



Country Group Road Map

LESOTHO - Draft

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A. Objective of the group work

To build a road map that will enable incorporation of food and nutrition security aspects in CAADP preparation and implementation.

(Specify the name of the policy/investment plan which was reviewed during country group work)

- Lesotho National Nutrition Policy (draft)
- Lesotho Nutrition Strategic Plan

B. Background

You could provide here further information about the status of your country in the CAADP process:

- 0. Launch of the process (Lesotho CAADP was launched on the 4th September 2013)*
- 1. Compact design and signature (4th September 2013)*
- 2. Development of Investment Plan (on going)*
- 3. Technical review of Investment Plan (upon completion of investment plan - later)*
- 4. Business meeting (later)*
- 5. Implementation (later)*
- 6. M&E / Impact assessment (During and after implementation)*

In preparation for workshop, the team members prepared country paper and presentation for workshop (Keyhole gardening in Lesotho)

You could also insert here key activities that were carried out in preparation for the workshop (i.e. setting up a multi-sectoral country team, production of the NCP, identification of key relevant policy and strategies (including main National Agriculture and Food Security Investment Plan – NAFSIP; organization of a pre-workshop meeting with country team members, etc.) and specify the objectives of these pre-workshop activities.

Drafting Compact

C. Analysis of nutrition problems

1.1 What are the main nutrition problems in your country? Have malnutrition rates changed over the last decade? Will it change further in future 10 years? If so, how? What do you think are the major reasons for these changes?

MAIN NUTRITION PROBLEMS

- Stunting prevalence is at 39% (LDHS 2009)
- Anaemia in 2004 was 48.6 % and in 2009 was 47%
- Inadequate complementary feeding – At 74% (LDHS 2009)
- 42% of women are overweight and 17% of them are obese (LDHS 2009)
- There is 23% HIV prevalence across all ages, of which 60% are women and children.
When looking at pediatric malnutrition admissions, there is a possible linkage between

HIV and malnutrition to the effect that poor feeding practices for some HIV infected children exacerbate malnutrition levels for children and cause of mortality.

- Malnutrition of children is complicated by high rates of HIV infection among lactating mothers making infant feeding decisions.

These main stated challenges are exacerbated by so many challenges including: under/unemployment, retrenchment of mine workers in South Africa, low agriculture production, climate change, poor food utilization and use of appropriate technology, poor child care practices, lack of awareness (information support , communication at different levels, funds), poor lifestyles (over eating and sedentary habits) and HIV infection.

TRENDS

- Chronic Malnutrition has remained the same over decade.
- There is a slight change in Anemia at 1.6 %.
- Obesity is on the rise.
- Currently HIV and AIDS prevalence is 23%

EXPECTED FUTURE CHANGES

- Current high prevalence of all forms of malnutrition are expected to reduce by 10% in the next 10 years

The major reasons for these major changes are because:

- Strengthened food and nutrition security messages which will be disseminated through implementation of National Agricultural Food and Nutrition Security Investment Programmes (NAFNSIPs).
- In order to achieve this the following measures will take place:
 - National Nutrition Policy and Strategic Plan which will assume a multi sectoral approach and implemented by 2015.
 - Food Control Framework will be in place.
 - Standards Bill will be in place.
 - Expected economic growth due to government investment i.e. Highlands Dam project expansion particularly the most affected districts Thaba-Tseka, Mokhotlong. Livelihood opportunities may influence improved dietary in take and diversity.
 - Improved multi sectoral coordination amongst nutrition stakeholders
 - The dissemination of behavioral change communication (BCC) materials that amongst others address exclusive breastfeeding and complementary feeding practices.
 - a. Promotion of BCC strategy such as participatory behavioral change strategy
 - b. Scaling up knowledge on food processing and preservation
 - c. Water, Sanitation and Hygiene (WASH).

2. Are particular geographic areas / population groups (age, gender, infant and young child, people living with HIV, type of socio-economic groups, etc.) more vulnerable to malnutrition? Which ones, and why?

