

PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS(US\$)

# HUMANITARIAN PARTNERS

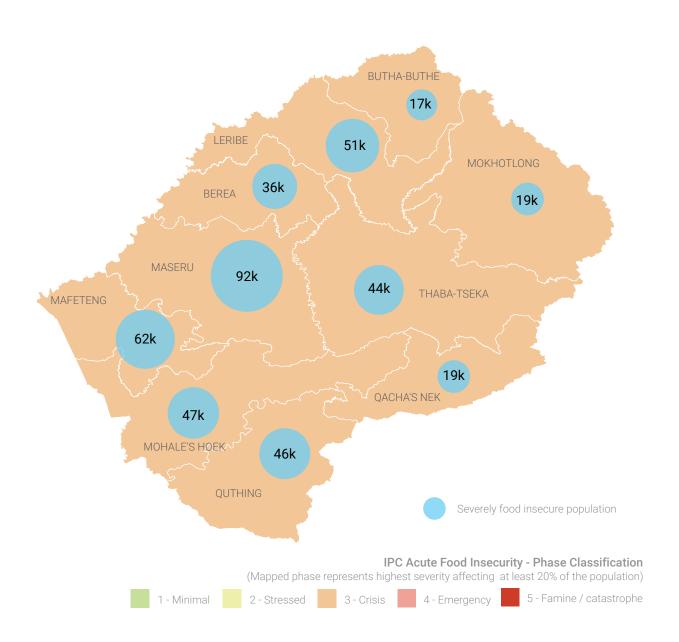
2<sub>M</sub>

508k

261<sub>K</sub>

33.7м

10



# TABLE OF CONTENTS

THE FL	LASH APPEAL AT A GLANCE	04
OVERV	IEW OF THE CRISIS	05
STRATEGIC OBJECTIVES		08
RESPONSE STRATEGY		09
SECTO	R RESPONSE PLANS	
	EDUCATION	12
	FOOD SECURITY	13
	HEALTH	14
	NUTRITION	15
	PROTECTION	16
	WATER, SANITATION AND HYGIENE	17
ANNEX	KES CES	
	HUMANITARIAN SECTORS SUMMARY	18
	GUIDE TO GIVING	19

# FLASH APPEAL

# A GLANCE

#### STRATEGIC OBJECTIVE 1



Save lives and alleviate the suffering of those most in need of assistance and protection.

#### STRATEGIC OBJECTIVE 2

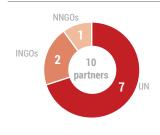


Support the restoration of livelihoods and strengthen the resilience of crisis-affected people.

#### NUMBER OF PARTNERS

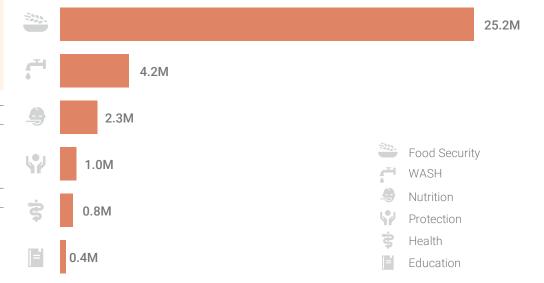
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#### PARTNER TYPE

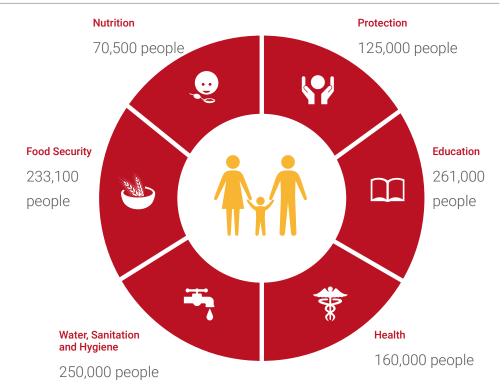




#### FUNDING REQUIREMENTS BY SECTOR (US\$)



#### PEOPLE TARGETED PER SECTOR



04

## **LESOTHO**

# **OVERVIEW OF CRISIS**

More than a quarter of the population in Lesotho - over half a million people - are facing severe food insecurity as the country approaches the peak of the 2019/2020 lean season in the grip of a devastating drought.

