

## ANNUAL REPORT ON THE USE OF CERF GRANTS LESOTHO

<b>Country</b>	<b>Lesotho</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Ahunna Eziakonwa-Onochie</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 1,039,515*	
	Total amount received for the humanitarian response:	US\$ 1,039,515	
	Breakdown of total country funding received by source:	CERF:	US\$ 645,959
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$
		OTHER: (Bilateral/Multilateral)	US\$
	Total amount of CERF funding received from the Rapid Response window:	US\$ 645,959	
	Total amount of CERF funding received from the Underfunded window:	US\$	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 645,959
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	0 US\$
		c. Funds for Government implementation:	US\$
<b>d. TOTAL:</b>		<b>US\$ 645,959</b>	
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	931,881 individuals	
	Total number of individuals reached with CERF funding:	805,700 total individuals	
		202,854 children under 5	
		319,015 females	
Geographical areas of implementation:	The ten districts of Lesotho including the hard to reach areas that were inaccessible by road.		

\*The total amount required increased from the original US\$863,359 reflected in the proposal due to costs linked to procurement of measles and polio vaccines, vitamin A, Albendazole and transport borne by Government and UNICEF.

## II. Analysis

The country experienced a major outbreak of measles which affected children aged from 6 months to 16 years and adults. Majority of the cases were aged between 6 and 16 years old. The outbreak had affected all ten districts of the country. Originally, the worst affected districts were: Maseru, Leribe and Quthing. At the time of requesting for funding from CERF, a total of 2,037 cases had been detected in the country. Out of this total, 1,295 were laboratory confirmed and/or epidemiologically linked. Up to 26 of the cases had lost their lives due to the outbreak.

Majority of the recorded mortality occurred at community level, which called for strong community based interventions. Overall a case fatality rate of 1.3 per cent had been registered which exceeds that of the last outbreak that occurred in 2004 where the district of Maseru was affected with 239 suspected cases and 31 confirmed with 0 per cent case fatality rate.

Whilst the country had already instituted some response measures that included: public awareness, case detection and management and non-selective vaccination covering children aged six months up to 15 years old, the number of cases continued to increase. Due to limited resources to mount a full scale response covering all the districts, the response measures were limited to some of the worst hit districts. This left the other districts including the hard to reach areas in all the districts unattended. Possible contributing factors to the occurrence of the outbreak included, among others, the following:

- The decline in measles coverage over years which had built a pool of unvaccinated children. It was noted that most of the affected children had not received vaccination.
- Occurrence of measles outbreak in the neighbouring Republic of South Africa and population movement between the two countries could have introduced the virus with further ongoing transmission in Lesotho.
- Weak surveillance system as shown by very low reporting to facilitate timely decision making including weak reporting to the national surveillance office including the expanded programme for immunisation. Due to failure to detect cases early an unnoticed transmission of the diseases within and across the districts could have occurred.

A total of 3,359 cases of measles were detected and managed in accordance with the national protocols in the ten districts of Lesotho. Thirty of the cases lost their lives. This reflects a case fatality rate of 0.9 per cent. Out of the 30 cases that died, four died during the course of the interventions implemented under the CERF support. The four cases died in the hard to reach areas of Maseru and Qacha's Nek districts. Achievements in the other interventions are detailed in table 1 while figure 1 shows some of the cases detected and managed in Nkau Health Centre catchment area.

**Table 1: Details of achievements in selected interventions**

Intervention	Target Group by Age	Number Reached	Number of Teams	Vaccination Posts
Measles immunisation	6 months to 15 years	558,335 (90.8 per cent )	1,230	2,531
Polio vaccination	0 – 15 months	164,420 (81.3 per cent )		
Vitamin A administration	6 – 59 months	172,906 (95.5 per cent )		
Administration of Albendazole	12 – 59 months	149,968 (94.1 per cent )		
<b>TOTAL</b>			<b>1,230</b>	<b>2,531</b>

Source: Lesotho Integrated Measles Campaign and Evaluation Report, 2010

**Figure 1:** Some of the cases detected and saved during the response – Nkau area

Three types of vaccination posts were set up in all the districts, namely:

- Fixed sites - Health facilities which included 152 health centres and hospitals where vaccination was provided throughout the course of the campaign. Figure 1 shows vaccination at one of the fixed sites

**Figure 2: Mothers with babies receiving measles vaccination at a health centre**

- Temporary posts covering 1,048 locations/sites that included schools, churches, and local chiefs' home especially in the lowlands areas and 153 sites that were reached with the use of helicopters in the mountains (see figure 2). Immunizations were provided in these sites for one or more days.

