



### 1. CRITICAL ISSUES FOR CHILDREN

The humanitarian crisis in Lesotho is caused by a combination of economic, political and social factors causing the unfolding livelihood crises of food insecurity, HIV and AIDS and poverty. Prevailing drought conditions in Southern Africa have severely impacted Lesotho during the last decade and 2007 was no exception as the Government declared a state of emergency in July 2007. The below normal rainfall compounded with lengthy dry spells and unusually hot weather resulted in extremely poor harvests. The Crop and Food Supply Assessment Mission (CFSAM) and Vulnerability Assessment Committee (VAC) 2007 results ascertain that a total of 400,000 to 500,000 people would be requiring food assistance in the 2007/2008 season. Of these 200,000 children including 80,000 under-five children, 80,000 mothers and 40,000 pregnant and lactating women are in need of assistance.

The emergency, caused by prolonged drought, exacerbated the already poor nutritional situation and brought with it a broader and more holistic perspective on the importance of nutrition to save lives and ensure child survival and development. This situation further aggravates the vulnerability caused by the impact of HIV and AIDS. Lesotho has the third highest prevalence rate in the world with 23.2 per cent of adults aged 15-49 years infected, and peaking at over 43 per cent in women aged 35-39 years (Demographic and Health Survey 2004-2005). The total population living with HIV is estimated at 265,000 of which 130,000 are women aged 15-49 years and about 16,000 are children aged 0-14 years. There are an estimated 180,000 orphans, of which 100,000 have lost one or both parents to AIDS. The water, sanitation and hygiene (WASH) situation is further deteriorating with evidence of the water table receding and 30 per cent of boreholes and springs in populated rural areas having dried up (Water Commission 2007). In addition, 60 per cent of the health centres have no access to safe water, and health data revealed that 85 per cent of clinics' outpatient consultations in all age groups were due to diarrhoeal diseases. The current humanitarian situation in the country is posing a big threat to the general well-being of women and children and is expected to further worsen the already precarious conditions in Lesotho well into 2008.

### 2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the population in Lesotho affected by the drought. The response has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, and protection.

- In the area of health, routine immunization services have been accelerated through increased technical and supply assistance to the Ministry of Health and other national partners. Some 221,719 children were immunized in a major measles immunization campaign. Vitamin A supplementation and deworming tablets were also provided. Preliminary coverage figures indicated 90 per cent.
- About 24,000 moderately and acutely malnourished children are being rehabilitated through the establishment of therapeutic and supplementary feeding centres, provision of nutritional supplies and training of health staff.
- UNICEF is providing technical assistance to strengthen and operationalize the national nutrition surveillance system and to ensure the regular monitoring of the nutritional status of the population.
- Water and sanitation facilities as well as hygiene promotion interventions are being carried out in drought-affected areas to reduce the risk of transmission of waterborne diseases through the provision of clean water and supplies and the training on participatory health and hygiene transformation to raise awareness and promote behavioural change among 154,000 people in schools, health centres and communities.
- The Department of Social Welfare under the Ministry of Health and Social Welfare, UNICEF and other partners are developing a psychosocial support package for orphaned and vulnerable children (OVC) as part of the Government/European Commission/UNICEF joint OVC programme which will target 60,000 of the most vulnerable OVC.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

UNICEF works closely with line ministries including the Ministry of Health and Social Welfare, Ministry of Education and Training, Ministry of Agriculture, the Child and Gender Protection Unit of the Police, the Food and Nutrition Coordination Unit and the Disaster Management Authority. As part of the UN Country Team, UNICEF coordinates with other UN agencies and other humanitarian partners, including non-governmental and community-based organizations etc. UNICEF is a member of all multisectoral working groups, such as the HIV and AIDS expanded theme group, the Food and Nutrition Task Force, the OVC Task Force as well as the Lesotho Vulnerability Assessment Committee.

#### **Regular programme**

The current Country Programme 2002-2007 has four programme areas: child survival, care and development; basic education for all; adolescent and youth development; and social policy development and planning with a number of cross-cutting themes featuring HIV and AIDS and gender. The implementation of regular programme activities was accelerated in the areas of UNICEF's *Core Commitments for Children in Emergencies* (CCCs) to respond to the slow onset and recurrent humanitarian crisis ('triple threat' of food insecurity, weakened governance and HIV and AIDS).

#### **Health and nutrition (US\$ 634,000)**

Some 200,000 women and children will be reached with the different response activities and services including:

- Procure and distribute essential emergency drugs and equipment to health centres;
- Set up 60 community-based therapeutic feeding centres in the most affected areas (growth monitoring activities, prevention and management of acute malnutrition);
- Support the provision of quality therapeutic feeding services in all 18 hospitals (including management of severe acute malnutrition);
- Set up supplementary feeding programmes in collaboration with the World Food Programme (WFP) in all 10 districts;
- Ensure that the nutritional surveillance system is operational; produce monthly reports and quarterly bulletins and secure timely dissemination;
- Set up 50 sentinel sites to monitor the trends of severe malnutrition and household food security;
- Promote appropriate infant and young child feeding and key family practices through the implementation of a comprehensive communication for behaviour change package;
- Support the institutionalization of the micronutrient supplementation programme;
- Train and build capacity of health workers, community health workers and personnel to effectively respond in all relevant areas (therapeutic and supplementary feeding as well as nutritional surveillance).

#### **Water, sanitation and hygiene promotion (US\$ 990,000)**

Water, sanitation and hygiene (WASH) interventions in schools, communities and health centres will target 154,000 people through the following key activities:

- Provide a comprehensive WASH package to the affected/targeted population.
- Provide basic family WASH kits to 16,000 families (about 100,000 people) to break the transmission cycle of waterborne diseases;
- Provide 50 rigid high-density polyethylene (HDP) water tanks to the strategic locations, such as schools and health centres;
- Undertake simple and major repairs of handpump facilities benefiting an estimated 40,000 people. (At least 100 handpump facilities would be repaired and sustained for continuous use.)
- Construct 40 new and rehabilitate 20 old water facilities to benefit 24,000 people;
- Support the training of water committees for each of the 160 water facilities repaired, rehabilitated or newly constructed. Provide training on roles and responsibilities, fundraising and preventive maintenance of facilities;
- Train/orient 1,500 community health workers, volunteers and members of village committees, like water committees, on proper use of family WASH kits and biological water testing using H2S strips;

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- Construct/rehabilitate sanitary facilities in 30 schools (10 latrines) to break the cycle of waterborne diseases;
- Promote hygiene education and hygiene awareness programmes in 30 schools and local communities and health centres in order to complement existing water and sanitation services.

### **Education (US\$ 150,000)**

Education activities targeting 171,000 schoolchildren will include:

- Conduct regular monitoring of drought impact on schools by collecting data on teachers'/students' attendance;
- Procure school-in-a-box kits, blankets, solar panel torches and wind-up radios to support 80,000 out-of-school learners.

### **Child protection (US\$ 575,000)**

Some 60,000 children will be targeted through the following protection activities:

- Provide psychosocial care and support to children and adolescents in drought-affected areas;
- Strengthen the capacity of the providers of child-friendly services to ensure the equitable provision of drought-related supplies;
- Provide out-of-school children with skills related to the prevention of sexual exploitation, abuse and violence during the drought;
- Train NGO workers, teachers and health staff on response to violence/abuse.