

Kingdom of Lesotho

Multi-sectoral Mapping of Nutrition Actions Data 2017



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

Outline of the presentation

1. Overview of the mapping exercise
2. Nutrition Stakeholder & Action Mapping in Lesotho
3. Analysis at national level
4. Review of some actions, with geographic and population coverage repartition at district level
5. Comparison of nutrition problems per district with the nutrition interventions
6. Next steps

Nutritional context in Lesotho

Context in Lesotho

Nutrition situation

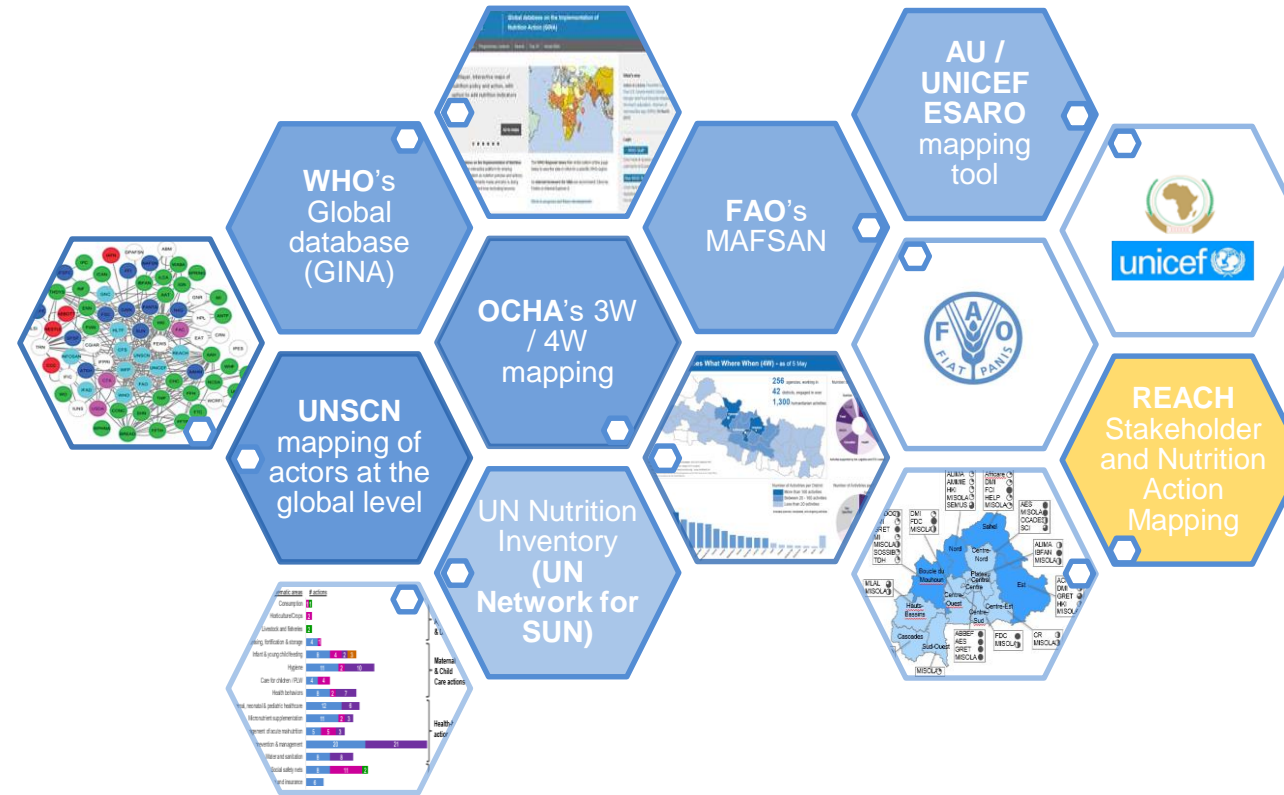
- Chronic and acute malnutrition in children under five years have decreased since 2004, however stunting is high (33.2%*) and remains above the WHO public health threshold ;
- Across all districts, the prevalence of wasting is low (under 5%*) according to WHO classification ;
- The prevalence of anemia in children under five years has remained a critical public health issue in the recent years*.

Political commitment

- In 2014, the Kingdom of Lesotho joined the SUN Movement with a letter of commitment from Prime Minister.
- The Government of Lesotho established the Food and Nutrition Coordinating Office (FNCO), initially under the Ministry of Agriculture and then later under the Prime Minister office.
- Five SUN Networks established : business, research and academia, media, civil society and the UN. However the UN Network is the only one that is fully functional.
- Several multisectoral committees under FNCO coordination are operating in addressing nutrition issues in Lesotho.
- A High-level nutrition forum held in October 2018 showcased the importance given to nutrition at the highest political level.
- The National Nutrition Policy was launched in 2016.
- The Lesotho Food And Nutrition Strategy and Costed Action Plan (2019-2023) was launched in March 2019

Overview of the mapping exercise

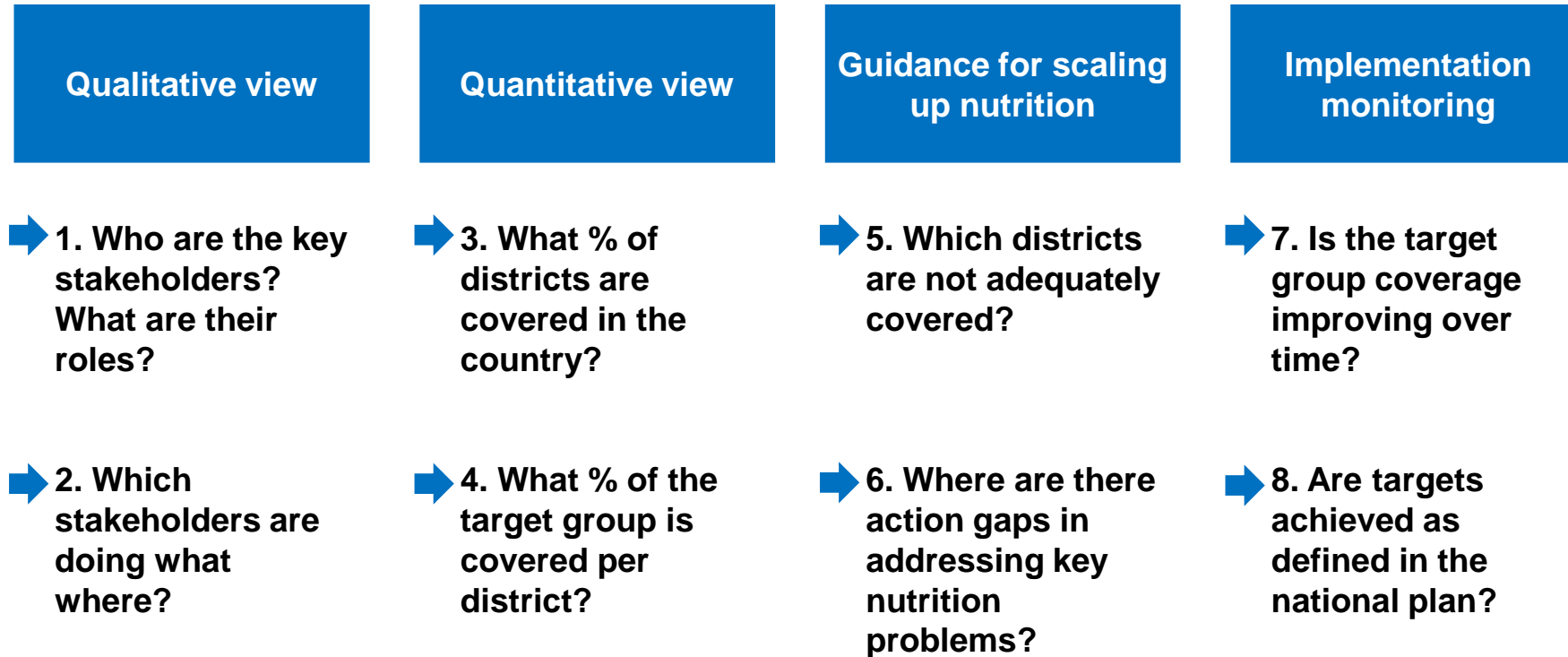
“Mapping” in the global context



While this mapping tool was developed by REACH, with support from the Boston Consulting Group, the tool is called...

... the Nutrition Stakeholder & Action Mapping Tool (SUN PMT) as findings help to frame planning and scale-up discussions

The mapping process aims to answer key questions

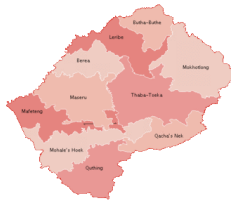


Comparing coverage outputs with the nutrition situation helps to identify potential **bottlenecks** (e.g. HR, funds, reach of delivery mechanism, quality of delivery.) and what further analysis is required to confirm and address them

Nutrition Stakeholder and Action Mapping is relevant to a wide variety of stakeholders working on nutrition

Improve coordination among partners, and help inform planning and scale up of nutrition actions

For district administrations



See which partners are working on nutrition in your district

Get info on what actions are being conducted, and where

How many people are being reached by different actions, **what needs to be scaled up**

For Ministries



Get a better overview of **who the partners are and what they do**

Identify potential gaps in geographic and population coverage

Help **planning & scale-up of nutrition actions**

For UN and NGOs



Enhance coordination through better info on what organizations are working in the same districts and/or on the same actions

Identify what districts need further support

See what actions need to be scaled up, and where

For Donors



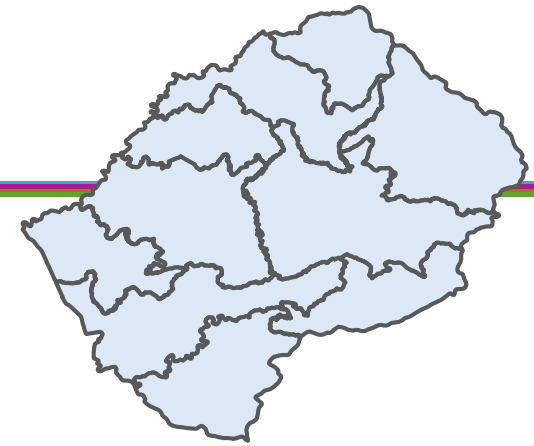
Identify what districts need further support

See what actions need more funds to scale up

Help identify which organizations can cover different actions and districts

The process

The Lesotho team



Oversight of the exercise

Director of FNCO, Dr Masekonyela Sebotsa

National technical team

- Keketso Lekatsa Monne
- Mpho Lifalakane
- Mathapelo Sethunya
- Tiisetso Elias
- Mohapi Letlamoreng Mafifi
- Nteboheleng Mothae

Coordinator for the exercise

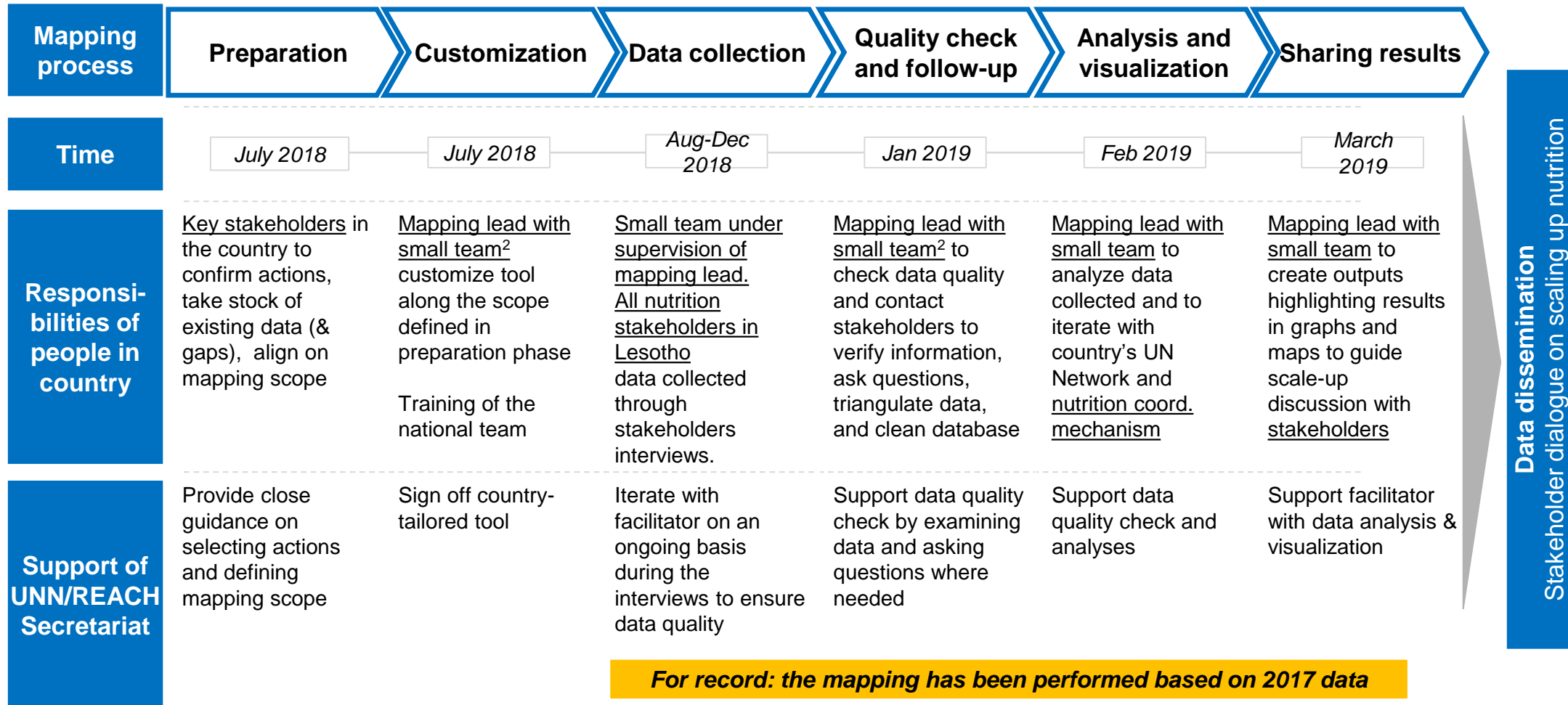
Lucie Jouanneau – Consultant

With the support of Lesotho National REACH facilitator, Maseqobela Williams

Technical oversight

UN Network-REACH Secretariat

Process and timeline of the Nutrition Stakeholder & Action Mapping exercise



¹CNA = Core Nutrition Actions

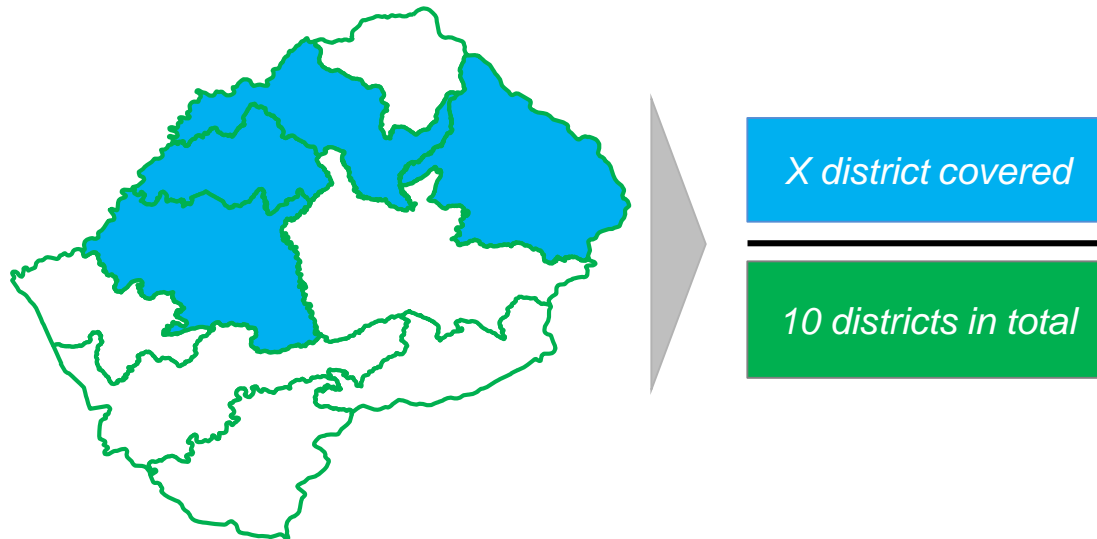
²The small team typically refers to the SUN government focal point, focal points from key ministries, UN Nutrition Network in-country (UN nutrition focal points) and REACH facilitator (if present), focal points from CSOs. Small team identifies one person lead responsible to coordinate ideally from government (e.g. nutrition secretariat, office of statistics), consultant (preferably national) or REACH facilitator (if present). Small team may be technically supported by external consultant and/or UN Network/REACH Secretariat.

25 Core Nutrition Actions were agreed upon by government and development partners

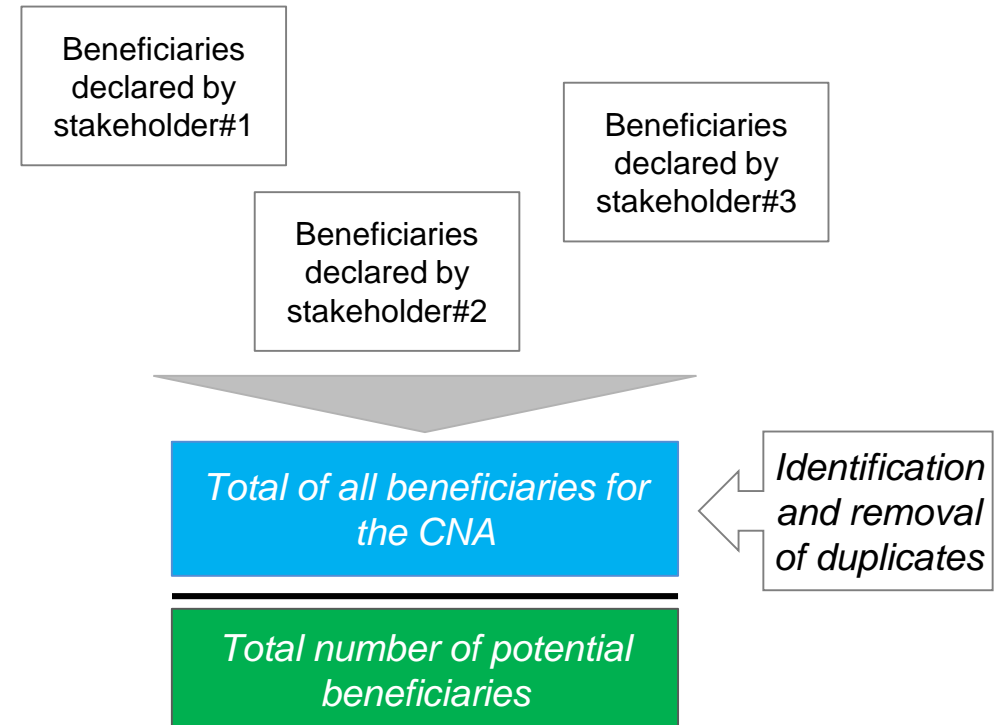
	Area	#	Core nutrition actions (CNAs) to be mapped	
Nutrition Specific	Infant and young child feeding	1	Counselling for IYCF on exclusive breastfeeding and optimal complementary feeding practices	
		2	Provision of monthly child Growth Monitoring and Promotion (GMP)	
	Micronutrients supplementation & fortification	3	Provide Vitamin A supplementation for children (12-59 months) children	
		4	Provide Iron / folate supplementation for pregnant women during antenatal care (Iron and Folic acid)	
	Management of malnutrition	6	Management of moderate acute malnutrition	
Nutrition Sensitive	Disease prevention & management	7	Provide deworming tablets for children (12-59 months)	
		8	Provide diarrhea treatment ORS/Zinc for Under 5 children	
		9	Provide women with Ante Natal Care, at least 4 + visits	
		10	Provision of nutritious foods to pregnant and lactating women and/or 6 to 23 months	
		11	Nutrition assessment, Counselling and Support for caregivers of children aged 6-59 months	
		12	Provide PMTCT&HIV/AIDS package	
		13	Provide PMTCT&HIV/AIDS prevention package	
		Improved nutrition practices	14	Provision of nutrition messages
	WASH		15	Construction and rehabilitation of water sources
			16	Construction/rehabilitation of sanitation facilities
			17	Installation of handwashing stations
	Food & agriculture		18	Provide training on biofortified crops
			19	Distribution of diversified crops and training
			20	Distribution of short cycled livestock and training on livestock production
			21	Provide training/demonstration on home food preparation and preservation
			22	Provide training on income generating activities
	Social protection		23	Provision of meals in ECCD and primary schools
		24	Distribution of unconditional cash transfer for poor and vulnerable households and orphans	
		25	Distribution of food packages for poor and vulnerable households and orphans	

How is the *geographic coverage* defined? What is the *population coverage* in this mapping exercise?

The ***geographic coverage*** is the proportion of district covered by a core nutrition action (CNA), divided by the total number of district at national level



The ***target group coverage*** refers to the proportion of beneficiaries reached by an action, divided by the total target population



The geographic level of the mapping in Lesotho

What are the available results?



At national level

- What actions have been implemented in 2017?
- Population coverage: What % of the target group has been reached at national level?



At district level

- Geographic coverage: What districts receive the intervention?
- Population coverage: What % of the target group has been reached in a district?

Results interpretation

Assumptions and limitations of the mapping results

- The **mapping coverages are estimated based on information obtained from key stakeholders and projections from different census** (2006 and 2016). Because of the use of secondary data and the need to calculate targeted population from estimates, the coverage should not be considered exhaustive or fully accurate.
- This mapping exercise focused on **25 actions strongly impacting nutrition**. The stakeholders carry out other activities that can contribute to improve Lesotho's nutritional status. The actions were selected during a participatory, multi-stakeholder and multisectoral workshop which took place in July 2018 under the leadership of FNCO
- **Quality of the results is strongly dependent on the quality of the information and data shared by nutrition stakeholders** that have been contacted. Unavailability, incomplete or incorrect data impact on results. This, together with limited data collection time and resources and the fact that participation in this exercise is voluntary, result in analysis that are indicative and limited to the best of our knowledge.
- In addition, **some difficulties** were encountered during data collection and analysis in Lesotho:
 - Questionnaires not returned or unavailability of key people;
 - Calendar and interest conflicts;
 - Delayed response time / reactions of organizations;
 - Unavailability of disaggregated data by intervention, target groups or districts;
 - The multi-sectoral nature of nutrition is not always fully understood.
- Consequently, the results of this exercise should be considered indicative. As this mapping is a first experience, future iterations will help refine the approach and improve the quality of the results.

