



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

<b>Country</b>	<b>Lesotho</b>
<b>Submitted by Resident Coordinator</b>	<b>Ms. Ahunna Eziakonwa-Onochie</b>
<b>Reporting Period</b>	<b>July 2007– May 2008</b>

### **Execurive Summary and Background**

In 2006-2007, Lesotho experienced its worst drought in 30 years. The country saw a long, dry spell and high temperatures from January to March 2007 - the most critical period of the country's cropping season. This resulted in irreversible damage to the maize and sorghum crops, which are the country's staple foods. According to the FAO-WFP Crop and Food Assessment Mission (CFSAM) Report of June 2007, the country's cereal production in 2007 recorded a decrease of 42 percent compared to that of 2006, and a 40 percent decrease compared to the average production of five years. The decline in maize production, coupled with the sharp increase in the price of maize on the South African market, exacerbated the vulnerability of the poor households who already have to purchase up to 30 percent of their total food intake.

The drought and food crisis affected around 400,000 – 550,000 food insecure and vulnerable people, most of whom had already exhausted their coping strategies, and were chronically food insecure. In addition, nutrition levels dropped further during 2006 and 2007. According to health statistics, 4.5 percent of the children from the 2,632 admitted to government hospitals only were found to be severely malnourished. About 24 percent of the total were cases of diarrhoea and dehydration. Between January – July 2007, an average of 12 percent of the cases admitted to paediatric wards were a result of severe malnutrition, while the case fatality rate because of malnutrition were around 25%. Evidence also points to the deterioration of safe water and sanitation in health facilities in rural areas. According to the Ministry of Health and Social Welfare (MoHSW), 60 percent of the health centres had no access to safe water in 2006 and 2007.

### **Justification for CERF Funding**

In light of the foregoing, the Government issued a “***Declaration of an Emergency on Food Security in Lesotho***” in July 2007, and called upon the international community to provide assistance. The United Nations System prepared a joint appeal for humanitarian assistance in the form of a Consolidated Flash Appeal. Joint funding proposals were also submitted to the CERF rapid response window to provide a life-saving emergency intervention to the people made vulnerable by the drought and food crisis.

The UN's assistance focused on the following four prioritised priority areas that lacked funding support:

- Emergency Food Aid

- Provision of Agricultural Inputs
- Prevention and Improved Management of Acute Malnutrition
- Procurement and Delivery of Emergency Obstetric Care (EMOC) Kits

At the end of the emergency intervention, CERF funds had been used to:

- Provide emergency food assistance to 130,000 beneficiaries during the months of September and October 2007;
- Facilitate access to quality agricultural inputs to 20,000 farming households in September and October 2008;
- Improve management and prevention of acute malnutrition to 200,000 people (80,000 children and 120,000 pregnant and lactating mothers) in September and October 2008; and,
- Respond to emergency obstetric care needs of 125,000 pregnant women in the drought affected districts.

**(a) Funding Support Tables:**

<b>Total Amount of Humanitarian Funding Required and Received (per reporting year)</b>	<b>Required:</b> \$ 23,836, 000 <b>Received:</b> \$ 17,605, 000			
<b>Total Amount of CERF Funding Received by Funding Window</b>	<b>Rapid Response:</b> \$ 4,698,843 <b>Underfunded:</b> \$ 0.00  <b>Grand Total:</b> \$ 4,698,843			
<b>Total Amount of CERF Funding for Direct UN Agency/IOM Implementation and Total Amount Forwarded to Implementing Partners</b>	<b>Total UN agencies/IOM:</b> \$ 4,698,843  <b>Total implementing partners:</b> \$ 0.00			
<b>Approximate Total Number of Beneficiaries Reached with CERF Funding (disaggregated by sex/age if possible)</b>	<b>Total</b>	<b>Under 5 years of age</b>	<b>Female</b>	<b>Male</b>
	219,934 <b>(WHO)</b>	21,993 4,000	101,543 64,260	96,398 61,740
	130,000 <b>(WFP)</b>	NA	NA	NA
	101,000 <b>(FAO)</b>	NA	NA	NA
	200,000 <b>(UNICEF)</b>	NA	NA	NA
125,000 <b>(UNFPA)</b>				
<b>Geographic areas of Implementation</b>	Health centres from the ten districts of Lesotho. Hospitals of seven districts of Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Leribe and Thaba Tseka received emergency health kits. Districts of Mafeteng, Maseru, Berea, Mokhotlong, Leribe and Butha Buthe for agricultural inputs			

