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# Lesotho

## Humanitarian Situation Report

### February 2017

#### Situation in Numbers

### Highlights

- UNICEF, with support from the UK’s Department for International Development (DFID), continues to provide safe drinking water to drought-affected populations. Preparatory activities such as technical assessment of water sources which require rehabilitation, and communities that need new water sources are underway to provide safe water to 17,000 people.
- Since January 2017, 33 children suffering from severe acute malnutrition (SAM) have received treatment with therapeutic feeding. The low number of SAM cases treated is due to incomplete reporting as only 15 out of 175 facilities that are providing therapeutic feeding have reported.
- Beginning in March 2017, UNICEF began distributing multimedia information, education and communication materials, along with community-level sensitisation on child protection in emergencies. Messages are being distributed by radio, TV and at community-level following a pre-test and a subsequent multi-stakeholder messaging validation workshop which was held on 23 January 2017.
- UNICEF Lesotho has received no funding against its Humanitarian Action for Children (HAC) appeal in 2017. Unmet funding requirements continue to pose a risk to vulnerable children and women in relation to the ongoing effects of El Nino.

**310,015**

Children affected by drought

**64,141**

Children under 5 affected by drought

**69,000**

Vulnerable children in need of social safety nets

**679,437**

People in need of humanitarian assistance (LVAC)

*\*All numbers above are from the Rapid Drought Impact Assessment, the LVAC June 2016.*

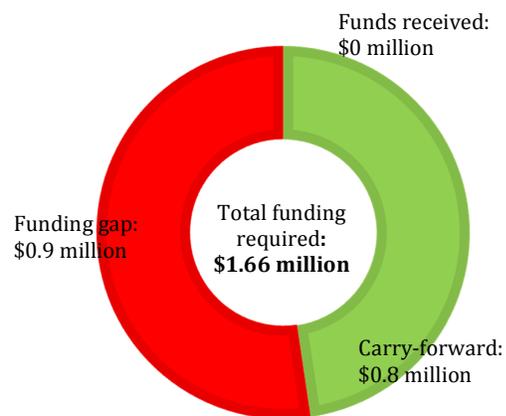
### UNICEF Response with partners

	UNICEF	
	UNICEF Target	2017 Cumulative results (#)
<b>Nutrition:</b> Number of children 6-59 months with SAM enrolled in TFP/community-based programmes/facilities	2,500	33*
<b>Health:</b> Children in humanitarian situations vaccinated against measles	52,000	0**
<b>WASH:</b> Number of people with access to sufficient water and safe water for drinking, cooking and maintaining personal hygiene	17,000	201
<b>Child Protection:</b> # of chiefs in communities where ongoing work to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV	300	0
<b>Education:</b> % of schools that are able to inform the Education in Emergencies working group on details of the impact of an emergency through EDUTRAC	1,177	0
<b>HIV/AIDS:</b> Number of people reached with information on prevention, care and treatment of HIV/AIDS	310,000	3,200

*\*Data is only from 15 health facilities out of the 175 that are providing therapeutic feeding services. Complete data is expected after the immunisation campaigns have ended and transport is available for regular support and supervision activities.*

*\*\* Vaccination exercise completed in February 2017 but coverage data is not yet available.*

### 2017 Funding Status



*\*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.*

## Situation Overview & Humanitarian Needs

The Lesotho Vulnerability Assessment Committee (LVAC) results in June 2016 showed that 679,437 people in the rural areas of Lesotho are in need of humanitarian assistance between June 2016 and May 2017. The most immediate identified humanitarian needs caused by the El Nino-induced drought are food and water. The LVAC found that about 17 per cent of households were using water from unprotected sources. In Maseru, Mokhotlong and Thaba-Tseka districts, 22-32 per cent of people were reported to be using water from unprotected sources. The vulnerability caused by El Nino compounded existing high rates of poverty, and HIV infection rates which are among the highest in the world.

According to the Lesotho Meteorological Services the El Nino phenomenon officially ended in July 2016 and that currently Lesotho is in the La Nina phase. The onset of rains for agricultural purposes started in November, increasing the likelihood of good harvests. The rainfall outlook is normal for the upcoming three months, allowing for a normal agricultural cycle. The regional outlook for March-May foresees normal to above normal temperatures that will likely prevent early frost.