Overview of the data collection (1/2)



Sample	value	rate (%)
Stakeholder who received the letter for data collection	47	100%
Stakeholders contacted for data collection	37	79%
Stakeholders visited	34	72%
Stakeholders who provided data	19	40%
Stakeholders who didn't provide data	11	23%
Stakeholders return rate = 40%		
Total number of actions	25	--
Actions for which data have been collected	23	92%
Actions for which no data were collected/available	2	8%
Core nutrition action with relevant data available = 23		

Overview of the data collection (2/2)

Thanks to 19 stakeholders who contributed to the data collection process, a total of :

- **9 ministries**
- **32 catalysts**
- **22 implementing partners, and**
- **35 donors**

have been identified as contributing to the core nutrition actions mapped for 2017

Categories	# of stakeholders who contributed with data
Ministries	6
NGO	9
UN agencies	4
Bilateral agencies	0

Definition of relevant terminology

Responsible ministry

Ministry, including their departments and governmental institution contributing to the Monitoring and Evaluation of the nutrition action

Implementing partners

Organization providing the service directly to the beneficiaries

Catalyst

Involved in coordinating, providing technical support, M&E and/or capacity development for the action

Donor

Funds part of all of the activity

Action

List of actions mapped in this exercise performed by stakeholders

Implementing mechanism

A country-specific list of mechanisms that defines how an action has been implemented

Key actions and data availability 1/3

Sector	Core nutrition action	Beneficiaries	Obtained ?	Target population	Obtained ?
IYCF	Counselling for IYCF on exclusive breastfeeding and optimal complement	Pregnant women receiving IYCF	Geo.	Pregnant & Lactating women	✓
	Provision of monthly child Growth Monitoring and Promotion (GMP)	0-59 months benefitting from GMP	✓	0-59 months	✓
Micronut suppl.	Provide Vitamin A supplementation for children (12-59 months) children	6-59 months receiving Vitamin A supplementation	✓	6-59 months	✓
	Provide Iron / folate supplementation for pregnant women during antenatal care (Iron and Folic acid)	Pregnant women receiving Iron and Folic acid	✓	Pregnant women	✓
MMAM	Management of moderate acute malnutrition	No data collected			
Improved nutrition practices	Provision of nutrition messages	People receiving nutrition messages	Geo.	Total population	✓

Geo. = only geographic data are available

Key actions and data availability 2/3

Sector	Core nutrition action	Beneficiaries	Obtained ?	Target population	Obtained ?
Disease prevention & management	Provide deworming tablets 12-59 months	12-59 months dewormed	✓	12-59 months	✓
	Provide diarrhea treatment ORS/Zinc for Under 5 children	No data collected			
	Provide women with Antenatal Care, at least 4 + visits	Pregnant women attending ANC4	✓	Pregnant women	✓
	Provision of nutritious foods to pregnant and lactating women and/or 6 to 23 months	Pregnant and lactating women receiving nutritious food 6-23 months receiving nutritious food	✓	Pregnant women 6-23 months	✓
	Nutrition assessment, Counselling and Support for caregivers of children aged 6-59 months	Pregnant and lactating women receiving NACS 6-59 months receiving NACS	Geo.	6-59 months Pregnant and lactating women	✓
	Provide PMTCT&HIV/AIDS package	0-24 months HIV exposed receiving PMTCT & HIV/Aids package Pregnant women HIV+ receiving PMTCT & HIV/Aids package	X ✓	0-24 months HIV exposed Pregnant women HIV+	X ✓
Social Protection	Provision of meals in ECCD and primary schools	Primary schools receiving meals EECD receiving meals	✓ ✓	Primary schools children EECD children	✓ ✓
	Distribution of unconditional cash transfer for poor and vulnerable households and orphans	Poor and vulnerable households receiving unconditional cash transfer	Geo.	Poor and vulnerable households Orphans (target included in poor and vulnerable households as many data were not precising the target)	✓
	Distribution of food packages for poor and vulnerable households and orphans	Poor and vulnerable households Orphans (target included in poor and vulnerable households as many data were not precising the target)	✓	Poor and vulnerable households Orphans (target included in poor and vulnerable households as many data were not precising the target)	✓ X

Key actions and data availability 3/3

Sector	Core nutrition action	Beneficiaries	Obtained?	Target population	Obtained?
WASH	Construction and rehabilitation of water sources	Household benefitting from the construction/rehabilitation of water sources	Geo.	households without water sources	✓
	Construction/rehabilitation of sanitation facilities	Schools/EECD receiving the intervention	✓	Schools / ECCDs without improved sanitation facilities	✗
		Household of sanitation facilities	✓	Households with/ improved sanitation facilities	✓
Installation of handwashing stations	Households in which a handwashing station has been installed Primary school in which a handwashing station has been installed	Geo.	Households	✓	
			Primary Schools	✓	
Food & agriculture	Provide training on biofortified crops	Farmers trained on biofortified crops	✓	Farmers	✓
		Inputs dealer trained on biofortified crops	✓	Input dealers	✗
	Distribution of diversified crops and training	Farmers receiving diversified crops with training	✓	Farmers	✓
	Distribution of short cycled livestock and training on livestock production	Farmers receiving short cycled livestock+training	Geo.	Farmers	✓
	Provide training/demonstration on home food preparation and preservation	Number of person who benefited from a training/demonstration on home food preparation and preservation	Geo.	Household (1 pax trained = 1 household trained)	✓
Provide training on income generating activities	Number of person who received training on income generation activities	Geo.	Household (1 pax trained = 1 household trained)	✓	

Nutrition situation at national level

Situation Analysis Dashboard

National level

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined
- Improving; positive trends
- ➡ No change
- Getting worse; negative trend
- n.a.** Data not available

	Indicator	Status	source	Year	Severity	Trend	
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	33.2%	LDHS	2014	●	➤
	Wasting	GAM prevalence among children <5 years old	2.8%	LDHS	2014	●	➤
		SAM prevalence among children <5 years old	0.6%	LDHS	2014	●	➤
	VAD	Children <5 years old with vitamin A deficiency	32.7%	LDHS	2014	●	n.a.
	Iron deficiency	Children 6-59 months old with anaemia	50.8%	LDHS	2016	●	➤
		Women ages 15-49 years old with anaemia	46.5%	LDHS	2014	●	➡
IDD	Children 6-11 years old with iodine deficiency (median UI)	214.7 µg/L	Urinary Iodine Excretion Survey	2002	●	➤	
Underlying Causes	Food Security	Households with poor or borderline food consumption	63.6%	LVAC	2016	○	n.a.
		Prevalence of undernourishment	11.2%	FAO STAT/IFPRI	2016	●	➡
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	90.2	UNICEF	2015	●	➤
		Low birthweight	10.4%	LDHS	2014	○	➤
		HIV Prevalence	24.6%	LDHS	2014	○	➤
		Women 15-49 years old with problems accessing health care	41.8%	LDHS	2014	○	➤
		Household access to improved water source	54.0%	LDHS	2014	●	n.a.
		Household access to improved sanitation facilities	47.1%	LDHS	2014	○	➤
	Care	Timely initiation of breastfeeding	65.0%	LDHS	2014	○	➤
		Infants 0-5 months old exclusively breastfed	66.9%	LDHS	2014	○	➤
		Children 6-23 months old with adequate complementary feeding	11.3%	LDHS	2016	○	➤
		Time to fetch water (households that take ≥30 min)	46.0%	LDHS	2014	○	n.a.
Basic Causes	Education	Females that completed at least primary school	81.2%	LDHS	2014	○	n.a.
		Female literacy rate	97.0%	LDHS	2014	○	➡
	Population	Total fertility rate per woman	3.3	LDHS	2014	○	n.a.
	Gender	Women ages 20-49 years old, with first birth at 15 years	15%	LDHS	2014	○	n.a.
		Women's intra-household decision-making power	65.4%	LDHS	2014	○	n.a.
	Poverty	Population living under national poverty line	57.1%	HDR	2016	○	➤

Source: MNO 2017, trends determined, using data from LDHS2009 and LDHS2014

Who does what?

Who are the key stakeholders? What are their roles?

	Core Nutrition Action	Responsible ministry	Catalyst	Implementing partners	Donors
IYCF	Counselling for IYCF on exclusive breastfeeding and optimal complement	MAFS MoH	UNICEF, Good Shepherd Sisters FAO, WFP, EPAF, WHO, nutripower	MoH, nutripower	GoL, UNICEF
	Provision of monthly child Growth Monitoring and Promotion GMP	MoH	UNICEF	MoH, CHAL, LRC	UNICEF, GoL
Micronutrients & supplementation & fortification	Provide Vitamin A supplementation for children (12-59 months children)	MoH	UNICEF, WHO	MoH, CHAL, LRC	UNICEF, GAVI
	Provide Iron / folate supplementation for pregnant women during antenatal care (Iron and Folic acid)	MoH	UNICEF	MoH, CHAL, LRC	UNICEF
Management of malnutrition	Management of moderate acute malnutrition	No data			

Who are the key stakeholders? What are their roles?

	Core Nutrition Action	Responsible ministry	Catalyst	Implementing partners	Donors
Disease prevention & management	Provide deworming tablets for children (12-59 months)	MoH	UNICEF	MoH, CHAL, LRC	UNICEF, WV
	Provide diarrhea treatment ORS/Zinc for Under 5 children	No data			
	Provide women with Ante Natal Care, at least 4 + visits	MoH	UNICEF, UNFPA, EGPAF	UNFPA, UNICEF, MoH	UNICEF, SIDA, PEPFAR
	Provision of nutritious foods to pregnant and lactating women and/or 6 to 23 months	MSD	Good Shepherd Sisters	N/A	
	Nutrition assessment, Counselling and Support for caregivers of children aged 6-59 months	MAFS, MoH, MSD	EGPAF, BAYLOR, Partners in Health, LPPA, MAFS, MoF	LENASO, LENEPWHA, LENOPOWA, LPPA	MoH, Global Fund, WILSA, WFP, GoL
	Provide PMTCT&HIV/AIDS package	MoH	EGPAF, UNICEF, BAYLOR, UNAIDS, MoH, WHO	LENASO, MoH, NGOs, CHAL, private facilities, LRC, MoH, Mother to Mother	Global Fund, WILSA, UNITAID, PEPFAR, UNICEF, GoL

Who are the key stakeholders? What are their roles?

	Core Nutrition Action	Responsible ministry	Catalyst	Implementing partners	Donors
Improved nutrition practices	Provision of nutrition messages	MAFS, MoH, MSD	UNFPA, MAFS WV, TED, FAO, MoET, Caritas, CRS, MoH, FNCO, OPM, UNICEF, EGPAF	WV, Caritas MoH, CRS, WV, EGPAF, LPPA, MAFS, FAO, MoET, FNCO, Nutripower	WV, UNICEF, WFP, GoL, EGPAF, SIDA, FAO, CRS, Caritas, DFID, USAID, EU
WASH	Construction and rehabilitation of water sources	MoW, MAFS, MoH	WV, TED, UNICEF	WV, Caritas MoW, WV, CRS	WV, PEPFAR
	Construction/rehabilitation of sanitation facilities	DHMT, MoF, MoET, MoH, MSD, MoW	LRC, BORDA, GTO, TED, MoW, WV, CRS	LRC, TED, WV, Caritas RWS, MoET, MoH, MoW, TED, WV	Water Aid, EU, BORDA, GoL, EIB, WV, UNICEF, CRS
	Installation of handwashing stations	MAFS, MoW, MoH	WV, CRS, Send a Cow	WV, Caritas MoW, NGOs, LRC, TED, WV	WV, UNICEF, GoL

Who are the key stakeholders? What are their roles?

	Core Nutrition Action	Responsible ministry	Catalyst	Implementing partners	Donors
Food & agriculture	Provide training on biofortified crops	MAFS MAFS	Faculty of Agriculture National University of Lesotho, RSDA	RSDA Agric Nutrition, Lehakoe Seed Supplier	CIAT, SDC, GRM Zimbabwe
	Distribution of diversified crops and training	MAFS MAFS, MSD	LRC, WV, FAO GARD, LENASO, WV, CRS, international trade centre for mushroom, MSD, WFP	RSDA, LENASO, Caritas LRC, MAFS, WV, NGOs	LRC, SIDA, CISU, GoL, WV, UNICEF, FAO, Gov China, ECHO, DFID, GEF
	Distribution of short cycled livestock and training on livestock production	MAFS MAFS, MSD	WV, Good Shepherd Sisters MAFS, GART, CRS	RSDA, Caritas MAFS, NGOs, WV	GoL, German Agro Action, GEF, SIDA, CISU, Demark Lesotho Network, WV, LENEPHWA, RSDA, FAO
	Provide training/demonstration on home food preparation and preservation	MAFS, MSD	LRC, Good Shepherd Sisters	LRC, MAFS	LRC, GoL
	Provide training on income generating activities	MAFS, MSD, MoH, MoET	WV, Good Shepherd Sisters LRC, CRS, PSI, EGPAF, AIDS free	Caritas MAFS, LRC, NGOs, Good Shepard Sisters, Jiapaego, LENASO, UNICEF	LRC WV, PEPFAR, 4 Children, EU

Who are the key stakeholders? What are their role?

	Core Nutrition Action	Responsible ministry	Catalyst	Implementing partners	Donors
Social Protection	Provision of meals in ECCD and primary schools	MoET MoH, FMU	WFP, FMU, MoH, MAFS	FMU, WFP, MoET	GoL, JICA, Share the meal
	Distribution of unconditional cash transfer for poor and vulnerable households and orphans	MSD DMA, MoF	WV, WFP UNICEF	NGOs, MoF, MSD	WV, ECHO, EU, GoL
	Distribution of food packages for poor and vulnerable households and orphans	FMU MoH, MSD	WFP DMA, WV, LRC, MAFS, MoF	LENEPWHA DMA, WV, LRC, ADRA, Phelisanang Bophelong, LENEPHWA	GoL, Gov China, India, WFP, PEPFAR

What is the geographic coverage

17 actions are implemented in all 10 districts

The majority of actions mapped are covering all the districts of Lesotho.

% of district covered ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75%

Actions	Lesotho	
	Total:	
	10	
Counselling for IYCF on exclusive breastfeeding and optimal complement	10	>75%
Provision of monthly child Growth Monitoring and Promotion (GMP)	10	>75%
Provide Vitamin A supplementation for children (12-59 months)	10	>75%
Provide Iron / folate supplementation for pregnant women during antenatal care (Iron and Folic acid)	10	>75%
Provide deworming tablets for children (12-59 months)	10	>75%
Provide women with Ante Natal Care, at least 4 + visits	10	>75%
Nutrition assessment, Counselling and Support for caregivers of children aged 6-59 months	10	>75%
Provide PMTCT&HIV/AIDS package	10	>75%
Provision of nutrition messages	10	>75%
Construction/rehabilitation of sanitation facilities	10	>75%
Installation of handwashing stations	10	>75%
Provision of meals in ECCD and primary schools	10	>75%
Distribution of unconditional cash transfer	10	>75%
Distribution of food packages for poor and vulnerable households and orphans	10	>75%
Distribution of short cycled livestock and training on livestock production	10	>75%
Provide training/demonstration on home food preparation and preservation	10	>75%
Distribution of diversified crops and training	10	>75%

Two actions weren't implemented in 2017 while four other were implemented in only some of the 10 districts

% of district covered ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75%

Actions	Lesotho	
	Total:	
Provide training on biofortified crops	5	>25% - ≤50%
Provision of nutritious foods to pregnant and lactating women and/or 6 to 23 months	1	>25% - ≤50%
Construction and rehabilitation of water sources	7	>50% - ≤75%
Provide training on income generating activities	8	>75%
Provide diarrhea treatment ORS/Zinc for Under 5 children	No data	
Management of moderate acute malnutrition	No data	

What are the implementing mechanisms used?

What implementing mechanisms are used the most for actions in the health sector?

15 implementing mechanisms have been declared in the execution of health related actions.

Most of the actions use the health facilities and the community and villages health workers.

Implementing mechanisms	IYCF	GMP	Vit.A	Iron/folic	MMAM	deworming	ORS/Zinc	ANC	Nutritious food pregnant/lactating	NACs	PMTCT& HIV/AIDS package	Nut. Messages	Actions using mechanism		
Community Health Workers	Yellow	Yellow	Yellow	Grey	No data	Yellow	No data	Yellow	Grey	Grey	Grey	Yellow	4		
Health facilities	Yellow	Yellow	Yellow	Yellow		Yellow		Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Yellow	9
Maternal and Child Health	Yellow	Yellow	Yellow	Yellow		Yellow		Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	4
Nutrition clubs	Yellow	Grey	Grey	Grey		Yellow		Grey	Grey	Grey	Grey	Grey	Grey	Yellow	2
Nutrition extension workers	Yellow	Grey	Grey	Grey		Yellow		Grey	Grey	Grey	Yellow	Grey	Grey	Yellow	2
Community & village Health Workers	Yellow	Yellow	Grey	Grey		Yellow		Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	5
Community-based organizations	Yellow	Grey	Grey	Grey		Yellow		Grey	Grey	Grey	Yellow	Yellow	Grey	Yellow	3
Campaign	Grey	Grey	Yellow	Grey		Yellow		Grey	Grey	Grey	Grey	Grey	Grey	Yellow	3
Under-5 clinics	Yellow	Yellow	Yellow	Grey		Yellow		Yellow	Grey	Grey	Grey	Grey	Yellow	Yellow	2
Public Gathering	Grey	Grey	Grey	Grey		Grey		Grey	Grey	Grey	Grey	Grey	Grey	Yellow	1
Media	Grey	Grey	Grey	Grey		Grey		Grey	Grey	Grey	Grey	Grey	Grey	Yellow	1
Outreach clinic	Yellow	Yellow	Yellow	Yellow		Yellow		Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	2
NGOs	Grey	Grey	Grey	Grey		Grey		Grey	Grey	Grey	Yellow	Yellow	Yellow	Grey	3
Agricultural ext. workers	Grey	Grey	Grey	Grey		Grey		Grey	Grey	Grey	Yellow	Yellow	Yellow	Yellow	4
Demonstration	Grey	Grey	Grey	Grey		Grey		Grey	Grey	Grey	Yellow	Yellow	Yellow	Yellow	4

Annotations: A red arrow labeled "Scale up" points upwards from the "deworming" column. A red arrow labeled "Synergies" points from the "ANC" column to the "Outreach clinic" row. A red arrow points from the "Outreach clinic" row to the left. Yellow arrows point to the "Community Health Workers" and "Community & village Health Workers" rows.

What are the implementing mechanisms used for agriculture and social related nutrition actions?

15 implementing mechanisms have been declared in the execution of agriculture and social related actions.

Most food and agriculture actions are implemented through agricultural extension workers and training/demonstration.

Implementing mechanisms	Biofortified crops	Distri. Diversified crops	Distri. livestock	Food prep & preservation	Income gen. activities	School feeding	Cash transfer	Food distri	# actions using the mechanism
→ Agricultural extension workers	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Grey	Grey	5
Agricultural business	Yellow	Yellow	Yellow	Yellow	Grey	Grey	Grey	Grey	4
Cooperatives	Grey	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	2
→ Training/demonstration	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Grey	Grey	5
Producers	Grey	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	2
Campaign/media	Grey	Grey	Grey	Yellow	Grey	Grey	Grey	Grey	1
Nutrition clubs	Grey	Grey	Grey	Yellow	Grey	Grey	Grey	Grey	1
Public Gathering	Grey	Grey	Grey	Yellow	Yellow	Grey	Grey	Grey	2
Distribution	Grey	Grey	Grey	Grey	Grey	Grey	Yellow	Yellow	2
→ Social service	Grey	Grey	Grey	Yellow	Grey	Yellow	Yellow	Yellow	4
Primary school/ECCD	Grey	Grey	Grey	Grey	Grey	Yellow	Grey	Grey	1
Caterers and cooks	Grey	Grey	Grey	Grey	Grey	Yellow	Grey	Grey	1
Bank transfer	Grey	Grey	Grey	Grey	Grey	Grey	Yellow	Grey	1
Nut. Ext. workers	Grey	Grey	Grey	Yellow	Grey	Grey	Grey	Grey	1
Communities	Grey	Grey	Grey	Grey	Grey	Grey	Yellow	Yellow	2

What are the implementing mechanisms used for WASH related nutrition actions?

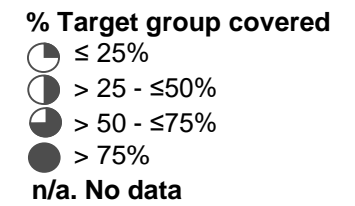
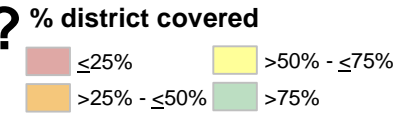
6 implementing mechanisms have been declared in the execution of WASH related actions.

All the actions use the environmental field workers, the community water minders and the community to implement the actions

Implementing mechanisms	Construction and rehabilitation of water sources	Installation of handwashing stations	Construction rehabilitation of sanitation facilities	# actions using the mechanism
→ Environmental Field Workers	■	■	■	3
→ Community water minders	■	■	■	3
→ Rural Water Supply	■	■	■	1
Teachers	■	■	■	2
Community and village Health Workers	■	■	■	2
Community	■	■	■	3

Combination of coverages and implementing mechanisms

Who are the key stakeholders? What are their roles?

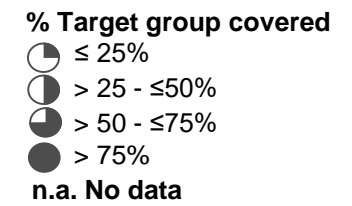
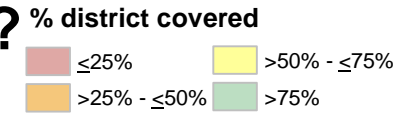


	Core Nutrition Action	District coverage	Target group(s)	Population coverage	Implementing mechanisms
IYCF	Counselling for IYCF on exclusive breastfeeding and optimal complement	10	Pregnant & Lactating women	n/a	Communities, Nutrition clubs, Nutrition extension workers, Health facilities, Community and village Health Workers, Community-based organizations, Maternal and Child Health, NGOs
	Provision of monthly child Growth Monitoring and Promotion (GMP)	10	0-59 months	● ¹	Health facilities, Community and village Health Workers, Under-5 clinics
Micronutrients & supplementation & fortification	Provide Vitamin A supplementation for children (6-59 months) children	10	6-59 months	◐	Community Health Workers, Health facilities, Campaign
	Provide Iron / folate supplementation for pregnant women during antenatal care (Iron and Folic acid)	10	Pregnant women	●	Health facilities
Management of malnutrition	Management of moderate acute malnutrition	No data			

Notes:

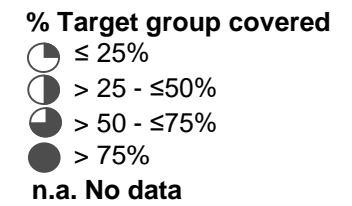
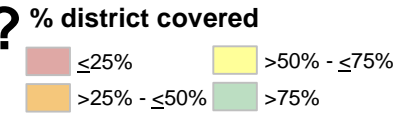
1. The coverage calculated is above 100% indicating an issue in the data or in the target population

Who are the key stakeholders? What are their roles?



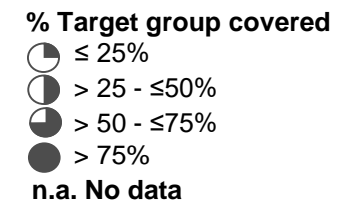
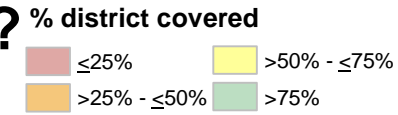
	Core Nutrition Action	District coverage	Target group(s)	Population coverage	Implementing mechanisms
Disease prevention & management	Provide deworming tablets for children (12-59 months)	10	12-59 months	●	Community Health Workers, Health facilities, Campaign
	Provide diarrhea treatment ORS/Zinc for Under 5 children	No data			
	Provide women with Ante Natal Care, at least 4 + visits	10	Pregnant women	◐	Community Health Workers, Health facilities, Maternal and Child Health
	Provision of nutritious foods to pregnant and lactating women and/or 6 to 23 months	1	Pregnant and lactating women 6-23 months	◑ ◑	Community-based organizations, Maternal and Child Health, NGOs
	Nutrition assessment, Counselling and Support for caregivers of children aged 6-59 months	10	caregivers of children 6-59 months Pregnant and lactating women	n/a	Nutrition extension workers, Community and village Health Workers, Community-based organizations, Health facilities, Outreach clinics
	Provide PMTCT&HIV/AIDS	10	0-59 months HIV exposed Pregnant women	n/a ◑	Health facilities, Outreach clinics, Under-5 clinics, Maternal and Child Health, NGOs, Community and village Health Workers

Who are the key stakeholders? What are their roles?