- Stunting is more prevalent in children especially in the mountain districts and the Senqu River Valley. It is however widespread across all regions.
- Anemia is highest in children under 5 and women of child bearing age.
- Anemia is also high in the urban areas at 19.5 % mostly because of poor dietary practices.
- Due to use of cast iron pots and intake of indigenous food, in the rural areas the anemic iron problems seem to be lower at 18.8 %.
- In Lesotho 42% of women are overweight and 17% of them are obese. Among the wealthiest quintile 56% of women of child-bearing age are overweight, including 26% obese. This is due to lifestyles: low physical activities and poor food choices.

3. Are the main nutrition problems and causes for malnutrition that you have identified already described in your NAFSIP? If not, which information should be added?

E.g. different types of malnutrition, key nutritional trends, analysis of nutritionally vulnerable groups and geographic areas, immediate and underlying causes of malnutrition

They have been included as reflected in the Government of Lesotho's (GoL) National Strategic Development Plan (NSDP).

- **Reduce Malnutrition (stunting, wasting and underweight)**
- **Strengthen implementation of a minimum health package with special emphasis on the first 1000 days**
- **Strengthen implementation and management of acute malnutrition**
- **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 Information Systems (HMIS).**
- **Enhance capacity of the national nutrition coordinating body**

D. Objectives and targets related to nutrition issues

4. What specific objectives and targets would you need to include in your CAADP Compact and / or CAADP Investment plan to ensure that nutrition is effectively addressed (incl. linkages between HIV and nutrition)?

- Overall Objective: Promote production, access and delivery of quality food and nutrition service through sustainable agriculture programs by 2015.
- To increase the awareness and healthy eating practices for all households with special emphasis on household living with HIV and AIDS

- Pillar II: Improving rural infrastructure and trade-related capacities for improved market access:
- Pillar II Objective:
 - 1) Finalising a Food Control Framework and Standards Bills by December 2016
 - 2) The establishment of a National Standards Body by 2015 to oversee the improvement quality infrastructure and trade-related capacities for improved market access. Specific activities are:
 - Establishment of quality infrastructure to test
 - Chemical and microbiological analysis of food imports and locally produced food
 - Food nutrient content and value
 - Implementation of quality management systems and compliance with international standards ISO 22000 and Hazard Analysis Critical Control Point (HACCP), good hygiene practices (GHP), good manufacturing practices (GMP)
 - Laboratory accreditation analysis by ISO 17025
 - Sanitary and Phytosanitary (SPS) Policy and Implementation Strategy
 - Food fortification regulation

Pillar III: Increasing food supply, reducing hunger and improving responses to food emergency crises

- Under food utilization, there will be capacity development of food processing and preparing skill to maximize nutrient intake.
- Promoting the production of indigenous vegetables and indigenous poultry species within homestead gardening
- Income generating activities from non-farm agriculture such as honey bee production and arts and crafts.
- Promoting the use of labour and fuel saving devices such as; hot box cookers and fuel saving stoves.
- Voluntary savings and credit improving maternal nutrition especially during pregnancy and lactating periods.
- Improving child feeding practices and the use of supplementary feeds during emergencies
- Developing substantial information systems which will stream line the latest agriculture, food and nutrition data. This information will be readily available to all relevant ministries and partners
 - Further reinforcing the capacities of Bureau of Statistics (BOS) in order to improve data collection and dissemination.
- Investing in developing capacity all relevant public sector expertise; Epidemiology, bio-statistics
 - Creating new professional posts for Epidemiologist and bio-statistician in nutrition

Pillar IV: Improving agricultural research, technology dissemination and adoption

- In terms of indicators and improving data quality on nutrition research

- Food technology innovations to improve nutrient content
- Food biotechnology and bio fortification research to promote production of indigenous varieties with a emphasis on indigenous crops
- Updating food composition tables
- Food consumption survey conducted midterm DHS
- Research must be included across all sectors in order to improve evidence based interventions.
- Where possible , tertiary institutions should engaged in agriculture, food and nutrition related research
 - Especially as it applies to developing evidence based programs

5. On the basis of the nutrition objectives that you have formulated above (related to agriculture), how could specific objectives in the NAFSIP be revised / formulated to better address nutrition issues?

