Highlights

- The humanitarian response addressing the needs of those identified in the 2018 Vulnerability Assessment and Analysis (VAA) and Integrated Food Security Phase Classification (IPC) is currently ongoing, targeting the four districts that were originally projected to be in IPC Phase 3 (Crisis) or higher (Emergency) in the period December 2018-February 2019, namely Mohale’s Hoek, Maseru, Quthing and Qacha’s Nek.

- A countrywide multi-sectoral rapid assessment recently launched by the Disaster Management Authority (DMA) and Lesotho Vulnerability Assessment and Analysis Committee (LVAC) predicts that 487,857 people are currently in need of humanitarian assistance due to delayed and below-average harvest.

- IPC Phase 3 (Crisis) outcomes are expected to persist in the period April-May 2019 while IPC Phase 2 (Stressed) outcomes are expected in the period June-September 2019 due to late onset of rains and prolonged dry spell during planting time.

- Erratic weather conditions have impacted on a number of sectors, including Agriculture and Food Security, Health and Nutrition, WASH, Protection (including GBV), Child Protection, Migration, HIV/AIDS, etc.

- Various international sources forecasted a 80 per cent chance of El Niño prevailing during the period April-May 2019, reducing to 60% during the period June-August 2019 (by mid-December, international models predicted a 96 per cent of chance of El Niño).

- In January 2019, HCT partners secured USD 5,550,533 through the UN Central Emergency Response Fund (CERF) for the most urgent and life-saving humanitarian activities in key sectors, targeting 273,635 people in four districts, i.e. Mohale’s Hoek, Maseru, Quthing and Qacha’s Nek.

- The United Nations, together with NGOs reactivated the Humanitarian Country Team (HCT) to support the Government of Lesotho through the Disaster Management Authority (DMA) in the development of a Drought Contingency Plan and related Response Plan.

- High-level advocacy efforts with the Government of Lesotho and donors are underway with the possible deterioration of the humanitarian situation in the country a key focus of discussions.

<table>
<thead>
<tr>
<th>Affected people in rural areas (IPC 3 or higher)</th>
<th>Affected people in urban areas (IPC 3 or higher)</th>
<th>Affected people in rural areas (IPC 4)</th>
<th>No. of people targeted for assistance^1</th>
<th>CERF funding (in USD)</th>
<th>No. of people targeted by CERF funding in IPC 3 or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>407,191</td>
<td>80,666</td>
<td>42,953</td>
<td>273,635</td>
<td>5.55M</td>
<td>132,186</td>
</tr>
</tbody>
</table>

^1 Under CERF as of December 2018
**Situation Overview**

**The number of people in need is currently growing**

According to the findings of the 2018 Vulnerability Assessment and Analysis (VAA) and Integrated Food Security Phase Classification (IPC) conducted by the Lesotho Vulnerability Assessment Committee (LVAC) in June 2018, the number of people in need of assistance slightly increased compared to 2017 with lean season projections (October 2018-February 2019) of 308,966 people in need of assistance, accounting for 18% of the rural population (257,283 people) and 9.2% of the urban population (51,683 people). Additionally, in the projected period September 2018-February 2019, Mohale’s Hoek, Qacha’s Nek and Quthing districts were classified in IPC Phase 3 (Crisis) or higher (Emergency) while the other districts were projected in IPC Phase 2 (Stressed).

The VAA findings also showed that the majority of households had adequate water supply through communal taps (52%), private borehole (29%), protected springs (5%) and unprotected sources (8%). Moreover, 83% of households were using improved sanitation, showing an increase from the previous year. However, some of the districts reported a high percentage of households using unprotected water sources. The assessment also highlighted that, for children under 5 years of age, the national prevalence of stunting was 35% while the prevalence of wasting stood at 3.5%.

In November 2018, LVAC updated the IPC analysis to review the number of food insecure people and their locations, developing new scenarios and assumptions for planning purposes. The first set of results highlighted that the rural population in need increased from 257,283 people to 273,635 people while 51,683 people in urban areas were reconfirmed as being in need. As such, a total of 325,318 people were projected to be in need of humanitarian assistance in the period December 2018-February 2019. During the same period, Maseru district was projected to be shifting from IPC Phase 2 (Stressed) to IPC Phase 3 (Crisis) or higher together with Mohale’s Hoek, Qacha’s Nek and Quthing districts. The other districts were projected to remain in IPC Phase 2 (Stressed) (see Map 1). About 43,000 people across the country were also classified in IPC Phase 4 (Emergency), although there was no area or district classified in this phase.