## **Funding Support for Rapid Response (CERF)**

Number	Funds Requested	Funds Received
WFP	1,503,000	1,455,000
FAO	1,668,000	1,668,000
UNICEF	791,000	710,748
WHO	908,000	429,605
UNFPA	Jointly with WHO	435,490
TOTAL	4,870,000	4,698,843

## **Combined Funding Support**

Agency	Total Funds Needed	Total Funds Mobilized
FAO	3,913,000	3,780,000
UNFPA	1,600,000	435,000
UNICEF	2,890,000	2,218,000
WFP	10,700,000	10,700,000
WHO	1,625,000	472,000
TOTAL	23.836,000	17,605,000

### **I. Coordination and Partnership Building**

#### **(b) Decision Making Process to Decide Allocation:**

The Resident Coordinator (RC), led an interagency regional mission in July 2007 to assist the Country Team in developing a common humanitarian strategy for responding to the crisis. The results of the mission were: a Flash Appeal (to respond to the consequences of the drought emergency) and; a joint CERF proposal for responding rapidly to the four life-saving prioritised areas of the response). Information was obtained from the FAO-WFP-Government of Lesotho Crop and Food Supply Assessment (CFSAM) undertaken in June 2007.

#### **(c) Coordination Amongst the Humanitarian Country Team:**

Meetings were held in various forums supported by the respective UN agencies and resident stakeholders in the health sector, including: the MoHSW, Christian Health Association of Lesotho (CHAL), the Red Cross, World Vision International, Catholic Relief Services (CRS) and CARE. Some meetings were coordinated by the Health and Nutrition Group within the Disaster Management Authority (DMA). The purpose of the consultation was to reach a common understanding on the nature and gravity of the crisis, and, therefore, agree on priority areas, funding allocations and plans of action.

Other consultative meetings were held before and during the implementation of the response to coordinate and monitor the emergency response. The Government played a leading role in this process. For example, DMA acted as chair of the national level emergency coordination activities. In addition, WFP convened and chaired five to six meetings with other implementing organisations involved in food relief, with a view to: (1) coordinating the food distribution aspect of the response, (2) avoiding duplication, and (3) optimising use of the resources.

#### **(d) Partnerships:**

WFP collaborated with local and international NGOs for distribution and monitoring of emergency food relief to 130,000 people during the first three months of the emergency response. Likewise, working in close partnership with DMA and other humanitarian actors facilitated timely targeting of the beneficiaries. This did not only result in an effective implementation of the targeting and food distribution programmes, but also helped prevent the continuation of a major humanitarian crisis.

UNICEF collaborated with the national Food and Nutrition Coordination Office (FNCO) to ensure that the response to emergency nutrition requirements was developed within a joint interagency plan. This partnership resulted in a timely, equitable, coordinated and integrated response to the nutritional effects of the drought. With UNICEF support, the coordination function was reinforced at the national and district levels through the existing FNCO mechanism.

FAO worked in partnership with CRS, who had implemented Input Trade Fairs (ITFs) on behalf of FAO in the past. CRS provided key training for the Ministry of Agriculture and Food Security Staff (MoAFS), who had little or no previous experience with ITFs prior to this project. The training was critical for the success of the ITFs. The MoAFS played an active technical role during implementation of the fairs.