	Core Nutrition Action	District coverage	Target group(s)	Population coverage	Implementing mechanisms
Food & agriculture	Provide training on biofortified crops	5	Farmers Inputs dealer	 n/a	Agricultural business, Agricultural extension workers, Demonstration
	Distribution of diversified crops and training	10	Farmers		Agricultural extension workers, Agricultural business, Cooperatives, Demonstration, Producers, NGOs
	Distribution of short cycled livestock and training on livestock production	10	Farmers	n/a	Agricultural extension workers, Demonstration, Producers, Cooperatives, NGOs, Agricultural business
	Provide training/demonstration on home food preparation and preservation	10	Households	n/a	Agricultural extension workers, Campaign, Nutrition clubs, Trainings, Media, Public Gatherings, Nutrition extension workers, Agricultural business, Social service centers
	Training on income generating activities	8	Households	n/a	Trainings, NGOs, Public Gatherings, Demonstration, Agricultural extension workers

Who are the key stakeholders? What are their roles?



	Core Nutrition Action	District coverage	Target group(s)	Population coverage	Implementing mechanisms
Improved nutrition practices	Provision of nutrition messages	10	All population	n/a ¹	Communities, Media, Campaign, Nutrition clubs, Public Gatherings, Demonstration, Health facilities, Community Health Workers, Agricultural extension workers, Community and village Health Workers
Improvement of WASH practices at household and school level	Construction and rehabilitation of water sources	7	Households without water sources	n/a	Communities, Rural water supply, MoW, Environmental Field workers, Community water minders
	Construction/rehabilitation of sanitation facilities	10	Households without improved sanitation facilities Schools/ECCD without improved sanitation facilities		Environmental Field workers, Rural water supply, Teachers, Community water minders, Communities, Community and village Health Workers, NGOs, Media
	Installation of handwashing stations	10	Households Primary schools	n/a	Communities, Environmental Field workers, Teachers, Community and village Health Workers, Community water minders
Social Protection	Provision of meals in ECCD and primary schools	10	Primary schools ECCD	²	Primary schools, Distribution, ECCD, Caterers&cooks
	Distribution of unconditional cash transfer for poor and vulnerable households and orphans	10	Poor and vulnerable households	n/a	Bank Transfer, Distribution, Social service outreach workers, Communities
	Distribution of food packages for poor and vulnerable households and orphans	10	Poor and vulnerable households		Distribution, NGOs, Communities, Social service outreach workers

Notes:

1. The same person can receive nutrition several time during the year. As per consequence, no coverage can be calculated on this intervention.
2. The coverage calculated is above 100% indicating an issue in the data or in the target population

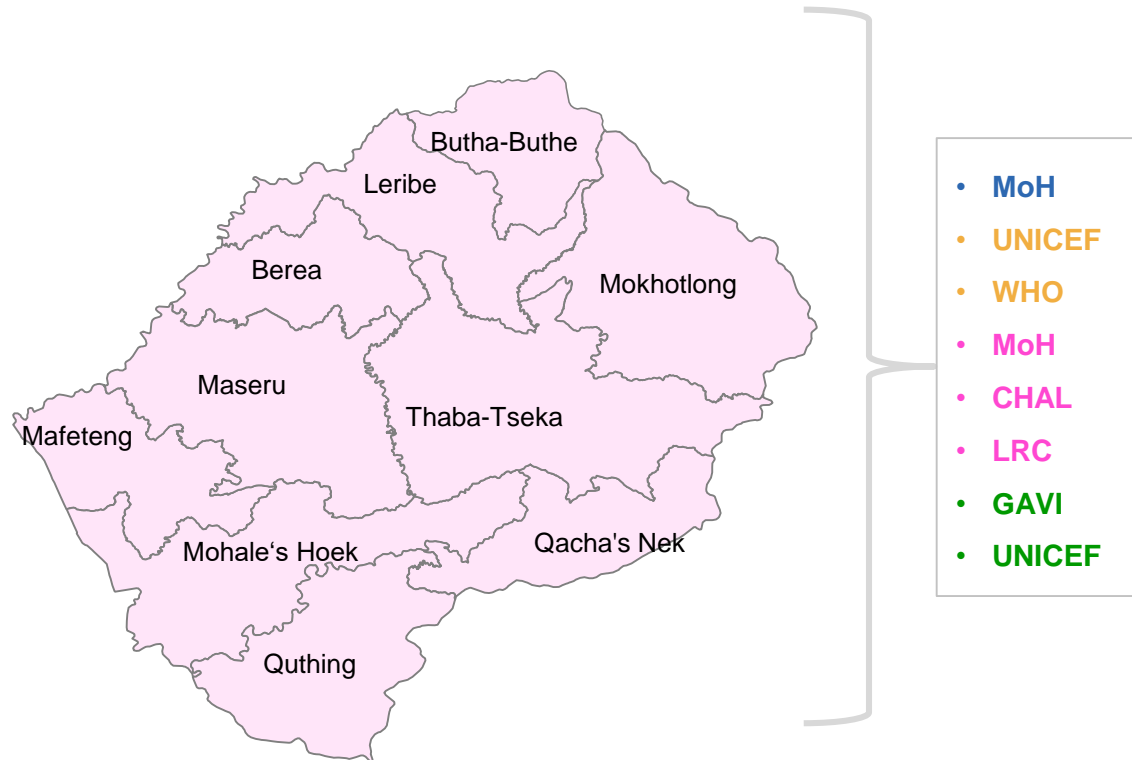
Geographic and population coverage

Supplementation in Vitamin A (1/2)

The vitamin A supplementation is provided in all 10 districts by the same partners under the responsibility of the Ministry of Health

The Ministry of Health provides Vitamin A with the support of UNICEF, WHO and GAVI

Key messages



- Vitamin A deficiency among pre-school aged children is a severe public health problem, although updated data is needed (WHO Global Database on Vitamin A Deficiency 2009)
- The same partners provide Vitamin A supplementation in all ten districts
- Vitamin A is provided through Community Health Workers, Health facilities and Campaigns
- Private medical practitioners and pharmacists also contribute to the Vitamin A supplementation.

No. of stakeholders

8

Stakeholder role

- Responsible Ministry
- Catalyst
- Implementing partner
- Donor

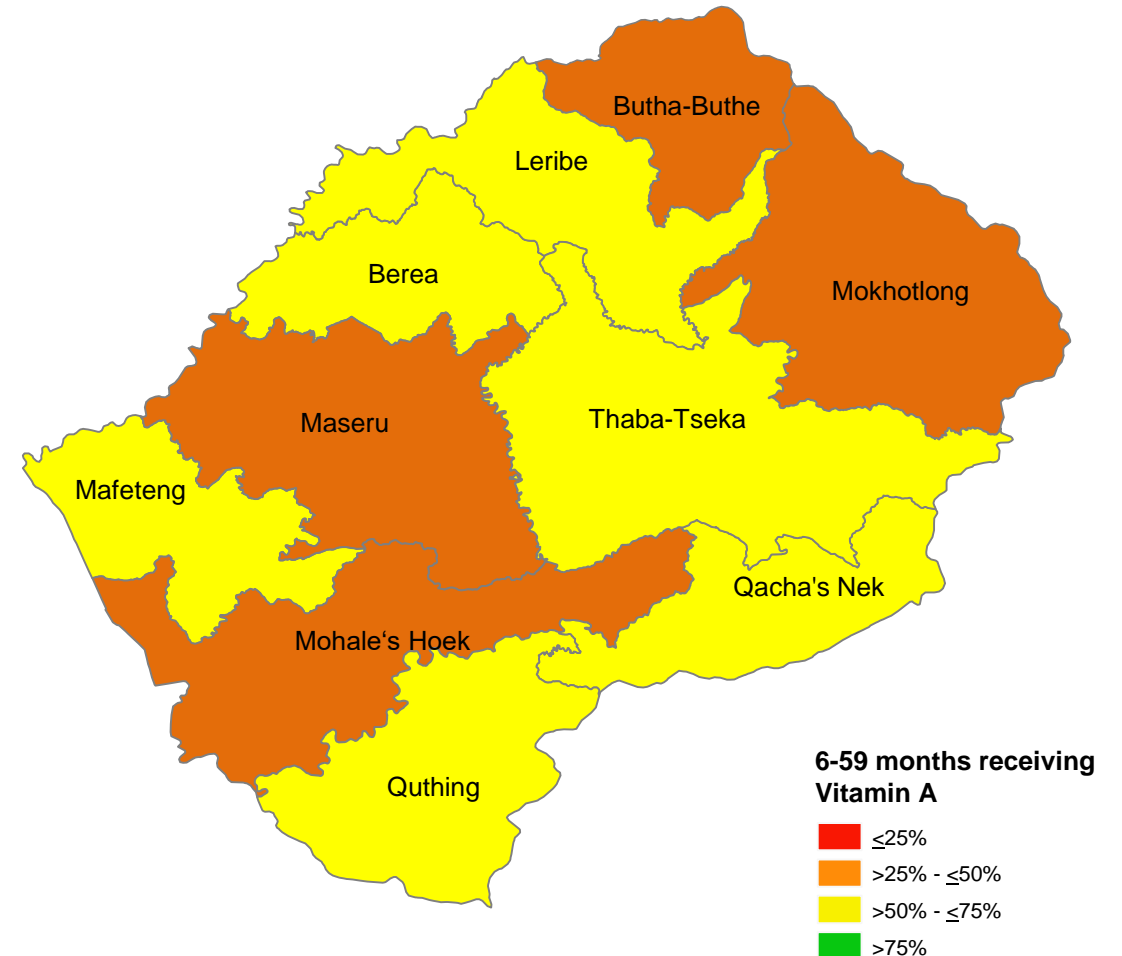
Supplementation in Vitamin A (2/2)

Difference in coverage reaches 40 percentage points between Mohale's Hoek (26% of 6-59 months reached) and Berea (66%)

Key messages

- In Mohale's Hoek, only 26% of children between 6 and 59 months received Vitamin A supplementation in 2017.
- Target population coverage is also under national average in Butha Buthe (34%), Maseru (34%) and Mokhotlong (46%).
- Berea is the district with the best coverage. However, only 66% of the 6-59 months have received the supplementation in these district in 2017.
- Data are exclusively from the campaign as no other beneficiary information were provided. Due to shortage of complements the campaign didn't reach its target as expected in 2017.

In average, 49% of 6-59 months received Vitamin A at national level



Pregnant women* receiving at least 4 antenatal care visits (1/2)

The Ministry of Health is the responsible ministry for ANC visits with the support of UNICEF and UNFPA

Who are the stakeholders involved? Who does what?

Key messages



Stakeholder role

- Responsible Ministry
- Catalyst
- Implementing partner
- Donor

No. of stakeholders

14

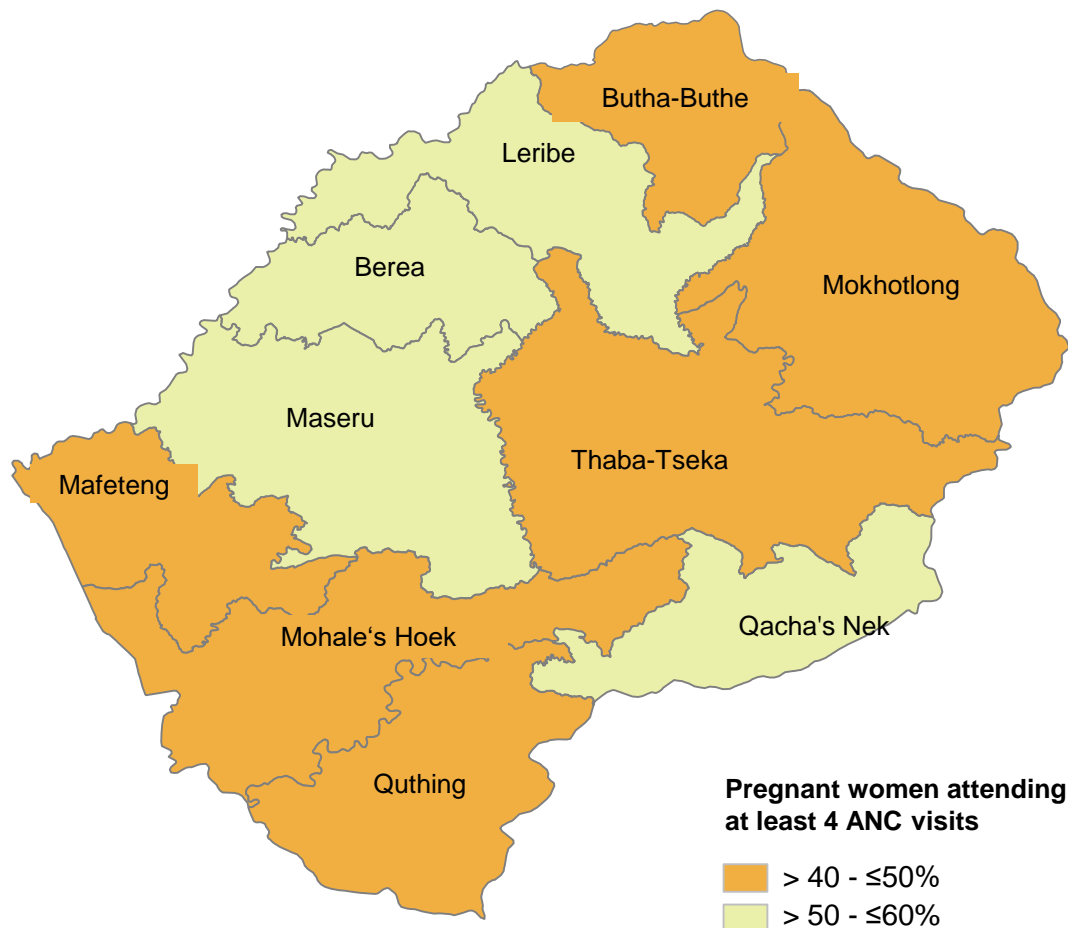
- In all 10 districts the Ministry of Health provides access to antenatal care visits.
- UNICEF and UNFPA provide technical support in conducting this intervention.
- In 2017, funding for this action came from UNICEF, the Swedish International Development Cooperation Agency, the GoL, UNFPA, UNAIDS and WHO.
- The implementing mechanisms used for this intervention are the Community Health Workers, the Health facilities, and the Maternal and Child Health.

*Due to unavailability of population data for pregnant women, the group is considering women going to the 1st ANC visit (DHIS2 data) as representing 95.2% of total pregnant women (LDHS2014)

Pregnant women* receiving at least 4 antenatal visits (2/2)

At national level, only one out of two pregnant women go to the 4th ANC visit

In six districts, less than half of the pregnant women attended the fourth antenatal care visit



Key messages

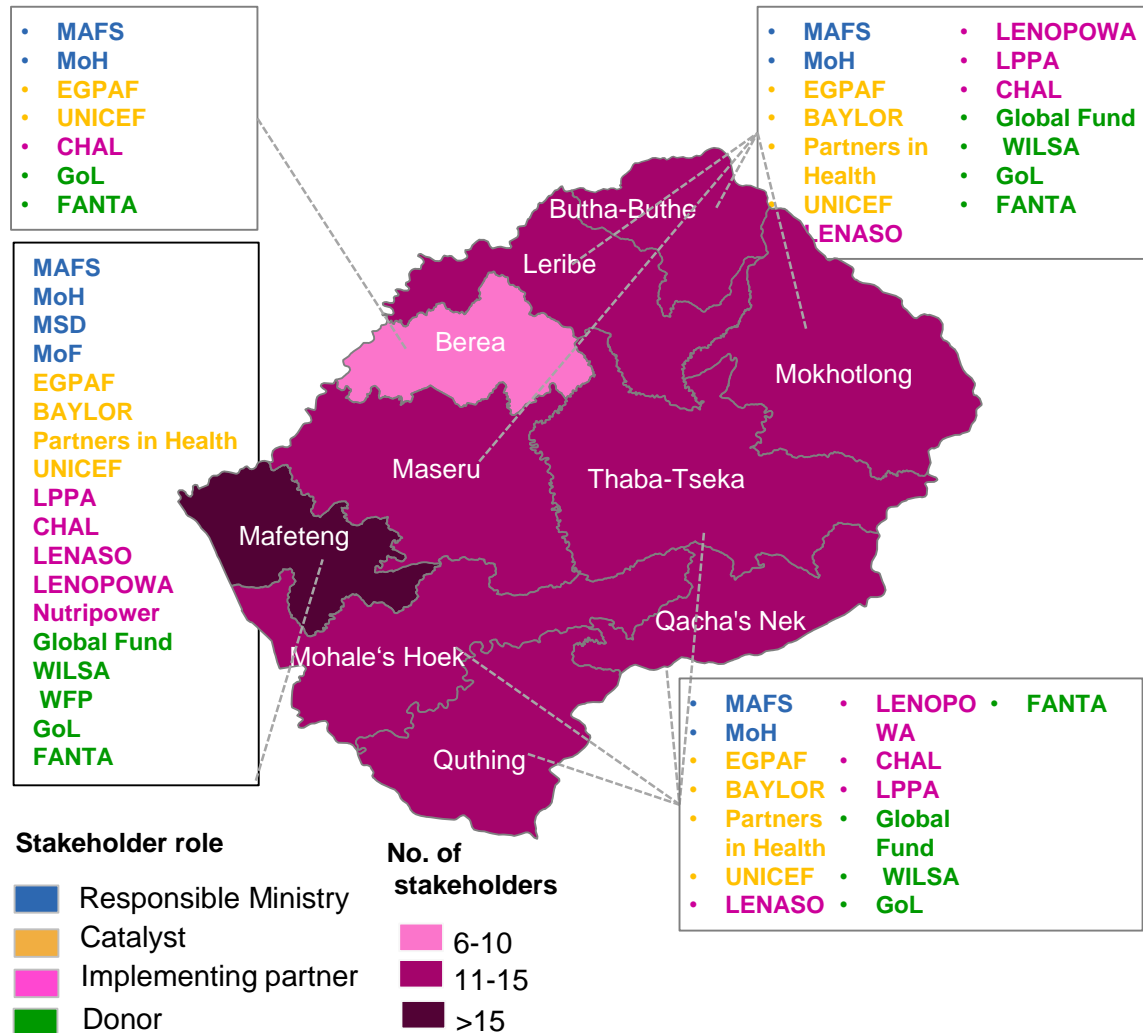
- At national level, in 2017 only one out of two pregnant women who received a first ANC visit went to their 4th ANC visit.
- Mokhotlong where the coverage of pregnant women receiving the ANC4 is the lowest (39%), also had the lowest rate of delivery in health structures (60.8%) in 2014 (LDHS 2014).
- In 2014, 74.4% received at least four antenatal care visits during their pregnancy (LDHS 2014). According to the data received, it seems the situation has deteriorated between 2014 and 2017.

*Due to unavailability of population data for pregnant women, the group is considering women going to the 1st ANC visit (DHIS2 data) as representing 95.2% of total pregnant women (LDHS2014)

Nutrition assessment, Counselling and Support (NACS) for caregivers

Provision of NACS for 6-59 months is implemented under the responsibility of the Ministry of Health with several other ministries contributing to this intervention in the 10 districts

In most district, more than 10 partners are present, except in Berea where only 3 partners work on NACS



Key messages

- The MoH, MAFS, MoF and MSD partner in ensuring NACS in Lesotho
- There are 4 donors, the Global Fund, WILSA, GoL WFP and FANTA. The catalysts are EGPAF, Nutripower BAYLOR, UNICEF and partners in Health. Implementing partners are LENOPOWA, LPPA, CHAL,EGPAF, Nutripower and LENASO
- Berea is the district with the less stakeholders. Only two donors are supporting this district (GoL and FANTA)
- NACS is provided to under-5, pregnant and lactating women and HIV/AIDS/TB patients.
- The implementing mechanisms are the following: Nutrition extension workers, Community and village Health Workers, Community-based organizations, Health facilities, Outreach clinics

Due to unavailability of data by partners no population coverage has been calculated for this intervention

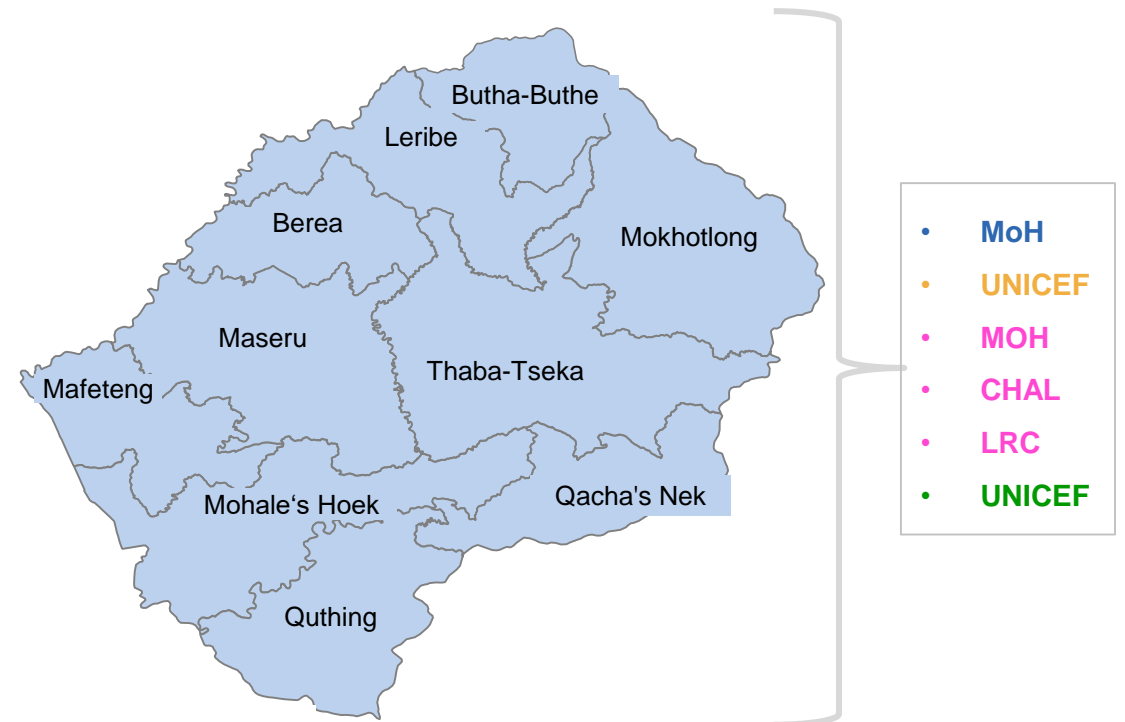
Micronutrient supplementation during antenatal care (Iron and Folic acid) (1/2)

The supplementation during antenatal care takes place under the supervision of the MoH in the 10 districts.