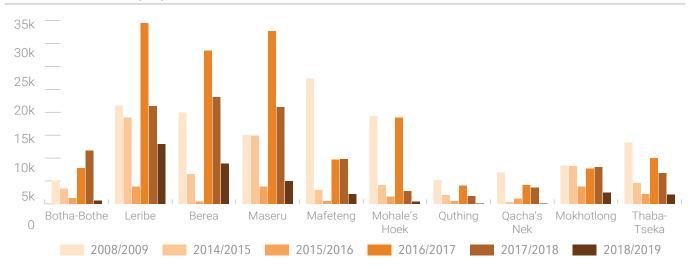
The Government of Lesotho has declared a national disaster in response to the rapidly deteriorating situation. The 2018/2019 planting season was characterized by the late onset of rains and extremely hot temperatures, leading to poor harvests: production of major cereals has decreased by more than 60 percent compared to 2018, including a 78 per cent decrease for maize, 61 per cent for wheat, and 93 percent for sorghum. This follows a poor 2017/2018 season, leaving families across the country suffering from consecutive shocks. With the country forecast to receive below-average rainfall during the 2019/2020 season (October-March), the most vulnerable are now faced with the potential for three back-to-back failed harvests.

More than 500,000 people in ten districts are now severely food insecure -including 433,000 people in rural areas (30 per cent of the rural population) and above 74,700 people in urban areas (13.3 per cent of the urban population). This is an increase of more than 64 per cent compared to the same time last year, when 308,966 people (257,283 rural and 51,683 urban) people were estimated to be severely food insecure. At the peak of the lean season (January-March), it is estimated

that 71,000 people will face Emergency (IPC Phase 4) conditions, with the highest numbers in Leribe and Maseru districts.

People's livelihoods - especially women's - have been decimated by repeated droughts. Most of the rural population in Lesotho rely on agriculture for their income, leaving them highly vulnerable when droughts strike. This is particularly the case for women farmers, who have even less ability to cope with shocks as their productive capacity and asset base are considerably smaller than male farmers. In addition to the impacts on agriculture, the drought has debilitated livestock trading. Rangelands conditions deteriorated earlier than normal in August 2019, impacting on livestock body conditions, which had not fully recovered from the 2018/2019 lean season. This may affect livestock prices and the quantity and quality of wool and mohair is likely to be compromised. At the same time, disease outbreaks amongst livestock are threatening both animals and humans. An Anthrax outbreak in animals was reported in Maseru district from April to June 2019 where more than 100 people were exposed to the disease and given prophylaxis.

#### MAIZE PRODUCTION (MT) BY DISTRICT, 2008/09-2018/19



#### NUMBER OF PEOPLE SEVERELY FOOD INSECURE



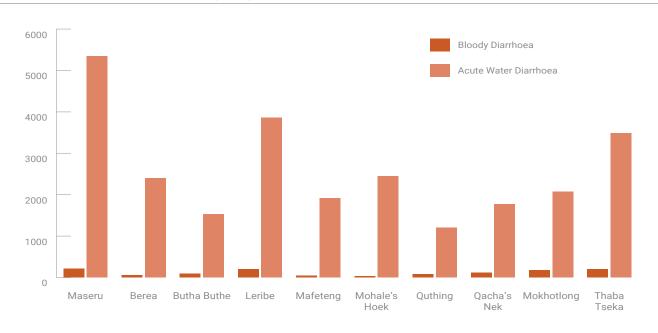
High temperatures are rapidly drying water reservoirs. impacting access to safe water and increasing the risk of water borne disease. In November 2019, two of the major reservoirs had very low water levels: the Katse dam was at 13.42 percent, while the Mohale dam was at 32 percent. Ninety per cent of rural water sources have dried up due to prolonged drought in the country-including along the Sengu, Mohokare and Makhaleng Rivers- according to the department of Rural Water Supply. As a result, women are being forced to travel longer distances to get water, exposing them to protection risks. Between 2 per cent and 12 per cent of households are using unprotected water sources, according to the Lesotho Vulnerability Assessment Committee Analysis (LVAC, June 2019). Mokhotlong and Thaba-Tseka have the highest proportion of households using unsafe water.

