measures in place that will retain both boys and girls at the secondary and tertiary levels. To achieve this, the GoL should:

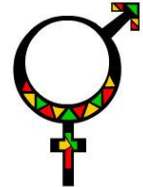
- Lobby development partners to continue providing support for free primary education;
- Establish and train School Advisory Committees;
- Assist in increasing access to quality education for all children;
- Strengthen protection mechanisms to combat child labour and sexual exploitation;
- Support the adoption and implementation of the Non-Formal Education policy;

- Address problems limiting access to primary education;
- Increase the number of qualified teachers at a pace that matches the toll that HIV and AIDS is already having on the teaching cadre;
- Address the drop-out and repetition rates; and,
- Mobilize resources to sustain the FPE programme.

The Table below summarizes the monitoring environment which will guide the Government in assessing how quickly this MDG will be achieved, given available resources and interventions.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Strong
Statistical tracking capabilities	Strong
Statistical analysis capacities	Strong
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Fair
Monitoring and evaluation mechanisms	Fair

# GOAL 4: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



Promote gender equality and empower women

**Targets: - Eliminate gender disparity in all levels of education by 2015**

Indicator	1990	2000	2007	2015
Primary education (girls per 100 boys)	121	102	100	100
Secondary education (girls per 100 boys)	149	131	127	100
Tertiary education (girls per 100 boys)	N/A	85	107	100
Proportion of seats held by women in the National Assembly (%)	5	17	30	30

**- Increase participation of women in development issues by 2015**

Source: MoET 2007 and UNDP 2005

## Trends in the 1990s and Current Situation

The society in Lesotho is patrilineal and patriarchal, with the man as head of the family and the sole decision maker. However, in the past, women were de facto heads of households owing to excessive male labour migration to South Africa. As a result, they were responsible for agricultural production, which was the backbone of Lesotho's economy. Women now contribute significantly to the economy of the country, and dominate the SMMEs and the garment sectors.

Significant progress has been made on gender issues since 2004 including the following:

- a) The Legal Capacity of Married Persons Act was passed in December 2006 and provides for the removal of their minority status and other incidental matters concerning married women.
- c) A comprehensive action plan for implementation of the National Gender and Development Policy has been drafted and awaits Cabinet approval.
- d) A draft National Action Plan to End Gender Violence (2008 – 2012) with specific targets, timeframes, outputs and budget has been drafted and also awaits Cabinet approval
- e) Lesotho is signatory to the SADC Gender and Development Protocol that was endorsed on 17 August 2008.
- f) Currently, women represent 30% of members in Parliament.
- g) Mechanisms have been put in place to promote gender equality and improve coordination. These include:
  - Establishment of the expanded Theme Group on Gender that involves principals of various sectors who meet quarterly
  - A Gender Technical Committee that involves technical staff from various sectors that meet monthly
  - Deployment of a Gender Officer in each of the ten districts

The majority of women in Lesotho enjoy high rates of educational attainment and literacy rates, compared to women in most other countries in Africa. However, the gap between females and males is shrinking at most levels, especially at primary

level, where the proportion is one to one (MOET; 2004). In 2004, more boys than girls enrolled into primary school, with a ratio of 101.2. However, this equilibrium might be distorted by the HIV pandemic, which has been seen to affect more women than men, especially because they bear a much larger burden in caring for the sick and the increasing numbers of orphans.

Despite the relatively high education levels of women, men dominate the overwhelming majority of political and decision-making positions. While females account for 63 per cent – almost two-thirds – of professional, technical and related positions in the formal sector, they still lag behind in administrative and managerial positions, accounting for only 34 per cent of all decision-making positions (BoS, 1999).

Another clear indication of the limited access that women have to the most influential posts in society is the low number of women represented in the National Parliament. In 1993 the National Assembly had only 3 seats occupied by female members out of the total of 60, representing 5 per cent of the total. Since then, the situation has improved significantly. In May 2002, 14 women occupied parliamentary seats out of a total of 80 seats – or 17 per cent of all members in the National Assembly. In 2007, 30 percent occupied parliamentary seats out of the total of 120 seats in the National Assembly. Moreover, women hold 6 out of 21 cabinet posts (albeit including 2 junior portfolios), and out of 33 members of the upper house of Parliament, women occupy 12 Senate seats (approximately 36 per cent).