Key messages

- UNICEF is both the catalyst and the main donor for this intervention
- The MoH, CHAL and the Red Cross cooperate in the direct implementation of this intervention toward the final beneficiaries
- The intervention is implemented through the health facilities

The same stakeholders are active in all 10 districts



Stakeholder role

- Responsible Ministry
- Catalyst
- Implementing partner
- Donor

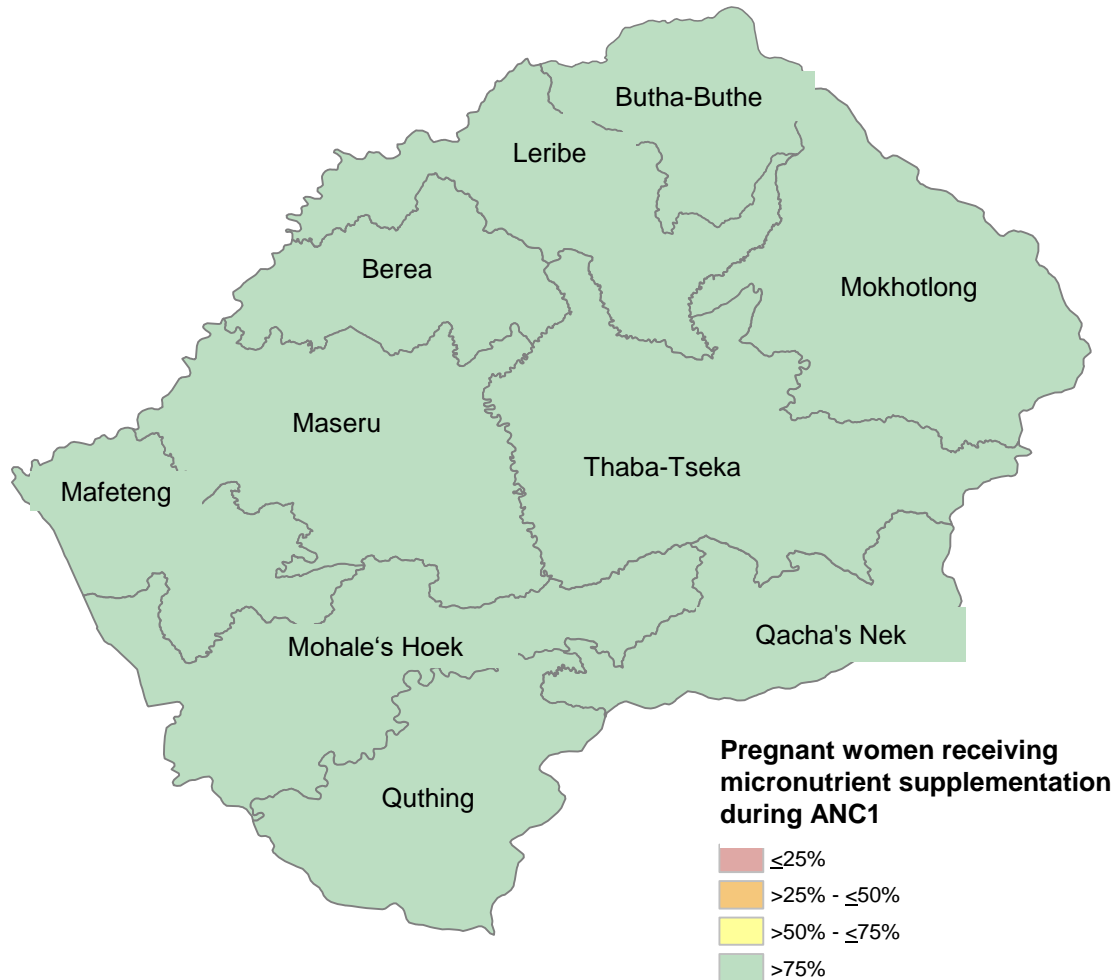
No. of stakeholders

■ 6

Micronutrient supplementation during antenatal care (Iron and Folic acid) 2/2

Micronutrient supplementation is distributed during the first antenatal care visit for all the length of the pregnancy, covering over 90% of pregnant women in all districts. However, half of the pregnant women receive it only after 4 months of pregnancy

At national level, 90% of pregnant women receive Iron and Folic acid supplementation



Key messages

- Iron and Folic acid is distributed to pregnant women during their first ANC visit, to cover all their pregnancy needs. No data is available on the percentage of pregnant women actually taking the supplementation daily during their pregnancy.
- The coverage per district is not necessarily accurate as the calculation for this intervention considers pregnant women going to the 1st ANC visit (DHIS2 data) as representing 95.2% of total pregnant women.
- Over half of pregnant women (53.9%) do not receive their first ANC visit until 4 months into their pregnancy and the recommended prenatal care services are not always performed. As a consequence they might not benefit from iron and folic acid from the beginning of their pregnancy.

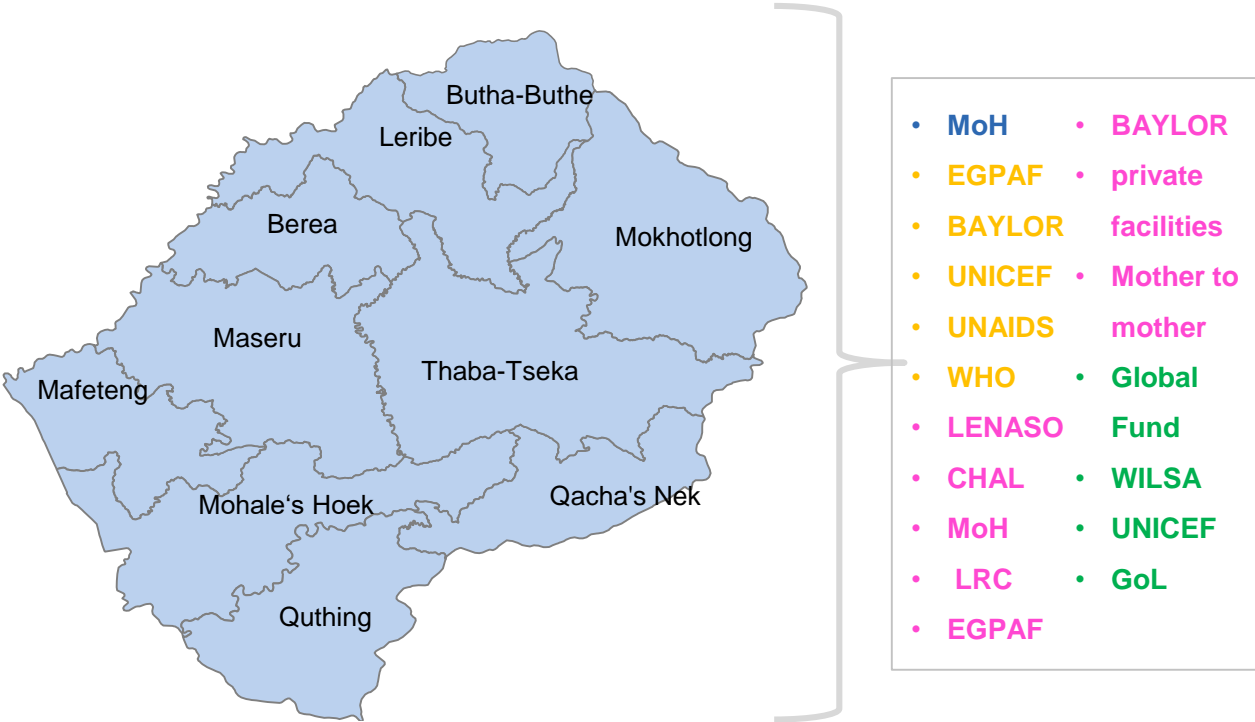
*Due to unavailability of population data for pregnant women, the group is considering women going to the 1st ANC visit (DHIS2 data) as representing 95.2% of total pregnant women (LDHS2014)

Provision of PMTCT and HIV/AIDS prevention package (1/2)

The Ministry of Health is the responsible ministry and works with many partners in all 10 districts

Who are the stakeholders involved in providing?
Who does what?

Key messages



Stakeholder role

- Responsible Ministry
- Catalyst
- Implementing partner
- Donor

No. of stakeholders

■ 15

- PMTCT and HIV/AIDS prevention package is provided in all 10 districts.
- EGPAF, BAYLOR, UNICEF and WHO provide technical support in conducting this intervention.
- Implementation of the intervention comes through the MoH, LENASO, CHAL, LRC, EGPAF, BAYLOR, Mother to Mother, and private facilities.
- The implementing mechanisms used for this intervention are the Health facilities, Maternal and Child Health, NGOs, Community and village Health Workers, and Outreach clinics
- The partners offer a wide set of interventions as part of PMTCT and HIV/AIDS prevention package including Social Behavior Communication for prevention, reinforcement of referral, follow up, and tracking of patients back to care, testing, counselling, provision of ARV, and family planning services

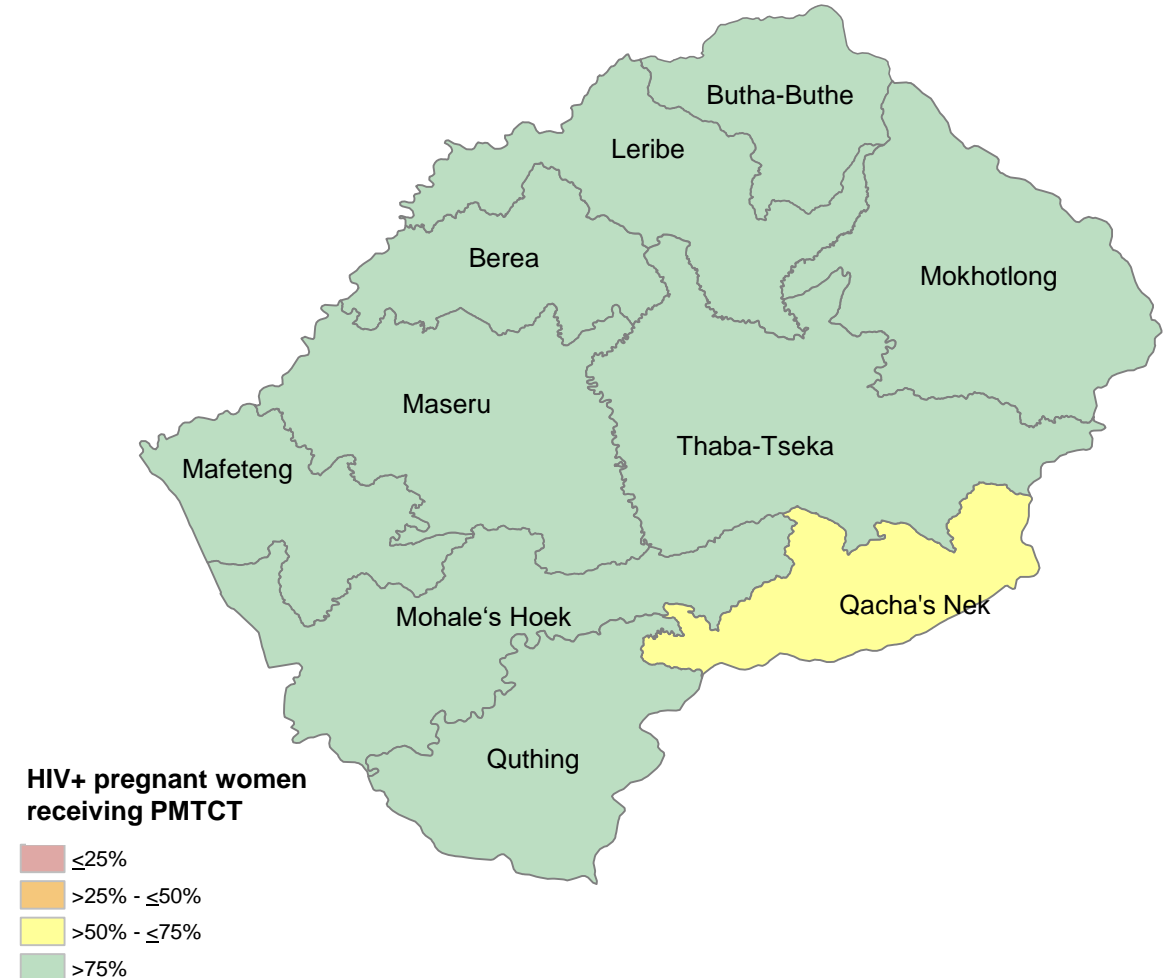
Provision of PMTCT and HIV/AIDS prevention package (2/2)

The coverage of pregnant women received PMTCT and HIV/AIDS prevention package is over 75% in all districts, except in Qacha's Nek where it is lower (73%).

Key messages

- The coverage of pregnant women received PMTCT and HIV/AIDS prevention package is over 75% in all districts, except in Qacha's Nek where it is lower (73%).
- These results concern the testing, counselling, provision of ARV, prophylaxis and family planning services directly implemented by the MoH
- The prevalence of HIV is high in all ten districts, averaging 24.6% nationally, with the highest prevalence found in Maseru, where almost a third of the population (28.0%) is HIV positive

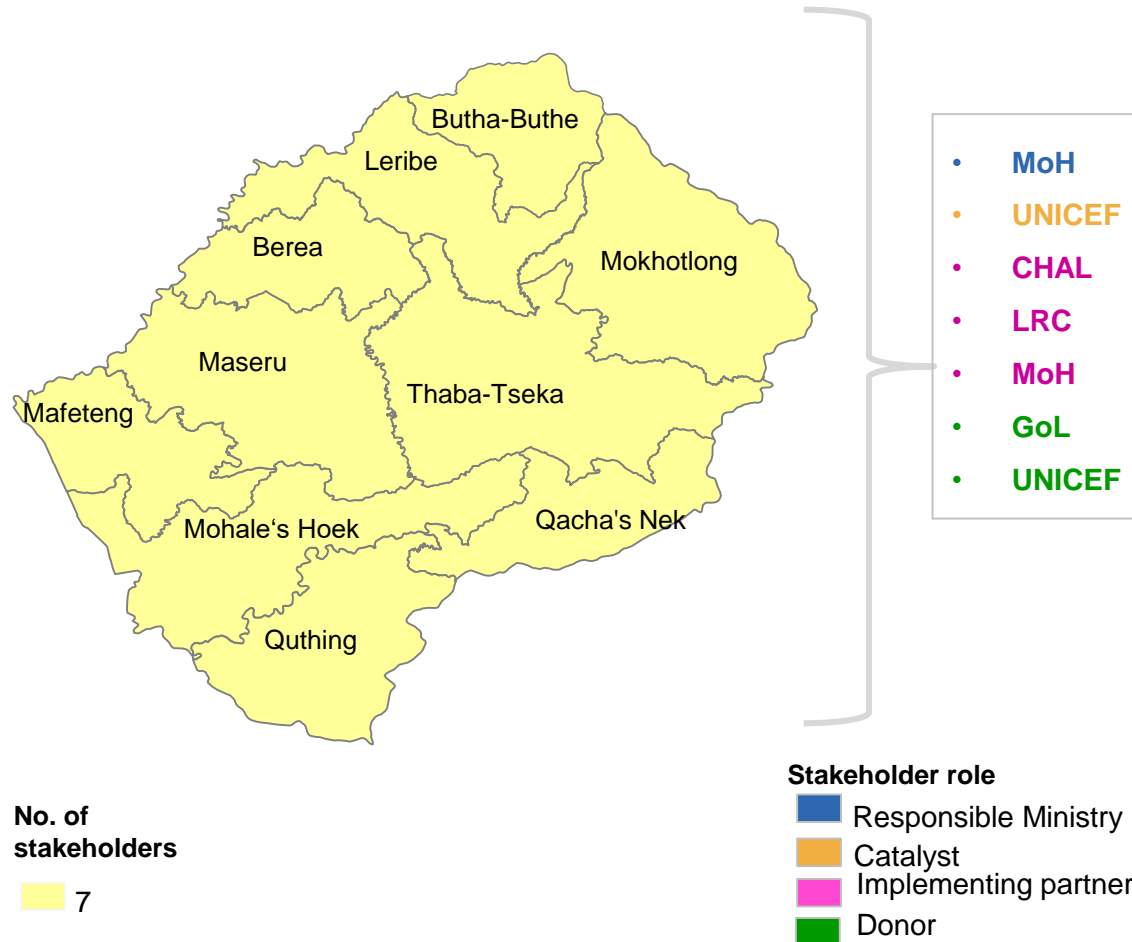
91% of pregnant women HIV+ received PMTCT and HIV/AIDS prevention package in 2017 at national level



Provision of monthly child Growth Monitoring and Promotion (GMP) (1/2)

The monthly child GMP is implemented by the MoH through health facilities and community level health workers in the 10 districts

Where do the partners work?



Key messages

- In all 10 districts the Ministry of Health provides access to GMP in health facilities
- UNICEF provides both technical support and funding in conducting this intervention.
- The GoL is funding this intervention
- CHAL, LRC and the MoH are implementing the monthly GMP on the field
- The implementing mechanisms used for this intervention are the health facilities, Community and village Health Workers, and Under-5 clinics

Provision of monthly child Growth Monitoring and Promotion (GMP) 2/2

Key messages

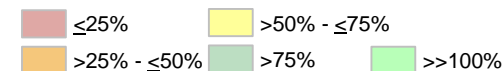
- This intervention takes place both in health facilities and at village and community level.
- Only health facilities data are available in DHIS2 and can be reported in this mapping
- The data provided are above the total number of children between 0-59 months. It might be due to the fact this intervention can be provided to the same children several times in the year.



Population coverage



Population coverage



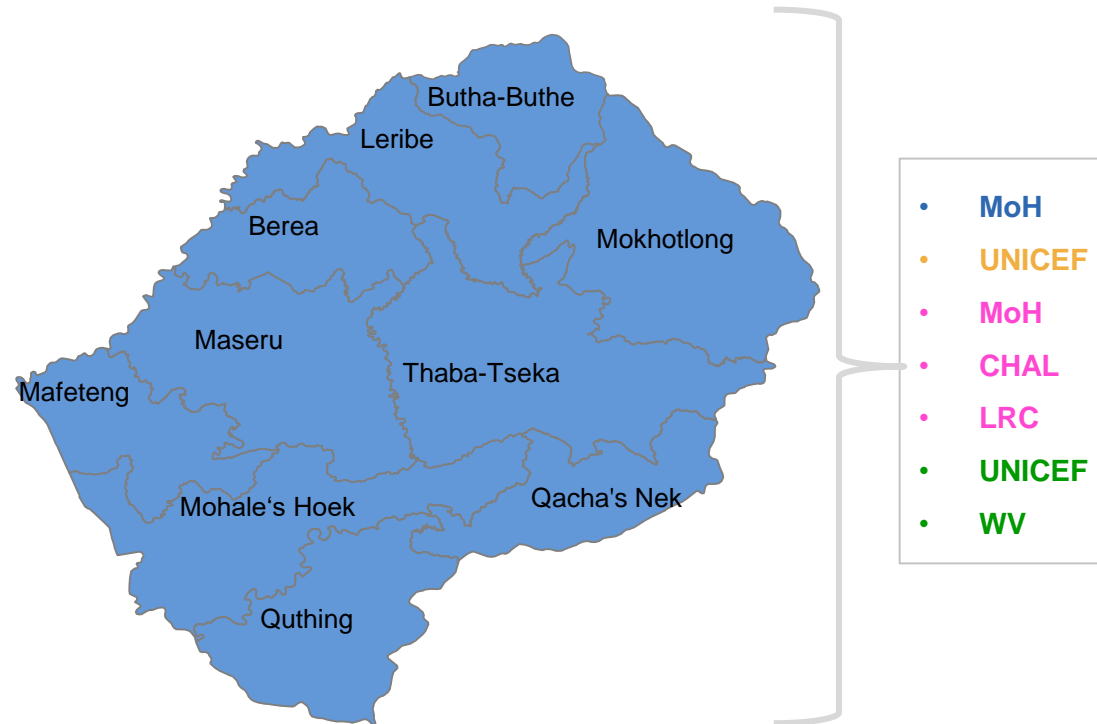
Data from DHIS2

Provision of deworming tablets for children of 12-59 months (1/2)

In 2017, the provision of deworming tablets by the MoH with support of UNICEF and WV reaches all ten districts

The Ministry of Health is the responsible ministry for deworming with the support of UNICEF and WV

Key messages



Stakeholder role

- Responsible Ministry
- Catalyst
- Implementing partner
- Donor

No. of stakeholders

7

- This intervention is coordinated by the Ministry of Health
- UNICEF provides both technical support as a catalyst and funding as a donor
- The Ministry of Health implements the intervention with the support of CHAL and LRC through Community Health Workers, Health facilities, and the campaign. Pharmacists and private practitioners also contribute to reaching beneficiaries.
- WV supports the funding of this intervention.

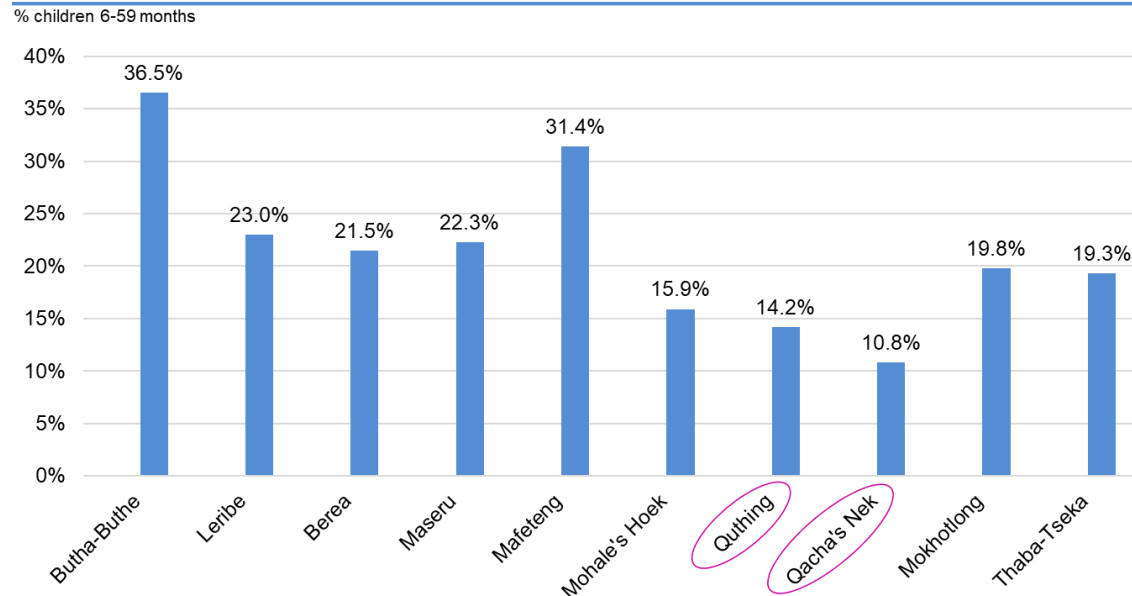
Provision of deworming tablets for children of 12-59 months (2/2)

Due to the lack of data for routine provision of deworming tablets, only the campaign data have been considered.