There has been an increase in disease outbreaks in recent months. Cases of diarrhoeal diseases -including epidemic-prone diseases such as bloody diarrhoea, watery diarrhoea and typhoid- has increased between August to November 2019 due to drought conditions, according to the health sector. A measles outbreak was declared on 26 October 2019 in Qacha's Nek district (Lebakeng constituency), and confirmed cases of measles have been recorded in Berea (Mabote) and Leribe (Maputsoe).

There are reports of rising acute malnutrition, particularly amongst vulnerable groups - including children under age 5, expectant and lactating mothers, people living with HIV and people infected with tuberculosis (TB)- due to the prevailing food insecurity situation, lack of access to clean water, poor access to health services and inadequate hygiene and sanitation. Data from the Ministry of Health shows a 34 per cent increase of admissions for severe acute malnutrition (SAM) in 2019 (1,863) compared to 2018 (1,223).

People living with HIV face unique challenges due to the drought. Lesotho has the second highest national HIV prevalence rate in the world at 25.6 per cent, with HIV rates significantly higher among women (29.7 per cent) than men (18.6 per cent). As in other contexts, food insecurity is likely to undermine HIV treatment adherence, retention and success in Lesotho, while negative coping mechanisms -including transactional sex and early marriage - may cause HIV rates to rise.

#### CASES OF DIARRHOEA IN LESOTHO (2019)



Families impacted by the drought are resorting to negative coping mechanisms to survive, with dire consequences, particularly for women and girls. A rapid assessment conducted in November 2019 noted that children and women are at risk of increased exposure to abuse, violence and other protection issues. The Child and Gender Protection Unit (CGPU) reported that around 125 cases of gender-based violence (GBV) are recorded each week, including sexual (22.8 per cent) and physical (26.4 per cent) assault, emotional abuse (20.6 per cent), socio-economic deprivation (19.5 per cent), theft (3.4 per cent), forced marriage (2.3 per cent), denial of education (2.3 per cent), harmful traditional practices (1.4 per cent), forced prostitution (1 per cent), and loss of life (1.1 per cent). Lesotho is a source, transit, and destination country for trafficking, and vulnerability to trafficking rises when families are struggling to cope. As the drought worsens, migration -both forced and voluntary- is expected to increase. It has been reported

that a number of women and girls have left their rural homes to urban areas and/or South Africa in search for work, mostly as domestic workers trading sex for money and/or food. Some members of communities, particularly from Qacha's Nek (just two kilometres from the South African border), are reported to have left to seek out work. Although this may be temporary, there are reported cases of children being left behind and relying on support from neighbours and relatives. In some villages of Thaba-Tseka, households started migrating in September, mostly to other districts -especially Maseru and Hlotse- to find jobs. At the same time, the drought is having an impact on children's education, with reports of children dropping-out of school to support their families.



## **STRATEGIC**

# **OBJECTIVES**

On 30 October 2019, the Government of Lesotho declared a drought emergency. With the support of partners, a Drought Response and Resilience Plan was finalized, targeting 508,125 people and requiring US\$83.2 million. The Government has allocated \$11.5 million and plans to reach 20 per cent of the food insecure population in the 10 affected districts through the Child Grants Programme targeting 68,250 children and cash for work for 32,577 people. This Flash Appeal will be implemented in support of the Government's Drought Response and Resilience Plan. Under the Flash Appeal, 261,000 people will be targeted life-saving interventions in the 10 affected districts between November 2019 and April 2020.