Following the local government elections of April 2005, a total of 1,218 councillors were elected, with an additional 15 councillors for the Maseru District Council, bringing the total to 1,233. The law stipulates that 30 percent of the seats should be dedicated to women for the 128 local councils. Lesotho's results show that 58 percent of the councillors elected are women.

## **Challenges**

Prevailing gender disparities in Lesotho are a real obstacle to the effective participation of women in the socio-economic and political development of the country. As a result, effective development strategies in which women play a central role have been lacking. Overcoming the equality deficit will be critical to reducing poverty, unemployment, maternal and under-5 mortality, fighting HIV and AIDS as well as gender-based violence. The key challenges in this area are:

- Taking urgent measures to prevent violence and other injustices against women;
- Mainstreaming gender issues across all levels of government, and improving the national Gender and Development Policy;
- Ensuring equal representation of women and men in decision-making structures.
- Facilitating affirmative processes that support gender balance in political organizations, the civil service and the private sector;

- Promoting women's control over productive resources such as land and livestock, and their access to credit;
- Repealing and reforming all laws and changing traditional, socio-cultural values and practices that subject women to discrimination and disadvantage;
- Completion of the Reproductive Health Policy;
- Improving the coordination and collaboration between Government, NGOs and CSOs dealing with gender related activities;
- Establishing measures to address the interface between gender, HIV and AIDS and violence;
- Establishment of one - stop facilities and shelters for survivors of gender based violence; and,
- Revision of the National Population Policy.

### **Factors Contributing To Meeting the Target**

Several measures have been instituted to address gender imbalance. One important factor has been the finalization of a comprehensive policy which will form the basis for mainstreaming gender concerns into the design, implementation and monitoring of Government policies and programmes. These include the following:

- Ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1995;
- Lesotho is party to the SADC Addendum on the Prevention and Eradication of Violence against Women and Children;
- Establishment of the Law Reform Commission;
- Government has finalised a comprehensive National Gender and Development Policy, which will form the basis for mainstreaming and effectively incorporating gender concerns into the design, implementation and monitoring of Government policies and programmes;
- The Legal Capacity of Married Persons Act was passed in December 2006 and provides for the removal of minority status and other incidental matters concerning married women;
- A comprehensive action plan for implementation of the National Gender and Development Policy has been drafted and awaits Cabinet approval;
- A draft National Action Plan to End Gender Violence (2008 – 2012) with specific targets, timeframes, outputs and budget has been drafted and also awaits Cabinet approval;
- Sexual Offences Act (2003);
- National Programme on Women, Girls and HIV & AIDS;
- Draft National Youth Council Bill;
- National Youth Policy (2003);
- Revision of National Labour Policy;
- Draft Reproductive Health Policy;
- Draft Disability Policy Framework
- Amended Local Government Act (2004);
- Child Protection and Welfare Bill (2004);
- Establishment of Katlehong Skills Training Centre for Women;
- Child and Gender Protection Unit (CGPU);

- Draft Orphan and Vulnerable Children Policy; and,
- Revised Land Act (1979).

### **Priorities in Resource Allocation**

The implementation of the Gender and Development Policy requires concerted efforts and support by development partners, as well as assistance to support the review of the country's CEDAW and the local adaptation of international gender and development protocols. Development partners should make available both technical and financial support in addressing the following gender issues:

- Promotion of women's reproductive rights and health;
- Support to the implementation of the National Gender and Development Policy;
- Support to the implementation of the Sexual Offences Act (2003);
- Support to the establishment of one - stop facilities and shelters of survivors of gender based violence;
- Support for the monitoring of CEDAW; and,
- Support for the implementation of the National Programme on Women, Girls and HIV & AIDS.

The Table below summarizes the monitoring environment to guide the Government in assessing how quickly this MDG will be achieved, given available resources and interventions.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Strong
Statistical tracking capabilities	Strong
Statistical analysis capacities	Strong
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Weak
Monitoring and evaluation mechanisms	Weak



