

COVID-19

SITUATION UPDATE

This report is produced by the Office of the Resident Coordinator in Lesotho in collaboration with humanitarian partners

LESOTHO HIGHLIGHTS

- The Government of Lesotho (GoL) declared a health emergency in the country due to the COVID-19 pandemic in March 2020, with the first case reported on 13 May 2020.
- As of 13 July 2020, 5849 specimens were tested out of which 245 were identified as positive.
- The WHO in Lesotho donated a Polymerase Chain Reaction Machine (PCR) which will enable the Ministry of Health to conduct COVID-19 tests in Lesotho.
- The GoL has developed its response plan to respond to the COVID-19 pandemic in the country.
- The United Nations in Lesotho and its partner organizations have also developed a COVID-19 response plan, particularly focusing on: Health, WASH, Food Security, Protection, Education and Nutrition.
- The integrated drought and COVID-19 response plan of the UN is currently ongoing in all 10 districts.

KEY FIGURES

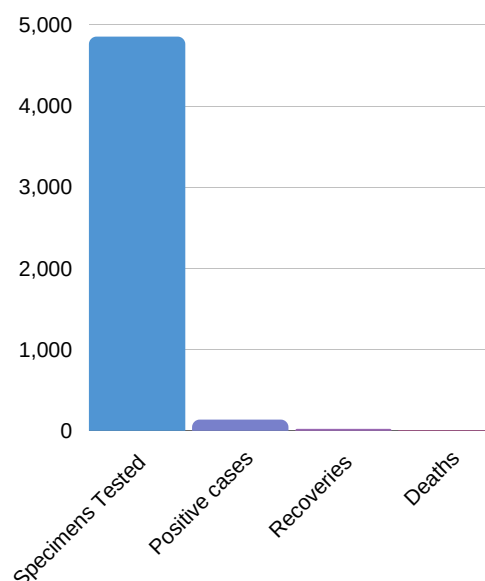
- **Food insecure people**
1, 000, 000
- **Number targeted by the UN and Partners**
480, 000

FUNDING REQUESTED FOR DROUGHT

- **Government budget**
USD 81 Million
- **UN Flash Appeal**
USD 33.7 Million

COVID-19 RESPONSE BUDGET

- **Government Response budget**
USD 48.5 Million
- **UN Response Budget**
USD 24 Million



SITUATION OVERVIEW

The COVID-19 pandemic aggravated the health, WASH, protection, nutrition and food security situation of the drought-affected people in Lesotho. In October 2019 the Government of Lesotho declared a drought emergency in the country due to the late onset of rains. To address the needs of the drought-affected, the United Nations in Lesotho along with the Humanitarian Country Team (HCT) members launched a flash appeal of USD 33.7 million in the sectors of health, WASH, nutrition, food security, livelihoods protection, and education.

In May 2020, Lesotho registered its first confirmed case of COVID-19 and as of today, Lesotho has reported 245 cases. The country is already implementing some public health interventions aimed at prevention and control of the disease.

One of these interventions was the implementation of a nationwide lock-down (limiting movement and access to some non-essential services) in terms of the Public Health (COVID-19) Regulations, 2020. The lockdown was effected from 29 March 2020, with many restrictions having been lifted on 05 May 2020. The lock-down negatively affected many livelihoods for both urban and rural households across the country and it is anticipated that vulnerable groups will be the most hit by this measure. An estimated 10,000 Basotho came back into the country through official points of entry and a significant number of more people came through illegal crossing points just before the lockdown was operational.

Available reports indicate that over a million people (49.7% of Lesotho's population) live below the national poverty line. Lesotho faces chronic food insecurity and hunger. One-third (33%) of children under 5 years of age are stunted. Neonatal, infant, and under-5 mortality remain high. With a national HIV prevalence rate of 25.6% among adult men and women between the ages 15 to 59[1], the country ranks second in the world. According to the Lesotho Vulnerability Assessment Committee (LVAC), the food insecure population has increased from 500,000 to 750 000.

Persons with disabilities (particularly girls and women) are at heightened risk of exposure to COVID-19, because of their limited access to information on prevention measures, structural stigma and discrimination, barriers to accessing health services, and difficulties in accessing WASH facilities. There is an urgent need to ensure that the immediate and the recovery phases of the response to COVID-19 are fully inclusive of the rights of persons with disabilities, tackling their access to information, healthcare services, education, social protection, and to civic participation.

