Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP Nutrition Capacity Development Workshop for the Southern Africa Region

Nutrition Country Paper – Lesotho

DRAFT - ENGLISH VERSION

September 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9th to the 13th September 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthetizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list needs to be completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
FANTA	Food and Nutrition technical assistance / select focus countries	http://www.fantaproject.org/
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	http://www.fao.org/tc/fapda-tool/Main.html
	MAFAP – Monitoring African Food and Agricultural Policies	http://www.fao.org/mafap/mafap-partner-countries/en/
OMS	Nutrition Landscape information system (NILS)	http://apps.who.int/nutrition/landscape/report.aspx
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	*When available*
ReSAKKS	Regional Strategic Analysis and Knowledge Support System	http://www.resakss.org/
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
WHO		
World Bank	Economic reports	http://data.worldbank.org/indicator
UNDP	Development report	http://hdr.undp.org/en/data/profiles/
National Sources	National Strategic Development Plan 2012	
Government of Lesotho	Ministry of Health Ministry of Agriculture	http://www.health.gov.ls/index.php?option=com_content&view=article&id=6:family-health-division&catid=13:family-health-division&Itemid=21

I. Context –Food and nutrition situation

General Indicators		*Sources/Year*
Population below international poverty line of US$1.25 per day	43.4%	UNDP 2012
Under-five mortality rate (per 1,000 live births)	↘86	UNICEF 2011
Infant mortality rate (per 1,000 live births)	↘63	UNICEF 2011
under-five deaths due to HIV/AIDS	18%	WHO 2010
Maternal mortality rate /100 000 lively births	530	UNICEF 2008
Primary school net enrolment or attendance ratio	74%	UNESCO 2011
Primary school net enrolment -ratio of females/males	97%	UNESCO 2011
HIV/AIDs prevalence between adults 15-49 years	23,3%	UNAIDS, WHO 2011
Percentage of population living in rural areas	73.1%	World Bank 2010
Access to improved drinking water in rural areas	73%	UNICEF 2005-09
Access to improved sanitation in rural areas	25%	UNICEF 2005-09
Agro-nutrition indicators		*Sources/Year*
Land area (1000 ha)	3036	FAOSTAT 2011
Agricultural area (1000 ha)	2312	FAOSTAT 2011
Food Availability and consumption		
Average dietary energy requirement (ADER)	2240	FAO 2006-08
Dietary energy supply (DES)	2460	FAO 2006-08
Total protein share in DES	11%	FAO 2006-08
Fat share in DES	12%	FAO 2006-08
Average daily fruit consumption (excluding wine) (g)	N/A	
Average daily vegetable consumption (g)	N/A	

Geography, population & human development

Lesotho is a landlocked and small country with most of its 30,355 square kilometers mountainous. Over 80% of the land is above 1,800 meters altitude and only 9% of the total area is suitable for arable cultivation. The Census indicated that the arable area had fallen by nearly 10% from 3,134 km^2 in 1996 to only 2,833 km^2 in 2006, mostly as a result of soil erosion. Lesotho has few natural resource endowments, but has an abundance of water and natural beauty, whose economic potential has not been fully tapped. In addition, there are concentrations of diamonds and the mining sector will attract substantial investment over the Plan period. Lesotho's mountains offer great potential for wind power and hydropower generation.

However, the country is highly vulnerable to extreme weather conditions, including floods, drought, early and late frosts. Even in normal years, frost means that it has a limited growing season. Heavy rainfall contributes to rapid soil erosion and deteriorating conditions of range and arable land. Climate change is likely to make adverse events more frequent and more severe.

Lesotho's population is around 1.88 million (Census 2006). This represents an annual increase of 1.7% from the population of 970,000 at Independence in 1966. Over 60% of the population lives in the four districts that comprise the western corridor where the bulk of arable land is located and which has the best access to physical infrastructure, utilities and service delivery facilities. By ecological zone, 56.7% of Basotho live in the Lowlands, 12.8% in the Foothills and 30.5% in the Mountains and Senqu River Valley. Around 25 per cent of this population lives in urban areas. The national average population density is quite low at only 61 per square kilometer, ranging from 24 in Mokhotlong to 112 in Berea. However, expressed in terms of arable land, population density rises to 658 people per square kilometer, with a low of 485 in Thaba-Tseka and a high of 902 in Maseru.

Lesotho is undergoing a rapid demographic transition. Whereas the population grew rapidly in the first thirty years of Independence, the population remained virtually the same from 1996 to 2006 and it is projected to grow by only 0.13% each year up to 2020[1]. The steady increase in the country's population was driven by previous high fertility rates and rapid mortality decline. The recent slowing in population growth has been driven by two main factors: Declining total fertility rate of 5.4 children per woman in 1976 to 3.5 children per woman in 2006. The latest estimate from 2009[2] suggests that the total fertility rate has further reduced to 3.3 children per woman and is projected to decline further to 2.8 children per woman by 2025.[3]Secondly, the Crude Death Rate has doubled from 12.8 per 1000 people in 1996 to 26.5 deaths in 2006.

The country is a lower middle-income country. Of the total land area, only about 9% is arable. The mountain zone of Lesotho covers approximately 65% of the total land area. The rural highlands are less developed and winters are severe. Heavy snowfalls often cut off the population from basic health services and food supply. Even during summer months, accessibility to services and service delivery is very difficult. The majority of the population (2.2 million) live in the rural areas (>70%) with about 43% of the population living below the poverty line. It is a resource poor country with the GDP per capital standing at $296 (2005). Similarly the level of unemployment is over 40% of the adult population. Paradoxically, the literacy rate is one of the highest in the continent at 82%. In 2006, Lesotho was ranked 149 out of 177 countries on the UNDP Human Development Index scale. Most of the social and economic indicators have generally shown downward trends. The HIV prevalence rate is still the third highest in the World. It was estimated that in 2009, the HIV prevalence among adults

[1] This forecast total of 1,972,791 in 2020 (derived from the 2006 Census) is considered more accurate than the estimate in the UN Human Development Report that the 2010 population is 2.1 million and that the growth rate will be 0.8% from 2010-2015.

[2] Lesotho Demographic and Health Survey.

[3] Bureau of Statistics, 2010.

between the age of 15 and 49 was 23.6 percent. This has contributed to declining life expectancy at birth, which is now estimated at 46 years.

Economic Development

Agriculture, livestock production and manufacturing form the basis of Lesotho's economy. Remittances from migrant workers employed in the Republic of South Africa are an important source of income for the majority of families in Lesotho; however remittances shrank from about 60% of gross domestic product (GDP) in the 1980s to about 20% in 2005. Outside of remittances, the agricultural sector, which accounts for about 17% of GDP, is the primary source of income**,** or an important supplementary source, for more than half of the population in rural Lesotho. The majority of small-scale farmers live on what they can produce from cultivating an average of < 1.5 ha of land or from herding livestock on degraded grazing land. About 30 % of rural people live in extreme poverty. Water is the major natural resource and is being exploited through the 30 year Lesotho Highlands Water Project, which was initiated in 1986. Some mineral deposits exist, but exploitation is limited due to investment.