WHO's main partners were the MoHSW, CHAL and UNICEF. The Ministry was responsible for facilitating project implementation while the District Health Management Teams and hospitals (government of Lesotho and CHAL) were responsible for training. UNICEF procured and distributed commodities for therapeutic feeding and management of severe malnutrition.

UNFPA worked in close collaboration with the MoHSW. However, slight problems were encountered during implementation of the EMOC kits as the project commenced at the time when the Ministry was engaged in several other Government activities and could, therefore, not allocate adequate human resources to the project.

### **Strengths and Weaknesses of the Above Partnership Arrangements**

#### **Strengths**

- Timely arrangements and effective implementation of the targeting exercise and distribution of food;
- Ability to deliver the services to the beneficiaries in time due to the availability of human resources at district level;
- Materials made available by the agencies were used to support activities implemented by other agencies at district level; and,
- Facilitation of the smooth joint response by the Ministries of Health and Agriculture to drought-induced epidemics.

#### **Weaknesses**

- Slow planning due to different mandates of the actors involved in the humanitarian response;
- Weak information sharing between UN agencies during implementation of the humanitarian response; and,
- Slow involvement of the district authorities, especially the District Administrators during the response to the anthrax epidemic.

#### **(e) Prioritization Process:**

The CFSAM Report identified the major impact of the crisis on the population; and the UN, the Government and other actors did not experience any major difficulty in identifying the most vital

needs of the affected people in the population. The projects were selected out of a set of projects contained in the Consolidated Flash Appeal. They were prioritised with a view to triggering an emergency response in a country where governance systems, especially at district level, are weak.

The Joint UN Task Force on Food Security and Nutrition held discussions and an agreement was reached on the four priority response areas where emergency activities would be rolled out immediately: (1) Emergency food aid; (2) Provision of agricultural inputs; (3) Prevention and improved management of acute malnutrition; and, (4) Procurement and delivery of Emergency Obstetric Care kits. The various UN agencies implemented these interventions based on their thematic mandates and in liaison with their most appropriate partners.

## **II. Implementation and Results - Rapid Response Projects**

CERF funds were mobilised more quickly than through other funding windows: The UN Country Team, as a whole, was able to start timely implementation of the emergency response projects, thereby averting further deterioration of the food insecurity, health conditions and nutritional status of women, children and other population groups which were most at risk. The funds kept implementation in motion while funding was mobilised from the donors.

CERF funding was complementary to other funding sources: The funds were used to respond to a real livelihood crisis rather than a traditional food security crisis. They came in at the right time when the country needed to launch a strong emergency response to save lives and alleviate immediate suffering among vulnerable populations affected by the crisis.

With funding from ECHO, FAO provided agriculture inputs to small scale farmers affected by the drought to complement food relief and ensure that farmers cultivate during the next planting season.

### **(f) Monitoring and Evaluation of the CERF Projects**

Monitoring and Evaluation was carried out by the relevant Government ministries at central and field levels, with support from the UN agencies. Below are examples of the activities undertaken to monitor project implementation in various agencies:

- Periodic joint monitoring visits by the UN agencies and cooperating partners' representatives to assess the level and quality of programme implementation. These included Ambassadors from USA, Japan, France and the EU.
- Output/results indicators measured through monthly reports of cooperating partners and UN field staff where applicable;
- Individual activity reports: for all the training sessions conducted;
- Reports on the epidemic response operations;
- Rapid assessment exercise on the performance of the surveillance system following the training given to health staff; and,
- Supervision of district teams.