Since the NSDP reflects broad objectives with no targets and time frames, the NAFSIP will be revised to reflect more precise targets within the plan period.

TBD

6. Should any specific population groups (age, gender, infant and young child, people living with HIV, type of socio-economic groups, etc.) or geographical areas be targeted to achieve these objectives?

Since all groups are affected, the solution would be to phase the intervention to cover all groups as listed below. Perhaps we could start with rural populations focusing on child headed households and pregnant and lactating.

- Infant and young children who are Vulnerable
- Pregnant and Lactating women (PLW)
- Adolescents and youth & school going children
- women of child-bearing age
- PLWHIV(People living with HIV and TB)
- Rural Populations
- Malnutrition burdened districts
- Child headed households
- Elderly
- geographical areas be targeted is : Nationwide

7. What nutritionally vulnerable groups / geographic areas do you recommend to add / further target in the NAFSIP?

- Infant and young children who are Vulnerable
- PLWs(Pregnant and Lactating women)
- Adolescents and youth & school going children
- women of child-bearing age
- PLWHIV(People living with HIV and TB)
- Rural Populations
- Malnutrition burdened districts
- Child headed households
- Elderly
- geographical areas be targeted is : Nationwide

E. Interventions to enhance the nutritional impact of agriculture investments

8. How can existing food and agriculture programmes be “transformed” to support the achievement of the propose nutrition objectives / targets and meet the needs of identified target groups? Suggest concrete steps to take / interventions.

Guidance: Start by identifying existing programmes and think about what worked / did not work until now. Then identify ways to maximise the nutritional impact of these programmes. Make sure that proposed interventions are adapted to different livelihoods. Make sure that the proposed strategies are:

- *relevant to address the nutrition problems and causes that were identified,*
 - *feasible given existing capacities*
 - *have maximum impact for minimum investments*
 - *provide opportunities to create synergies and complementarities with other initiatives*
- Expand or increase roof water harvesting structures by to 10%
 - Reduce national post harvest losses by 3% annually
 - To improve agriculture research and equipment with particular emphasis on biotechnology and biofortification to promote adoption of new technologies in order to address micronutrient deficiencies.
 - i. Targets
 1. Decrease levels of anemia from 49% to 40%
 2. Increase percentage of producers who have adopted new technologies by 5%
 3. National research institutions are sufficiently equipped with adequate capacity undertake research in new technologies such as bio technology and biofortification.
 - To improve dietary diversity in all communities with emphasis on homestead gardening (processing and storage and by 2017)
 - i. Targets
 1. Dietary diversity improved by 2017
 2. Increase in number of households with homestead gardens with 20% by 2017.
 - To improve nutritional practices/habits in food consumption through awareness, knowledge and skills for enhanced health status improve
 - i. Targets
 1. To decrease stunting status from 39% to 30%
 2. To reduce the rate of inadequate complementary feeding from 74%(DHS 2009)
 3. Decrease in prevalence of anemia from 49% (DHS 2009) to 40% by 2017.
 4. To reduce the rate of obesity from 42% to 30%
9. How can agriculture policies and investments create incentives (for producers, processors, retailers and consumers) to improve nutrition? Suggest concrete steps to take / interventions.

- Strengthen marketing information infrastructure and regional networks
- Increase the capacity of Lesotho Produce Marketing Services (LPMS) to provide technical marketing operations support and small agro-processing industrial design support
- Strengthen capacity to undertake marketing research and to establish effective dissemination mechanisms

10. Should any new interventions be piloted / implemented to complement existing programmes? Suggest concrete steps to take / interventions.