Agriculture (cultivable area, main cash and food crops, livestock production ….)

Although Lesotho has a small land area, almost 76% of the land is agricultural. Only 10.14% was arable and 0.13 under permanent crops in 2011 (FAOSTAT). The main crops are maize, potatoes and vegetables whereas main livestock productions are cow milk, hen eggs and indigenous cattle meat (FAOSTAT 2011). Lesotho's potential for fisheries is limited with no access to the sea. Fishing in the country is traditional for mainly local consumption.

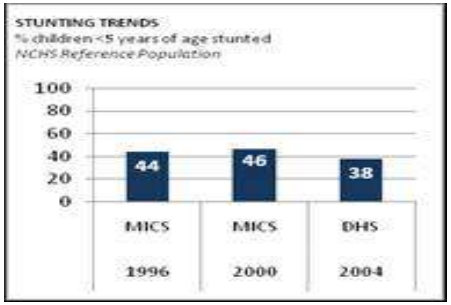
Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)

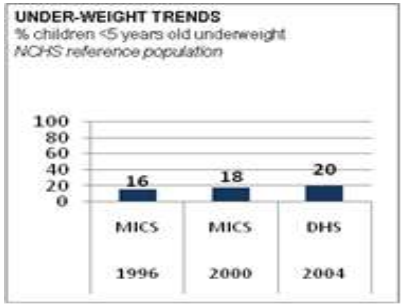
Lesotho's domestic food production accounts for approximately 30 % of the total food required to feed its population in a normal year, leaving **70% of the annual cereal requirement to be imported at the going regional market price**. Household purchasing power therefore plays an important role in normal household food access. The diet in Lesotho is based on cereals and diets in Lesotho normally include cooking oil, roots, tubers and vegetable sources, although there is evidence that diversification of foods may be declining with a heavier dependence on maize. Improving food security will come primarily from expanding formal and informal work opportunities, and through boosting the purchasing power of those with employment.

Main causes of malnutrition in your country related to economic vulnerability and food security

- ✓ HIV poses a potentially major threat to food security and nutrition. It tends to erode the traditional methods by which households can cope with food insecurity. It also reduces the capacity to produce and purchase food, depletes household assets and exhausts social safety nets.
- ✓ High rates of poverty with failure to access food
- ✓ Growing number of landless households and declining size of holdings amongst poorer households
- ✓ High rates of unemployment
- ✓ Thin and poorly integrated rural markets and wide variations in pricing.

Agro-Nutrition Indicators (continued)		*Sources/Year*
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	↘39%	DHS 2009
Prevalence of wasting in children < 5 years of age	4%	DHS 2009
Prevalence of underweight children < 5 years of age	13%	DHS 2009
% of underweight Women (15-49 years) (BMI < 18.5 kg/m²)	6%	DHS 2009
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m²)	42%	DHS 2009
Prevalence of obesity ˙Children under 5 years old - Women of reproductive age (BMI > 30 kg/m²)	17.4%	DHS 2009





Indicator (WHO Standards) Source: Other NS 2007	*Gender*			*Residence*			*Wealth quintile*					
	Male	*Female*	*Ratio m/f*	*Urban*	*Rural*	*Ratio u/r*	*1 +Poor*	*2*	*3*	*4*	*5 +Rich*	*Ratio r/p*
Stunting prevalence	*45*	*39*	*1.2*	*	*	*	*	*	*	*	*	*
Underweight prevalence	*15*	*13*	*1.2*	*	*	*	*	*	*	*	*	*

Agro-nutrition indicators (continued)		*Sources/ Year*
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	54%	UNICEF 2005-09
Children (6-9 months) who are breastfed with complementary food	58%	UNICEF 2005-09
Children (9-11 months) who are using a bottle with a nipple	34%	DHS 2009
Children (20-23 months) who are still breastfeeding	60%	UNICEF 2003-08
Prevalence of micronutrient deficiencies		
Prevalence of vitamin A deficiency among pre-school children (serum retinol < 0.70 µmol/l)	32.7%	WHO*
Prevalence of vitamin A deficiency among pregnant women (serum retinol < 0.70 µmol/l)	14.7%	WHO*
Prevalence of anemia among pre-school children (Hb<110 g/l)	49%	DHS 2009
Prevalence of anemia among pregnant women (Hb<120 g/l)	30%	UNICEF2005-09
Prevalence of iodine deficiency among school-aged children (urinary iodine < 100 µg/L)	N/A	
Coverage rates for micronutrient-rich foods and supplements intake		
% Households consuming adequately iodized salt (≥ 15ppm)	91%	DHS 2004
Vitamin A supplementation coverage rate (6-59 months)	38%	UNICEF 2005-09
Vitamin A supplementation coverage rate (≤2 months postpartum)	39%	DHS 2009

**No year of survey found. The data is from "WHO. 2009. Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005."*

Nutritional Situation[i]

Chronic malnutrition remains one of the most serious, long-term problems facing Lesotho. At the national level in Lesotho, **39% of children < 5 years are stunted, and the proportion who are severely stunted in 15 percent**. Stunting rates remain quite high among children 36-59 months old (43-46%). Female children and less likely (35%) to be stunted than male children (43%) and urban children (30%) are less likely to be stunted than rural children (41%). Nationally, 4% of children under five years old are wasted with children age 6-8 months (11%) suffering the highest rates. The percentage of children underweight is at 13%, a slight decline from the 2004 DHS (16%). Mother's health is also important for child's health. It is important to note that a full 42% of women are overweight and 17% of them are obese. **Among the wealthiest quintile 56% of women of child bearing age are overweight (26% obese) (DHS 2009).**

Infant feeding

The impact of malnutrition on children is complicated by **high rates of HIV infection among adults**: 26% of women between the ages of 15 and 49 years are infected with the virus, making infant feeding decisions a challenge for many mothers. Slightly more than half the children (53%) are breastfed with an hour after birth and 93% within the first day. Survey data show that only **53% of children are exclusively breastfed the first six months** whereas 61% of infants under three months of age are exclusively breastfed. Recommended feeding practices for infants and young children (IYCF) require the introduction of a variety of foods with a minimum frequency during the day along with continued breast feeding. **Only 26% of children between 6-23 months are fed in accordance with IYCF practices.**

Micronutrients

One of the main interventions of the nutrition programme in Lesotho is designed to reduce micronutrient deficiencies, including iodine deficiency, vitamin A, and iron deficiency, food fortification and through supplementation of Vitamin A and Iron. The DHS survey found that a total of 81% of children age 6-35 months consumed foods rich in vitamin A. There is no difference in male and female consumption. More than half (51%) of children age 9-35 months consumed food rich in iron. Younger children (6-8 months old) consumed less iron rich food than other age groups. The more education of the mother and higher household wealth influence positively the amount of iron rich food children consume. Nationally, 83 percent of household use salt that is considered adequately iodized. In the Urban areas the rate is 92%.

