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**SPR Reading Guidance**



## Country Programme- Lesotho (2013-2017)

### Standard Project Report 2017

World Food Programme in Lesotho, Kingdom of (LS)



**World Food Programme**

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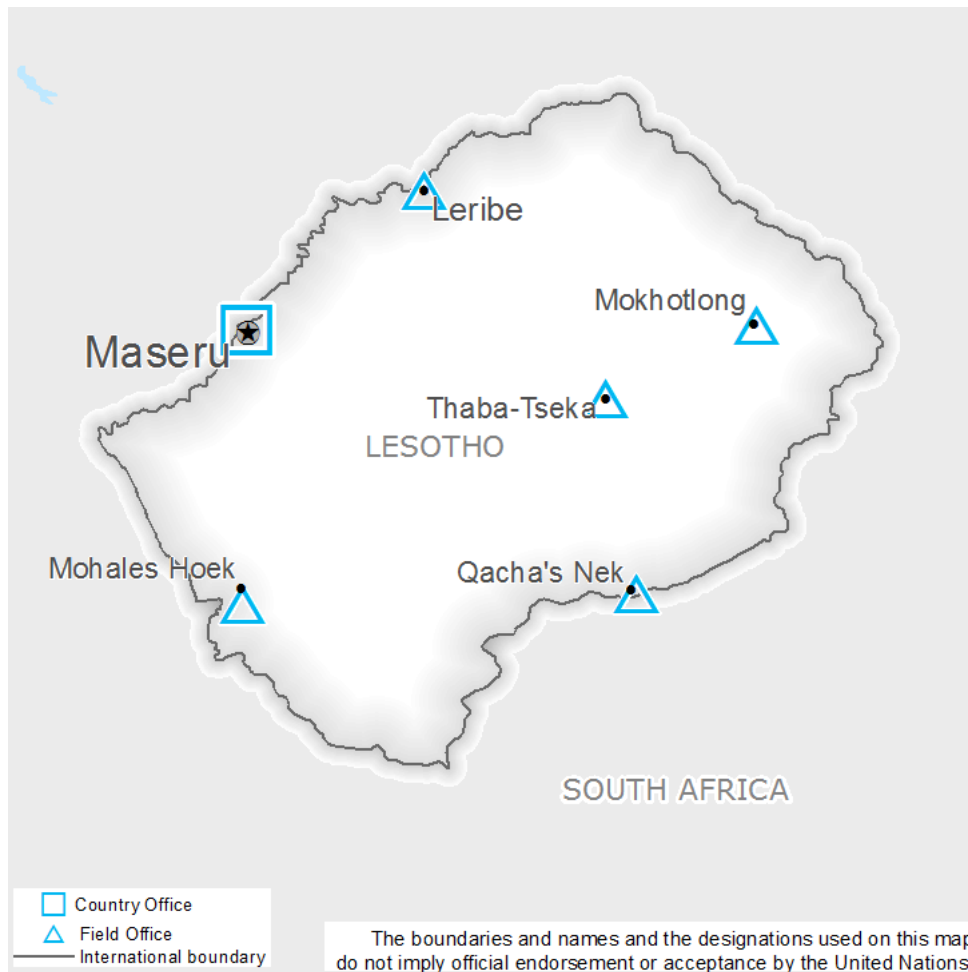
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# Country Context and WFP Objectives



## Achievements at Country Level

In 2017, WFP continued its robust response to the El Niño-induced drought – the worst in 35 years – while simultaneously implementing a Country Programme (CP) and supporting the government funded National School Feeding programme. Under a Protracted Relief and Recovery Operation (PRRO), cash-based transfers were significantly scaled up, complementing in-kind support. WFP also used US PEPFAR (President's Emergency Plan for AIDS Relief) funding to assist households with orphaned and vulnerable children (OVCs) and acutely malnourished and food insecure people living with HIV and receiving antiretroviral (ART) and/or tuberculosis (TB) treatment.

Recognizing the government's commitment to ending hunger, and in support of country-level implementation of the 2030 Agenda, WFP, the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) supported its Zero Hunger Strategic Review (ZHSR), which was completed in 2017 and is scheduled for release in March 2018. The recommendations of the ZHSR – a national plan to reach Sustainable Development Goal 2 by 2030 – will inform the formulation of a five-year WFP Country Strategic Plan (CSP; 2019-23).

Through the REACH (Renewed Efforts Against Child Hunger and Undernutrition) initiative, WFP worked with UNICEF, FAO and WHO to provide technical assistance to the government. A national REACH Facilitator was recruited and a multi-sectoral nutrition capacity assessment is scheduled for 2018. A Food and Nutrition Strategy for Lesotho, to operationalise the national Food and Nutrition Policy, was also developed. WFP co-chaired the UN Network, and made important contributions to multi-sectoral coordination on nutrition at the national and district levels.

WFP helped revive government-led vulnerability assessments and provided training in the use of tools to support related data collection, mapping and analysis – including the flagship Integrated Phase Classification (IPC) to assess levels of food insecurity. WFP supported efforts by the Ministry of Forestry to render its public works programme more effective and shock-responsive. In that regard, and with the collaboration of ECHO (the European Civil Protection and Humanitarian Aid Operations directorate-general), the World Bank and UN partners, WFP helped initiate a first government-led national dialogue on shock responsive social protection.

WFP also launched a Purchase for Progress (P4P) programme in support of the government's intended scale-up of the increase of food purchased locally for its school feeding programme. Almost 1,600 mt of commodities were bought locally for the programme in the last quarter of 2017, with WFP also providing support that ranged from training in procurement best practices to high-level advocacy with key ministries to integrate local purchase into other national initiatives in the areas of resilience-building and social protection.

## Country Context and Response of the Government

Lesotho is a small, mountainous land-locked lower middle-income country encircled by South Africa with a population of 2 million and an annual per capita GDP of just over USD 1,000. Despite a high literacy rate (86 percent) and traditionally strong government investment in social sectors, it continues to face many development challenges, including a high poverty rate (57 percent of the population live on less than a dollar a day); ever more pronounced inequality (a Gini coefficient of 0.5); pervasive unemployment, especially among young people; and high HIV prevalence (25 percent).