### **(g) How did other initiatives complement the CERF-funded projects?**

See II above

### III. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Security	<b>07-WFP-042</b> <b>“Provision of emergency food assistance”</b>	1,455,200	130,000 Drought Affected people  Male= 61,740  Female= 64,260	WV, CRS,LRCS PAVA, OMEGA NCO, CHAL	<ul style="list-style-type: none"> <li>▪ Timely provision of 2,900 metric tonnes of food commodities to 130,000 drought affected people</li> <li>▪ Maintained nutrition levels of 130,000 people</li> <li>▪ Reduced Coping Strategy Index of benefiting population</li> </ul>	<p><b>Emergency Food Aid:</b></p> <ul style="list-style-type: none"> <li>▪ About 20,000 metric tonnes of food was distributed to nearly all vulnerable and targeted beneficiary groups.</li> <li>▪ Out of the 400,000 vulnerable people identified, WFP provided food assistance to 260,000 (65%) beneficiaries, while CSAFÉ and other organisations reached the remaining 140,000 (35%).</li> <li>▪ Food assistance was also provided to about 15,000 vulnerable farmers, under the joint FAO-WFP Seed Protection project, to ensure rapid recovery of their productive capacity.</li> <li>▪ 6,500 targeted drought affected families received cash from the World Vision and food from WFP, as part of the World Vision joint pilot programme to test cash as an alternative in the post-drought situation.</li> </ul>
Food Security	<b>07-FAO-027</b> <b>“Assured access to quality agricultural inputs for 2007/2008”</b>	1,668,067	20,000 households (focusing on female- headed households, and those with chronically ill members); (ii) 500	Ministry of Agriculture and Food Security (MoAFS), Serumula, Rural Self-Help Development Association, Maluti Hospital and Catholic Relief Services	<ul style="list-style-type: none"> <li>▪ Vulnerable farming households with access to enough inputs to plant up to 0.5 hectares during the 2007/2008 agricultural season</li> <li>▪ Increase use of potholing/basins techniques, ox-</li> </ul>	<p><b>Provision of Agricultural Inputs:</b></p> <ul style="list-style-type: none"> <li>▪ 20, 200 households (approximately 101 000 direct beneficiaries) received 305 tonnes of seeds and 236 tonnes of fertilizers to plant an estimated 31 343 hectares.</li> <li>▪ • 19,942 households (approximately 99 710 direct beneficiaries) purchased agricultural tools, such as plough spare parts, oxen yokes, hoes, rakes, spades, hosepipes and watering cans.</li> </ul>

			<i>PLWHIV; and (iii) vulnerable children and 100 orphans</i>		<p>drawn or tractor-drawn direct planting machinery.</p> <ul style="list-style-type: none"> <li>▪ Procurement of 12 ox-drawn planters</li> <li>▪ Vulnerable farming households with access to inputs to plant vegetable gardens (less than 0.25 hectares)</li> <li>▪ OVCs and people affected by HIV/AIDS with access to garden inputs (seeds and tools)</li> </ul>	<ul style="list-style-type: none"> <li>▪ ITFs provided 2581 beneficiaries with tillage vouchers to have 129 hectares of land ploughed.</li> <li>▪ Assuming adequate meteorological conditions, the planted areas are forecasted to yield over 28 584 tonnes of food, 12 618 tonnes of which are the main cereals (maize, sorghum and wheat).</li> <li>▪ Estimated yields would produce seven to eight months worth of food (given a daily per capita intake of 0.5 kg of cereal) for the 101 000 direct beneficiaries, who harvested nothing or very little during the previous season.</li> <li>▪ A further 861 farming households with people living with HIV (PLWHIV) (approximately 4 305 direct beneficiaries) and 100 OVCs received inputs and technical support for vegetable garden production. Approximately 83 percent of the \$3.78 million (M26.458 million) obtained has been spent.</li> </ul>
<b>Health</b>	<b><i>07-WHO-035 “Emergency response to support the Lesotho MoHSW in mitigating the health effects of the severe food shortage crisis on the most vulnerable populations”</i></b>	429, 605	<i>400 000 – 500,000 people in rural areas</i>	<i>Ministry of Health and Social Welfare (national and district levels)</i>	<ul style="list-style-type: none"> <li>▪ Severely malnourished children treated and rehabilitated through therapeutic feeding programme (training of hospital staff)</li> <li>▪ Reduction in mortality and morbidity by malnutrition and water related diseases through an improved disease surveillance system, supported by mechanisms for proper case management and outbreak response</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health workers skills in the management of severely malnourished children has improved. This translates into the saving of lives of affected children.</li> <li>▪ The integrated diseases surveillance and response system has been revitalised through the training given to health workers at the national, district and health centre levels. This translates into early detection and management of communicable diseases. The health sector managed to respond to a serious epidemic of anthrax. 219,934 people benefitted from the various project interventions.</li> <li>▪ Stakeholders in pollution control and occupational health have been equipped with skills to deliver the two components of Primary Health Care.</li> </ul>