Due to the erratic weather patterns and the reportedly deteriorating humanitarian situation, the Disaster Management Authority (DMA) and LVAC decided to undertook a countrywide rapid assessment in March 2019, to evaluate the humanitarian needs in key sectors, including agriculture and food security, health and nutrition, WASH, protection, HIV/AIDS among others. Initial results highlighted that 487,857 people (respectively 407,191 in rural areas and 80,666 in urban areas) are currently in urgent need of humanitarian assistance. Furthermore, 640,000 people areas are projected to be food insecure during the period July 2019-June 2020 and this projection will be confirmed by the upcoming annual VAA scheduled for May-June 2019.

The rapid assessment also highlighted that the majority of households have adequate access to water through normal (88%) and alternative sources (12%). Of the 12% households using alternative sources, 36% use unprotected wells/springs, 19% use communal/public taps, 13% use protected wells/springs, 11% use private borehole and 21% use public borehole and other sources. Moreover, 83% of households have access to improved sanitation. However, numerous cases of harassment and violence to and from the sanitation facilities were reported.

An increase in livestock deaths mainly due to diseases (sheep scab, anthrax and foot and mouth diseases) and drought (lack of water and pastures) was also reported. With livestock prices (cattle, goat and sheep) either remaining the same or slightly increased compared to May 2018. In relation to food consumption, 14% of the households registered a poor food consumption score (FCS), 35% had borderline FCS while 52% were categorized as acceptable FCS. Similarly, 62% of the households registered low dietary diversity score (DDS), 26% had moderate DDS while 12% had a high DDS.
Finally, the findings indicate that a total of 3.2% of children are malnourished, of which 1.8% were moderately and 1.4% were severely malnourished. Cases of migration, sexual violence, child labour and child marriage were also reported as a result of the deteriorating humanitarian situation.

**IPC Phase 3 (Crisis) outcomes likely to persist due to delayed and below-average harvest**

According to the latest update of the Famine Early Warning System Network (FEWS NET), the 2018/2019 rainfall season started over a month late with cumulative below average rainfall to date. The Climate Hazards Group InfraRed Precipitation with Station (CHIRP) preliminary data indicates that cumulative rainfall for Lesotho has been 55 to 80 per cent below normal in the period October 2018-February 2019, marking one of the driest periods on record. As a result, according to FAO Agricultural Stress Index (ASI), more than 70 per cent of croplands were severely affected by the widespread dry conditions.

The Water Requirement Satisfaction Index (WRSI), extended to end of season, indicates that the majority of the maize crop is mostly in a poor to mediocre condition. Below average and erratic rains have contributed to very slow regeneration of vegetation in Lesotho (see Map 2) resulting in poor crop development in most parts of the country with localized crop failure informally reported in areas across the country, specifically in the Southern Lowlands. Despite some seasonal improvements in rainfall, it is unlikely that crops will fully recover.

Observations from the ground also confirm poor crop conditions, with stunted and pre-mature tasselling crops with the majority of the maize crop still at vegetative stage due to the delayed rains. Typically, the maize crop is expected to have reached the reproductive stage by this time of the year with the harvest anticipated to be below-average and delayed as a result. The current crop stage indicates the availability of green foods is likely to be delayed with a significant proportion of households anticipated to have below average access to green foods, a key mechanism to reducing the severity and length of the lean season. In April, households typically begin earning income from selling green crops such as beans and groundnuts, however this is now unlikely due to the poor season.

February is the peak of the wet season and vegetation typically fully regenerates. However, it is now likely that vegetation will not reach its typical levels by the end of rainfall season. The Global Information Early Warning System (GIEWS) indicated that the Normalized Difference Vegetation Index (NDVI) from the first ten days of February 2019 was 60 to 90 per cent of the long term mean (see Map 3). Poor vegetation conditions are also affecting livestock pastures which is likely to have a severe impact from as early as July 2019 as pastures are expected to deteriorate earlier than normal. Livestock body conditions will likely not fully recover from this year’s lean season, which will not only affect livestock prices, but also the quantity and quality of wool and mohair produced from sheep and goats. This is a typical source of income for middle-income households in Lesotho.