While more than 70 percent of the population live in rural areas and are heavily dependent on agriculture, Lesotho's ability to meet its own food needs has declined in recent decades as a result of erratic rainfall, recurrent drought, flooding, land degradation and soil infertility.

Lesotho's economy is closely tied to those of other countries in the region, especially South Africa. As a proportion of government finances, revenue from the Southern African Customs Union (SACU) declined from 60 percent in 2008/09 to 32 percent in 2015/16 and just 17 percent in 2016/17.

While the government spends about 14 percent of its budget on education, basic education for all remains challenge owing to poor quality teaching, high dropout rates and low primary-to-secondary transition rates (although there is gender parity at primary level, only 36 percent of girls and 22 percent of boys are enrolled in secondary school), especially in mountainous rural areas.

Lesotho's greatest health challenge remains high HIV/AIDS and related TB prevalence. Some 25 percent of the adult population (15-49 years) has HIV, the second highest rate in the world, with 30 percent of women and 18 percent of men infected. According to WHO's 2016 Global Tuberculosis Report, the incidence of TB stood at 788 cases per 100,000, likewise the second highest rate in the world. High HIV/AIDS and TB rates push Lesotho's persistently high healthcare costs ever higher and exacerbate poverty and inequality. Lesotho has been designated by UNAIDS a "Fast-Track" country for the expeditious elimination of HIV – by or before 2030.

Even if the trend is downward (from almost 40 percent in 2009), stunting, which still afflicts one-third of children under five – boys are more at risk than girls – is the most prominent nutrition-based challenge. The rates of underweight and wasted (acute malnutrition) children, at 10.3 percent and 2.8 percent respectively in 2014, are also a major concern.

## WFP Objectives and Strategic Coordination

WFP implemented three projects in 2017: a Country Programme (CP 200369); a School Feeding Trust Fund operation (TF 200771); and a Protracted Recovery and Relief Operation (PRRO 200980).

Under the CP, WFP provided assistance on three fronts: 1) building resilience; 2) food for pre-schoolers; and 3) strengthening the government's emergency preparedness and response capacities, not least to tackle and prevent acute malnutrition. Activities in the latter domain included blanket supplementary feeding for children under two and pregnant/lactating women, as well as support to households with acutely malnourished people living with HIV and/or receiving treatment for TB. WFP also advocated for more smart partnerships, more investment in nutrition and more research into evidence-based programming.

Via the School Feeding Trust Fund, which is fully underwritten by the government, WFP supported the Ministry of Education and Training (MOET) in its implementation of a primary school feeding programme in 921 schools. That support included bolstering government capacities ahead of anticipated transitioning in 2019 of the entire school

feeding programme. Furthermore, in line with the government's ambitions of adopting home-grown school feeding, WFP and other partners worked to advance the procurement of food commodities from local smallholder farmers, an undertaking that received strong support across key ministries, offering as it does an important income-earning opportunity for such providers. By leveraging its expertise in procurement from smallholders, WFP aims to help the government build their capacities as suppliers to markets across Lesotho.

WFP responded to the El Niño emergency via the PRRO, addressing acute food insecurity and enhancing the resilience of affected households through asset creation. Assistance was provided in the form of in-kind food and cash. WFP also supported orphaned and vulnerable children (OVCs), and households that included people undergoing treatment for HIV. Partnering with Women and Law in Southern Africa Research and Education Trust (WLSA) and the Child Protection Unit of the Ministry of Police, WFP worked to create awareness of women's rights and gender-based violence (GBV).

# Country Resources and Results

## Resources for Results

Relief assistance was the largest component of WFP's work in Lesotho in 2017 and benefitted from generous support from Germany, ECHO, the UK's Department for International Development (DFID) and the Netherlands (for cash-based transfers (CBT)) and from Japan, Australia and the African Development Bank (AfDB) (for in-kind food assistance). Recovery and capacity-building activities were funded by Canada and ECHO, respectively. CBT activities received almost 80 percent of the funding needed, and in-kind food operations 40 percent. Donor generosity enabled prompt support to people adversely affected by the El Niño drought, not least during the peak of the lean season. As it does, multilateral funding enabled the CO to use such grants flexibly. Given the chronic nature of Lesotho's food and nutrition security crisis, more multilateral and multi-year support is essential if it is to be meaningfully addressed.

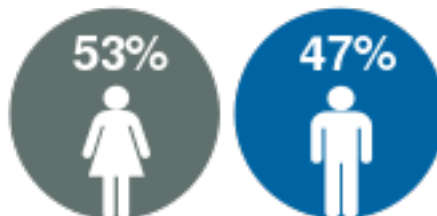
For its CBT distributions, WFP negotiated a transaction cost of USD 1 per month per beneficiary with the service provider, Standard Lesotho Bank – half the latter's opening offer – thereby freeing up more funds for the assistance programme proper.

WFP secured USD 315,000 to procure 284 mt of specialized nutritious foods in support of a Ministry of Health-led emergency drought relief initiative to treat moderate acute malnutrition (MAM) in children, adolescents and adults with HIV and TB in the five PEPFAR priority districts. The foods were to benefit, among others, 4,450 children under 5 and 9,055 children over 5.



## Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	49,544	51,559	101,103
Children (5-18 years)	21,294	21,294	42,588
Adults (18 years plus)	42,589	53,236	95,825
<b>Total number of beneficiaries in 2017</b>	<b>113,427</b>	<b>126,089</b>	<b>239,516</b>





## Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	263	78	107	826	-	1,274
Single Country PRRO	2,128	159	722	-	-	3,010
<b>Total Food Distributed in 2017</b>	<b>2,391</b>	<b>238</b>	<b>829</b>	<b>826</b>	<b>-</b>	<b>4,284</b>



## Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	4,937,954	-	-
<b>Total Distributed in 2017</b>	<b>4,937,954</b>	<b>-</b>	<b>-</b>

## Supply Chain

While its food markets are relatively functional and integrated, Lesotho, a landlocked country, is heavily dependent on imports, which are primarily supplied through the South African port of Durban. In-country, WFP uses a network of warehouses across all ten districts that are owned and managed by the government's Food Management Unit (FMU). During the emergency response, WFP directly engaged local hauliers in ways that minimized delivery and distribution times, and costs.