					<ul style="list-style-type: none"> <li>▪ A composite primary health care package is delivered to the most vulnerable people in the rural areas of the country</li> </ul>	
Health	<p><b>07-CEF-048</b>  <b>“Improvement of the management and prevention of acute malnutrition”</b></p>	710,748	<p>200,000 people including 80,000 children and 120,000 pregnant and lactating women</p>	<p>WFP, WHO, MoHSW, CHAL, PIH, World Vision, MSF</p>	<ul style="list-style-type: none"> <li>▪ Reduce excess mortality related to drought through appropriate management and prevention of increased cases of acute malnutrition</li> <li>▪ Ensure integration with water and sanitation programmes in health facilities lacking access to safe clean water</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prevention and Improved Management of Acute Malnutrition:</li> <li>▪ Therapeutic foods were distributed to 2,500 out of 4,000 targeted children in all 10 districts. A total of 204 mt of supplementary food was distributed to treat about 10,000 out of approximately 14,000 moderately malnourished children.</li> <li>▪ About 60 health professionals were trained on Inpatient Therapeutic Program (ITP) from 12 out of 18 hospitals to manage severely malnourished children.</li> <li>▪ The National Nutrition Surveillance System was revitalized, and monthly and quarterly reports were disseminated. Fact sheets with key Nutrition Survey findings were also finalized and disseminated.</li> <li>▪ Integrated Management of Acute Malnutrition (IMAM) guidelines were introduced in the selected 60 health centres, for the first time in the country, through capacity building to the Ministry of Health.</li> <li>▪ About 141 out of 160 nutritionists and health professionals were trained to treat both severely and moderately malnourished children.</li> <li>▪ The MoHSW was supported to establish the first, ever, Outpatient Therapeutic Program (OTP) sites and Supplementary Feeding Centres (SFCs) in all the 10 districts, to treat severely and moderately malnourished, respectively.</li> <li>▪ A total of 10 feeding centres were opened from 10</li> </ul>



						districts, following the IMAM training.
Health	<b>07-CEF-048</b> <b>"Improvement of the management and prevention of acute malnutrition"</b>	710,748	200,000 people including 80,000 children and 120,000 pregnant and lactating women	WFP, WHO, MoHSW, CHAL, PIH, World Vision, MSF	<ul style="list-style-type: none"> <li>▪ Reduce excess mortality related to drought through appropriate management and prevention of increased cases of acute malnutrition</li> <li>▪ Ensure integration with water and sanitation programmes in health facilities lacking access to safe clean water</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, Sanitation and Hygiene Education in 6 Districts, for 345 Villages and 300 Primary Schools:</li> <li>▪ Water supply in schools and communities:</li> <li>▪ 5 out of 40 new hand pump facilities are being constructed, serving 24,000 people.</li> <li>▪ 52 out of 345 hand pump facilities are being rehabilitated, serving 153,000 people.</li> <li>▪ 50 targeted rain collector, serving 30,000 people have been installed.</li> <li>▪ Construction of Sanitation Facilities in Schools:</li> <li>▪ Construction of 210 toilets in 30 schools has started.</li> <li>▪ Construction of 30 boys' urinals in the same schools has also started.</li> <li>▪ Improvement of Sanitation and Key Hygiene Practices</li> <li>▪ 740 out of 2,140 extension workers targeted, have been trained in "promotion of key hygiene practices".</li> <li>▪ 5,500 out of the 17,000 households targeted, received hygiene kits.</li> <li>▪ 100 out of the 300 schools targeted, received hygiene kits.</li> <li>▪ 300 out of the 1,500 targeted water sampling was conducted by the households with the help of the health workers.</li> </ul>

