

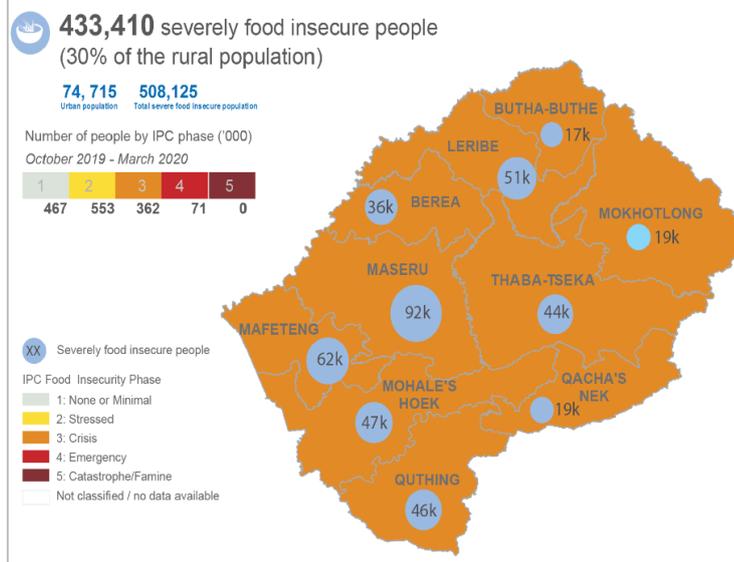


This report is produced by the Office of the Resident Coordinator in Lesotho in collaboration with humanitarian partners. It is issued by the Humanitarian Country Team. It covers the period from 3 May to 8 October 2019

Highlights

- April to September 2019 was characterized by below normal rains for some parts of the country- impacting negatively on winter harvest and rangelands
- Rangelands deteriorated earlier (August) than normal- negatively affecting livestock conditions.
- Prices remained lower than five-year average and higher than previous year.
- In the period (May – September 2019), approximately 350,000 rural people were in phase 3 (emergency food security situation IPC).
- Four districts; Maseru, Mohale’ Hoek, Quthing and Qacha’s Nek classified in IPC Phase 3.
- The situation is expected to deteriorate further and around 430,410 rural people are expected to be severely food insecure with all the districts classified in phase 3- emergency food insecurity Integrated Phase Classification in October 2019 to March 2020.

Food Security Situation



Food insecure population current period:

348,401 Affected people in rural areas (IPC 3 or higher)	74,715 Affected people in urban areas	71,087 Affected people in rural areas (IPC 4)	508,125 Total food insecure population for consumption year 2019/2020
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384,7 M Maloti (USD 34,6M)

Total Requirements (National Drought Emergency Response Plan)

District	Total Population	Projected Food Insecurity Situation (October 2019-March 2020)									
		Phase I (None/Minimal)	%	Phase II (Stressed)	%	Phase III (Crisis)	%	Phase IV (Catastrophe/Famine)	%	Phase 3+	%
		Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income		Households have minimally adequate food consumption but unable to afford some essential non-food expenditures without engaging in stress coping strategies		Households either: have consumption gaps that are reflected by high or above-usual acute malnutrition or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.		Households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality or. Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation			
Buttha-buthe	85 619	38 529	45	29 967	35	17 124	20	-	-	17 124	20
Leribe	255 921	102 368	40	102 368	40	38 388	15	12 796	5	51 184	20
Berea	179 283	62 325	35	80 132	45	26 711	15	8 904	5	35 615	20
Maseru	229 285	45 857	20	91 714	40	80 250	35	11 387	5	91 637	40
Mafeteng	153 904	46 171	30	46 171	30	53 866	35	7 695	5	61 562	40
Mohales hoek	156 906	62 762	40	47 072	30	39 227	25	7 845	5	47 072	30
Quthing	116 111	34 833	30	34 833	30	40 639	35	5 806	5	46 445	40
Qachas nek	54 848	13 712	25	21 939	40	13 712	25	5 485	10	19 197	35
Mokhotlong	97 386	29 216	30	48 693	50	14 608	15	4 869	5	19 477	20
Thaba tseka	125 992	31 498	25	50 397	40	37 798	30	6 300	5	44 097	35
Total	1 455 255	467 271	32	553 286	38	362 323	25	71 087	5	433 410	30