Having worked with line ministries, traders, farmers and development partners to increase local production and procurement for the school feeding and other such national programmes, in the last quarter of 2017, with financial support from the government, WFP sourced locally 130 mt of beans and 1,450 mt of maize meal (not displayed in the table below). Furthermore, negotiations with a local miller to deliver food directly to district-level distribution points led to significant savings on handling and transportation.



## Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Maize Meal	-	912	912
Peas	-	442	442
Split Peas	-	120	120
Vegetable Oil	-	27	27
<b>Total</b>	<b>-</b>	<b>1,501</b>	<b>1,501</b>
<b>Percentage</b>	<b>-</b>	<b>100.0%</b>	

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

Commodity	Total
Corn Soya Blend	922
Peas	114
Vegetable Oil	92
<b>Total</b>	<b>1,129</b>

## Implementation of Evaluation Recommendations and Lessons Learned

The design and implementation of the PRRO was informed by past reviews and oversight mission recommendations. These included lessons learned from the 2013 emergency response, a mid-term (2015) evaluation of the Country Programme and a 2015 evaluation of WFP CBT by the UK's Overseas Development Institute.

Food Assistance for Assets (FFA) activities were aligned with government public works programmes for better coherence and impact. WFP continues to advocate for longer-term and higher quality assets that are more effectively able to support a variety of livelihoods and generate income to further strengthen the resilience of chronically vulnerable households and communities.

In line with recommendations from the 2015 CP evaluation, WFP and the government have sought to integrate more nutrition interventions into Early Childhood Care and Development (ECCD) programmes. Working with the Ministry of Agriculture and Food Security (MAFS), MoH and MOET, as well as with the Food and Nutrition Coordination Office (FNCO), WFP has begun production of a training manual for practitioners in the education, nutrition and water, sanitation and hygiene (WASH) fields.

In early 2017, WFP piloted a complaint and feedback mechanism (CFM) for use by beneficiaries in the form of a toll-free hotline. Since then, the CFM has been rolled out across all WFP programmes in the country. Free of charge and accessible via all telephone networks, it is staffed by a team from the National University of Lesotho (NUL). The CFM and the weekly reports it generates have proven to be an important channel for the prompt resolution of problems. WFP is also exploring joint initiatives with sister agencies like UNFPA to help address GBV-specific and other gender-sensitive needs.

Despite significant legislative changes promoting gender equity and the rights of women, cultural barriers, limited enforcement and widespread gender-based violence (GBV) continue to limit Lesotho's progress on gender equity.



# Project Results

## Activities and Operational Partnerships

WFP continued to implement activities under the CP in its last year of operation, focusing primarily on:

1. Disaster risk reduction (DRR) aimed at building the resilience and responsiveness of communities often affected by disaster;
2. School feeding for pre-school children in Early Childhood Care and Development (ECCD) centers; and
3. Supplementary feeding of moderately malnourished children, pregnant and lactating women and antiretroviral (ART) and tuberculosis (TB) patients.

### **Activity 1: Building resilience by protecting and restoring livelihoods for recovery (Strategic Objectives 1 and 2)**

Due to funding challenges and the urgency of responding to the effects of the El Nino-induced drought, WFP resilience-building and DRR efforts originally planned under the CP were moved to the PRRO, which ran from June 2016 to December 2017 and covered both life-saving activities and longer-term recovery, as well as the strengthening of national response capacity.

### **Activity 2: Support for Pre-School Education to reduce undernutrition and break the inter-generational cycle of hunger (Strategic Objective 4)**

WFP supported the Ministry of Education in implementing school feeding for pre-school children in ECCD centers so as to increase the quality and comprehensiveness of early childhood services, especially in remote rural areas, not least to address micronutrient deficiencies and improve enrolment and attendance rates. Super Cereal Plus was provided as a morning snack and lunch consisted of fortified maize meal, pulses and vegetable oil.

To complement WFP's assistance, other stakeholders, including the ministries of Health, Agriculture and Technologies for Development provided Vitamin A and deworming tablets, water, sanitation and hygiene (WASH) services, and nutrition and protection awareness lessons. Some ECCD centres also received vegetable seeds, garden tools and shade nets from FAO to promote vegetable production to improve dietary diversity.

In 2017, capacity development was a prominent feature of all WFP programmes. This was in line with the 2015 mid-term evaluation of the CP, which recommended better preparedness for an eventual handover of the ECCD programme to the government. In that regard, a nutritionist from MOET's ECCD unit was seconded to WFP for four months to improve understanding of nutrition-sensitive programming. That led to a nutrition-sensitive programme being rolled out in Butha-Butha district in collaboration with other stakeholders, including MoH and the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF). WFP also engaged a consultant to develop a manual to guide ECCD caregivers on the integration of nutrition and WASH activities into their curriculum. The manual is being piloted in one district and will be finalized in mid-2018.

### **Activity 3: Support to Nutrition and People living with HIV**

WFP continued to provide blanket supplementary feeding for the prevention of chronic malnutrition (stunting) in children aged 6 to 23 months in three districts that were prioritized based on the 2014 Lesotho Demographic Health Survey (LDHS). The latter identified where stunting and micronutrient deficiency rates were highest. Iron deficiency, which causes anaemia, is a major challenge, with boys most at risk.

The focus was on the first 1,000 days - from conception to a child's second birthday - to address the inter-generational cycle of stunted growth and promote investment in nutrition. Funding, however, remained limited and support could not be provided to all targeted groups in Qacha's Nek district. The inability to ensure sustained support to pregnant and lactating women/girls (PLW/G) in all targeted districts was especially regrettable, given the particular nutritional needs of the group and the high rates of maternal mortality and of HIV/AIDS infection among women.