#### STRATEGIC OBJECTIVES

# Strategic Objective 1 (SO1): Save lives and alleviate the suffering of those most in need of assistance and protection by:

- Providing food and cash-based assistance for people facing IPC Phase 3 and above.
- Implementing integrated management of nutritional interventions for severely malnourished children, pregnant and lactating women, people living with HIV
- Creating a protective environment for children, women and other vulnerable groups, including through strengthening case management, reporting and referral systems.
- Providing access to clean water in priority locations such as health facilities and schools.
- Carrying-out vaccinations to prevent disease outbreaks/spread of diseases.

#### Strategic Objective 2 (SO2): Support the restoration of livelihoods and strengthen the resilience of crisisaffected people by:

- Supporting land clearance/preparation and provision of agricultural inputs for the next season.
- Helping to restore fishing and aquaculture activities.
- · Rehabilitating water points.

## **RESPONSE**

# STRATEGY

#### **STRATEGY**

In order to successfully implement this Flash Appeal, in support of the Government-led response to the drought in Lesotho, humanitarian partners will:



transparency. Humanitarian partners will increase synergies and promote efficiency gains to best serve people in need, including through regular

coordination with the government entities leading response efforts.



2. Put protection and communities at the centre of humanitarian action.

Concrete actions will be implemented across sectors to contribute to protection efforts and promote an

inclusive and tailored response that addresses the unique needs of women, men, girls and boys, people with disabilities, people living with HIV and the elderly. Humanitarians will take steps to place communities at the centre of humanitarian action and decision-making, including: ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability and inform adjustments in the response, including for the Prevention of Sexual Exploitation and Abuse (PSEA); and providing meaningful opportunities for community participation in humanitarian action.

in this Flash Appeal will undertake vertical/horizontal expansion and adaptations to tailor interventions such that multi-sectoral support can be delivered efficiently and effectively in full compliance with humanitarian principles.

#### **HUMANITARIAN COORDINATION**

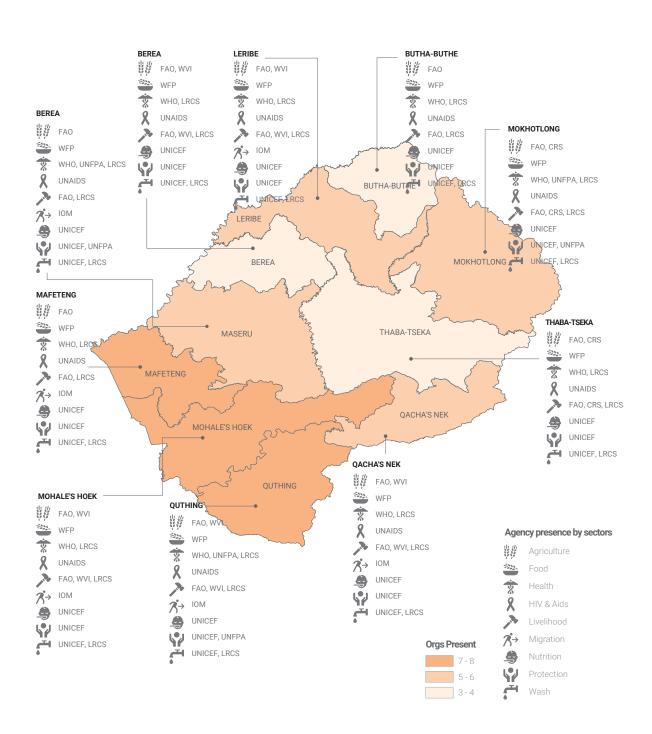
The Office of the Prime Minister through the Disaster Management Authority (DMA) has the overall responsibility for managing and coordinating National Emergency Response as mandated by the Disaster Management Act of 1997. Various structures are established at district level (District Disaster Management Teams) and village level (Village Disaster Management Teams) to serve as local level coordinating bodies. Participating organisations work in collaboration with all DMA structures at all levels in the emergency response and preparedness. The Disaster Management Team in Lesotho brings together UN entities and INGOs to support Government-led responses to natural disasters.