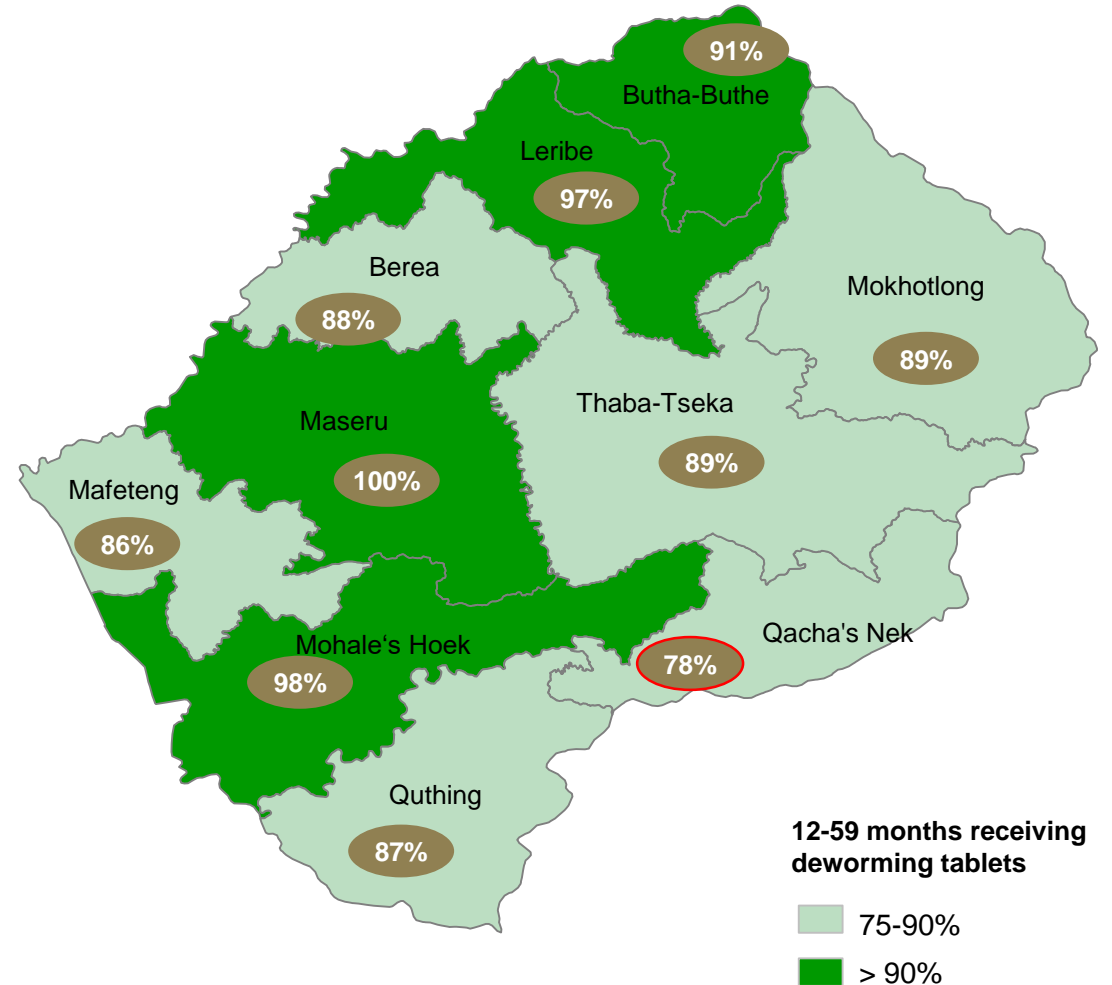
Key messages

- At national level, in 2017 more than 90% of the 12-59 months received deworming tablets.
- According to the LDHS 2014, one in five children received deworming medication, with lower rates in Quthing and Qacha's Nek districts (graph below)

On average, one in five children in Lesotho receive deworming medication, though rates are lower in the Quthing and Qacha's Nek districts



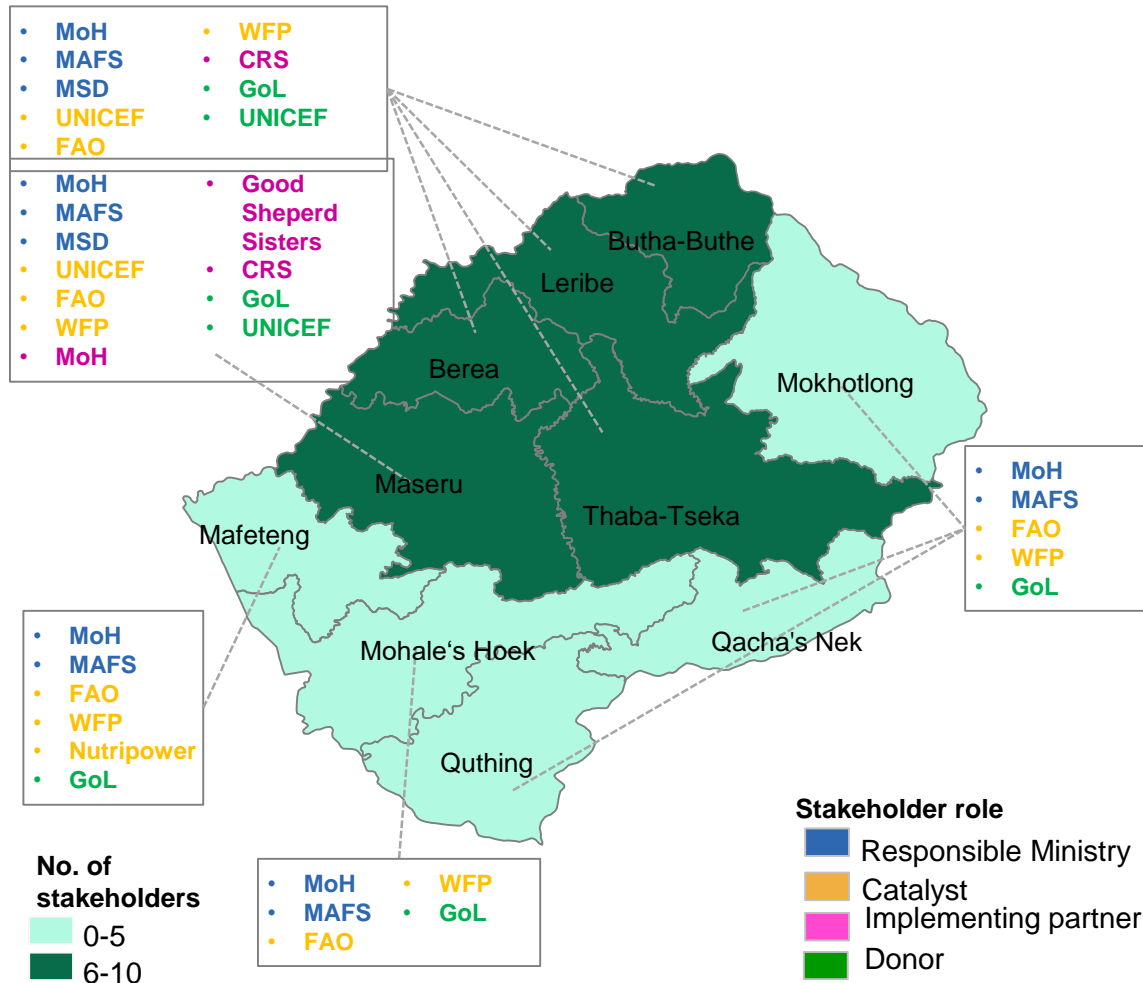
At national level, in 2017 more than 90% of the 12-59 months received deworming tablets, mostly during a campaign



Provision of Infant and Young Child Feeding Practices (IYCF)

Provision of IYCF is provided in the 10 districts, under the stewardship of the Ministry of Health and the Ministry of Agriculture and Food Security

Who contributes to the provision of IYCF advice in each district?



Key messages

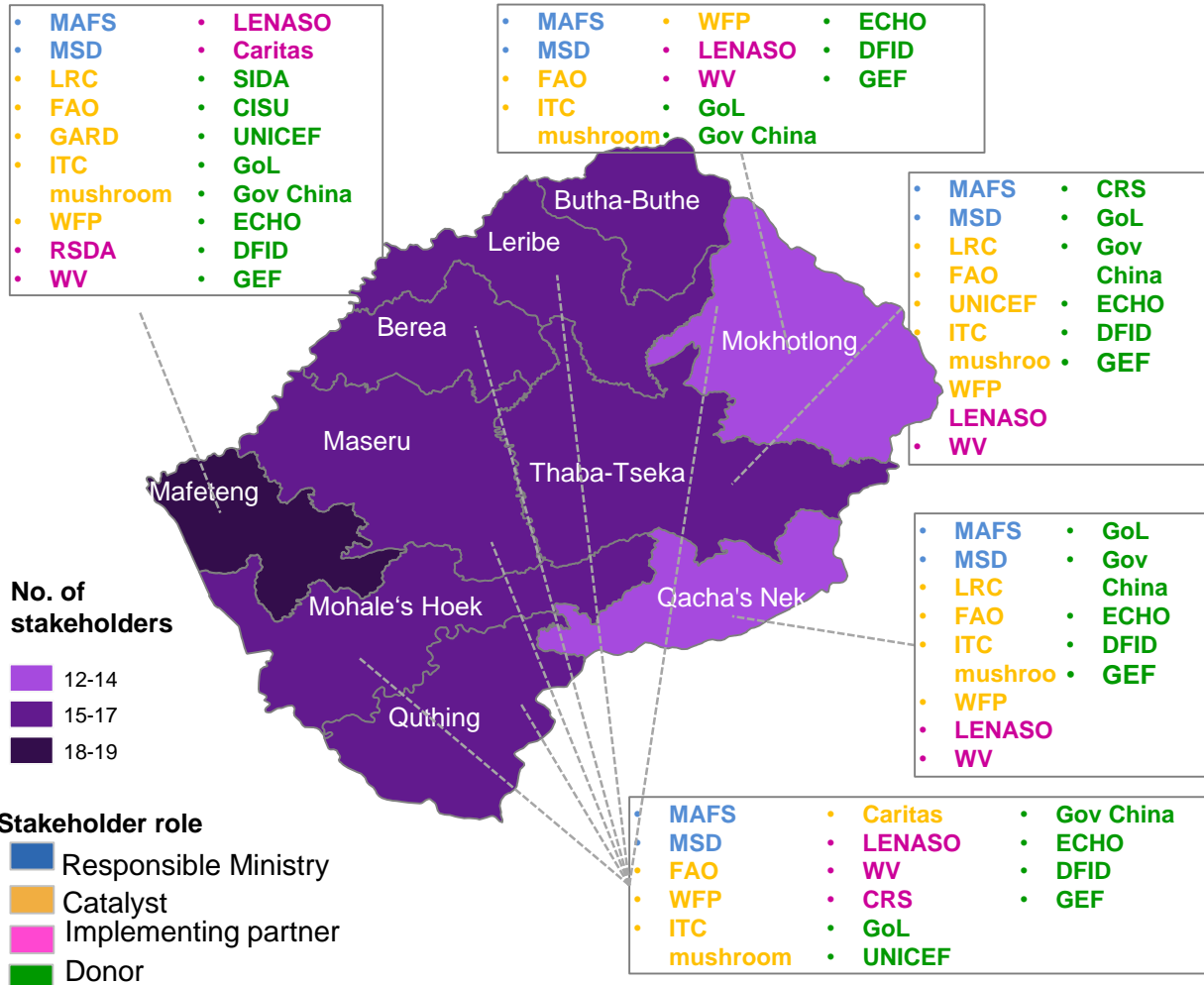
- The intervention is implemented in the 10 districts.
- The Government of Lesotho, with the support of UNICEF in 5 districts, are the funder of this initiative.
- The MAFS works in all 10 districts through a community based project providing trainings and demonstration on IYCF in all districts.
- The implementing mechanisms used for this intervention are Communities, Nutrition clubs, extension workers, Health facilities, Community and village Health Workers, Community-based organizations, Maternal and Child Health, NGOs

Due to unavailability of data by partners no population coverage has been calculated for this intervention

Distribution of diversified crops with training (1/2)

The Ministry of Agriculture and Food Security (MAFS) and the Ministry of Social Development (MSD) are responsible for these interventions and act with a large number of partners in the 10 districts

Many stakeholders work in the 10 districts while some others are focusing on a few of them only



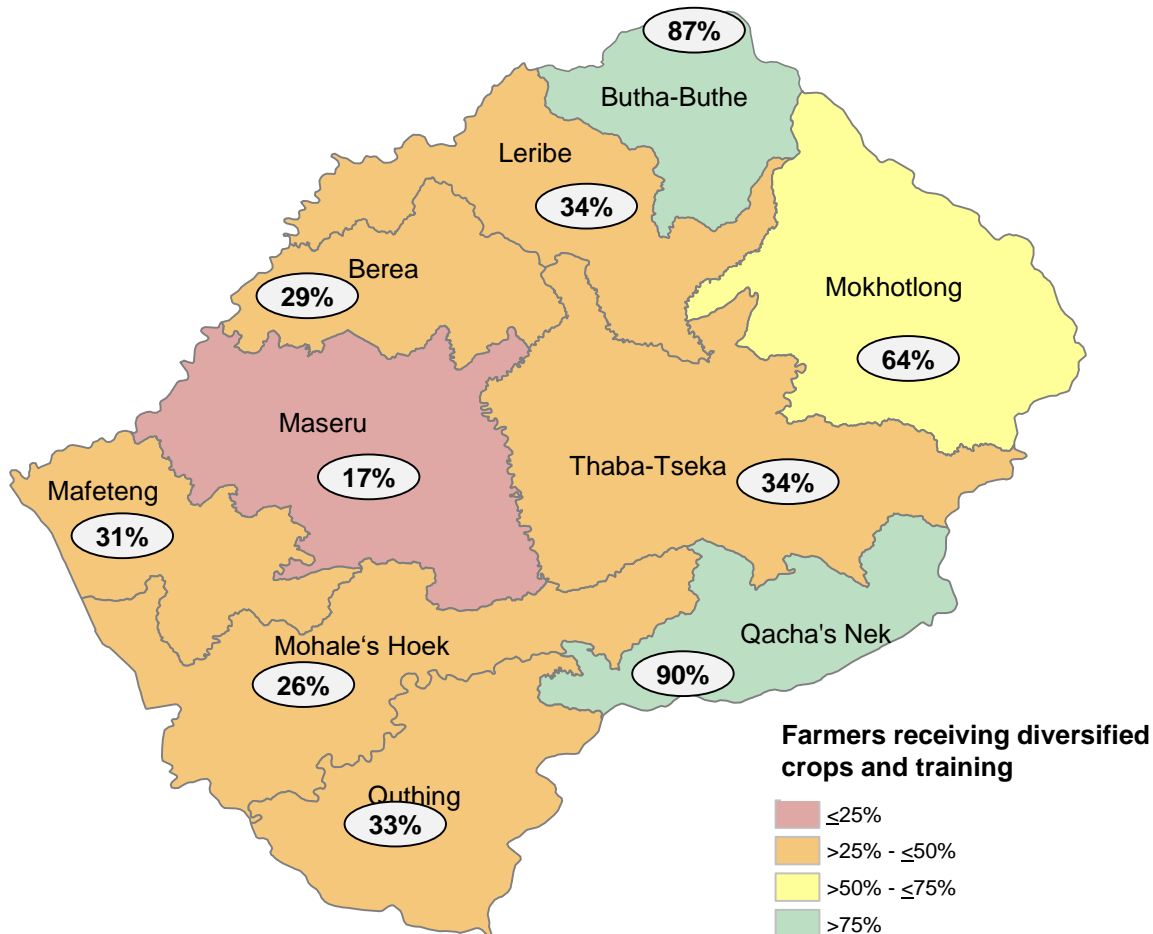
Key messages

- Many stakeholders work towards distributing diversified crops and provide relevant training to cultivate those crops.
- The number of stakeholders working in the same district might be a challenge for coordination.
- The donors for this action are mainly the GoL, ECHO, the government of China, DFID, GEF and WV in all districts, SIDA, CISU, UNICEF, FAO and LRC.
- The implementing mechanisms used for this intervention are Agricultural extension workers, Agricultural business, Cooperatives, Demonstration, Producers and NGOs.

Distribution of diversified crops with training (2/2)

The distribution of diversified crops with training benefits around 40% farmers at national level, with significant differences between districts

The distribution of diversified crops with training benefit to around 40% farmers at national level



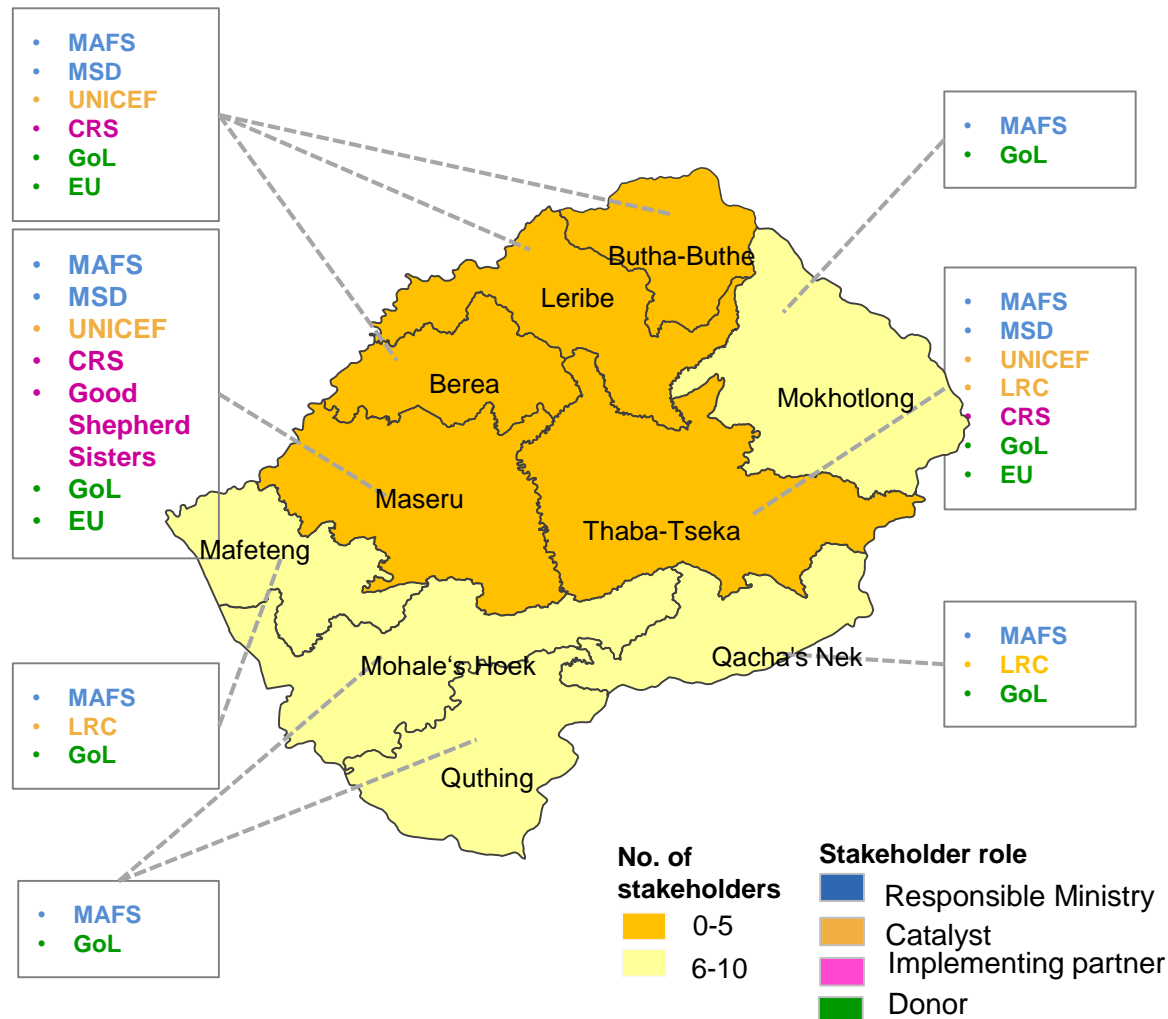
Key messages

- In Butha-Buthe, Qacha's Nek and Mokhotlong, more than half of the farmers received diversified crops and training in 2017.
- Less than 30% farmers received diversified crops in Berea, Maseru and Mohale's Hoek
- The action takes place in all 10 districts with difference in population coverage.
- Only 10.7% of the land in Lesotho is arable – Mafeteng, Berea and Leribe districts have the highest percentage of arable land (2009/2010 Agricultural Household Census)
- With little arable land, the majority of farming households produce crops for household consumption, in this context diversification influences directly the consumption pattern (2009/2010 Agricultural Household Census).

Training, demonstration on home food preparation and preservation

Two ministries are in charge of the training and demonstration on home food preparation and preservation: the MSD and the MAFS

Where do the partners work?



Key messages

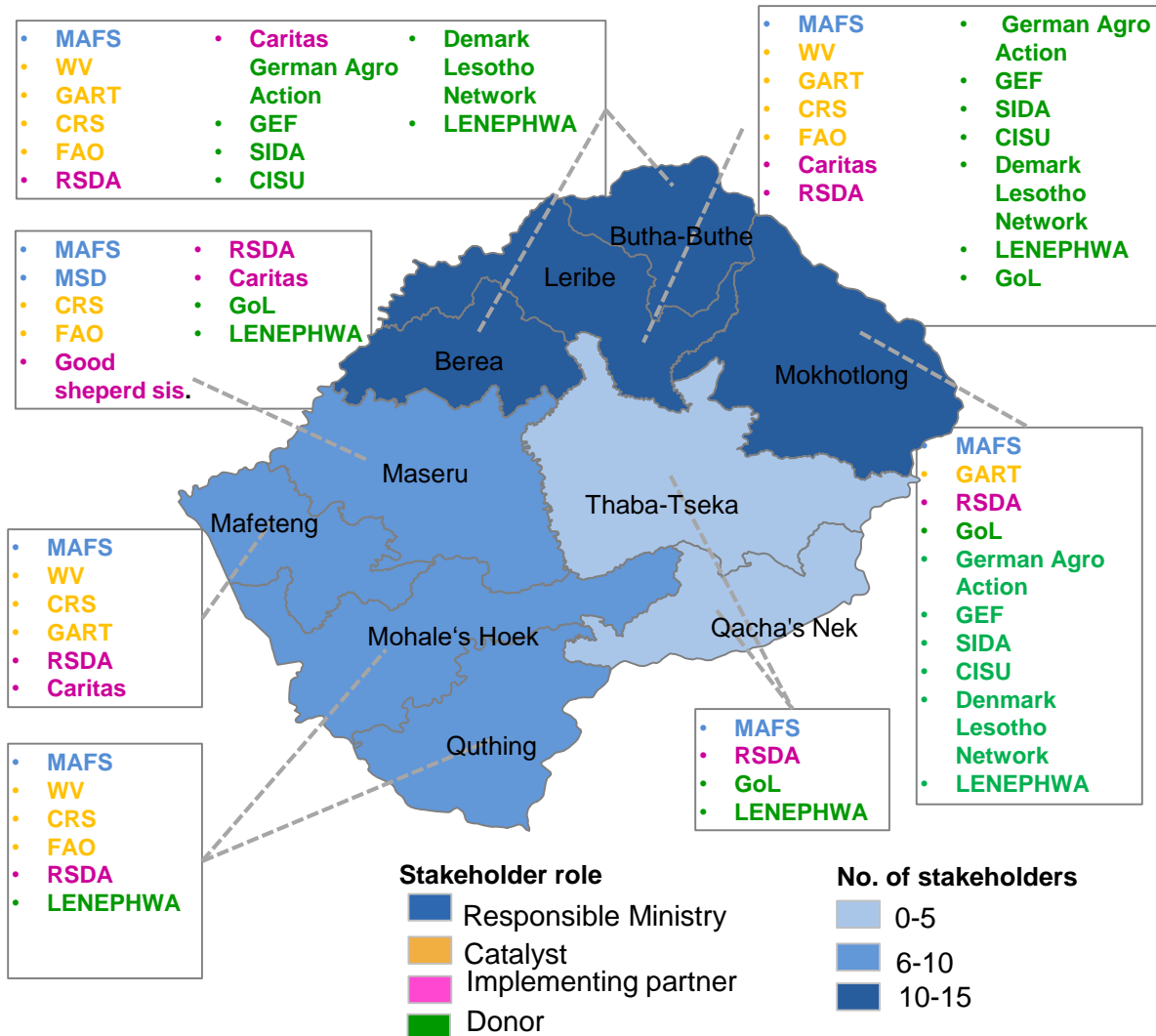
- This intervention has been provided in the 10 districts in 2017
- The catalysts for this intervention are UNICEF and LRC
- In addition of the staff, the field implementers are CRS and Good Sheperd sisters
- The GoL and the EU are funding this intervention
- This intervention is implemented through Agricultural extension workers, Campaign, Nutrition clubs, Trainings, Media, Public Gatherings, Nutrition extension workers, Agricultural business, Social service centers

Due to unavailability of beneficiaries data by partners, only the geographic information can be provided here.