Seasonal Outlook

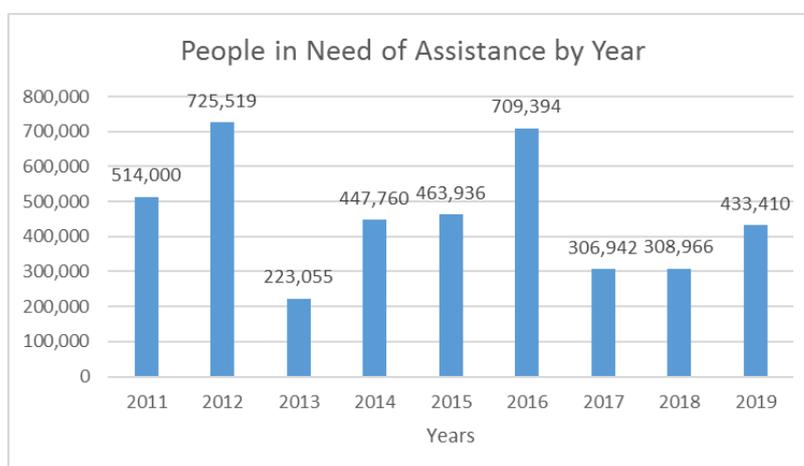
According to Lesotho Meteorological Services, the rains for season 2019/20 are likely to delay. In the period October to December 2019 the country is expected to receive normal rains with the possibility of below normal rains. In the period November 2019 to March 2020 normal rainfall conditions are expected with the possibility of above normal rains, however the episodes of dry conditions are expected in-between the good rains.

The department further indicated that the El Nino Southern Oscillation (ENSO) is currently on its neutral phase with most models predicting a slight possibility of a weak El Nino during the period December 2019 to February 2020. The neutral ENSO can have a mixture of both El Nino (Dry conditions) and La Nina (enhanced rainfall).

Situation Overview

The 2018/19 planting season was characterised by late onset of rains and extreme hot temperatures. The planting period coincided, with El Nino induced dry conditions. The models predicted 90% chances of El Nino by mid-November. As a result, different sectors were negatively impacted, maize production declined by 78% compared to previous year. The below normal rainfall conditions persisted for some parts of the country in the April-September period the south-western part of the country (i.e. Berea, Maseru, Mafeteng, Mochale's Hoek, western parts of Qacha's Nek and Quthing districts) received normal to below-normal rainfall conditions while the north-eastern part of the country (i.e. Mokhotlong, Leribe, Thaba-tseka. Eastern parts of Qacha's Nek and Butha Buthe district) received normal to above-normal rainfall. Temperatures were also recorded as normal to above-normal. Low rainfall in some area could negatively impact on winter harvesting. Rangelands conditions deteriorated earlier than normal (August 2019). Livestock body conditions had not fully recovered from this year's lean season, which may affect livestock prices, the quantity and quality of wool and mohair is likely to be compromised. Livestock products is a typical source of income for most middle-income households. On average maize meal prices were 4 percent lower than five-year average and 16 percent higher than previous year and stable. Due to a significant drop of crop production in two consecutive years, the households were expected to be out of food stocks earlier than usual. The prices are expected to remain higher than previous year and stable due to low harvest. The forecasted low rains and dry episodes could lead to scarcity of water in some areas, thereby impacting negatively on different sectors-i.e. the income sources for the very poor and poor households who depend on agricultural related opportunities could be negatively affected, households might be forced to travel long distances to get water from unprotected water sources.

The Integrated Phase Classification (IPC) conducted by Lesotho vulnerability assessment in June 2019 indicated that in May to September 24% of the rural population (around 350,000) were in phase 3+- emergency food security situation- IPC. Districts of Mochale's Hoek, Quthing, Thaba-Tseka, Qacha's Nek and Maseru are in crisis (IPC Phase 3). This indicated a significant deterioration when all districts were in phase 2 in the same period in the previous year. The food security situation is expected to deteriorate further. In October 2019 to March 2020 period, 30% of the rural population (430,000) is expected to be food insecure with all ten districts in phase 3+.