Care practices and sociocultural issues

1) Some newborns in both Urban and Rural areas are not given colostrums until the umbilical cord has fallen.
2) (Care practices)Men and boys rarely take part in childcare particularly with newborns.
3) Preferential food allocation within the household- specific to meat(neck and foot for boys and chest for the girls)

National food security and nutrition information system

1) National Crop Forecast: includes crop production forecast but not consumptions data.
2) Lesotho Vulnerability Assessment Committee Report:
3) Surveillance Bulletin: quarterly data by Districts(Province) and region which used to report indicators(underweight, low birth weight , malnutrition, admissions and deaths, rainfall patterns, average price of food commodities: Rural vs. Urban). Last noted publication was July-September 2008, but no recent publications, there has been a hiatus and arrangements are being made to re-establish and restart

Main linkages between malnutrition and disease (incl. HIV/AIDS)

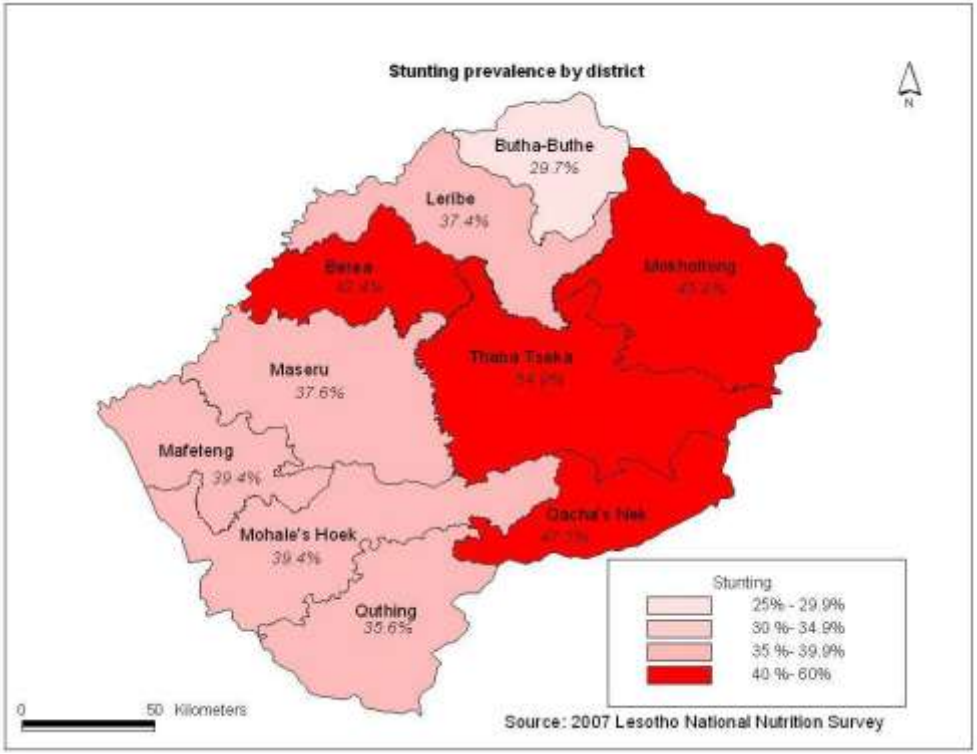
- ✓ Malnutrition on children is complicated by high rates of HIV infection among adults making infant feeding decisions
- ✓ HIV poses a potentially major threat to nutrition. It tends to erode the traditional methods by which households can cope with food insecurity. It also reduces the capacity to produce and purchase food , depletes household assets and exhausts social safety nets.
- ✓ High rates of poverty with failure to access food
- ✓ Growing number of landless households and declining size of holdings amongst poorer households
- ✓ High rates of unemployment
- ✓ Thin and poorly integrated rural markets and wide variations in pricing.
- ✓ Complementary feeding practices are not optimal
- ✓ Only 54% of infants are exclusively breastfed

Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)

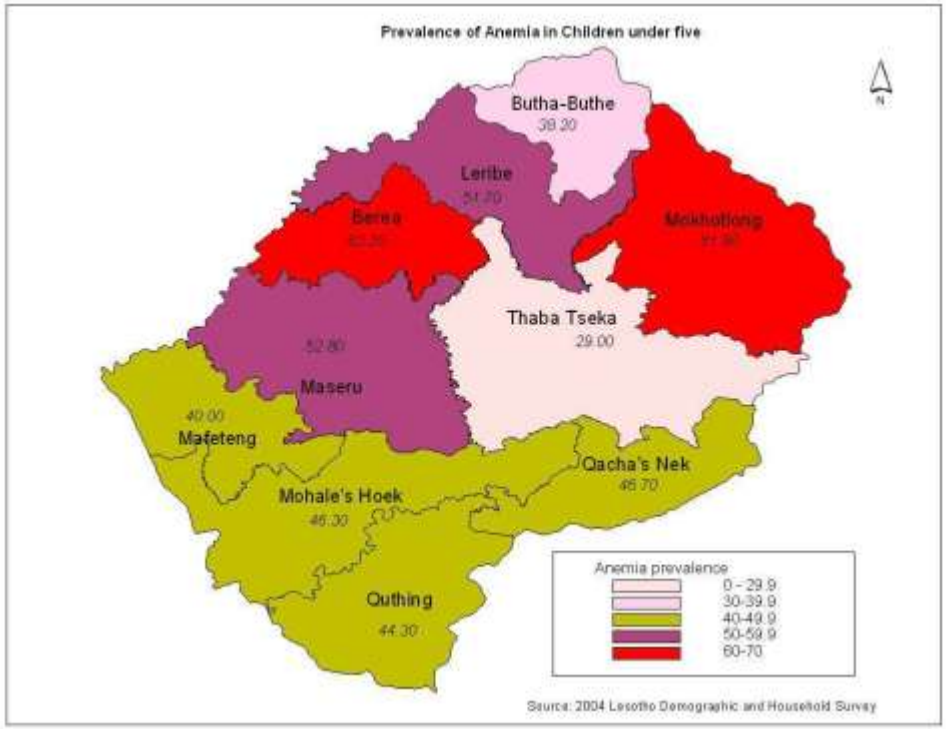
- ✓ Only 54% of infants are exclusively breastfed
- ✓ Complementary feeding practices are not optimal

