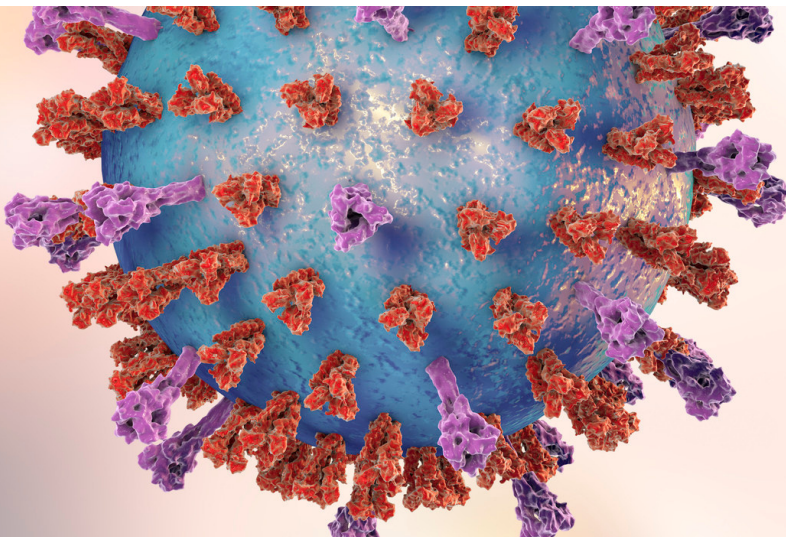


APRIL 2021 - ISSUE 4

COVID-19 SITUATION UPDATE

This update is produced by the Office of the Resident Coordinator in Lesotho



OVERVIEW:

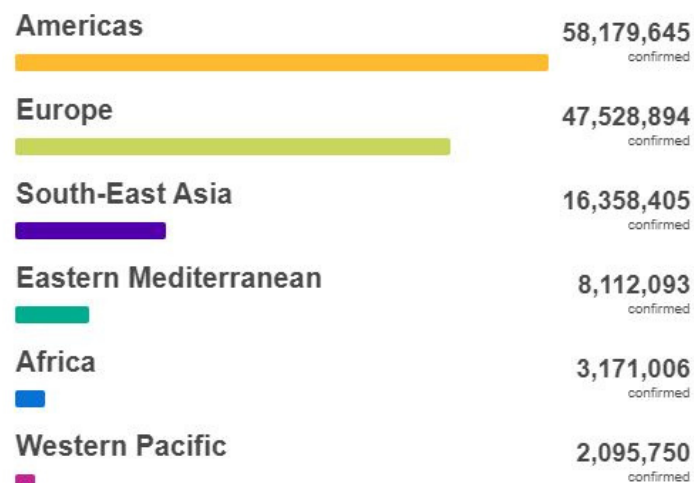
Regional Situation

- Globally, there have been 132,485,386 confirmed cases of COVID-19, including 2,875,672 deaths, reported to WHO. Further, a total of 612,182,490 vaccine doses have been administered globally.
- In Sub-Saharan Africa, there have been 3,111,360 confirmed cases of COVID-19, including 78,840 deaths, reported to WHO. The case fatality rate in Sub-Saharan Africa stands at 2.5%.
- In South Africa, there have been 1,552,853 confirmed cases of COVID-19 and 53,032 deaths, reported to WHO. The South Africa case fatality rate stands at 3.41%. Further, a total of 182,983 vaccine doses have been administered in South Africa.
- In Lesotho, there have been 10,707 confirmed cases of COVID-19, against 68,712 tests conducted, and 315 deaths reported to WHO. The case fatality rate currently stands at 2.9%.

Key Figures as at 8 April 2021

LESOTHO

70 285 tests conducted
10 707 confirmed cases
4674 recoveries
315 deaths
15 818 vaccine doses administered



