



Photo: A toddler at a National Information System for Social Assistance (NISSA) mobilization. UNICEF/PITTEMBER

Lesotho

Humanitarian Situation Report September 2017



July – September 2017

Situation in Numbers

Highlights

- With support from the UK's Department for International Development (DFID), UNICEF provided safe drinking water, sanitation and hygiene messages to 15,897 drought-affected people in 5 districts, from January to September 2017. Since the start of the DFID-funded programme in July 2016 and up to September 2017, a total of 131,267 people (51% female) gained access to WASH services in 33 communities, 25 primary schools and 4 health centres in 5 districts (Berea, Mafeteng, Thaba Tseka, Quthing and Botha Bothe).
- Since January 2017, 1,072 children (563 boys and 509 girls) have been admitted and treated for severe acute malnutrition (SAM).
- A total of 4,105 people, including 2,463 children (1,256 girls) in three community councils (Qhoasing, Qobong and Mtjanyane [Likhohlong]) were provided with cash and seed packages—each family receiving M1,000 (US\$ 76) for two quarters.
- A multi-sectoral team of 55 participants—comprising social workers, programme officers, police officers, NGO community officers, commodities officers, humanitarian accountability officers and the media were trained by an accredited Global Protection Cluster Facilitator on child protection in emergencies, including in psychosocial support (PSS).

306,942

People in need of humanitarian assistance (LVAC June 2017)

39,902

Children under 5 affected by drought

113,569

Children under 18 affected by drought

3,655

Children suffering from SAM

92,083

Number of people with reduced access to safe drinking water as a direct result of the El Nino-induced drought

38,367

Vulnerable children in need of Social safety nets

763,765

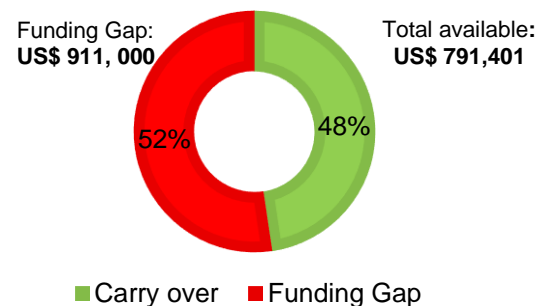
Total number of school-aged children (2015)

UNICEF Response with Partners	UNICEF	
	UNICEF Target	2017 Cumulative Results (#)
Nutrition: Number of children 6-59 months with SAM enrolled in TFP/community-based programmes/facilities	2,500	1,072
Health: Children in humanitarian situations vaccinated against measles	52,000	540,017
WASH: Number of people with access to sufficient water and safe water for drinking, cooking and maintaining personal hygiene	17,000	3,073
Child Protection: # of chiefs in communities where on-going work aims to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV	300	107
Education: 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*
HIV/AIDS: Number of people reached with information on prevention, care and treatment of HIV/AIDS**	13,107	22,922

UNICEF Appeal 2017

US\$ 1.66 million

2017 Funding Status



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

*The implementation of the education EDUTRAC has just been initiated.

** The figures reported are based on pregnant women who accessed HIV counselling and testing services through the ANC platform

Situation Overview & Humanitarian Needs

The preliminary results of the first integrated urban and rural vulnerability assessment, undertaken in June 2017, projects a total of 306,942 people facing food insecurity from September 2017 to March 2018 (224,664 rural and 82,278 urban). The report also indicates that, while acute food security needs are reducing due to improved harvest from 24,727 to 238,361 metric tons of cereal production, there has been an increase in chronic malnutrition (36 per cent). The findings further indicated that 68.1 per cent of households have an adequate water supply through communal taps, piped water, protected and unprotected springs, and other sources. However, 6 of the 10 districts reported a high percentage of households using unprotected water sources (10 – 17 per cent). About 80 per cent of households are using improved sanitation facilities, showing a 10 per cent increase from last year. Although, there LVAC 2017 shows a marked improvement in the numbers of people in need of humanitarian assistance, there is still a need to cater for over 300,000 people facing food insecurity until March 2018.