Malnutrition and Food insecurity levels by region

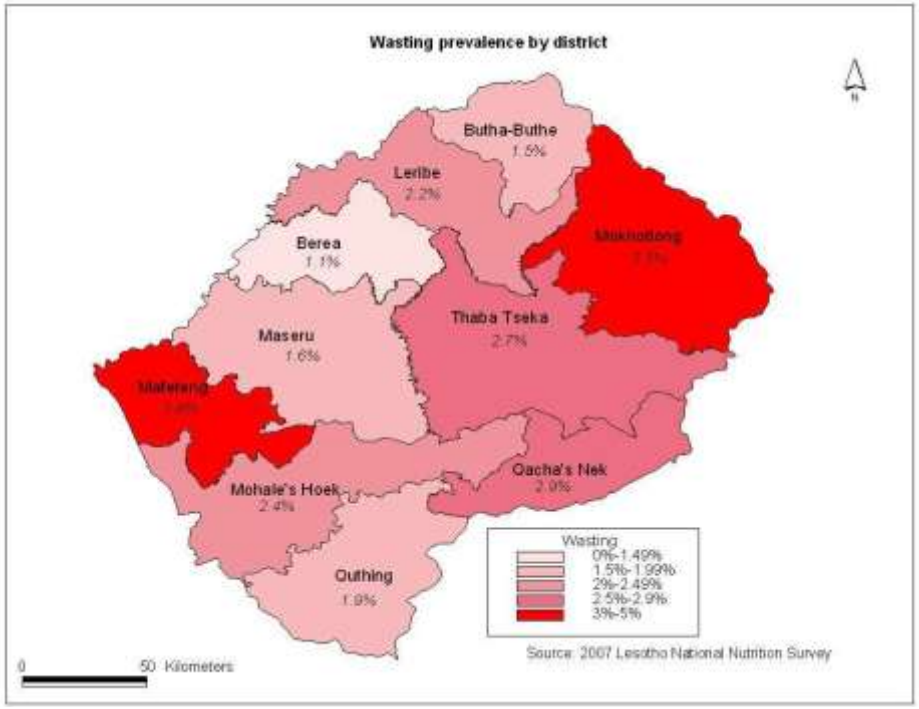
Stunting (chronic under nutrition) is serious in Lesotho and stands at 41.9 percent as reported by the nutrition survey in 2007. This presents an increase from 37.9 percent in 2006. The most affected districts with a rate higher that the national average of 41.9 % is Thaba-Tseka, Mokhotlong, Qacha's Nek and Berea. There are currently no recent survey's available



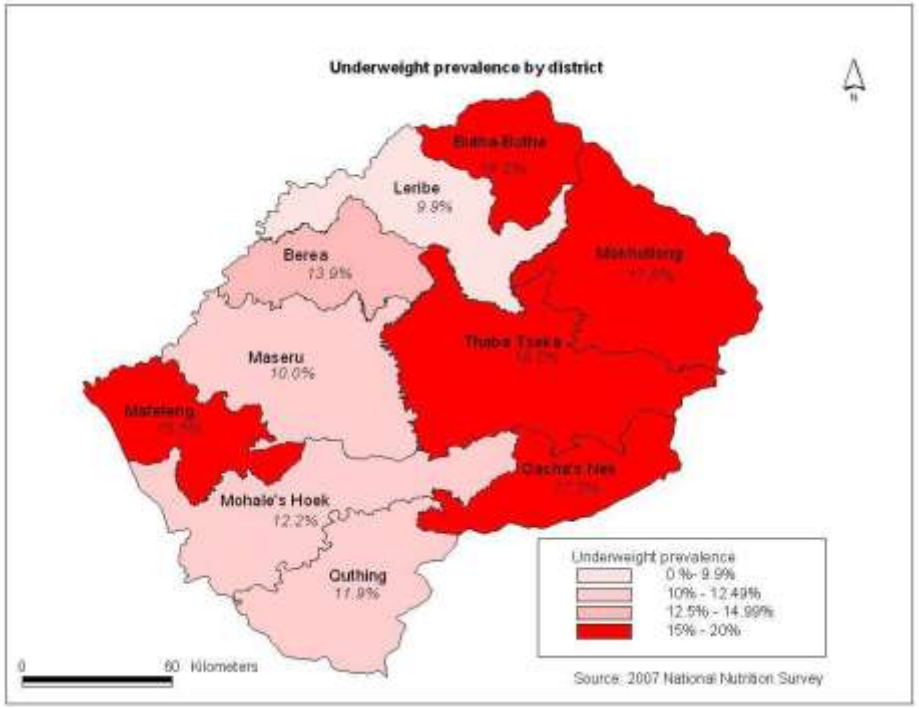
Micronutrient deficiencies are extremely high with 48.6% of children under five having anemia in the country and with some specific provinces as Mokhotlong, Berea experiencing rates of above 60 percent. 27.1 percent of all women of childbearing age have anemia. Anemia is a proxy indicator for other micronutrient deficiencies hence it is likely that the high anemia rates only represents the tip of the iceberg.



The overall rate of wasting in Lesotho is 2.3 percent, ranging from 1.1 – 3.5 percent. Although this it is not an emergency, since wasting is an acute indicator this is prone to rapid change as in 2007 wasting increased from 5 percent to 10 percent in some areas.



Underweight rates in Lesotho range from 9.9 – 18.2 percent, with a national average of 13.8 percent. The most affected areas are Mokhotlong, Thaba-Tseka and Qacha's Nek, the same areas experiencing high stunting rates.



II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place to improve nutrition

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
STRATEGIC FRAMEWORK						
Lesotho Vision 2020	2006-2020	Lesotho Vision 2020 is a long term perspective plan that will guide the development process in Lesotho. It indicates that by the 2020 Lesotho shall be stable democracy, a united and prosperous nation at peace with itself and its neighbors, it shall have a healthy and well developed human resource base. Its economy will be strong and of course its environment will be well managed. Poverty reduction strategy paper is also the important policy adopted by the government of Lesotho		Government of Lesotho Development Partners Private Sector	It indicates that by the 2020 Lesotho shall be a stable democracy, a united and prosperous nation at peace with itself and its neighbors, it shall have a healthy and well developed human resource base. Its economy will be strong and its environment well managed.	
Poverty Reduction Strategy (PRS):	2011 – 2015	The PRS is the operational strategy for the National Vision 2020. All sectors are required to align their targets with these of the PRS. All sectors are required to report physical progress on a quarterly basis. One of the main focuses of the PRS is on achievement of the MDGs and poverty reduction.		Government of Lesotho Development Partners Private Sector	The country is putting concerted efforts towards attaining high economic growth through increased productivity in all sectors, especially, agriculture and food security. Priority is also on employment creation and rural development through agro-industries and markets; development of small, micro and medium enterprises; water and sanitation maintenance in terms of coverage; rural roads expansion and maintenance; and empowerment of women through removal of all discriminating laws. The emphasis is now on result base performance. The performance	

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
					monitoring system is being revised in order to ensure that concrete indicators and results are tracked.	
National Strategic Development Plan	2012/2013-2016/2017	The following overarching objectives will be elaborated: -Promotion of peace, democracy and good governance; -Pursuit of high, sustainable and equitable economic growth; -Poverty reduction through employment generation and reduction of social vulnerability; -Protection of the environment and promotion of climate friendly technologies and practices; -Promoting HIV/AIDS prevention, care and treatment; and -Radically transforming technical, vocational and higher education to produce world class skills and expanding access to technology, applications, innovation and networks.		Government of Lesotho Development Partners Private Sector	The MAFS Nutrition Dept's main focus in this component is to promote income generating activities, promotion of household food production, promotion of techniques that prolong the shelf life of food and provide nutrition education at the community and institutions	
AGRICULTURE						
Agriculture Sector Strategy	2005-2015	-Promote Commercialization in Agriculture - Strengthen capacity of farmers and institutions - Reduce Vulnerability and Manage Risk			- The contribution of agriculture to GDP has declined over time, even though it remains an important sector for increasing employment and income. Agriculture faces several constraints which inhibit productivity including: limited access to finance, agricultural inputs, technology and quality extension services; poor market organization, with poorly developed supply chains and weak market integration; and limited	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
					capacity to deal with agricultural risks. - There is also high soil infertility and high fallow land which results in low crop yields. - Diseases contribute to poor quality and low yields from livestock. The high level of food imports suggests that Lesotho is facing a supply-side problem rather than a demand-side problem. - Lesotho is increasingly susceptible to extreme weather variability, which result in prolonged drought, floods, early and late frosts, which affect production both in crops and livestock sub-sectors. Building resilience to the anticipated impact of climate change is also necessary to ensure the long-term security of agricultural production.	
Smallholder Agriculture Development Project	2012-2018	The objective is to increase marketed output among project beneficiaries in Lesotho's smallholder agriculture sector. There are three components to the project. -**Increasing agricultural market opportunities.** This component support Lesotho's emerging agricultural businesses to contribute to increased commercialization of the agriculture sector. -**Increasing market oriented smallholder production.** This component support small-scale farmers in their efforts to increase production of marketable commodities and respond more readily to market requirements, to help motivated semi-subsistence producers to improve the	World Bank US$24.5 million			