[1] Lesotho Population-based HIV Impact Assessment (LePHIA) 2016-2017, MoH, CDC, ICAP

SOCIO-ECONOMIC IMPACTS OF COVID-19 AND THE UN'S RESPONSE

FOOD SECURITY

The COVID-19 pandemic has directly affected the economic and food security situation of the country. Lesotho's economy has plummeted; the crisis worsened by the closure of border crossings, reduced internal movements, and reduced remittances due to the global economic slowdown, all these factors likely to impact people's overall well being. According to the crop assessment conducted in April 2020 the current food insecure population as per LVAC 2019 results, was estimated at 433,410 rural and 74, 715 urban. The number of food insecure households from the rural population is likely to increase from 433,410 to 720,000 taking into consideration the number of migrants returning from South Africa, a decline in agricultural labour opportunities, and the loss of remittances following the lockdown. The number of food insecure households in the urban areas is likely to increase from 74,715 and a further increase to 179,287 with the inclusion of people who have lost their usual income.

UN RESPONSE

WFP completed March cycle distributions for the Emergency Drought interventions programme reaching 80,320 beneficiaries with vital food assistance, thanks to the support of our donors and partners such as the European Union and CERF. WFP also undertook double distributions for the months of April and May. Over 68,690 people were assisted across four districts with a combination of cash and commodity vouchers redeemable at local retailers. Considering COVID-19, additional soap was added to the non-food commodities received by each household.

HEALTH

The high vulnerability of Lesotho due to its inter-connections with South Africa, as well as the weak health systems, Lesotho will not be able to cope if the number of cases continue to increase. To respond effectively to the COVID-19 pandemic, Lesotho needs to strengthen health systems in: planning and coordination; surveillance and investigation; screening of travelers; laboratory investigation; infection prevention and control; and case management while ensuring continuity of other priority public health interventions.

Lesotho already has challenges of inadequate medical staff needed to support the increased demand due to the COVID-19 pandemic including inadequate isolation units, intensive care units, infection control materials, medicines, and medical supplies across the country. In addition, the national lockdown has impacted on community-based outreach services for health and HIV services that have been halted, thereby further increasing health demands especially among adolescents and young people. HIV prevalence is high in Lesotho with the highest incidences being among adolescents and young people, estimated at an average of 38 percent for both male and female aged 15-24. Due to the COVID-19 crisis, this population group is exposed to high-risk behavior which may lead to early and unwanted pregnancies and child marriage as a result of the lockdown measures in place.

The risk of contracting HIV and unplanned pregnancy is heightened by the absence of supportive services and educational programmes as these have not been considered critical due to the urgent need to address COVID-19. This threatens to escalate the teenage pregnancy prevalence which has increased from 88.16 births per 1,000 girls to 93 between 2010 and 2017.

Global Modelling based on Sub-Saharan Africa (Stover et al) shows that if continuity of HIV services, including preventive community outreach and ART services are interrupted during the COVID-19 pandemic, HIV deaths are likely to double or triple in 2020. This is especially concerning for adolescents and young people in Lesotho—who have the poorest HIV outcomes in the country and face multiple overlapping risks.

UN RESPONSE

The World Health Organization (WHO) supported the government with the development of COVID-19 Case Management Guidelines as well as assistance with the development of the National COVID-19 plan. To build the capacity of health personnel, WHO conducted various training on case management, COVID-19 risk communication and community management. WHO also provided PPEs and other delivery packs in selected health facilities to reduce the spread of COVID-19.

Being a member of the National Technical Working Group, UNAIDS is providing technical guidance to Ministry of Health' on how to set up the system and guidance for surveillance of COVID-19 cases, suspected cases, and contact tracing. The group has designed the system and tools for tracking individuals who have been screened (in facilities and border posts); in quarantine (self and government-sponsored facilities); suspected cases (with symptoms) and contact tracing for suspected cases (while waiting for lab results). Also, UNAIDS has partnered with the National Institute for Communicable Diseases (NICD) in South Africa for support with the modeling tools they are using as these will be more relevant for Lesotho.

MIGRATION



Given the fluidity of borders between Lesotho and South Africa, managing human mobility especially in the southern district of the country is difficult, especially during the lockdown, as Basotho migrants continue to cross through unofficial community crossing points into Lesotho. This has put more pressure on the already burdened government for provision of social services to meet basic needs of the population.