#### **OPERATIONAL IMPLEMENTATION**

Under this Flash Appeal, 10 organizations - including 7 UN agencies, 2 INGOs and the Lesotho Red Cross - will implement activities in the targeted districts, in support of the Government's response.

The response will use a combination of cash and in-kind modalities, leveraging Lesotho's existing safety nets where feasible and appropriate. The major Government-run safety nets include: school feeding; cash for work; cash grants for the elderly; other vulnerable children (OCV); and people with disabilities. Overall, these safety nets cover most of the participating households' food and non-food requirements. The organizations engaged

#### ORGANIZATIONAL PRESENCE



# SECTOR RESPONSE STRATEGY

# **EDUCATION**



#### PEOPLE TARGETED



261<sub>K</sub>

#### # OF PARTNERS



#### **Sector Response Strategy**

Drought is affecting education as prolonged periods of drought affect water supply in schools which has a knock-on effect on attendance and learning. There are continued efforts to strengthen coordination for the education sector through the newly established Education In Emergencies Working Group with the objective of advocating for disaster preparedness and supporting the DMA to ensure that education is better incorporated in the annual vulnerability assessments, a national risk assessment on education is carried out and measures are taken to strengthen response and the shock responsiveness of the education system. A rapid assessment of the situation in schools is being carried out using RapidPro and the sector is responding by improving the resilience of education systems in districts most affected by drought to reduce risks to learners. The immediate response will focus on minimising the education disruption to the most affected schools as well as strengthening capacities of school's teachers and pupils in disaster preparedness in all affected districts.

#### **Priority Actions**

- Provision of safe clean water and toilets for learners.
- Promotion of hygiene and sanitation practices.
- Ensuring continuity of school feeding programmes.
- Provision of child protection messaging in emergencies and linking learners affected by GVB with service providers and provision of psychosocial support.
- Training of teachers and district officials in disaster risk reduction and psychosocial support.
- Community dialogues and sensitization.
- Creation of feedback mechanisms between affected communities and service providers.

Contacts

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12

# \$25.2 MILLION Required

# **FOOD SECURITY**



## Sector Response Strategy

To complement the government's response, the Flash Appeal will target 233,100 most vulnerable people in the most affected district in IPC 3&4 include Maseru, Mafeteng, Thaba Tseka, Quthing Mohale's Hoek and Qacha's Nek. All ten districts are projected to be in IPC 3& 4 by March 2020, reflecting a very severe concern on household food shortages. These conditions do not only negatively impact on food availability and accessibility but also affect the nutrition status of the affected population, hence urgent action is required to respond on the food security status to save lives and recover the already depleted livelihoods.

The sector is responding to the government's call to protect and restore agricultural production, incomes and assets while enhancing nutrition and diversified diets of the most vulnerable households in times of extreme drought conditions in Lesotho. The sector has proposed interventions that will allow most farmers to return to farms and engage in agricultural production for 2019/2020 and beyond. The main focus of support will be directed towards working with the Ministry of Agriculture and Food Security (MAFS) and other relevant line ministries in improving food security, strengthening shock responsive social protection and building resilience of communities affected by drought conditions.

#### # OF PARTNERS

PEOPLE TARGETED



5

#### **Priority Actions**

- Provision of cash and in-kind assistance to vulnerable populations, to address immediate food deficits and prevent households from sliding further into severe vulnerabilities and reverting to negative coping mechanisms.
- Short term support in improving access to agricultural inputs with special targeting of vulnerable households
- Cash-plus Social Protection and nutrition sensitive interventions that will
  complement other programmes and contribute to nutrition outcomes at
  community and household level.
- Fodder production, pest and disease control interventions that will minimize crop loss and improve yields.
- Identification of perennial water sources, rehabilitation & construction of additional animal drinking points and protection of springs.
- Provision of drugs and vaccines key diseases that need to be controlled.
- Conducting joint food security assessments and sharing the results for future actions.
- Mapping of partners according to livelihood zones, coordinating livestock interventions and documenting best practices.
- Develop livelihood strengthening initiatives to improve food insecurity situation of PLHIV through partnerships with PLHIV networks and CBOs in two selected districts. (HIV Testing and Treat)

#### Contacts

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WVI: Sarah Weber sarah\_weber@wvi.org

CRS: Peter Clark
Peter.Clark@crs.org

## HEALTH



#### PEOPLE TARGETED



160k

#### # OF PARTNERS



4

#### **Sector Response Strategy**

The health strategy will be implemented at two levels; health facilities and community level. In health facilities, the capacity of health personnel will be strengthened to cope with an influx of patients for routine health and nutrition services. This will be achieved through procurement of all the necessary drugs and other commodities.