**Figure 3: Some of the vaccinators ready to board a helicopter in Qacha's Nek district**

- Mobile Posts consisting of 1,178 posts established at schools and other disadvantaged communities that were hard to access as shown in Figure 3.

**Figure 4: Measles vaccination at some of the mobile posts**

- Extensive public awareness sessions were conducted using popular radio stations that have over 80 per cent coverage in the country (275 sessions). These included: interviews, phoning in programmes and radio spots at prime-times. In addition, 30,000 leaflets were printed and distributed in the villages visited while a further 600 posters on measles were produced and displayed in public places. 420 public gatherings were addressed with an attendance of 67,365 people in the ten districts.

Essential medicines for the management of measles were procured and distributed to all the districts. The supplies are shown in table 2 below.

**Table 2: List of medicinal supplies and their quantities procured**

Item	Quantity Procured
Panado tablets 500mg bottle of 1,000 tablets each	200
Panado syrup – 100ml	500
Calamine lotion – 100 ml	300
Oral rehydration salts (100 sachets)	200
Amoxicillin capsules (250mg) bottle of 500 each	200
Amoxicillin syrup – 125mg/5ml	500

The project monitoring was conducted through:

- The generation and dissemination of 41 reports broken down as follows:
  - 30 daily updates prepared by the districts and shared with the central level. This provided updates on cases seen during the day (suspected, confirmed and any deaths that may have been recorded). This further provided cumulative figures on the morbidity and mortality and proposed required action to address short-comings observed during the day.
  - Eight investigation reports prepared by the rapid response teams in the districts where suspected cases were reported. The reports confirmed the existence of the cases, searched for more cases that may have not yet reported, enquired about any deaths that could be associated with measles, provided treatment to identified cases and proposed further measures to be taken.
  - Three comprehensive reports on the response:
    - One focusing on the supplementary immunisation activities generated by a short-term international consultant. The report covered all interventions instituted during the campaign.
    - One focussing on case investigation, improving on data management and dissemination and strengthening the health workforce in the management of measles generated by a short-term international consultant.
    - One final report to CERF (which is the current report) outlining the outcomes from the support rendered to the country.
- A total of 42 project monitoring visits were conducted by the district teams and the national teams to the lower levels to assess progress in the response operation and to address gaps identified during the visits. The visits were made during the intensive case search, during the provision of public education sessions and during the supplementary immunisation campaigns.

