



This report is produced by Office of the Resident Coordinator in Lesotho in collaboration with humanitarian partners. It was issued by the Humanitarian Country Team. It covers the period from 16 May to 25 July.

Highlights

- Lesotho is currently experiencing an unprecedented El Niño induced drought, with an almost 62 per cent decline in crop production during the last agricultural season
- According to the Lesotho Vulnerability Assessment Committee (LVAC) around half of the rural population are at risk of livelihood and food insecurity between May 2016 and April 2017.
- The latest Lesotho Vulnerability Assessment has identified an estimated affected total of 679,437 people (113,240 HH) are at risk in absence of all other safety nets except school feeding and cash for-work (fato-fato). Of the above 476,842 people (~ 79,474 HH) require life-saving and livelihood protection interventions in next 9-12 months and 202,595 people (~33,765 HH) require only emergency livelihood support in the same time period.
- The Integrated Food Security Phase Classification (IPC) estimates 510,258 to be in a state of food security crisis or above from July to October, covering all ten districts of Lesotho.
- The preliminary forecast indicates a 55-60 per cent likelihood that Lesotho will experience a La Niña phenomenon resulting in normal and above normal rainfall.



Map Sources: ESRI, UNCS, The Times Atlas of the World.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

679,437

People in need of assistance up to March 2017

510,258

People projected to be IPC Level 3 or 4 (crisis or emergency) Jul-Oct 2016

Situation Overview

Food and Agricultural insecurity is affecting half the rural population

The latest Lesotho Vulnerability Assessment has identified an estimated affected total of 679,437 people (113,240 HH) at risk in absence of all other safety nets except school feeding and cash for-work (fato-fato). Of the above 476,842 people (~ 79,474 HH) have survival deficits and 202,595 additional people (~33,765 HH) have livelihood protection deficits.

The LVAC was followed by an IPC analysis which showed the following numbers and projections:

The current LVAC has given the most in-depth picture of the food security situation in the country so far and has revealed that both the scope and severity of food insecurity have increased in between assessments.

Loss of agricultural production due to seasonal rains being delayed between 20 to over 40 days due to the El Niño, food price rises of up to 50 per cent compared to last year and loss of labour opportunities have combined to produce a significant deterioration in food security that is set to continue until April/May 2017.

When household food insecurity is examined it becomes clear that the poor and very poor households have been affected differently across Lesotho¹. The average survival deficit faced by these households is up to 49 per cent in some areas.

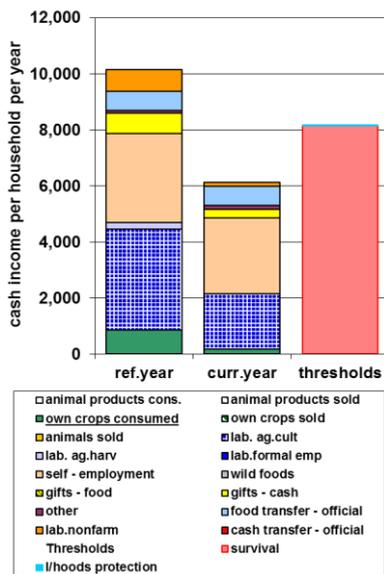


Figure 1: Survival deficit for 'Very Poor' Households in Mohale's Hoek's Foothills livelihood zone

Projection Period	IPC Phase Classification			
	Phase 2	Phase 3	Phase 4	IPC Phase 3 and 4
First Projection (Apr-Jun 2016)	483,046	195,099	119,596	314,695
Second Projection (Jul-Oct 2016)	470,253	357,937	152,320	510,258
Third Projection (Oct 2016 to Feb 2017)	418,150	230,618	114,951	345,569

Regarding the agricultural and pastoral situation, cereal production has dramatically declined. Maize has decreased by 61 per cent, Sorghum by 88 per cent and wheat by 38 per cent, compared to last season, which was also marked by poor performance, meaning that rural populations will rely mostly on cereal purchases. It has also meant the loss of agricultural related labour. This decline in production can be largely explained by the rains being delayed by the El Niño to the extent that the seasonal planting window passed. In addition to this, the national cattle herd has decreased, with 30 per cent of households reporting that they lost between 2-3 cattle. The death of these cattle is both a loss of household assets as well as a loss in capacity to plough fields for the next agricultural campaign in October 2017.