UN RESPONSE

COVID-19 has brought a migration crisis in Lesotho. A large number of vulnerable Basotho living in South Africa are in need of food, shelter, and medical attention. The IOM has partnered with medical professional diaspora in South Africa exploring the tele-medicine for the COVID-19 related cases in Lesotho. In order to respond to the COVID-19 pandemic in Lesotho, IOM has also identified the hot spots with community crossings in 10 districts, and currently developing IEC material for risk communication targeting migrants, key populations and passengers at border.

EDUCATION



The declaration of a national emergency on the 18th of March 2020 and closing of all schools (including ECD centers) affected approximately 511,000 learners.

Most learners are in rural areas and on average 4.3 percent of the learners affected by the closure have a disability. Therefore, school closures and lockdowns have disrupted children's routine and social support systems. Children and families who are already vulnerable to socio-economic exclusion are particularly vulnerable to protection risks including increased risks of sexual exploitation, need for mental health and psychosocial support, neglect, child abuse, and domestic violence.

The population of Lesotho is mostly rural, and many families rely on herding cattle and farming for their survival and/or income. The participation of boys in education, particularly in rural mountain areas is the lowest of any group. It is expected that this negative trend may be exacerbated by COVID-19 given the higher opportunity cost of going to school following the economic shock as a result of the crisis.

UN RESPONSE

With support from UNICEF, the Ministry of Education and Training (MOET) has implemented continuity of learning programmes through radio and television since April 2020. UNICEF has also supported the Ministry of Education with the development of COVID-19 communication materials for learners.

SOCIAL PROTECTION

According to the National Information System for Social Assistance (NISSA), 101,820 families (468,372 individuals) only in rural areas are living in poverty in rural areas; and 70,519 of these families are families with children (324,387 individuals). According to the LVAC (2019), about 508,125 people (433,410 in rural, with 74,715 in urban areas) were affected of which about 433,410 people were food insecure and needed lifesaving support.

COVID-19 has increased the number of affected populations to 899,000 people (179,000 in urban and 720,000 in rural areas). To address the challenge of increasing poverty and vulnerability, the government is building a strong shock responsive social protection system. Currently, the Government spends about 4.6 percent of its GDP on social support, which is well above 1 to 2 percent spent by most developing countries. Over the last five years, the Government has expanded the social protection system through the provision of regular and predictable cash transfer programmes, among many other complementary programs, financed from general government revenues.

UN RESPONSE

To support the food-insecure urban population, WFP will complement the government's horizontal expansion of social protection safety net (Public Assistance) outlined in the Government's policy statement in response to COVID-19 which includes targeting vulnerable children, the elderly, people with disabilities and those in the informal sector. 4,250 vulnerable households in urban areas (17,000 beneficiaries) for 3 months (May- July 2020) will be targeted within the Mofale's Hoek, Mafeteng, Quthing and Qacha's Nek districts. The targeted households will be provided with USD55 per month so that they can meet basic household needs.

WATER, SANITATION AND HYGIENE

Forty-three percent of healthcare facilities globally lack hand hygiene at the point of care where doctors and nurses are treating patients, and only 55 percent of healthcare facilities in least-developed countries have basic water services. The practice of hand hygiene in Lesotho is very limited with only 18 percent of the population in Lesotho are washing their hands with soap and water frequently.

Yet, WASH is a key preventative measure in reducing the spread of COVID-19 and is one of the principal public health recommendations. In Lesotho, COVID-19 poses detrimental impacts on WASH service provision and sustainability. This is more so as the country is emerging from drought which extensively affected water supplies.

UN RESPONSE

UNICEF developed a comprehensive cross-sectoral list of messages on COVID-19 from Head Quarters, contextualized, and broadcasted daily through radio and social media reaching 412, 441 girls, boys, women and men. A child-focused radio programme focused on hygiene promotion and play during COVID-19, has been running for 7 weeks to date.

During these weekly 30-minute programmes, children's views are also solicited through the phone and their knowledge is tested (in a child-friendly manner) in the subsequent weeks. The recall of messaging during the radio programme is 3-4 out of 5 messages. On average 15-21 children call into the programme.

UNDP through the Accelerator Lab has embarked on an innovation aimed at building a culture of cleanliness and to encourage behaviour change in communities with limited water resources. The Accelerator Lab discovered the 'tippy-tap', during a solutions safari in Mafeteng in October 2019.

This simple hand hygiene mechanism was seen in different households dangling in front of external lavatories to encourage hand washing after the use of the facilities. It is anticipated that a simple modification and adoption of this for different communities in the urban and rural areas would save lives and livelihoods and promote the new socialisation required by the COVID-19 pandemic.



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