



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

Country	Lesotho
Resident Coordinator	Ms. Ahunna Eziakonwa-Onochie
Reporting Period	September 2008 – February 2009

I. Executive Summary

Lesotho is a small, landlocked mountainous kingdom with the current population estimated around 1.88 million people. Women represent 52 percent of the population. It is estimated that 56 percent of the total population live below the poverty line with the majority of the poor living in rural areas and solely dependent on subsistence agriculture for survival.

For this period, CERF funding was requested by three agencies in Lesotho to assist in the various projects established in the rural communities related to food insecurity and poverty. The agencies were: United Nations Population Fund (UNFPA), Food and Agriculture Organization of the United Nations (FAO), and the World Health Organization (WHO).

According to the 2008 Lesotho Vulnerability Assessment Report, an estimated 352,000 people (70,400 households) are currently food insecure. This number is likely to increase as the more and more marginalized households are further pushed into vulnerability as a result of soaring food prices.

Traditionally, women and girls are charged with the responsibility to ensure that their household members have access to food. In the context of the existing social-economic inequalities, women and children are found to be worst affected by poverty. As a result, women may respond to food insecurity and poverty by engaging in risky sexual relationships which could expose them to Sexual Gender Based Violence (SGBV) and HIV infection. While many efforts were made to ensure that as many vulnerable farming households as possible were assisted in the previous agricultural season (2007/2008) in accessing agricultural inputs, the soaring food and input prices experienced in 2008 seriously undermined the gains made through such interventions. Food insecurity also resulted in health problems, in particular malnutrition in children aged 6 – 59 months old. Further to these, anthrax cases also affected animals and humans to some extent.

In light of the above problems, CERF funding was requested to:

- Support vulnerable farming households who because of soaring food prices would find it difficult to plan during the 2008/2009 agricultural season.

- Provide hospital supplies to manage severely malnourished children, strengthen clinical management of severe malnutrition both at hospitals and health care centres, conduct refresher training for doctors and nurses and also to strengthen education on nutrition, malnutrition and food safety.
- Address SGBV caused by the current food insecurity through awareness and advocacy campaigns for prevention and management of SGBV, procurement of post rape and PEP kits and training of health workers.
- Assist with management of anthrax cases reported in the affected 26 villages in Lesotho.

Through this assistance, major achievements were realised in which there was an increased level of understanding of prevalence and dangers associated with SGBV in Lesotho. The trainings conducted for nurses helped by improving the skills to manage the malnourished children below the age of 5 years. In addition, farmers who were assisted were able to access a variety of inputs which resulted in them being able to plant 23 percent more than the previous season.

The table below outlines the allocation of CERF funds and how it was spent here in Lesotho.

Total Amount of Humanitarian Funding Received (per reporting year)				Received:
				\$ 3,662,836
Total Amount of CERF Funding Received by Funding Window			Requested	Received
	Rapid Response		\$1,895,820	\$1,895,820
	Underfunded Emergency			
	Total		\$1,895,820	\$1,895,820
Total Amount of CERF Funding for Direct UN Agency/IOM Implementation and Total Amount Forwarded to Implementing Partners	Total UN agencies/IOM:			\$1,895,820
	Total implementing partners:			\$0
Approximate Total Number of Beneficiaries Reached with CERF Funding (disaggregated by sex/age if possible)	Total	Under 5 years of age	Female	Male
	32,304 WHO	32,304	14,971	17,333
	1,414,080 FAO	NA	NA	NA
	239,438 FAO	NA	NA	NA
	74,900 UNFPA	NA	NA	NA
Geographic areas of Implementation	Health centres from the 10 districts of Lesotho. Hospitals of six districts of Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Leribe and Thaba Tseka received education materials on nutrition and food safety. Districts of Quthing, Mohale's Hoek, Mafeteng, Maseru, Berea, Leribe and Butha Buthe for agricultural inputs Maseru and Mafeteng Districts for Anthrax vaccinations. Northern lowlands and highland districts of Berea, Leribe and Mokhotlong for Gender-based Violence issues.			

II. Background

Since the occurrence of the drought between 2006 to 2007 and the resultant food crisis which later led to the Government of Lesotho issuing a “Declaration of an Emergency on Food Security in Lesotho” in July of 2007, the International Community through international NGOs, donor partners and partners has assisted with funding and human resources to respond to this crisis. The United Nations jointly responded through utilisation of CERF funding made possible by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

Through CERF Funding, the UN focused on four priority areas, Emergency Food Aid, Provision of Agricultural Inputs, Prevention and Improved Management of Acute Malnutrition and Procurement and Delivery of Emergency Obstetric Care (EMOC).