# GOAL 5: REDUCE CHILD MORTALITY

**Target: Cut Infant Mortality by two thirds between 1990 and 2015**

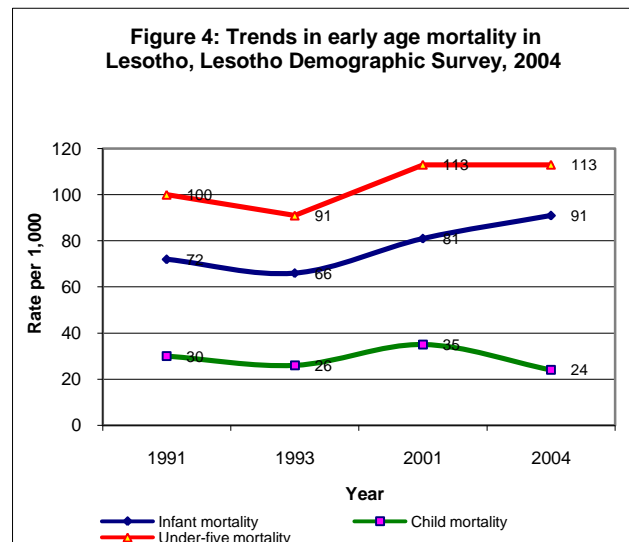


Indicator	1990	2000	2004	2015
Under-five mortality rate (per 1,000 live births)	n/a	113	113	37
Infant mortality rate (per 1,000 survivors to age 1)	74	81	91	24
Proportion of 1 year old child immunized against measles (%)	54	77	68	100

Source: MoHSW, UNICEF and WHO 2005

## Trends in the 1990s and current situation

According to Lesotho's Demographic and Health Survey (DHS) 2004, about 12.1 percent of the total population is under 5 years of age. As in most developing countries, Lesotho's population structure is such that there is a proportionately larger young population. The long-term development prospects of Lesotho are intrinsically linked to the health and well being of its youngest population. Therefore, reducing the mortality rate for children is a key national objective. Retrospective



analysis demonstrates that before 1995, trends in early childhood morbidity and mortality were on the decline. This pattern has been largely ascribed to the adoption of the "Health for All" Primary Health Care Strategy in 1979, which resulted in the restructuring of health care delivery to prioritise essential child health programmes, such as immunisation and nutrition. Various events have been associated with the currently observed trends in rising early childhood morbidity and mortality since 1995. These include: national reforms in neighbouring South Africa which had a direct effect on the migrant Lesotho labour force that supported their families at home; droughts that affected food production; HIV and AIDS transmission from mother to child during pregnancy and the breast-feeding period. The impact of these economic, nutritional and disease-related factors on early childhood morbidity and mortality is significant.

The 2003 launch of the Prevention of Mother to Child Transmission (PMTCT) initiative and the implementation of the Integrated Management of Childhood Illnesses (IMCI) are both notable interventions to reduce childhood mortality.

### Challenges

In spite of demonstrable commitment by the GoL to reduce early age mortality, and improve health services in general, a number of challenges remain, including:

- Improving children's access to basic health care services, both curative and preventive;
- Addressing the HIV and AIDS and food crises, which expose children to greater risk of malnutrition and disease;
- Implementing effective and affordable methods for stemming mother to child transmission of HIV and AIDS;
- Recruiting and training effective management and planning experts in the health sector;
- Increasing financial and material resources;
- Reducing common childhood illnesses;
- Increasing access to clean water and sanitation to reduce incidences of infectious and parasitic diseases; and,
- Strengthening and sustaining child survival programmes.

### **Factors Contributing to Meeting the Target**

In an effort to reduce child mortality, the GoL has, among other initiatives, adopted the following programmes:

- Health Sector Reform Programme;
- Famine Relief Programme;
- Availability of Nevirapine in all health facilities for the PMTCT Programme;
- Introduction of Integrated Management of Childhood Illnesses, (IMCI);
- Introduction of Hepatitis B vaccine in the Expanded Programme on Immunisation (EPI);
- Children's Protection and Welfare Bill (2004);
- EPI Policy;
- Infant and young child feeding guidelines in the context of HIV and AIDS;
- PMTCT guidelines;
- Draft Orphans and Vulnerable Children Policy;
- Social Welfare Policy; and,
- Access to paediatrics ARVs.

### **Priorities in Resource Allocation**

Development partners are requested to continue to provide assistance to a number of key areas, through stepping up technical and financial assistance in the following priority areas:

- Decentralisation of the health system;
- Accelerating implementation of PMTCT and IMCI; and,
- Expanding financial assistance to the Health Sector Reform Programme and allocating more to the child health programmes in rural and mountainous areas.

The Table below summarizes the monitoring environment to guide the Government in assessing how quickly this MDG will be achieved, given available resources and interventions.