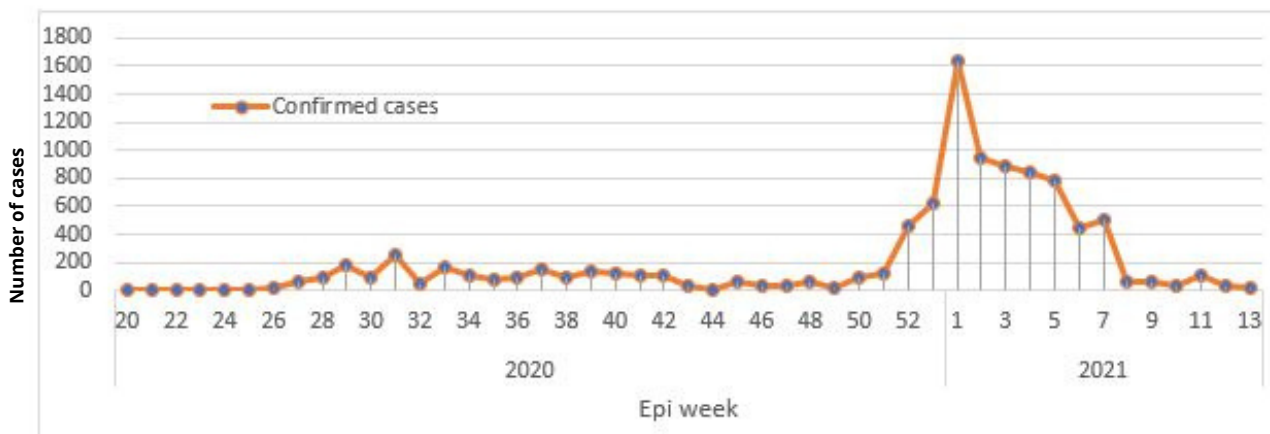
Source: WHO



Situation in Lesotho

- WHO report that cases and deaths are decreasing in the Kingdom of Lesotho. The top four districts with the highest case load are Maseru, Leribe, Butha Buthe and Qacha's Nek.
- From epidemiological week 3 (24 January) to week 13 (3 April), the country has experienced a steady decrease in the number of cases except during week 11 due to clusters of cases (outbreaks) in six schools in Leribe district.
- As will be noted in figure 1, the highest number of cases were recorded in epi week 52 and 53 while the lowest number of confirmed cases were recorded in March 2021 (248). On March 10, 2021, the country launched COVID-19 vaccine targeting health workers and other selected priority groups.
- In anticipation of the high influx of travellers into the country during the Easter holidays, districts developed preparedness plans to handle such travellers with specific emphasis on strengthening the testing capacities and screening at the points of entry including linking suspected cases and those testing positive with health facilities across the country.
- As of end of March 2021, a total of 640 health workers of different disciplines had been infected with SARS-CoV2 with Maseru having the highest number at 187 followed by Leribe (80), Butha Buthe (72) and Berea and Thaba Tseka with 66 and 64 respectively.
- The other districts share the remaining 171 cases. The recovery rate against the total number of cases (10,707) is still very low (41%). This low figure is attributed to issues of follow up and reporting from the health facilities and districts. Table 1 provides number of new cases by district from epi-week 3 to 13.
- The Ministry of Health and NACOSEC have reported challenges in compiling COVID-19 data at district level and have observed a gap in reporting the data from the private clinics and hospitals.

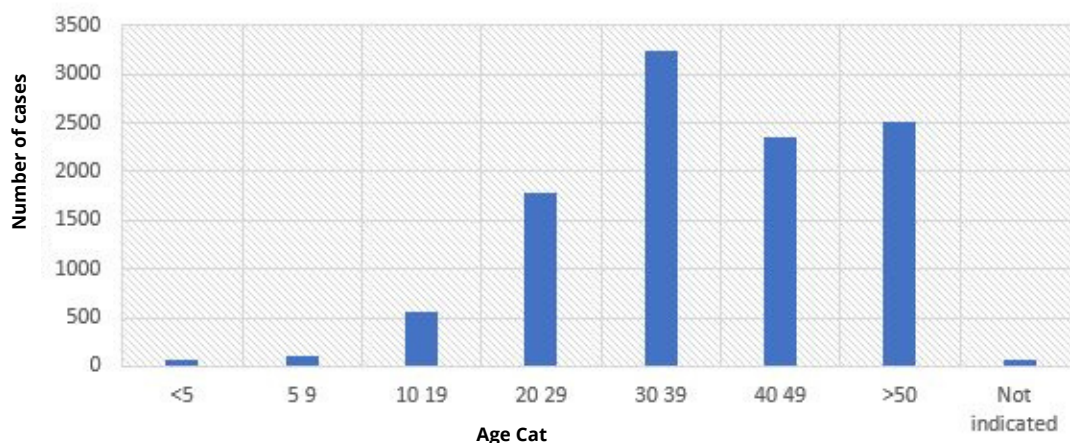
Figure 1



- Distribution of cases by age groups, shows that the age group 30–39-year are the most affected (3,256/10,707; 30 %) followed by >50 years (2520/10,671; 23.5 %).

Figure 2

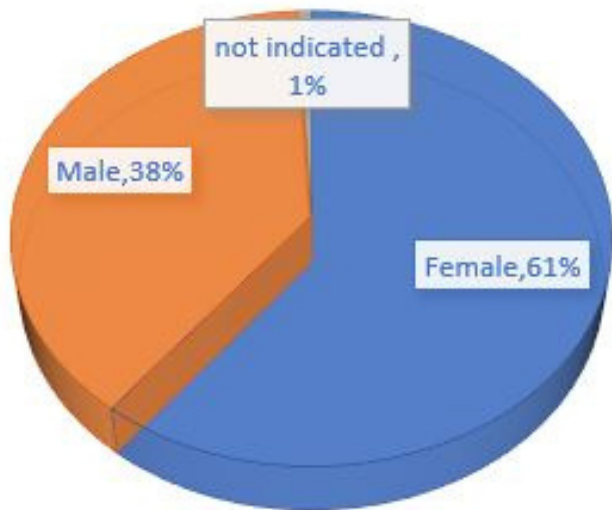
Distribution of confirmed cases by age group
May 2020 to 03 April Epi 2021



- Majority of COVID-19 cases reported were females with cumulative number of 6532 (61%) (Figure 3). The high prevalence among females could be explained by the fact that females are likely to be more represented in occupations, which put them in close proximity to others and thus exposing them to a higher risk of infection. This may also be partly explained by health seeking behavior which is more common amongst females than males.