In 2008, food insecurity was still prevalent and causing a deepening of vulnerability amongst the worst affected. The UN still in support to this crisis requested for more CERF funding to assist with the following priority areas:

- Provision of Agricultural Inputs
- Emergency Control of Anthrax in Lesotho
- Management of Acute Malnutrition
- Prevention and Management of Sexual Gender Based Violence

The above confirms that UN’s assistance to the crisis was clearly focused on Agriculture, Health and Protection to the vulnerable population affected.

III. Implementation and results

1. Coordination and implementation arrangements

While the decision making processes of all projects supported through CERF remained with UN Agencies in partnership with Government, implementation and coordination of the agreed projects was mainly carried out by District Health Management Teams, Primary Health Care Teams, Ministry of Gender and other civil society organisations.

With the agriculture projects, FAO took leadership of the projects closely supported by civil society and managed to implement and deliver on the outcomes targeted for the affected population established through its initial assessment.

2. Project activities and results

Some of the main activities included procurement of 65 post rape kits and 6 PEP kits and distributed in the three target districts. IEC materials were also produced and distributed to over 7,000 beneficiaries. Media was utilised to broadcast GBV messages resulting in at least 15 radio programmes and two TV programs being aired to raise advocacy and awareness on GBV. Furthermore, about 30 health workers from the three target districts were trained in order to manage GBV survivors.

Through CERF funding, hospital supplies were procured and distributed to 78 percent of the hospitals for use in treating children with severe malnutrition and for addressing epidemics of diarrhoea that affected two districts. A refresher training in the management of severe

malnutrition was also offered to nurses from 60 percent of the districts in Lesotho. This improved their skills in providing specialised management for affected children below the age of 5 years.

Through CERF funding, farmers were able to access a variety of inputs which resulted in farmers being able to plant 23 percent more than previous seasons.

It also assisted in ensuring that animals were adequately vaccinated for livestock owners in Maseru and Mafetang districts and helped raise awareness for the remainder of the population without livestock on what precautions to take in such situations.

3. Partnerships

Major partners included Ministries of Gender and Health as well as two civil society Organisations. The Ministry of Gender greatly assisted in designing GBV messages and coordinating distribution of IEC materials. Lesotho Red Cross, which had ample experience conducting health training in emergency situations, eased the process of conducting training workshops in such a short period of time.

Ministry of Health and Social Welfare and the Christian Health Association of Lesotho (CHAL) also assisted greatly by supporting WHO in responding to prevention and management of severe malnutrition.

In terms of the agriculture projects established under the guidance of FAO, the Ministry of Agriculture and Food Security (MAFS), Disaster Management Authority, local government officials and CHAL were exceptional in their assistance by making sure that beneficiaries were selected, input trade fairs organised and undertaken and adequate monitoring was in place to track results and outcomes for the projects.

The Animal Production and Health Division played a pivotal role in supporting FAO to manage the anthrax effect to livestock in Maseru and Mafetang Districts that were found to be affected.

4. Gender-mainstreaming

Through this funding assistance, awareness and understanding is raised on GBV and its effects on women.