The rise in prices has been a large driver in the increase in numbers of food insecure people. The price per kilo of maize on average has risen from 3 Maluti (2009/10) to 10 Maluti per kilo in 2016.

The situation has been partially mitigated by an increase in non-agricultural casual labour rates as well as cash for work opportunities remaining stable. However, overall remittances to rural communities were shown in the LVAC to have reduced by 19 percent and further reduction might be expected due to loss of factory employment related to a decline in demand in the textile sector.

Water shortages persist with some temporary improvements in some areas

Water shortages were experienced during the peak of the El Niño from October to January when seasonal rains started.

Water shortages are still prevailing with low recharge of water sources. However, access has improved temporarily in recent months. The next improvement period is not expected until October/November 2016.

The whole country ranked medium to high in terms of drought risk for the 2015/2016 period. The LVAC revealed that across the districts the drought caused 16.6 per cent households to shift from the use of protected water sources to unprotected water sources, and that a vast majority of households do not treat water. The assessment showed that water available was insufficient. With around 30 per cent using non-improved sanitation, this causes additional concern for disease outbreaks.

UNICEF is currently gathering information on WASH needs in Early Childhood Development (ECD) schools, primary schools and secondary schools in all 10 districts of Lesotho. Preliminary data from 5 districts reveals that 189 schools out of 510 schools who participated in the survey are in urgent need of water supply. This means there is insufficient

¹ The income categories "poor" and "very poor" are built on livelihood asset ownership and access to livelihood capitals.

water for 31,565 children out of 109,102 attending educational facilities in these 5 districts. Additionally, out of the 510 schools surveyed, 189 reported reduced meals due to water shortage.

Concerning underlying health and nutrition indicators provide backdrop for potential outbreaks

The ongoing effects of the drought emergency on Health and Nutrition remain serious, and highlighted by the results of the recent Lesotho Vulnerability Assessment (LVAC) conducted in May, 2016, suggest impacts on nutrition, health and HIV/AIDs as outlined below.

Nutrition:

The LVAC findings for nutrition are consistent with earlier mass screening findings conducted in April by UNICEF, Ministry of Health and the World Bank, indicating acute malnutrition is within acceptable ranges. However, chronic malnutrition is widespread among children under five years, with severe stunting particularly high in children aged 18 to 29 months.

National figures for children in rural areas are 2.7 per cent for wasting, 42.7 per cent stunting, 12.2 per cent underweight and 8.8 per cent overweight.

90 per cent of children sampled in the LVAC had poor dietary diversity. Malnourished children were less likely to be breastfed, more likely to have had a recent illness, and less likely to be from a household that treats its drinking water.

Health:

Following the higher use of unprotected water sources, the Ministry of Health (MoH) data shows a peak of 462 cases of bloody diarrhea reported in February (the MoH outbreak alert threshold is 71), with a trend of reduction from February to the present in line with the end of the 'diarrhea season'.

UNICEF is working with WHO to resolve current shortfalls in data collection and diarrhea diagnosis, demonstrated by incomplete records for March and April. The MoH currently advises that there is a standby alert in place for outbreaks as a precautionary measure.

HIV and AIDS:

HIV capacity gaps were identified during the nutrition and HIV mass screening conducted in April (described earlier). A key finding was that the supply chain faces regular stock outs of HIV test kits. It was also found that not all health facilities have the required tools and training to deliver HIV services. Additionally, distances between communities and specialist treatment facilities may be too large for vulnerable patients to travel, thus decentralization of services may be needed to support already vulnerable people to receive consistent treatment.

Gender-based Violence and Child Protection of concern

Gender based Violence (GBV) and Child Protection assessments have identified key risks and priority actions for the sector in Lesotho. The categories of humanitarian need have been established, however supporting affected population data is currently incomplete.

All six core GBV types, namely; Rape, Sexual Assault, Physical Assault, Forced Marriage (of girls below age 18), Denial of Services, and Psychological /Emotional Abuse were noted during a recent expert analysis from key informant interviews.