Indicator	1990	2000	2005	2015
Maternal mortality rate (per 100,000 live births)	282	419	762	70
Proportion of births attended by skilled health personnel (%)	50	60	55.4	80
Contraceptive prevalence rate among married women (%)	23	36.1	35.2	80
Contraceptive prevalence rate among all women (%)	-	27.2	27.6	60

## GOAL 6: IMPROVE MATERNAL HEALTH

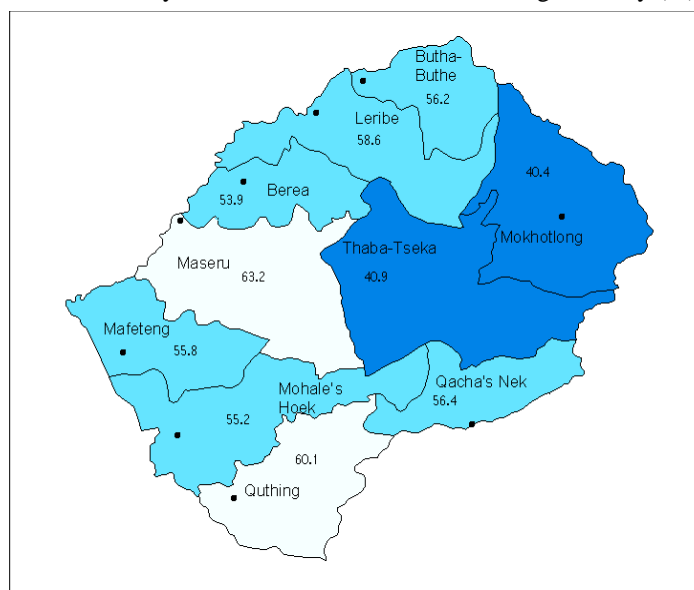
**Target: Reduce Maternal Mortality Rate by three quarters between 1990 and 2015.**

Source: MoHSW, UNFPA 2002 and DHS 2004

### Trends in the 1990s and Current Situation

Findings from the 2004 Lesotho Demographic Survey affirmed escalating maternal mortality trends. The maternal mortality rate of 762 per 100,000 live births estimated from the 2004 Lesotho Demographic Survey is significantly higher than rates in other countries within the Southern African region. There are also huge disparities between rural and urban mortality rates, with rural areas showing significantly higher rates than urban areas. This disparity between urban and rural is plausibly linked to the limited access to health facilities and skilled personnel in rural Lesotho. Additional contributing factors to this maternal mortality pattern are related to the prevailing economic, food production and disease

Assistance by Skilled Health Professional during Delivery (%)



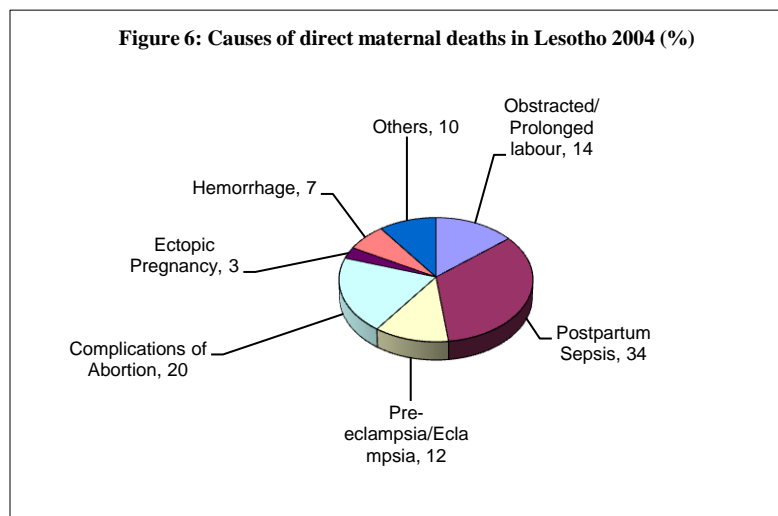
Source: DHS 2004

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Strong
Statistical tracking capabilities	Fair
Statistical analysis capacities	Strong
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Weak
Monitoring and evaluation mechanisms	Strong

conditions that have similarly impacted on childhood mortality.

Apart from care for safe delivery, maternal morbidity and mortality are also closely related to services for pre-natal care and post-natal care. In 2000, 85 percent of women aged 15-49 received antenatal care from skilled personnel at least once during pregnancy. The percentage of deliveries attended by health care providers in Lesotho stood at 60 percent in 2000, compared to 50 percent in 1993. Comparatively, adolescent women are more vulnerable to pregnancy-related complications, sexually transmitted infections and unsafe abortion and are, consequently, at greater risk of dying during pregnancy or childbirth than women in the 20 and 30 age range. When considering women aged 12-19 years, 34 percent reported having sexual intercourse and 9 per cent reported having been pregnant.