5. Monitoring and evaluation

Monitoring and evaluation of the use of CERF funds in the various projects included reports completed by different district teams, supportive supervision visits with a final report that gives the overall performance of the project in terms of planned activities and anticipated results.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Agriculture	08-FAO-029 Mitigating the impact of soaring food prices on vulnerable farming in Lesotho	1,418,080	12,168 vulnerable farming households (over 6,000 were women) 1,182 PLWHA	MAFS (Ministry of Agriculture and Food Security) (\$12,000) Disaster Management Authority	<ul style="list-style-type: none"> ▪ 12,000 vulnerable households having adequate inputs to plant up to 0.5 hectares during the 2008/2009 agricultural season ▪ Up to 6,000 hectares under crops which have the potential to produce 4,800 to 6,000 tonnes of food which would be enough to feed the beneficiary households for an estimated 5-7 months 	<ul style="list-style-type: none"> ▪ 12,168 vulnerable farming households (60,840 direct beneficiaries) accessed agricultural inputs for the 2008/2009 agricultural season through input trade fairs in seven districts; (51 percent of these were women). ▪ 1,182 people living with HIV and AIDS (PLWHA) (5,910 direct beneficiaries) received inputs for backyard gardens. ▪ An estimated 25,552 hectares have been planted using the inputs obtained from the fairs. An estimated maximum of 17,887 tonnes of food expected to be produced. This would be enough to feed the beneficiaries for 21 months.
Agriculture	08-FAO-014 Emergency control of anthrax in Lesotho	239,438	6,263 Livestock- owning households (31,315 individuals)	<ul style="list-style-type: none"> ▪ AGAH ▪ Department of Livestock Services (DLS) ▪ WHO 	<ul style="list-style-type: none"> ▪ Decrease in livestock mortality which should result in restoration of previous levels of productivity. ▪ Raise awareness to inform and educate the remainder of population without livestock. 	<ul style="list-style-type: none"> ▪ About 400,000 animals (6,263 households) received anthrax vaccinations. ▪ About 257,275 households (1, 286,372 individuals) now have access to information presented through television and radio on anthrax, with another 124,701 households have information available through posters and brochures.
Health	08-WHO-044 Emergency responses to support the Lesotho MoHSW in managing severe malnutrition due to increasing food prices in Lesotho	167,402	32,304 children below the age of 5 years	<ul style="list-style-type: none"> ▪ Ministry of Health and Social Welfare (national and district levels) ▪ Christian Health Association of Lesotho 	<ul style="list-style-type: none"> ▪ Supplies for management of severe malnutrition procured and distributed to 100 percent of the government and CHAL hospitals in the country. ▪ Severely malnourished children treated according to Lesotho Protocols for the Management of Severe Malnutrition in 100 percent of GoL and CHAL hospitals. ▪ At least 80 percent of doctors and 80 percent of nurses from 	<ul style="list-style-type: none"> ▪ An overall total of 32,304 children below the age of 5 years benefited from the project reflecting an achievement 76 percent of the targeted children. ▪ Hospital supplies procured and distributed to 78 percent of the targeted hospitals and 20 percent of the District Health Management Teams and 1 remote health centre. ▪ Protocols for the management of severe malnutrition in hospital availed to all hospitals. ▪ Nurses from 60 percent of the districts (Government of Lesotho and Christian Health Association of Lesotho facilities) received

					<p>GoL and CHAL facilities having received refresher training in management of severe malnutrition.</p> <ul style="list-style-type: none"> ▪ Nutrition and food safety education materials produced and distributed to 70 percent of the hospitals and 70 percent of health centres belonging to GoL and CHAL. 	<p>refresher training on integrated management of severe malnutrition.</p> <ul style="list-style-type: none"> ▪ Information, Education and Communication (IEC) materials were reproduced and distributed to 100 percent of the districts.
<p>Protection/ Human Rights/ Rule of Law</p>	<p>08-FPA-027 Management of Gender Based Violence caused by the vulnerability of food crisis in Lesotho</p>	<p>74,900</p>	<p>200,000 people</p>	<ul style="list-style-type: none"> ▪ Ministry of Gender, Youth, Sports and Recreation (\$47,240) ▪ Lesotho Red Cross Society (\$27,660) ▪ Ministry of Health and Social Welfare 	<ul style="list-style-type: none"> ▪ Manage SGBV caused by vulnerability of food crisis in Lesotho 	<ul style="list-style-type: none"> ▪ Procurement of PEP and post rape kits: A total of 65 post rape kits and 6 PEP kits procured and distributed in the three target districts. ▪ Production and distribution of IEC materials: IEC materials including 2,000 t-shirts, 5,000 pamphlets, three roll up banners and 200 A2 size posters were produced and distributed to over 7,000 beneficiaries. ▪ Radio and Television programs: Three FM radio stations and the national TV were used to air GBV messages. Two renown companies specialized in gender advocacy were used. At least 15 radio programs and 2 TV programs were aired. ▪ Training of health workers: At least 30 health workers from the three target districts were trained in management of GBV survivors

V. CERF IN ACTION

Agricultural Inputs



Mr Motlatsi Molula standing in his ready-to-harvest maize field. (Photo - Bokang Mantutle/FAO, 2009) ©

Mr. Motlatsi Molula aged 62 was one of the farmers selected by his local extension officers and local councillor to be a beneficiary of the input trade fairs funded by the UN's Central Emergency Response Fund (CERF). Mr Molula resides in a village called Ha Mants'ebo in Maseru District. According to Mr. Molula, he was selected because he is a hard-working farmer in the area who, because of the soaring prices of inputs, was finding it difficult to plant his fields. He is the head of a household of eight members who include his wife and children aged between 12 and 20 years of age.