Distribution of short cycled livestock and training on livestock production

The MAFS is the responsible ministry for this intervention which takes place in the 10 districts. Many partners are contributing to this intervention. Coverage population data are not available for this action.

Who distribute and train on short cycled livestock, and where?



Key messages

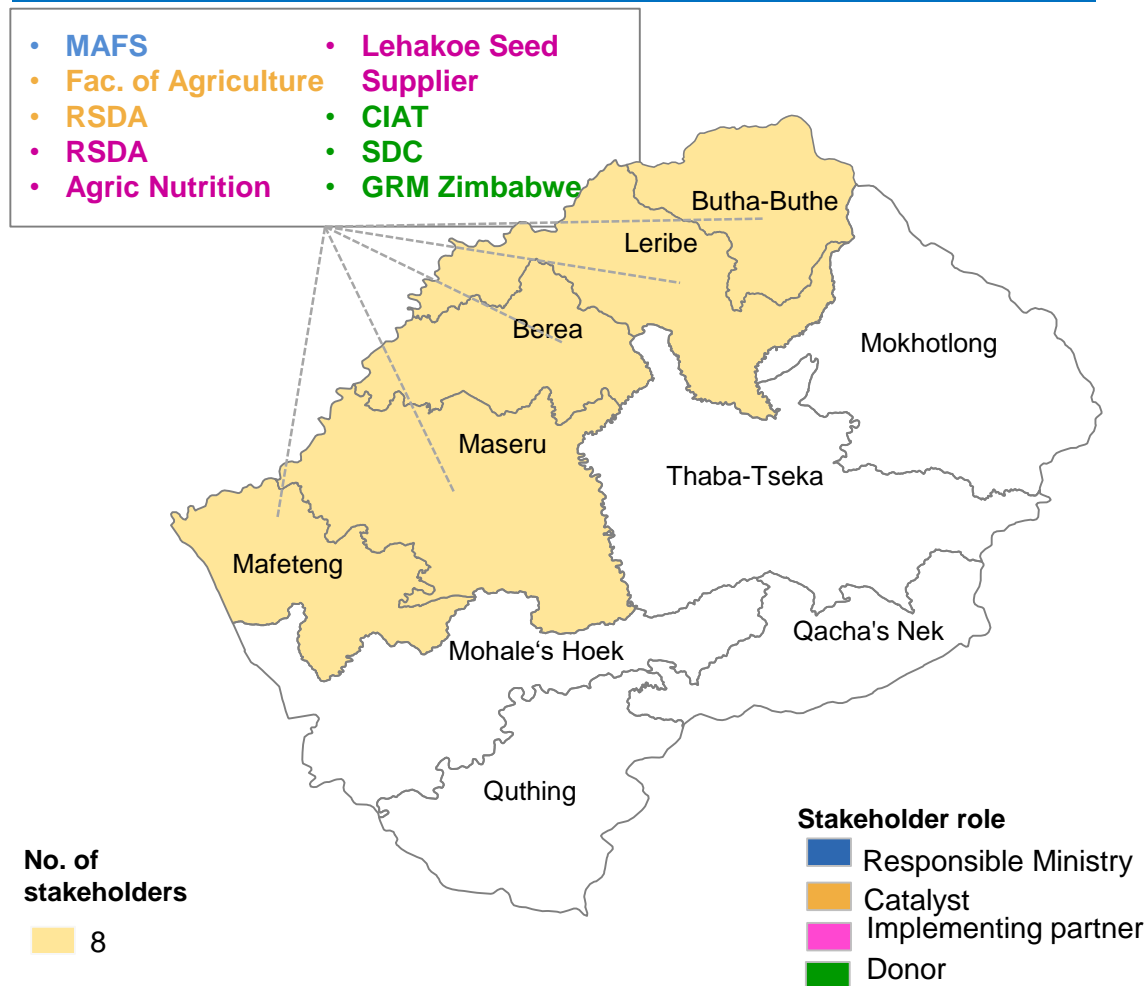
- Short cycled livestock have been distributed, and training provided in the 10 districts in 2017
- Ten donors contribute to the distribution of short cycled livestock in addition to the GoL. The German Agro Action, GEF, SIDA, CISU, Demark Lesotho Network, WV, LENEHWA, RSDA and FAO also provide funds.
- Technical support is provided by WV, FAO, GART, and CRS
- On the field, the service is provided to the beneficiary through the MAFS, but also RSDA, Good Shepherd Sisters, Caritas, MAFS, and WV.
- This intervention is implemented through Agricultural extension workers, Demonstration, Producers, Cooperatives, NGOs and Agricultural business

Due to unavailability of data, population coverage couldn't be calculated for this action.

Training on biofortified crops

Farmers and/or input dealers are trained on biofortified crops in half of the districts. This training reaches less than 1% of farmers in each district where the action is implemented.

Where do the partners work?



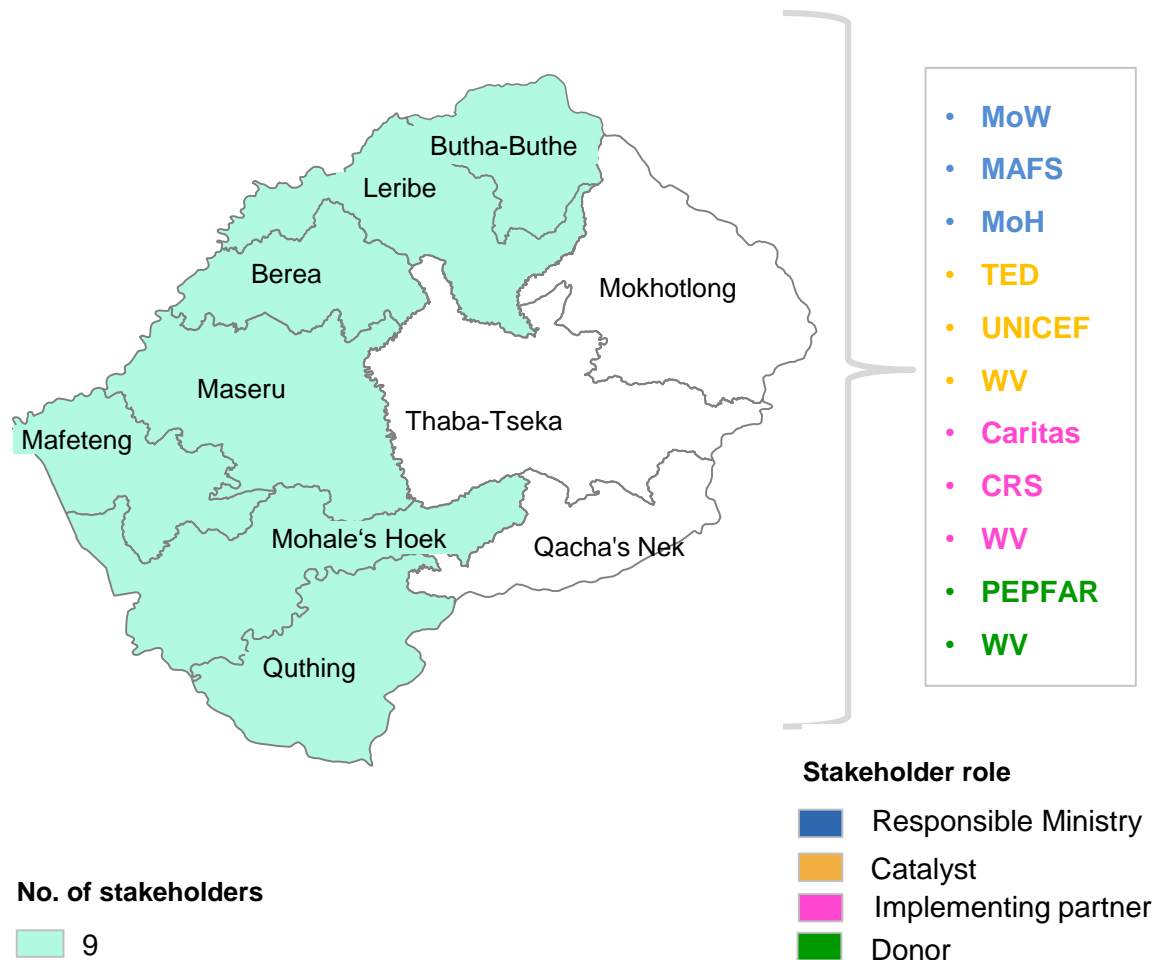
Key messages

- The MAFS is the ministry responsible for the training on biofortified crops.
- The trainings are funded by CIAT, SDC and GRM Zimbabwe.
- RSDA, Agric Nutrition and Lehakoe Seed Supplier are the actors training the farmers and/or input dealers.
- Technical support for this intervention is provided by both the Faculty of agriculture and RSDA.
- Only a small number of farmers have been trained in 2017 with the target group coverage inferior to 1% in the 5 districts. No data was available for coverage of input dealers in this intervention.
- The implementing mechanisms used for this intervention are Agricultural business, Agricultural extension workers and Demonstration.

Construction and rehabilitation of water sources

In 2017, the construction and rehabilitation of water sources is implemented in 7 districts out of 10.

The ministries involved in the rehabilitation and construction of water sources in Lesotho are MoW, MAFS and MoH



Key messages

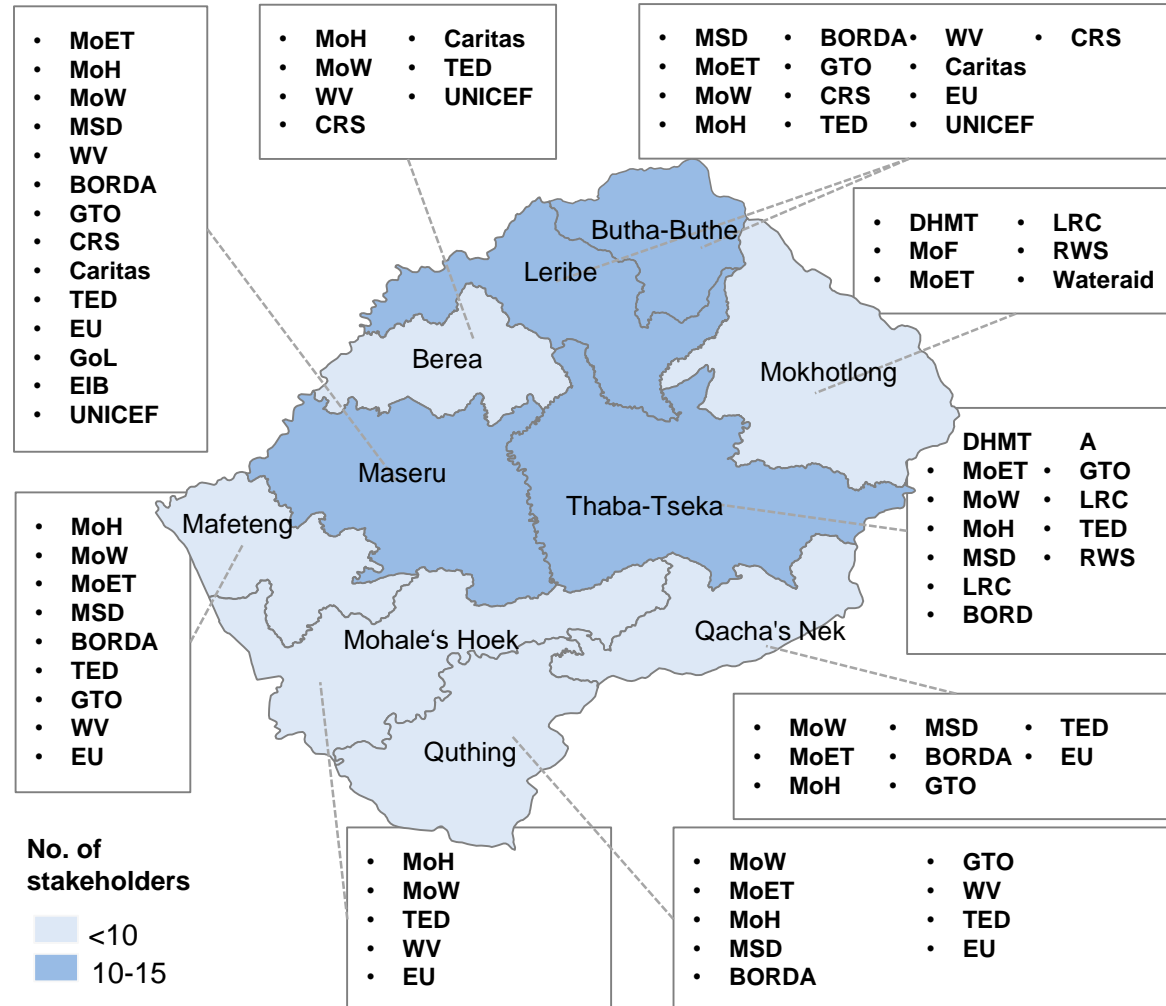
- Data for this intervention have been received for 7 districts out of 10. However, according to partners' feedbacks it is possible that rural water supply and WASCO for which no data have been received work in the 10 districts.
- The donors are PEPFAR and WV. The catalysts are TED, UNICEF and WV. Partners implementing are Caritas, WV and CRS
- This intervention is implemented through Communities, Rural water supply, MoW, Environmental Field workers, Community water minders.
- For this intervention, WV plays the role of catalyst, IP and Donor simultaneously.

Due to unavailability of data, no population coverage has been calculated for this intervention.

Construction/rehabilitation of sanitation facilities 1/2

Six ministries are involved in the construction and rehabilitation of sanitation facilities in the 10 districts (DHMT, MoF, MoET, MOW, MoH, MSD)

Where do the partners work?



Key messages

- In 2017, the construction and rehabilitation of sanitation facilities took place in the 10 districts.
- The high number of partners working in this intervention necessitate additional efforts to ensure alignment and efficient coordination.
- The donors of this intervention are Water Aid, EU, BORDA, GoL, EIB, WV, UNICEF, and CRS.
- The implementing partners are LRC, TED, WV, Caritas, RWS, MoET, MoH and MoW.
- The catalyst are LRC, BORDA, GTO, TED, MoW, WV, CRS, and UNICEF.
- The implementing mechanisms used for this intervention are the Environmental Field workers, Rural water supply, Teachers, Community water minders, Communities, Community and Village Health Workers, NGOs and Media.

Most stakeholder declared fulfilling several roles (implementing partner, donor and/or catalyst) for this intervention. Consequently color coding the partners wasn't possible on the map.

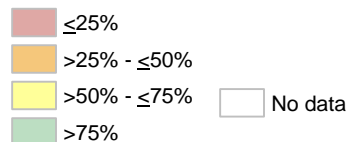
Construction/rehabilitation of sanitation facilities 2/2

At national level, 2% of the households without improved sanitation facilities benefit from the construction or rehabilitation of their facilities in 2017.

Households without improved sanitation facilities who benefited of this intervention in 2017



Population coverage



Key messages

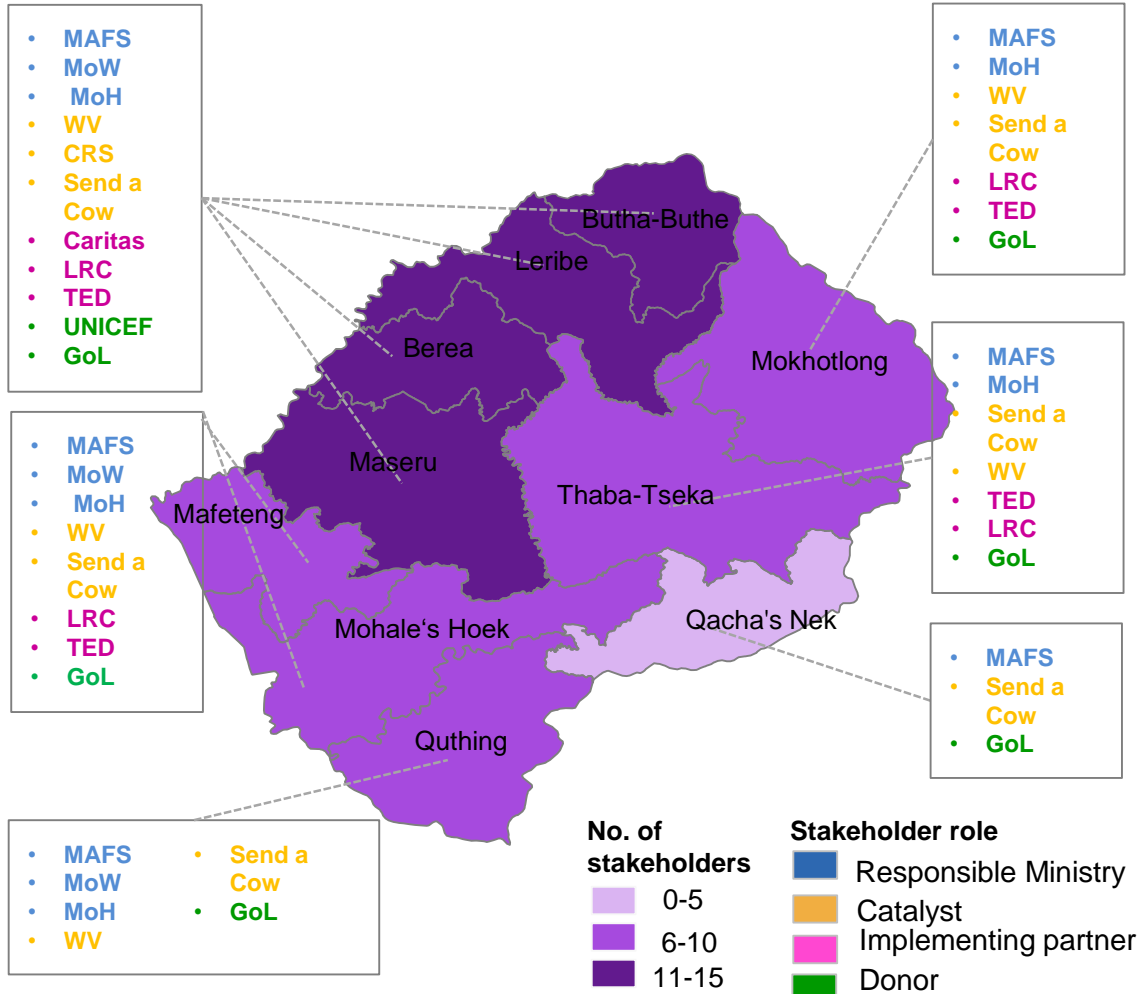
- In Thaba-Tseka and Mokhotlong, 12% and 8% of the households without improved sanitation facilities benefited respectively of this intervention.
- According to available data, the coverage of households without improved sanitation facilities in the remaining districts is below 1%.

Due to unavailability of data, the coverage of EECD and schools can not be calculated

Installation of handwashing stations

In all 10 districts of Lesotho, partners are present to install handwashing stations

Where do the partners work?



Key messages

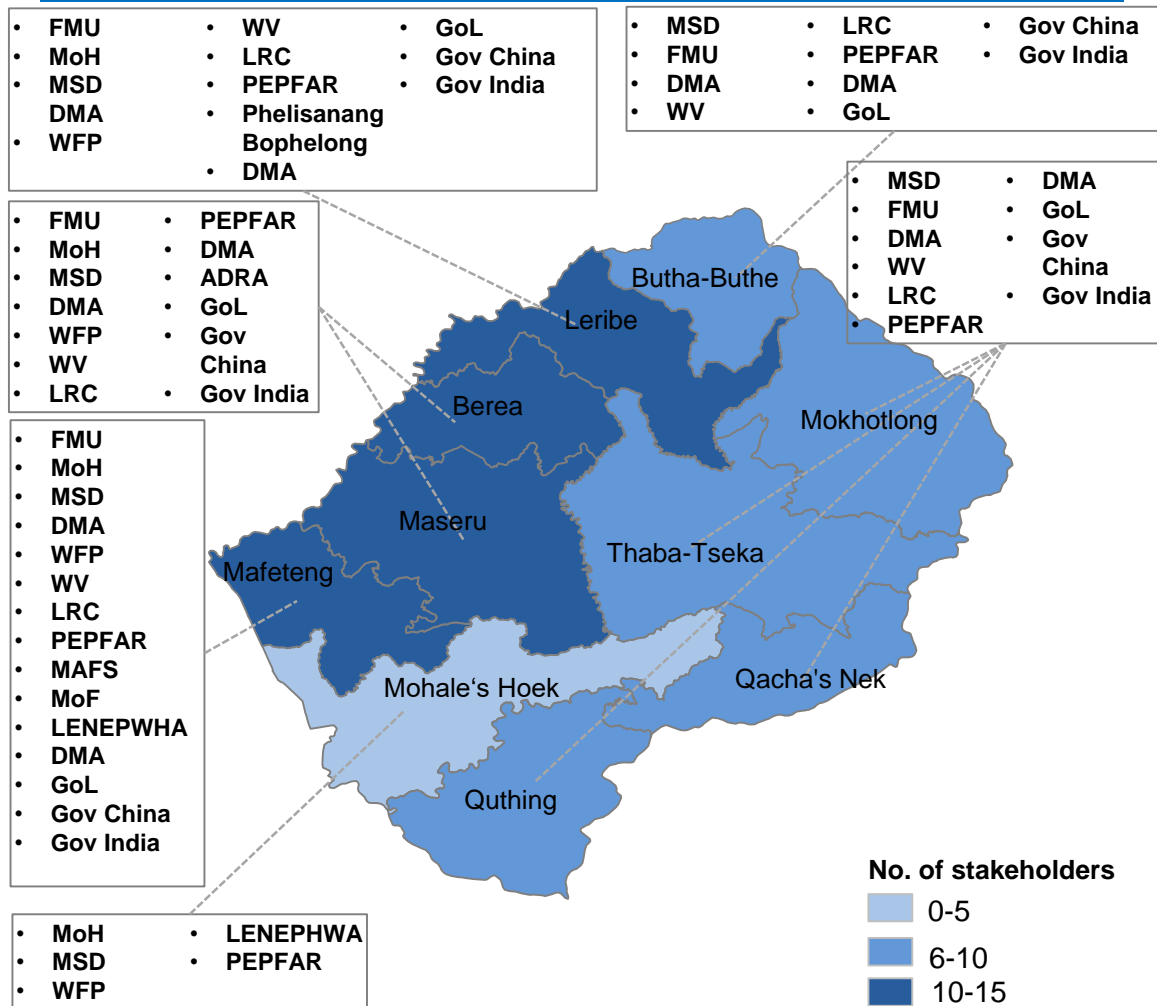
- The donors for this intervention are WV, UNICEF and GoL. GoL is involved in all ten districts.
- Implementing partners for the installation of handwashing station in households and schools are WV, Caritas, MoW, NGOs, LRC and TED.
- The catalysts are WV, CRS and Send a Cow.
- WV is acting as donor, implementing partner and catalyst in 9 districts.
- MAFS, MoH and MoW share the responsibility for this multisectoral intervention.
- The installation of handwashing stations is achieved through Communities, Environmental Field workers, Teachers, Community and village Health Workers, and Community water minders..