Community health systems supported screening and mobilization. Community leaders - chiefs, councilors and clergymen - echoed the messaging, working to ensure that all eligible children and remote communities benefitted from the support. This was important given that a late 2016 WFP survey found that 29 percent of those eligible for coverage were unaware of the programme.

Health facilities were used as distribution points so as to link beneficiaries with other essential services and encourage caregivers to adopt healthier lifestyles and work to prevent ailments to which young children are susceptible. Consistent with the push for greater accountability to affected populations (AAP), community outreach centres were used to minimize distances travelled by caregivers living in remote areas.

Families with eligible children were given a monthly ration of Super Cereal Plus (6 kg). Brochures in Sesotho provided to all caregivers and community health workers contained recipes for Super Cereal Plus porridge.

During food distributions, growth monitoring and counselling on infant and young child feeding practices and water, hygiene and sanitation (WASH) were provided to beneficiaries in partnership with other stakeholders. The Ministry of Health, through its Public Health Office, provided routine supplementation of vitamin A to children under 5, as well as deworming and antenatal services. Caregivers were also given vegetable seeds to encourage the cultivation of backyard gardens.

Funding limitations hampered plans to support vulnerable households hosting undernourished ART and TB clients with food assistance, and the activity was not implemented in 2017. However, in December 2016, Lesotho received a grant from the USAID-PEPFAR Regional Emergency Drought Relief project, enabling WFP to provide adequate support in the five PEPFAR priority districts. WFP was therefore able to assist 11,500 households and 25,000 OVCs. This activity was implemented under a Trust Fund and not under the Country Programme,

## Results

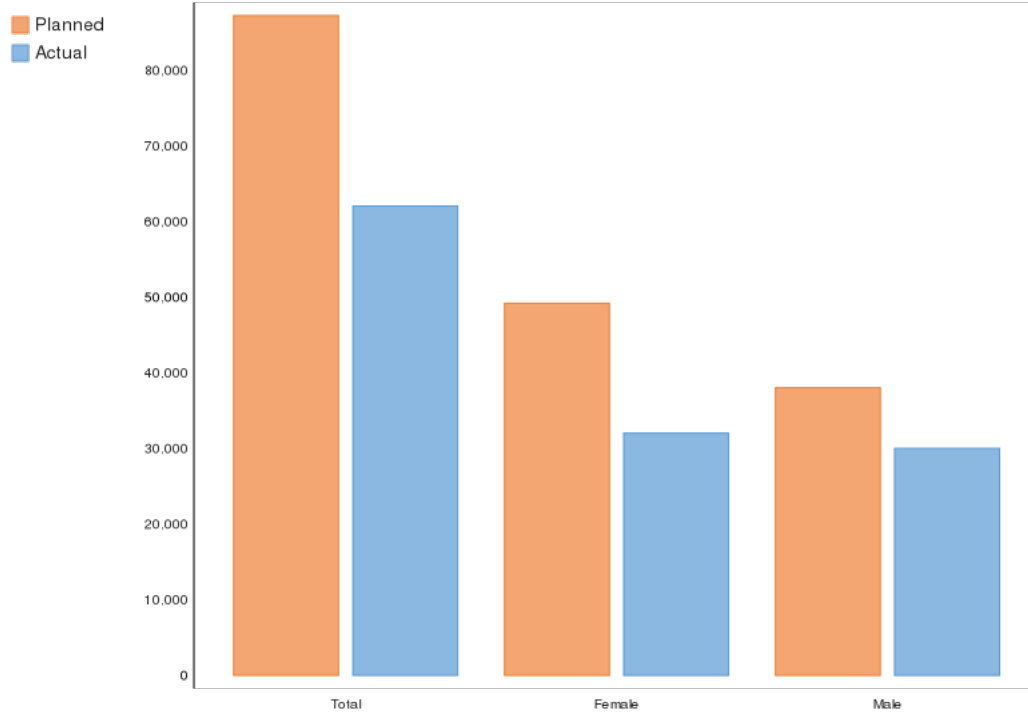
The effectiveness of WFP's support to pre-primary children was mainly measured through changes in the annual enrolment rates for boys and girls. The 2017 data showed that while there were more girls than boys in pre-primary schools, enrolment of girls was declining while that of boys was on the rise. Both rates nevertheless fell short of the annual target rates of 1 percent for girls and 6 percent for boys, while the trend from baseline indicates a progressive, worrying decline.

The minimum acceptable diet (MAD) indicator, measuring dietary diversity and meal frequency, was used to assess the quality of nutrition interventions for children aged 6 to 23 months. The proportion of children consuming a diet within the acceptable range declined from 7 percent in 2016 to 6.1 percent in 2017, at least partly as a result of successive droughts.