#### **Priority Action**

- Strengthen disease surveillance/ early warning through training of relevant health staff in all provinces and local authorities in IDSR and providing logistics for prompt outbreak notification and response.
- Strengthen laboratory capacity of the National Microbiology Reference Laboratory (NMRL) and all provincial health laboratories, including the Government Analyst Laboratory for early detection, confirmation and monitoring of disease outbreaks and other public health threats.
- Strengthen case management for diarrhoeal diseases including cholera, typhoid fever and measles.
- Procurement of essential medicines and medical supplies to ensure facilities in the priority districts are adequately stocked to manage disease outbreaks and other priority conditions at PHC level.
- Intensify support to Community Adherence Groups (CAG) to track those lost to follow up (LTFU) on treatment and link them to ART and ongoing emergency response (food, livelihoods) in two IPC severe districts.
- Assess, monitor and address an impact of the drought on the health workers, village health workers and functions of the health facility to support HIV/TB service provision in two Insecurity Phase Classification (IPC) classified "severe" district. (HIV Testing and Treat).

**Contacts** 

WHO: Richard Banda bandar@who.int



# **NUTRITION**

**Sector Response Strategy** 



#### PEOPLE TARGETED



71<sub>K</sub>

#### # OF PARTNERS



young child feeding practices and WASH. In addition, beneficiaries will be linked to livelihood interventions to build resilience.

#### **Priority Actions**

- Procurement of SAM treatment commodities
- IYCF Promotion in communities and health facilities

Treatment of severe and moderate acute malnutrition will be guided by integrated management of acute malnutrition guidelines and integrated into Integrated

Management of Childhood Illness (IMCI), Maternal Nutrition and Child Health (MNCH), ART and TB-DOTs treatment programmes. Other preventive strategies will include awareness creation and education on available health and nutrition services and hygiene promotion at health facilities and communities, HIV prevention, infant and

Monitoring and supervision of service delivery

**Contacts** 

UNICEF: Anurita Bains abains@unicef.org

# **PROTECTION**



# Sector Response Strategy

The overarching strategy of protection interventions is to promote and strengthen community protection mechanisms to prevent and respond to abuse, violence, exploitation and other risks associated with migration and trafficking.

Analytical knowledge of population movements, flows and their consequences throughout all phases of displacement will be prioritized to ensure effective provision of assistance and the accountability to the populations affected by shocks.

**Priority Actions** 

- Strengthen case management, reporting and referral systems.
- Training of service providers and CSO on psychosocial support.
- Respond to gender-based violence including child marriage through survivorcentred response including provision of psychosocial support and mental health assistance.
- Support and provide specialised services for people with specific needs including persons with disabilities or suffering from chronic diseases (e.g. HIV), older persons, through outreach activities.
- Mobilize adolescents and women to report on structural and environmental factors affecting their access to SRHR/HIV services during the drought through U-Report (HIV Prevention among Young People and Key Populations).
- Develop differentiated communication messages for HIV prevention, treatment, and adherence during the drought and build the capacity of media on reporting during the drought. (Gender Inequality, Human Rights, and Community Support).
- Establish and strengthen inclusive community based protection committees through capacity building and technical support.
- Conduct awareness-raising sessions and distribute life-saving information materials on risks of irregular migration, gender-based violence, violence against children, child marriage, trafficking in persons and accurate information on the reporting mechanisms.
- Customize the IOM's global DTM (Displacement Tracking Matrix) tools for Lesotho.
- Provide training and deploy data collectors in 10 districts.