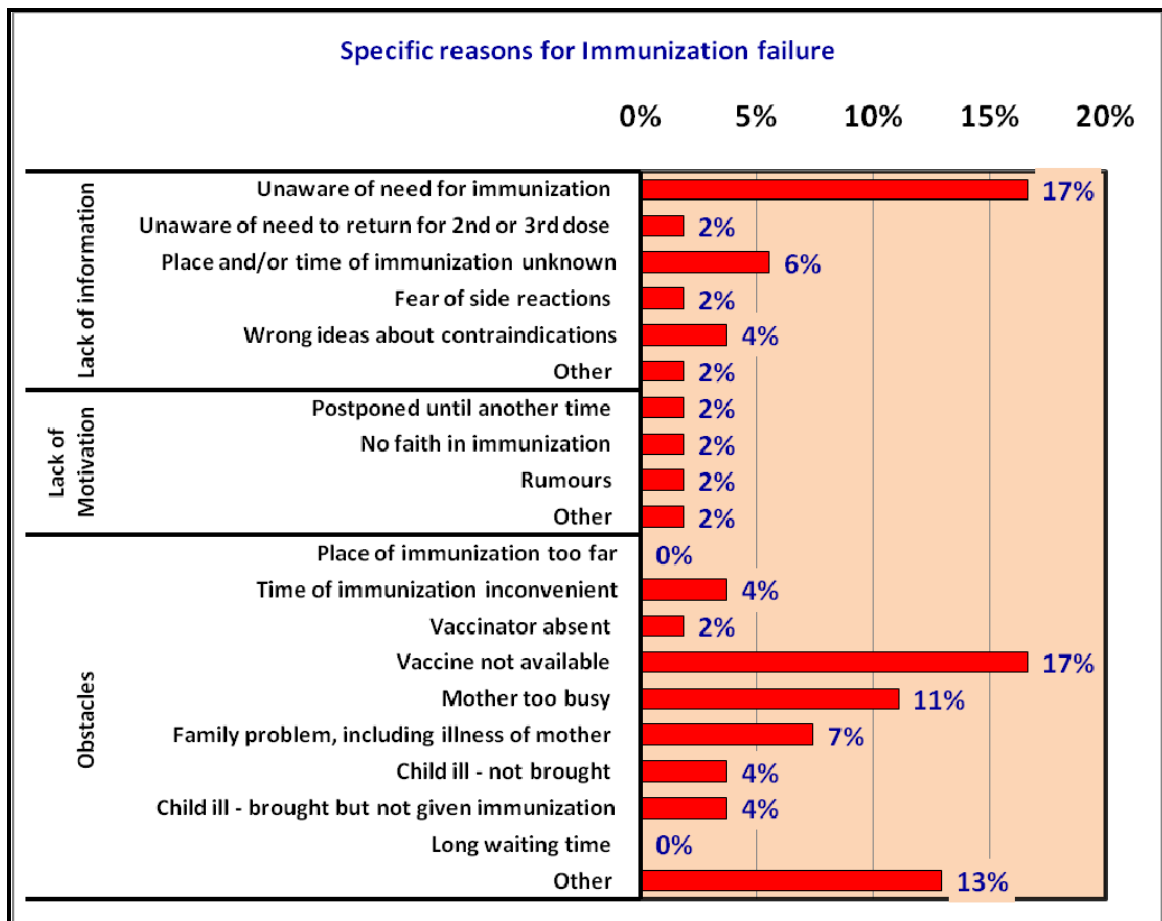
- The national level conducted ten project review meetings to share successes and weaknesses associated with the response and agree on the course of action to address the identified weaknesses.

Additional benefits accrued from the support included, *inter alia*, the following:

- Districts were strengthened in developing micro-plans and coordinating immunisation campaigns through their active involvement in preparing for and implementing the campaign.
- The campaign provided an excellent opportunity to reach children who were never immunised before and provided a good picture for focussing future outreach services.
- The introductory training sessions to the campaign included, among others, injection safety principles and requirements that were shared with all vaccinators who were involved in the measles immunisation campaign.
- Health care waste management based on the national guidelines and protocols were strictly followed. This exposed health care workers in all facilities to the expected and required practices in the handling, storage and treatment/disposal of infectious/risk health care wastes.
- Strategies for reaching the hard to reach areas in mountains included working together with the Air wing of the Lesotho Defence Force (using their helicopters to drop and pick vaccinators).
- The project provided an opportunity for stakeholders involved in the project implementation to strengthen their working relationships during emergency situations.

Despite the notable successes that resulted from this support, some children could not receive the interventions provided during the campaign due to reasons depicted in figure 4 below.