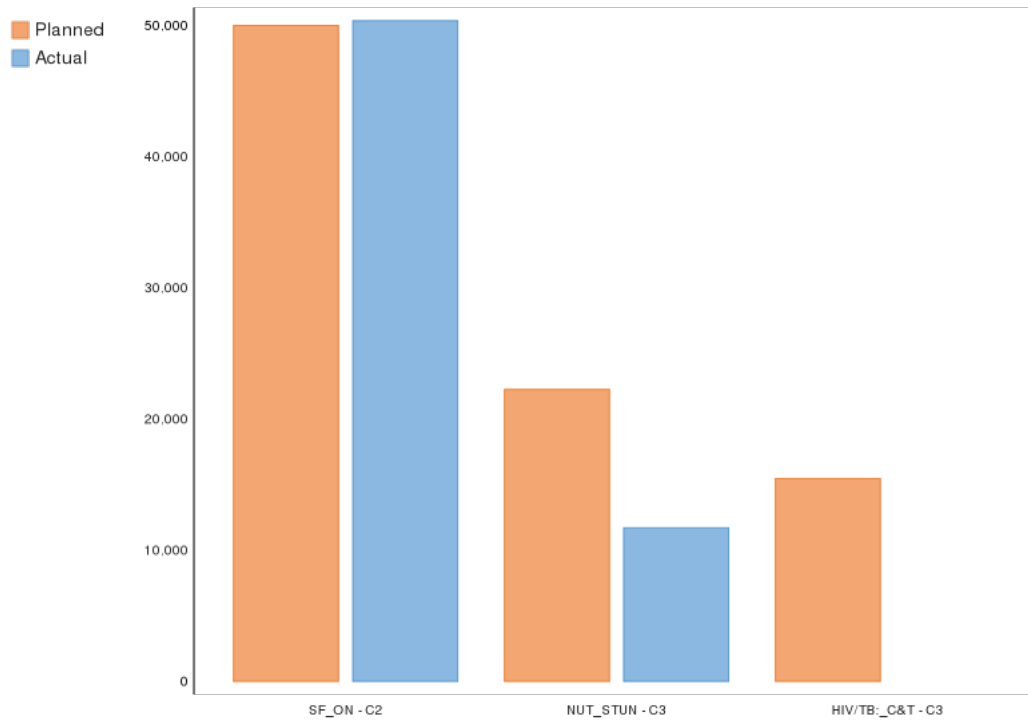
The National Capacity Index (NCI), which assesses the ability to provide access to school feeding on a scale of 0-20, rose from 10 in 2016 to 15 in 2017, demonstrating continued improvement in the capacity to implement school feeding. The NCI measuring ability to address hunger and undernutrition improved from 12 in 2012 to 14.1 – but was still below the target of 15.

A key achievement in 2017 was the drafting of the Nutrition Strategy to guide implementation of the government's Nutrition Policy. The strategy followed a life-cycle approach to ensure the different needs of women, men, boys and girls were well incorporated. The strategy was expected to be finalized in early 2018.

Annual Project Beneficiaries

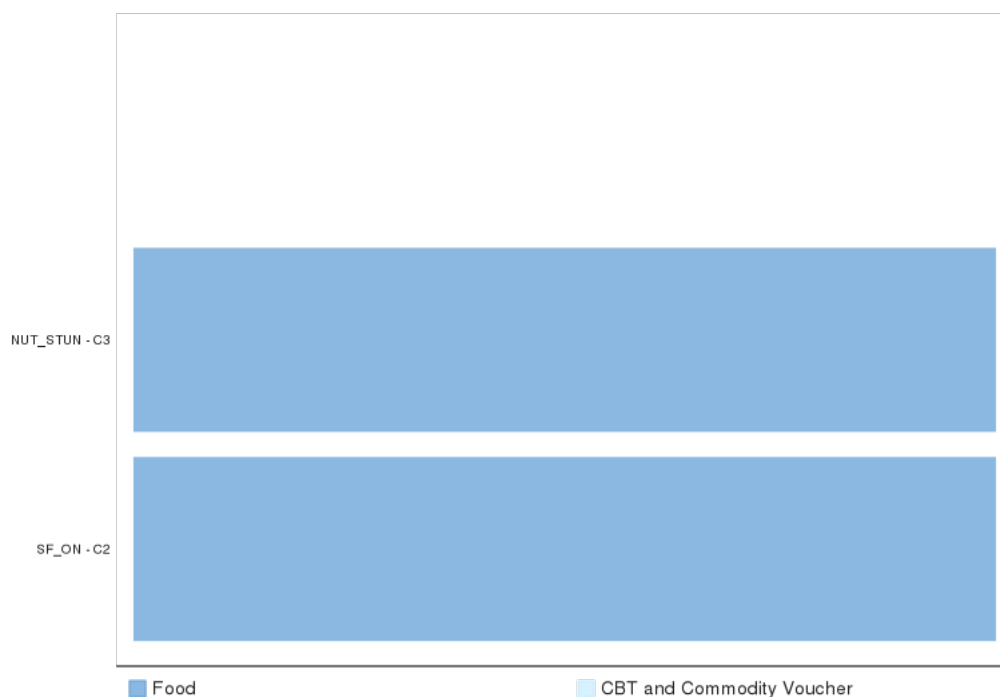


Annual Project Beneficiaries by Activity



SF\_ON: School Feeding (on-site)  
 NUT\_STUN: Nutrition: Prevention of Stunting  
 HIV/TB: \_C&T: HIV/TB: Care&Treatment

Modality of Transfer by Activity



SF\_ON: School Feeding (on-site)  
 NUT\_STUN: Nutrition: Prevention of Stunting



## Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
<b>Comp.2-Support for Pre-School Education</b>			
Beans	225	107	47.6%
Corn Soya Blend	540	242	44.9%
Maize Meal	1,080	263	24.3%
Vegetable Oil	135	78	58.1%
<b>Subtotal</b>	<b>1,980</b>	<b>690</b>	<b>34.9%</b>
<b>Comp.3-Nutrition and HIV</b>			
Beans	216	-	-
Corn Soya Blend	1,949	584	29.9%
Maize Meal	720	-	-
Vegetable Oil	72	-	-
<b>Subtotal</b>	<b>2,957</b>	<b>584</b>	<b>19.7%</b>
<b>Total</b>	<b>4,937</b>	<b>1,274</b>	<b>25.8%</b>

## Performance Monitoring

Nutrition support implemented through health facilities was monitored on-site with the help of staff from the Ministry of Agriculture and Food Security, the Ministry of Health and the Food and Nutrition Coordinating Office. Post Distribution Monitoring data collection using Android devices was undertaken using a statistically representative sample of households hosting children enrolled in blanket feeding in all three operational districts (Thaba-Tseka, Mokhotlong and Mphahlele's Hoek). Sensitization on the use of the complaints and feedback mechanism took the form of awareness meetings at distribution points, supported by brochures in the local language. These efforts led to increased use of the toll-free hotline and of help desks, providing more insight into beneficiary needs. Oversight missions were conducted to ensure that concerns received via these platforms were addressed.

