



Lesotho Nutrition Brief



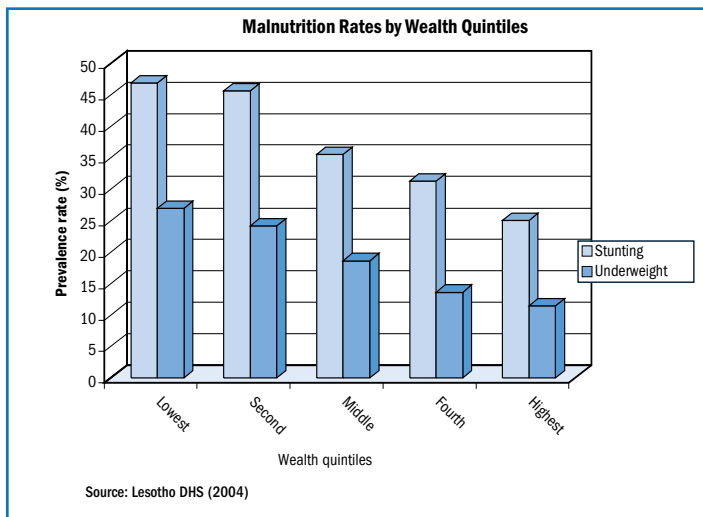
Country Context

A landlocked country covering 30,350 sq. Km, Lesotho is home to 1.8 million people, and the annual population growth is estimated at 1.0%. The country has: a GDP of US\$1.4 billion; an infant mortality of 91 per 1,000 live births; and a life expectancy, at birth, of 37.9 yearsⁱ.

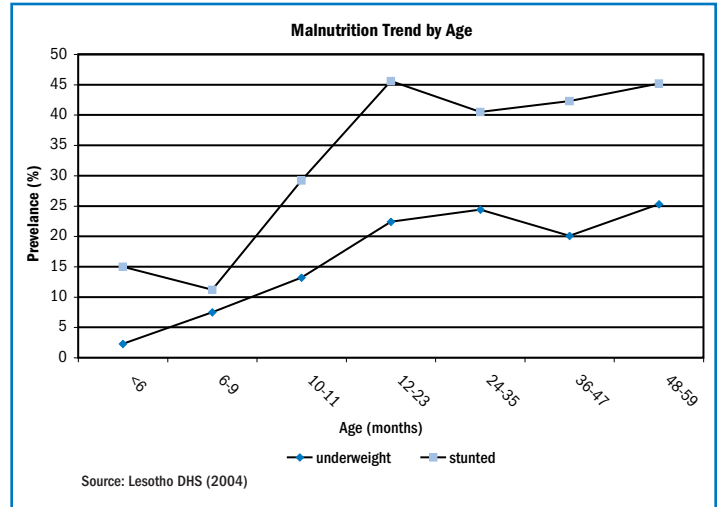
Like many other countries in the Southern Africa region, Lesotho has been badly affected by the HIV/AIDS pandemic, and a total of 320,000ⁱⁱ of the country's adults, aged between 15-49 years, are estimated to be living with HIV/AIDS. This is 28.9% of the entire adult population.

Nutritional Status

Levels of underweight among children under 5 years of age in Lesotho are high, ranging from 18 to 20% for years 2000 and 2004 respectively. Levels of stunting during the same period are even higher ranging from 21 to 38%ⁱⁱⁱ.



In Lesotho, both stunting and underweight vary tremendously by wealth quintiles; prevalence rates among the country's poorest are double those of the richest.



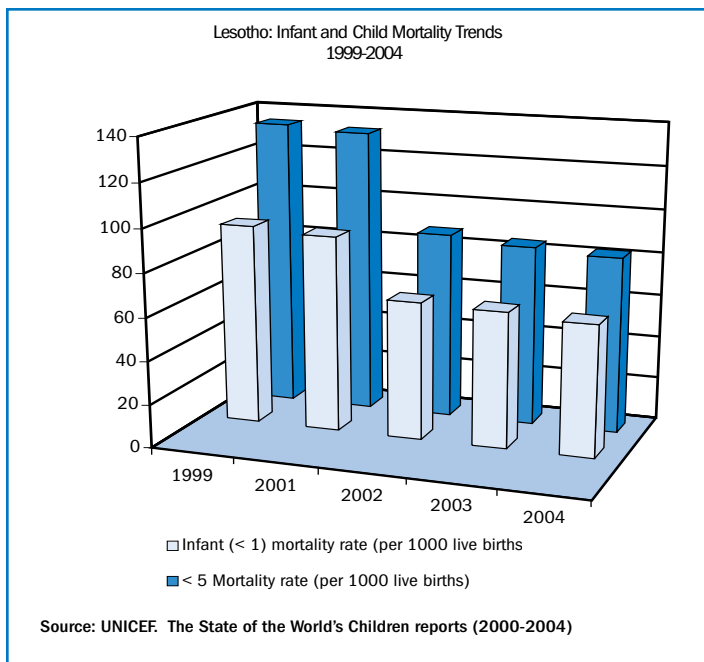
There are no nationally representative data for levels of malnutrition among children 0-6 months of age in Lesotho, but available data suggest that malnutrition measured by stunting and wasting seems to be highest among children 12-23 months of age.

