

## ANNUAL REPORT OF THE RESIDENT/HUMANITARIAN COORDINATOR ON THE USE OF CERF GRANTS

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| <b>Country</b>                           | <b>Lesotho</b>                           |
| <b>Resident/Humanitarian Coordinator</b> | <b>Ms Ahunna Eziakonwa-Onochie</b>       |
| <b>Reporting Period</b>                  | <b>1 January 2009 – 31 December 2009</b> |

### I. Summary of Funding and Beneficiaries

|                                       |  |   |           |  |
|---------------------------------------|--|---|-----------|--|
| Funding (US\$)                        | Total amount required for the humanitarian response:   | \$1,487,773   |           |  |
|                                       | Total amount received for the humanitarian response:   | \$574,955   |           |  |
|                                       | Breakdown of total country funding received by source:   | CERF  | \$574,955 |  |
|                                       |  | CHF/HRF COUNTRY LEVEL FUNDS   |           |  |
|                                       |  | OTHER (Bilateral/Multilateral)  |           |  |
|                                       | Total amount of CERF funding received from the Rapid Response window:                          |   |           |  |
|                                       | Total amount of CERF funding received from the Underfunded window:                             | \$574,955   |           |  |
|                                       | Please provide the breakdown of CERF funds by type of partner:                                 | a. Direct UN agencies/IOM implementation:   | \$555,734 |  |
|                                       |  | b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded): | \$19,221  |  |
|                                       |  | c. Funds for Government implementation:   |           |  |
| <b>d. TOTAL:</b>                      |  | <b>\$574,955</b>  |           |  |
| Beneficiaries                         | Total number of individuals affected by the crisis:  | Over 229,000  |           |  |
|                                       | Total number of individuals reached with CERF funding:   | Over 500,000  |           |  |
|                                       |  | 7,260 children under 5  |           |  |
|                                       |  | Over 300,000 females  |           |  |
| Geographical areas of implementation: | Butha-Buthe district in the north, Mafeteng, Mophale's Hoek and Quthing districts in the south |   |           |  |

## **II. Analysis**

### ***Overview of the humanitarian situation that prompted the application for CERF funding***

In recent years, Lesotho has been experiencing serious food insecurity as a result of droughts. This coupled with high unemployment rates and the devastating impact of HIV/AIDS has left many households destitute. The most recent National Nutrition Survey (2007) established that the prevalence of stunting (an indicator of chronic malnutrition) among the under-5 population in Lesotho was 41.9 percent, 11.9 percentage points above “critical level” according to World Health Organization (WHO).

2007 saw Lesotho’s worst droughts in 30 years, leaving 400,000 people with a food deficit. Subsequent to a declaration of emergency by the Government, the World Food Programme (WFP) launched a joint flash appeal and was able to provide food assistance to 250,000 people for seven months. Although it was hoped that the harvest in May would stabilise the situation, a combination of (i) rising food prices and (ii) inadequate yields caused many people to remain food insecure. The Food Security and Vulnerability Monitoring Report (LVAC May 2008) determined that 229,000 people would experience household food deficits until the harvesting season of the following year (2009).

While efforts were made to ensure that as many vulnerable households as possible were assisted in 2007/2008 in accessing emergency food aid, the soaring food and input prices seriously undermined the efforts made through the interventions. Data collected in-country showed that basic food (maize meal, beans and cooking oil) prices rose by 25 to 100 percent during the period from March 2007 to March 2008 (WFP, 2008). At the same time, the price of paraffin – a common fuel source in poor urban and many rural households – rose steeply in the first four months of 2008.

The soaring food prices resulted in increases in the number of food insecure people, especially to the marginalised, vulnerable populations, including those patients on ART/PMTCT, patients receiving TB treatments and children under 5 years of age. ARV and TB treatments require proper and adequate nutrition in order to be fully effective. Pervasive food insecurity, making it difficult for patients to meet their nutritional requirements, would therefore aggravate the impact of AIDS on Lesotho’s socio-economic development.

This situation likely affected women and girls in a different way than other groups. Traditionally, women and girls are charged with the responsibility to ensure that household members have access to food. As a result, women and girls are the most affected by food insecurity and may respond by engaging in risky sexual relationships which expose them to sexual and gender based violence (SGBV) and HIV-infection. In crisis situations, sex for food and sex for cash favours also become common features. Therefore it is imperative to address SGBV in the context of soaring food and commodity prices.

Against this background, funding was sought to:

- 1) Provide emergency life-saving support to marginalised vulnerable populations, especially those on ART/PMTCT and TB treatment programmes. The objective was to safeguard health, nutrition and the well-being of food insecure HIV and TB patients on antiretroviral and treatment programmes.
- 2) Address SGBV emanating from the impact of soaring food prices by supporting the Government of Lesotho in the management of SGBV.

***Provide an analysis of the added value of CERF to the humanitarian response in your country***

Through CERF funding, it has been possible to reach a larger audience with information pertaining to the prevention and management of SGBV as it pertains to food security. In particular, a total of 300,000 individuals were reached through radio programmes which were broadcast over a private radio station. In addition, a daily advertorial was featured on the national television for six weeks and reached more than 400,000 people across the country.

An innovative strategy was used to reach people at the community level; a private company was engaged to perform educational dramas on the theme on food security and SGBV. After each performance people were divided into groups for in-depth discussions on issues of SGBV and food security as portrayed in the play. This approach resulted in 40 focus group discussions in which 800 people participated and obtained information on how they could promote food security and prevent and manage SGBV in their communities. At least 20 food distributors drawn from the WFP cooperating partners and some WFP staff were trained in gender mainstreaming within humanitarian setting.