School feeding in ECCDs was implemented through the Ministry of Education and Training. M&E data collection for pre-primary schools was undertaken by WFP and government staff using a jointly developed checklist. Government staff involved in school feeding at district level were trained in the use of the checklist.

There is a need to further strengthen government M&E. The Country Office initiated the development of the School Feeding Programme (SFP) M&E Framework to guide the School Self Reliance and Feeding Unit (SSRFU) and SFP Secretariat on reporting and evaluation. The finalization and operationalization of these frameworks and plans are a key focus of the 18-month Transitional Interim Country Strategic Plan (T-ICSP) that began in January 2018.

Outcome indicator data for pre-primary school feeding are derived from government records. WFP held a stakeholder workshop to determine the capacity of the government to design, implement, monitor and evaluate school feeding (measured through the National Capacity Index).

## Progress Towards Gender Equality

WFP continued to implement its gender policy and a five-year (2016 -2020) Gender Action Plan (GAP) to advance mainstreaming efforts. Lesotho still faces significant social and cultural hurdles that hinder the advancement of women. The involvement of men in health and nutrition programmes remains minimal.

WFP partnered with the Ministry of Agriculture and Food Security to conduct training during food distributions on the preservation of local foods, with a view to boosting consumption of micronutrient-rich fruits and vegetables during the lean season. Concerted efforts were made to involve men in that enterprise, and, more broadly, to have them take a stronger interest in their children's health.

Post-distribution monitoring showed that women continued to be the main family decision-makers about the use of Super Cereal Plus. Indeed, the proportion of female decision-makers on this issue increased from 90 percent in 2016 to 92.2 percent in 2017, while the proportion of male decision-makers remained at just 3.7 percent. The results were consistent with cultural gender roles, particularly the dominance of women in food preparation and childcare. In an effort to increase male participation in feeding and nutritional activities, WFP collaborated with World Vision to install water tanks and create vegetable gardens at a number of ECCD centers, specifically targeting male beneficiaries.

## Protection and Accountability to Affected Populations

WFP strengthened its commitment to deliver support in safe, accountable and dignified conditions. The proportion of assisted men and women aware of the programme rose from 64 percent in 2016 to 85 percent in 2017. The proportion of women who were aware increased from 60 percent to 85.5 percent, while that of males increased from 67 percent to 86.5 percent. In 2018, WFP will consider broadening its awareness-rising techniques with a view to reaching the 90 percent target.

Help desks and the hotline collected beneficiaries' grievances and suggestions. Each distribution point had a help desk, intended to be staffed by a male and a female beneficiary representative. In practice, men rarely took on the responsibility.

The toll-free hotline proved to be an efficient source of real-time information that supplemented the data subsequently collected during post distribution monitoring of selected households. A multi-sectoral committee comprised of beneficiary representatives, WFP field staff, health centre nurses and village health workers also convened monthly to review beneficiary concerns. Distribution dates were published a month in advance to ensure beneficiaries did not miss their turn.

Systematic sensitization of beneficiaries on a wide range of issues, including healthy eating, contributed to an increased number of beneficiary households establishing backyard gardens.

More beneficiaries experienced security problems travelling to and from – and at – WFP programme sites in 2017. Major protection setbacks include commodity theft, which was attributable to the decline in participation of village health workers in food distributions. To ensure protection and accountability are embedded into programming, village health workers should be engaged during food distributions in helping with crowd control and mitigating the potential for commodity loss or malpractice, not least affecting the most disadvantaged beneficiaries. The proportion of women beneficiaries who did not experience security incidents declined from 99 percent in 2016 to 93.8 percent in 2017. Among men, the decline was from 96 percent to 91.3 percent. Overall, 92.2 percent of all beneficiaries did not report a security incident in 2017, down from 98 percent in 2016. In 2018, WFP will employ protection measures, such as strengthened on-site monitoring, to identify potential risk factors and leverage beneficiary and community structures to collectively devise mitigation actions.

# Figures and Indicators

## Data Notes

Cover page photo © WFP/ Washi Mokati

Women caregivers receiving Super Cereal Plus on behalf of their children at Holy Cross outreach centre in Thaba Tseka district.

### Explanatory notes:

Output indicators, SO4: HIV/TB Care & Treatment: Please note that WFP planned to distribute 0.39mt of agricultural inputs (seeds, fertilizer) under this CP, which has been automatically rounded to zero by the system.

## 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	38,035	49,215	87,250	30,024	32,039	62,063	78.9%	65.1%	71.1%
Total Beneficiaries (Comp.1 Enhancing Resilience and Responsi)	-	-	-	-	-	-	-	-	-
Total Beneficiaries (Comp.2-Support for Pre-School Education)	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
Total Beneficiaries (Comp.3-Nutrition and HIV)	14,035	23,215	37,250	5,849	5,850	11,699	41.7%	25.2%	31.4%
<b>Comp.1 Enhancing Resilience and Responsi</b>									
<b>By Age-group:</b>									
Children (under 5 years)	-	-	-	-	-	-	-	-	-
Children (5-18 years)	-	-	-	-	-	-	-	-	-
Adults (18 years plus)	-	-	-	-	-	-	-	-	-
<b>By Residence status:</b>									
Residents	-	-	-	-	-	-	-	-	-
<b>Comp.2-Support for Pre-School Education</b>									

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)
<b>By Age-group:</b>									
Children (under 5 years)	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
<b>By Residence status:</b>									
Residents	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
<b>Comp.3-Nutrition and HIV</b>									
<b>By Age-group:</b>									
Children (under 5 years)	8,152	8,152	16,304	5,849	5,850	11,699	71.7%	71.8%	71.8%
Children (5-18 years)	1,533	3,674	5,207	-	-	-	-	-	-
Adults (18 years plus)	4,350	11,389	15,739	-	-	-	-	-	-
<b>By Residence status:</b>									
Residents	14,035	23,215	37,250	5,849	5,850	11,699	41.7%	25.2%	31.4%

