

Lesotho

DROUGHT

2007



FLASH
APPEAL

Consolidated Appeals Process (CAP)



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UNICEF, 2007

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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies and standing invitees, i.e. the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2007.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts.

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

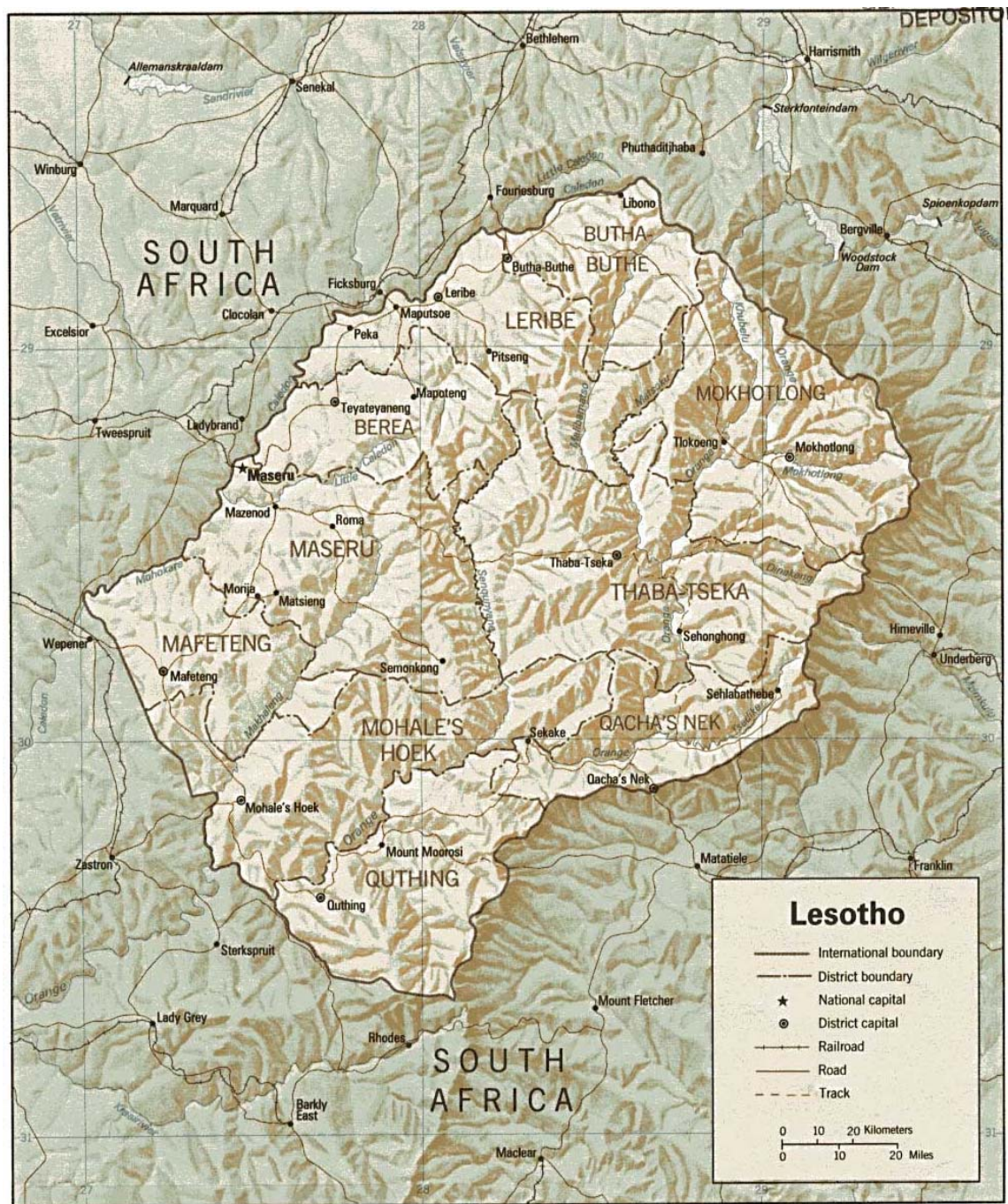
ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2007:

AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHFI	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	ILO	PARC	UN-HABITAT
ADRA	CONCERN	INTERSOS	PHG	UNHCR
Africare	COOPI	IOM	PMRS	UNICEF
AGROSPHERE	CORD	IRC	PRCS	UNIFEM
AHA	CPAR	IRD	PSI	UNMAS
ANERA	CRS	IRIN	PU	UNODC
ARCI	CUAMM	JVSF	RFEP	UNRWA
ARM	CW	MALAO	SADO	UPHB
AVSI	DCA	MCI	SC-UK	VETAID
CADI	DRC	MDA	SECADEV	VIA
CAM	EMSF	MDM	SFCG	VT
CARE	ERM	MENTOR	SNNC	WFP
CARITAS	EQUIP	MERLIN	SOCADIDO	WHO
CCF	FAO	NA	Solidarités	WVI
CCIJD	GAA (DWH)	NNA	SP	WR
CEMIR Int'l	GH	NRC	STF	ZOARC
CENAP		OA		

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>. Updated appeal project requirements are shown on the Financial Tracking Service (www.reliefweb.int/fts).



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1. EXECUTIVE SUMMARY

A combination of extremely high temperatures and low rainfall has led to one of the worst droughts in thirty years, causing the Government to declare an emergency on 9 July and request international assistance. Maize production, the country's main staple, has dropped by 51% compared to last year, causing a deficit that is likely to be further aggravated by decreased cereal production in parts of South Africa, which has also experienced below-average rainfall for much of this year, and which supplies approximately 70% of Lesotho's food requirements. As a result of reduced crop production and limited casual labour opportunities, coupled with an exceptionally high price of South African maize, international agencies estimate that up to 553,000 people will not be able to meet their annual food needs, with many households having already exhausted their coping mechanisms.

The drought will further worsen the already precarious situation of acute poverty and food security in Lesotho. The most vulnerable have depleted their food reserves and due to rising prices are not able to replenish them. The lack of employment opportunities will create a surplus of people looking for unskilled jobs, thus driving wages down. Wasting in children under five has surpassed the international threshold of 5% for declaring a situation of concern, reaching 6% this year from 2.4% in 2006. An estimated 30% of boreholes and wells for potable water have dried up, as have many small dam reservoirs on which livestock and gardens depend.

While the immediate concern is food assistance to food-insecure households, there is an urgent need to restore their productive capacity in order to facilitate prompt recovery. External assistance is urgently needed to allow poor households to resume their crop production activities for the upcoming 2007/2008 agricultural season; if this is not provided by October 2007, the planting season will be missed and food insecurity will extend another year. In this light, the Government's National Action Plan for Food Security includes measures to improve farm productivity, income and household food security through intensification, diversification and commercialisation of farming systems and promoting marketable sales of agricultural produce. It also aims to improve the nutritional and health status of the most vulnerable, particularly those living with HIV and impacted by the AIDS epidemic. The international community is working in close cooperation with the Government of Lesotho to ensure the necessary linkages between the emergency and recovery programming to ensure the food security of vulnerable households in the long term.

As part of its own national emergency response, the Government has allocated US\$¹19 million, of which \$12 million to large cash-for-work projects through land reclamation, and \$6 million to agricultural activities. Government plans for the provision of a general subsidy for maize meal are almost finalised. Additional humanitarian assistance, both national and international, is greatly needed to take the most vulnerable through to the next harvest expected in late May 2008.

Within the framework of the flash appeal, the international community has identified key priority needs to be covered in the following sectors: agriculture, early recovery, food, health, nutrition, protection, and water and sanitation. The requirements of this flash appeal, which has a planning and budgeting horizon of six months, amount to **\$18.9 million** (following CERF commitments of \$3.8 million), which should allow those hardest hit by the drought to recover and regain their resilience.

Some basic facts about Lesotho

Population	1,872,000 people (GoL Census 2006)
Under 5 mortality	132 p/1,000 (UNICEF 2005)
Life expectancy	35.2 years (UNDP HDR 2006)
Prevalence of undernourishment in total population	13% (FAO Statistical Division 2004 estimate)
Gross national income per capita	USD 950 (World Bank Key Development Data & Statistics 2005)
Percentage of population living on less than \$1 per day	36.4% (UNDP HDR 2006)
➤ Proportion of population without sustainable access to an improved drinking water source	21% (UNDP HDR 2006)
➤ ECHO Vulnerability and Crisis Index score (V/C)	2/3 (moderately severe / severe rank)
➤ 2006 UNDP Human Development Index score	0.494: 149 th of 177 – low
Also: ➤ HIV prevalence among 15-49 years is 23.2%. The number of adults living with HIV is 270,000; there are 23,000 deaths annually due to AIDS (UNDP HDR 2006).	

¹ All dollar figures in this document are United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2007 page.