#### PEOPLE TARGETED



125к

#### # OF PARTNERS



3

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#### WASH



#### PEOPLE TARGETED



#### # OF PARTNERS



#### **Sector Response Strategy**

The drought is negatively affecting the provision of safe water thereby increasing the risk of WASH related diseases among the vulnerable communities.

#### **Priority Actions**

- Provision of water quality surveillance, treatment and purification commodities, borehole drilling in health care facilities
- Transportation of water using tankers and hygiene promotion, particularly focusing on health care facilities, schools and communities affected by the drought crisis.
- WASH infrastructure in health facilities and schools
- Water quality surveillance in the affected districts
- Hygiene promotion
- Distribution of water treatment tablets and
- Sensitization of households on safe water storage
- · Capacity building of stakeholders on communication during emergencies

**Contacts** 

UNICEF: Anurita Bains abains@unicef.org

# SUMMARY

# HUMANITARIAN SECTORS

#### **SECTOR SUMMARY**

	EDUCATION	FOOD SECURITY	HEALTH	NUTRITION	PROTECTION	WASH	TOTAL
No of District (prioritised)	5	10	5	10	10	10	10
People Targeted	261,000	233,100	160,000	70,500	125,000	250,000	261,000
Total requirements (USD)	\$350,000	\$25.2 million	\$771,000	\$2,269,957	\$1 million	\$4, 175,131	\$33,745,000

#### PROJECT TARGETS AND REQUIREMENTS

AGENCY	SECTOR	PEOPLE TARGETED	AMOUNT REQUIRED (US\$)
FAO	Food Security	233,100	8,600,000
CRS	Food Security	22,188	225,000
WVI	Food Security	2,760	218,514
WFP	Food Security	174,000	12,000,000
UNICEF	Food Security	138,000	4,200,000
WHO	Health	30,000	236,700
UNICEF	Health	2,780	30,000
UNFPA	Health	150,000	505,000
UNICEF	Nutrition	70,500	2,200,000
UNICEF	WASH	250,000	4,100,000
UNICEF	Education	261,000	350,000
IOM	Protection	50,000	207,392
UNICEF/IOM/UNFPA	Protection	51,000	872,394
Total		261,000	33,745,000

#### GOVERNMENT OF LESOTHO - DROUGHT RESPONSE PLAN - FINANCIAL FIGURES

SECTOR	RESOURCES REQUIRED	RESOURCES AVAILABLE	NET RESOURCE GAP (MALOTI)	NET RESORUCE GAP (US\$)
Agriculutre & Food security	966,010,060	137,295,450	828,714,610	59,193,901
Health & Nutrition	55,851,690	7,935,865	47,915,825	3,422,559
Water, sanitation & hygiene	87,108,304	12,375,974	74,732,330	5,338,023
Protection	7,046,800	994,054	6,052,746	423,339
Information & Communication	1,825,500	258,454	1,567,046	111,932
Logistics	36,292,000	5,135,946	31,156,054	2,225,432
Monitoring & Evaluation (1%)	11,541,344	1,679,955	9,861,389	704,385
Total	1,165,675,698	165,675,698	1,000,000,000	71,419,571

# **GUIDE TO GIVING**

There are multiple ways to give to this flash appeal including the modalities listed below.

# DONATING THROUGH THE LESOTHO FLASH APPEAL

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Lesotho, as identified in this Flash Appeal. For a full list of contacts and information on humanitarian activities included in this plan, as well as information on humanitarian activities throughout the country, please:

Contact the sector focal points identified in this appeal.

# CONTRIBUTING THROUGH THE CENTRAL EMERGENCY FUND

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

www.unocha.org/cerf/donate



## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

We thank you in advance for your generosity in responding to this urgent appeal. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans.

Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at http://fts.unocha.org

www.unocha.org/rosea
https://www.unocha.org/southern-and-eastern-africa-rosea/mozambique
@UNOCHA_ROSEA