To accelerate implementation of Lesotho's MMR reduction strategies, an assessment of Emergency Obstetric Care (EmOC) was conducted in 2005 which established that there is inadequate use of health facilities for pregnant women, and that for those pregnant women who use health facilities, there is inappropriate use. Infections, abortion-related complications, and complications with labour were found to be the top causes of direct maternal deaths.



Source: EmOC 2005

The EmOC assessment facilitated compilation of the Maternal and Neonatal Health (MNH) Roadmap with the vision that “All women in Lesotho, irrespective of geographic location and socio-economic status, will go through pregnancy and childbirth safely, and their babies will be born alive and healthy”

## Challenges

In order to attain the envisaged reduction in maternal mortality by 2015, a number of fundamental challenges will need to be addressed. These include:

- Improving access to, and the quality of, reproductive health services, especially in relation to family planning services, antenatal care, skilled attendants to oversee childbirth and post-natal care;

- Ensuring the presence of skilled birth attendants and improving health care workers' employment conditions;
- Ensuring and facilitating male involvement in reproductive health issues;
- Implementing policies aimed at educating women, their families and communities about the importance of reproductive health, including the special care needed during pregnancy and childbirth;
- Promoting HIV-related services and drugs for improving maternal health;
- Approving and implementing the draft Reproductive Health Policy;
- Supporting HIV-positive pregnant mothers at community level;
- Introducing and enhancing emergency obstetric services;
- Adoption and implementation of roadmap for accelerating maternal and neonatal health;
- Introduction of PMTCT Plus;
- Implementing the recommendations of EmOC; and,
- Human Resource mobilisation for Maternal Health.

### **Factors Contributing to meeting the Target**

A number of programmes and policies are in place to curb the problem of maternal mortality as well as address the issue of reducing population growth, the total fertility rate and other reproductive health issues. Supportive measures undertaken include:

- The 2005-2015 Maternal and Neonatal Health Roadmap;
- Revision of the National Population Policy;
- Draft Reproductive Health and Adolescent Health Policies;
- The Safe Motherhood Initiative Programme;
- Introduction of Population and Family Life Education in schools;
- Establishment of PMTCT programme;
- National Gender and Development Policy (2003);
- Sexual Offences Act (2003);
- Married Persons Equality Bill (2002);
- Establishment of Adolescent Friendly Health Services;
- Establishment of ARV Program (Sankatana); and,
- Step-up of access to treatment for opportunistic infections for families.

### **Priorities in Resource Allocation**

The government of Lesotho will require technical and financial assistance aimed at involving more intimately communities and village development councils in the promotion of maternal health and the reduction of maternal mortality. The assistance will be needed in the following areas:

- Supporting the implementation of the MNH Roadmap; and,
- Finalization and implementation of the Reproductive Health Policy.

Data-gathering capacities	Strong
Statistical tracking capabilities	Fair
Statistical analysis capacities	Strong
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Weak
Monitoring and evaluation mechanisms	Fair

The Table below summarizes the monitoring environment which will guide the Government in assessing how quickly this MDG will be achieved, given available resources and interventions.



## GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY



### Target 1: Integrate the principles of sustainable development into policies and programmes and reverse the loss of environmental resources

Indicator	1990	2000	2005	2015
Arable land (%)	13	9	9	n/a
Landlessness (households without access to land) (%)	25	33	N/A	17
Soil erosion (lost top soil per annum) (million tons)	40	40	N/A	20
Proportion of protected areas and sustainable use areas (%)	N/A	6.9	N/A	12.6
Project briefs and Environmental Impact Assessment reports (number)	N/A	15	12	All
Plans/policies/programmes subjected to Strategic Environmental Assessment (SEA)	N/A	1	N/A	All

Source: MoNRE 2005

#### Trends in the 1990s and Current Situation:

The most tangible feature of Lesotho's environmental degradation is the extensive soil erosion, with gullies (or dongas) and surface sheet erosion being wide-spread. This is not only attributable to natural factors, such as the rugged mountainous terrain, erodible soils and erratic rainfall, but also to structural factors (overstocking and overgrazing of rangelands, poor agricultural practices, such as mono-cropping, biomass removal, and road construction in environmentally sensitive areas such as wetlands). This is exacerbated by population growth, which is putting pressure on arable land, reducing average land holdings, and increasing landlessness. Poverty is also encouraging the use of inappropriate farming methods, the removal of shrubs, as well as the use of cow dung as sources of fuel. During the 1990s, the number of formal conservation areas in Lesotho increased from two to seven, but an exceedingly small percentage of land area (0.4 percent) remains protected. In addition to these gazetted areas, Lesotho also has 'sustainable use' areas, which occupy 6.9 percent of total land area and include the *maboella* regime and Range Management Areas, which are grazing schemes designed to promote the sustainable use of rangelands.

