

Lesotho

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	2.05M
Urban population (2012)^a	0.58 M
Rural population (2012)^a	1.47 M
Population growth rate (2012)^a	1.10%
Gross domestic product USD (2012)^b	2.45 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	74.2
Under 5 mortality / 1,000 live births (2012)^c	99.6
Life expectancy at birth (2012)^d	50 yrs
Diarrhoea deaths attributable to WASH (2012)^e	566

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	30%
Use of drinking-water from improved sources (2012)^f	81%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/16.23

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Design and layout by LIV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland.

Sanitation, drinking-water and hygiene status overview

Lesotho has plans and policies in place for urban and rural water and sanitation that have been costed, but are only partially implemented. The Water and Sanitation Policy of 2007 states that “All the Basotho are entitled to have access to a sustainable supply of potable water and to the provision of basic sanitation services at an affordable cost.” The policy indicates that all Basotho have a right to 30l/cd of water, but mechanisms for implementing this policy are not in place. The right to basic sanitation is also outlined in the policy, but it is not defined and mechanisms or plans for achieving it are not fully developed. There is, however, a drive towards improving access to both water and sanitation, although access for all will take a long time to achieve.

Lesotho has taken many steps to ensure sustainable services. For example, the emptying service for the latrines and conservancy tanks has been outsourced to private operators and the contents are being disposed at the WASCO’s WWTW in order to ensure adequate treatment and safe disposal. Additionally, a hydraulic modeling exercise has been undertaken and a variety of cost effective options have been developed and will inform operational decisions in the future, and local authorities are increasing their capacity to take over the operations and maintenance of community systems.

To help reach the poor, Lesotho is implementing the Maseru Wastewater project, which is piloting the provision of on-site sanitation facilities for the urban poor. Water closets are to be constructed and the tariff for these will be based on a 60% return rate as opposed to the normal 85%. A credit facility has been established for connections to both water and sewerage networks and households are allowed to pay for these over a period of up to 36 months depending on their level of income. A beneficiary assessment is to be undertaken that will categorize the beneficiaries allowing for grants to be issued for facilities for households classified as poor.

The 2011 annual sector review resulted in changes to monitoring indicators. In view of the identified shortcomings, the government proposed changes to the Financing Agreement so that the use of outcome indicators be postponed and be replaced by output indicators. This should provide space for Bureau of Statistics to properly institutionalize the Continuous Multi-Purpose Survey (CMS) procedures and budgets and carry out the Water and Sanitation Module in the CMS at least twice yearly.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Several ministries and institutions share the lead for drinking-water and sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Water and Sewerage Company (Urban)	✓	✓	
Department of Rural Water Supply (Rural)	✓	✓	
Ministry of Health			✓
Commissioner of Water	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **8**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	83	2015
Rural sanitation	✓	50	2015
Sanitation in schools	✓		
Sanitation in health facilities	✓	100	2010
Urban drinking-water supply	✓	78	2015
Rural drinking-water supply	✓	64	2015
Drinking-water in schools	✓		
Drinking-water in health facilities	✓	100	2010
Hygiene promotion	✓		
Hygiene promotion in schools	✓	50	2017
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of reliability/continuity of urban and rural water supplies and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	July 2013		July 2013		2011/2012
Use of performance indicators ^a	●		●		
Data availability for decision-making ^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance ^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	●	
Independent auditing management procedures with verification	NA	NA	✗	✗	
Internal monitoring of formal service providers	✓	●	✓	✓	
Communication ^a					
Performance reviews made public	✗	●	✗	●	
Customer satisfaction reviews made public	✓	✗	✓	✗	

^a ✗ Few. ● Some. ✓ Most.
^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.
 NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water that define gaps and include actions for improvement. Financial resources for staff costs is a moderate constraint for all sectors and recruitment practices is a severe constraint for hygiene.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed ^a	✓	✓	✓
Strategy defines gaps and actions needed to improve ^a	✓	✓	✓
Human resource constraints for WASH ^b			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	✓	✓	✓
Skilled graduates	✓	✓	✓
Preference by skilled graduates to work in other sectors	✓	✓	✓
Emigration of skilled workers abroad	●	●	✓
Skilled workers do not want to live and work in rural areas	✓	✓	●
Recruitment practices	✓	✓	✗
Other			

^a ✗ No. ● In development. ✓ Yes.
^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for some WASH areas. There are also some reported insufficiencies of funds to meet MDG targets.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	●	●	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
2010–2013	185.41 M.USD
Expenditure as a % GDP	
Education ²	NA
Health ²	11.3
WASH ³	1.9

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, three disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to urban areas, however, the unserved are mainly in rural areas.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation	✗			
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	✓	✓	✓	✓
Effective complaint mechanisms	✓	✓	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. Remote populations
3. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

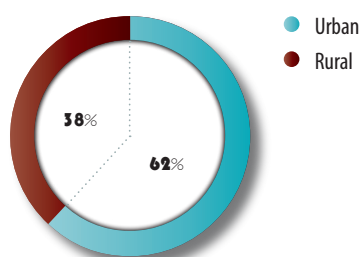
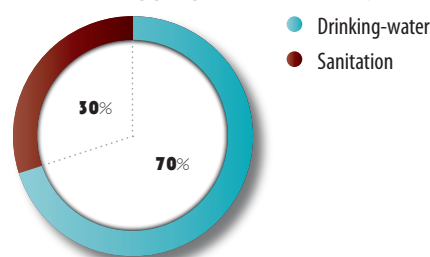


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

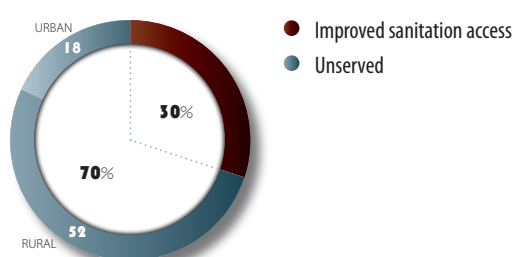
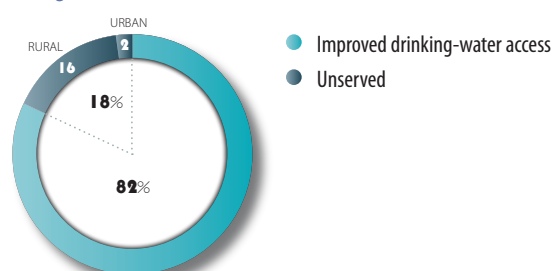


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.