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
		productivity of their agricultural activities and become more market-oriented, and to address natural resource management concerns. -**Project management.** this component manage and use resources in accordance with the project's objectives and procedures				
FOOD SECURITY						
Food Security Policy	2005-ongoing policy framework	- To improve the adequacy and stability of access to food at household level. - To improve the use of food at household level. - To improve the adequacy and stability of food supplies at national level		Government of Lesotho supported by DFID Priority Support Programme	In this component the Nutrition Division of MAFS promotes improve the adequacy and stability of access to food at household level, improved food utilizations at household level and improved the adequacy and stability of food supplies at national level.	
National Action Plan for Food Security (NAPFS)	2007-2017	The National Action Plan for Food Security was developed and finalized in 2006. The NAPFS is a multisectoral initiative prepared in consultation with a number of agencies in government and civil society. Implementation of the Plan will not be the sole responsibility of the Ministry of Agriculture and food Security. It will involve many other agencies in central and local government, as well as non-governmental organizations, coordinated through a national Food Security Task force.	Estimated cost USD 434.5 million		The NAPFS comprises five programmes: - Commercial And Household Food Security - Natural Resource Management - Safety Nets And Social Protection - Food Supply Stability And National Availability	
NUTRITION						
Lesotho National Nutrition Policy(draft) Strategic Plan for Nutrition (draft)	2011	The overall objective of the policy is to ensure that nutrition becomes one of the priority and integral themes in the development agenda of Lesotho, by repositioning of the National Nutrition programmes in the government's development agenda.		Government of Lesotho and NGOs.		

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
Infant and Young Child Feeding Project	2011	The IYCN Project supported a revision of Lesotho's National Infant and Young Child Feeding Policy and national prevention of mother-to-child transmission of HIV guidelines to incorporate the WHO 2006 guidelines on HIV and infant feeding		Government of Lesotho MoH USAID UNICEF WHO	- Promotion of complementary feeding for infants after the age of six months. - Promotion of the use of Keyhole gardens in order to access micro-nutrients - In February 2010, IYCN assisted the Ministry of Health and Social Welfare (MOHSW) in launching the National Infant and Young Child Feeding Training Curriculum for health workers. Together with the MOHSW, the project led partners in developing the curriculum to meet the needs of health workers across the country. - In 2008 and 2009: trained more than 1,100 community workers to counsel HIV-positive mothers on infant and young child feeding.	
Essential Nutrition Package of Care	2007-2010	ECSA and USAID supported a process towards a comprehensive seven actions that would improve nutrition throughout life cycle		Government of Lesotho MOSHW USAID UNICEF WHO	In 2008 and 2009: trained more than 1,100 community workers to counsel HIV-positive mothers on infant and young child feeding. To reinforce messages at the community level, we trained community health workers; home economists from the Ministry of Agriculture; and early childhood care and development teachers from the Ministry of Education as trainers who conducted workshops on infant feeding within the context of HIV in communities.	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
National Food and Nutrition Sector Strategic Plan	Agric Nutrition Report 2011-2012 DHS 2009	Micronutrient deficiencies interventions in Lesotho.	GOL	MAFS, Red Cross, World Vision, MTICM, MOH	- Special protective Vitamin rich crops are grown for household members. - Mainly targets vulnerable groups such as, people living with HIV/AIDS. - Homestead gardening for vulnerable households also has been promoted initially in four districts and has been rolled out over the entire country.This is in combination with small stock production (milking goats, rabbits, indigenous chickens etc) to promote nutrition security. - Monitoring of iodized salt at the border post and retail levels - Integration of nutrition ; high consumption of varied micronutrient rich foods.	
Preventive Mother To Child Transmission Guidelines	2011	-Prevention of HIV transmission from mother to child			- Nutrition chapter addresses the maternal nutrition and infant and child feeding within the context of HIV	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
HEALTH & SOCIAL PROTECTION						
Integrated Management of Childhood Illnesses Strategy & Guidelines	2012	Improved child health status through targeted health programmes	GOL,UN and Implementing partners		-Feeding practices: Ten steps to successful breastfeeding - Child and healthcare practices -management of childhood illnesses(pneumonia)	
Integrated management of acute malnutrition guidelines	2011	To manage acute malnutrition within the health sector		GOL, UN, Implementing partners	- Treatment of malnutrition in health facilities - Addresses supplementary feeding during rehabilitation	
Policy road map for reduction of maternal mortality	2011	To manage maternal malnutrition within the health sector Health (MNH)		GOL, UN, Implementing partners	-Improving care of pregnant mothers, nursing mothers and caregivers in the entire country. -Infant and young child feeding (complementary feeding, ten steps to successful breastfeeding)	
Strategic plan for elimination of MTCT of HIV and for pediatric HIV care and treatment	2006-2011 2009-2014	Improvement of Maternal and Neo -natal Health (MNH)		GOL, UN, Implementing partners	-Aims to provide integrated and effective PMTCT and Paediatric HIV services to 100% of pregnant women and their infants. -Infant and young child feeding in the context of PMTCT - Mother baby packs containing iron, Vitamin A, Folate supplementation for the period of pregnancy and lactation. - integration of nutrition corners into pediatric HIV care	
Expanded Program on Immunization(EPI) Policy	2011-2016	Reduction of vaccine preventable childhood diseases		GOL, UN, Implementing partners	Provision of immunisation, and simultaneously Vitamin A and deworming	
Infant and Young Child Feeding policy	2010	To improve infant and young child feeding practices for children under five years		GOL ,UN, Implementing partners	Aims at improving infant and young child feeding practices, encourages use of ten steps to	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
					successful breastfeeding ,code of marketing breastmilk substitutes, and Infant feeding in the context of HIV	
Health Sector policy on comprehensive HIV prevention	2010	Provides framework for policy makers and implementers in the health sector towards achieving universal access. To improve infant and young child feeding practices for children under five years		GOL, UN, Implementing partners	Focuses on prevention of HIV at all levels of health care Links between poverty reduction strategy, PMTCT and nutrition	
Health sector mid Term HIV and AIDS strategic plan	2010	To scale up the response to the HIV and AIDS epidemic emphasizing prevention, treatment and care efforts to attain the goal of universal access.		GOL, UN, Implementing partners	Directly focuses on prevention, treatment and care Nutrition is not well addressed in this strategy except for PMTCT	
Village health workers manual	2008-2011	To improve provision of services of health workers at community level		GOL, UN, Implementing partners	All primary health care services at community level Chapter on nutrition encompasses IYCF, growth monitoring, screening and management of malnutrition	
Reproductive Health Policy	2009	-Improvement of Maternal and Neo -natal Health (MNH)		GOL UN, Implementing partners	Improving care of pregnant Mothers, Nursing Mothers and Caregivers in the entire country. Maternal Nutrition, Infant and Young child feeding (complementary feeding, ten steps to successful breastfeeding)	
Social Development Policy(draft)	2011	The overall objective of the National Social Development Policy is to promote interventions that are preventive, protective, promotive and transformative in orientation in order to improve the welfare of the people, particularly vulnerable groups. Specifically, the policy seeks to: -Prevent and reduce poverty, deprivation and inequality in Lesotho; Empower individuals and communities for self-sufficiency so that they can achieve adequate social functioning ; -Protect vulnerable groups in order to ensure the fulfilment of their rights and the	EU/UNCEF	Ministry Social Development	Key Policy Priorities: - Combating poverty, deprivation and inequality - Protection of elderly - Protection of children - HIV/AIDS - Gender Equality - Disaster Risk Management - Empowerment of youth - Protection and Rehabilitation of Persons with Disabilities - Family Preservation and Community Development - Substance Abuse	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
		realisation of their full potential; and -Facilitate the coordination of all social development efforts.			- Rehabilitation of inmates and ex-inmates	
National HIV Strategic Framework, Partnership framework	2006 – 2011 2009 - 2014			MoH GOL NGOs		
Lesotho Network of People Living with HIV & AIDS (LENEPWHA)	2006-2011 It is an ongoing.	-Awareness and behaviour change regarding HIV and AIDS prevention, care and support among PLHIV and the community as a whole. - Psychosocial support and positive living among PLHIV and affected families, especially children orphaned by HIV and AIDS and their elderly guardians; Initiatives for combating stigma and discrimination of PLHIV and affected families. -Accessible and sustainable care and treatment for PLHIV. -Meaningful involvement and participation of PLHIV in all levels of the national response and decision making. -Networking and sharing of information and experiences among groups of PLHIV inside and outside Lesotho. -Efforts aimed at elimination of all forms of prejudices and other obstacles that stand in the way of normal and dignified life for PLHIV. -Institutional and organisational capacity building of member organisations. -Resource mobilisation for programmes which are beneficial to PLHIV and affected families.		LENEPWHA/ UNAIDS	-Food distribution to OVCs in all ten districts. -Clothing given to OVC in Mokhotlong and Mafeteng.	
National Plan of Action for OVC.	2006-2011 It is an ongoing.	Preventing MTCT of HIV Providing pediatric treatment Preventing infection among adolescents and young people Protecting and supporting children affected by HIV and AIDS		GOL NGOs	Vulnerable Children and Youth, in the 10 Districts, aimed at assisting OVC with nutrition education and promoting homestead gardening.	
Early Childhood Care and Development Policy	Ongoing	To ensure early childhood care and feeding in addition to access to health care and education		MOE		