Lesotho has achieved much in creating the enabling environment for the integration of principles of sustainable development into policies and programmes. This has been made possible through adoption of a number of systems. These include; Environmental Impact Assessment (EIA); Strategic Environmental Assessment (SEA); Environmental monitoring and auditing; etc. In terms of the Environment Act, 2001, all proposed developments are supposed to be subjected to EIA. Although the Act is not explicit on SEA, it does make reference to EIA for policies, plans and programmes, which is essentially SEA. Since 2002 about 50 environmental assessment reports (project briefs, Environmental Management Plans and EIA reports) have been submitted to NES for review. It is also important to note that about 55 percent of the developments are driven by the private sector.

This clearly shows the level of commitment from that sector. In the case of SEA reports, only one physical plan was subjected to SEA, namely, Maseru South West (MASOWE). SEA is much effective in incorporating sustainable development issues into policies and programmes by up streaming of projects. However, it has not as yet been used that much in the country, given the fact that only one plan has been subjected to SEA to date.

There is limited information relating to trends in biodiversity. However, it is expected that the number of threatened (red data) species has increased over time. The current studies put the number of red data species at ninety-four, with eight of them being critically endangered, four endangered, fourteen vulnerable while data on sixty species are not sufficient. Government, in collaboration with key stakeholders, has responded to the problems by initiating a number of conservation projects, with the biggest one being the Maloti-Drakensberg Transfrontier Conservation and Development Project. This is a transfrontier project between Lesotho and South Africa. It focuses on the conservation of biodiversity in the North – Eastern Highlands and poverty reduction through nature-based tourism.

Some old and antiquated laws have also been reviewed. For example, the list of protected flora under the Historical Monuments, Relics, Flora and Fauna Act of 1967 has also been increased from thirteen in 1969 to thirty-one in 2004. The new list was based on species that are already threatened or are being used by individuals for economic gains. Plans are underway to increase the list and include some of the species in the Convention on International Trade in Endangered Species.

The percentage of protected areas and sustainable use areas is currently estimated at 6.9 percent of Lesotho's land area. This figure is likely to increase to 12.6 percent of the country's land area by 2015, as a result of establishment of new protected areas within the Maloti-Drakensberg project area (e.g., Phofung/Senqu).

Another area which is of concern to Government is waste management. Waste management problems are more pronounced in urban centres because of high human population and associated economic activities such as industries. Maseru, being the largest of all the urban centres, is worst affected by poor disposal of waste (effluent and solid waste). While it is a well known fact that waste increases with increase in affluence and industrial activities, Lesotho will pursue strategies that seek to reduce waste at source (e.g. recycling and adoption of cleaner technologies). In this regard about three wet industries at the Thetsane industrial area have already constructed effluent pre-treatment facilities. These facilities are intended to pre-treat effluent before it gets discharged into either the environment or oxidation ponds. Sludge emanating from the pre-treatment facilities is being disposed of temporarily at the proposed Tikoe industrial sites located in the south –western part of the Maseru City.

In the case of solid waste, a site for construction of a sanitary landfill has been identified at Tšoeneng and the area was subjected to an Environmental Impact Assessment (EIA) during the course of 2005. This site will accommodate municipal waste and would also have cells for disposal of hazardous waste from industries

In its quest for global partnership, Lesotho is party to a number of multilateral environmental agreements that are aimed at promoting good environmental practices. These include the United Nations Framework Convention on Climate Change (UNFCCC); the United Nations Convention to Combat Desertification(UNCCD); the United Nations Convention on Biological Diversity (UNCBD) and its associated Biosafety protocol; the Convention on International Trade in Endangered Species of flora and fauna (CITES); the Ramsar Convention on the protection of wetlands; the Stockholm Convention on persistent Organic Pollutants; the Basel Convention of Trans-boundary movement of hazardous wastes and their disposal; as well as the Vienna Convention on the protection of the Ozone layer and its associated Montreal Protocol on ozone depleting substances.