The Regional Early-Stage Child Protection Rapid Assessment, Southern Africa El Niño Emergency Response, March 2016 has identified the following categories of protection issues of highest priority in Lesotho:

- Psychosocial Distress and Mental Health
- Separation of children
- Sexual & Physical Abuse
- Strengthening referral mechanisms

Early stage data from the assessment indicates the first and third most commonly cited risks leading to child death or injury are famine/starvation (63.2 per cent) and water borne diseases (54.4 per cent). The second highest reason recorded was sexual violence (57.5 per cent) and the fourth highest was due to severe neglect (52.1 per cent). Additionally, children's vulnerability/risk level has been ranked higher at community food and water collection points, and higher among children who have to walk longer distances to collect water and food (29 per cent, 26.8 per cent and 26.1 per cent respectively). Secondary data collected highlighted the heightened risk during times of drought for children who need to travel further distances for water collection, which exposes them to greater risk of danger and injury.

A gender analysis has shown an emergence of incidences of gendered social tensions and conflict linked to the El Niño drought. Tensions relating to pasture and water for livestock predominantly affected men due to their ascribed roles in ensuring livestock eat and have water. On the other hand, social tensions linked to household water availability predominantly affected women due to their ascribed roles in fetching and managing water for use at household level. Long hours of queuing and jumping of queues are attributed as the main reasons for conflict at water points in the affected districts. This also had the effect of increasing in long hours of unpaid care work of Basotho Women, particularly regarding prolonged laboring hours in search of water and food for household and communal use.

Furthermore, acute water shortages in some health centers and hospitals led to women and girls assuming care giving roles to patients falling sick as a consequence of the El Niño drought. The shortage of water also led to a direct transfer to care givers who are predominantly female, an unpaid role of finding and fetching water for facility based deliveries and for admitted patients. In other cases, women and girls had to take soiled linen of their patients from the hospital and clean them away from the hospitals as there was no water for washing dirty linen. For diarrhea cases, such measures of institutional transfer of care services to women not only subject women and girls to long hours of unpaid care work, but also increase their risk to communicable diseases as they handle the linen without protective gear.

Out-migration of male heads of households to other districts and Maseru led to incidences of female heads of households with absentee male heads of households and with decision making authority in a period of food, water and pasture crisis i.e. when there was little to no household resources to make decisions over. Higher incidences of emigration of vulnerable women, men, boys and girls to South Africa were witnessed in December at the peak of the drought. The push factors for the families were the drought, particularly food insecurity resulting from the drought. Males, both children and adult were observed to constitute a dominant majority among emigrants, while females represented a smaller number. No data was available to gauge the extent of out-migration and emigration and the shifts in the composition of Female Headed Households with absentee partners. An understanding of the shifts in gender relations at household level and the sex and age profiles of the households are necessary in designing response which is grounded on the social changes and is tailored to meet the needs of the affected populations.

Funding

The Government of Lesotho released an Appeal Document in January 2016, and has pledged to fund around US\$ 10 million in immediate interventions, predominantly to address water shortages. This appeal is set to be revised in light of the LVAC assessment results. The Government of Lesotho has invested M162 million at the whole sale level to achieve a 30% cost decrease across the country for maize meal, split beans and sugar peas as of June 2016 until May 2017. Initial indications from the whole sales are that the subsidized maize meal is being accessed even by people living in the remote mountain regions. Further monitoring of the food subsidy is being expected.

The Humanitarian Country Team (HCT) (UN and NGOs) are continuing to revise their current and projected requirements in light of the LVAC findings. This HCT requirement will be made available as soon as the Humanitarian Response Plan is established.

So far, UN and NGO partners have received around US \$ 12 million for the drought response. The Central Emergency Response Fund (CERF) and ECHO have been the biggest contributors, particularly in the Food Security and Agriculture sector. WVI has mobilized US \$434,552 for livelihood and food security purposes. Currently, FAO has a funding gap of USD 4.2 million based on the existing emergency response plan that may further be reviewed owing to revised humanitarian needs identified by the LVAC.

The Government of Lesotho has pledged ZAR 13 million (ca. US \$0.87 million) to the health sector.

In terms of prevention of moderate acute malnutrition, CERF has supported WFP with US \$ 106,418.

WHO needs amount to US\$450,000 and has benefitted from CERF funding worth US \$128,800 and US\$33,000 from regular funding for the drought response. This is leaving a funding gap of US\$288,200 to address: surveillance, information, communication and education, water quality surveillance, laboratory component of outbreak response and response monitoring.

World Vision has mobilized US \$ 177 531 for Health and Nutrition purposes.

CERF granted UNICEF US\$ 123,578.29 for the provision of supplies for the treatment of malnutrition patients.