Mr. Molula, using vouchers worth about US\$100 that he received from the project, was able to obtain a 10 kg of maize seed and two bags of 50kg of fertiliser. According to Mr Molula, "the agricultural inputs support was the best thing ever happened to me in farming, because it came at the right time in the season and when I badly needed the help." With the inputs he received, he was able to plant the maize on the one acre field closest to his house so that he could keep close watch and tend to the field.

"Even though the rainfall patterns were very erratic this season, I am definitely going to have the best harvest ever harvested from this field". From that field alone, the farmer expects to harvest at least 1 tonne which is twice what he would normally harvest from it. The farmer also indicated that before this assistance, he had never used improved seed varieties, nor had he applied inorganic fertilizers in that field because he could not afford them. Even before harvest, he was able to raise US\$180 from the sale of fresh green maize. He banked this money with the plan to use it to buy improved seed varieties and fertilizers, now that he had seen what he can achieve from using them.

"In the past, I was compelled to sell one or two sheep five months after the harvest in order to buy a supplementary maize-meal from the local shops to properly feed my family due to my low yielding fields. With this seasons' harvest, that has become a thing of the past because my own produce would at least cover the whole family for at least nine months without having to loose my livestock in order to buy additional food".

Procurement and delivery of hospital supplies

Hospital supplies comprised of oral dehydration salts, ringers lactate, infusion sets, and antibiotics were procured and distributed to 18 hospitals. The supplies were used in the management of severe malnutrition in the hospitals and for responding to outbreaks of diarrhoea diseases in the districts of Mohale's Hoek and Thaba Tseka. The supplies procured and their distribution are shown in the table below and in figure 1.

Table 1: Distribution of hospital supplies

DISTRICT AND INSTITUTION	QUANTITY DISTRIBUTED									
	ORS sachets	Ringers lactate	Infusion sets					Antibiotics		
			Feeding tube size			Scalp vein size		Amoxicillin	Cotrimoxazole	
			8	10	14	19	23			
Berea District										
Berea hospital	8,000	480	0	50	60	0	0	800	300	
								40		
Maluti hospital	8,000	480	9	10	60	20	10	800	300	
			0	0		0	0	40		
Botha Bothe District										
Botha Bothe hospital	8,000	480	0	50	30	0	10	800	300	
							0	40		
Seboche hospital	10,000	240	0	0	0	0	0	850	600	
Leribe District										
Motebang hospital										
Mamohau hospital	8,000	480	0	50	0	60	10	800	300	
							0	40		
Louis Gerard clinic	1,600	12	1	0	0	0	0	1,000	1,000	
			6							
			0							
Qacha's Nek District										
Machabeng hospital	8,000	480	0	50	60	0	10	800	300	
							0	40		
Tebellong hospital	4,800	120	8	50	30	10	10	1,000	1,000	
			0			0	0			
Mafeteng District										
Mafeteng hospital										
Mohale's Hoek District										
Ntsekhe hospital										
Mohale's Hoek DHMT	4,800	120	0	0	0	0	0	1,000	1,000	
Mokhotlong District										
Mokhotlong hospital	8,000	480	0	50	60	0	0	800	300	
								40		
Maseru District										
Disease Control	1,600	36	0	0	0	0	0	750	700	
Scott hospital	4,800	360	8	50	30	10	10	1,000	1,000	
			0			0	0			
St Joseph hospital	8,000	480	9	10	80	20	10	800	300	
			0	0		0	0	60		
Quthing District										
Quthing hospital										
Thaba Tseka District										

Paray	5,000	0	0	0	0	0	0	850	600
St James	10,000	0	0	0	0	0	0	1,250	1,000
Health Division	10,000	0	0	0	0	0	0	1,250	1,000
TOTALS	108,600	4,248	5	550	41	660	70	14,850	10,000
			0		0		0		
			0						



Hospital supplies ready for distribution to the districts

Annex: Acronyms and Abbreviations

CERF	Central Emergency Response Fund
CHAL	Christian Health Association of Lesotho
EMOC	Emergency Obstetric Care
FAO	UN Food and Agricultural Organisation
IASC	Inter-Agency Standing Committee
MAFS	Ministry of Agriculture and Food Security
SGBV	Sexual Gender Based Violence
UNDP	UN Development Programme
UNFPA	United Nations Population Fund
UNICEF	UN Children's Funds
UNRC	Office of the Resident Coordinator
WASH	Water, Sanitation and Hygiene