III. Country nutritional programs & initiatives currently implemented and/or planned

Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Health:

The key mandate of the Nutrition sub-programme with the Lesotho Ministry of Health is to improve the nutritional status of the population and to promote healthy growth and development of children. Objectives of the sub-programme are mainly to reduce under-five malnutrition, reduce micro-nutrient deficiency disorders and to promote healthy living and diet. The programme has become increasingly active in advocacy and education for promoting suitable nutritional practices for people living with AIDS as well as infants born to HIV positive mothers. Specific sub-programme functions include coordination, production and dissemination of information, education and communication materials as well as distribution of nutritional and therapeutic supplements, breast feeding promotion, development of guidelines for the management of malnutrition

Other Health Interventions/Programs

HIV/TB

Strengthening Clinical Services

The Strengthening Clinical Services (SCS) in Lesotho project is a 5-year project to ensure that 100% of health facilities offer comprehensive prevention of mother-to-child treatment (PMTCT) services by the end of 2011, 100% of health facilities offer care and support (adults and children) and 90% of health facilities offer treatment initiation (adults and children) by end of 2013.

Joint Program-UNV Medical Doctors

Lesotho is currently facing a major shortage of medical personnel. This certainly impacts service provision for HIV/AIDS and TB treatment. With support from USAID, this program is deploying qualified medical staff through the United Nations Volunteer (UNV) Program as an effective stop-gap measure in support of capacity development efforts in the Ministry of Health. Placements of qualified medical staff will also go beyond this temporary objective through qualified training and supervision by the UNV Doctors of the medical professionals currently in situ.

Community Rapid and Effective Action to Combat HIV/AIDS (REACH)

The five-year program is designed to facilitate the efficient flow of grant funds and to deliver capacity building services to organizations contributing to the fight against HIV/AIDS in Lesotho. The local organizations being supported by Pact are those implementing key technical focus areas of HIV/AIDS prevention and OVC Care and support. In FY 2011, Pact aimed to reach 30,700 individuals with HIV prevention interventions and provide care and support to 14,000 orphans and vulnerable children.

Building Local Capacity

Building Local Capacity for Delivery of HIV Services in Southern Africa aims to strengthen African regional institutions with the provision of high-quality technical assistance; build the capacity of national and regional systems to respond to the care and protection of vulnerable children and adolescents; strengthen regional and bi-lateral prevention activities, with a specific focus on Migrant populations in regional programming; and also improve the delivery of palliative care—particularly community-based care—across the region.

HIV Prevention Among Youth and Adults in Lesotho (Lesotho Together Against HIV and AIDS (LETLAMA)

The objective of the Letlama Project is to increase the adoption of protective behaviors, with a focus on safer sexual behaviors, and support healthy social norms among adults and youth in Lesotho. In January 2013, PSI launched the “Pusha Love” a mass media program that promotes healthy living. It includes a radio magazine program called Pusha Love Blomas and S’moko Feela a radio drama. Over the coming months, Pusha Love will establish Youth Clubs to connect young people with the movement, engage communities and individuals in the conversation, and work with corporate clients to promote healthy options for their employees.

Agriculture

The government of Lesotho (GoL) has placed policies and strategies toward modernized agriculture at the core of their policy orientation. In general, the focus is on transforming agriculture towards a commercial, market oriented sector through enhancing productivity, increasing investment on production and the establishment of infrastructure and the provision of support services. The primary goal for the sector is sustainable agricultural growth, poverty reduction and food security. In this respect the Government of Lesotho (GoL) has pledged to move towards a commercially oriented sustainable agriculture in which farming enterprises function as commercial entities that not only produce food but also generate income. The second key and perhaps most relevant sector context is that the GoL is striving to

strengthen capacities of institutions mandated to provide agricultural service delivery. Institutions must be ready and capable of recognizing opportunities for agricultural development and to take full advantage of those opportunities.