The extent and projected length of the crisis means that Interventions are needed that both address immediate needs and build resilience against on-going and future shocks. These resilience building interventions also need to begin immediately.

The financial aspect, if cleared, will allow HCT partners to support the government in providing an effective response that will help alleviate the negative impacts of drought to the most vulnerable of the Lesotho population.

The Lesotho Red Cross Society (LRCS) has launched an appeal for CHF 741,557 (US \$738,502) and have received the funding.

The United Nations Central Emergency Response Fund (CERF) has provided US \$4,78 million, supporting lifesaving interventions in the field of Food and Agriculture (WFP, FAO and UNICEF) Health and Nutrition (WHO, UNICEF and WFP) and Water, Sanitation and Hygiene (UNICEF).

Further funding has been provided by ECHO. FAO and WFP both benefitted from EUR 1 million that supported cash assistance (WFP) and agricultural inputs (FAO).

Currently the only funds received by the Protection Sector is \$25k of UNICEF internal funds.

The British Department for International Development (DFID) is in exchange with UN agencies for further funding.

World Vision and Action Aid have benefitted from EUR 2 million for a cash assistance programme in Mokhotlong, Thaba-Tseka, Quthing and Qacha's Nek.

CRS has committed \$149,043 in private resources for agricultural support and cash transfers, and is in final negotiations for US \$1,758,901 from USAID/OFDA for agricultural assistance.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response

The Lesotho Drought Response Plan will be revised following the release of the LVAC findings, led by the Government of Lesotho, in collaboration with UN and NGO partners. In the meantime, some of the ongoing response activities include those detailed below.



Agriculture & Livestock and Food Security

Humanitarian Response so far has been built on the figures of people in need identified in the Rapid Assessment in February 2016. The needs identified in the latest Lesotho Vulnerability Assessment (presented above) will be addressed by the revision of the Humanitarian Response Plan, planned for August 2016. In response to the 510,258 found to need food or cash assistance by the IPC analysis, some response programmes have commenced. With the limited funds that the humanitarian partners have received, cash transfers have started to reach the most vulnerable families in the hardest hit and prioritised districts. These programmes are in line with the Lesotho Drought Response Plan, prepared by the Government of the Kingdom of Lesotho with the collaboration of development partners and are based on the findings of the rapid assessment.

709k

People in need of food insecurity

The complementarity of social protection cash grants and home gardening and nutrition support in Lesotho was evaluated in 2014 after piloting the model with DFID funds in response to 2012 crisis. Evidences advise for a scale up of the model in the current crisis. 135,450 vulnerable people are currently targeted with direct cash assistance by WFP and UNICEF until the third quarter of 2016. UNICEF will respond to 115,000 of these across all 10 districts by supplementing existing safety nets, which are no longer sufficient in light of deteriorating livelihoods and livestock as well as increasing staple food prices. A top-up to the existing Child Grant Programme (CGP) will support ultra-poor and very vulnerable families with a small amount of extra funds (US\$38 per quarter) to meet a higher share of their survival needs (not the full survival 'basket'). In addition to the support by UNICEF to all districts, WFP will reach 20,000 additional food insecure people who are not covered by existing safety nets. WFP funding will support ultra-poor households in Mohale's Hoek and Mafeteng, two of most affected districts, complementing UNICEF's cash assistance. These same vulnerable households will also benefit from complementary programming in the form

of a small home garden and nutrition kit from FAO to bolster food production and nutrition in the household and to liberate funds currently used to purchase fruits and vegetables.

FAO has currently funding to assist 26,000 Households (130,000 people) with home gardening and nutrition complementary packages. This support is complementary to the support provided by either UNICEF or WFP as detailed above. FAO will target exactly the same households that have benefited from cash transfers with home gardening package comprising of six different varieties of vegetables, shade net and technical information. Besides FAO will assist in protecting livelihoods of vulnerable active farmers with distribution of agricultural inputs (staple food crops and home gardening).

Activities under this component will focus on promoting Climate Smart Agricultural techniques at community level. FAO has currently received funds to assist 5,970 households (29,850 people). With ECHO funds, FAO is currently conducting assessments (livestock and seed security) in order to establish how these sub-sectors have been impacted by the drought and draw implications that the crisis may have had on the future production capacity of the affected populations. Both assessments are being undertaken at national level and will inform the revisions in the emergency response plan in the coming weeks.