Estimated Population in Need of Humanitarian Assistance <i>(Estimates calculated based on LVAC June 2017)</i>			
Start of humanitarian response: December 2015			
	Total	Male	Female
Total Population in Need	306,942	150,402	156,540
Children (Under 18)	113,569	57,920	55,649
Children Under Five	39,902	19,951	19,951
Children 6 to 23 months	18,417	9,392	9,024
Pregnant and lactating women	9,208		

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 optimise the collective efforts of the humanitarian actors to strengthen the overall drought response. The United Nations Disaster Management Team (UNDRMT) continues to support coordination with UN agencies, and to liaise with other partners in the humanitarian response. UN agency focal points continue to strengthen the DMA sector working groups, which coordinate response activities under the National Mitigation and Preparedness Plan. Additionally, the UN supports a national operation centre for the DMA. The Government-led WASH Sector Coordination Group, which was set up to coordinate developments within the sector, has emergency preparedness and response 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 the Lesotho Vulnerability Assessment Committee (LVAC) in planning, training and analysing data to ensure the integration of nutrition, HIV and gender dimension throughout the process.

Humanitarian Strategy

UNICEF's humanitarian strategy is closely aligned to its development programme to target those most affected by the drought, while also implementing specific humanitarian interventions to meet the urgent, critical needs of affected children and families. UNICEF continues to work for stronger, more resilient government systems through both humanitarian and development interventions. The Government of Lesotho is using the national Child Grant Programme (CGP) as a mechanism for reaching the most affected and vulnerable families that include children, during an emergency.

During El Niño, the Government—with the support of UNICEF, the European Union (EU), DFID and the World Bank—reached a total of 27,325 families (including 26,681 in 2016 and 644 in 2017) with emergency support. It used the CGP to mitigate the impact of the drought on vulnerable families with children. Working with partners, UNICEF is supporting the Government's humanitarian action to scale up life-saving health, WASH, nutrition, HIV and child protection interventions. Targeted interventions include protecting girls, boys and women against violence, abuse and exploitation; as well as preventing children from dropping out of school, poor attendance and low learning outcomes. UNICEF continues to work with the Ministry of Health to treat acutely malnourished children and children with diarrhoeal disease. UNICEF is also working with the health sector to support continued care and treatment for people on Antiretroviral Therapy (ART) throughout the emergency response. In addition, UNICEF continues to provide support so that families in the most affected areas have access to safe water and basic sanitation facilities.

Health and Nutrition

In 2017, in collaboration with the Ministry of Health (MoH), UNICEF planned to provide therapeutic feeding to a projected 2,500 children under age five, nationwide, who suffer from severe acute malnutrition (SAM). Reporting rates are improving as nutritionists have resumed regular support and supervision rounds to health centres. From January-August

2017, 1,072 children (563 males and 509 females) suffering from SAM were reached with therapeutic feeding—reaching 42 per cent of the 2017 target.¹ Reporting rates amongst health facilities are expected to increase in quarter four of 2017, which will position UNICEF to meet the 2017 targets (the reporting rates are currently at 50 per cent). As per national policy, all children suffering from moderate acute malnutrition (MAM) and SAM are tested for HIV, however, the data on positivity is unknown. Out of 731 children who exited from SAM treatment: 486 (66 per cent) were cured (265 males and 221 females); 44 (6 per cent) died (25 males and 19 females); and 134 (54 males and 80 females) defaulted (18 per cent). A remaining 9 per cent of exits (43 males and 24 females) were classified as "not recovered" by the time they were discharged from treatment for SAM. The cure rate of 66 per cent falls below the recommended minimum SPHERE threshold of 75 per cent, and the percentage of deaths during SAM treatment for 2017 have been consistently within the SPHERE recommended standards of less than 10 per cent. The drop in the cure rate and the increase in defaulter rates are reflective of the beginning of the lean season in Lesotho during which, not all children who develop SAM are brought to health facilities on time and for subsequent follow up visits as caregivers are faced with other household priorities mainly related to dealing with increased household food insecurity. Capacity development on integrated management of acute malnutrition (IMAM) for health service providers in primary health care facilities continues, with 172 out of a target of 250 trained to date. Since the beginning of the year, approximately 6,600 women were reached with infant and young child feeding (IYCF) counselling messages through antenatal clinic attendance.