- Food Fortification
 - Develop and finalize food fortification and regulations standards
 - ID fortificants
 - ID Vehicle
 - Cropping season(timing)
 - Select pilot sight
 - Monitoring
- Introduce new appropriate technologies in food diversification.
 - Develop
 - Test
 - replicate

F. Priorities for information systems

11. Do existing information systems provide the information you need to adequately plan nutrition and agriculture interventions? If not, how should these be strengthened? What are priority actions for improving food and nutrition security information systems?

- Information systems addressing food and nutrition are inadequate (done only through print media and radio programmes). These could be strengthened by internet connectivity/networking and sharing food and nutrition information.

G. Institutional arrangements and coordination mechanisms

12. What needs to be coordinated and for what: what do you want to achieve with coordination?

- Food and nutrition issues by Food and Nutrition Coordinating Office (FNCO) under Prime Minister's office, from all nutrition stakeholders (ministries of Agriculture and Food Security, Education and Training, Finance, Health, Planning and Development, and relevant NGOs etc.) must be coordinated to know who is doing what in nutrition interventions to avoid duplication of efforts.

13. How should existing coordination mechanisms be strengthened to better integrate nutrition in agriculture policies and programmes, and better integrate agriculture in nutrition policies and programmes?

*Source input from FNCO management

- No clear institutional structure / function
- Empowering staff
- Lack of management interest / direction,

▪

14. Which partners (national institutions, development partners, private sector) / initiatives (SUN, REACH, etc.) should be involved for strengthening the nutritional impact of agriculture policies and programmes?

- GoL
- UNICEF
- FAO
- WFP
- World Vision
- Catholic Relief Services (CRS)
- Send a Cow
- National University of Lesotho (NUL)
- Rural Self Help Development Association
- *SUN (not yet a member)
- *REACH

H. Capacities needed for integrating nutrition in agriculture

15. What are the most critical capacity gaps for achieving the proposed objectives? How would you address these gaps in the short and long term?

Guidance: Look at operational, strategic and research capacities for both individuals and institutions.

- Improve research culture within both individuals and institutions and use nutrition research results to design programmes and interventions.
- Institutionalise nutrition talks through media thus, television, different radio stations , newspapers and in schools.
- Intensify nutrition and food production training in primary and high schools and in communities.
- Unified Extension Systems Approach (UESA) adopted by Lesotho Ministry of Agriculture hinders execution of nutrition activities at community level therefore Nutrition and Home Economist assistants at community level are expected to function as agriculture generalist hence nutrition issues are compromised.

I. Costing / funding issues

16. How can you use existing resources to address some of the priorities (in terms of interventions, information systems and capacities) identified above? Where would you need new resources?

- Nutrition assistants should be allowed to focus on nutrition and home economics. Restructuring of the current UES would be appreciated.
- Negotiate with other stakeholders to put more effort in disseminating information on proper eating habits.
- Develop short nutrition message for the schools and rural communities.
- Promote appropriate mixed farming and feeding practices on children.

J. Next steps

Guidance: Think about:

- *How each team member will report back to their individual organization?*
- *How to sensitize/influence decision-makers to take on board recommendations coming out from the workshop?*
- *What are the key events/opportunities to integrate your suggestions on nutrition (e.g. in the CAADP process; during a SUN meeting; during a national high level meeting, etc.)?*
- *What are your needs for external support/assistance?*
- *Who will be the main contact person for nutrition-related issues in the CAADP process after the workshop?*

Action point	Responsible person	Date	Comments (i.e. resources required, potential constraints)
Team to conduct senior management briefings	ALL	September 16th to 19th 2013	
Multi stakeholder meeting at FNCO	ALL	Sept 20th	
FNCO Director to meeting with management of ministries which attended workshop	FNCO Director	September 16th to 19th 2013	
FNCO Director to meet with PS Committee	FNCO Director	The week of Sept 23rd 2013	