Lesotho Red Cross Society (LRCS) provided support under the Food and Agriculture sector to 1,800 vulnerable households translating into 9,000 beneficiaries. It conducted 2-month food distribution followed by cash transfer for 4 months ending in July 2016 in three districts of Qacha's Nek, Thaba-Tseka and Mafeteng. The cash transfer program runs concurrently with the livelihood interventions that include provision of agricultural inputs; vegetables and seeds of field crops and garden tools as well as community trainings on farming techniques.

The Government of Lesotho has allocated 155 million Maloti for the drought response. Line ministries have begun activities using this fund. The Government of Lesotho has also received donated staple foods from the Government of China (2,477MT) and the Government of Botswana (60 MT). The Chinese in-kind donation is expected to arrive in Lesotho by the end of July.

The Catholic Relief Service (CRS) has invested its private funds to improve food security situation among 2,685 households (13,425 people) across five communities in Thaba Tseka and Mohale's Hoek districts through voucher for work, construction of keyhole gardens, unconditional cash transfer via bank and mobile money modalities, and nutrition promotion. CRS is providing training and inputs (seeds and shade nets) to equip 2,000 households with the knowledge and skills to efficiently grow vegetables for consumption and sale through keyhole gardens. 500 people are receiving food and non-food item vouchers for building soil and water conservation structures on rangelands in three catchment areas, while 185 people from two communities in Mohale's Hoek are receiving unconditional cash transfer via bank and mobile money modalities. CRS is also in final negotiations for funding that will complement WFP cash transfers and FAO input support by (1) providing targeted households in Mohale's Hoek and Mafeteng districts with vouchers to support diverse and improved inputs for the coming agricultural season, (2) extending home gardening support to 4000 additional families, and (3) providing ongoing community-based training and support to 8000HHs in key agricultural practices to increase and diversify production systems. Activities under this project will be carried out in partnership with World Vision and Caritas Lesotho.



Health and Nutrition

The Humanitarian response in Lesotho in the Health and Nutrition sector focusses mainly on HIV/AIDS patients, Pregnant and lactating mothers as well as children under the age of 5.

UNICEF is leading the response of malnutrition pre and post-hospitalization and will be procuring and distributing the relevant treatment items in partnership with the MoH and NGOs (like ready to use therapeutic food, F-75 and micronutrients), and monitor and report on cases and commodity stock outs in communities.

WHO is leading the support to health clinics and hospitals to strengthen the response to disease outbreaks and the treatment of patients in all district. Access to water and sanitation in health centers has been identified as a crucial area in terms of maintaining the health services delivery across the country.

Programmes by UNICEF, WFP and WHO ensure adequate ongoing treatment of the most vulnerable (children under the age of 5, pregnant and lactating women, PLHIV and TB, the elderly and the disabled) by:

- Strengthening treatment of malnutrition (UNICEF) of 17,810 women and girls and 1,775 boys;
- Preventing Moderate Acute Malnutrition (WFP) of 2,000 beneficiaries (out of which 1150 are female);

WHO is supporting the Ministry of Health and the Christian Health Association of Lesotho in in-patient management of severe acute malnutrition in 18 hospitals; response to outbreaks associated with the emergency; supporting provision of delivery materials suitable for use under scarce water resources; strengthening infection prevention and control and disease surveillance. 10 districts are involved in these interventions including 200 health facilities (hospitals and health centres), covering 45,400 beneficiaries (WHO), out of which 25,500 are female.

Failure to intervene in the above could result in:

- A large number of children especially those below the age of five years being severely malnourished and dying at home or in health institutions, due to late health interventions and/or appropriate nutrition management;
- Large scale epidemics that would be challenging to contain, resulting in significant loss of lives.
- Mothers and communities may be exposed to health care facility acquired infections due to contaminated materials being taken for washing in the communities.

The Health and Nutrition sector in Lesotho experiences serious financial constraints. The disease surveillance remains seriously underfunded to enable it to act effectively as a health intelligence and early warning system. Further, health centre staff are not well oriented on the screening and management of moderate and severe acute malnutrition, as well stunting and nutrient deficiency cases at high risk of deterioration, due to the drought shock conditions.

Funds are urgently needed to expand the coverage of all types of malnutrition prevention in Lesotho.



Water, Sanitation and Hygiene

22% of the rural population (302,507 people) were without access to safe water due the drought emergency. This number was obtained by seeing how many were switching from protected to unprotected water sources. Current conditions are expected to worsen due to the forecast dry winter.