<p><b>Health</b></p>	<p><b>07-FPA-018 “ Emergency response to support the Lesotho MoHSW in mitigating the health effects of the severe food shortage crisis on the most vulnerable populations”</b></p>	<p>435,490</p>	<p>125,000 women of reproductive age in the six drought affected districts</p>	<p>WHO, MoHSW</p>	<ul style="list-style-type: none"> <li>▪ Severely malnourished children treated and rehabilitated</li> <li>▪ Reduction in mortality and morbidity by malnutrition and water related diseases in the affected population</li> <li>▪ A composite primary health care package delivered to the most vulnerable people in the rural areas of the country</li> <li>▪ Reduction in neonatal and maternal morbidity and mortality</li> </ul>	<p><b>Procurement and Delivery of Emergency Obstetric Care Kits:</b></p> <ul style="list-style-type: none"> <li>▪ Emergency Obstetric Care kits were delivered to 19 hospitals and health centres to respond to life-saving needs of pregnant women in the affected districts.</li> <li>▪ Kits for birth attendants, for caesarian section, uterine evacuation and for neonatal resuscitation, were also delivered to 19 out of the 20 targeted health centres, to benefit approximately 125,000 women of reproductive age.</li> <li>▪ Training was provided to 16 trainers of trainers, comprising 2 medical doctors and 14 nurses on the use of the EMOC manual in all 10 districts.</li> <li>▪ Training was conducted for 30 medical doctors and 30 nurses from the drought affected districts.</li> </ul>
----------------------	--	----------------	--	-------------------	---	---

## I. CERF IN ACTION

### A Success Story

Lesotho suffered an acute drought from January to March 2007, which caused an important increase in the number of people vulnerable to food insecurity. Based on both local and international assessments, and the declaration of a state of food crisis from the Government of



*Vulnerable Group Feeding (VGF) beneficiaries queuing up to receive their food in Mpharane, Mohale's Hoek.*

Lesotho, the UN country team launched a joint Flash Appeal to mobilise international support. CERF funds were the first to be received by WFP subsequently to the Flash Appeal.

The 1,455.20 US\$ received enabled 2,900 tons of food commodities (namely maize meal, vegetable oil, and pulses) to be distributed in a timely manner. 130,000 drought affected people benefited directly from CERF's donation, enabling them to maintain their food intake and avoid harmful coping

strategies.

According to Mamojaki Motseki, 60 years old, these donations have made a real difference: "On behalf of myself and my family, I would like to say thank you from the bottom of my heart. The food donations of maize meal, pulses, and vegetable oil have helped my family tremendously. Due to the drought that swept across Lesotho, my crops failed to grow. Before I was offered assistance, I was not sure where food or money would come from to support my family. Now I am in a better position to care for my family."

### Another Success Story

In 2006/2007, Lesotho, a small southern African country, faced the worst drought in 30 years. In this country, where over 80 percent of the people depend on agriculture for food as well as money to buy food, most people failed to harvest anything from their fields. In addition to drought, Lesotho has a huge HIV/AIDS problem, with over 23 percent of the population believed to be infected. FAO received a United Nations CERF grant to assist affected families in recovering their productive capacity. Part of the CERF grant was used to provide people living with HIV/AIDS with inputs for garden production



*Mr. Roberts and the garden tools received. © R Lethola 2008*

and income generation. This was in recognition of the fact that people living with HIV/AIDS, in times of crisis, face an even greater challenge than most in accessing food. A total of 961 such people were assisted with garden tools, seeds and fertilizer.