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Table I: Summary of Requirements – By Sector

LESOTHO FLASH APPEAL Summary of Requirements - By Sector (non-standard)* as of 28 July 2007 http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Cluster	Full Requirements (\$)	Approved CERF Funding (\$)	Unmet Requirements (\$)
AGRICULTURE	4,450,206	1,668,067	2,782,139
EARLY RECOVERY	1,100,000		1,100,000
FOOD	11,100,000	1,455,200	9,644,800
HEALTH	3,339,900	480,698	2,859,202
NUTRITION	300,000		300,000
PROTECTION	1,275,000		1,275,000
WATER AND SANITATION	1,200,000	230,050	969,950
TOTAL	22,765,106	3,834,015	18,931,091

** NOTE: evolving practice is to show funding per 'sector' (or sometimes 'cluster') following the sector groupings used in country, to be in accordance with the coordination structures on the ground and in the appeal text. Funding per standard IASC sector is also tracked (see Table IV, p. 26), because the fixed standard allows comparison across appeals. FTS on-line tables will offer both groupings.*

Table II: Summary of Requirements – By Appealing Organisation

LESOTHO FLASH APPEAL Summary of Requirements - By Appealing Organisation as of 28 July 2007 http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Organisation	Full Requirements (\$)	Approved CERF Funding (\$)	Unmet Requirements (\$)
ACTIONAID	247,625	0	247,625
CARE	139,600	0	139,600
FAO	3,912,981	1,668,067	2,244,914
UNDP	800,000	0	800,000
UNFPA	1,600,000	0	1,600,000
UNICEF	2,889,900	710,748	2,179,152
WFP	10,700,000	1,455,200	9,244,800
WHO	1,625,000	0	1,625,000
WVI	850,000	0	850,000
TOTAL	22,765,106	3,834,015	18,931,091

2. CONTEXT AND NEEDS ANALYSIS

2.1 CONTEXT

Whilst droughts always have been a part of the climate in Southern Africa, the frequency of droughts in Lesotho has increased significantly over the past few years. Because of its high elevation – from 1,388 to 3,482 meters above sea level – and position at the tip of Africa, Lesotho is heavily influenced by a variety of competing weather systems, leaving it prone to natural disasters, and especially liable to drought and desertification, defined as loss of biological diversity and land degradation.² In accordance with Article 4 of the United Nations Framework Convention on Climatic Change (UNFCCC) these conditions indicate Lesotho as a country highly vulnerable to climate change. Arguably, it is already experiencing the growing impact of global warming, as seen by the increasing frequency of natural disasters, droughts, and emerging signs of progressive desertification.³

The fragile characteristics of its soil and terrain, erratic climatic conditions (including changing patterns in rainfall periods and the risk of shorter growing seasons), growing levels of poverty, and the relative deprivation of the inaccessible mountain region which makes up more than 60% of the country, ranks Lesotho as one of the most highly vulnerable developing countries. Of its population of 1.8 million people, 56% live on less than \$2 per day. About 82% of Lesotho's people live in the rural areas, engaging primarily in subsistence rain-fed agriculture and informal trade.⁴ Although agriculture accounts for only 15% of Lesotho's gross domestic product, it is the main source of livelihood for about 60% of the population.⁵ The three main cereal crops are maize, sorghum and wheat, with maize constituting two thirds of all annual crops.

The country has experienced increasing vulnerability due to the worsening food insecurity caused by the reduction in agricultural productivity, high levels of poverty, land degradation, unemployment, impact of Acquired Immuno-deficiency Syndrome (AIDS) and increasing food prices in recent years. The poor and very poor population groups have been subjected to recurrent livelihood shocks over the last decade and have exhausted their coping strategies to deal with the major food crisis of this year. The current appeal largely reflects the same issues that came to the fore in the Consolidated Appeals for Southern Africa, which was issued in response to the last major drought in 2002, when a total of 760,000 people in Lesotho were affected. Though the Basotho population affected by the current crisis is substantially less, clearly recovery and developmental programmes have not been able to enhance the coping mechanisms of significant parts of the vulnerable population to the level that they would be able to withstand the current major drought without having to rely on the assistance from the Government of Lesotho (GoL) and the international community.

Lesotho experienced a prolonged dry spell and high temperatures during the critical period of the 2006/07 cropping season (January – March 2007) resulting in large-scale and irreversible damage to the maize and sorghum crops. The absence of rains during January to March is the main cause of the damage to yields, coupled with an excessive dry spell that has prevailed since December 2006. Lesotho usually receives 85% of its annual rainfall between the months of October and March. Data from Lesotho Meteorological Services reported that rainfall levels in September 2006, the beginning of the planting season, were 57% lower than average. Although late rains commenced in October and remained constant through December, rainfall amounts started to decline in January 2007 and decreased dramatically during February and March as compared to the 30-year average for Lesotho. Rainfall amounts throughout Lesotho for these three months averaged 45% of expected precipitation countrywide, with an all-time low in the southern districts where only 30% of the expected rainfall for this period was received.⁶

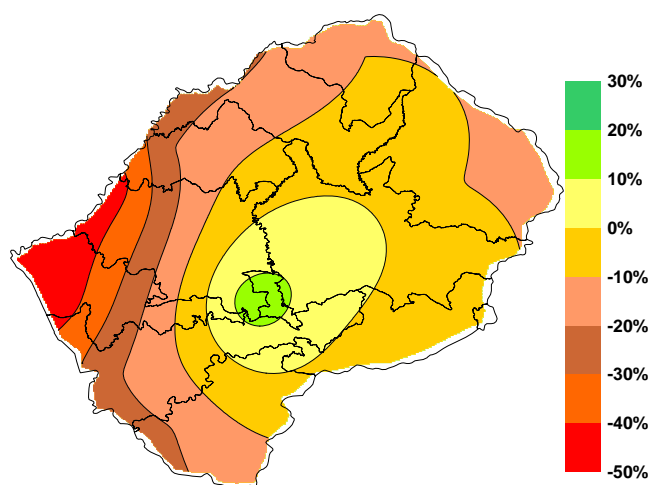
² First National Communication to the Conference of the Parties to the United Nations Framework Convention on Climate Change; National Report on Climate Change, April 2000, p. 60. See as well Lesotho Meteorological Service, Climate of Lesotho: http://www.lesmet.org.ls/climate_of_lesotho.htm

³ Lesotho loses an estimated 40 million MTs of soil every year to erosion caused by floods, drought, and human and animal activities: *ibid*, pp. xi-xii.

⁴ Lesotho Bureau of Statistics, June 2006.

⁵ "Food Aid, Food Production and Food Markets in Lesotho," WFP, January 2006.

⁶ *Ibid*.

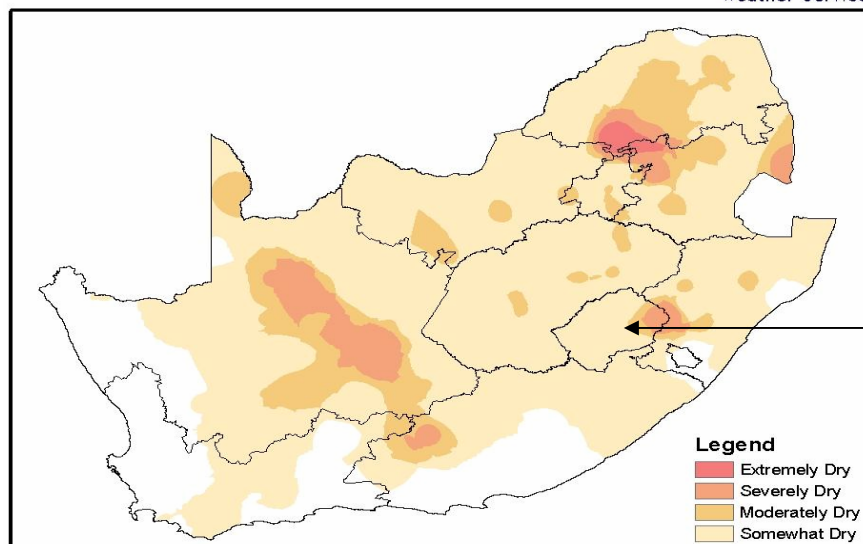


Seasonal rainfall Percentage Departure from normal: September 2006 – April 2007.⁷

In addition to inadequate rainfall, the total area under cereal cultivation shows a declining trend over the past few years, with only some 10% of Lesotho's 30,000 square kilometres classified as arable.⁸ Much of this land is vulnerable to extensive soil erosion, and much potential farmland is uncultivated mainly due to the uncertainties of agro-climatic conditions, and a shortage of labour and cash flow for agricultural inputs. As a result, most households have witnessed a substantial decrease in crop production this year. According to a rapid crop assessment conducted by the Disaster Management Authority (DMA), United Nations, and international non-governmental organisations (INGOs) in March, the total maize production will decrease by 51% compared to last year, while sorghum production is estimated to decrease by 42%.⁹ Taking into account factors such as informal trade, a total food deficit of 34,000 metric tonnes (MTs) will be created, affecting between 400,000 and 550,000 people (see below).

Standardised Precipitation Index for January to June 2007

South African
Weather Service



Lesotho

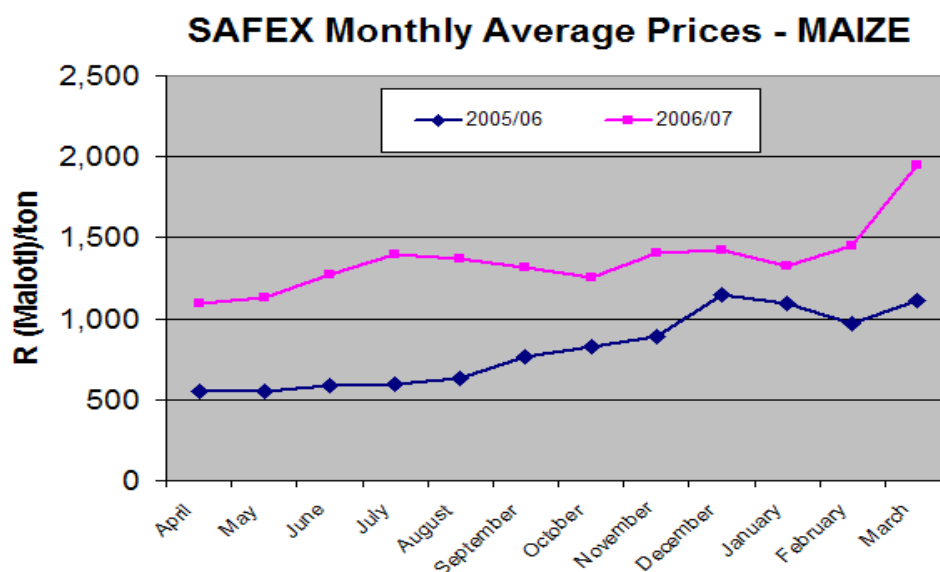
The production deficit in Lesotho is likely to be aggravated by decreased cereal production in parts of South Africa, which supplies approximately 70% of Lesotho's food requirements. Adverse weather

⁷ Summary Report of the 2006/07 Agricultural Season, Lesotho Meteorological Services, 28 June 2007.

⁸ National Report on Climate Change, *op cit*, p. 56.

⁹ 2007 FAO/WFP Crop and Food Supply Assessment Mission (CFSAM), May 2007.

patterns undermined staple crop production in Southern Africa, which is expected to reach only 40% of forecasted totals for the 2006-2007 growing season. Due to the drought and fears of decreased production, prices for maize in commodity futures markets have been rising. The price on the South African market has increased by over 200% in the past two years¹⁰ (see table below), and it is expected to rise even further given that the South African Future Exchange (SAFEX) future price for maize is expected to be around Rand 2,030 (\$327) per MT by August 2007. Retail prices, which have increased by an average of 60% since April, are expected to increase further, driving up the maize price in Lesotho which has increased 100% since 2005. Poor households which depend on purchases, gifts and barter exchange for 60-70% of their food consumption will be unable to meet their minimum household requirements as a result.



2.2 NEEDS ANALYSIS

Situation analysis reports (Food and Agriculture Organization [FAO]/World Food Programme [WFP] 2007¹¹, Lesotho Vulnerability Assessment Committee [LVAC] 2007¹²) estimate that between 400,000 and 550,000 food-insecure and vulnerable people (between 80,000 - 110,000 households) will require food assistance, with many households having already exhausted their coping mechanisms. Previous assessments by WFP have revealed that about 200,000 (40,000 households) people are chronically food-insecure. This implies that about 275,000 people (55,000 households) have directly been made food-insecure by the current drought and are in need of agricultural relief and livelihood diversification activities.¹³ Normally, very poor households, which include pregnant and lactating mothers, children under-five, orphans and vulnerable children, and households affected by AIDS, access a significant proportion of their annual food intake and annual cash incomes through paid agricultural labour, especially weeding. As a result of the drought, these activities have been severely constrained and as compared to the baseline situation the current level of such activities stands at: foothills - 75%, mountains - 60%, northern lowlands - 75%, peri-urban - 60%, southern lowlands - 50%, and Senqu river valley - 50%.¹⁴

¹⁰ Lesotho Vulnerability Assessment Committee (LVAC) – July 2007.

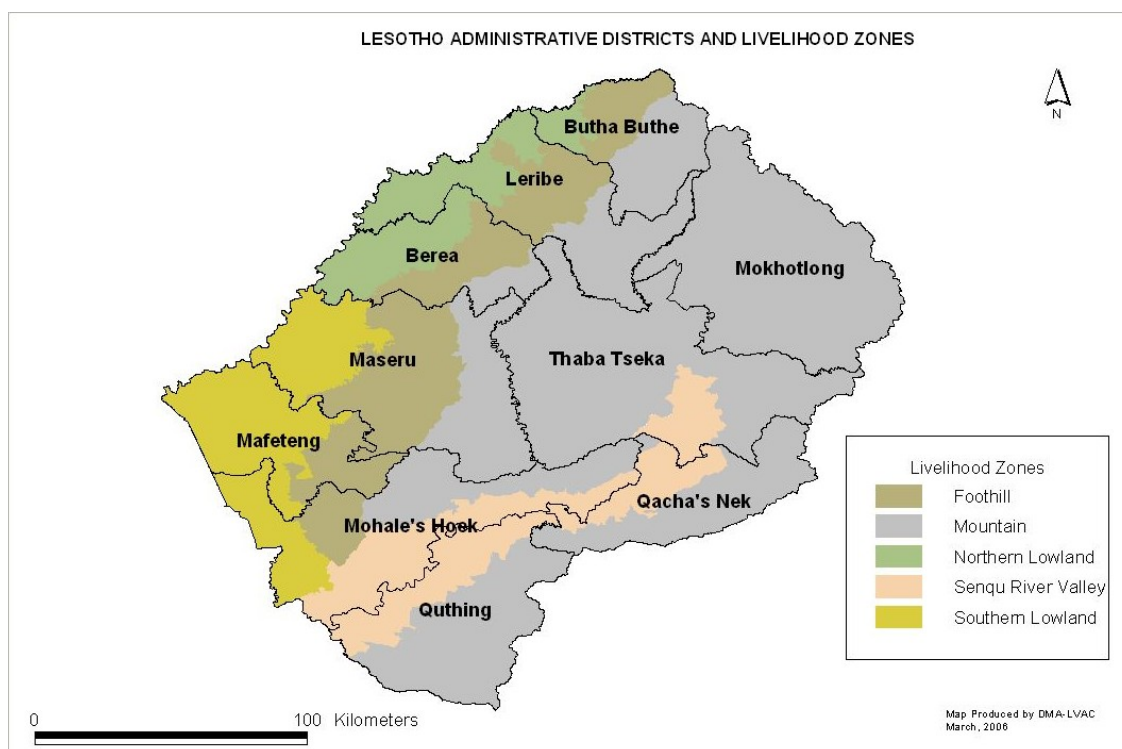
¹¹ FAO/WFP Special Report - Crop & Food Supply Assessment Mission to Lesotho, 2007.

¹² Lesotho Food Security and Vulnerability Monitoring Report May-June 2007. The Household Economy Approach was used to develop profiles and measure food deficits and expenditure deficits in Lesotho. In May-June 2007 LVAC assessed the situation and visited 36 villages in the six livelihood zones. Interviews were conducted with village leaders and representatives of each of the four wealth groups i.e. 'very poor', 'poor', 'middle' and 'better-off'. In addition, interviews were held with relevant district officials and other key informants.

¹³ For purposes of planning a response, an average of the two figures has been taken – i.e. 95,420 households.

¹⁴ Lesotho Vulnerability Assessment Committee (LVAC) – July 2007.

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Furthermore, casual labour wages have remained the same for the last three years (at 10 maloti or \$1.41 per day) while prices for other commodities have increased significantly. For the poor and very poor households who depend on casual labour for cash income, this translates to less 'real' income than three years ago if one takes into consideration for example the increase in the price of maize.

Table A: Number of individuals requiring food assistance per livelihood zone

Wealth Groups	Livelihood Zones*					
	Foothills	Mountains	Northern Lowland	Peri-urban	Southern Lowland	Senqu River Valley
Very Poor	22,339	40,528	48,886	14,482	76,785	10,708
Poor	0	123,514	0	34,075	0	29,982
Total	22,339	164,042	48,886	48,557	76,785	40,690
Grand total	401,299					

Source: Lesotho Vulnerability Assessment Committee; Vulnerability Assessment Report, April 2007

The Lesotho Vulnerability Assessment Committee (LVAC), in conjunction with the Government's Food and Nutrition Coordinating Office (FNCO), issued a report in 2006 on the status of malnutrition in children under five.¹⁵ The report focused on three indicators of under-nutrition:

- Underweight, defined as low weight for age;
- Wasting, a short-term type of under-nutrition defined as low weight for height; and
- Stunting, a long-term category of under-nutrition defined as decreased height for age.

The survey conducted by the LVAC, WFP and the FNCO in 2006 indicated a prevalence of underweight, wasting and stunting as follows: 18.4%, 2.4%, and 37.9% respectively, reflecting a gradual increase in malnutrition prevalence since 2005. Community and Household Surveillance (CHS) conducted by WFP in March 2007 indicated an increase in prevalence of the three nutritional indicators. The percentage of underweight children was estimated at 20%, while 6% were wasted and 40% stunted. Although results are only indicative and require a nutritional survey to ascertain, they point to a deteriorating nutritional status of children under the age of five years, as outlined the table below.

¹⁵ 2006 Nutrition Survey, LVAC and FNCO, GoL, Maseru, Lesotho, 2006.

Table B: Comparison of % prevalence of underweight, wasting and stunting in 2006 and 2007

Nutritional status	Prevalence (%) by year	
	2006	2007
Underweight	18.4	20
Wasting ¹⁶	2.4	6
Stunting	37.9	40

Sources: 2006 – LVAC / WFP / FNCO Survey; 2007 – Community and Household Surveillance, WFP, March 2007

Always remembering that it is difficult to confidently identify a trend using nutritional data gathered with imperfectly consistent methods, it is nevertheless clear that the situation in Lesotho has worsened considerably. Wasting, which is caused by relatively recent illnesses and food shortages, has surpassed the international threshold of 5% for declaring a situation of concern. It is feared that the drought will increase all of the underlying causes of acute malnutrition and vulnerability due to a combination of persistent food insecurity, poor access to sanitation, poor household child care and hygiene practices, and poor health care at household and community levels. This vicious circle will negatively impact on acute malnutrition in June 2007 through to a peak at the end of 2007 and beginning of 2008 if no immediate assistance provided.

The statistics from the Ministry of Health and Social Welfare (MoHSW), Statistical Department also paint a picture of worsening conditions. In 2006, Government figures reveal that only 4.5% children from the 2,632 admitted to governmental hospitals were found to be severely malnourished, with 24% found to be suffering from acute watery diarrhoea (AWD) and dehydration. However, the latest admission figures from Queen Elizabeth II Hospital (as a proxy) for the period January – July 2007 indicate that already this year an average of 12% of cases admitted to the paediatric wards were due to severe malnutrition, with a case fatality rate because of malnutrition around 25%. The deteriorating water and sanitation system in the country is most evident in the health facilities: the MoHSW reported, following a recent internal survey of its facilities, that 60% of its health centres have no access to safe water. The same ministry provided data on 2006, which revealed that 85% of the out-patients clinics' consultations in all age groups are because of diarrhoeal diseases.

The drought has also had a negative impact on water sources for domestic, livestock and agricultural use. By the end of the rainfall season in April, most households were already experiencing water shortages. Households reported rationing water from springs to extend its availability through the winter season according to programme monitoring reports. Communal dams, an important source of water for livestock and homestead garden irrigation, were exhausted by the end of the rainfall season. Those who practice roof water harvesting also reported that stores were depleted by February. Although intermittent rain showers in April have somewhat reduced the severity of water shortage, it is evident that the coming months will witness a dramatic decrease in people's access to safe domestic water in sufficient quantities.

HIV and AIDS Context

According to the Joint United Nations Programme on HIV and AIDS (UNAIDS), since 2003 23.2% of the adult population between the ages of 15 and 49 are infected with HIV.¹⁷ It is estimated that there are approximately 270,000 people, or 14% of the population, living with the virus in Lesotho, and about 97,000 children who have lost one or both parents to AIDS. Households with members who ought to be productive but who are chronically ill face increased vulnerability in that they are forced to redirect meagre resources to the care and needs of the ill, who in turn are unable to provide economic support due to their prolonged incapacitation. Caloric and nutritional requirements increase in HIV-infected household members, while resources to provide food diminish.

In addition, lack of access to food and nutrition can result in faster disease progression in people living with HIV but who have not yet developed full-blown AIDS. In some cases children leave school to find work, subjecting them to increased vulnerability. Food insecurity may also expose vulnerable

¹⁶ A child who is below -2 standard deviations (SD, also called 'Z scores') from the NCHS/WHO reference median for weight-for-height is considered to be too thin for his/her height, or wasted, a condition reflecting acute malnutrition. If the individual is between -2 and -3 Z-scores, the condition is considered moderate acute malnutrition. If the individual is below -3 Z-scores, the condition is defined as severe acute malnutrition. Wasting therefore corresponds fairly closely to 'global acute malnutrition' (the latter being moderate plus severe plus those exhibiting oedema). The Lesotho data on wasting summarised in Table B do not differentiate between moderate and severe.

¹⁷ 2006 UNAIDS Report on Global AIDS Epidemic

populations to negative coping mechanisms that may pre-dispose them to sexually transmitted infections (STIs) and HIV infection, such as transactional sex. The risk of sexual exploitation and abuse of vulnerable groups (such as children, women, the elderly, people with disabilities) is a risk in a situation of power imbalances based on control of resources, in this case food.

Furthermore, food has become a valuable commodity, and its distribution can create security risks as well as the potential for violence. Women, children, the elderly and people with disability may be unable to obtain their entitlements or may have it taken from them by force. Sex for food or sex for cash or favours is likely to increase. Food insecurity can also result in the adoption of negative coping strategies, including transactional sex, exposing vulnerable populations to HIV infection. Lesotho's high number of orphans and child-headed households are particularly vulnerable to HIV infection through such negative coping strategies. Drought conditions intensify the need to provide options to promote food security in the household in order to diminish these hazards.

Since voluntary counselling and testing (VCT) was scaled up in Lesotho in 2004 and ARVs in 2005, to date 188,123 people have become aware of their status. 23,405 people are on ARVs, of which 1,629 are children.¹⁸ While there has been an increase in people accepting these services over time, food insecurity and increasing poverty resulting from the drought will lead people to reprioritise their available resources of time and finances, concentrating on the effects of decreased food production.

This humanitarian response as a consequence of the drought offers an opportunity to identify gaps in the existing frameworks and strategies to respond to an emergency situation. While short-term interventions are necessary to cope with the direct and indirect impacts of the drought, longer-term support to increase capacity of organisations and communities is also essential. Dealing with an emergency requires that systems be in place for early identification of signs and the ability to design appropriate plans to mitigate the impact and recover from the event. Building on existing support to Lesotho through development partners is the recognition of including beneficiaries within implementation of interventions, expanding upon the Greater Involvement and Empowerment of People Living with HIV and AIDS (GIEPA) concept of involving and empowering people living with HIV/AIDS in the response to addressing the pandemic.

Putting people back on the right track to recovery

Because drought is a slow-onset natural hazard it allows for the preparation and implementation of disaster risk reduction measures. Understanding drought's evolution, complexity, context, and the social implications that it has for those it affects can lead to better measures to mitigate its worst affects, and to adapt societies to better prepare for it. Drought alone does not trigger an emergency, and whether it becomes one or not depends on its effect on local communities and society. This, in turn, will depend on their vulnerability to the stress of a drought.

People's vulnerability to drought is a complex issue, and varies considerably from country to country. An understanding of its impact at both the macro and micro level is necessary. The impact of a drought in a region like Southern Africa must take into account the political, economic and social links among states, sometimes poor state management and development of natural resources and infrastructure, cross-cutting issues like health, and deepening and expanding inequalities in wealth. At a micro level, an understanding of local livelihoods, of individuals' and communities' coping strategies, the claims the most vulnerable can make to aid, and the extent and diversity of the assets that can be brought to bear to mitigate the drought's worst affects is required.

One way to better understand vulnerability is through a livelihoods approach, preferably capturing both the macro and micro level factors influencing response to the drought. The essence of such an approach is that it puts people at the centre of the analysis and is cross-sectoral. Understanding the asset base – land and livestock, human, financial and social capital – is important as this will give an indication of the degree of drought resilience that a given society will have. It is these aspects that this appeal has attempted to address in the range of projects designed to mitigate the unfolding situation in Lesotho, both in terms of immediate and medium/longer-term needs.

With over 55 percent of Basotho households living below the poverty line, out of which 40% are extremely poor and with a third of households female-headed, the humanitarian crisis dictates that poverty alleviation transfers alone cannot have an adequate beneficial impact on the livelihoods of vulnerable people. The international community needs to support the GoL to build back people's

¹⁸ First Quarter of 2007/2008 Monitoring and Evaluation Report, Ministry of Health and Social Welfare (July 2007).

livelihoods. With the drought accelerating the depletion of livelihood assets of vulnerable communities, it is important to ensure that robust recovery initiatives are developed, implemented and linked to ongoing development programmes.

The challenge is to view and treat this phenomenon as normal rather than exceptional within the national and international mid- to long-term response plans. This is a challenge for many of the sectors that are currently faced with low output and questionable relevance. The key to this challenge lies with the proper development and implementation of policies to guide the sector strategies. To this end the agricultural sector has developed a number of policy frameworks that take changing climatic conditions into account and aim to cushion the sector against their adverse effects.

These policies include the agricultural sector strategy and guidelines, the Food Security Policy and Action Plan and the Agricultural Subsidy Policy¹⁹. The action plan was finalised in October 2006 and covers the period of 2007-2017. No donor funding to date has materialised. If properly funded and implemented, these policies and action plans would significantly minimise the impact of drought and other adverse weather conditions on the livelihoods of vulnerable farming households. The link between emergency response programme and longer-term development programmes is therefore very crucial. Whilst the proposed interventions are of short duration, they have been identified in the food security action plan as critical in improving the household food security situation. They are building on other longer-term development initiatives implemented by both government and the non-governmental organisations (NGOs) and their roll-out will be linked and mainstreamed into core development programme of the sector in order to ensure continuity.

¹⁹ The total cost estimate for the ten-year National Food Security Action Plan is \$435 million. The main sources of funding for this programme should come from the GoL and the development community. The UN system, under the leadership of FAO, is assisting the GoL in resource mobilisation for the plan.

3. RESPONSE PLANS

3.1. AGRICULTURE

Lead: FAO; Partners: World Vision International (WVI), CARE, and ActionAid

Situation Analysis

Following the drought in the 2006/2007 cropping season, between 400,000 and 550,000²⁰ people (or 80,000 and 110,000 households) will require food assistance during the 2007/2008 marketing year, many of which have already exhausted their coping mechanisms. Of these 80-110,000 households, 40,000 households are reported to be chronically food-insecure, meaning the other 55,000 households are likely to encounter transitory food insecurity due to the current crop failure. It is these households that will require agricultural relief and livelihood diversification programmes.

The Crop and Food Supply Assessment Mission (CFSAM) found that due to the worsening HIV/AIDS situation the economic resource base is being undermined; essentially, less land is being put to agriculture. Without external assistance, poor households will be unable to resume their crop production activities for the upcoming 2007/2008 agricultural season. Whilst the immediate concern is to provide food assistance to needy households there is also an urgent need to restore their productive capacity in order to facilitate early recovery.

Objectives

To contribute to the recovery of livelihoods of households affected by drought during the 2006/2007 agricultural season by:

- Ensuring access to quality agricultural inputs for the 2007/2008 cropping season;
- Strengthening and protecting the asset base of drought-affected rural households.

Strategy

FAO and partners will assist up to 55,000 households in four drought-affected livelihood zones (Lowlands, Foothills, Mountains and Senqu River Valley), working in close collaboration with the Ministry of Agriculture and Food Security (MoAFS) by:

- Providing agricultural inputs (seeds, fertilisers, tools and tillage services) in time for the main cropping season starting in September 2007 to affected households through a voucher-based approach;
- Promoting agricultural practices that lead to increased productivity – conservation agriculture, as well as the use of good-quality seeds (hybrids, as appropriate) and drought-tolerant crops e.g. sorghum;
- Strengthening the ability of vulnerable rural households to withstand shocks through the provision and protection of poultry;
- Promoting garden-based production to ensure that vulnerable farming households have access to nutritious food for their own consumption and sale;
- Training beneficiaries, MoAFS extension staff, and NGO staff;
- Coordinating activities that will be undertaken to rationalise geographic coverage and minimise overlap.

Expected Outputs

- 55,000 vulnerable farming households will have access to good-quality inputs and be able to undertake land preparations in good time for the 2007/2008 season;
- Improved crop yields and increased food availability at the household level.
- Increased number and quality of poultry cared for by vulnerable rural households.
- More diverse diets and livelihoods for vulnerable rural households.

²⁰ CFSAM 2007 estimates that 401,200 people need assistance; LVAC 2007 estimates 553,000 people.

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Organization	Agriculture	\$
FAO LES-07/A01	Project title: Emergency provision of agricultural inputs for households affected by drought in Lesotho. Objective: Assured access to quality agricultural inputs for the 2007/2008 cropping season by vulnerable farming households. Beneficiaries: 55,000 households affected by drought in Lesotho (including AIDS affected households, female-headed households and orphaned children). Partners: MoAFS; WV Lesotho; Catholic Relief Services (CRS), Rural Self-Help Development Association; Serumula Development Association.	3,362,981 <i>Less CERF commitment</i> <i>1,668,067</i> Net requirements 1,694,914
FAO LES-07/A02	Project title: Promotion of backyard gardens in Lesotho. Objective: Strengthening and protecting the asset base of drought-affected rural households. Beneficiaries: 5,000 households affected by drought in Lesotho (including AIDS affected households, female-headed households and orphaned children). Partners: MoAFS; Maluti Hospital; Rural Self-Help Development Association; Serumula Development Association.	100,000
FAO LES-07/A03	Project title: Promotion of dual-purpose poultry and treatment against Newcastle Disease. Objective: Strengthening and protecting the asset base of drought-affected rural households. Beneficiaries: 2,000 households affected by drought in Lesotho (including AIDS affected households, female-headed households and orphaned children). Partners: MoAFS; Rural Self-Help Development Association; Serumula Development Association.	450,000
WVI LES-07/A04	Project Title: Restocking of poultry and treatment of chickens against Newcastle Disease. Objective: To provide dual-purpose poultry and protect against Newcastle disease. Beneficiaries: 1,000 vulnerable households will be selected (5,000 people). Partners: Department of Livestock Services, MoAFS.	300,000
CARE LES-07/A05	Project title: Support for intermediate successive vegetable harvests. Objective: To increase food production from backyard gardens. Beneficiaries: 6,000 (1,000 women, 5,000 orphaned and vulnerable children). Partners: UNDP, MoAFS.	139,600
ActionAid LES-07/A06	Project title: Assistance to drought-affected households in Leribe and Thaba Tseka Districts. Objective: Rehabilitation agricultural livelihoods and strengthening resilience to future droughts. Beneficiaries: 2,200 vulnerable farming households in Thaba Tseka and Leribe Districts. Partners: MoAFS; WV Lesotho; CRS, FAO.	97,625

3.2. EARLY RECOVERY

Lead: UNDP; Partners: FAO, NGOs

Situation Analysis

With over half of all Basotho households living below the poverty line (40% are extremely poor and a third of households are female-headed), the humanitarian crisis dictates that food aid and cash transfers alone cannot have adequate beneficial impact on the livelihoods of the vulnerable people. The depletion of assets, inaccessibility of basic food requirements and the huge maize production shortfalls at the household level are undermining the ability of the poor to recover and rebuild their livelihoods in the short- to long-term without external assistance. Another factor to monitor carefully is the situation of Basotho migrant workers in South Africa, whose remittances form a major part of household incomes within Lesotho. While reliable and up-to-date statistics are hard to find (especially as many such migrant workers are unregistered in South Africa), it is possible that those working in the South African farm sector are earning less because of the poor harvest there, and that those working in the mining sector face insecurity because of immigration problems.

Stemming these downward trends is therefore critical if poor people are to retain the means or the building blocks (capital assets) from which they can sustain their livelihoods. Generating self-sustaining nationally/community owned and resilient processes for post-drought recovery activities is the main focus of Early Recovery (ER) – also seeking to link pure humanitarian actions to sustainable development. The ER plan gives special attention to the most vulnerable population groups, including women, youths and the AIDS-affected population, whose livelihood assets and capabilities have been affected. These groups will both be key beneficiaries of and active participants/decision-makers in the nature of early recovery interventions implemented.

Main Objective

To facilitate quick community recovery from drought, and help lay the basis for long-term drought risk reduction and livelihood development for the affected population, especially women, youths and the AIDS-affected population.

Strategy

Starting early in the humanitarian setting, ER activities will meet critical needs to save people's livelihoods by:

- Building upon humanitarian programmes and helping to catalyse sustainable development;
- Augmenting emergency assistance operations in the areas affected by the drought and hence also foster the affected population's self-reliance;
- Ensuring that the spontaneous recovery initiatives of affected populations are sustainable, reduce future drought risk, and re-build household and individual income resource base within a multi-sectoral approach.

Early recovery initiatives in this appeal include projects presented in other sectors (e.g. Agriculture) as well as those presented under this ER section. The projects will be implemented through local community structures after extensive consultation with vulnerable groups including children, women, youths, the elderly, disabled and the AIDS-affected population. Effective coordination of United Nations agencies and NGOs, information dissemination and overall programme monitoring is an important activity under this sector.

Expected Outputs

- Recovery plan for identified priority groups based on the results of recovery needs assessments developed.
- Livelihoods of drought-affected communities restored, especially that of the AIDS-affected population.
- Natural resource/environmental management in drought-affected water sources improved;
- Community capacity to drive social and economic recovery for disaster management, transition and recovery improved.
- Quality education maintained for vulnerable children, including orphans.
- Coordination and facilitation of humanitarian and recovery programmes improved.

Organisation	Early Recovery and Livelihood	\$
UNDP LES-07/ER/I01	Project title: Strengthening coordination of Emergency Relief and Early Recovery planning and implementation Objective: To strengthen humanitarian assistance and early recovery programming/planning within national and international humanitarian community Beneficiaries: Drought-affected communities, government departments, NGOs and UN agencies Partners: UNCT, donors, Local and international NGOs, government departments, Disaster Management Authority, and Lesotho Red Cross, Development Partners Consultative Forum (DPCF)	250,000
UNDP LES-07/ER/I02	Project title: Restoration of damaged natural environment around key water sources due to high concentration of, and use by, people and livestock Objective: To rehabilitate the natural environment around key water sources to enable sustainable water availability and access Beneficiaries: Rural communities (20,000) Partners: Ministry of Tourism, Environment and Culture, UNICEF, FAO, Rural communities	400,000

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Organisation	Early Recovery and Livelihood	\$
UNDP LES-07/ER/103	Project title: Community Capacity Enhancement through Community Conversations (CCE-CC) for Drought Response and mitigation Objective: To enhance the capacity of local communities to identify and implement community owned/based livelihood strategies for drought mitigation Beneficiaries: Drought-affected communities Partners: Community Councils, National AIDS Commission	150,000
World Vision (WV) LES-07/ER/104	Project Title: Provision of uniforms and back-to-school materials for orphans and vulnerable children (OVC) and promotion of home vegetable gardens Objectives: To ensure continuity of education for the OVC during the drought emergency; To provide tools and training to increase the production of vegetables and maize in areas immediately surrounding OVC homesteads Beneficiaries: 2,000 children (10,000 household members) Partners: Ministry of Education and Training	300,000

3.3. FOOD

Lead: WFP; Partners: ActionAid, WV

Situation Analysis

The drought has created a particularly serious situation for the poorest households who depend heavily on in-kind payments and income from agricultural activities. Furthermore, while poverty in Lesotho is very closely associated with the absence of employment opportunities, the HIV/AIDS pandemic is undermining the economic resource base of the country. With this current crisis, the crop failure will not only impact the livelihood of these vulnerable groups by reducing food available from their own production, but also reduce opportunities for casual labour in agriculture. The latest FAO/WFP CFSAM report predicts that an estimated 400,000 people will be in need of food assistance from July 2007 until the next harvest in April 2008.

The dramatic escalation of retail prices in Lesotho will lead to decreased access to food for most rural households. South Africa, Lesotho's main import source for grains, has experienced low grain production this marketing year, which has led to a **200%** increase in maize prices compared to two years ago. Consequently, cereal retail prices are expected to continue an upward trend as households stocks run out and the main importers adjust their prices to reflect rising import cost. Given that vulnerable households are mainly depending on markets to access food, the increasing prices will put serious stress on their livelihoods.

Total cereal import requirements in 2007/08 (May 07 – April 08) are estimated at 256,000 MT, of which commercial imports are projected at 219,000 MT. With a small food aid pipeline of 7,000 MT, there is an uncovered cereal deficit of about 30,000 MT to be covered with Government and/or international assistance (CFSAM).

Objectives

The two main objectives for the provision of emergency food assistance to segments of the affected population are as follows:

- Protect livelihoods and enhance resilience to the shocks of low production, rising prices and decreasing agricultural-related income by meeting the temporary food needs of small-scale farmers and those households dependent on agriculture-based livelihoods;
- Improve the nutritional and health status of children, mothers and other vulnerable groups within the affected areas by providing fortified commodities.

Strategy

- WFP will respond to the immediate food needs of 260,000 people, while other food aid actors (C-SAFE Consortium) plan to reach another 150,000 people with temporary food assistance.
- Community-based targeting approach will be used.
- Food assistance will be provided to areas identified through the CFSAM and LVAC.
- WFP and partners will implement the food assistance programme over the next six months.

- Short-term targeted food assistance to the affected population is in line with drought response recommendations from the CFSAM, LVAC and Government.

Over the next six months, commencing in August 2007, WFP plans to distribute 16,000 MT of food commodities to 260,000 drought-affected beneficiaries. WFP food assistance will be concentrated in the following areas:

- Vulnerable Group Feeding (family food package): 150,000 beneficiaries;
- Supplementary Feeding (4,000 pregnant women, lactating mothers and under-nourished children) – corn-soya blend (CSB) and vegetable oil will be provided through health centres for the patients, while a corresponding 16,000 household dependents will be provided support to ensure that the CSB and oil is not consumed by the entire household²¹;
- 20,000 people will benefit from food aid in support of agriculture-related assets creation activities.

The initial 400,000 people projected by the CFSAM will be cared for through WFP and Southern Africa Food Security Emergency (C-SAFE) planned food aid interventions. However, the additional caseload reported though the LVAC findings are expected to be covered through direct Government support. WFP will continue to programme cash donations towards regional and local purchases whenever possible and in line with WFP rules and regulations. It should, however, be noted that with the drought situation also prevailing in South Africa, which over the past years has been a major source for WFP purchases, the prices of, for example maize, have risen more than 200% compared with two years ago. Clearly this will play a factor for the final decision on where to purchase the needed commodities.

Expected Outputs

- Timely provision of 16,000 MT of food commodities to the right people at the right time;
- 260,000 vulnerable people receive food assistance;
- Contribute to increased household food security; improved Coping Strategy Index and Food Consumption Score.

Organisation	Food	\$
ActionAid LES-07/F01	Project Title: Targeted emergency food assistance to People Living With AIDS (PLWA) and OVC in Thaba Tseka Objectives: Improve/maintain the health and nutritional status of vulnerable communities and households through improving or maintaining the nutritional status of targeted vulnerable groups; increasing support to PLWA. Beneficiaries: 2,500 families of OVC and PLWA Partners: Network for People Living with HIV/AIDS (LENEPHWA)	150,000
WFP LES-07/F02	Project Title: Provision of emergency food aid Objectives: To protect livelihoods and enhance resilience to the shocks of low production, rising prices and decreasing agricultural-related income by meeting the temporary food needs of small-scale farmers and households dependent on agriculture-based livelihoods; Improve nutrition and health status of children, mothers and other vulnerable groups within the affected areas by providing fortified commodities. Beneficiaries: 260,000 persons (135,200 females; 124,800 males). Partners: CRS, WV, Lesotho Red Cross, Patriot Vision in Action and Christian Health Association of Lesotho.	10,700,000 <i>Less CERF commitment</i> <i>1,455,200</i> Net requirements 9,244,800
World Vision (WV) LES-07/F03	Project Title: Response to child under-nutrition Objective: The reduction of malnutrition resulting from poor but avoidable dietary practices amongst targeted vulnerable groups, so as to enable targeted young children, and expectant and nursing mothers to improve their nutritional and nutrition-related health needs. Also to promote sustainable home rehabilitation of undernourished children identified within the community. This project is intended to complement food aid that is being brought into these communities. Beneficiaries: 1,500 households Partners: Ministry of Health	250,000

²¹ In a food-insecure household, only providing supplementary feeding to a sub-group of the household will surely lead to other members of the household consuming the ration and leaving the undernourished child continuously vulnerable.

3.4 HEALTH

Lead: WHO; Partners: UNICEF, UNFPA

Situation Analysis

The priority concerns are malnutrition, outbreaks of diarrhoeal diseases and access to health care. However, health management is very weak at the district level as health management teams are not well trained and are poorly equipped to meet this challenge, especially given the current increase in needs and risks.

Opportunistic infections that affect people living with AIDS have put an additional strain on the already overstretched health services. Often banal conditions nonetheless require treatment and medical and nursing care, and can be expected to rise as food insecurity increases and household and community support systems deteriorate.

Another priority is maternal risk. It is currently estimated that maternal mortality rate is 762 per 100,000 live births and the risk is higher in rural areas. According to the *Lesotho Roadmap 2007 – 2015*, only 55% of pregnant women living in rural areas have access to assisted delivery, and even major hospitals suffer from inadequate staffing levels and lack of essential equipment, supplies and medicines. Because of the mountainous terrain, even in normal times many deliveries are conducted at home either by a traditional birth attendant (13%) or assisted by friends and relatives (30.5%). It is reasonable to fear that this trend will increase now in a situation of food shortages and general socio-economic distress.

Objectives

The health objective of this Flash Appeal is to reduce excess morbidity and mortality that may result from the severe food shortage crisis and subsequent malnutrition in the vulnerable population in Lesotho over the next six months.

Strategies

With regular weekly coordination meetings WHO will lead and coordinate UN agencies, NGOs and the MoHSW in the health sector response to the crisis, including:

- Providing of therapeutic feeding for 4,000 severely malnourished children through the establishment of 30 Community-based Therapeutic Feeding Centres (CTFCs) and outreach services to increase de-worming and vitamin A supplementation coverage in selected most vulnerable communities;²²
- Ensuring the availability of supplementary foods for 16,000 moderate to severely malnourished children and their mothers in the supplementary feeding centres (SFCs);
- Supporting the operational cost of the emergency nutrition programme (Therapeutic Feeding Centres / TFCs, SFCs, Community Feeding Centres / CFCs, and nutrition surveillance).
- Advocating with policy makers and providing support to the Government to lead the coordination of nutrition activities for timely, equitable, coordinated and integrated responses to the emergency;
- Strengthening nutritional and disease surveillance in rural areas, as well as the capacities of the rural health network for outbreak control, and case management of diarrhoeas, acute respiratory infections and opportunistic infections.
- Strengthening reproductive health services as well as the prevention of sexually transmissible infections, including HIV, by providing delivery kits and information-education-communication (IEC) materials, and preventing sexually transmissible infections including HIV;
- Strengthening of health services and health information management at the district level for more effective relief and easier recovery
-

Expected Outputs

- Reduced prevalence and severity of malnutrition in the vulnerable groups;
- Reduced risk of water-related diseases in the affected population and preparedness in place against potential outbreaks;
- Rural health network better able to meet the increase in demand for preventive and curative care originated by the drought and food shortages;

²² Therapeutic feeding is presented in the health sector rather than the nutrition sector because it is a medical intervention.

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- Reduced neonatal and maternal morbidity and mortality, as well as reduced incidence of STIs including HIV;
- Strengthened capacity of health facilities to perform safe deliveries and respond to emergency deliveries, in addition to clean and safe deliveries performed at community level;
- Improved management of health information and services and better delivery of care at the district level by District Health Management Teams.

Organisation	Health	\$
UNICEF LES-07/H01	Project title: Therapeutic Feeding Objective: Provision of therapeutic feeding for 4,000 severely malnourished children through the establishment of 30 CTFCs and outreach services to increase de-worming and vitamin A supplementation coverage in vulnerable areas. Beneficiaries: 80,000 vulnerable children Partners: WHO, WVI, MoHSW	500,000 <i>Less CERF commitment</i> <i>294,943</i> Net requirements 205,057
UNICEF LES-07/H02	Project title: Nutrition status sentinel surveillance Objectives: Supporting the operational cost of the emergency nutrition programme (TFC, SFC, CFC and nutrition surveillance) and strengthening the sentinel nutrition surveillance system. Beneficiaries: 1.43 million people living in rural areas Partners: WHO, WVI, MoHSW	314,900 <i>Less CERF commitment</i> <i>185,755</i> Net requirements 129,145
WHO LES-07/H03	Project title: Strengthen the Integrated Disease Surveillance and Response System Objective: To obtain early warning information and set in place preparedness against disease epidemics. Beneficiaries: 1.43 million people living in rural areas and those considered most vulnerable. Partners: UNICEF, WVI, MoHSW	420,500
WHO LES-07/H04	Project title: Health System strengthening Objective: Support improvement in the management of the health system at district level, and promote leadership and team work at the district level as well as coordination among the different health partners Beneficiaries: 1.43 million rural dwellers Partners: UNICEF, WVI, MoHSW	280,000
WHO LES-07/H05	Project title: Primary Health Care Package Objective: To improve the case management of Acute Respiratory Infections (ARI), Integrated Management of Childhood Infections (IMCI), and diarrhoeal and other communicable diseases in the most vulnerable population. Beneficiaries: 280,600 children under 5 in vulnerable rural communities Partners: UNICEF, WVI, MoHSW	924,500
UNFPA LES-07/H06	Project title: Prevention of HIV/ STI Infections including mother-to- child transmission. Objective: To reduce the incidence of STIs, including HIV directly related to drought. Beneficiaries: 405,000 population in drought-affected areas Partners: World Health Organization (WHO), MoHSW, MGYSR United Nations Population Fund (UNFPA), UNICEF, Lesotho Planned Parenthood Association (LPPA), Christian Health Association of Lesotho (CHAL), Lesotho Red Cross Society	250,000
UNFPA LES-07/H07	Project title: Safe Delivery Objective: To enhance the capacity of health facilities and traditional birth attendants to conduct safe deliveries, including the management of obstetric complications. Beneficiaries: 22,000 expected pregnant women in the drought-affected areas Partners: UNFPA, WHO, MoHSW, CHAL, LNA, LMC, Lesotho Maternal Mortality Prevention Programme Network	650,000

3.5 NUTRITION

Lead: UNICEF

Situation Analysis

The prevalence of malnutrition among children (as measured by under-weight²³ children under five) is approximately 20%, and the situation is expected to worsen the already negative effect of the underlying causes of acute malnutrition and AWD. The increase in drought-related acute malnutrition is expected to peak in late 2007 and early 2008. The latest admission figures from Queen Elizabeth II Hospital in Maseru (as a proxy) for the period January-July 2007 have revealed that already this year an average of 12% of the admitted cases to the paediatric wards were because of severe malnutrition, while the case fatality rate due to malnutrition was around 25%. Admitted cases of AWD and dehydration were found at 24% of the same admitted figure in 2006. One rural health centre reported a continuous increase in malnutrition cases from January to June 2007.

Objectives

- To reduce excess mortality related to drought through appropriate management and prevention of increased cases of acute malnutrition.
- To strengthen the nutrition surveillance system to be able to identify the most severely malnourished children as a result of the drought.

Strategy

- Service delivery: supporting the establishment of 48 TFCs in 18 hospitals and 30 health centres located in drought hit areas with high severe acute malnutrition rates.
- Capacity development: Developing skills of health workers in therapeutic feeding and supplementary feeding, and developing the skills of volunteers working on screening for malnutrition, early detection of common childhood diseases, and growth monitoring and promotion.
- Surveillance, monitoring and evaluation: Carrying out assessments and field monitoring visits on the effectiveness and impact of the response.
- Advocacy and coordination: Advocate with policy makers and provide support to the Government to lead the coordination of nutrition activities for timely, equitable, coordinated and integrated responses to the emergency.

Expected Outputs

- Morbidity and mortality in under-five children reduced.
- Nutrition surveillance reports, data from SFCs and TFCs are available on monthly bases.

Organisation	Nutrition	\$
UNICEF LES-07/H09	Project title: Supplementary Feeding Objective: Provide training to SFCs to enable the staff to identify the moderately and severely malnourished children and their mothers Beneficiaries: 20,000 vulnerable children and their mothers Partners: WHO, WVI, MoHSW	300,000

²³ Under-weight refers to weight for age. This comprises height-for-age and weight-for-height and, thus, does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting): a child can be underweight for her age because she is stunted, wasted, or both. Children whose weight-for-age is below -2 SD from the median of the reference population are classified as under-weight. Weight-for-age is a useful tool in clinical settings for continuous assessment of nutritional progress and growth.

3.6 PROTECTION

Lead: UNFPA) (Partners: UNICEF)

Situation Analysis

The 2006 Human Development Report estimates that approximately 265,000 people in Lesotho are living with HIV, amounting to 23.2% of the productive age group of 15-49 years. It has been noted that HIV prevalence in Lesotho tends to be higher among females in all age groups (57%). It is also estimated that there are 80 deaths a day due to AIDS, resulting in an increase in the number of orphans, currently estimated at 180,000 – about 10% of the population. This has increased the number of vulnerable children, including child-headed households. This leads to young girls being forced into domestic and factory work, and boys into herding – which often exposes them to economic exploitation as well as physical, sexual and emotional abuse.

The incidence of adolescent rape in Lesotho is reported to be rampant. Inter-generational and transactional sex is also very common and increasing. According to the 2004 Demographic Health Survey, 7.5% of girls aged 15-17, and 7% girls aged 18-19 have had higher-risk sexual intercourse in the past 12 months or higher-risk sex with a man who was ten or more years their elder. It is important to mention here that adolescent girls from lower wealth quintiles and in rural areas are more likely than others to engage in sexual relationships with older men.

Women's and girls' increased vulnerability due to social, economic, legal and cultural issues combines with biological susceptibility to HIV. Compounded in mobile populations of women who move to urban areas for employment, this translates into a higher risk of infection and greater burden of the disease. The effects are especially pronounced between the ages of 15-24 where the prevalence of young women is nearly triple that in young men (14.3% and 5.6% respectively)²⁴, corresponding to intergenerational partnerships with the peak male prevalence at 30-34 years (41.1%).²⁵

The reported incidence of sexual abuse of children is high: of 789 sexual abuse cases reported by the Police's Child and Gender Protection Unit (CGPU) between January and June 2006, 179 concerned children (women being the biggest target for abuse). Government commitment to addressing child protection issues is evidenced by the establishment of the CGPU, but the capacity of these institutions needs to be strengthened to improve reporting, and the management of victims and survivors of sexual and gender-based violence (SGBV).

In the context of the current food shortage crisis and underlying economic hardships and powerlessness, there is an anticipated increase that high risk behaviour will result in STIs including HIV, spreading more rapidly. Furthermore, food in such situations becomes a valuable commodity, and its distribution can create security risks, with the potential for violence. Women, children, the elderly, people with disabilities, and people living with HIV may be unable to obtain their entitlements or may have it taken from them by force. Sex for food or sex for cash favours also become a common feature. Therefore, it is imperative to address SGBV in the response to the food crisis situation. Due to the high HIV rate, and risk of rape and other forms of sexual violence, access to post-exposure prophylaxis and training for health care workers in management of rape should be prioritised.

Objectives

- To prevent gender-based violence and ensure the referral, management and care of victims of violence as well as ensuring the protection of children, particularly orphans and vulnerable children (OVC).

Strategy

- Strengthen measures to prevent, monitor and respond to gender-based violence in the drought-affected areas.
- Support prevention of SGBV by ensuring appropriate management of food distribution points.
- To assess the situation of children, specifically OVC, in terms of violence, abuse and exploitation in the context of drought.
- To provide psychosocial care and support to children/adolescents affected by drought, with specific attention to OVC.

²⁴ 2005 UNGASS Lesotho Country Report.

²⁵ Lesotho Demographic and Health Survey 2004.

- Strengthen the capacity of Government and its partners to provide child/adolescent-friendly services.

Expected Outputs

- Well managed food distribution points.
- Reduced incidence of SGBV.
- Strengthened monitoring and evaluation system.
- IEC materials on SGBV available and accessible at food distribution points.
- Improved management and care of SGBV survivors.
- Assessment report on children and SGBV in context of drought available.
- Strengthened and expanded psychosocial care and support to children.
- Strengthened and expanded child friendly services.
- Increased number of youth with life skills.

Organisation	Protection	\$
UNFPA LES-07/P/HR/RL01	Project title: Train staff of food distribution points on SGBV issues Objective: To ensure proper management of food distribution points through training in order avoid further disenfranchisement of women and other vulnerable groups. Beneficiaries: 258,000 women in drought-affected areas Partners: UNICEF, WFP, MoHSW, Police, communities	50,000
UNFPA LES-07/P/HR/RL02	Project title: Management of SGBV Victims Objective: To strengthen management & care of SGBV survivors. Beneficiaries: 258,000 women in drought-affected areas Partners: MoHSW, Police	350,000
UNFPA LES-07/P/HR/RL03	Project Title: IEC for Prevention of SGBV Objectives: To mobilise communities for SGBV prevention. Beneficiaries: Women and children Partners: UNICEF, Police Services - CGPU, MOGYSR, UNAIDS, Judiciary, WILSA, FIDA	300,000
UNICEF LES-07/P/HR/RL04	Project title: Assessment of OVCs in drought-stricken areas Objective: To assess the situation of children and SGBV in the context of drought. Beneficiaries: 500 respondents Partners: MoHSW, Ministry of Local Government (MoLG), Police, MoGYSR, UNFPA, UNAIDS, WHO, NGOs/CBOs/faith-based organisations (FBOs)	25,000
UNICEF LES-07/P/HR/RL05	Project title: Psychosocial care and support for OVCs Objective: To provide psychosocial care and support to children. Beneficiaries: Children, adolescents in drought areas Partners: MoHSW, MoLG, Police, MoG, MOGYSR, UNFPA, UNAIDS, WHO, NGOs/CBOs/FBOs	200,000
UNICEF LES-07/P/HR/RL06	Project Title: Development of child-friendly services Objective: To strengthen the capacity of the providers of child friendly services to ensure the equitable provision of drought-related supplies. Beneficiaries: Children in drought areas Partners: MoHSW, MoLG, Police, Ministry of Gender, MOGYSR, UNFPA, UNAIDS, WHO, NGOs/CBOs/FBOs	100,000
UNICEF LES-07/P/HR/RL07	Project Title: Issue-Based Life Skills Objective: To provide out-of-school children with skills related to the prevention of sexual exploitation, abuse and violence during the drought. Beneficiaries: Children Partners: MoHSW, MoGYSR, UNFPA, NGOs	250,000

3.7 WATER, SANITATION AND HYGIENE

Lead: UNICEF

Situation Analysis

The Water, Sanitation, and Hygiene (WASH) situation in the country is deteriorating, with evidence of the water table receding and 30% of boreholes and springs in populated rural areas having dried up.²⁶ Rural households get their water supply from boreholes, springs, wells and river beds. The preliminary results of assessments by the Department of Rural Water Supply in three districts indicate that more than 60% of boreholes less than 90 meters deep in the lowlands districts have dried up as the water table has receded. In the highland wetlands, a survey by the Water Affairs Department in July 2007 revealed that most wetlands are drying up and hence not discharging water to rivers. There is thus little surface water in both the highlands and lowlands.

The Department of Rural Water Supply (July 2007) estimates that more than 30% of households no longer have access to safe drinking water and adequate sanitation facilities nationally (up from 21% estimated in the UNDP Human Development Report 2006) as a result of the drought. A Ministry of Education and Training survey conducted in June 2007 on water and sanitation needs in schools estimated that 50% of schools lack adequate water and sanitation facilities. This represents a 10% increase in the number of schools lacking water supplies when compared to 2006 statistics as boreholes and springs dry up. The overall situation is likely to worsen from August 2007 to the end of the year since Meteorological Department forecasts indicate that there will be insignificant rains (20-30 millimetres) between now and October to reverse the current declining trends in water supply.

The flow of water into the Mokokare River, which supplies the capital city Maseru and other urban and peri-urban centres, is minimal. While at the beginning of July, the output from the river was 1.60 cubic metres per second, it is now 0.67. The Maqalika Dam has enough in its reservoir to supply Maseru and the other areas for only 67 days. Water rationing has thus started in both rural and urban areas. The Water and Sewerage Authority reports that water is drying out in urban areas such as Quthing-Qomoqomong, Mochale's Hoek-Liphiring and Maseru-Roma. The water crisis will lead to increased incidents of water-borne diseases such as cholera, diarrhoea and dysentery.

An internal survey by the MoHSW indicates that approximately 60% of the health centres have no clean and safe water for 2007. Data from MoHSW covering the earlier period from January to March has revealed that 85% of consultations in all age groups in out-patients clinics were because of diarrheal diseases. The same source has confirmed that the mortality rate because of diarrhoeal disease associated with malnutrition was 44.4% in Motabeng hospital only (as a proxy) compared to a mortality rate of 39.3% at national level during the period January-March 2006.

Objectives

- To provide adequate drought-resistant water and sanitation facilities to vulnerable communities and livestock;
- To reduce morbidity and mortality due to water-borne diseases by improving access to safe domestic water and adequate sanitation systems in 30 selected schools, 50 health centres, and selected communities;
- To strengthen institutional and community monitoring and response capacity with regard to water and sanitation-related disease outbreaks;
- To sensitise teachers, school committees, health workers and extension workers on participatory health and hygiene, including hand washing.

Strategy

- Service delivery: Supporting the provision of water through drilling boreholes, deepening wells, spring protection, construction of water-holding tanks, and procurement of water containers for trucking, water purification tablets, and equipment to disinfect and desalinate water;
- Community capacity development: Developing skills amongst vulnerable populations for the construction and maintenance of facilities, management and monitoring of response activities at community level;
- Monitoring and evaluation: Carrying out assessments, field monitoring visits, and research on the effectiveness and impact of the response.

²⁶ Lesotho Water Commission, 2007.

Expected Outputs

- Improved water and sanitation facilities/supplies to vulnerable populations and livestock;
- Reduced morbidity and mortality rates in children under five;
- Reduced incidents of water-borne diseases;
- Improved health, hygiene and sanitation practices in affected schools, hospitals and communities.

Organisation	Water and Sanitation	\$
UNICEF LES-07/WS01	<p>Project Title: Improve access to safe and sufficient water and adequate sanitation to vulnerable population and livestock in drought-hit areas</p> <p>Objectives: To reduce morbidity and mortality due to water-borne diseases and to alleviate the burden of crisis on women and children by improving access to safe and sufficient water and adequate sanitation in 30 schools, 30 health centres and selected communities.</p> <p>Beneficiaries: 4,000 children receiving treatment and 50,000 people in health facilities, 40,000 students and 60,000 community members.</p> <p>Partners: MoHSW, Ministry of Education and Training, MoLG and Chieftainship, WHO, Water Commission, Water and Sewerage Authority, Department of Rural Water Supply, DMA, WV and other local and INGOs</p>	<p>1,200,000</p> <p><i>Less CERF commitment</i> <i>230,050</i></p> <p>Net requirements 969,950</p>

4. ROLES AND RESPONSIBILITIES

Under the overall leadership and coordination of the Resident Coordinator, the sector leads will take full responsibility for coordinating and implementing the sector-related activities by organising regular meetings, ensuring data collection, and providing all partners with timely information on the latest sectoral developments. Close cooperation with the GoL has ensured that the overall Flash Appeal strategy is fully in line with and complementary to the emergency response plan of the GoL. Regular meetings will take place with all counterparts in the government and other partners in the humanitarian community to avoid any overlaps or identify possible gaps.

The focal point within the Government for the humanitarian community to liaise with on a frequent basis is the Disaster Management Authority (DMA), which is responsible for bringing line ministries together and for coordinating the Government's response. The DMA will also be the main point of entry for discussions with the Government on the development of a national recovery plan, in particular now that the 2002-2007 recovery plan (after the previous drought in 2002) has come to an end. Equally important is the strengthening of the partnership with the Lesotho VAC to work together on the improvement of the overall data collection, especially in the health, nutrition, and water and sanitation sectors.

The above-mentioned coordination mechanisms will ensure the establishment of a common understanding of the drought's impact, and will provide opportunities to explore likely response options and geographic intervention areas, to maximise resources, reach those affected by the drought, and ensure complementarities and cost effectiveness in the response. Consultations are continuing on joint targeting issues to ensure uniformity in selection criteria, methodology and the generation of a single consolidated list for all households needing assistance, and for this list to be apportioned per agency depending on agreed geographical area of intervention.

The sectors and the responsible sector leads as identified during the elaboration of the flash appeal are the following:

Sector	Sector Lead
Agriculture	FAO
Early Recovery	UNDP
Food	WFP
Health	WHO
Nutrition	UNICEF
Protection	UNFPA
Water, Sanitation & Hygiene	UNICEF

Table III: Lesotho Flash Appeal 2007

List of Projects - By Appealing Organisation
as of 28 July 2007
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 3

Project Code	Sector Name	Project Title	Original Requirements (\$)
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ActionAid			
LES-07/A06	AGRICULTURE	Assistance to drought-affected households in Leribe and Thaba Tseka Districts	97,625
LES-07/F01	FOOD	Targeted emergency food assistance to PLWA and OVC in Thaba Tseka	150,000
Sub total for ActionAid			247,625

CARE			
LES-07/A05	AGRICULTURE	Support for intermediate successive vegetable harvests	139,600
Sub total for CARE			139,600

FAO			
LES-07/A01	AGRICULTURE	Emergency provision of agricultural inputs for households affected by drought in Lesotho	3,362,981
LES-07/A02	AGRICULTURE	Promotion of backyard gardens in Lesotho	100,000
LES-07/A03	AGRICULTURE	Promotion of dual-purpose poultry and treatment against Newcastle Disease	450,000
Sub total for FAO			3,912,981

UNDP			
LES-07/ER/I01	EARLY RECOVERY	Strengthening coordination of Emergency Relief, Early Recovery Planning and implementation	250,000
LES-07/ER/I02	EARLY RECOVERY	Restoration of damaged natural environment around key water sources due to high concentration of and use by people and livestock	400,000
LES-07/ER/I03	EARLY RECOVERY	Community Capacity Enhancement through Community Conversations (CCE-CC) for Drought Response and mitigation	150,000
Sub total for UNDP			800,000

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Lesotho Flash Appeal 2007

List of Projects - By Appealing Organisation
as of 28 July 2007
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Sector Name	Project Title	Original Requirements (\$)
UNFPA			
LES-07/H06	HEALTH	Prevention of HIV/ STIs Infections including mother to child transmission	250,000
LES-07/H07	HEALTH	Safe Delivery	650,000
LES-07/P/HR/RL01	PROTECTION	Train staff of food distribution points on SGBV issues	50,000
LES-07/P/HR/RL02	PROTECTION	Management of SGBV Victims	350,000
LES-07/P/HR/RL03	PROTECTION	IEC for Prevention of SGBV	300,000
Sub total for UNFPA			1,600,000
UNICEF			
LES-07/H01	HEALTH	Therapeutic Feeding	500,000
LES-07/H02	HEALTH	Nutrition status sentinel surveillance	314,900
LES-07/H09	NUTRITION	Supplementary Feeding	300,000
LES-07/P/HR/RL04	PROTECTION	Assessment of OVCs in drought stricken areas	25,000
LES-07/P/HR/RL05	PROTECTION	Psychosocial care and support for OVCs	200,000
LES-07/P/HR/RL06	PROTECTION	Development of child friendly services	100,000
LES-07/P/HR/RL07	PROTECTION	Issue Based Life Skills	250,000
LES-07/WS01	WATER AND SANITATION	Improve access to safe and sufficient water and adequate sanitation to vulnerable population and livestock in drought-hit areas	1,200,000
Sub total for UNICEF			2,889,900
WFP			
LES-07/F02	FOOD	Provision of emergency food aid	10,700,000
Sub total for WFP			10,700,000

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Lesotho Flash Appeal 2007
List of Projects - By Appealing Organisation
as of 28 July 2007
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 3 of 3

Project Code	Sector Name	Project Title	Original Requirements (\$)
WHO			
LES-07/H03	HEALTH	Strengthen the Integrated Disease Surveillance and Response System	420,500
LES-07/H04	HEALTH	Health System strengthening	280,000
LES-07/H05	HEALTH	Primary Health Care Package	924,500
Sub total for WHO			1,625,000
WVI			
LES-07/A04	AGRICULTURE	Restocking of poultry and treatment of chickens against Newcastle Disease	300,000
LES-07/ER/I04	EARLY RECOVERY	Provision of uniforms and back to school materials for OVC and promotion of home vegetable gardens	300,000
LES-07/F03	FOOD	Response to child under nutrition	250,000
Sub total for WVI			850,000
Grand Total			22,765,106

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Lesotho Flash Appeal 2007
 Summary of Requirements - by Sector (standard)
 as of 28 July 2007
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements (\$)
AGRICULTURE	4,450,206
ECONOMIC RECOVERY AND INFRASTRUCTURE	1,100,000
FOOD	11,100,000
HEALTH	3,639,900
PROTECTION/HUMAN RIGHTS/RULE OF LAW	1,275,000
WATER AND SANITATION	1,200,000
Grand Total	22,765,106

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX I.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
ARI	acute respiratory infection
ARV	Antiretroviral (drugs)
AWD	acute watery diarrhoea
CA	Consolidated Appeal
CBOs	community-based organisations
CCE-CC	Community Capacity Enhancement through Community Conversations
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Supply Assessment Mission
CGPU	Child and Gender Protection Unit
CHAL	Christian Health Association of Lesotho
CHS	Community Household Surveillance
CRS	Catholic Relief Services
CSB	corn-soya blend
CTFC	Community Therapeutic Feeding Centre
DMA	Disaster Management Authority
DPCF	Development Partners Consultative Forum
ER	Early Recovery
FAO	Food and Agriculture Organization
FNCO	Food and Nutrition Coordinating Office
GBV	gender-based violence
GDP	gross domestic product
GIEPA	Greater Involvement and Empowerment of People Living with HIV and AIDS
GoL	Government of Lesotho
FBO	faith-based organisations
FIDA	Federation of Women Lawyers
HIV	Human Immuno-deficiency Virus
IEC	information, education, and communication
IMCI	Integrated Management of Childhood Infection
INGOs	international NGOs
LENEPHWA	Network for People Living with HIV/AIDS
LMC	Local Management Committee
LNA	Licensed Nursing Assistant
LPPA	Lesotho Planned Parenthood Association
LVAC	Lesotho Vulnerability Assessment Committee
MoAFS	Ministry of Agriculture and Food Security
MoET	Ministry of Education and Training
MoGYSR	Ministry of Gender, Youth, Sports and Recreation
MoHSW	Ministry of Health and Social Welfare
MoGYS	Ministry of Regional Development and Youth Affairs
MoLG	Ministry of Local Government
MoTEC	Ministry of Tourism, Environment and Culture
MTs	metric tonnes
NAPFS	National Action Plan for Food Security
NGO	non-governmental organisations
OCHA	Office for the Coordination of Humanitarian Affairs
OVC	orphans and vulnerable children
PHC	primary health care
PLHIV	people living with HIV (includes those who have progressed to AIDS)
SAFEX	South Africa Futures Exchange

LESOTHO DROUGHT FLASH APPEAL

SFC	supplementary feeding centre
SGBV	sexual and gender-based violence
STI	sexually transmitted infection
TFC	therapeutic feeding centre
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFCC	United Nations Framework Convention on Climatic Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committee
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization
WILSA	Women and Law in Southern Africa
WVI	World Vision International

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Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: CAP@ReliefWeb.int Comments reaching us before 1 September 2007 will help us improve the CAP in time for 2008. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

Please write the name of the Consolidated Appeal on which you are commenting:

- 1. How could it be improved?**

- 2. Is the context and prioritised humanitarian need clearly presented?
How could it be improved?**

- 3. To what extent do response plans address humanitarian needs?
How could it be improved?**

- 4. To what extent are roles and coordination mechanisms clearly presented?
How could it be improved?**

- 5. To what extent are budgets realistic and in line with the proposed actions?
How could it be improved?**

- 6. Is the presentation of the document lay-out and format clear and well written?
How could it be improved?**

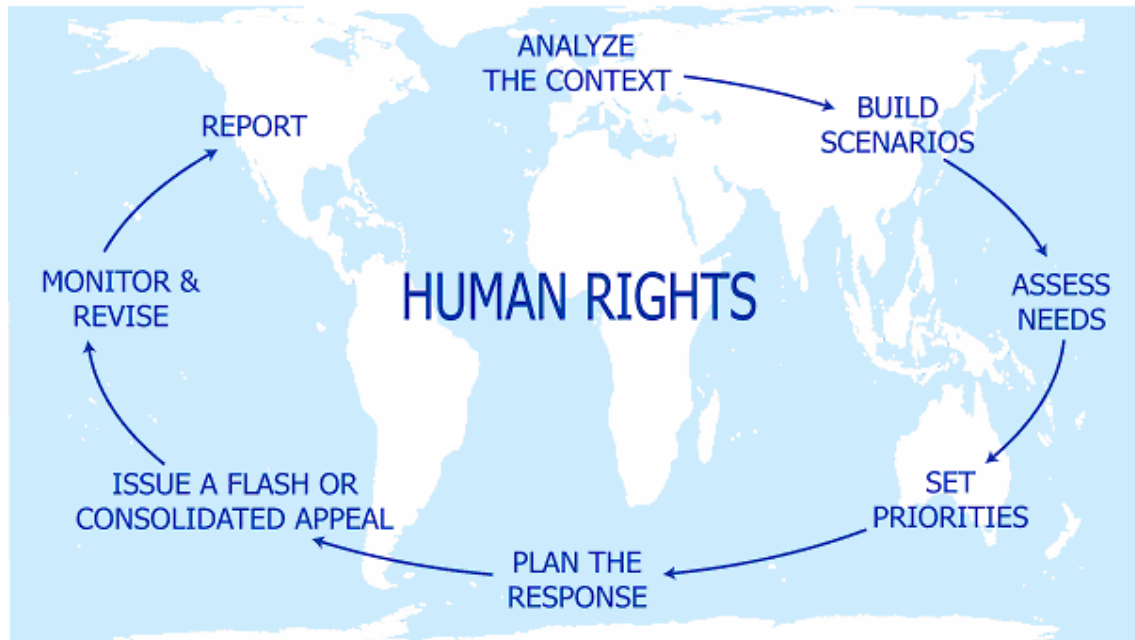
Please make any additional comments on another sheet or by email.

Name:

Title & Organisation:

Email Address:

CAP - Aid agencies working together to:



<http://www.humanitarianappeal.net>

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