In addition to the above-mentioned initiatives, there is a move towards an integrated approach to the implementation of related Conventions (UNFFCC, UNCBD, UNCCD, CITES and Ramsar). Government regards this as imperative in ensuring efficiency in the achievement of the goals that are enshrined in some these conventions. To this end a national project entitled National Capacity Self-Assessment has been initiated by the National Environment Secretariat (NES).

Education is crucial for promoting sustainable development and improving the capacity of people to address environmental and developmental challenges. Both formal and non-formal education play an important role in changing people's attitudes, instilling ethical awareness, skills and behaviour that are consistent with sustainable development ideals. To this end, Government has introduced environmental education in twenty schools in the country. The intention is to extend the initiative to all schools in the country.

The Table below summarizes the monitoring environment that will guide the Government in assessing progress on the path towards achieving this MDG.

Elements of Monitoring Environment	Assessment
Data-gathering capacities	Fair
Statistical tracking capabilities	Weak
Statistical analysis capacities	Fair
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Fair
Monitoring and evaluation mechanisms	Weak



**Target 2: Halve, by 2015, the proportion of people without access to sustainable safe drinking water and improved sanitation.**

Indicator	1990	2000	2005	2015
Proportion of People without access to safe drinking water (%)	36	21	14.5	19
Proportion of people without access to basic sanitation (%)	66	55	47.3	33

Source:  
BoS

2003; Household Budget Survey - 2003

### Trends in the 1990s and Current Situation

Safe drinking water is a necessity for good health, as unsafe drinking water can be a significant carrier of water-borne diseases. In 1996, an estimated 38 percent of Lesotho's population did not have access to safe drinking water, with most of the population located in the rural areas. These led to increased challenges in improving water coverage on scattered small and remote highlands rural communities that are, in most cases, inaccessible. During the late 1990s, there were discernible improvements in access at the national level, and by 2000 only 23 percent were without access to safe drinking water. This further improved to 21 percent in 2002. In 2000, 10 percent of the urban population had no access, compared to 26 percent of the rural population. The overall gains between 1996 and 2000 appear exclusively attributable to better coverage in rural areas. Improved rural access is predominantly the result of the introduction of community standpipes, and protected wells/ springs, to a more limited extent. In 2003 focus was on existing water systems to improve their functionality, and rehabilitation of the old system that has been overgrown by the population.

Inadequate sanitation is associated with a range of diseases, including diarrhoeal diseases and typhoid. While 77 percent of households in Lesotho lacked access to adequate sanitation in 1987, impressive progress was made by 1995, with lack of access dramatically reducing to 48 percent. The number of households gaining access to adequate sanitation had more than doubled in the intervening period. Despite these remarkable gains, a slight worsening occurred in the late 1990s.

Access to improved sanitation in urban households was almost four times the level found in rural areas in 1987. By 1995, the sanitation target for urban households had been attained and remained around the desired level, despite the downward trend in the late 1990s. Although access to sanitation improved significantly for rural households and kept pace with the rate of progress required to fulfill the 2015 target marginally, less than two-thirds of rural households remain unserved. In an effort to address the situation, the Ministry of Natural Resources has taken the initiative to implement water programmes concurrently with sanitation programmes, starting with 3 districts in the 1990s, and subsequently in all districts in 2004. The downturn between 1995 and 2001 appears predominantly attributable to urban areas, and is a reflection of the rapidly increasing urban population and uncontrolled urban sprawl, which makes it difficult to provide essential services.

### Factors Contributing to meeting the Target

Since the quality of drinking water largely depends on the surroundings where water is sourced and harnessed, the GoL has initiated a series of strategies that deal with protection and sustainability of the environment, such as the following:

- National Environment Policy, 1998;
- Environment Act, No 15 2001 and its draft amendment Bill, 2005;
- Presence of multi-stakeholders committees under NES;
- Membership of various Multilateral Environmental Agreements (MEAs);
- Biodiversity Strategy and Action Plan, 2000;
- National Action Plan to Combat Desertification, 1998;
- Biosafety Bill, 2004;
- Hazardous Chemical and pesticides Bill, 2005;
- EIA Guidelines, 2001;
- EIA Regulations (draft) 2005;
- National Capacity Self Assessment project;
- Maloti Drakensberg Conservation and Development Project (MDTP);
- Southern Africa Biodiversity Support Project;
- Persistent Organic Pollutants (POPs) project;
- Partnership for the Development of Environmental Laws and Institutions in Africa (PADELIA) Project; and,
- Inclusion of environmental consideration in project appraisal and the participation of NES in activities of Project Appraisal Committees.

