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Lesotho, Factor 12: Human Diseases

Lesotho: A Diamond in the Rough

Made up of over twenty-two separate tribes and clans, Lesotho was formerly known as Basutoland. “The Mountain Kingdom” of Lesotho is a landlocked country entirely surrounded by South Africa. Basutoland became a British protectorate in 1883, and until 1966 it was subject to part British rule (Levine 564-566). The Basotho National Party ruled until 1998 when violent protests erupted after a contentious election and a military mutiny. A military group of South Africa and Botswana troops were brought in to restore order and suppress the mutiny that raged through the population. In March of 1993, peaceful elections were held yet again after the dictator was overthrown and troops withdrawn. (Levine 566-567). Elections were again contested in 2002 and 2007, but the tight and restrictive economic and political union with South Africa remains unchanged and unbroken. The Lesotho Water Highlands Project illustrates this tight union. Many more problems linger domestically in Lesotho like the HIV/AIDS epidemic and its impact on society. With what HIV/AIDS has done to the society, low food security, a deeply imbalanced union with South Africa, and the water flowing out of Lesotho at an unsustainable rate, Lesotho has no shortage of pressing problems. Development cannot occur in Lesotho without first taking care of and reducing the population with HIV/AIDS by increasing prevention efforts so fewer people contract the disease and treating those already infected.

Lesotho is a major supplier of water to South Africa through the Lesotho Water Highlands project. Although the LWHP is a source of much needed revenue to the fledgling country, at times Lesotho’s relationship with the country’s loyal customer has been strained. Seeking to rebalance political power, Lesotho even once allowed the armed wing of the anti-apartheid movement, the African National Congress, to organize their guerilla units from the highlands (Smith). In retaliation, the Basotho (people of Lesotho) have been recently refused entry into South Africa where many go to find work. Hampered by internal political strife and demoralized because of the AIDS epidemic, Lesotho has yet to establish food security. UNICEF estimates that at least 12% of Lesotho’s population is food insecure. Lesotho is one of the few African countries to regularly experience snow (BBC Country Profile). There is a very small amount of usable land for farming, though agriculture is one of the biggest sources of domestic revenue in Lesotho.

To combat the ill effects of having little arable land, The Metolong Dam Water Supply Program will be built to supply Lesotho’s rural and urban citizens alike. It is one of Lesotho's largest infrastructure upgrades since its independence, and it will supply water to over 125,000 people to supplement the rapid population and urbanization growth of the district of Lesotho’s capital, Maseru. This project is not on the Senqu river, as the LWHP is located there; the dam will be on the Phuthi Atsana River and it is projected to provide enough water for the region's growing population into the next decade (AllAfrica.com) to support the seeming revitalization of Lesotho. With the current domestic water usage standing at 6%, this project is expected to increase the domestic water usage by retaining a 63.7 million cubic meter reservoir just for domestic use. (Metolong Authority). This infrastructure upgrade will be one of the largest fully implemented infrastructure upgrades to cater to Lesotho’s domestic population.

The transformation of Lesotho from a fledgling African country into one of the first international powerhouses of Southern Africa will require concerted effort to achieve progress in many public sectors. The iconic mountains and valleys of the Mountain Kingdom (BBC) have been forced to bow to Johannesburg and the ever-present issue of improving water and sanitation. The seemingly idyllic situation of the highlands farming has masked the large, pervasive issues inhibiting the well-being of the

domestic population of Lesotho. In a country of just 30,355 sq km, with just a mere 10% of the land area being rated as arable (CIA World Factbook), complete agricultural self-sufficiency may never be achieved. Valleys across Lesotho have been sacrificed to build dams to supply Johannesburg with much needed water. While a third of the country's domestic wells are dry (Smith), sacrificing domestic well-being for revenue has become the new norm in the country of Lesotho. The Lesotho Highlands Water Project was designed to divert water from Lesotho's largest river, the Senqu, to South Africa through a series of dams and tunnels blasted through the vast highlands of the country (International Rivers). The Orange River (Called the Senqu in Lesotho) is one of the longest rivers on the continent of Africa. It flows over 1,300 miles (Cooks, Hattingh, and Wellington). Although many citizens are aware of what the LHWP project has done for the economic viability of the country, Lesotho's own domestic water supply is very scarce. Many rural and urban Basotho must walk for miles to access clean water (The Water Project). The LHWP has not improved domestic water well-being. When over 35 domestic water sources were tested in an experiment done through the National University of Lesotho in 2011, the bacteria total coliform was detected in 97% and *Escherichia Coli* was detected in 71% of the water samples (All Africa). The project has already provided Lesotho with much needed revenue with over 491 million dollars in royalty payments, but the project has been fraught with controversy that has led both of the cabinets of Lesotho and South Africa to include a clause of anti-corruption in a recently signed memorandum to ensure good governance throughout the remaining life of the project. (Mullewa 42)

The agriculture sector of Lesotho's economy makes up only 7% of the GDP. Most of the resident population engages in only subsistence farming (CIA World Factbook). Coupled with the staggering rate of migrant workers, which is as high as 35%, agricultural economical output is hampered to well below what it could be. (Lesotho) The population can only participate in subsistence farming because of the lack of water, and with the pending water projects like the Metolong Dam, there is a chance for a more profitable farming experience through things like the building up of the domestic infrastructure and the decreasing of the Human Immunodeficiency Virus (HIV).

Due to the extreme population changes brought on by unseen events like the impact of HIV, war, famine, natural disasters in sub-Saharan Africa, obtaining reliable recent statistics may be difficult. Historically, Lesotho has a varying family size due to its economic dependency with surrounding countries. (Levine 563-564). Lesotho has a major migrant workforce, in 1993 over 1/3rd of its labor force of 620,00 men worked in South Africa. (Levine 563). Virtually every household in Lesotho depends directly or indirectly on migrant remittances from South Africa for their survival. ("Migrant Culture and Changing" 2) Roughly 35% of the active male wage earners work in South Africa as of 2002. (Lesotho) As of 2013 Lesotho is running a negative import of goods and services at -108.1% (Lesotho).

With the moving workforce, the mean age of the mother at 1st birth is low; it stands at 21.2 years. (Lesotho). The population growth rate has slowed from 2.6% per year in 1993 to only 0.34% per year (Levine 563). With the population growth slowing, the literacy rate has risen from 73.6% (Levine 565) to 89.6% (Lesotho). The rise of literacy rate and concurrent slowing rate of population growth has coincided with the amount of its Gross Domestic Product spent on health issues, rising to 12.8% of the GDP, now in the top ten of the world according to the CIA World Factbook. (Lesotho) Despite increased healthcare spending the physician density of only 0.05 per 1,000 people, and the infant mortality rate of 51.93 deaths per 1000 live births indicate that Lesotho is still one of the most underdeveloped countries in sub Saharan Africa. (Lesotho)

Farming is no longer considered a profitable option. The average family farm in Lesotho is scarcely bigger than 1.5 hectares, which does not provide adequate space for subsistence farming ("Migrant Culture and Changing" 2). Herding cattle is employing more and more rural people each year, but it is difficult and time consuming ("Migrant Culture and Changing" 2). Due to the low salary of the migrant workers, obtaining heads of cattle has become increasingly difficult for rural families. This has been

compounded by increasingly lower farming output of the crops ("Migrant Culture and Changing" 2) of corn, wheat, pulses, sorghum and barley (Lesotho).

Heavy rains and flooding during the 2010-11 season caused devastating losses to Lesotho's agricultural sector. The total harvest of Lesotho's staple crop maize dropped by 40% (IRIN Africa). The government stepped in and allocated over 117 million Maloti, or 13 million dollars for agricultural subsidies (IN Africa). Sadly other biological issues have had additional detrimental effects on agricultural productivity. The unprecedented outbreak of armyworms has had an absolute negative effect on maize crops around the country. Over 30,000 hectares, approximately twenty five percent of precious arable land, was destroyed in 2011 alone. (IRIN Africa) The armyworms preferred foods are grasses including corn, grains, and timothy (wheat). They can wreak havoc on crops, because one female can lay several hundred eggs. The eggs hatch in just 10 days. (Dill and Kirby) Due to their rapidly reproducing population, they can destroy thousands of acres a season. (Dill and Kirby).

As a result of these extremely detrimental ecological, political, social, and agricultural problems, Lesotho has fallen captive to the outside world as a source of cheap labor and a water well that South Africa is abusing. Going to work in the South African mines is seen even as a right of passage for a young Basotho Man. "The total commitment of ensuring that Lesotho became a wholly reserve of cheap labor for South African industries was further strengthened with black labor laws." ("Migrant Culture and Changing" 1). Considering the diversity of problems hampering Lesotho's development, the solution to its water scarcity can only be described as interdisciplinary. Due to the complex issues of connectivity brought by the oncoming storm of globalization, Lesotho's behavior with the LWHP needs to change to secure it a seat at the global table of the 21st century. The water project was originally brokered with South Africa's apartheid government, and a military government in Lesotho (Larson). The unprecedented scale of the export of water from Lesotho has left the country barren and subject to the harmful impact of the whims of its sole economic partner. Lesotho's Byzantine like problem of water scarcity will only be worsened by the forecast of impending global warming & its consequences. The forecast by the Intergovernmental Panel on Climate Change on crop yields from rain fed agriculture could fall by up to 50% by 2020. (Actionaid) With the near non-existence of the farm industry in Lesotho, The small number of laborers and the rural class are forced to look elsewhere for employment. Many improvements are needed in all areas of Lesotho's society to prevent the country from becoming a cast off wasteland and victim to the perils of the impact of the world's globalization without their own industrialization driven development.

One survey taken in Lesotho has revealed that 37% of the people who took the survey reported a family member working in South Africa. (Cobbe) Miners often sent remittances back to Lesotho, and they total 29% of Lesotho's GDP - the second highest in the world (Cobbe). With the extensive number of people working in South Africa and having possible contact with HIV infected people in Lesotho, prevention is needed to combat the threat of a possible spreading of the virus from the hot zone of Lesotho.

Water issues have only exacerbated what the AIDS epidemic has done to the country. The life expectancy in Lesotho is only 34 years, ranking eleventh lowest in the world. (CIA World Factbook). According to the UNAIDS organization, the number of people living with HIV in Lesotho is 360,000 people. (Mwale) This exceeds over half of Lesotho's viable labor force and presents many problems with creating economic revenue for the country. Development is not possible in Sub-Saharan Africa without first fighting the battle against HIV/AIDS. "The disease (HIV/AIDS) has inflicted the single greatest reversal in human development in modern history." (Asiedu, Asiedu, and Owusu) sub-Saharan Africa is the epicenter of the HIV/AIDS epidemic. Over 90% of the countries under the United Nations classification of "generalized epidemic" are located in SSA. (Asiedu, Asiedu, and Owusu) With Lesotho's extremely large rural population (70%), and the exceptionally high level of poverty, (IFAD) decreasing the prevalence of HIV infection is a critical step in increasing the level of food security in Lesotho.

Sustainable economic development throughout the country is highly unlikely if more than half of the adult labor force is sick and dying of AIDS.

As the new millennium approached and the world, not just small countries like Lesotho, continued to suffer the ravages of the AIDS epidemic and other failures to cooperate internationally, the United Nations set Millennium Development Goals. Originally set in 1990, they hoped to achieve global completion of the eight goals by 2015. A variety of goals were set, ranging from promoting gender equality to trying to ensure environmental sustainability (United Nations). Goal number six, which is to combat HIV/AIDS, malaria, and other diseases, most directly affects Lesotho. Due to the projects associated with this MDG, 290,000 fewer children under age 15 were infected with HIV in 2012 than in 2001 (United Nations). Alas, seven million people still lack Antiretroviral treatment around the world (United Nations). Despite this negative statistic, conditions are looking up in Lesotho with ARV treatment rising in the country. With the good forecast for Lesotho, food security is expected to rise because of the help of the United Nations and the fulfillment of the goals they set forth.

Improving this factor would significantly increase the amount of food accessible to a Basotho family. According to a UNAIDS report, 61% of the affected adults in sub-Saharan Africa are women. The higher prevalence rate for women has important social and economical implications. The woman in a typical SSA household is usually considered the “pivot” of the household. Women contribute to about 60%-80% of the labor in food production for household consumption in a typical family. (Asiedu, Asiedu, and Owusu) A higher rate of infection among women is therefore likely to have a more pervasive impact on families and the entire economy of Lesotho. The adult HIV prevalence in Lesotho is the third highest in the world at 23.1% (Unicef), The number of children orphaned by HIV/AIDS is also large, 150,000 (Unicef). The staggering figure is the result of many factors but it is primarily the result of the misogynistic lens that women are viewed through & the male chauvinism that is prevalent throughout the society. (Anderson and Cheng 12) One of the detrimental effects of the societal views and policies is that women are expected to leave their husband’s village upon his death, thus leaving them to become destitute and succumb to the dangers of the streets and become many more of the low paid laborers that roam the streets of Lesotho and do not contribute to fostering a growth environment in the country.

More than a tenth, 13.3 %, of Lesotho’s total population is comprised of children orphaned by HIV/AIDS. It is no surprise that 13.2% of all children in Lesotho are underweight. (UNICEF) With one Lesotho loti equaling 11 US Dollars, UNICEF and the Ministry of Social Development in Lesotho have worked together to create a program that disburses an extra 800 maloti (USD 94) to more than 15,000 Households. (Beukes) While this may be a necessary aid program, “One of the hurdles in implementing intervention programs is the lack of resources.” (Asiedu Asiedu and Owusu). With this lack of resources, a more cost effective program to combat HIV and its effects will be needed. Due to these outside influences hurting the next generation of Basotho people it is no surprise that 13.2% of all children in Lesotho are underweight. (UNICEF)

Due to Lesotho’s labor force being decimated by HIV/AIDS, the almost non existent helpful infrastructure and the negatively inferior stigma towards women, many infrastructure overhauls and social changes are needed to cater to the country’s growing needs and foster a productive future for the population of Lesotho

Lesotho’s image as an expendable migrant labor reserve will only get worse if the HIV/AIDS stigma and infection is not addressed. The AIDS/HIV epidemic is perpetuating a stigma that is especially harmful to women. Through mother-to-child transmission, 1100 babies are infected each day with the disease in sub Saharan Africa with HIV. (Besser)The antiquated customs of rural villages tend to have negative consequences for women who are affected by the AIDS/HIV, after the husband dies from the disease, they are forced to leave “Widows often lose some or all of their assets, and this loss drastically changes

the household composition and leaves widows and orphans even more vulnerable to food insecurity.” (Anderson & Cheng). Through these archaic social rules, women and orphans are often left destitute and unable to provide for themselves unless they resort to “Non agricultural work, especially in the trade services – including sexual services.” (Anderson & Cheng). To end the harmful impacts of these rules, HIV/AIDS prevention is one thing the global community is leading towards as a helpful way to a better future with more food security.

One of the HIV/AIDS prevention strategies that has gained popularity in the scientific community is Anti Retroviral based pre-exposure prophylaxis or (ARV PrEP). (Kenworthy & Bullied). Pre-exposure prophylactics have been a proven concept for other health interventions such as preventing malaria or the recurrence of rheumatic fever and pregnancy. (Kenworthy & Bullied) Lesotho has not yet introduced the use of ARVs for PrEP. (Kenworthy & Bullied) Since over 90% of Lesotho’s HIV Budget is provided by funds from international agencies, international pressures will soon take precedence (Kenworthy & Bullied). Though sub-Saharan Africa accounts for 24% of the global disease burden, only 3% of the world’s health workers are found in the same area. The disproportionate statistics are astounding. As Lesotho has the second highest number of people affected with AIDS/HIV (CIA World Factbook), many reforms are needed and the medicines like ARV PrEP will need to be dispersed here before many other places. Many of Lesotho’s socio economic factors serve as hindrances to the implementation of this project, including the extreme mobility of the population and the rampant unemployment (Kenworthy & Bullied).