**Figure 5: Some of the reasons for immunization failure**



Source: Lesotho Integrated Measles Campaign and Evaluation Report, 2010

### III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	10-WHO-035	645,959	863,359	931,881 people of Lesotho affected: 319,729 females and 202,854 below 5 years old	<ul style="list-style-type: none"> <li>■ 615,109* children vaccinated against measles</li> <li>■ Vitamin A administered to 181,082* children aged 5-59 months</li> <li>■ Suspected cases investigated and managed according to national guidelines</li> <li>■ All cases meeting case definition of measles properly managed at all levels</li> <li>■ At least three monthly reports generated and disseminated by health facilities, districts and national level</li> <li>■ 936,881 people reached with public awareness sessions using various communication channels</li> <li>■ At least 30 project monitoring visits conducted to the 10 districts and 6 fortnightly coordinating meetings conducted by the national coordinating team</li> </ul>	<ul style="list-style-type: none"> <li>■ 558,335 (90.8 per cent ) children vaccinated for measles</li> <li>■ 172,906 (95.5 per cent ) children received Vit A</li> <li>■ A total of (344) new cases were investigated and managed accordingly</li> <li>■ A total of 3,359 cases were managed at facility and community level</li> <li>■ Essential drugs for the management of measles procured and distributed to 10 districts</li> <li>■ A total of 39 reports generated:               <ul style="list-style-type: none"> <li>○ 30 daily updates</li> <li>○ 8 investigation reports</li> <li>○ 1 comprehensive immunisation campaign report</li> </ul> </li> <li>■ Public awareness delivered through:               <ul style="list-style-type: none"> <li>○ 275 radio sessions in two radio stations with 80 per cent listenership coverage countrywide</li> <li>○ Distribution of 30,000 leaflets</li> <li>○ Display of 600 measles posters in public places</li> <li>○ Addressing 420 public gatherings attended by 67,365 people</li> </ul> </li> <li>■ 42 project monitoring visits were conducted to the ten districts and 10 coordinating meetings held at national level</li> </ul>	<p>CERF funding facilitated timely despatch of staff and supplies to all sites to effect the identified interventions.</p> <p>The planned supplementary immunisation activities that were planned for later during the year were brought forward</p> <p>The support reduced the case fatality rate from the initial 1.6 per cent in mid April to (0.9 per cent ) by the end of the operation</p> <p>Two international experts were recruited to support the outbreak response and strengthen the Ministry's capacity in response.</p>	<ul style="list-style-type: none"> <li>■ Post campaign evaluation conducted to assess the reported coverage</li> <li>■ Supervisory visits done to oversee the different aspects of the interventions</li> <li>■ Provision of daily update reports by districts</li> <li>■ Daily review meetings conducted during the course of the immunisation campaign in all the districts. Shortfalls identified and solutions agreed upon.</li> </ul>	<ul style="list-style-type: none"> <li>■ Interventions were accessible to all (boys, girls, men and women). The education sessions that were delivered at health facility level were mainly accessed by women who are predominantly the ones that bring children who are ill to health facilities.</li> <li>■ The post campaign evaluation targeted mothers and care-takers of children.</li> <li>■ Interventions like that benefited children below the age of 5 years were polio vaccine (81.3 per cent of 164,420 children) and de-worming (94.1 per cent of 149,968 children).</li> </ul>

\* The targets for measles immunisation and vitamin A administration differ from the 636,881 and 202,854 reflected in the proposal due to the inclusion of children below 6 months who were not covered by the interventions (variance of 21,772). See table 3 for population distribution and targets by intervention.

**Table 3: Population distribution and target population by intervention**

	District	Population		Measles	Polio	Vitamin A	Albendazole
		National Total	Under 15 years	6 months-15 years	0-59 months	6-59 months	12-59 months
1	Mohale's Hoek	176,928	61,242	59,122	19,738	17,618	15,497
2	Berea	250,006	83,438	80,657	26,056	23,275	20,494
3	Botha Bothe	110,320	37,601	36,358	11,942	10,699	9,455
4	Leribe	293,369	99,303	95,988	30,937	27,622	24,306
5	Mafeteng	192,621	63,599	61,509	19,870	17,780	15,690
6	Maseru	431,998	133,016	128,158	43,156	38,298	33,440
7	Quthing	124,048	43,287	41,839	13,368	11,920	10,472
8	Mokhotlong	97,713	38,447	37,065	12,998	11,616	10,234
9	Qacha's Nek	69,749	25,421	24,645	7,960	7,184	6,407
10	Thaba-Tseka	129,881	51,527	49,768	16,829	15,070	13,310
<b>TOTAL</b>		<b>1,876,633</b>	<b>636,881</b>	<b>615,109</b>	<b>202,854</b>	<b>181,082</b>	<b>159,305</b>

## **Annex 1: Acronyms and Abbreviations**

CHAL	Christian Health Association of Lesotho
DHMT	District Health Management Team
REC	Reaching Every Child
RED	Reaching Every District
Mth	Month
UNICEF	United Nations Children's Fund
WHO	World Health Organisation