## 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)
<b>Comp.1 Enhancing Resilience and Responsi</b>									
Food-Assistance-for-Assets	-	-	-	-	-	-	-	-	-
<b>Comp.2-Support for Pre-School Education</b>									
School Feeding (on-site)	50,000	-	50,000	50,364	-	50,364	100.7%	-	100.7%
<b>Comp.3-Nutrition and HIV</b>									
Nutrition: Prevention of Stunting	22,250	-	22,250	11,699	-	11,699	52.6%	-	52.6%
HIV/TB: Care&Treatment;	15,460	-	15,460	-	-	-	-	-	-

## 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)
<b>Comp.1 Enhancing Resilience and Responsi</b>									



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)
Food-Assistance-for-Assets	-	-	-	-	-	-	-	-	-
<b>Comp.2-Support for Pre-School Education</b>									
School Feeding (on-site)	50,000	-	50,000	50,364	-	50,364	100.7%	-	100.7%
<b>Comp.3-Nutrition and HIV</b>									
Nutrition: Prevention of Stunting	22,250	-	22,250	11,699	-	11,699	52.6%	-	52.6%
HIV/TB: Care&Treatment;	7,000	-	7,000	-	-	-	-	-	-

## 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)
<b>Comp.1 Enhancing Resilience and Responsi</b>									
<b>Food-Assistance-for-Assets</b>									
People participating in asset-creation activities	-	-	-	-	-	-	-	-	-
Total participants	-	-	-	-	-	-	-	-	-
Total beneficiaries	-	-	-	-	-	-	-	-	-
<b>Comp.2-Support for Pre-School Education</b>									
<b>School Feeding (on-site)</b>									
Children receiving school meals in pre-primary schools	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
Total participants	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
Total beneficiaries	24,000	26,000	50,000	24,175	26,189	50,364	100.7%	100.7%	100.7%
<b>Comp.3-Nutrition and HIV</b>									
<b>HIV/TB: Care&amp;Treatment;</b>									
ART Clients receiving food assistance	2,793	2,907	5,700	-	-	-	-	-	-
TB Clients receiving food assistance	294	306	600	-	-	-	-	-	-
PMTCT Clients receiving food assistance	-	700	700	-	-	-	-	-	-
Total participants	3,087	3,913	7,000	-	-	-	-	-	-
Total beneficiaries	7,576	7,884	15,460	-	-	-	-	-	-

## 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)
<b>Comp.3-Nutrition and HIV</b>									
<b>Nutrition: Prevention of Stunting</b>									
Children (6-23 months)	7,325	7,325	14,650	5,849	5,850	11,699	79.8%	79.9%	79.9%
Pregnant and lactating girls (less than 18 years old)	-	1,824	1,824	-	-	-	-	-	-
Pregnant and lactating women (18 plus)	-	5,776	5,776	-	-	-	-	-	-
Total beneficiaries	7,325	14,925	22,250	5,849	5,850	11,699	79.8%	39.2%	52.6%

## Project Indicators

### Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Comp.2-Support for Pre-School Education</b>				
<b>SO4 Reduce undernutrition and break the intergenerational cycle of hunger</b>				
<b>Increased equitable access to and utilization of education</b>				
<b>Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted pre-schools</b>				
<i>LESOTHO, Project End Target: 2017.12, WFP Records, Base value: 2012.12, WFP programme monitoring, WFP Records, Previous Follow-up: 2016.11, Secondary data, Latest Follow-up: 2017.12, Secondary data</i>	=4.00	-0.50	0.04	0.00
<b>Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted pre-schools</b>				
<i>LESOTHO, Project End Target: 2017.12, WFP records, Base value: 2012.12, WFP programme monitoring, WFP records, Previous Follow-up: 2016.11, Secondary data, Latest Follow-up: 2017.12, Secondary data</i>	=1.00	-5.00	-1.36	-0.36
<b>Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted pre-schools</b>				
<i>LESOTHO, Project End Target: 2017.12, WFP records, Base value: 2012.12, WFP programme monitoring, WFP Programme Records, Previous Follow-up: 2016.11, Secondary data, Latest Follow-up: 2017.12, Secondary data, School Records</i>	=6.00	4.00	1.45	0.37

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels</b>				
<b>NCI: School Feeding National Capacity Index</b>				
<i>LESOTHO, Project End Target: 2017.12, Stakeholder workshop, Base value: 2012.12, WFP survey, Stakeholder workshop, Previous Follow-up: 2015.12, WFP programme monitoring, Latest Follow-up: 2017.12, WFP programme monitoring</i>	=15.00	10.00	15.00	15.00
<b>Comp.3-Nutrition and HIV</b>				
<b>SO1 Save lives and protect livelihoods in emergencies</b>				
<b>Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women</b>				
<b>Proportion of target population who participate in an adequate number of distributions</b>				
<i>MAFETENG, Project End Target: 2017.12</i>	>66.00	-	-	-
<b>Proportion of eligible population who participate in programme (coverage)</b>				
<i>MAFETENG, Project End Target: 2017.12</i>	>70.00	-	-	-
<b>SO4 Reduce undernutrition and break the intergenerational cycle of hunger</b>				
<b>Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children</b>				
<b>Proportion of eligible population who participate in programme (coverage)</b>				
<i>BEREA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA, Project End Target: 2017.12, Cross-sectional Survey, Base value: 2016.12, WFP survey, Cross-Sectional Survey</i>	>70.00	82.00	-	-
<b>Proportion of children who consume a minimum acceptable diet</b>				
<i>BEREA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA, Project End Target: 2017.12, Post distribution monitoring, Base value: 2014.01, Joint survey, Community Household Surveillance, Previous Follow-up: 2016.11, WFP programme monitoring, Post Distribution Monitoring</i>	>70.00	15.00	7.00	-
<b>ART Nutritional Recovery Rate (%)</b>				
<i>LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	8.00	14.00	-
<b>TB Treatment Nutritional Recovery Rate (%)</b>				
<i>LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	8.00	14.00	-
<b>PMTCT Nutritional Recovery Rate (%)</b>				
<i>LESOTHO, Project End Target: 2017.12, checklists administered to health centres (Health records), Base value: 2014.01, WFP programme monitoring, Previous Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	0.10	17.00	-
<b>Proportion of children who consume a minimum acceptable diet</b>				
<i>MOKHOTLONG, THABA-TSEKA, QACHA'S NEK, MOHALE'S HOEK, Project End Target: 2017.12, Post distribution monitoring, Base value: 2016.11, WFP programme monitoring, Post Distribution Monitoring, Latest Follow-up: 2017.11, WFP programme monitoring, Post Distribution Monitoring</i>	>70.00	7.00	-	6.10
<b>Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels</b>				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>NCI: Nutrition programmes National Capacity Index</b>				
MASERU, LESOTHO, <b>Project End Target:</b> 2017.12, Stakeholder workshop, <b>Base value:</b> 2013.12, WFP programme monitoring, Stakeholder workshop, <b>Previous Follow-up:</b> 2015.12, WFP programme monitoring, Stakeholder Workshop, <b>Latest Follow-up:</b> 2017.12, WFP programme monitoring, Stakeholder Workshop	=15.00	12.00	12.00	14.10

## Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>Comp.2-Support for Pre-School Education</b>				
<b>SO4: School Feeding (on-site)</b>				
Number of data collection tablets provided to the government counterpart	item	2	1	50.0%
Number of government/national partner staff receiving technical assistance and training	individual	24	119	495.8%
Number of training sessions/workshop organized	training session	3	2	66.7%
Quantity of agricultural tools distributed	item	100	100	100.0%
<b>Comp.3-Nutrition and HIV</b>				
<b>SO4: HIV/TB: Care&amp;Treatment;</b>				
Quantity of agricultural inputs (seeds, fertilizer) distributed	Mt	0	-	-
Quantity of agricultural tools distributed	item	50	-	-
Quantity of inputs for nutrition activities distributed	item	500	-	-
<b>SO4: HIV/TB: Care&amp;Treatment; and Nutrition: Prevention of Stunting</b>				
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	300	745	248.3%
Number of technical assistance activities provided	activity	2	6	300.0%
Quantity of equipment (computers, furniture) distributed	item	100	-	-
Quantity of inputs for nutrition activities distributed	item	-	13,900	-

## Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Comp.3-Nutrition and HIV</b>				
<b>Proportion of households where females and males together make decisions over the use of cash, voucher or food</b>				
LESOTHO, HIV/TB: Care&Treatment; , <b>Project End Target:</b> 2017.12, <b>Base value:</b> 2014.11, <b>Previous Follow-up:</b> 2016.11	=15.00	7.00	7.00	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of households where females make decisions over the use of cash, voucher or food</b>				
<i>LESOTHO, HIV/TB: Care&amp;Treatment;, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2016.11</i>	=70.00	91.00	90.00	-
<b>Proportion of households where males make decisions over the use of cash, voucher or food</b>				
<i>LESOTHO, HIV/TB: Care&amp;Treatment;, Project End Target: 2017.12, Base value: 2014.11, Previous Follow-up: 2016.11</i>	=15.00	2.00	3.00	-

## Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Comp.3-Nutrition and HIV</b>				
<b>Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=90.00	49.00	63.00	67.00
<b>Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=100.00	98.00	96.00	91.30
<b>Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=90.00	59.00	51.00	54.00
<b>Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=100.00	98.00	99.00	92.00
<b>Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=90.00	54.00	57.00	60.00
<b>Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site</b>				
<i>LESOTHO, Nutrition: Prevention of Stunting, Project End Target: 2017.12, Base value: 2015.08, Previous Follow-up: 2016.11, Latest Follow-up: 2017.11</i>	=100.00	98.00	98.00	93.00

## Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
<b>Comp.1 Enhancing Resilience and Responsi</b>		
<b>Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</b>		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=30,000.00	-
<b>Number of partner organizations that provide complementary inputs and services</b>		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=4.00	-
<b>Proportion of project activities implemented with the engagement of complementary partners</b>		
<i>LESOTHO, Food-Assistance-for-Assets, Project End Target: 2017.12</i>	=100.00	-
<b>Comp.2-Support for Pre-School Education</b>		
<b>Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</b>		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=2,000.00	3,532.14
<b>Number of partner organizations that provide complementary inputs and services</b>		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=4.00	5.00
<b>Proportion of project activities implemented with the engagement of complementary partners</b>		
<i>LESOTHO, School Feeding, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	100.00
<b>Comp.3-Nutrition and HIV</b>		
<b>Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</b>		
<i>LESOTHO, Nutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=4,000.00	2,169.50
<b>Number of partner organizations that provide complementary inputs and services</b>		
<i>LESOTHO, Nutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=10.00	9.00
<b>Proportion of project activities implemented with the engagement of complementary partners</b>		
<i>LESOTHO, Nutrition, Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	100.00

## Resource Inputs from Donors

### Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Japan	JPN-C-00550-01	Corn Soya Blend	-	536
Japan	JPN-C-00550-01	Maize Meal	-	272
Japan	JPN-C-00550-01	Split Peas	-	72
Japan	JPN-C-00550-01	Vegetable Oil	-	37
Lesotho	LES-C-00012-02	Corn Soya Blend	-	100

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Lesotho	LES-C-00012-02	Maize Meal	-	220
Lesotho	LES-C-00012-02	Split Peas	-	48
Lesotho	LES-C-00012-02	Vegetable Oil	-	27
MULTILATERAL	MULTILATERAL	Corn Soya Blend	-	280
Private Donors	WPD-C-03477-01	Corn Soya Blend	-	5
Private Donors	WPD-C-03818-01	Corn Soya Blend	-	1
Private Donors	WPD-C-03818-01	Peas	-	1
Private Donors	WPD-C-03818-01	Vegetable Oil	-	0
		<b>Total</b>	-	<b>1,599</b>