With regards to dietary energy supply, FAO^{iv} data suggest that per capita dietary energy supply in Kcal/person/day for years 2000-02 was 2,620. This is close to the average 2,681 Kcal/person/day of all developing countries^v, however, 12% of the population in Lesotho is reported to consume less than the minimum level of dietary energy consumption^{vi}.

Mortality, birth weight and patterns of child and infant feeding

Mortality among children under five years of age in Lesotho has been declining from 134 per 1000 live births in 1999 to 82 in 2004. This trend is similar for infant mortality which declined from 93 to 61 per 1000 live births for the same period^{vii}. In assessing progress towards reducing child mortality, UNICEF ranks Lesotho as number 51 in the child mortality ranking¹.

¹ A ranking developed by UNICEF in which countries are ranked in a descending order of their estimated <5 mortality rate. In 2000 Sierra Leone was ranked 1 and Sweden, Norway and Japan were ranked 189.



In Lesotho the percentage of infants with low birth weight was in the range of 11-14% for years 2000- 2006^{viii}.

With regards to breastfeeding, data show that exclusive breastfeeding is not common with only 36.4% of children less than 6 months exclusively breastfed. Also, complemented breastfeeding, with other foods, is reported among 24.2% of children less than 6 months of age and continued breastfeeding between 6-9 months is reported among only 6.3% of children^{ix}.

Anemia and Iodine Deficiency Disorders (IDD)

Iron deficiency anemia is reported among 51% of children under 5 years and 43% of women aged 15-49 years^x.

The Total Goiter Rate (TGR) in Lesotho is reported to be 19%, and each year a total of 11,000 children are born with some sort of mental and/or intellectual impairment as a result of micronutrient deficiencies during pregnancy^{xi}.

Despite the high level of Iodine Deficiency Disorders (IDD) in Lesotho, only 69% of the households are reported to consume iodized salt, most of them among the richest 20% of the population.

Disparities in the consumption of iodized salt by wealth quintiles		
Poorest 20%	Richest 20%	Ratio of poorest to richest
36	94	2.6

Source: UNICEF and Micronutrient Initiative. Vitamin and mineral deficiency: A global progress report 2004.

Vitamin A Deficiency (VAD)

Overall 54% of children under 6 in Lesotho are reported to have sub-clinical vitamin A deficiency, and annually a total of 1,100 child deaths are estimated to be precipitated by VAD. There is however no data available to reflect the national coverage of vitamin A supplementation. The same is true for the supplementation of folate tablets during pregnancy. However, it is estimated that there are 100 new cases of neural tube birth defects associated with folate deficiency every year. Neural birth defects affect both the brain and spinal cord development and function and can lead to death or disability.

The Micronutrient Initiative estimates that the percentage of GDP lost to all forms of vitamin and mineral deficiencies in Lesotho is 0.8%.

0.8% of Lesotho's GDP is lost to Vitamin and Mineral deficiencies

Source: UNICEF and the Micronutrient Initiative. Vitamin and mineral deficiency: A damage assessment report for Lesotho 2004.

World Bank Nutrition Related Projects

At the moment there are two active health-related projects in Lesotho with a total investment of US\$11.5 million – The Health Sector Reform Project Phase 2 and the HIV and AIDS Capacity Building and Technical Assistance Project. Neither includes a substantive nutrition component^{xii,xiii}.

ⁱ The World Development Indicators Database (2004).

ⁱⁱ UNAIDS (2004). Report on the global AIDS epidemic

ⁱⁱⁱ 2004 Demographic and Health Survey-Lesotho

^{iv} FAO (2004). Lesotho: Food and Agriculture Indicators

^v FAO (2005). World agriculture: towards 2015/2030 Summary report

^{vi} World Development Indicators Database (2004).

^{vii} UNICEF (2000-2006). The State of the World's Children Reports

^{viii} UNICEF (2000-2006). The State of the World's Children Reports

^{ix} DHS (2005). 2004 Demographic and Health Survey, Lesotho

^x The Micronutrient Initiative (2004). Vitamin & Mineral Deficiency Reports

^{xi} Micronutrient Initiative (2004). Vitamin and Mineral Deficiency: a damage report for Lesotho

^{xii} Project Appraisal Document on a proposed credit to the Kingdom of Lesotho for Health sector reform phase 11 project, September 2005

^{xiii} Project Appraisal Document on a proposed credit to the Kingdom of Lesotho for HIV and AIDS capacity building and technical assistance project, May 24, 2004

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