The public sector dominates the governance of Lesotho agriculture, primarily because it has the prime mandate to develop and modernize agriculture. The main institutions are the ministries of Agriculture and Food Security and Marketing and Trade. The Ministry of Agriculture and Food Security is responsible for the provision of technical services at decentralized district and sub-district levels. The Ministry of Marketing and Trade focuses on cooperatives and "agribusiness" as a major strategy to address both production and business constraints. Agricultural extension in the country is delivered mainly through Ministry of Agriculture Field Services Office (MoAFS) the prime agency for extension led by the Department of Technical Services. The national extension service has the mandate to provide extension at district and local area level. The Ministry of Trade and Commerce comprises the Agribusiness and Market Assistance Service (AMAS) which provides technical assistance to farmers and agribusinesses on business opportunities and market research. The weaknesses of the public sector extension in terms of capacity and outreach point towards the need to develop the capacity of institutions such as the Lesotho National Farmers Union (LENAFU) to drive the agenda towards improving agricultural performance. To achieve this, the strategic priorities below will be pursued simultaneously as comprehensive programs addressing the following three priorities

- Reducing vulnerability and managing risk
- Commercializing agriculture
- Strengthening institutional capacity

However to date agriculture transformation has not occurred at the pace envisaged because agriculture has been isolated at farm level and not sufficiently integrated into commodity chains. Efforts to increase efficiency throughout the physical transformation phases and transaction links of the commodity chains require an array of strategies to enhance access to input markets, farm level production, product processing, storage, handling, transport, marketing and trade, and financing and institutional development of farmer organizations is a key focus. Institutional investments as well as improved agribusiness support services are needed to address these shortfalls, increase Lesotho's agricultural competitiveness and enhance food security. In Lesotho the markets for smallholder farmers are yet to fully develop and where they exist, there are other obstacles. Firstly, farmers have limited access to physical and financial resources. This makes it more difficult for them to enhance their scale of production which would reduce costs, or to invest in efficiency-increasing and value adding technologies. Secondly, the smallholders often have limited technical skills and limited access to training on production and processing and information on market requirements. Lastly, many of the farmers are only informal members of associations, clubs, circles or cooperatives and as such they lack bargaining power. As a result value addition to their products by processing or packaging often do not benefit them directly as it is distributed unequally among all the actors in the marketing chain. But, economies of scale resulting from more collective action due to the formation of farmer organizations could address the problems faced by farmers. Through collective action, smallholders are able to pool their resources and market their products as a group, thereby overcoming transaction costs resulting from their small scale of operation.

Lesotho's National Poverty Reduction Strategy proposes a series of activities to improve agricultural production and address food insecurity including the strengthening of agricultural and agribusiness extension services in all districts.

Agriculture Interventions/Programs

1) The International Fund for Agricultural Development (IFAD) and the International Development Agency (IDA) of the World Bank US$25 million programme on Smallholder Agricultural Development Program, covering 4 out of the 10 districts of Lesotho. The project has three components:

- Commercialization of smallholder agriculture, which includes the provision of training to smallholders and grants for business and value addition initiatives and the development of market linkages.
- The planned value addition , agribusiness and farm management training of extension workers in the targets 4 districts which is meant to increase the effectiveness of extension delivery to farmers and farmer groups.
- Farmer to farmer mentorship services which will assists in increasing the capacity and knowledge of farmer groups and organizations in their cropping and post-harvest methodologies.

2) The Block Farming Programme, launched in 2006 by the MAFS, helps farmers to engage in commercial production through the consolidation of fields into a minimum 20 hectare block, with the written agreement of field owners to make their fields available to the block farmer through leasing or share cropping. It is a cropping system that encourages planting one crop on a large scale in one locality. This project promotes public-private partnerships between the GoL, private commercial farmers and the Standard Lesotho Bank. Although block farming focused initially on grains, irrigated vegetables with high economic returns have later been introduced. Block farmers are in an advantageous position to make use of the fresh produce market centres.

3) The Horticulture subcomponent under the Private Sector Competitiveness Programme is a GoL's initiative funded through IDA. The focus of the activities under the horticulture subcomponent is on increasing productivity and area cultivated of well performing vegetables and fruit tree varieties grown in Lesotho and on market linkages through the establishment of a partnership with the

South African firm DENMA estates to ensure commercial linkages into the regional market and the European Union.

4) The Integrated poultry project launched by the MoAFS links large outgrowers that supply raw materials to a processing plant to smaller producers through contract farming.

Food Security and Nutrition:

1) The Government of Lesotho's (GoL) National Strategic Development Plan(NSDP) has the following key areas of prioritization which address nutrition;

- **Reduce Malnutrition (stunting, Wasting and Underweight)**
- **Strengthen implementation of minimum health package with special emphasis on the first 1000 days.**
- **Strengthen implementation and management of Acute malnutrition programme**
- **Improve community health and nutrition programmes, growth monitoring and promotion, nutrition education, infant and young child feeding practices**
- **Develop and implement a national nutrition policy and its implementation strategy.**
- **Develop and enforce implementation of national food fortification legislation 136**
- **Integrate nutrition monitoring in Health Management InformationSystems (HMIS).**
- **Enhance capacity of the national nutrition coordinating body**

The National Nutrition Policy With the support of FAO the GoL has embarked on drafting a national nutrition policy. The policy is tool and guide to be used during the establishment of strategic actions within the nutrition sector and ensuring the effective advocacy to mobilize the human, material and financial resources required to implement the governments short-term and long-term nutrition programmes. The policy builds on the nutrition policy analysis of the food and nutrition situation in Lesotho as well as the causes and consequences of the present nutrition status of the country. It defines the priority areas of action, sets out the objectives and the strategies needed as well as the activities to attain the objectives. It further defines the operation framework which the government will apply to implement the proposed strategies. Currently the draft policy is awaiting adoption by the newly elected cabinet

Consideration of nutritional goals into programs / activities related to agriculture and food

Agriculture

Nutrition goals the stated programs above, focus on the distinctive relationship between agriculture, food and nutrition. The GoL works to protect, promote and improve food-based systems to ensure sustainable food and nutrition security, improve diets, combat micronutrient deficiencies, and raise levels of nutrition, and in so doing, achieve the nutrition-related Millennium Development Goals (MDGs).
From the onset and informed by the various diagnostic reports, the Government of Lesotho (GoL) emphasized the need to focus programs on mother and child health. Another important consideration was that the programs should be able to provide a comprehensive package of support for the target beneficiaries in order to make a meaningful impact on their nutrition and livelihood outcomes. To be able to provide this package of support all programme sub-components had to target the same geographical areas and to the extent possible target the same beneficiaries. An example fo this can be seen through the Joint Nutrition Project.