As a result, according to FEWS NET, IPC Phase 3 (Crisis) outcomes are expected to persist in the period February-May 2019 while IPC Phase 2 (Stressed) outcomes are expected in the period June-September 2019 with a potential winter harvest.

**Erratic weather conditions have impacted a variety of sectors**

Due to the prevailing dry conditions, several key sectors have been negatively impacted to date. Within the Health and Nutrition sector, health centres have reportedly stopped providing child birth services due to water scarcity. Although the rate of Global Acute Malnutrition (GAM) was 3.5% in 2018, there is evidence of a silent nutritional emergency which could worsen with the ongoing food and water shortage crisis with the number of malnutrition cases
likely to rise during the period April-July 2019. Additionally, the Water, Sanitation and Hygiene (WASH) sector have reported a number of cases of typhoid and bloody and non-bloody diarrhoea in some districts as a result of poor hygiene practises.

Protection related issues, including incidents of gender-based violence (GBV), have been reported in several districts. The reduction of water availability for household consumption increased the distance and time spent collecting water among women and girls who are progressively becoming exposed to the risk of being physically assaulted by herd boys who forcefully take water away from them. The identified main forms of GBV forms are physical violence, sexual violence and emotional abuse. Additionally, incidents of early child marriages have also been reported over the last months. As in the previous El Niño-related drought emergencies, the current monitoring report from UNICEF and WFP indicates an increase in child protection issues among communities impacted by the drought including an increase in the number of separated and unaccompanied children left behind by their parents/caregivers who are migrating to South Africa or within Lesotho’s urban areas. Furthermore, incidents of child abuse, social distress, and school dropout have been reported. Cited reasons for migration include a lack of food for family members and the unavailability of water.

Finally, forced and/or voluntary internal migration from rural to urban areas; international migration, typically to South Africa; temporary migration in search of work and; permanent migration due to food insecurity and insufficient water has grown substantially and been confirmed by anecdotal evidence, direct observation as well as the project reports from UN agencies and NGOs. As the situation worsens, peri-urban and urban regions will also be increasingly affected with the level of migration expected to rise in the coming months with various types of human rights abuses and exploitation, including GBV and Trafficking in Persons (TIP), reported.

**Food prices likely to increase due to poor harvest**

According to FEWS NET, WFP and Alert For Price Sparks (ALPS), maize meal prices fell slightly in October 2018, stabilizing in November and December 2018 (60.94 LSL/12.5 kg) with reported prices 7 percent below the five-year average. Maize meal prices are likely to increase due to increases in local demand (from the poor harvest) as well as an increase in prices from the source markets in South Africa (see Graph 1). The majority of households in Lesotho are currently relying on markets to access food as food stocks have been exhausted. Staple foods are well stocked in local markets as they are consistently supplied from South Africa. However, access to markets is currently limited for very poor and poor households due to low incomes. Poor households’ income sources are limited as agriculture labour is atypically significantly below-average for this time of year. During the harvesting period, May to July, households are most likely to begin accessing incomes from agriculture labour, however this is expected to be significantly below average due to anticipated poor harvest. Also below average incomes from crop sales is likely with households expected to rely more on income from off-farm activities between May and September 2019.

**Below normal rainfall forecasted for April-May 2019**

According to the Lesotho Meteorological Services (LMS), in the period December 2018-March 2019, the southwestern part of the country (i.e. Berea, Maseru, Mafeteng, Mohale’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.
Nationally, in the projected period February-March 2019, LMS forecasted normal to below-normal rainfall with normal to above-normal temperatures. However, for the period April-May 2019, below-normal rainfall and normal to above-normal temperatures are forecast, increasing the possibility of a negative impact on the winter planting and harvest (see Graph 2).

LMS has indicated that the country is currently in ENSO-neutral conditions (neither El Niño nor La Niña). However, a 60-70 per cent likelihood of a moderate El Niño event prevailing in the coming months has been reported which will potentially lead to persisting dry conditions in the country with consequences in terms of food security. At regional level, the outcomes of the 22nd Southern African Regional Climate Outlook Forum (SARCOF-22), organized by SADC and held in Zambia in August 2018, indicated that the bulk of the region is likely to receive normal to below-normal rainfall conditions in the period December 2018-March 2019 which might potentially lead to droughts and widespread food insecurity in the region. Moreover, various international sources, including the World Meteorological Organization (WMO) and the International Research Institute (IRI) for Climate and Society (Columbia University), recently forecast an 65 per cent chance of El Niño prevailing during the period June-August 2019, reducing to 50-55% during the period September-November 2019 (by mid-December 2018, international models had predicted a 96 per cent chance of El Niño).