The situation of women and girls

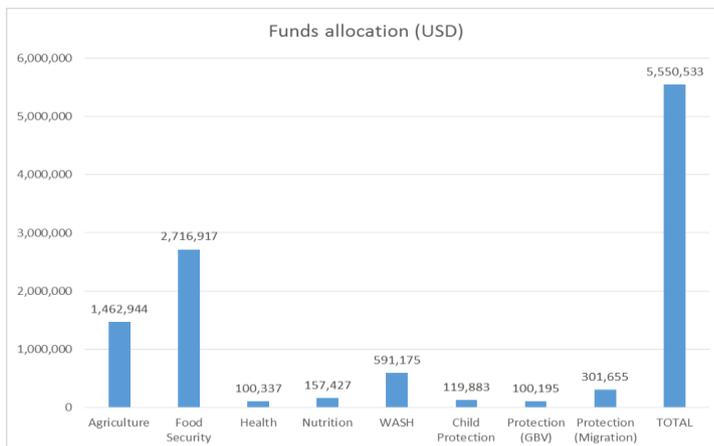
In the current Lesotho drought women and young girls are disproportionately affected because of their inherent vulnerabilities. The 2019 Vulnerability Assessment reported 47.3 percent of rural households headed by women. According to the Rapid Assessment of March 2019, 12.5% of women reported that the access to their main water sources have dramatically changed. As a result, they have to travel longer hours to collect water. This also has direct impact on the time they can allocate to work the fields, fewer opportunities to attend antenatal clinics and continuity in the use of contraceptives. Girls and young women who are heads of household are also more exposed to sexual abuse and sexual exploitation in exchange for food. Occasional reports mention that some girls drop out of school to support the household and siblings. Child marriages are likely to rise in the near future and need to be monitored.

Funding

To respond to immediate humanitarian needs, the HCT implemented **UN Central Emergency Response Fund (CERF)** allocation of **USD 5,550,533**, to ensure that the most urgent and life-saving humanitarian activities in key sectors are initiated (see *Table 1*). Through CERF allocation, HCT targeted 273,635 people in four districts of the country - i.e. Mohale's Hoek, Maseru, Quthing and Qacha's Nek—which were originally projected to be in IPC Phase 3 (Crisis) or higher.

Resource mobilization efforts are currently ongoing with international donors, including ECHO and DFID among others, bilateral donors and development banks to bridge the financing gap.

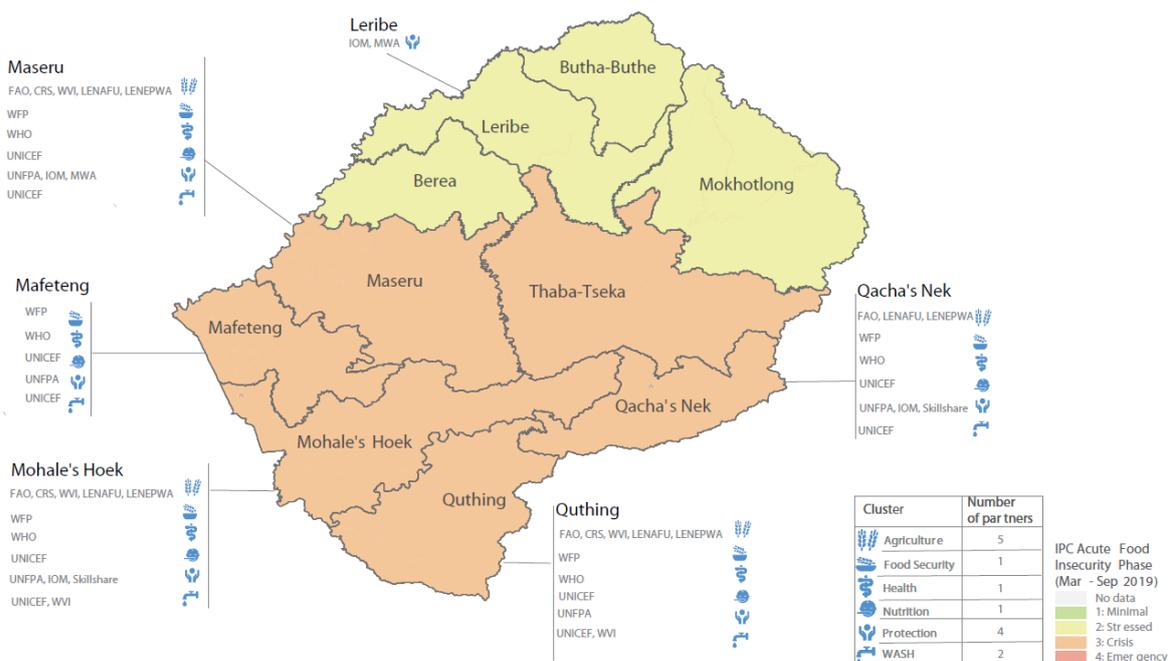
Sector	Funds allocation (USD)
Agriculture	1,462,944
Food Security	2,716,917
Health	100,337
Nutrition	157,427
WASH	591,175
Child Protection	119,883
Protection (GBV)	100,195
Protection (Migration)	301,655
TOTAL	5,550,533



Humanitarian Response

The humanitarian response addressing the needs of those identified in the 2018 VAA/IPC analysis is currently ongoing, targeting the districts that were projected to be in IPC Phase 3 (Crisis) or higher Mohale's Hoek, Maseru, Quthing and Qacha's Nek. The response is scheduled to continue until mid-October 2019.