### **Priorities in Resource Allocation**

In order to provide safe drinking water to the nation, the GoL will require technical and financial assistance to do the following:

- Establishment of protected areas within the MDTP area;
- Ex-situ propagation of highly threatened species;
- Establishment of national botanical garden;
- Alien Invasive species control;
- Development of an integrated waste management and pollution control policy;
- Establishment and maintenance of an Environmental Information System (EIS);
- Capacity building for all stakeholders (Multi stakeholder committees);
- Strategic approach to implementation of Multi-lateral Environmental Agreements;
- Empowerment of local communities through awareness raising and training ;
- Establishment of national monitoring system;
- Engaging regional frameworks such as NEPAD; and,
- Integration of JPOI and Agenda 21 (sustainable development) into PRS and other relevant sectoral policies and programmes.

The Table below provides the monitoring environment that will guide the Government in assessing progress on how the MDG on environment is being pursued, given available resources and interventions.

Elements of Monitoring Environment	Assessment
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Data-gathering capacities	Fair
Statistical tracking capabilities	Fair
Statistical analysis capacities	Fair
Capacity to incorporate statistical analysis into policy planning & resource allocation mechanisms	Fair
Monitoring and evaluation mechanisms	Weak

## **GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**



Develop a global  
partnership for  
development

**M**DG 8 includes seven targets which are, to a large extent independent of national strategies and programmes. It includes measures which have to be undertaken by the global community in ensuring that the other 7 MDGs are met. The targets under this MDG are:

**Target 1: Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Include a commitment to good governance, development and poverty reduction— both nationally and internationally.**

**Target 2: Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction.**

**Target 3: Address the special needs of landlocked and small island developing states.**

**Target 4: Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term.**

**Target 5: In cooperation with the developing countries, develop decent and productive work for youth.**

**Target 6: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.**

**Target 7: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.**

### **Challenges & Opportunities**

Effective progress towards the achievement of the MDGs will, to a large extent, be dependent on a flourishing international partnership. For Lesotho to develop a global partnership for development, the following are crucial:

- Improving the financial management and restructuring of government revenues and expenditures;
- Adjusting to the reduced levels of revenues from SACU pool. The GoL, together with development partners is implementing the Public Sector Improvement and Reform Programme (PSIRP), the initial phase of which will cover improvement of the financial management, decentralization process and public service reform. The programme involves bilateral and multilateral agencies;



- Promoting sustainable investment and trade strategies, building on current preferential arrangements;
- Diversifying exports away from a heavy reliance on garments and promoting exports to other SADC markets and the European Union. Diversification is critical to reduce economic dependency;
- Graduating from least developed country status, improving the policy and regulatory environment for exports and establishment of export oriented agro industries, utilizing locally available raw materials;
- Mobilizing additional grant resources, and strengthening effectiveness and coordination of overseas development assistance. The GoL, through Fiscal and Financing Strategy, is targeting to successfully mobilise and disburse approximately M800 million of new external concessional loans (source: Fiscal Strategy, 2004/05 – 2006/07; February 2004 pp47);
- Building on the three pillars of the National Vision, namely the PRS, the PSIRP and the National AIDS Strategic Plan;
- Pursuing strategic economic relations with South Africa, to exploit the proximity of Lesotho to the largest and most advanced economy on the African continent;
- Harmonizing tax systems, licensing, customs procedures, and regulatory frameworks;
- Targeting retrenched miners and female textile workers and their families for special initiatives to combat the spread of HIV and AIDS;
- Tapping international best practices in key strategic areas (such as Public Private Partnerships, Information and Communication Technology, tourism development, HIV and AIDS). The GoL, through public-private partnerships with IFC, is replacing the existing referral hospital (Queen Elizabeth II Hospital);
- Pursuing partnership to improve access to essential drugs, especially those that can assist in the fight against HIV and AIDS; and,
- Strengthening national capacities to provide an enabling environment for private sector growth and strengthen linkages between FDI and the local economy, to maximise backward linkages and impact on sustainable human development. The GoL together with development partners, are planning to set up a unit that would gather and provide relevant information about business regulations in Lesotho. Due to complex business licensing procedures, the GoL will shift to registration system, with areas identified as outside of private business activity. With regards to linkages between SMMEs and large-scale industry, it will work with industry groups to improve small business training and work with banks to improve SMME access to credit.