300k
People without access
to safe water

In further detail, the results of recent “Lesotho Vulnerability Assessment” conducted in May, 2016 suggest:

Water Sources: majority of rural areas representing the districts country wide indicate the main water sources being piped water followed by unprotected springs.

- 16.6% (in a range from 5-32% depending on the districts) of households indicated using unprotected sources.
- The districts that have reported the use of unprotected water sources most are Maseru, Mokhotlong and Thaba-Tseka (between 22- 32% of the communities interviewed reported the use of unprotected water sources).

Sanitation: 30% of households using bush and other unprotected areas for defecation. The variation among districts is very wide with up to 69% of the population in the mountain areas practicing open defecation.

Water quality and quantity:

The majority of households all across the country do not treat water.

Further ongoing assessments measure the water needs in schools and health centres around the country. The information will feature into the overall needs in the sector.

The Ministry of Water has identified the water needs in November 2015 as 291 villages or 302,507 people being without water.

WASH in Schools:

- UNICEF education section has initiated data gathering on WASH needs in Early Childhood Development (ECD) schools, primary schools and secondary schools in all 10 districts of Lesotho. Preliminary data from 5 districts reveals that 189 schools out of 510 schools participated in the survey are in urgent need of water

supply. This means there is insufficient water for 31,565 children out of 109,102 attending educational facilities in these 5 districts.

- Additionally, out of the 510 schools surveyed, 189 reported reduced meals due to water shortage.

WASH in Health facilities:

WHO is gathering data on WASH needs for community health facilities. Preliminary data for 2 districts indicate cancellation of essential services is occurring due to water shortages. Additionally, sanitation and hygiene practices are being compromised in some instances, with patients required to provide their own water and/or launder soiled linens in their households.

UNICEF plans an intervention to create safe access to safe and clean water in communities in Lesotho through the rehabilitation of water sources. The targeted intervention focusses on 5 most affected districts.



The child protection cluster beneficiary target is 206,666 and UNICEF has reached 69,000 children (incomplete data) to date with enrollment in psycho-social activities.

In May, UNICEF supported the Multi-sectorial Child Protection in Emergencies training to build partner capacity. Work continues with Child Protection teams in communities and the police to address increasing cases of sexual abuse and exploitation. UNICEF will be working with authorities to exercise rigor in the collection of data on protection issues, and will work to strengthen referrals and the provision of psycho-social support for children affected by the drought emergency. The response focus includes government institutions such as youth correctional facilities, where there are vulnerable captive populations.

Financial gaps have hampered actors in the protection sector to implement to address the needs identified above. Priority issues identified for Lesotho's child protection response include psychosocial distress and mental health, child separation, sexual and physical abuse and strengthening referral mechanisms. To address these issues, the child protection response will be fully integrated within ongoing UNICEF and sector interventions, however, child protection activities currently are supported by only US \$11,000, leaving a funding gap of US\$134,000. Further funds are needed to support the protection sector. Currently UNICEF and UNFPA as well as NGOs are seeking further funding to implement GBV and CP programmes, including extensions of programmes discussed above.

UNFPA is planning an intervention to strengthen the prevention, coordination and response to Gender Based Violence in Lesotho. Following the drought, increased cases of GBV have been registered across the country that UNFPA is trying to address by supporting referral systems, strengthening community capacities to prevent and coordinate in the case of GBV.

General Coordination

An Inter-Ministerial Cabinet Task Force has been established to support the coordination efforts by the Disaster Management Authority.

To further strengthen the humanitarian coordination, the United Nations, together with NGOs has established a Humanitarian Country Team (HCT). This coordination mechanism seeks to optimise the collective efforts of the UN, Non-Governmental Organisations and the Red Cross movement and to strengthen the overall drought (current and anticipated) response.

The UN has established a Humanitarian Country Team (HCT), combining UN, NGOs and the Lesotho Red Cross Society and is chaired by the UN Resident Coordinator and supported by the Office for the Coordination of Humanitarian Affairs (OCHA). The HCT will give strategic support to the Government of Lesotho in order to continue assisting its response and preparedness efforts. The United Nations system together with NGOs supported the Government of Lesotho in the development of a drought resilience and mitigation plan which accompanied the declaration of emergency on December 22, 2015.

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