LESOTHO CERF Organisational Operational Presence Completed and Ongoing Activities - as of September 2019



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 23 Sept. 2019 Sources: UN Humanitarian Country Team & Partners Feedback: khotsa.Mafeteng@fao.org, asel.abdurahmanova@one.un.org, ls.one.un.org



Agriculture and Food Security

Current activities mainly aim to protect beneficiaries' livelihoods and provide immediate assistance to short-term food production to avert the current food insecurity conditions.

FAO has targeted 31,473 households (approx. 132,187 people) at risk in the four priority districts. Specifically, FAO is currently supporting: (i) emergency programming of home gardening kits to improve access to nutritious food during the peak lean season and provision of short season wheat seed varieties for the winter cropping; (ii) emergency animal health intervention through drugs and vaccines as well as emergency feeds and fodder crop; (iii) coordination of the Food Security Sector, bringing together with partners working in the agriculture sector to work together. Additionally, FAO has targeted the following groups: (i) vulnerable farmers identified under the IPC update as falling within Phase 3 (Crisis) and Phase 4 (Emergency); (ii) grazing associations within the targeted districts to support groups of farmers to plant fodder and grass seeds, and also work with the Ministry of Forestry, Range and Soil Conservation; (iii) other organized farmers. In all the categories, FAO is giving preference to women farmers/female-headed households who meet the set criteria for the proposed activities, particularly in keyhole gardening. Further, FAO will ensure that the provision of emergency gardening kits and winter crop seeds will also target all vulnerable households receiving emergency food and cash assistance delivered through/by WFP.

WFP provided a combination of cash and in-kind food assistance to more than 9,000 households for four months using the National School Feeding program as an entry point. Using Vodacom's mobile money MPESA and a network of over 80 retailers contracted to provide in-kind food assistance at the community level, this blended model of assistance significantly reduced both operational lead time as well as transaction costs, especially in the last mile delivery, while allowing retailers and communities to be more empowered as first responders and in charge of their assistance and entitlements. Each household received USD45.00 per month, out of which USD16 was provided as vouchers that were redeemed at local retail shops for maize meal and other cereals while USD29.00 was provided as flexible cash for multiple purposes. This cash was either redeemed at WFP retailer stores who were also MPESA merchants or used directly to purchase other commodities.

Post Distribution Monitoring findings show that there was a significant improvement in household food consumption as the percentage of household with inadequate food consumption reduced during post assistance compared to baseline; consumption of vitamin A, protein and iron-rich foods improved significantly during post-intervention in contrast with baseline period; Reduced coping strategy index (RCSI) reduced after intervention in comparison with baseline; and majority of households had sufficient information on targeting and selection criteria, entitlement, duration of their engagement in the program and complaint mechanisms.

The food intervention support included a Social and Behaviour Change Communication (SBCC) strategy focusing on improving women, men, boys' and girls' knowledge on nutrition, HIV awareness, sexual reproductive health, human rights, gender, climate awareness, and other care practices that contribute to improved household food security and nutritional status.

Through SBCC, different approaches were adopted ranging from community mobilization, small media print, and social and traditional media to disseminate resourceful information to targeted communities. This endeavor imparted knowledge and evoke emotions, and increased beneficiary knowledge on nutrition so it's sustained for years after the intervention at the individual and household levels.

Theatre and performance with small cohorts of children involved as audiences and participants within the drama were done. This was to ensure the desired behavior is inherited from a young age. Bottom-up structural adjustments that were tailor-made and context-specific to encourage and enable change at both individual and social level were employed. The engagement underpinned a lot of misconceptions around causes of malnutrition and challenged some risky behaviors responsible for the increasing new HIV infections and alarming GBV within the operational districts. The sensitizations allowed beneficiaries to generate early warning information and practical mitigation actions, for which beneficiaries were able to take immediate and collective actions. There has been an increase in the number of households adopting conservative agricultural methods to enable the supply of green vegetables even in dry seasons.