With the completion of the June 2016 LVAC study, an urban vulnerability assessment was commissioned by the Government and development partners. This assessment included collecting data to assess vulnerability by gender and HIV and AIDS status. Data collection has been completed and analysis is underway with preliminary results expected to be shared in a draft report in March 2017.

## Humanitarian leadership and coordination

An Inter-Ministerial Task Force, established by the Government, supports the coordination of the Disaster Management Authority (DMA). The Humanitarian Country Team, made up of UN agencies and NGOs, seeks to optimize the collective efforts of humanitarian actors to strengthen the overall drought response. The United Nations Disaster Management Team (UNDRMT) continues to support UN agencies on coordination and liaison with other partners in the humanitarian response process. UN agency focal points continue to strengthen the DMA sector working groups which coordinate response activities under the National Mitigation and Preparedness Plan and the UN also supports a national operation centre for the DMA. The Government-led WASH sector coordination group which was set up for coordination of development in the sector has emergency on its agenda. UN agencies (WFP and UNICEF in particular) provided support for the Integrated Phase Classification (IPC) process. In Nutrition, UNICEF continues to work with LVAC in planning, training and analysing data to ensure the integration of Nutrition, HIV and gender throughout the process.

## Humanitarian Strategy

UNICEF's humanitarian strategy is to use some of its regular development programmes to target those most affected by the drought, while also implementing specific humanitarian interventions to meet critical and urgent needs of affected children and families. UNICEF continues to work for stronger, more resilient government systems through both humanitarian and development interventions. UNICEF is using the national Child Grant Programme (CGP) as a mechanism for reaching the most affected, identified as the poorest, elderly, people living with HIV, disabled people, and with a focus on children. The CGP, implemented jointly by UNICEF, the Ministry of Social Development (MOSD), with financial support from the European Union and now also the World Bank, is being expanded to address key drivers of exposure, impact and vulnerability to the drought disaster.

Working with partners, UNICEF also is supporting the Government's humanitarian action to scale up life-saving health, WASH, nutrition, HIV and child protection interventions, including protecting girls, boys and women against violence, abuse, exploitation, and preventing children from dropping out of school, poor attendance and low learning outcomes. UNICEF continues ongoing work with the Ministry of Health (MoH) to treat acutely malnourished children and children with diarrhoeal diseases, and is also working with the health sector to support people on Antiretroviral Therapy (ART) to continue to receive care and treatment throughout the emergency response. In addition, UNICEF also continues to provide support so that families in the most affected areas have access to safe water and basic sanitation facilities.

## Health and Nutrition

UNICEF planned to reach all the estimated 2,500 children suffering from severe acute malnutrition (SAM) nationwide with therapeutic feeding, in collaboration with the Ministry of Health. The national SAM rate estimate is 0.6 per cent. Since January 2017, 33 children suffering from SAM have been reached with therapeutic feeding. With UNICEF support (supply of therapeutic milk and capacity building on data management) therapeutic feeding is being offered in 175 health facilities nationwide. More comprehensive data will be received at the end of March when the national immunization campaign is over and districts health teams resume their regular support and supervision rounds. The Government carried out a mass vaccination campaign in February 2017 and reached 718,103 children 15 years and younger against measles, and rubella. UNICEF contributed to the mass campaign exercise by providing Vitamin A capsules for children under five (259,378) and the procurement services for the measles and rubella vaccine. Data on the number of children reached with vaccines and vitamin A will be available in the next situation report.

## HIV and AIDS

To ensure that people living with HIV continue to receive services and their antiretroviral medicines, UNICEF is working with the MoH and partners on HIV prevention, care and treatment in drought affected communities. UNICEF plans to provide a total of 310,000 people living with HIV with access to HIV related services which include ART drugs, HIV prevention

messages and treatment adherence. This is being done through support for antenatal care services and through integrated communication. This includes pregnant women living with HIV that receive their antiretroviral medications as part of the routine prevention of mother-to-child transmission of HIV and treatment services. Since January about 3,200 HIV-infected pregnant women have received treatment services. UNICEF supported the ART Retention tracking system and data from this system showed that retention for ART between January and December 2016 nationwide increased from 76 per cent in 2015 to 82 per cent in 2016. Data for 2017 will be available at end of the year. UNICEF will work with the Government and Global Fund team in 2017 to develop the new 2018-2021 in line with the Global Fund Strategy 2017–2022, “Investing to End Epidemics”. Nutrition status of HIV infected children on ART are assessed each time they visit the clinic so that those that are malnourished are provided therapeutic feeding treatment. Also, malnourished children identified in the clinics are offered HIV testing by health care providers.