Due to unavailability of data, population coverage couldn't be calculated for this action.

Distribution of food packages 1/2

The distribution of food packages to vulnerable households takes place in all 10 districts and involves a high number of partners.

Where do the partners work?



Key messages

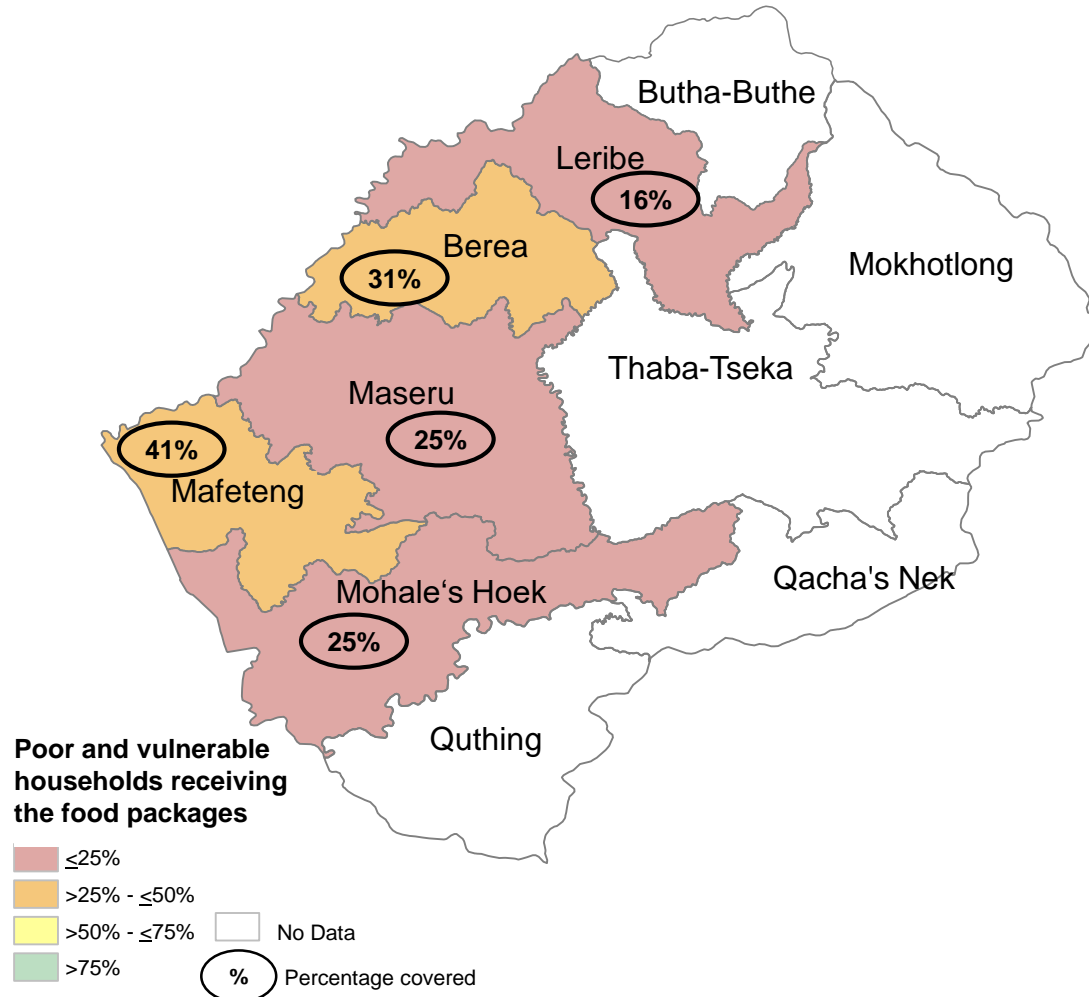
- The Food Management Unit is the institution in charge of the logistics for the distribution of food packages. The ministries responsible for this intervention are the MoH and the MSD.
- The catalysts for this intervention are WFP, DMA, WV, LRC, MAFS and MoF.
- The organizations directly providing the food package to vulnerable households are LENEPWHA, DMA, WV, LRC, ADRA, Phelisanang Bophelon and LENEPHWA.
- The funders for this intervention are the GoL, Government of China and India, WFP and PEPFAR.
- Delivery mechanisms for this interventions are NGOs, Communities, Social service and outreach workers

Most stakeholder declared fulfilling several roles (implementing partner, donor and/or catalyst) for this intervention. Consequently color coding the partners wasn't possible on the map.

Distribution of food packages 2/2

The distribution of food packages to vulnerable households reaches 20% of poor and vulnerable households in average in the districts where the action takes place

What is the coverage of this intervention?



Key messages

- In Mokhotlong, Butha-Buthe, Qacha's Nek, Quthing and Thaba-Tseka, no beneficiary data have been received by partners.
- The poor and vulnerable households receiving the food packages is the highest in Mafeteng where 41% of the poor and vulnerable (including households caring for OVC) has been reached.

Due to unavailability of data, the coverage for orphans has been included as part of the "poor and vulnerable households".

Training on income generating activities

Four ministries (MAFS, MSD, MoH and MoET) provides training on income generating activities in the country.

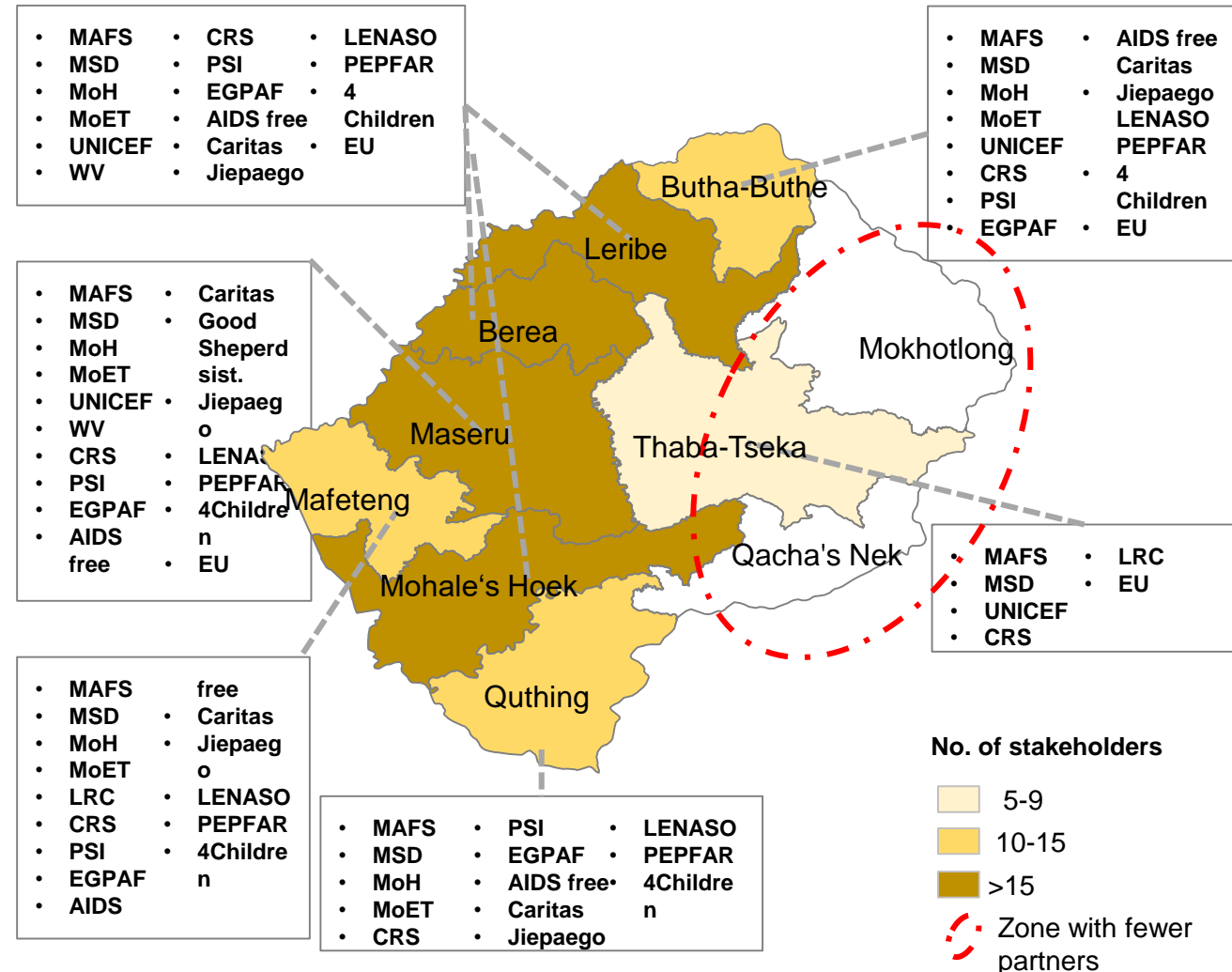
Key messages

- Fewer partners in the South east of the country are involved in training households on income generating activities:
 - None of the partners who provided data reported activity in Mokholtong and Quacha's Nek.
 - in Thaba-Tseka, the lowest number of partners working on training on income generating activities country-wide is reported
- The implementing mechanism for this intervention are Trainings, Public Gatherings, Demonstration and Agricultural extension workers.
- The income generating activities referred to in this intervention vary across partners.

Most stakeholder declared fulfilling several roles (implementing partner, donor and/or catalyst) for this intervention. Consequently color coding the partners wasn't possible on the map.

Due to unavailability of data, population coverage couldn't be calculated for this action.

Where do the partners work?



Provision of nutrition messages

This intervention can take many forms and can be a component in wider projects, leading to the involvement of a high number of stakeholders in the 10 districts.

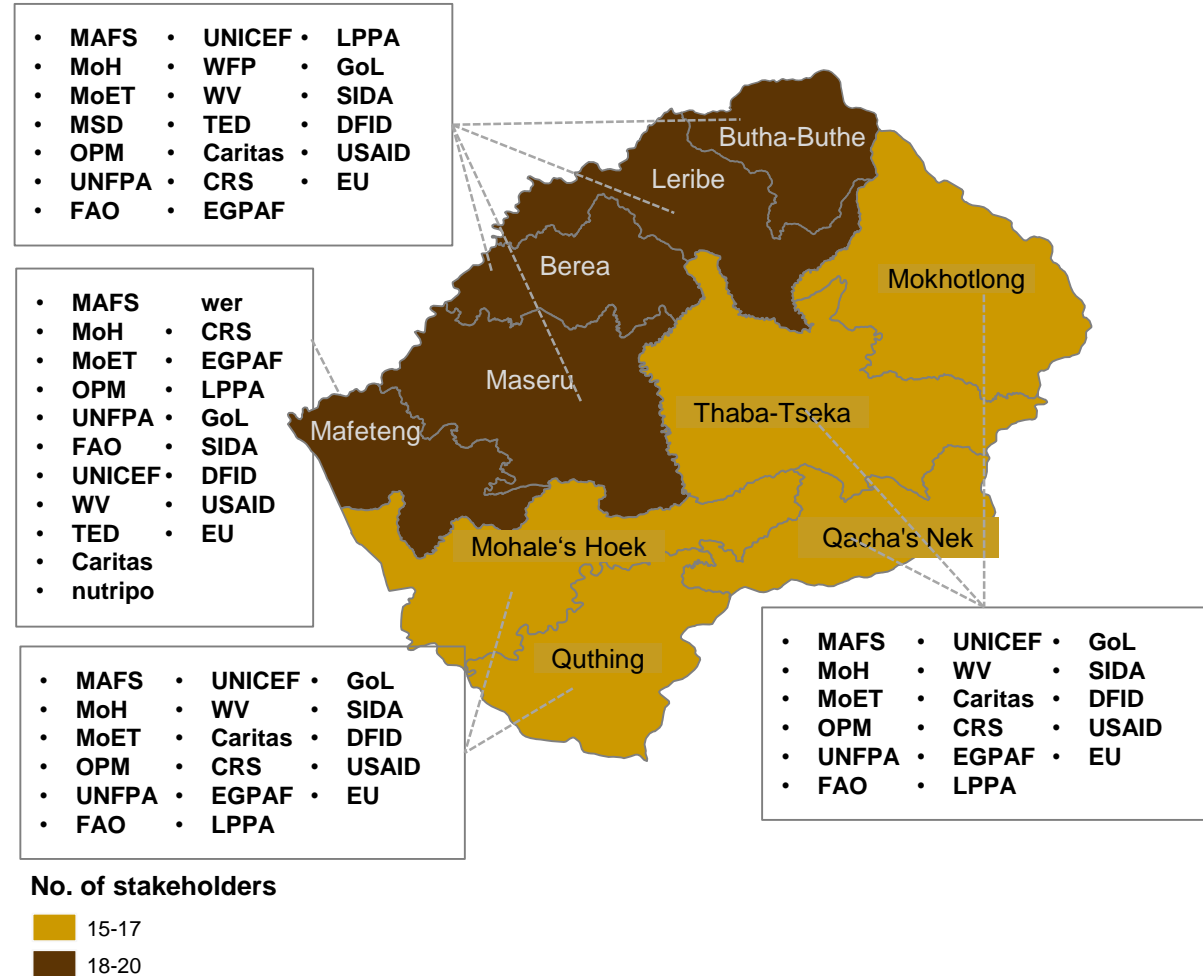
Key messages

- The governmental agencies contributing to this intervention are MAFS, MoH, MoET and OPM.
- Nutrition messages are provided through Communities, Media, Campaign, Nutrition clubs, Public Gatherings, Demonstration, Health facilities, Community Health Workers, Agricultural extension workers and Community and Village Health Workers.

Most stakeholder declared fulfilling several roles (implementing partner, donor and/or catalyst) for this intervention. Consequently color coding the partners wasn't possible on the map.

Due to the nature of this intervention, the same person can be targeted repeatedly several times across the year. As a result, no population coverage has been calculated.

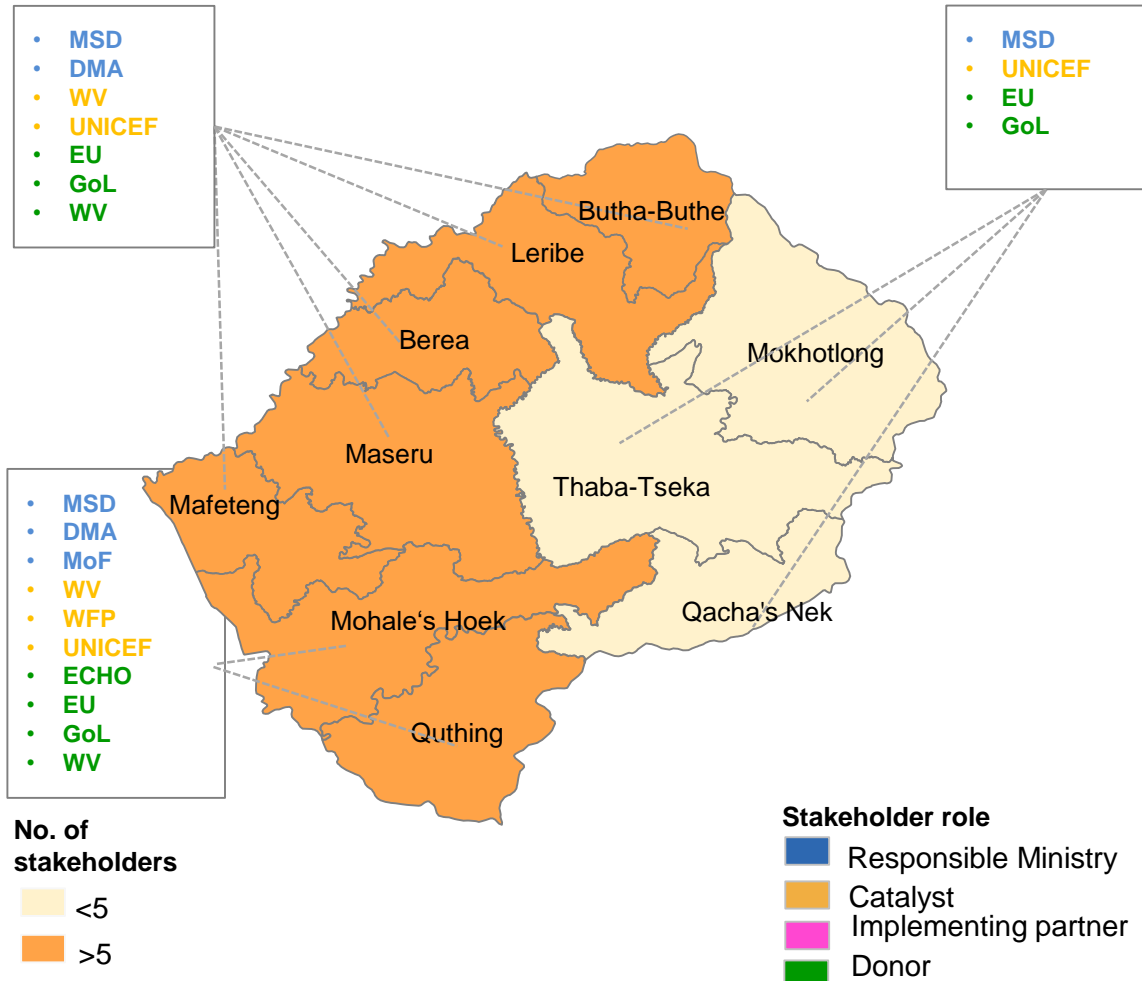
Where do the partners work?



Distribution of unconditional cash transfer

Unconditional cash transfer is distributed in all ten districts in 2017

Where do the partners work?



Key messages

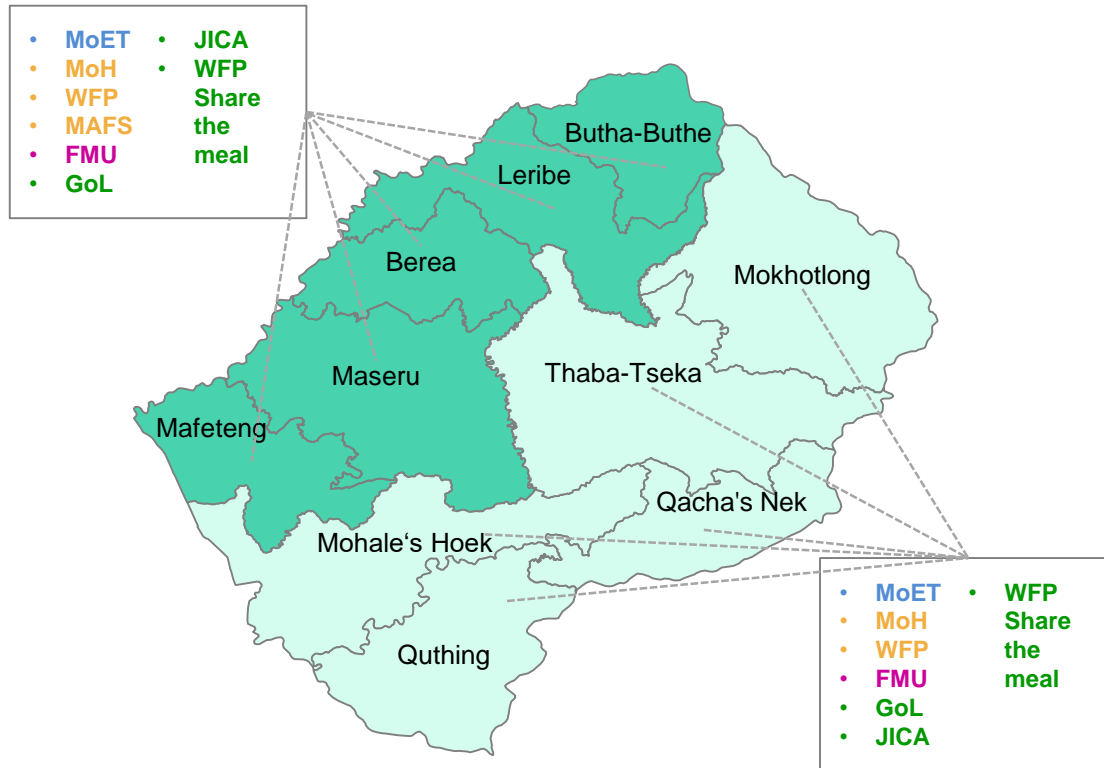
- Unconditional cash transfer is distributed in all 10 districts.
- MSD, DMA and MoF are the governmental agencies contributing in the distribution of unconditional cash transfer in 2017.
- Donors for this interventions are EU, ECHO, GoL and WV. EU and GoL are donors across all districts
- Beneficiaries are receiving unconditional cash transfers through Bank Transfer, Distribution, Social service outreach workers and Communities.
- Southern Africa El Niño Response Plan was ongoing in 2017 which involved social protection interventions with DMA.

Due to unavailability of data, population coverage couldn't be calculated for this action.

Provision of meals in ECCD and primary schools

In all 10 districts, meals in schools and EECD are provided with MoET as the responsible ministry

Who are the stakeholders supporting the provision of meals in schools and EECD?



No. of stakeholders
 7
 8

Stakeholder role
 Responsible Ministry
 Catalyst
 Implementing partner
 Donor

What is the population coverage?

Districts	Coverage of EECD	Coverage of primary schools students	Population covered
Berea	96%	82%	≤25%
Butha-Buthe	116%	111%	>25% - ≤50%
Leribe	102%	92%	>50% - ≤75%
Mafeteng	67%	94%	>75%
Maseru	84%	90%	>75%
Mohale's Hoek	71%	85%	>75%
Mokhotlong	142%	108%	>100%
Qacha's Nek	118%	105%	>100%
Quthing	94%	96%	>75%
Thaba-Tseka	86%	97%	>75%
National	10/10 Districts covered		



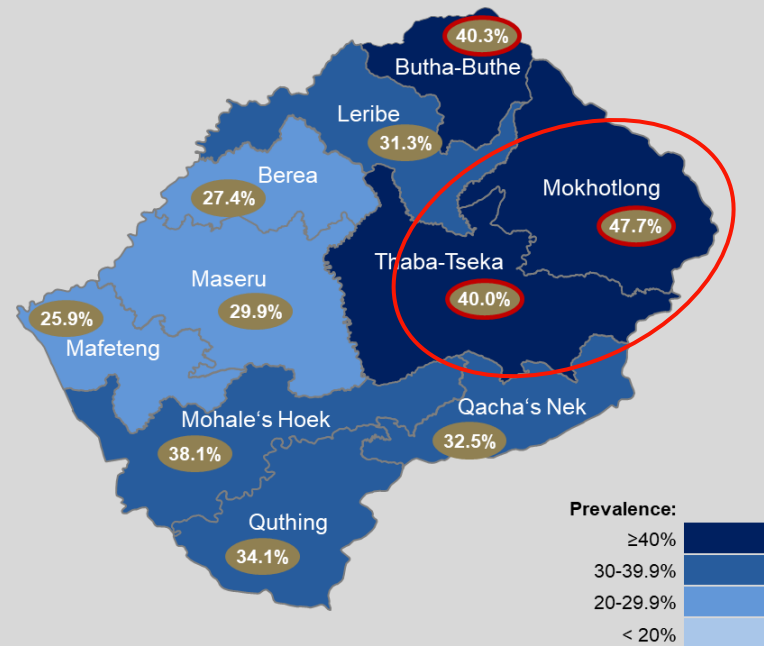
The coverage data provided exceeded the total number of population provided by the MoET in some districts. Further information has been requested

Comparison of population coverage and nutrition situation

Chronic malnutrition in Lesotho and some interventions contributing to its reduction

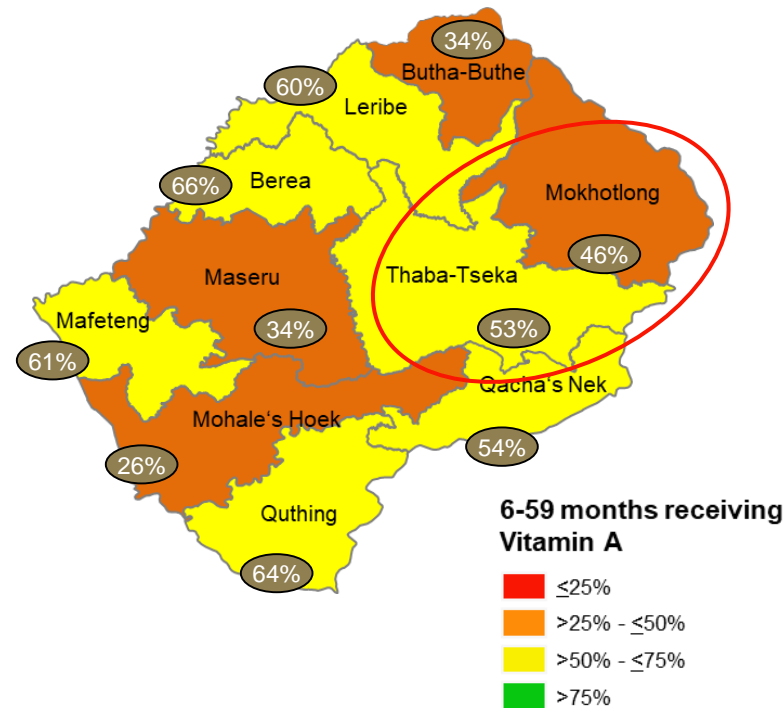
Chronic malnutrition is particularly high in the North East. Mokhotlong and Thaba Tseka (red circle) have high chronic malnutrition prevalence, low provision of deworming tablets, and below average (Mokhotlong) or average (Thaba Tseka) coverage for Vitamin A supplementation.