Between February to March 2017, UNICEF supported the MoH reaching 540,017 children ranging in age from 9 months-14 years during the measles rubella campaign—achieving 80 per cent coverage. As part of the integrated campaign, a mass deworming exercise was conducted for children under the age of 14 reaching 516,973 children.

HIV and AIDS

UNICEF is working with the MoH and development partners on HIV prevention, care and treatment in drought-affected communities to ensure that people living with HIV continue to receive comprehensive services. Specifically, UNICEF, alongside UNFPA, PACT and the MoH, has trained 260 health workers (200 female, 60 male) to provide adolescent-friendly health services in 10 districts to date. The services provided include HIV prevention and sexual reproductive health (SRH) services. From January to June 2017, 100,741 adolescents aged from 10-19 accessed HIV testing services, with a 1.4 per cent positivity rate. Additionally, 19,722 pregnant women were reached with HIV testing services during the reporting period—with a 24% positivity rate at ANC. UNICEF continues to support the ART programme to increase ART coverage for adults and children. ART coverage is currently estimated at 56 per cent, with the highest coverage in Maseru district (68 per cent) and the lowest coverage in Quthing (28 per cent). During the reporting period, the MoH initiated 1,158 adolescents aged 10-19 on ARVs—81 per cent of those testing positive. Additionally, UNICEF supported the MOH in the development of the new Elimination of Mother to Child Transmission of HIV Strategy, which aims to eliminate HIV infection among infants. As of March 2017, the MOH estimates the coverage of early infant diagnosis within two months of birth at 79 per cent, which is below the 95 per cent national target. Availability of data remains a challenge for the HIV/AIDS response. The MoH has not released the data for quarters two and three of 2017. Preliminary results from the Lesotho Population HIV Assessment (LePHIA) shows that prevalence among people aged 15-49 stands at 25.6 per cent (30.4 per cent female, 20.8 per cent male) and viral suppression among people aged 15-19 is 67.6 per cent (70.6 per cent female, 63.4 per cent male). Additionally, the LePHIA showed Lesotho to have made significant progress towards the Fast Track Targets: 77.2 per cent of all people aged 15-59 and living with HIV know their HIV status; 90.2 per cent of these are in treatment; and 88.2 per cent of those in treatment are virally suppressed. UNICEF continues to support the MOH in monitoring the HIV response progress—ensuring retention of people living with HIV across all districts—including those most affected by the drought. UNICEF promotes the use of Prevention of mother-to-child transmission (PMTCT) cascades for decision making to allow facilities to identify gaps in the response and identify women and adolescents lost to follow-up. The lack of humanitarian funding received for HIV/AIDS, to date, continues to constrain UNICEF's overall programmatic response.

Water, Sanitation and Hygiene (WASH)

In 2017, UNICEF plans to provide safe drinking water, sanitation and hygiene messages to 34,900 people, including 7,160 children (3,650 girls), in five most drought affected districts in Lesotho. The LVAC (2017) indicated that less than 15% population in targeted communities was using unimproved water sources as a direct result of the El Niño-induced drought. With the construction of WASH facilities in 16 sites located in communities and schools as of September, 3,073 people (1,293 children) in drought-affected areas were reached with water supply services in communities and schools, and 15,897 people reached with hygiene messages through the WASH clubs in schools and community sensitization activities. Meanwhile, from the start of the DFID-funded programme in July 2016, until September 2017, a total of 131,267 beneficiaries (51 per cent female) have been reached with improved access to WASH services in 33 communities, 25 primary schools and 4 health centres in 5 districts (Berea, Mafeteng, Thaba Tseka, Quthing and Botha Bothe). Thirty-

¹ Data is from 90 health facilities, out of the 175 that are providing therapeutic feeding services.

seven WASH committee members (53 per cent female) have also been trained on the operational and maintenance (O&M) aspects of the water facilities, to help ensure continuous and sustained functionality. This was made possible through partnerships with the Department of Rural Water Supply and Sanitation (DRWSS), for the construction components, and with World Vision Lesotho for the hygiene promotion and some construction activities.

Social Protection

UNICEF, complemented the World Bank, and supported the Ministry of Social Development (MoSD) to provide emergency cash top-ups under the CGP to approximately 27,000 affected families including around 80,000 children, using the EU supported National Information System for Social Assistance (NISSA) by end of December 2016. Meanwhile, partners such as WFP provided humanitarian cash and food transfers to 181,000 acutely vulnerable people in areas not covered by NISSA. Both approaches were complemented with a 'Cash+' intervention that included home gardening kits and training by FAO.

Given that some families were not reached with these emergency cash top-ups, during the first six months of 2017, a total of 821 families (4,105 people, including 2,463 children and 1,256 girls) in three community councils (Qhoasing, Qobong; and Mtjanyane [Likhohlong]) were provided with cash. Each family received M 1,000 (US \$76) for two quarters, in addition to seed packets from FAO. The families that were reached also included 644 families who were targeted using NISSA. Currently covering about 49 per cent of households in Lesotho, NISSA will progressively cover 100 per cent of rural households (about 365,000) by the end of 2018 and will be fully decentralized by 2019. Specifically, from January-May 2017, UNICEF supported the MOED to enrol about 60,000 new households in² NISSA, of which 18,000 families qualify for child grant programme, and is supporting the second phase of registering the remaining 60,000 households in the system by December 2017. Therefore, the remaining community will be covered with assistance in 2018.

Education

UNICEF continues working with the Ministry of Education and Training (MOET) to deploy the Open Education Management Information System (EMIS). Joint discussions and follow-up meetings are taking place. MOET is currently working with a consultant to expedite the deployment of the Open EMIS system, which is planned to start by early 2018. The Open EMIS is a robust system with a mobile-based real-time monitoring functionality, to track how emergencies impact individual learner's performance. Edutrac was initially the system to be employed for real time monitoring, but the MOET opted for the OpenEMIS, which produces EMIS data and reports. It will also feed into NISSA to track the attendance rate and learning outcomes of children who are in the child grant programme during an emergency. This system, when fully deployed, will not only track attendance and performance in real time, but also other education indicators, such dropout rates for individual learners—including adolescent girls. MOET reported that people moved from the drought areas to other places, and that children's absenteeism was not affected by the drought. UNICEF is working to strengthen the provision of latrines, handwashing facilities and messaging on clean water and hygiene, in schools and early childhood care and development centres. UNICEF has also supported the Ministry of Education and Training to compile communication trees, contact lists and 4Ws tools that link schools to Disaster Management Authority and other partners in the ten districts, so that communication channels are clear and effective during emergencies. The contact lists from all the ten districts are available however the compilation of communication tree for each district and sharing the communication trees with district focal persons is pending. This is expected to be completed by the end of October 2017.

Child Protection

The child protection rapid assessment in the six districts of Mafeteng, Mohale's Hoek, Quthing, Qacha's Nek, Thaba Tseka and Mokhotlong identified key priority Child Protection in Emergencies (CPiE) issues as physical and sexual abuse, psychosocial distress, child labour, and separation of children from usual caregivers, child marriage and weak referral mechanisms. To date, 30 members of the interagency stakeholder group (government, civil society, and media), 420 community members (80 males, 120 females, 110 youth and 110 children) in two communities in Mohale's Hoek and Mafeteng districts were reached with Child Protection in Emergency (CPiE) sensitisation messages—including gender based violence (GBV) through community drama. Twenty-four village chiefs and 1,060 community members from within the Maseru district were targeted with CPiE information through community gatherings/dialogues between April and June 2017, while additionally, 83 chiefs were targetted between July to September. In August, a multisectoral team of 55 participants—comprising social workers, programme officers, police officers, NGO community officers, commodities officers, humanitarian accountability officers and the media—were trained by an accredited Global Protection Cluster Facilitator on child protection in emergencies, including in psychosocial support (PSS). Following revision by the Child Protection and Psychosocial Support in Emergencies (CPiE)/PSSiE trainees, the child protection in emergencies Information, Education and Communication (IEC) materials have been revised and a fresh submission for printing has

² NISSA serves as a registry to identify poor families in need of social assistance.

been made. The materials will be used during planned training sessions for communities, schools, children, government officials and other stakeholders, as guided by the approved CPIE plan of action drawn up by the participants.

Communications for Development (C4D)

On the hygiene promotion component, a total of 51 pre-school and 24 school teachers have been trained so far, and have subsequently empowered 5,052 pupils in school hygiene clubs in the drought affected districts. Key topics covered for school teachers include menstrual hygiene management, WASH and disability, and the establishment of WASH clubs. To date, 171 Village Health Workers (148 females, 23 males) have been trained to sensitize 7,772 community members with hygiene promotion key messages. However, in line with water source rehabilitation, the number of people reached with messages will also be accelerated in the second half of the year to reach the target population. The 3,073 people who benefited from safe water supply have also received hygiene messaging.

Media and External Communication

UNICEF, in collaboration with the Office of the Resident Coordinator, continues to highlight the UN's humanitarian efforts in the country, as well as UNICEF's response to the El Niño induced drought phenomena through various media platforms. UNICEF supported field missions for a joint UN video to highlight the DFID funded response to the El Niño drought, which will be shared with the various stakeholders.

Funding

As part of the regional Southern Africa El Niño/La Niña Humanitarian Action for Children (HAC), the requirements for Lesotho are US\$1.66 million to meet the humanitarian needs of women and children in the country. To date, UNICEF has US\$ 791,401 as funds carried forward from 2016, and is 48 per cent funded. No humanitarian funding has been received by UNICEF Lesotho against the HAC in 2017. Unmet financing needs continue to pose a risk to vulnerable children and women, in relation to the on-going effects of El Niño. UNICEF continues to fundraise for joint humanitarian actions, leveraging on social protection platforms.

UNICEF Lesotho 2017 Funding Requirements				
Appeal Sector	Requirements	Funds Available*	Funding gap	
			US\$	%
Health	536,000	0	536,000	100%
HIV/AIDS	300,000	310,020	0	0%
Nutrition				
Education	280,000	0	280,000	100%
Child Protection	145,000	50,000	95,000	66%
WASH	400,000	431,381	0	0%
TOTAL	1,661,000	791,401	911, 000	52%

*Funds available include the carry-forward from the previous year.

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Annex 1 Summary of 2017 Programme Results

	UNICEF 2017 Target	UNICEF 2017 Results	Change since last report ▲ ▼
NUTRITION			
Number of children 6-59 months with SAM enrolled in TFP/community-based programmes/facilities	2,500	1,072	▲ 387
Caregivers of children in humanitarian situations accessing infant and young child feeding counselling	56,000	6,600	0*
HEALTH			
Children in humanitarian situations vaccinated against measles	52,000	540,017*	▼ 30,354
# of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months	104,000	165,747	0**
WATER, SANITATION AND HYGIENE			
Number of people with access to sufficient water and safe water for drinking, cooking and maintaining personal hygiene	17,000	3,073	▲ 2,872
People in humanitarian situations received critical WASH-related information to prevent child illness	34,900	15,897	▲ 15,696
CHILD PROTECTION			
# chiefs in communities where on-going work aims to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV	300	107	▲ 83
EDUCATION			
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	0***
HIV/AIDS*			
Number of people reached with information on prevention, care and treatment of HIV/AIDS***	13,107	22,922****	▲ 19,722

*No updated data from MoH is available. Figures as of June 2017.

**Measles rubella vaccination and Vitamin A were administered during the supplementary immunization campaign, conducted in February-March 2017;

***The implementation of the education EDUTRAC has just been initiated; hence, results reported are zero.

**** The figures reported are based on pregnant women who accessed HIV counselling and testing services through the ANC platform