The Joint Technical Working team resolved to use the existing WFP (food aid) beneficiaries as the master list.
Initially this was thought to be a straight forward exercise given that WFP and its corresponding government partners were already working with these people. However, upon the rollout of the beneficiary selection process, the task proved to be a major challenge for the extension services of the Ministry of Agriculture and Food Security (MAFS), who had to spearhead the selection of individuals that would participate in homestead agricultural production. The key challenge was that the WFP beneficiary list was generated from the Health centres and each health centre serves a very large catchment. As such beneficiaries were scattered in all the villages and communities that form the catchment area for that particular resource center. Locating these beneficiaries in their respective communities was a major struggle. This challenge was further exacerbated by the fact that the Health Centre attendants, who are predominantly HIV and AIDS patients, were reluctant to reveal their HIV and AIDS status in their own community in fear of stigmatization. It was discovered during the selection exercise that a sizable number of benefeciaries gave false information with regard to where they lived. Others went to the extent of registering in fictitious names while some resorted to attending health clinics that are very far from their villages. These issues made it very difficult to trace the names as appearing from the health centre generated list to the actual locations in the villages. In a number of incidences local authorities and village chiefs could not identify a number of people that were said to be living in villages that are under their jurisdiction.

Main population groups targeted & localisation

1) In health most programmes focus on Under-five children, pregnant and lactating mothers both ill and well. There programmes for other patients based on the national nutrition guidelines

2) In agriculture the target is more for rural subsistence farmers.

Funding opportunities

Main trends in terms of financing mechanisms and funding opportunities in food, agriculture and nutrition programs and initiatives

Monitoring & Evaluation mechanisms

1) Supportive supervision at central and district level

2) District teams (ex. District Health Management Team)

3) Quarterly monitoring and supervision

4) Inspection on food safety and quality

IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

Main national entities in charge of designing and implementing the food and nutrition policy framework

1) FNCO- Food and Nutrition Coordination Office
2) MAFS- Min of Agriculture and Food Security
3) MOH- Min Health
4) MOET- Min of Education and Training
5) MTICM- Min of Trade Industry Cooperative and Marketing
6) MOSD- Min of Social Development
7) DMA- Disaster Management Authority
8) FMU- Food Management Unit

Main management and technical capacities at the institutional level

- Lack of legal framework some of which are outdated i.e. Public Health Order of 1970
- Lack of infrastructure for assessment of quality food.
- Limited knowledge of nutrition and nutrition indicators among decision makers and among officers in non nutritional government agencies.
- Insufficient human resources to carry out Food and Nutrition activities

Disaster prevention/management structures

DMA (central, district and village) and quite affective, particularity at the village level with the Village Disaster Management Teams(VDMT). These are coordinated at the district level.

Monitoring and Evaluation capacities

Main technical and financial partners

Multilateral agencies:
UN agencies (UNICEF, UNESCO, WFP, FAO) with UNICEF coordination , will advocate for amendment of the Education Act to make free primary education compulsory. WFP will provide food and cooking facilities in the highland and foot hills. The Agencies will provide funding for capacity development workshops for principals and teachers and for curriculum materials development as well as providing support to the introduction of life skills education. Further, UN agencies will provide funds for capacity development workshops for Education Officers, principals, teachers, school development committee members and learners. UNICEF and WFP will provide funds for constructing gender and child friendly water and sanitation facilities in selected schools. WHO will coordinate support to MOHSW and other health partners to scale up cost effective health interventions that enables every individual in Lesotho especially children, youth and women to promote and protect their health. Furthermore, WHO in collaboration with UNICEF and UNFPA will support the Ministry of Health and Social Welfare (MOHSW) and its partners to improve the performance of the health sector human resources, financing, infrastructure, drugs, supplies and commodities, as well as monitor and evaluate the performance of the sector.

UN agencies (UNICEF, WHO UNESCO, UNFPA, WFP, ILO and UNIDO) with UNICEF coordination will support the capacity development of line Ministries (MOHSW, MOET, MOLG, GYSR, MOAH, MOJHR , MEL) for the operationalization of the National Plan of Action for OVC. UNICEF in collaboration with the above line ministries will support the establishment and monitor performance of the District and Community Child Protection teams. ALL the above UN agencies will advocate for approval and implementation of all relevant laws and policies, as well as support the capacity development workshops for service providers. UNICEF will mobilize resources and coordinate the disbarment of funds for OVC related services. UNICEF in collaboration with , UNESCO, UNFPA, WFP, and WHO will coordinate the support to the development of community systems to monitor and evaluate the provision of education, health and social welfare services.

EU, World Bank, IFAD,
Other multilateral

Concerning increased agricultural productivity and improved household food security: The collaborating agencies are WFP, FAO, UNDP, UNICEF, MAFS,MoFLR. FAO will lead the UN System's efforts in contributing to the country programme outcome. WFP and UNICEF will focus most of their efforts towards the School Feeding Programme.

Concerning strengthened national capacity to create employment opportunities for women, men and youth : UNDP, UNICEF, ILO will provide funding for this country programme output. UNDP will be the lead agency while UN ICEF , FAO, WFP, Ministry of Labour and Employment , UNFPA, and the Ministry of Agriculture and Food Security, will collaborate in implementing programmes to contribute to the country programme outputs. Under promotion of cultural heritage, UNESCO and other partners will carry out research on intangible cultural heritage.

Concerning government and civil society institutional mechanisms promote and protect the rights of women, girls and people living with HIV, and advance gender equality : The major contributors to this country programme outcome will be UNDP, UNICEF, UNFPA, UNIFEM, OHCHR and WHO. Technical and logistical input will be provided by ILO, MoGYSR, MoJHR, MoH, MoET, WLSA, and NGOC, while DfID, EC, GTZ, Irish Aid will provide additional resources under their respective programmes.

Bilateral

The main bilateral partners are United Kingdom (DFID), The Netherlands, Sweden (SIDA), Japan (JICA), USA (USAID), Denmark (DANIDA) and Ireland. Many of these partners have interest in supporting specific areas.

NGOs

Private Sector

Main coordination mechanisms (Task force, core group, cluster...)

Lesotho AIDS Programme Coordinating Authority (LAPCA), and subsequently the National AIDS Commission (NAC) are responsible for coordinating the scaling up the fight against HIV/AIDS.

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH, CAADP...)

-Baby Friendly Hospital Initiative BFHI
-Infant and Young Child Feeding Initiative
-Global Strategy for Women's and Children's Health
-Global Code of Practice on the International Recruitment of Health Personnel
-International Code of Marketing of Breast-milk Substitutes
-Millennium Development Goals
-GAVI Global Alliance for Vaccines initiative
-Roll Back Malaria Initiative (RBM)
-Global Strategy for Women's and Children's Health
-GAIN

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

- Human and financial resources need to be allocated to nutrition
- Increase advocacy for nutrition and improve/establish coordination mechanism for mutli-sector involvement
- Review NPAN (2005-2010)
- Finalize IYCF and develop a national nutrition policy

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. *Source : SUN Progress report 2011*

Acronyms

AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CIP	Country Investment Plan
CFSAM	Crop and Food Security Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
COMESA	Common Market for Eastern and Southern Africa
DHS	Demographic and Health Survey
ECCAS	Economic Community of Central African States
EFSA	Emergency Food Security Assessment
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
FNS	Food and Nutrition Security
FSMS	Food Security Monitoring System
GAM	Global Acute Malnutrition
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

[i] In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.