### Water, Sanitation and Hygiene (WASH)

In 2017, UNICEF plans to provide safe drinking water to 17,000 people affected by the drought. Preparatory activities such as technical assessment of water sources that require rehabilitation and communities that need new water sources are underway. Following the completion of the assessment and procurement of contractors in March, construction and rehabilitation of water sources will commence. The WASH team will connect water supply to five schools (pipes from gravity systems and/or rain harvesting systems). In addition, 34,900 people in the drought affected areas will be provided with information on WASH-related personal hygiene.

### Social Protection

UNICEF’s cash-top ups for families affected by the drought ended in December 2016. However, UNICEF continues to assist the Government to expand the National Information System for Social Assistance (NISSA) which serves as a registry for identifying poor families who need child grants and cash-top ups. The World Bank committed to provide funds for 26,681 families (including 80,000 children) for another two quarters (March and June 2017).

### Education

Shortage of water in schools has been shown in Lesotho to result in low attendance and high school drop-out rates. UNICEF has completed data collection on WASH needs in Early Childhood Development (ECD) centers, primary schools and secondary schools in all 10 districts. In 2017, UNICEF plans to set up a mobile based system known Education Tracking (EduTrac) which can be used to send and receive information, track indicators, facilitate sharing and community building, support Monitoring and Evaluation (M&E) processes, and backstop supply chain tracking. Schools will provide information to the central ministry on the impact of crises such as drought, floods, and outbreaks on school attendance via mobile phone. UNICEF is working through WASH sector for WASH in schools (including potable water, latrines for boys and girls and hygiene education)

For disaster risk reduction (DRR), UNICEF’s planned education activities include a more thorough analysis of a nationwide survey data to better understand the impact of the drought on schools, setting up a coordination structure for education in emergencies, strengthening the Ministry of Education and Training’s emergency preparedness and response capacities and establishing a system for real time monitoring of the education system, for which funding is required. UNICEF is in discussions with the Ministry of Education and Training on the implementation of these activities.

### Child Protection

In 2017 UNICEF plans to mobilise and strengthen social support networks to prevent and address violence, abuse and exploitation in 300 communities. Following a pre-test of key child protection in emergencies (CPIE) messaging for radio and TV spots and a subsequent multi stakeholder CPIE messaging validation workshop held on 23 January, 2017, final multimedia information, education and communication materials are available and distribution and accompanying community sensitisation have been scheduled to start from beginning of March. The messages cover prevention of and response to gender based violence in emergencies and are aimed at children, teachers, community leaders and media and law enforcement officials. Group and one-on-one psychosocial support sessions will be conducted from April 2017 with a plan to reach 1,000 children (50% girls). These sessions will be administered by the Regional Psycho-Social Support Initiative (REPSSI) and district child protection teams. Tentative plans are in place to strengthen existing coordination mechanisms to ensure that child protection response provides timely and well-coordinated multi-sectoral response services in alignment with humanitarian standards. These include, among others, training of government and non-governmental partners.

### Communications for Development (C4D)

To support WASH activities, UNICEF, in partnership with the Ministry of Health and Catholic Relief Services (CRS), reached 132,208 people (67% female) with hygiene education and messaging on handwashing, nutrition, living in clean environments and reducing open defecation. A post message dissemination and commodities distribution exercise is currently being conducted under the leadership of CRS. A local company, Mantsopa Communications Company, has been engaged to establish baseline of child protection messaging. The messages provide information on prevention of and response to gender based violence to children, teachers, community leaders and media and law enforcement officials) and behaviours in the 3 emergency districts including Maseru, Mafeteng and Mohale’s Hoek. This exercise will also establish community reporting mechanisms and coping mechanisms used during the current emergency and will be used to strengthen child protection messaging during emergencies.

## Funding

In 2017, UNICEF Lesotho has appealed for US\$1.66 million to meet the humanitarian needs of women and children in the country. To date, UNICEF has US\$ 791,401 (48 per cent funded) as carried forwarded funds from 2016. The funds were received from DFID and Global Affairs Canada. Unmet funding requirements continue to pose a risk to vulnerable children and women in relation to the ongoing effects of El Nino.