Chronic malnutrition rates

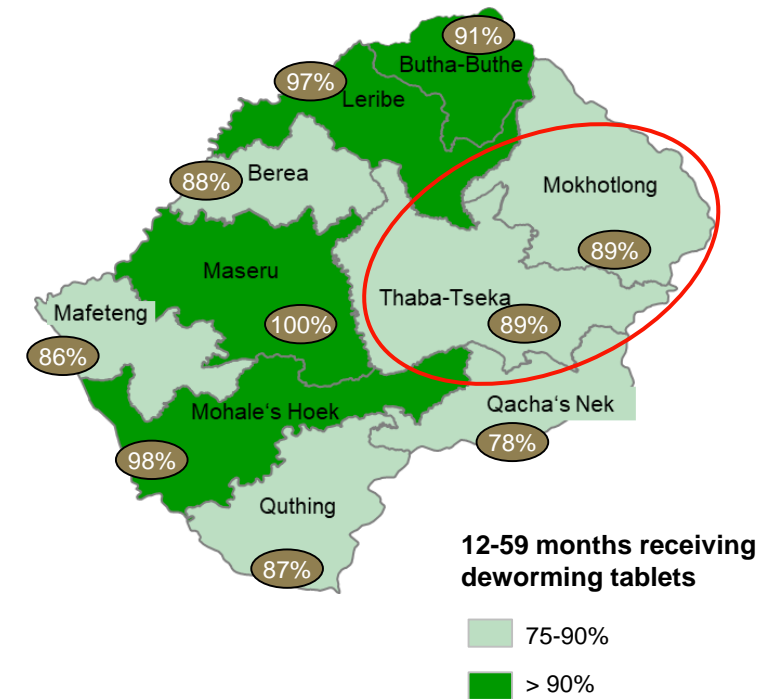


Source: LDHS2014

Vitamin A supplementation



Provision of deworming tablets

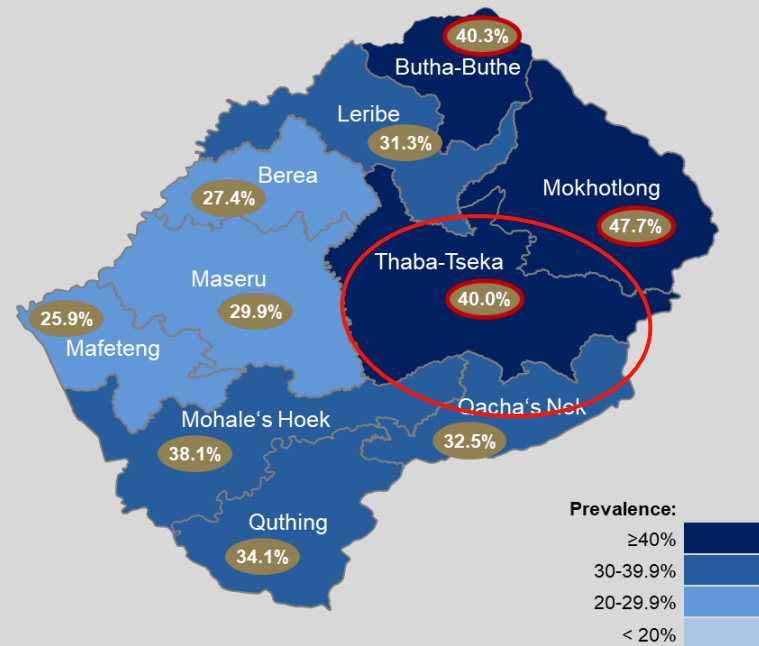


Leribe, Maseru and Mohale's Hoes have the largest number of children suffering from chronic malnutrition

Chronic malnutrition in Lesotho and some interventions contributing to its reduction

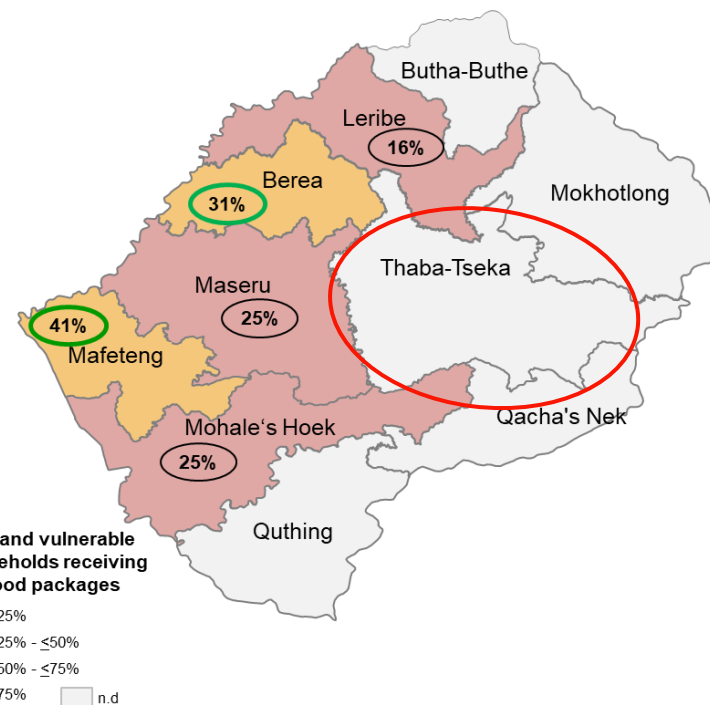
Thaba Tseka, has one of the highest level of chronic malnutrition in the country, while the provision of diversified crop is within national average and there was no provision of food package reported for 2017.

Chronic malnutrition per district

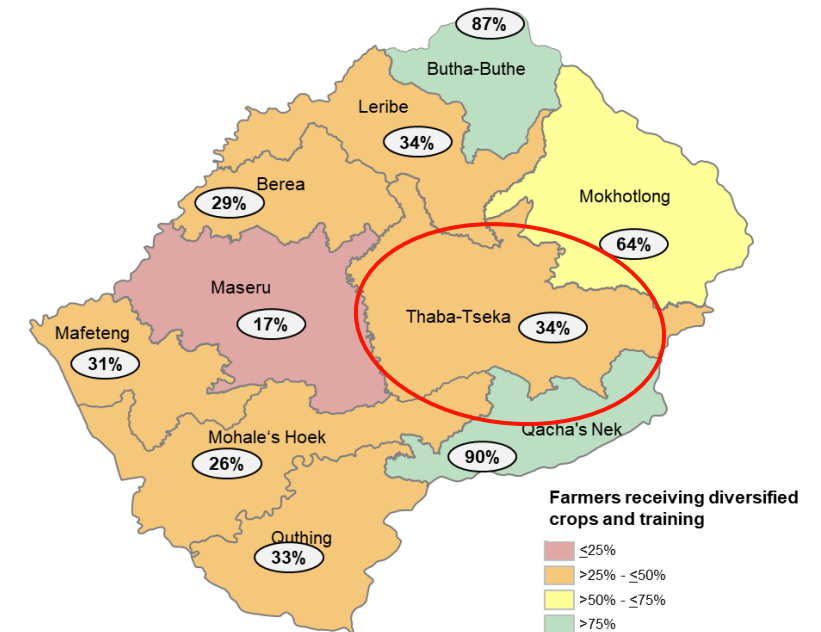


Source: LDHS2014

Provision of food packages



Provision of diversified crops

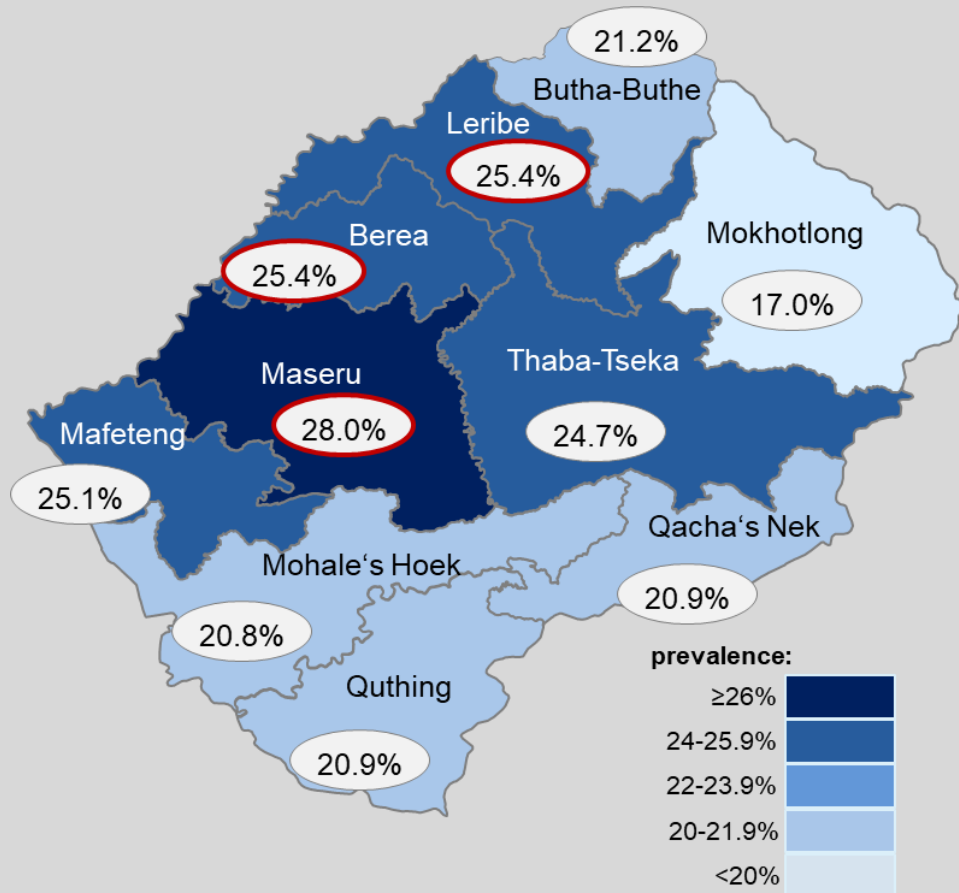


Leribe, Maseru and Mohale's Hoek have the largest number of children suffering from chronic malnutrition.

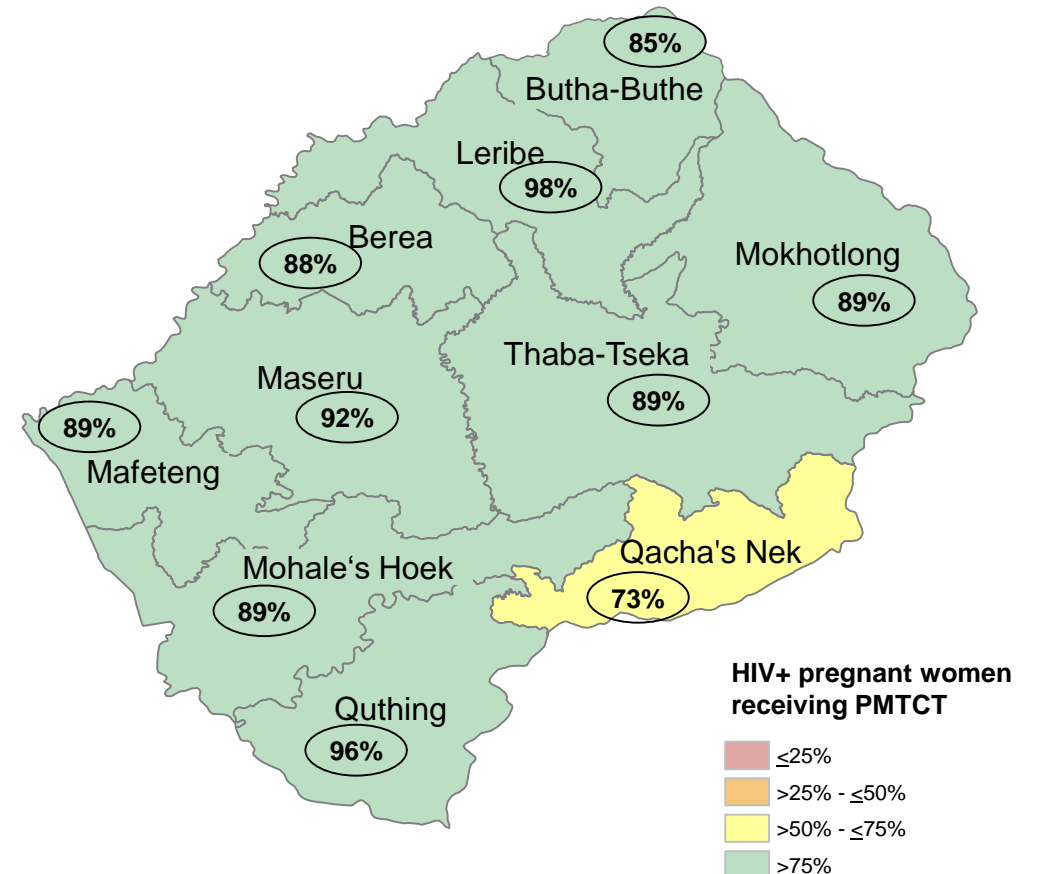
HIV prevalence and coverage of PMTCT and HIV/Aids prevention package

The prevalence of HIV is high in all ten districts, averaging 24.6% nationally. PMTCT and HIV/Aids prevention package have high target coverage at national scale which should ensure low mother to child transmission risk.

Prevalence of HIV per district



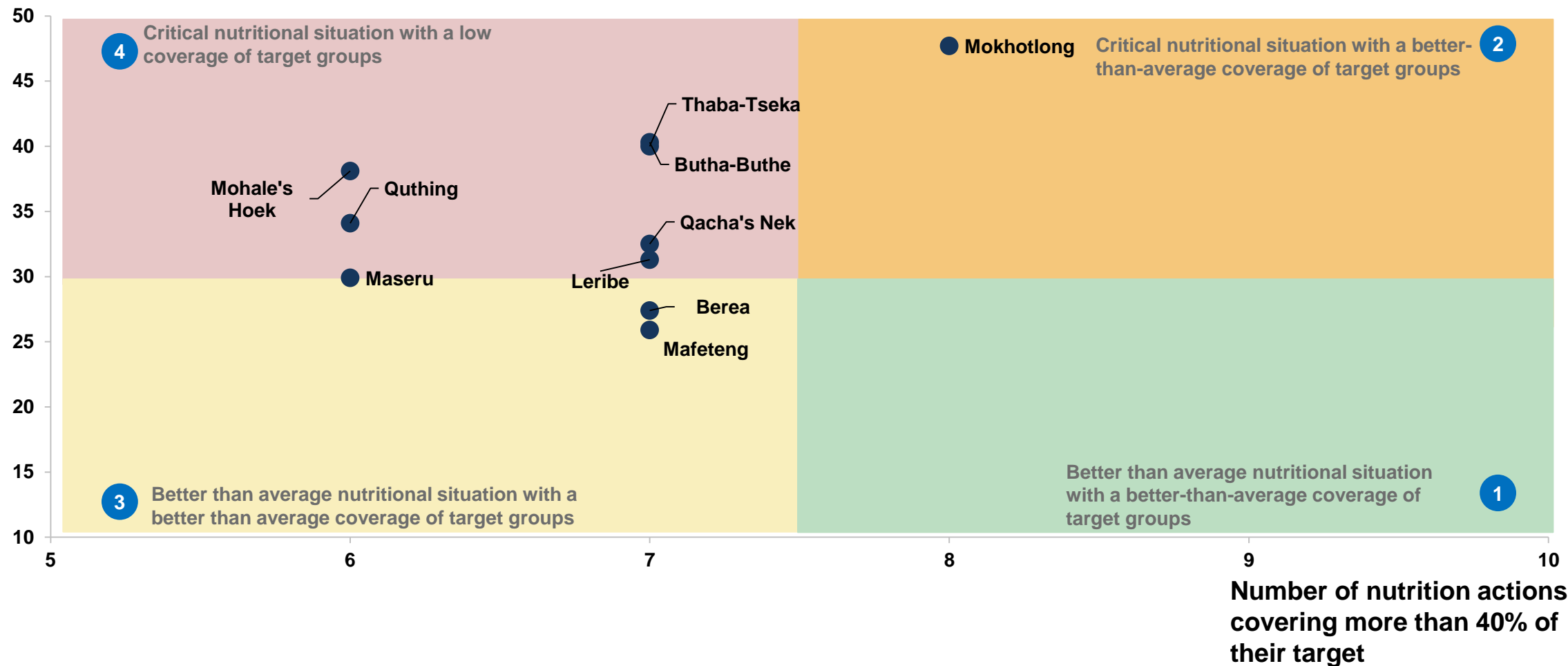
An average of 91% of HIV+ pregnant women received PMTCT and HIV/AIDS prevention package in 2017 at national level



Comparison between target coverage and chronic malnutrition in the 10 districts

Among interventions with reported population coverage, very few reach more than 40% of their target population even in districts with relatively high chronic malnutrition prevalence. The unavailability of coverage data for many actions impacts the completion of this analysis.

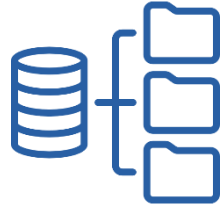
% Chronic malnutrition¹



1. Source: LDHS 2014

Key messages and next steps

Key Messages from the Nutrition Stakeholder and Action Mapping



Availability and accessibility of data

- Overall gap in data at country level
- Depends on sectors
- Challenge to access district level data at central level
- Need for transparency and availability, within each sector for data collection



Coverage scale

- Most interventions take place in all the 10 districts
- Population coverage is higher for health and social protection (school meals) interventions
- Need for further analysis to identify targeting and bottlenecks preventing better coverage



Long term planning

- High chronic malnutrition rates, especially in Butha-Buthe, Mokhotlong and Thaba-Tseka.
- The districts with the largest number of stunted children are Maseru, Leribe and Mohale's Hoek
- Need for long term multi-sectorial planning



Opportunity to identify and replicate good practices

- Health interventions generally benefit from a better coverage
- Most interventions take place in the 10 districts
- what are success factors for interventions to be scaled up while maintaining a high population coverage?



Diversity of stakeholders operating at district level

- Challenge in interviewing many stakeholders at district level due to lack of resources and inaccessibility
- Most stakeholders lack available district data
- Need for improved data management systems and mechanisms

Next steps

Should Lesotho be interested in launching a second phase of nutrition mapping, suggestions to facilitate the process include:

- Further sensitization of the stakeholders prior to the data collection to increase buy-in and engagement;
- A strategy to facilitate data collection including data on the number of beneficiaries at district level (e.g. FNCO district staff involvement to collect district level data);
- Improved allocation of resources, including improved capacity development of the mapping team;
- Employ the DHIS2 web-based version of the mapping tool ensuring:
 - Data Confidentiality,
 - Automated Data Analysis,
 - Existing in-country technical infrastructure and capacities,
 - Results sharing through online dashboards.



List of acronyms

4 Children	Coordinating Comprehensive Care for Children
ADRA	Adventist Development and Relief Agency
BORDA	Bremen Overseas research and Development Association
CIAT	International Center for Tropical Agriculture
CISU	Civil Society in Development's mission and strategy
CRS	Catholic Relief Services
DMA	Disaster Management Authority
ECHO	European Civil Protection and Humanitarian Aid Operations
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EIB	European Investment Bank
EU	European Union
FANTA	Food and Nutrition Technical Assistance
FAO	Food Agriculture Organization
FMU	Food Management Unit
GART	Golden Valley Agricultural research Trust
GEF	Global Environment Facility
GoL	Government of Lesotho
GTO	German Toilet Organisation
JICA	Japan International Cooperation Agency
LENASO	Lesotho Network of AIDS Service Organization
LENEPHWA	Network of people living with HIV and AIDS
LENEPOWA	Lesotho Network of People Living Openly with HIV and AIDS
LPPA	Leading Parent Partnership Award
MAFS	Ministry of Agriculture and Food Security

MoET	Ministry of Education and Training
MoF	Ministry of Forestry
MoH	Ministry of Health
MoW	Ministry of Water
MSD	Ministry of Social Development
OPM	Office of Prime Minister
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSI	Population Services International
LRC	Red Cross
RSDA	Rural Self-Help Development Association
RWS	Rural Water Supply
SDC	Skills Development Corporation
SIDA	Swedish International Development Cooperation Agency
TED	Technologies for Economic Development
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Program
WHO	World Health Organization
WILSA	Women and Law in Southern Africa
WV	World Vision

UN Network

This analysis has been **conducted by the FNCO with the support of the UN Network's intensive arm REACH.**

In Lesotho, the UN Network support the country through a full time REACH facilitator, sitting at the FNCO.

- In 2017, the UN Network facilitated the identification of the Core Nutrition Actions and the realization of a Multi-sectoral Nutrition Overview
- In 2018, the UN Network facilitated the Capacity Gap Assessment
- In 2018-2019, the UN Network facilitated the realization of the Stakeholder and Nutrition Mapping .
- In 2019, the UN Network completed the UN Nutrition Inventory / common agenda, and the development of the nutrition plan and its costing.

About the UN Network for SUN

The UN Network technical facility works closely with governments to conduct analytical exercises such as the Stakeholder and Action Nutrition Mapping to galvanize and coordinate the efforts of multiple stakeholders across sectors to scale up nutrition.

Strong focus on capacity development, country-level support focuses on the creation and operation of multi-stakeholder platforms, advocacy, development of multi-sectoral national strategies and policies, and design, implementation, monitoring and evaluation of nutrition interventions.

To learn more about how the **UN Network** is supporting country-level action visit <https://www.unnetworkforsun.org/> or write to unnetworkforsun@wfp.org

UN Network Secretariat: Via Cesare Giulio Viola, 68/70 - 00148 Rome, Italy



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS