

Project Number: 200369 | Project Category: **Country Programme**
Project Approval Date: November 14, 2012 | Planned Start Date: January 01, 2013
Actual Start Date: January 01, 2013 | Project End Date: December 31, 2017
Financial Closure Date: N/A

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Country Programme- Lesotho(2013-2017) Standard Project Report 2016

World Food Programme in Lesotho, Kingdom of (LS)



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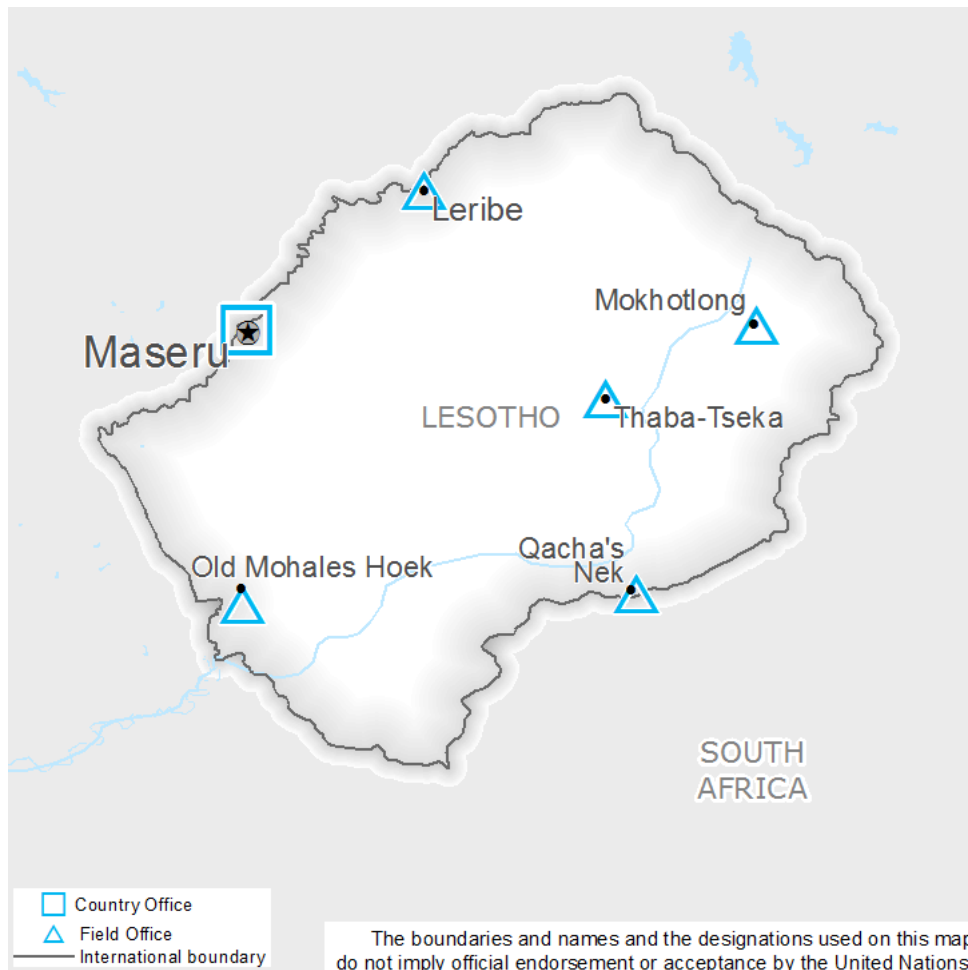
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Country Context and WFP Objectives



Country Context

Lesotho is a small, mountainous lower-middle income country with a population of 1.9 million people. The country ranks 161st of 188 assessed on the 2015 United Nations Development Programme Human Development Index.

Lesotho has made considerable strides in its efforts to attain gender equality and equity. A Southern African Development Community (SADC) member state, Lesotho has adopted a number of policies, frameworks and action plans to advance the economic and social position of women and girls to ensure equal opportunities for both men and women in the development process, address protection gaps, and promote better standards of living to achieve economic efficiency for all. The Global Gender Gap Index outlines national gender gaps on economic, political, education and health criteria and Lesotho ranks 65 out of 145 countries. Despite the number of educated girls in Lesotho, Gender Based Violence (GBV) is widespread. Along with entrenched patriarchy, GBV is manifested in a range of areas from transactional sex, human trafficking and harmful traditional practices. Early pregnancies are common and 49 percent girls marry before the age of 18.

More than half (57 percent) of the population lives on less than a dollar per day. Lesotho's GDP is USD 2.2 billion while its national gross income per capita is USD 1,500 (World Bank). The Southern African Customs Union (SACU) revenue contributes to a significant portion of the Lesotho's national budget, although this is projected to decline. The service industries are the largest contributor to Gross Domestic Product (GDP). The main livelihood source for a majority of the country's rural population is agriculture although it contributes only seven percent of GDP, down from 20 percent in 1983. The decline of the agricultural sector results primarily from deteriorating weather conditions and related land degradation, reliance on cheap imports, and falling remittances from Basotho

employed in South Africa which has reduced purchasing power for agricultural inputs.

The country is subject to recurrent climatic shocks which compound vulnerabilities in affected areas. Recurring hazards include droughts and early frost. Households' access to food is challenged by low incomes, poor health, a low performing economy, highly variable food prices, lack of diversified income strategies, and weak social-support networks associated with the HIV pandemic. As a result, 29 percent of people below the age of 35 are unemployed. The country has the world's second highest HIV and AIDS prevalence at 25 percent, with women more severely affected (29.7 percent among 15 – 49 year olds) than men (19.6 percent in the same age group). The country has to provide care for more than 250,000 orphans, most of whom lost their parents to AIDS. The life expectancy is 49 years.

The 2015-2016 El Niño phenomenon resulted in the worst drought experienced across much of southern Africa in 35 years. Since the beginning of 2015, the country experienced one of its worst drought conditions in history. The 2015/16 cropping season was characterized by poor rainfall, late onset of rains which delayed by 20 to 40 days. Lack of diversified livelihood and high unemployment rate of 29 percent exacerbated the consequences of the drought on the food and nutrition security situation. According to the 2016 LVAC report, 709,000 persons have become food insecure due to the impact of the El Niño.

High levels of stunting (at 33 percent nationally) and micronutrient deficiencies among children aged 6 to 59 months (particularly iron deficiency anaemia at 51 percent) are adversely affecting social well-being of the people as well as the country's economy. Stunting is more prevalent in rural areas at 35 percent, compared to 27 percent in the urban areas; and boys are mostly affected at 39 percent compared to girls at 28 percent. The prevalence of global acute malnutrition (GAM) remains low at 2.8 percent nationally. According to 2016 Lesotho Vulnerability Assessment Committee (LVAC) report, there has been no changes in GAM levels, although anecdotes and field reports indicate increased cases of acute malnutrition among young children and persons living with HIV (PLHIV).

With the introduction of the free primary education policy in 2000, supported by the Education Act of 2010 which made primary education not only free but also compulsory, the majority of school age children go to school. However, there are still challenges of early marriages affecting girls, and dropout of boys in grades 4 to 7, who often leave school to look after animals and/or their siblings. Primary net enrolment ratios range from 79.6 percent for boys and 82.6 percent for girls. However, retention rates of primary school students have been falling over the years and scores an average 64 percent (Education Sector Study of Lesotho – A system at a cross roads).

Lesotho has very significant strengths in the area of social protection. The Government contributes seven percent of its national budget to safety nets such as school feeding, old age pension, child grants and cash for work. The Government has demonstrated clear commitment to a comprehensive, inclusive approach through the school feeding programme (linked to free primary education and health-care for all); old age pension is offered on a universal basis to all qualifying citizens; and Child Grant Programme for orphaned and vulnerable children. The National Information System for Social Assistance (NISSA), which began as a tool of the child grant programme, has the potential to become a single registry for all social assistance (and social security) programmes.

[1]Demographic Health Survey 2009.

Response of the Government and Strategic Coordination

The Government's 2012-2017 National Strategic Development Plan (NSDP) elaborates a set of medium-term strategies to achieve "Vision 2020", including developing key infrastructure, creating employment opportunities, reversing environmental degradation and adapting to climate change. It recognises the food and nutrition security challenges faced by Lesotho and has developed a range of policy frameworks to address them. These include the Food Security Policy (2005), Food Security Action Plan (2007-2017) and the National Disaster Risk Reduction Policy (2011). Together these focus on improving market infrastructure, remedying unsustainable land use practices, supporting smallholder farmers and improving the resilience of the rural poor.

In support of the objectives of the NSDP, the Government operates a range of safety net programmes addressing multiple social risks and vulnerabilities. There is increasing appetite for support to strengthen these programmes in ways that will allow the Government to respond better to both chronic and acute food insecurity and other needs in future.

Lesotho is a United Nations 'Delivering as One' (DaO) self-starter country. WFP was a key architect of the 2013-2017 Lesotho United Nations Development Assistance Plan (LUNDAP). WFP operations are aligned to LUNDAP outcomes concerning the delivery of basic services, reducing vulnerability to disasters and sustainably managing natural resources.

In light of the deteriorating humanitarian situation in drought-affected parts of the country, a United Nations Humanitarian Country Team, chaired by the Resident Coordinator, has been established to ensure an effective collective response. This forum includes all United Nations agencies and non-governmental organisation (NGO) partners. Located within the Prime Minister's Office, the Disaster Management Authority (DMA) is responsible for overall response coordination. This structure works closely with the United Nations Disaster Risk Management Team (UN-DRMT).

In accordance with the principles of the DaO approach, WFP prioritizes strategic partnerships and work with the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), the Food and Agriculture Organisation of the United Nations (FAO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organisation (WHO), the Lesotho Red Cross, World Vision, Catholic Relief Services and others to maximise coordination and complementarities within and across sectoral responses.

Summary of WFP Operational Objectives

WFP operations in Lesotho have been designed based on the two pillars of the Country strategy 2012-2017: i) strengthening resilience and responsiveness to food security shocks; and ii) enhancing the nutritional and social well-being of vulnerable groups. In 2016, WFP supported the Government of Lesotho to address hunger and nutrition issues through short to medium term projects, and continued to strengthen the capacity of the government in various areas. Partnerships were forged to enhance implementation of programmes and capacity strengthening of the government.

WFP was among the first development partners to respond to the adverse effects of the 2015/16 drought, by implementing the Immediate Response Emergency Operation (IR-EMOP) from March 2016 until May 2016. Following the end of the IR-EMOP, WFP implemented the Protracted Relief and Recovery Operation (PRRO 200980) with an approved budget of USD 27 million for relief activities to cover 201,000 beneficiaries and to strengthen the resilience of 62,000 beneficiaries in the districts experiencing chronic food security challenges.

The Country Programme (CP 200369) enhanced the capacity of the government of Lesotho to respond to food security challenges by pursuing the following objectives: i) strengthen early warning system and information management to inform measures that reduce risks associated with disasters; ii) support human development and increase pre-primary school enrolment; and iii) improve socio-economic capacities by investing in people's physical well-being, reducing the care and economic burden associated with chronic illness and improving people's nutritional status.

The School Feeding Programme funded by the Government through a Trust Fund, contributed to access to education in support of free and compulsory primary education, as part of the transition process of the school feeding programme to national ownership. Through this programme, strengthening of national capacity to manage and coordinate the school feeding programme was undertaken through trainings and study tours.

Country Resources and Results

Resources for Results

Following the declaration of a state of emergency and the appeal launched by the Government of Lesotho in response to El Niño, the IR-EMOP started with 100% funding for cash based transfer relief activities in two districts. Timely allocation of resources by ECHO and CERF facilitated the implementation of the IR-EMOP in the two districts. Funds were available to start PRRO 200980 implementation in June 2016. However, implementation was gradual due to the slow targeting exercise (coordinated by the government) which took a considerable time to be completed. The Government of Lesotho funded the primary school feeding programme and also funded the construction of kitchens and storerooms through a Trust Fund.

Funding levels for Country Programme 200369 were generally constrained for the three components of the Country Programme such that adjustments had to be made. For component one (Disaster Risk Reduction), assets creation element was moved to PRRO 200980; for component two (preschool feeding) the ration size was modified by providing only super cereal in the first quarter in order to cover all planned beneficiaries.

Achievements at Country Level

In close collaboration with other UN agencies (UNDP and FAO), WFP supported the government to develop a national resilience framework for effective planning and implementation of disaster risk reduction measures in Lesotho. In addition, WFP provided technical assistance to a joint multi-sectoral rapid assessment of the impact of El Niño in Lesotho in January 2016; rural vulnerability assessment in June 2016; and urban vulnerability assessment in December, 2016. WFP participated in the development of the national emergency response plan meant to help the government to address food insecurity and nutrition challenges resulting from El Niño phenomenon. With funding from the World Bank, WFP supported the Disaster Management Authority to establish an early warning system in order to enhance capacity to respond to shocks timely.

The Cost of Hunger in Africa (COHA) Lesotho study was one of the key achievements for WFP in 2016. The COHA study provided an opportunity to better understand the role child nutrition can play in the achievement of the Vision 2020, serving as an advocacy tool for the government to realise the importance of nutrition on the national economy, and the need to invest in and support nutrition related initiatives to address chronic malnutrition as a national priority. According to the report, Lesotho loses 1.9 billion Maloti (US\$200 million) a year due to the effects of child undernutrition.

Pre- and primary- school children received two meals a day for most of the school days to enhance their ability to learn, particularly during the drought at a time of high levels of food insecurity for those children coming from very poor families. The school feeding infrastructure improvement project ensured that food was stored, prepared, and served in a conducive and healthy environment for the well-being of the children. Study tours, workshops and capacity development activities undertaken in 2016 enhanced the capacity of the government to take over the school feeding programme from WFP. WFP provided technical support in identifying and assessing the capacity of the national management agents (entities to take over implementation of the school feeding programme from WFP).

WFP continued to support the education sector as part of the transition process of the school feeding programme to national ownership through a Trust Fund by undertaking capacity development activities. With technical support of WFP, a new government school feeding model will be piloted as of January 2017. WFP aims to complete hand over of the school meals programme to the government by 2018.

The WFP nutrition component made noteworthy achievements in 2016. WFP supported the Government of Lesotho in achieving their commitment to reducing food and nutrition insecurity and supporting the achievement of the Sustainable Development Goal, continental and national priorities. Working with partners, the government, Non-Governmental Organizations and WFP continued to improve access and provide nutrition services to vulnerable groups, especially children and women, adolescents and people living with HIV and TB in districts with high HIV and malnutrition prevalence. WFP's strategic focus is on enhancing nutrition interventions in both prevention and treatment programmes, generating evidence of effective nutrition actions and governance for nutrition, which is in line with the Vision 2020.

The national Food and Nutrition policy review process that started in 2012 was finalised and the policy launched in October 2016. WFP participated in the process through a collaborative effort with UNICEF and the government departments. The policy serves as an important framework for both food and nutrition security interventions and

thus helps the country to reinforce multi sectoral nutrition programming. WFP in collaboration with other UN agencies and the government participated in the final editing and reviewing of the national Integrated Management of Acute Malnutrition guidelines which guides implementation of treatment of acute malnutrition at all levels.

Along with other partners, WFP provided technical and financial support for launching the Scaling Up Nutrition Movement (SUN) platform in October 2016. This will continue to support the commitment made by the government in 2014 that calls for a concerted and coordinated government led initiatives to harness the commitment and resources of multiple sectors to reduce malnutrition. The UN inter-agency partnership; REACH (Renewed Efforts against Child Hunger and Undernutrition) founded by FAO, UNICEF, WFP, and WHO; and chaired by WFP was established. Through this network a country-centred, multi-sectoral approach to help strengthen national capacities for nutrition governance and scale up of nutrition actions to reduce malnutrition will be enhanced. In 2017, WFP will facilitate recruitment of the REACH National Facilitator to support REACH activities for a period of one year.

WFP also collaborated with Elizabeth Glaser Paediatric AIDS Foundation Lesotho in the treatment of moderate acute malnutrition for people living with HIV and TB on treatment in the five high HIV burdened districts. This partnership brought significant technical and financial resources to strengthen delivery of nutrition services at the facilities. Support to HIV and TB clients helped with adherence to medication thus prolonging their lives and ensuring participation in the economic growth of the country. Furthermore, WFP in a collaborative effort mobilised resources to the tune of USD 800,000 from the Global Fund for continued nutrition support focusing on the treatment of moderate acute malnutrition in the ten districts.

To build strong nutrition evidence-base for holistic policy, response, planning, prioritization and decision-making on food and nutrition security, WFP was instrumental in the integration of nutrition, HIV and gender in the vulnerability assessment and analysis (VAA). This made Lesotho to be among the first countries in the Southern Region to integrate nutrition, HIV and gender in VAA. The integration was able to demonstrate the adverse impact of food and nutrition insecurity on PLHIV and other vulnerable groups like orphaned and vulnerable children.

As part of the South to South cooperation and information-sharing platform to enhance the government officials on nutrition initiatives in the region, WFP supported six government officials from the ministries of Agriculture, Health, Development Planning and the Food and Nutrition Coordination Office to attend nutrition workshops in Maputo, Mozambique and Johannesburg, South Africa respectively.

With the implementation of IR-EMOP and PRRO, WFP contributed to saving lives of the vulnerable people who were at risk as a result of drought induced El Niño.

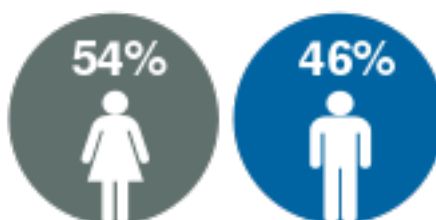
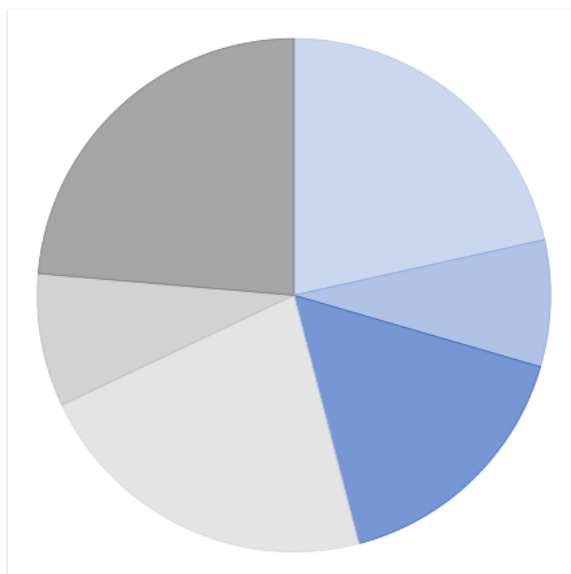


Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	51,388	52,619	104,007
Children (5-18 years)	19,030	20,015	39,045
Adults (18 years plus)	39,236	56,459	95,695
Total number of beneficiaries in 2016	109,654	129,093	238,747

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	1,316	81	337	1,806	-	3,539
Single Country PRRO	916	71	338	-	-	1,325
Total Food Distributed in 2016	2,232	152	675	1,806	-	4,864



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country IR-EMOP	869,378	-	-
Single Country PRRO	1,920,082	-	-
Total Distributed in 2016	2,789,459	-	-

Supply Chain

WFP worked with the Government of Lesotho Food Management Unit (FMU) for all logistics matters. All commodities are stored in FMU warehouses which are located in all ten districts. WFP continued to procure food regionally following a resolution to suspend local purchases as they could not meet WFP specifications on quality. Most commodities were procured from the Global Commodity Managing Facility (GCMF) as it proved to cut costs and time compared to normal regional purchase systems. Savings gained from buying from the GCMF were used to procure additional food commodities. Although GCMF was considered due to its cost benefits, WFP experienced some transport delays in commodity transportation due to the limited availability of regional transporters. To counteract this challenge, WFP is lobbying with national transporters to be added on the roster.

To enhance proper storage, WFP provided FMU with a series of maintenance activities to renovate several warehouses and intensified warehouse inspections. Operational meetings were also held with FMU managers to ensure proper adherence to warehouse procedures. Where necessary, commodities were pre-positioned to ensure timely arrival of commodities at the final distribution points.

To ensure timely deliveries, WFP moved its Logistics Assistants to FMU warehouses on a full time basis to improve warehouse safety, capacity and efficiency. This resulted in minimising non-authorized commodity movements and unexpected spoilage. The secondment also offered FMU personnel a new perspective of learning new skills and boosted networking with WFP counterparts. Warehouse managers were also trained on good warehouse practices, which resulted in minimising post delivery losses (0.2 percent). Training was also offered to FMU staff on WFP's Logistics Execution Support System (LESS) to enhance their understanding on how the system works and the expected contribution in making the system more efficient.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Corn Soya Blend	-	243	243
Maize Meal	-	529	529
Peas	-	56	56
Split Peas	-	72	72
Vegetable Oil	-	128	128
Total	-	1,029	1,029
Percentage	-	100.0%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Corn Soya Blend	61
Maize	3,860
Peas	504
Vegetable Oil	175
Total	4,600

Implementation of Evaluation Recommendations and Lessons Learned

The design and implementation of the IR-EMOP built on findings and recommendations of the internal review of EMOP 200499 which was implemented in 2013. The recommendations of the ECHO commissioned evaluation by the Overseas Development Institute (ODI) on WFP cash based transfer (CBT) activities were also adopted. The roles of the District Disaster Management Team, Lesotho Standard Bank, World Vision and FAO were clearly defined in the project document and in the operational plan to guide implementation processes of the IR-EMOP.

The current PRRO design acknowledges the recurrent nature of drought conditions in Lesotho, pursuing immediate food security, medium-term recovery and longer-term resilience and capacity strengthening outcomes. This approach was recommended by a 2015 mid-term evaluation of Country Programme 200369, which reiterated WFP's crucial role in emergency response, while emphasising longer-term vulnerabilities, and underscored the appropriateness of shifting from direct implementation over time.

As per the recommendations of the mid-term evaluation of CP 200369, pre-primary school feeding data collection tools were updated to make them more nutrition sensitive. District government staff were also trained on data collection to ensure ownership and continuity beyond WFP support. On the job training was provided by WFP to a school feeding officer to oversee monitoring in the school feeding unit and to a nutritionist from the Ministry of Education and Training preschool unit. Furthermore, the school feeding unit continued to engage the Ministry of Education and Training preschool unit in all its capacity strengthening activities including training. Mentoring and coaching of Ministry of Education and Training school feeding staff is ongoing.

Under the nutrition component, the distribution of nutrition commodities for the prevention of stunting was carried out at community level to increase participation and reduce the walking time and distance. The Nutritionist from the Ministry of Education and Training Early Childhood Care and Development (ECCD) unit was temporarily placed within the WFP for two months to oversee implementation of activities that will ensure that ECCD related activities become nutrition sensitive. In addition, through the Global Fund, the Ministry of Health with the help of WFP established a technical working group that brings all parties together to ensure a nutrition continuum of care in the management of acute malnutrition.

A Mid-term review of Trust Fund 200771 (school feeding programme) was undertaken towards the end of the year, the report will be finalised in 2017, and recommendations will be implemented in 2017 accordingly.

Project Objectives and Results

Project Objectives

The Government of Lesotho, through its National Strategic Development Plan 2012-2017, identified chronic poverty, widespread food insecurity, chronic malnutrition and the HIV/AIDS epidemic as the key developmental challenges to be addressed. Through this Country Programme (CP), WFP aimed to assist the Government in responding to these challenges with the following components:

- **Component One: Enhance Resilience and Responsiveness through Disaster Risk Reduction (DRR) pillar.** Through this component, WFP supported livelihoods strategies that enhance both incomes and farm-based assets in order to increase farmers' resilience to shocks.
- **Component Two: Support for Pre-School Education.** Through the Early Childhood Care and Development (ECCD) programme WFP aimed to increase school enrollment and ensure that children were better prepared for primary education by providing pre-school children with morning porridge and a lunch meal.
- **Component Three: Support for Nutrition and HIV.** Through this component, WFP adopted a comprehensive food-based approach where both Curative and Preventive Interventions were incorporated. Support was given to people on antiretroviral therapy (ART) and tuberculosis (TB-DOTs) with Moderate Acute Malnutrition (MAM) to increase their access to specialised nutritious foods; specifically, super cereal. In addition, a blanket supplementary feeding was implemented to prevent nutrition deterioration of children under two years and pregnant and lactating mothers in areas with the highest stunting prevalence; namely Thaba Tseka, Mokhotlong, Mophale's Hoek and Qacha's Nek districts.

The long-term objectives of the Country Programme are to enhance resilience to food-security shocks and to improve the nutritional and social well-being of vulnerable groups. These goals are aligned with WFP Strategic Objectives 2; Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies and Strategic Objectives 4; Reduce undernutrition and break the intergenerational cycle of hunger and also contribute to the Lesotho United Nations Development Assistance Plan (LUNDAP) 2013-2017.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	391,822
Cash & Voucher and Related Costs	482,993
Direct Support Costs	5,761,994
Food and Related Costs	31,413,266
Indirect Support Costs	2,663,505
Total	40,713,580

Project Activities

In 2016, WFP continued to enhance the Government's capacity to effectively respond to food insecurity challenges, to strengthen education and nutrition, and to promote a more resilient society by introducing capacity development and augmentation across all three components.

Under Component One, there were no food transfers to beneficiaries, except for the capacity development on an Early Warning System. Food assistance for assets activities under Component One were transferred to the newly established PRRO 200980 project to avoid duplication of activities. WFP, through funding from the World Bank, supported the Disaster Management Authority's (DMA) to develop an Early Warning and Information System to enhance timely access to information at the community, district and national level. Data was stored, processed,

analysed and used by counterparts, under DMA coordination. WFP procured appropriate hardware and software to enable the Government to produce information. To ensure the effective utilisation of the system, key IT equipment and training were provided to DMA staff at central and district level.

WFP also strengthened the Lesotho Meteorological Services (LMS) capacity to contribute to the Early Warning System by providing LMS staff training on Seasonal Crop Monitoring to strengthen their information bulletins and hazard mapping capabilities. WFP also procured 15 tablets to enhance timely reporting and data collection of weather related information. In addition, WFP assisted the LMS renew its website licence which had not been updated since 2011 to help ensure that the alerts and bulletins were easily accessible.

As part of the Early Warning System, the Bureau of Statistics (BOS) provided monthly price data. To improve the timely availability of price data, WFP procured 30 tablets for BOS to assist in the collection of price data. WFP also implemented a mobile Vulnerability and Analysis Mapping (mVAM) for the first time in Lesotho. This system used mobile phones to collect information on household food security situation as well as price information through short mobile phone surveys, using live telephone interviews, text message (SMS) and interactive voice response. The introduction of this system allowed WFP to capture real-time data.

Under Component Two, a morning snack of 60g of super cereal and a lunch of 120g of maize meal, 25g of pulses and 15g of fortified vegetable oil were provided daily to each child attending the ECCD centres. All planned children aged 24-59 months were reached through the education support. Meals were prepared by the parents on a rotational system to promote ownership and sustainability. WFP mobilised additional stakeholders to offer Water Sanitation and Hygiene (WASH) and nutrition education, and child protection awareness in order to offer a comprehensive package to young learners.

Under Component Three, resource constraints and food pipeline supply breaks occurred during the implementation cycle of the programme affecting all the ARTs and TB-DOTs clients, children 6-23 months and pregnant and lactating women (PLW). WFP has intensified the resource mobilisation to address the resource shortfalls to ensure continuity of the programme in the following year. In total, 92 percent out of the planned beneficiaries were reached, and the gap was due to funding shortfalls.

Nutrition support to moderately acute malnourished clients on ART and TB-DOTs was provided through Government health facilities in five high disease burden districts of Leribe, Maseru, Mafeteng, Berea and Mohale's Hoek. Adults received a monthly ration of 7.5 kg of super cereal while children aged 6 to 59 months received a 6 kg of super cereal plus. A family food ration comprised of 6 kg maize meal, 0.6 kg fortified vegetable oil and 1.8 kg pulses was also provided to vulnerable clients for a family of five members to reduce the risk of food sharing among family members. This support was in line with the newly adopted UNAIDS fast track strategy 90-90-90 (90 percent of people living with HIV knowing their HIV status, 90 percent of people who know their HIV-positive status accessing treatment and 90 percent of people on treatment having suppressed viral loads). Implementation was also aligned with the Integrated Management of Acute Malnutrition (IMAM) protocol which used anthropometric measurement to determine inclusion and exit from the programme. Support was meant to improve the nutritional status of targeted clients. This contributed to treatment adherence and overall improved treatment outcome.

WFP continued to provide blanket supplementary feeding for the prevention of chronic malnutrition (stunting) to pregnant and lactating women and children aged 6 to 23 months in the four out of ten districts of Thaba Tseka, Mokhotlong, Mohale's Hoek and Qacha's Nek, where the 2014 Lesotho Demographic Health Survey (LDHS) reported the highest levels of stunting above 30 percent and micronutrient deficiency, especially iron deficiency anaemia. The implementation focused on the first 1,000 days to promote action and investment in nutrition to build a strong foundation for children, their families, and the nations to thrive. Children and women were provided with a monthly ration of 6 kg of super cereal plus and 7.5 kg of super cereal respectively to improve child growth and development with particular attention to reduce stunting and micronutrient deficiencies. Due to funding shortfalls, the achievement was slightly below the target.

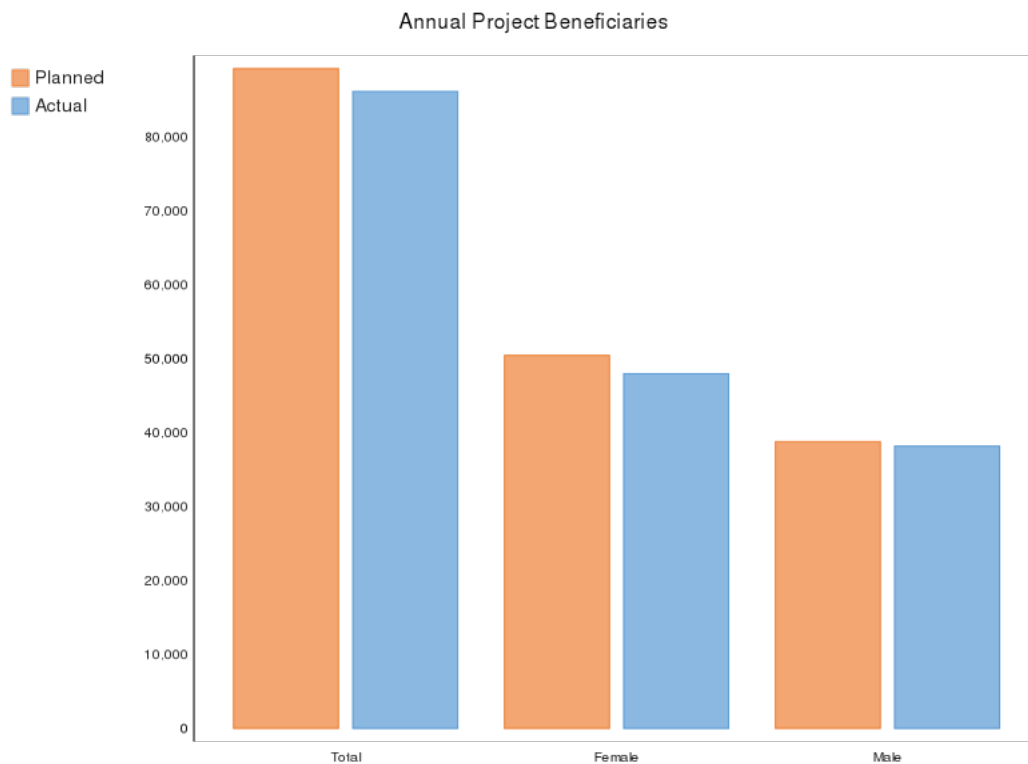
Distribution of specialised nutrition foods was undertaken at the community level as per the Country Programme mid-term programme evaluation recommendation that food distribution points be established closer to beneficiaries to increase participation and reduce the walking time and distance. However, in areas where health services presence was limited, the implementation remained within the health facilities to encourage communities to access and utilise the health services which include vaccinations, routine vitamin A supplementation, deworming and antenatal services. In order to provide a comprehensive package in addressing stunting, WFP engaged diverse stakeholders under the coordination of the Food and Nutrition Coordinating Office (FNCO) for other complementary community-based activities which encompassed diet diversification, infant and young child feeding practices, water, hygiene and sanitation education.

Response to the El-Niño Phenomenon

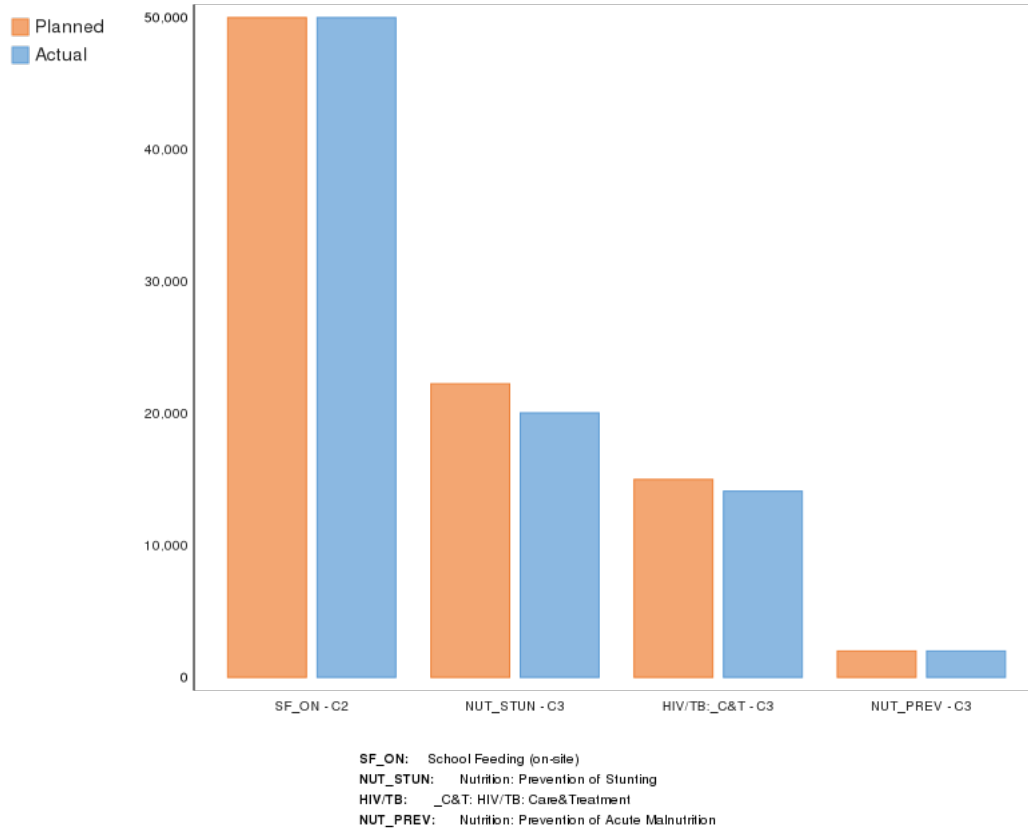
The country experienced a severe drought as a consequence of the El-Niño phenomenon, a situation that prompted the Government to declare a national emergency in December 2015. In line with the National Mitigation and

Response Plan of December 2015, WFP incorporated in its emergency response the prevention of acute malnutrition programme targeting children aged 6 to 59 months and pregnant and lactating women. The implementation was aligned with the WFP cash based transfer programme under the IR-EMOP for vulnerable households in two of the hardest-hit districts – Mafeteng and Mofale’s Hoek – in the southern part of the country. Selected children and women were provided with a monthly ration of 6kg of super cereal plus and 7.5kg of super cereal respectively to prevent deterioration of the nutritional status and improve on micronutrients intake. As a result, 1,700 children and 300 mothers were reached.

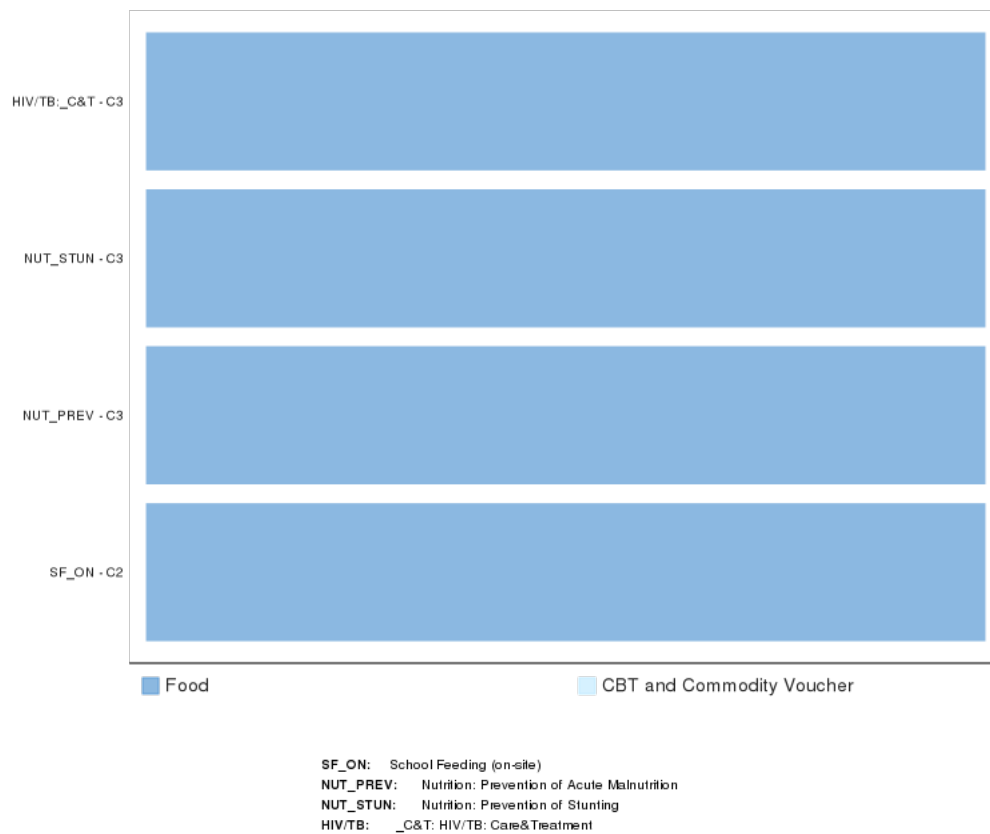
Through mobilization of various health and nutrition stakeholders under the coordination of the Disaster Management Authority, beneficiaries were also provided trainings on WASH and nutrition-related messages. Topics covered focused on infant and young child feeding practises, HIV prevention, guidance on the construction of hands-washing devices (tip-tap), soak-way pits for grey water disposal and vegetable production. Additionally, beneficiaries received the following services; provision of vitamin A and deworming tablets, immunisations, treatment of minor ailments, HIV counselling and provision of HIV prevention and family planning commodities. Part of the joint UN humanitarian response programme was also extended to Berea district where households were already benefiting from WFP’s nutrition programme received agricultural inputs including shade nets, training materials on home gardening from FAO. Through this support, 540 additional households were reached contributing to increased achievements than what was initially planned.



Annual Project Beneficiaries by Activity



Modality of Transfer by Activity





Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Comp.2-Support for Pre-School Education			
Beans	225	148	65.8%
Corn Soya Blend	540	486	90.1%
Maize Meal	1,080	776	71.9%
Vegetable Oil	135	62	46.2%
Subtotal	1,980	1,473	74.4%
Comp.3-Nutrition and HIV			
Beans	216	189	87.4%
Corn Soya Blend	2,444	1,319	54.0%
Maize Meal	720	540	75.0%
Vegetable Oil	72	19	26.0%
Subtotal	3,451	2,067	59.9%
Total	5,431	3,539	65.2%

Operational Partnerships

In Lesotho, the implementation of the activities under the Country Programme is often challenged by limited and short-term funding and weak institutional capacity. In an effort to mitigate these risks, WFP is further strengthening its partnership with other development partners and UN agencies to support existing national programmes. In addition, WFP increased its support to capacity development and augmentation activities to continue enhancing the Government's capacity to gradually take over activities under this Country Programme.

WFP assisted in setting up the multi-agency Early Warning System secretariat by coordinating the meetings to oversee the implementation of the Early Warning System, it was composed of key government departments such as the: Disaster Management Authority (DMA), Lesotho Meteorological Services, Bureau of Statistics (BOS), Food and Nutrition Coordinating Office (FNCO), Ministry of Agriculture and Food Security (MAFS) and Department of Water Affairs. The Secretariat coordinated and completed planned activities on time. The Secretariat also carried out a series of trainings and workshops for the District Disaster Management Teams (DDMTs) on the Early Warning System. In addition, WFP assisted the Government in reviving the multi-sectoral LVAC Secretariat in April 2016 which was dormant due to poor coordination arrangements from the lead sector.

Following the end of WFP-assisted school feeding programme in April 2015, WFP continued to support education as part of the transition process of school meals to national ownership through a Trust Fund. This is done to allow time for the development and strengthening of national capacity to manage and coordinate the school meals programme. WFP aims to complete the hand over of the school meals programme to the MoET by 2018. The smooth handover of the ECCD feeding programme is highly dependent on developing the capacity of the government, including areas of coordination, implementation, monitoring and evaluation.

During multi-sectoral coordination meetings, WFP signed MOUs with strategic and operational partners with technical and financial means to improve CP outcomes. Partners included the Gender and Protection Unit from the Ministry of Police and Lesotho National Olympic Committee which integrated life skills education, promoted gender and child protection issues in the ECCD curriculum. Partnerships were also established to promote WASH initiatives within ECCDs. The Ministry of Agriculture and Food Security was WFP's primary partner in the provision of nutrition educational sessions including imparting the food preservation skills to ECCD caregivers in four districts of Leribe, Maseru, Berea, and Mafeteng. The Ministry of Health was instrumental in providing supplementation of Vitamin A

and deworming tablets to 33,500 number of pre-school children.

In line with the WFP Corporate Partnership Strategy (2014-2017), WFP established partnerships with local NGOs to ensure sustainability of the nutrition treatment, care and support programmes for people living with HIV and AIDS and TB. Three local NGOs - LENASO, Phelisanang Bophelong and Adventist Development Relief Agency (ADRA) - were engaged to support the implementation in five high disease-burdened districts of Maseru, Berea, Leribe and Mohale's Hoek. These partners were already committed to supporting people living with HIV and AIDS and TB through programmes focusing on adherence education, psychosocial support and on facilitating linkages with communities.

The engagement with these partners, therefore, built on existing community-based programmes aimed to link clients who have fully recovered and their family members to sustainable livelihood programmes. This facilitated smooth referral processes, reduced defaulters, and improved adherence to treatment. The involvement of the NGOs in providing nutrition services contributed to improved documentation of nutrition data which proved to be a challenge over the last years. Two partner NGOs – Send A Cow and Themabalethu – were engaged to facilitate these linkages for clients assisted by the Food by Prescription (FBP) programme in Mohale's Hoek and Maseru.

WFP also collaborated with Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) to mobilise technical and financial resources to enhance the capacity of the Ministry of Health at all levels. The partnership facilitated the provision of nutrition assessment tools.

WFP, through a collaborative effort with other UN agencies, provided technical and financial support to the finalisation and launching of three nutrition strategic milestones (National Food and Nutrition Policy, COHA Lesotho Study report and the Scaling Up Nutrition) in October 2016. This brought together main stakeholders and created an opportunity to prioritise nutrition on the national agenda. Together with the policy, the COHA study presents an opportunity to advance the multi-sectoral coordination of nutrition action by strengthening and broadening the support for nutrition as a critical contributor to inclusive development of the country. It also provides an opportunity to increase support for the Scaling Up Nutrition (SUN) Movement and the Zero Hunger Challenge in line with the SDG 2.

Performance Monitoring

Over the past three years, WFP's Monitoring and Evaluation (M&E) compliance to the M&E Normative Framework has steadily improved. In particular, compliance to Standard Operating Procedures (SOPs), SRF Business rules and Minimum Monitoring Requirements. The country office M&E strategy implementation plan which was developed in 2015, based on the Regional M&E Strategy, is currently being implemented. The country office facilitated several stakeholder, partner and WFP capacity development activities including trainings on ODK programming, use of android devices for data collection and conducted some field oversights as part of this implementation. Evaluation recommendations were tracked and more effort is being applied to ensure timely M&E reporting. Currently, the M&E unit has two fulltime staff members at the country office level and one data entry clerk who support programme implementation with support from monitoring assistants in the field offices.

WFP Lesotho continued to implement a pre-primary school feeding programme in partnership with the Government. One of the key activities that WFP engaged in with Government in 2016 was to conduct quarterly capacity development sessions which included training on M&E, data collection and use of android devices for data collection. Mentorship sessions were implemented with the Ministry of Education staff on M&E as one of the strategies to transfer skills and are planned to continue in 2017 with more emphasis on data analysis and reporting. As a result, Ministry of Education staff have now begun taking responsibility of school feeding monitoring.

In 2016, WFP field monitors in partnership with the Ministry of Education district level school feeding and Early Childhood Care and Development (ECCD) officers conducted onsite monitoring using checklists administered randomly to sample pre-primary schools in the districts. The checklist focused mainly on process and implementation monitoring but also included enrolment data for triangulation purposes. Enrolment data for all pre-primary schools was collected by the Ministry of Education and shared with WFP through its school feeding unit during the first quarter of the year. WFP conducted trainings on how to report on key performance indicators, and how to properly collect data using android devices for both the government and WFP staff to ensure quality data.

In 2016, a nutrition Post Distribution Monitoring (PDM) and prevention of stunting coverage survey were conducted using cluster sampling methods, which focused on districts supported and distribution points. The sampling was based on WFP's Minimum Monitoring Requirements (MMR) which recommend 25 clusters/villages and a total of 375 individuals or households to be sampled. In total, 433 households were reached through the PDM whilst 464 children aged 6-23 months were reached through the coverage survey in the four supported districts (Thaba Tseka, Mokhotlong, Mohale's Hoek and Qacha's Nek).

Overall data was collected through structured questionnaires using android devices which were instrumental in saving time on data entry, minimising errors and improving the quality of data. Data collection for both surveys was done in partnership with district level nutrition teams which are made up of district level nutrition stakeholders under the leadership of the Food and Nutrition Coordinating Office (FNCO). In preparation for data collection, WFP re-sensitised and trained the district nutrition team members on the project objectives, key performance indicators, data collection tools, data collection skills and use of android devices for data collection. This was to ensure that in subsequent surveys, these teams could have a stronger sense of ownership for the project activities beyond their monitoring responsibilities. The team leaders were also involved in data analysis and reporting for capacity development and further follow-up on the results.

WFP continued advocating for improved data capture and reporting on HIV/TB care and treatment performance indicators at the Ministry of Health management levels, health facilities, key government stakeholders and NGOs. WFP further identified and engaged local NGOs already working with health facilities and supporting people living with HIV with a view to improve on data collection and reporting. Performance data was collected by NGOs in respective districts and shared with WFP through its Field Offices in the districts. This being a pilot and the first year of such an engagement with partners, not much improvement was observed in the data quality. However, a consultant was engaged to conduct a lessons learned exercise on the pilot and the final report is expected in 2017 with recommendations on how to improve programme implementation.

Results/Outcomes

Support to pre-primary education was measured mainly through the enrolment rate to capture the change in enrolment from year to year to provide an estimate of the effectiveness of school feeding programme in attracting children to school. The measurement for this indicator was the annual enrolment of boys and girls in WFP-supported schools. According to the 2016 data, slightly more girls were enrolled in pre-primary schools than boys.

WFP continued to support children aged 6-23 months and pregnant and lactating women through a prevention of stunting programme. This activity was mainly measured through the minimum acceptable diet (MAD) and programme coverage. Minimum acceptable diet (MAD) is an indicator used to identify the proportion of children age 6-23 months who consumed a minimum acceptable diet. It is a combination of both the minimum diet diversity and minimum meal frequency. While the programme coverage was used to measure the proportion of the eligible population who are participating in a programme.

A high proportion of children aged 6-23 months were enrolled in the programme. The main reasons cited by households for not covering children in the programme were lack of knowledge about the programme selection criteria. WFP and partners plan to further intensify sensitisations on the programmes and selection criteria to minimise the exclusion of qualifying children in the programme. Most households that were enrolled in the programme, indicated that they learned about the programme mainly from village health workers (61%) followed by those that learned from the health facilities (24%). Though there was a weak correlation between coverage rates and sex of head of household, children from female-headed households had a slightly higher programme coverage than those from male-headed households. This indicates that female-headed households were better informed about the programme. This can be attributed to the fact that women are more involved in seeking health services and growth monitoring services which are supported by village health workers and health facilities.

The minimum acceptable diet was very low for all the supported children. The proportion of children that were able to attain the minimum acceptable diet was found to be below the target and the previous follow-up. The main contributor to the low result could be the current food insecurity situation due to the El-Nino effects in the country. This was also evidenced by the high levels of sharing that were observed even though the ration provided was for targeted individuals. Half (50%) of the households reported that the support had been shared and most households (86%) mentioned that the main reason for sharing was the vulnerability of relatives and neighbours.

WFP continued HIV and TB care and treatment for 7,647 clients in districts burdened with HIV (Leribe, Maseru, Mafeteng, Berea and Mohale's Hoek). Due to funding constraints, implementation could only start in April 2016 as opposed to January 2016. Nutrition recovery rate measures the proportion of clients that recover nutritionally after receiving the nutritional support. The recovery rate for HIV and TB care and treatment improved compared to 2015. The improvement could be attributed to the change in strategy of the project implementation and data collection by engaging NGOs. However, this result was still below target due to the poor quality of the health facility data and the delays in graduating clients from the programme. The recovery rate for PMTCT similarly improved compared to 2015 though the result was also below the target. Though this indicator has been below target over the years of programme implementation mostly due to poor follow-up and poor anthropometric measurement at health facilities. In 2016, WFP changed a strategy by engaging NGOs already working with health facilities with a view to

involve them with implementation and record keeping for clients. With the improvement observed in 2016, it is expected in 2017 the results will further improve. WFP further intends to continue with capacity development for partners and health care workers to improve on programme implementation and record keeping for improved results.

National Capacity Index is an indicator used to measure the national capacity to implement a hunger solution. Though this indicator was not measured in 2016, results of previous NCI measurements came up with key gaps and action plans which have resulted in some improvements in the nutrition sector. One of the key achievements in 2016, was the finalisation of a Cost of Hunger Study (COHA) which will be used as an advocacy tool for both government and donors in support of nutrition activities in Lesotho. The results of the COHA highlighted that child under-nutrition is a social and economic concern, and that a significant portion the GDP is lost to hunger related issues.

WFP procured and distributed non-food items to three NGOs implementing livelihood projects in Maseru, Maseru's Hoek and Leribe. This was done to ensure that supported clients are linked to community-based interventions for sustained livelihoods. The procured items included garden equipment, solar dryers to facilitate food preservation, inputs for income and generating activities such as piggery, sewing machines, bee hives and baking stoves. As a result, linkages between safety-net and livelihoods projects were strengthened. This gave beneficiaries the hope of having access to food beyond WFP's direct support. About 20 percent of the safety net beneficiaries are actively participating in community-based livelihood activities. More tools were procured with additional funding received from the Unified Budget, Results and Accountability Framework (UBRAF).

WFP collaborated with partners to enhance the Ministry of Health capacity to provide treatment of moderate acute malnutrition. This included technical and financial support in training health personnel (nurses, doctors and pharmacists) following the Nutrition Assessment Counselling and Support (NACs) training modules and the provision of necessary equipment to aid efficient programme implementation. This partnership enabled WFP to train and mentor more health personnel, volunteers and community health workers engaged in programme implementation and other nutrition related areas. Local NGOs were also trained on nutrition assessments, categorization of malnourished clients, referral for nutrition support and documentation of individual nutrition information at the facilities. This eased pressure on the nurses who were overwhelmed by other health-related duties. However, due to funding constraints, WFP could not support partners with equipment like computers as planned.

To ensure the provision of effective and efficient coordination of nutrition services at all levels, WFP supported the resumption of the Nutrition Technical Working group to harmonise the implementation of nutrition activities and to build on complementarities.

WFP collectively with UNAIDS and WHO mobilised resources on behalf of the Government to assist the Ministry of Health to effectively manage moderate acute malnutrition among ART and TB clients, during the emergency. A total of USD 800,000 was mobilised from the Global Fund for continued nutrition support focusing on the treatment of moderate acute malnutrition in the ten districts. In addition, WFP with the assistance of the regional office mobilised USD 2.3 million from the US President's Emergency Plan for AIDS Relief (PEPFAR) for nutrition support for households affected by HIV and TB. The implementation of both grants will commence in January 2017.

Progress Towards Gender Equality

In 2016, WFP began implementing the five-year Gender Action Plan (GAP), which serves as WFP's accountability mechanism for the gender policy. It was a milestone for WFP's commitment to advance the mainstreaming of gender and protection into its operations. The plan focuses on the capacity development of all employees to enhance their skills to incorporate gender and protection into their daily work through tailor-made sessions for functional units and formal training workshops for field staff. It also strengthens the partnership with other UN agencies, civil society organisations, and government counterparts to mobilise financial resources to support programme implementation.

In Lesotho, WFP capitalised on the partnership with the Institute of Development Studies (IDS) to mainstream gender that is evidence based. Emphasis is being given to strengthen sex and age analysis during situation analysis, programme design, planning, implementation, monitoring and evaluation, and reporting.

This operation continued to support the creation of the community oriented groups whereby communities - mostly women - were provided trainings on health and nutrition. This initiative provided a platform for women to exchange skills, share knowledge and support each other in day-to-day challenges. Through the partnership with the Institute of Development Studies (IDS), a series of participatory learning initiatives were promoted to challenge assumptions about gender norms and roles to advance women's positions in leadership positions and promote division of labour

within households. WFP also supported gender awareness trainings to government counterparts managing the ECCD programme to improve their capacity in collecting and reporting on sex-disaggregated data.

According to the PDM results, the decision on how to use the food provided by WFP through the HIV and nutrition component was mostly made by women in supported households, followed by both men and women and lastly by men only. This trend has been observed over the years in past surveys, especially when the transfer modality is food. Compared to 2015, the proportion of households where the decision on the use of food made by women and by both men and women has increased, whilst that of households where decisions on the use of food made by men has decreased.

Protection and Accountability to Affected Populations

In line with the Early Childhood Care and Development (ECCD) policy, the Ministry of Education embarked on a national sensitisation exercise in 2016 to ensure that all community-based ECCDs (2,289 in total) currently benefiting from WFP's school feeding programme are formally registered. WFP contributed to the development of the site selection checklist "assessment tool" to guide communities in the identification of a desirable ECCD centre.

The assessment tool proposed for a community participatory approach in which communities identified and analysed key protection risks and needs in a manner that ensured meaningful participation of all ages and gender groups. The overall goal was to ensure that learners were not exposed to any hazards while at attending school or to and from school.

To prevent exposing young learners to physical hazards, violence, rights abuses, or an area which jeopardises young learners' capacity for self-protection, WFP incorporated protection principles such as safe locations. This was done to ensure that the selected ECCD centres promoted the safety and dignity of the pre-school children aged 6-23 months. As part of the 'do no harm' approach, nutrition beneficiaries were asked about their knowledge of their entitlement, selection criteria and whether they know where to complain or give feedback about the programme.

In 2017, WFP will continue and expand the sensitisation campaigns to ensure that beneficiaries are well informed about the programmes and to minimise exclusion of eligible beneficiaries.

Figures and Indicators

Data Notes

Young learners at Khotsong Pre-school centre enjoying their morning snack - Porridge made of super cereal plus - provided by WFP

Cover page photo: ©WFP/Tsitsi Matope

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	38,788	50,462	89,250	38,178	47,979	86,157	98.4%	95.1%	96.5%
Total Beneficiaries (Comp.1 Enhancing Resilience and Responsi)	-	-	-	-	-	-	-	-	-
Total Beneficiaries (Comp.2-Support for Pre-School Education)	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%
Total Beneficiaries (Comp.3-Nutrition and HIV)	14,788	24,462	39,250	13,726	22,431	36,157	92.8%	91.7%	92.1%
Comp.1 Enhancing Resilience and Responsi									
By Age-group:									
Children (under 5 years)	-	-	-	-	-	-	-	-	-
Children (5-18 years)	-	-	-	-	-	-	-	-	-
Adults (18 years plus)	-	-	-	-	-	-	-	-	-
By Residence status:									
Residents	-	-	-	-	-	-	-	-	-
Comp.2-Support for Pre-School Education									
By Age-group:									
Children (under 5 years)	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%
By Residence status:									
Residents	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Comp.3-Nutrition and HIV									
By Age-group:									
Children (under 5 years)	8,590	8,590	17,180	7,786	7,805	15,591	90.6%	90.9%	90.8%
Children (5-18 years)	1,615	3,871	5,486	1,625	2,517	4,142	100.6%	65.0%	75.5%
Adults (18 years plus)	4,583	12,001	16,584	4,315	12,109	16,424	94.2%	100.9%	99.0%
By Residence status:									
Residents	14,788	24,462	39,250	13,259	22,898	36,157	89.7%	93.6%	92.1%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets	-	-	-	-	-	-	-	-	-
Comp.2-Support for Pre-School Education									
School Feeding (on-site)	50,000	-	50,000	50,000	-	50,000	100.0%	-	100.0%
Comp.3-Nutrition and HIV									
Nutrition: Prevention of Acute Malnutrition	2,000	-	2,000	2,000	-	2,000	100.0%	-	100.0%
Nutrition: Prevention of Stunting	22,250	-	22,250	20,046	-	20,046	90.1%	-	90.1%
HIV/TB: Care&Treatment;	15,000	-	15,000	14,111	-	14,111	94.1%	-	94.1%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets	-	-	-	-	-	-	-	-	-
Comp.2-Support for Pre-School Education									
School Feeding (on-site)	50,000	-	50,000	50,000	-	50,000	100.0%	-	100.0%

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Comp.3-Nutrition and HIV									
Nutrition: Prevention of Acute Malnutrition	2,000	-	2,000	2,000	-	2,000	100.0%	-	100.0%
Nutrition: Prevention of Stunting	22,250	-	22,250	20,046	-	20,046	90.1%	-	90.1%
HIV/TB: Care&Treatment;	7,000	-	7,000	7,647	-	7,647	109.2%	-	109.2%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets									
People participating in asset-creation activities	-	-	-	-	-	-	-	-	-
Total participants	-	-	-	-	-	-	-	-	-
Total beneficiaries	-	-	-	-	-	-	-	-	-
Comp.2-Support for Pre-School Education									
School Feeding (on-site)									
Children receiving school meals in pre-primary schools	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%
Total participants	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%
Total beneficiaries	24,000	26,000	50,000	24,452	25,548	50,000	101.9%	98.3%	100.0%
Comp.3-Nutrition and HIV									
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	2,736	2,964	5,700	2,377	3,075	5,452	86.9%	103.7%	95.6%
TB Clients receiving food assistance	288	312	600	644	606	1,250	223.6%	194.2%	208.3%
PMTCT Clients receiving food assistance	-	700	700	-	945	945	-	135.0%	135.0%
Total participants	3,024	3,976	7,000	3,021	4,626	7,647	99.9%	116.3%	109.2%
Total beneficiaries	7,350	7,650	15,000	6,337	7,774	14,111	86.2%	101.6%	94.1%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Comp.3-Nutrition and HIV									
Nutrition: Prevention of Acute Malnutrition									
Children (6-23 months)	425	425	850	-	-	-	-	-	-
Children (24-59 months)	408	442	850	-	-	-	-	-	-
Children (under 5 years)	-	-	-	850	850	1,700	-	-	-
Pregnant and lactating girls (less than 18 years old)	-	72	72	-	72	72	-	100.0%	100.0%
Pregnant and lactating women (18 plus)	-	228	228	-	228	228	-	100.0%	100.0%
Total beneficiaries	833	1,167	2,000	850	1,150	2,000	102.0%	98.5%	100.0%
Nutrition: Prevention of Stunting									
Children (6-23 months)	7,325	7,325	14,650	6,482	6,447	12,929	88.5%	88.0%	88.3%
Pregnant and lactating girls (less than 18 years old)	-	1,824	1,824	-	621	621	-	34.0%	34.0%
Pregnant and lactating women (18 plus)	-	5,776	5,776	-	6,496	6,496	-	112.5%	112.5%
Total beneficiaries	7,325	14,925	22,250	6,482	13,564	20,046	88.5%	90.9%	90.1%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CAS: percentage of communities with an increased Asset Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, CAS monitoring tools, Base value: 2014.11, WFP programme monitoring, CAS Monitoring tool, Previous Follow-up: 2015.09, WFP programme monitoring, CAS Monitoring tool	=60.00	47.00	45.00	-
FCS: percentage of households with poor Food Consumption Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.12, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	=4.40	22.00	6.00	-
FCS: percentage of households with borderline Food Consumption Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.12, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	=7.20	36.00	37.00	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.11, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	=4.40	22.00	7.00	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.12, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	=4.20	21.00	6.00	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.12, Joint survey, Community Household Surveillance (CHS), Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	=7.80	39.00	38.00	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community household surveillance, Base value: 2013.12, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, WFP programme monitoring, Community Household Surveillance	=6.40	32.00	35.00	-
Diet Diversity Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.11, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	>4.55	4.55	4.95	-
Diet Diversity Score (female-headed households)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.11, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	>4.55	4.55	4.95	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score (male-headed households)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2013.11, Joint survey, Community Household Surveillance, Previous Follow-up: 2014.11, Joint survey, Community Household Surveillance	>4.60	4.60	4.92	-
CSI (Food): Coping Strategy Index (average)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2014.12, Joint survey, Community Household Surveillance	<4.37	4.37	-	-
CSI (Asset Depletion): Coping Strategy Index (average)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING, Project End Target: 2017.12, Community Household Surveillance, Base value: 2014.12, Secondary data, Community Household Surveillance	<1.08	1.08	-	-
Comp.2-Support for Pre-School Education				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Increased equitable access to and utilization of education				
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted pre-schools				
LESOTHO, Project End Target: 2017.12, WFP Records, Base value: 2012.12, WFP programme monitoring, WFP Records, Previous Follow-up: 2015.11, Secondary data, Latest Follow-up: 2016.11, Secondary data	=4.00	-0.50	4.80	0.04
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted pre-schools				
LESOTHO, Project End Target: 2017.12, WFP records, Base value: 2012.12, WFP programme monitoring, WFP records, Previous Follow-up: 2015.12, Secondary data, Latest Follow-up: 2016.11, Secondary data	=1.00	-5.00	3.90	-1.36
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted pre-schools				
LESOTHO, Project End Target: 2017.12, WFP records, Base value: 2012.12, WFP programme monitoring, WFP Programme Records, Previous Follow-up: 2015.11, Secondary data, Latest Follow-up: 2016.11, Secondary data	=6.00	4.00	5.70	1.45
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				
NCI: School Feeding National Capacity Index				
LESOTHO, Project End Target: 2017.12, Stakeholder workshop, Base value: 2012.12, WFP survey, Stakeholder workshop, Previous Follow-up: 2015.12, WFP programme monitoring	=15.00	10.00	15.00	-
Comp.3-Nutrition and HIV				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
Proportion of eligible population who participate in programme (coverage)				
BEREA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA, Project End Target: 2017.12, Cross-sectional Survey, Base value: 2016.12, WFP survey, Cross-Sectional Survey	>70.00	82.00	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of children who consume a minimum acceptable diet BERA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA, Project End Target: 2017.12, Post distribution monitoring, Base value: 2014.01, Joint survey, Community Household Surveillance, Latest Follow-up: 2016.11, WFP programme monitoring, Post Distribution Monitoring	>70.00	15.00	-	7.00
ART Nutritional Recovery Rate (%) LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2015.08, WFP programme monitoring, Latest Follow-up: 2016.12, WFP programme monitoring	>75.00	8.00	11.60	14.00
TB Treatment Nutritional Recovery Rate (%) LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2015.08, WFP programme monitoring, Latest Follow-up: 2016.12, WFP programme monitoring	>75.00	8.00	11.60	14.00
PMTCT Nutritional Recovery Rate (%) LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2015.08, WFP programme monitoring, Latest Follow-up: 2016.12, WFP programme monitoring	>75.00	0.10	8.00	17.00
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				
NCI: Nutrition programmes National Capacity Index MASERU, LESOTHO, Project End Target: 2017.12, Stakeholder workshop, Base value: 2013.12, WFP programme monitoring, Stakeholder workshop, Previous Follow-up: 2015.12, WFP programme monitoring, Stakeholder Workshop	=15.00	12.00	12.00	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
Comp.2-Support for Pre-School Education				
SO4: School Feeding (on-site)				
Number of data collection tablets provided to the government counterpart	item	10	10	100.0%
Number of government/national partner staff receiving technical assistance and training	individual	24	12	50.0%
Number of training sessions/workshop organized	training session	3	3	100.0%
Quantity of agricultural tools distributed	item	100	-	-
Comp.3-Nutrition and HIV				
SO4: HIV/TB: Care&Treatment;				
Quantity of agricultural inputs (seeds, fertilizer) distributed	Mt	0	2	500.0%
Quantity of agricultural tools distributed	item	50	406	812.0%
SO4: HIV/TB: Care&Treatment; and Nutrition: Prevention of Stunting				

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	300	1,073	357.7%
Number of technical assistance activities provided	activity	2	2	100.0%
Quantity of equipment (computers, furniture) distributed	item	100	-	-
Quantity of inputs for nutrition activities distributed	item	500	2,252	450.4%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08</i>	=20.00	11.00	38.50	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2014.12, Base value: 2014.11, Previous Follow-up: 2015.08</i>	=70.00	80.00	54.50	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08</i>	=10.00	9.00	7.00	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08</i>	=50.00	40.00	44.00	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08</i>	=100.00	100.00	100.00	-
Comp.3-Nutrition and HIV				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08, Latest Follow-up: 2016.11</i>	=15.00	7.00	6.00	7.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08, Latest Follow-up: 2016.11</i>	=70.00	91.00	85.00	90.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment;, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2015.08, Latest Follow-up: 2016.11</i>	=15.00	2.00	9.00	3.00

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=90.00	99.00	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=100.00	99.00	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=90.00	100.00	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=100.00	99.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=90.00	99.60	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2015.08</i>	=100.00	99.00	-	-
Comp.3-Nutrition and HIV				
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=90.00	49.00	-	63.00
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=100.00	98.00	-	96.00
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=90.00	59.00	-	51.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=100.00	98.00	-	99.00
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=90.00	54.00	-	57.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Latest Follow-up: 2016.11</i>	=100.00	98.00	-	98.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=30,000.00	-
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=4.00	-
Proportion of project activities implemented with the engagement of complementary partners		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=100.00	-
Comp.2-Support for Pre-School Education		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=2,000.00	0.00
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=4.00	7.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Comp.3-Nutrition and HIV		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, Nutrition, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=4,000.00	0.00
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, Nutrition, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=10.00	12.00

Cross-cutting Indicators	Project End Target	Latest Follow-up
Proportion of project activities implemented with the engagement of complementary partners	=100.00	-
LESOTHO, Nutrition, Project End Target: 2017.12		

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Japan	JPN-C-00429-01	Peas	-	20
Private Donors	WPD-C-03253-01	Maize Meal	-	18
Private Donors	WPD-C-03349-01	Corn Soya Blend	-	76
Private Donors	WPD-C-03349-01	Maize Meal	-	102
Private Donors	WPD-C-03349-01	Peas	-	11
Private Donors	WPD-C-03349-01	Split Peas	-	48
Private Donors	WPD-C-03349-01	Vegetable Oil	-	110
Private Donors	WPD-C-03363-01	Maize Meal	-	16
Private Donors	WPD-C-03382-01	Maize Meal	-	272
Private Donors	WPD-C-03382-01	Peas	-	8
Private Donors	WPD-C-03382-01	Split Peas	-	96
Private Donors	WPD-C-03447-01	Corn Soya Blend	-	153
Private Donors	WPD-C-03447-01	Peas	-	18
Private Donors	WPD-C-03460-01	Maize Meal	-	19
Private Donors	WPD-C-03477-01	Maize Meal	-	81
Private Donors	WPD-C-03477-02	Maize Meal	-	22
Private Donors	WPD-C-03530-01	Maize	-	330
Russian Federation	RUS-C-00026-16	Vegetable Oil	-	18
UN CERF	001-C-01415-01	Corn Soya Blend	-	75
		Total	-	1,492