UNICEF Lesotho 2017 Funding Requirements				
Appeal Sector	Requirements	Funds Available	Funding gap	
			US\$	%
Health	536,000	0	536,000	100%
HIV/AIDS	300,000	250,000	50,000	17%
Nutrition				
Education	280,000	0	280,000	100%
Child Protection	145,000	110,020	34,980	24%
WASH	400,000	431,381	-31,381	+8%
<b>TOTAL</b>	<b>1,661,000</b>	<b>791,401</b>	<b>869,599</b>	<b>52%</b>

\*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

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## Annex 1 Summary of 2017 Programme Results

	UNICEF 2017 Target	UNICEF 2017 Results
<b>NUTRITION</b>		
Number of children 6-59 months with SAM enrolled in TFP/community-based programmes/facilities	2,500	33*
Caregivers of children in humanitarian situations accessing infant and young child feeding counselling	56,000	0
<b>HEALTH</b>		
Children in humanitarian situations vaccinated against measles	52,000	0**
# of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months	104,000	0**
<b>WATER, SANITATION AND HYGIENE</b>		
Number of people with access to sufficient water and safe water for drinking, cooking and maintaining personal hygiene	17,000	201
People in humanitarian situations received critical WASH-related information to prevent child illness	34,900	201
<b>CHILD PROTECTION</b>		
# chiefs in communities where ongoing work to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV	300	0***
<b>EDUCATION</b>		
The percentage of schools that are able to inform the Education in Emergencies working group on details of the impact of an emergency through EDUTRAC	1,177	0***
<b>HIV/AIDS*</b>		
<b>HIV/AIDS:</b> Number of people reached with information on prevention, care and treatment of HIV/AIDS	310,000	3,200

\*Data is only from 15 health facilities out of the 175 that are providing therapeutic feeding services. Complete data is expected after the immunisation campaigns have ended and transport is available for regular support and supervision activities.

\*\*Vaccination and Vitamin A distribution exercise completed in February but coverage data will be available in March

\*\*\*The implementation of the child protection social support networks and the education EDUTRAC have just been initiated hence the zero.

## Annex 2

## Summary of 2016 Programme Results

	UNICEF 2016 Target	UNICEF 2016 Results
<b>NUTRITION</b>		
Number of children 6-59 months with SAM enrolled in TFP/community-based programmes/facilities	2,445	4,402 <sup>1</sup>
Number of targeted caregivers of children 0-23 months with access to infant and young child feeding IYCF counselling for appropriate feeding	32,070	32,262
Number of children 6-59 months in the affected areas receiving vitamin A supplement	58,000	24,758
<b>HEALTH</b>		
Number of children provided with access to essential health services with sustained coverage of high impact preventive and curative interventions	210,000	161,038 <sup>2</sup>
<b>WATER, SANITATION AND HYGIENE</b>		
Number of people with access to sufficient water and safe water for drinking, cooking and maintaining personal hygiene	300,000	132,208**
Number of focus groups/community group interviews where hygiene and sanitation promotion messages were understood and received positively	100,585	80,000**
<b>CHILD PROTECTION</b>		
Number of children enrolled in psycho-social activities	206,666	50,012**
<b>EDUCATION</b>		
Number of children, including preschool age children, girls, and other excluded children, access quality education opportunities	310,000	120,000 <sup>3</sup>
<b>HIV/AIDS*</b>		
Number of HIV positive pregnant women continuing to receive ARVs for prevention of mother-to-child transmission (PMTCT)	11,000	8,032
Number of children, young people, and women having continuing access to HIV prevention, care and treatment information and services	400,000	143,371 <sup>4</sup>
Number of emergency affected people reached with information on prevention, care and treatment of HIV/AIDS	534,508	182,514 <sup>5</sup>
<b>SOCIAL PROTECTION</b>		
Number of children in most affected districts receiving cash transfer top-ups	69,000	85,443

\*Regular resource are being used for the HIV response.

\*\*Child protection and WASH are fully funded as funds were received in October & November 2016. WASH and Child Protection interventions will be implemented in early 2017.

<sup>1</sup> Physical count of SAM admissions in In-Patient Care facilities for the period of January to December 2016.

<sup>2</sup> These were reached with regular programme resources.

<sup>3</sup> These children were reached using regular programme resources.

<sup>4</sup> Number of children, young people and women receiving ART.

<sup>5</sup> Number of people receiving HIV testing and counselling services as of September 2016.