Figure 3

Number of cases by sex: week 12



Source: WHO Epidemiological report

Vaccination of health workers

Vaccination of health care workers and other priority groups continued in all the ten districts following the launch of the intervention on 10 March 2020. Fifteen thousand eight hundred and eighteen (15,818) were vaccinated out of the targeted twenty-one thousand two hundred and forty-six (21,246) which is 74.4% is achieved. There were 29 mild adverse events following COVID-19 immunization (AEFIs) that were resolved.



A health care worker receives the first vaccination shot

Health care worker vaccination campaign in Morija



COVID-19 sensitization campaign in Quthing District

In an effort towards the fight against COVID-19 and the continuous need to sensitize populations on the risk of COVID-19 and educate the public, including both migrants and local communities on key COVID-19 infection prevention and control measures, IOM Lesotho supported the Quthing District's initiative on COVID-19 risk communication in the form of a mobile van campaign on February 19 2021 at Quthing District.

The campaign was organised in collaboration with the National COVID-19 Secretariat (NACOSEC) and the District COVID-19 Secretariat (DISCOSEC) led by Quthing District Administrator and was conducted in partnership with the Migrant Workers Association (MWA). Approximately 1,000 persons (50% women, 40% men and 10 % children) were sensitized through the campaign at the taxi rank, in villages and small towns.

IEC materials containing Covid-19 messages including maintaining good hygiene, social distancing, wearing masks in public, avoiding large gatherings and limiting unnecessary travels as well as the wearing of cloth masks were distributed. The campaign is also expected to cover the Qacha's Nek and Mohale's Hoek Districts over the next few months.



IOM team distributes COVID-19 information leaflets in Quthing District

COVID-19 border restrictions have increased the cost of doing business, causing loss of livelihood for many

UNDP together with IOM conducted a rapid need assessment on informal cross border trade in Lesotho. COVID-19 has severely affected human mobility between Lesotho and South Africa as borders were closed between March – early October 2020, re-opened briefly under COVID-19 protocols, but closed again in early January 2021 due to a rapid spread over the 2020 year-end holiday period. The borders remained closed for over a month and only reopened on February 15, 2021 (only for those travellers with essential services permits).

Lesotho, which is surrounded by South Africa, depends on their larger neighbour for over 90% of its consumer goods and services. While essential goods and services continued to be brought into Lesotho during the border closure periods, cross-border trade and commerce reduced significantly due to the restrictions on movement and other regulations introduced to curb COVID-19 transmission. For informal cross-border traders (ICBTs) who rely on South Africa and cross border movement for their daily income and livelihoods, and depend on public transport, (although some travel in private vehicles) each border closure has meant that they could not cross at all to procure or sell goods and thus they have been heavily affected by these measures.

Lesotho moves to blue stage

On 21 March 2021, the cabinet reviewed the current risk determination and mitigation and adopted a new framework which consider several factors such as: the epidemiological status, health care system readiness for increased infections and environmental factors. This framework is more attuned to the community transmission that the country now faces and dispenses with the reproduction rate that was more tailored to travel based infections.

Based on this framework Lesotho moved to blue stage effective from 21st March. Under the blue stage, the curfew will be maintained from 10 pm to 4am, shops and services may open from 8am to 8pm, and entertainment will remain prohibited for events and performances to limit the spread of the virus. Schools and institutions of higher learning are to open on a rotational basis to avoid crowding places of learning. International travel restrictions eased and movement across borders will only be allowed for business, health, and the commute of students and teachers.

For more information on COVID19 regulations visit: <https://www.gov.ls/covid-19/>



Crisis response funding increased to assist more vulnerable families

WFP received additional funding of USD 2.1 million from USAID/ Bureau of Humanitarian Aid and USD 300,000 from Canada that has enabled the expansion of the lean season assistance from the current 6,300 to 13,141 households in the districts of Mokhotlong, Thaba-Tseka and Maseru up to June 2021.

The targeted households have also been adversely affected by COVID19 as many of them lost their means of income and, will be supported through a commodity voucher redeemable at local retail shops and mobile cash transacted through Vodacom Mpesa platform. Each household receives a monthly entitlement amounting to LSL811.00 per household.

The food intervention support includes a Social and Behaviour Change Communication (SBCC) component 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.

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