Health and Nutrition

The response within the Health and Nutrition sectors is mainly targeted on the treatment of Severe Acute Malnutrition (SAM) cases at both community and health facility levels. In addition to this, the sector is also responding to disease outbreaks associated with the prevailing drought, supporting maternal health services and infection prevention and control in health facilities.

UNICEF interventions in the Nutrition sector are focused on real-time monitoring and response to malnutrition including the treatment of Severe Acute Malnutrition (SAM) cases at both community and health facility levels with UNICEF and WHO coordinating their efforts to minimize duplication. The mentoring and supervision of malnutrition cases in hospitals and health centres are being supported by the WHO. UNICEF procured supplies to treat SAM in hospitals as well as providing technical support in the implementation of the IMAM (integrated management of acute malnutrition) guidelines. Village health workers are currently intensifying case identification and referral mechanisms for malnutrition cases from the community to health facilities. For both extension health and nutrition, workers are collaborating with village health workers, local leaders, health facility and NGO staff to conduct nutrition awareness-raising campaigns across the country, targeting 132,146 individuals, including children, of females of child-bearing age. UNICEF in collaboration with WHO is supporting MOH with supportive supervision and monitoring of malnutrition situation.

Similarly, WHO is focusing on four interventions: (i) response to outbreaks associated with the prevailing drought (diarrhoeal disease and anthrax outbreaks); (ii) support for management of severe acute malnutrition in 11 hospitals in four districts; (iii) support for maternal health services (delivery services); and (iv) infection prevention and control in health facilities experiencing acute shortage of water. For these interventions, WHO has targeted about 15,450 people are to benefit from this project. These key interventions will be backed by engagement with the affected communities and beneficiaries.



Water, Sanitation, and Hygiene (WASH)

The WASH response is currently targeting about 273,635 beneficiaries in schools, health care facilities and communities with the highest rates of unprotected water sources use, as reported in the 2018 VAA.

In collaboration with NGOs, the Ministry of Health and the Department of Rural Water Supply, ongoing UNICEF activities include water quality surveillance, treatment and purification commodities, borehole drilling in health care facilities as well as water transport using tankers and hygiene promotion. Water transport using tankers is a life-saving approach intended to provide safe drinking water to households and healthcare facilities providing child-birth and other surgical services with water springs, the only source of water to supply health facilities, anticipated to potentially dry-up. The water distribution target of 500,000 litres has been exceeded and there is a need for additional water supply to the affected locations. Borehole drilling, rehabilitation works, and construction of handwashing facilities have commenced in the healthcare facilities. Water quality surveillance has reached an advanced stage with 45 water points out of 60 sampled for contaminants. Hygiene promotion is ongoing alongside household water safety sensitization activities. These activities, developed using gender and vulnerability considerations, are expected to continue for as long as the emergency persists, with children the focus of interventions.

To mobilize protection-sensitive media reporting, collaborated with UNICEF and UNFPA C4D teams to train 25 media personnel on mainstreaming protection in WASH programs. This resulted in 4 newspaper publications on child protection mainstreaming in WASH programmes in June and July. Joint follow-up sessions are planned in August and September. Jointly with UNFPA and IOM supported the inclusion of protection in emergencies questions during the multisectoral June Lesotho Vulnerability Assessment (LVAC) and provided technical assistance in the analysis of the assessment findings. Additional 950 pieces (in addition to the initial 60,000) of information, education and communication (IEC) materials on child protection in emergencies were printed and are being disseminated among schools, communities, district, and national level protection structures by the Lesotho Red Cross.



Protection

Through CERF, humanitarian partners have been addressing protection needs resulting from the prevailing drought in the country. The protection situation is expected to worsen during the year due to the diminished availability of food and water and livelihood activities. Activities targeted 51,000 people in the four most affected districts with Mafeteng also targeted due to high protection risks associated with the drought-related irregular migration to South Africa, high cases of GBV and children and youth involved in a localized conflict.

The response is focusing on children, men and women, youth, People Living with HIV/Aids (PLWHA) who are already migrating, children left behind, and at-risk border community members. Besides, the response encompasses the provision of emergency protection to the victims of GBV, including Trafficking in Persons (TiP), child marriages and other violence and human rights abuse. The overall response strategy aimed at providing real-time joint assessments of household and community-based protection concerns that highlight needs, vulnerabilities, coping strategies of families, women, boys, and girls; prevents of and response to child protection abuse in humanitarian situation; referral of GBV and child protection and case management, including the administration of justice. Response activities supported the implementation of a multi-sectoral mechanism for prevention and response to gender-based violence. Protection actors provided information to these groups on the availability of services during the emergencies.