Ms Thato Roberts is a 32 year-old single mother of two who is living with AIDS. She was selected as a beneficiary of the project because of her active participation in a local support group for people living with HIV/AIDS. The project provided vegetable seeds as well as a wheelbarrow, watering can, digging fork and a spade. This household of six people (Thato, her two children aged 9 and 10, her father and two of her siblings), none of whom is formally employed, lives 15 km southwest of Maseru City in Matukeng Village. The family lives in a thatched-round hut. Thato does odd jobs in her village as well as in the neighbouring villages to earn an income. Because she spends so much time away from home, her father takes care of the garden.

Thato immediately planted the vegetable seed she received as inputs. Meals were soon provided from the thriving crop, which included spinach, rape, carrots, beetroot, onions and tomatoes. Unfortunately, the crops were partly damaged by hailstorms in early January 2008. Nonetheless, at the time of this visit a good tomato crop was at the flowering stage.

### **Another Success Story**

In 2006/2007, Lesotho, a small southern African country, faced the worst drought in 30 years. In this country, where over 80 percent of the people depend on agriculture for food as well as money to buy food, most people failed to harvest anything from their fields. FAO received a United Nations CERF grant to assist affected families in recovering their productive capacity. Most of the CERF grant was used to provide 20 200 drought-affected farming households with inputs (seeds, fertilizers, tools and access to tractors to prepare fields) to enable them to plant during the next cropping season. Good quality seeds planted in time can determine whether or not there will be a harvest. Forty-four ITFs were organized in six of Lesotho's ten districts. The remaining four districts were covered by another fund.

Ms 'Matebalo Motlatsi, a 70 year-old from 'Malefiloane Village in Mokhotlong district was one such farmer. Her family comprises of eight members (herself, her husband, three daughters and three sons). When her husband was working, the family had money to buy most of their food requirements. The family's fortunes changed drastically when her husband lost his job in the



*Ma Motlatsi's ripening wheat field in Mokhotlong*  
© by Mabataung Sekete, 2008

South African mines in 1982. Since that time, the family has depended entirely on what they can produce from their two fields, as there is no one formally employed.

Their harvest varies from year to year, depending on weather patterns, input availability, pests and diseases. Their harvest was usually sufficient to feed the family of eight year-round, reserve some of the harvest as the following season's seed and sell a portion to meet other household needs. However, last season was her worst, when she harvested only a fraction of what

she would normally get. As a result, she was not able to sell anything and, without the

assistance from the CERF grant, she would have had to use some of the grain reserved for food as seed. The assistance allowed her to use her previous harvest for food, and at the same time access quality inputs for the following planting season.

From the ITF, she managed to buy 10 kg of wheat seed, 2 kg of peas, 10 kg of potatoes and some agricultural equipment. With these inputs, she managed to plant her two fields; potatoes and peas intercropped and wheat on 0.3 hectares and 0.4 hectares respectively. Furthermore, because the rains were held at the end of August 2007, she was able to plant in September, which is the optimal planting time. Despite some hail damage to her crop, she expects a good harvest from her wheat crop this year. Ms 'Matebalo Motlatsi, a 70 year-old from 'Malefiloane Village in Mokhotlong district was one such farmer. Her family comprises of eight members (herself, her husband, three daughters and three sons). When her husband was working, the family had money to buy most of their food requirements. The family's fortunes changed drastically when her husband lost his job in the South African mines in 1982. Since that time, the family has depended entirely on what they can produce from their two fields, as there is no one formally employed.

Ms 'Matebalo Motlatsi, a 70 year-old from 'Malefiloane Village in Mokhotlong district, was one such farmer. Her family comprises of eight members (herself, her husband, three daughters and three sons). When her husband was working, the family had money to buy most of their food requirements. The family's fortunes changed drastically when her husband lost his job in the South African mines in 1982. Since that time, the family has depended entirely on what they can produce from their two fields, as there is no one formally employed.