***What did CERF funding enable humanitarian actors to do that would not have been possible otherwise?***

Funding from CERF enabled all interventions to prevent and manage SGBV which hitherto had not attracted funding from donors. The current momentum about SGBV and general appreciation of GBV by policy makers will lead to increased prioritisation of SGBV in national plans and budgets.

The CERF funds also supplemented the current PRRO resources with additional caseload of 4,000 ART patients, representing 16,000 beneficiaries. Out of an estimated 80,000 patients in need of antiretroviral therapy (ART), only 25 percent are currently receiving this treatment (Bureau of Statistics, 2007). Patients on ART have higher nutritional and caloric needs and, the situation has further been compounded by rising levels of food insecurity. The number of patients on ART has been increasing steadily following the Government's efforts to scale-up VCT to the affected population. To meet the needs for an increasing number of vulnerable people on ART treatment, WFP scaled-up its operations in the remaining four of the ten districts by providing nutritionally adequate food support to ART patients. Through the funds from CERF, more people were reached by the programme.

### III. Results

| Sector/<br>Cluster | CERF project<br>number and<br>title<br>(If applicable,<br>please<br>provide<br>CAP/Flash<br>Project Code)                                   | Amount<br>disbursed<br>from CERF<br>(US\$) | Total Project<br>Budget<br>(US\$) | Number of<br>Beneficiaries<br>targeted with<br>CERF funding | Expected Results/<br>Outcomes   | Results and<br>improvements for the<br>target beneficiaries  | CERF's added<br>value to the<br>project  | Monitoring and<br>Evaluation<br>Mechanisms   | Gender Equity  |
|--------------------|---|--|-----------------------------------|---|---|--|--|--|--|
| Food               | 09-WFP-006<br>Social<br>Protection and<br>Food<br>Assistance to<br>Vulnerable<br>Groups<br>affected by<br>high food<br>prices in<br>Lesotho | \$393,055                                  | \$393,055                         | 18,470, of<br>which 7,260<br>were children<br>under 5       | Timely provision of<br>nutritious food in<br>sufficient quantity to<br>4,048 clients enrolled<br>in HIV and TB<br>treatment<br>programmes and<br>14,422 family<br>members.<br><br>Distribution of 443mt<br>of food commodities. | Improved nutrition and<br>well-being of food insecure<br>HIV and TB patients<br>through enhanced<br>effectiveness of anti-<br>retroviral and TB treatment<br>programmes.<br><br>Improved household food<br>security of households with<br>chronically ill family<br>members. | The funds<br>enabled WFP to<br>support<br>additional<br>vulnerable<br>people on<br>ART/TB and<br>PMTCT<br>treatment<br>programmes. | On site and post-<br>distribution<br>monitoring on<br>the<br>completeness of<br>the food basket<br>was done by<br>WFP field<br>monitors.<br><br>Impact will be<br>measured<br>through<br>vulnerability and<br>community and<br>household<br>surveys. | WFP empowers<br>women by<br>issuing food<br>assistance ration<br>cards in their<br>names. At least<br>60 percent of<br>food recipients<br>were women.<br><br>Field monitors<br>and cooperating<br>partners were<br>encouraged to<br>ensure that<br>women played a<br>leading role in<br>activities<br>concerning food<br>aid distribution<br>and encouraged<br>them to<br>participate<br>actively in<br>decision making.<br><br>In fact, the<br>gender and age<br>group output<br>data analyzed<br>showed 10,264<br>women and<br>8,206 men<br>benefited.<br>During the<br>intervention,<br>women were<br>proactive in food<br>distribution and<br>management<br>and decision-<br>making process. |

|            |  |           |           |   |  |  |   |                                    |   |
|------------|--|-----------|-----------|---|--|--|---|------------------------------------|---|
| Protection | 09-FPA-02<br>Prevention and management of sexual and gender based violence resulting from food crisis in Lesotho | \$181,900 | \$181,900 | 500,000 people, of whom at least 300,000 were women living in the southern and lowlands districts | Increased knowledge in gender and SGBV prevention and management<br><br>Institutional mechanisms of the Government and civilians promote GBV prevention and management | <p>More than 500,000 people were reached with GBV messages through the use of national television, FM radio stations, and drama activities that were conducted in four districts.</p> <p>40 focus group discussions (FGDs) attracting 800 people were held on GBV.</p> <p>At least 60 health workers were trained in management of survivors of Gender-based Violence.</p> <p>Twenty food distributors drawn from the WFP Cooperating partners were trained in gender mainstreaming within humanitarian settings.</p> <p>At least 5,000 brochures and 2,000 T-shirts with GBV messages were printed and distributed.</p> | <p>More than before, CERF funding illuminated issues around GBV.</p> <p>More than ever before, CERF funding ensured a concerted response to GBV in humanitarian settings.</p> | Fortnightly coordination meetings. | <p>The project targeted gender-based violence against women. More women than men benefited from the project and this was evident as more women attended public gatherings and FGDs.</p> <p>Women also formed the majority of callers in the call-in programmes hosted by the private radio station.</p> |
|------------|--|-----------|-----------|---|--|--|---|------------------------------------|---|

## Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

| NGO Partner                             | Sector | Project Number | Amount Forwarded | Date Funds Forwarded |
|---|--------|----------------|------------------|----------------------|
| Christian Health Association of Lesotho | Health | 09-FPA-02      | \$19,221         | 22 June 2009         |

## Annex 2: Acronyms and Abbreviations

|              |  |
|--------------|--|
| <b>ART</b>   | antiretroviral treatment                   |
| <b>FGD</b>   | focus group discussions                    |
| <b>PMTCT</b> | prevention of mother to child transmission |
| <b>SGBV</b>  | sexual and gender based violence           |
| <b>TB</b>    | tuberculosis                               |