UNFPA, UNICEF, and IOM have worked together to ensure that there is a simplified and integrated referral system for GBV, Child Protection, and TiPs cases during the humanitarian response. The protection strategy, encompassing child protection and GBV, has been addressing the delivery of services to the most vulnerable groups who are not included in the current social protection programs to ensure their safety and wellbeing. At the same time, the sector will provide equitable access to the services and coordination and referral of vulnerable cases. Moreover, communication messages on prevention and response to violence are already being implemented by UNFPA in collaboration with local authorities, police in affected districts.

To further enhance protection in emergencies at the community level - including referral to relevant services - 75 Auxiliary social workers were jointly trained in gender-sensitive and child-sensitive referral mechanisms in collaboration with UNFPA. This resulted in the identification and referral of 413 child victims of violence to PSS, legal and health services. Recognizing an emerging pattern of child marriage during this period, 10 community dialogues and 2 national End child marriage (ECM) and end violence against children (EVAC) campaigns were conducted reaching approximately 5,000 community members including 585 boys and 765 girls.

Specifically, IOM through the inter-agency protection working group proposed the provision of life-saving information to border communities and towns who are particularly vulnerable due to poverty and/or their lack of knowledge or information on the risks of irregular migration and its consequences. UNICEF provided psychosocial support to the disaster-affected populations in particular children in distress in selected schools, children's clubs, and other appropriate forums in border towns, urban and rural centers. UNFPA and UNICEF have strengthened the existing referral mechanism to be inclusive and integrated between child protection, GBV, TiP, and other violence and human rights issues.

UN agencies have worked to establish a joint humanitarian communication group to ensure all the messages are accurate, appropriate and coordinated. Besides, the existing grievance mechanism will be expanded to respond to the issues across sectors (food security, agriculture, nutrition, WASH, health and protection). In enhancing the existing referral mechanisms, UNFPA will engage auxiliary social workers in the affected areas to provide comprehensive psycho-social support to victims of GBV using the Essential Services Package Model on Social Services.

General Coordination

National authorities, in collaboration with the UN Disaster Risk Management Team (DRMT) and under the leadership of the UN Resident and Humanitarian Coordinator (RC/HC), are monitoring the overall humanitarian situation in the country. Besides, the HCT will seek to ensure continued action and response measures, building on 2016/2017 El Niño-induced drought response and CERF implementation to mitigate the risks and potential impacts on the vulnerable populations of the country.

In May 2019, both the UN and the Government of Lesotho undertook a field mission to districts of Lesotho identified in IPC 3 (crisis) or 4 (emergency). The purpose of this visit was to review the effectiveness of the United Nations delivering lifesaving multi-sectoral emergency assistance to severely food insecure households in the southern regions of Lesotho and Maseru, contributing to reducing morbidity and mortality, protecting livelihoods, and preventing and responding to protection risks to the affected communities, including women, children, older persons and persons with disabilities.

In May 2019, the Government has issued a press statement expressing its concern that the food situation is likely to deteriorate further and may impact as many as 640,000 people between June 2019 and June 2020. The government proposed measures to reallocate resources to support the drought affected populations and also called upon partners like FAO and others to intervene and provide assistance.

Vulnerability Assessment and Analysis findings were presented by DMA at the stakeholder dissemination meeting on 27 June 2019, the National Drought Response Plan (Oct.-March 2019) is being currently finalized seeking estimated USD36,6M. The Humanitarian Country Team (HCT) optimizes collective efforts of the UN, NGOs and the Red Cross Movement, strengthening the overall humanitarian response. The HCT is chaired by the UN Resident and Humanitarian Coordinator (RC/HC). The UN and partners supported the GoL, through the Disaster Management Authority (DMA), in the development of a Drought Contingency Plan and National Drought Response Plan endorsed by the Government of Lesotho. The revised National Drought Response Plan has been approved by the GoL in September 2019. High-level advocacy efforts with the Government and donors are ongoing to discuss the way forward, considering the recent deterioration of the humanitarian situation in the country.



Useful Links



<https://cerf.un.org/>

<https://cerf.un.org/what-we-do/allocation-by-country/2019>



<https://www.facebook.com/pg/UNLesotho>



<https://twitter.com/UNLesotho>



<http://reliefweb.int/country/lso>



<https://www.humanitarianresponse.info/en/operations/lesotho>

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