Factory workers are the population group that has been chosen to target PrEP education and awareness by the Apparel Lesotho Alliance to Fight AIDS (ALAFa) initiated in 2007. (Kenworthy & Bullied) The word “Alafa” means ‘to care for the sick’ in Sesotho, the most spoken language in Lesotho. The program was started in just 6 factories among Lesotho’s massive textile industry but now has given over 85% of workers in Lesotho (34,124) access to not just HIV but also Tuberculosis and Sexually Transmitted Infection treatment services in the workplace. Alfa’s PrEP program is designed to help workers and their families limit their exposure to HIV/AIDS. The program has not just offered testing for the diseases, it has offered condom distribution (they have provided over 5,500,000 condoms to workers), offers lunch time informational events which take place at factories, and even peer education & counseling. (ALAFa)

The negative effects of HIV/AIDS in Lesotho are decreasing through prevention being thoroughly disseminated throughout the population. But prevention can only be achieved through education and dissemination of information and treatment. Access to antiretroviral treatment (ART) is progressing at a rapid rate in Lesotho. According to statistics provided by the Lesotho Ministry of Health and Social Welfare in July 2007, out of an estimated 56,000 people in need of ART, 24,700 had received ART treatment (compared to just 8,000 in September 2005). (Corno and Walque 2) While the increased access to treatment may be well intended, women are still being pushed aside in Lesotho. A Basotho women, according to law, must obtain her husband’s approval to have surgery, take contraceptives, take out a loan, run for public office, and until 2003, had no power to refuse any sexual relations or insist on condom use. (Corno and Walque 5). This law was later changed to provide equal status for married women (Corno and Walque 5), but that these laws do not provide protection to unmarried and young women “HIV prevalence remains high at over 23 percent of the adult population but women and adolescent girls are disproportionately affected. Prevalence among young women aged 20-24 years is higher at 24.1 (UNICEF 3)”. Other outside organizations and the Lesotho Ministry of Health are implementing very helpful HIV/AIDS prevention and education programs in Lesotho.

One of the various programs being implemented is the Life Skill Curriculum, proposed by the Ministry of Education; the program integrates HIV/AIDS education into the primary school curriculum. The program includes information on the biology of the disease and stresses ideas like abstinence until marriage and safer sex (Corno and Walque 5). Regrettably, this program only targets people who are in primary school

and it does not reach the adults of Lesotho. One of the most far reaching initiatives proposed domestically in Lesotho is the “Know Your Status” campaign. The Know Your Status campaign has an aim of getting every person in Lesotho to know his or her HIV status. Around 3,600 health workers will be trained through this project to do a simple HIV test that involves pricking a finger to get a drop of blood for testing (Crono and Walque 5). This project addresses all of Lesotho’s population, the men are still the main perpetrator of infecting people with this virus, and prevention that is also male specific would be beneficial. The nonprofit organization Population Services International (PSI) has exposed Lesotho to a large distribution of low cost condoms throughout Lesotho. Since the launch of this program, PSI has tripled the number of condoms that are sold and the number of shops where they can be purchased (Corno and Walque 6).

With reforms like this taking place and changing Lesotho, rising food security is on the horizon. But, with the compounding effects of exporting more water than domestic usage, HIV & AIDS decimating the working age population, and a male dominated attitude that exercises old world domination over women, many societal factors will need to be changed. Upon changing all of these, Lesotho’s food security will rise, and prevention of recurring periods of these issues could even be prevented. But, that is thinking theoretically, and there are needs that are of immediate attention to help the Basotho people. These needs would be considered cruel if not addressed in Western Civilization, but issues like how to deal with so little arable land to even turn a meager profit or break even in farming, how to get to the South African mines to work, and whether or not your daughter will get the HIV virus when overpowered by her partner are problems the Basotho people live through every day. Addressing these needs will improve the welfare of the domestic population of Lesotho. But as Dr. Norman Borlaug once said, “Without food, man can live at most but a few weeks; without it, all other components of social justice are meaningless” (Borlaug). With the quote echoing the ideas of those who came before him, and those who will come after, having food is one of the most basic necessities in combating social inequality and ending the raucous affect HIV/AIDS has on the domestic population of Lesotho.

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