Funding

In order to respond to immediate humanitarian needs, the HCT submitted an application to the Central Emergency Response Fund (CERF) in December 2018 and were allocated USD 5,550,533, ensuring that the most urgent and life-saving humanitarian activities in key sectors are initiated (see Table 1). Through CERF allocations, 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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funds allocation (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>1,462,944</td>
</tr>
<tr>
<td>Food Security</td>
<td>2,716,917</td>
</tr>
<tr>
<td>Health</td>
<td>100,337</td>
</tr>
<tr>
<td>Nutrition</td>
<td>157,427</td>
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<tr>
<td>WASH</td>
<td>591,175</td>
</tr>
<tr>
<td>Child Protection</td>
<td>119,883</td>
</tr>
<tr>
<td>Protection (GBV)</td>
<td>100,195</td>
</tr>
<tr>
<td>Protection (Migration)</td>
<td>301,655</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,550,533</strong></td>
</tr>
</tbody>
</table>

Table 1: CERF allocations to Lesotho by sector. Source: CERF

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 the end of December 2019.
Agriculture and Food Security

Current activities mainly aim to protect beneficiary vineyards 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 targeted districts. Specifically, FAO is currently supporting: (i) emergency food production in the short-term to complement nutritional outcomes; (ii) emergency animal health (through treatment and vaccines); (iii) short-term production of animal feeds; (iv) the identification and profiling of perennial water sources for livestock and quick maturing varieties food production; and, (v) the provision of coordination support to the food security sector in close collaboration with Government and other food security partners. The following three interventions were prioritized by FAO: (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 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.

In response to the needs of orphans and vulnerable children (OVC), whose households are among the most vulnerable groups in the country, WFP targeted this sub-sector which is not receiving any assistance from the existing safety nets in the country. The household support is being provided through OVC in schools using a combination of food distributions and cash transfers. Each household is currently receiving USD 45.00 per month, out of which USD 16 is for maize meal and USD 29.00 is for other household requirements. The cash is being distributed by Vodacom MPESA merchants within the targeted councils. Beneficiaries are entitled to 30 kg per month and they can collect as they wish from the merchants who will be paid Post-factum by WFP through Vodacom.

Finally, the food intervention support includes 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 and climate awareness in collaboration, and with technical support, from sister UN agencies. WFP’s total targeted population is about 41,080 OVC.

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 co-ordinating their efforts to minimize duplication. The mentoring and supervision of malnutrition cases in hospitals and health centres is being supported by 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. 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.

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**Protection**

Humanitarian partners are currently 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 target 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 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. In addition, 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 is aiming 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 will also support the implementation of a multi-sectoral mechanism for prevention and response to gender-based violence. Protection actors will provide information to these groups on the availability of services during the emergency. Protection data collection and awareness will generate the much-needed data to inform appropriate and timely interventions.

UNFPA, UNICEF, and IOM are currently working 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.

Specifically, IOM through the inter-agency protection working group, proposes 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 will providing 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 centres. UNFPA and UNICEF will strengthen the existing referral mechanism to be inclusive and integrated between child protection, GBV, TiP and other violence and human rights issues.

UN agencies will work to establish a joint humanitarian communication group to ensure all the messages are accurate, appropriate and coordinated. In addition, 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.

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**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. In addition, the HCT will seek to ensure that early action and response measures are undertaken, building
on lessons learned and best practices from the 2016/2017 El Niño-induced drought, to mitigate the risks and potential impacts on the vulnerable populations of the country.

To further strengthen humanitarian coordination, the United Nations together and partners reactivated the Humanitarian Country Team (HCT) in September 2018, optimising the 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 have supported the GoL, through the Disaster Management Authority (DMA), in the development of a Drought Contingency Plan and related Response Plan. 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.

A countrywide multi-sectoral rapid assessment launched on 1 March 2019 under the leadership of DMA and LVAC, with the support of the HCT and partners. Initial findings were presented to partners on 1st April 2019, full report is being finalized and under Cabinet review. The exercise was aimed at identifying the most urgent humanitarian needs in the key different sectors and chart way forward in terms of response and next steps.

Useful Links

https://cerf.un.org/
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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