United Nations CERF Central Emergency Response Fund

# RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS LESOTHO RAPID RESPONSE DROUGHT 2016

| | |
|---|---|
| **RESIDENT/HUMANITARIAN COORDINATOR** | **Karla Hershey** |

## REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

During the implementation period of the CERF grant, the RC/HC called for regular meetings to monitor progress of the implementation and to discuss arising challenges. The last meeting with all partners took place on September 27. During that meeting final challenges as well as the need for no-cost-extensions were discussed. The meeting was also used to review the CERF process and to discuss challenges and lessons learnt.

On 29 November, the members of the UNCT conducted an AAR to deliberate on challenges, achievements as well as lessons learnt.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The CERF report has been shared for review with the humanitarian country team for review and comments. The completed report has also been shared with the Disaster Management Authority to report on the activities completed and the number of people assisted.

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| **Total amount required for the humanitarian response:** US $54 million | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 4,782,918 |
| | COUNTRY-BASED POOL FUND (*if applicable*) | |
| | OTHER (bilateral/multilateral) | 32,333,622 |
| | **TOTAL** | **37,116,540** |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission:** 29 March 2016 | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| UNICEF | 16-RR-CEF-033 | Water, Sanitation and Hygiene | 174,031 |
| UNICEF | 16-RR-CEF-034 | Nutrition | 123,578 |
| UNICEF | 16-RR-CEF-035 | Food Security (including Social Protection top-ups) | 2,121,810 |
| FAO | 16-RR-FAO-009 | Agriculture | 1,128,270 |
| WFP | 16-RR-WFP-016 | Nutrition | 106,418 |
| WFP | 16-RR-WFP-017 | Food Security (including Social Protection top-ups) | 1,000,011 |
| WHO | 16-RR-WHO-013 | Health | 128,800 |
| **TOTAL** | | | **4,782,918** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of implementation modality** | **Amount** |
| Direct UN agencies/IOM implementation | 2,666,053 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 53,029 |
| Funds forwarded to government partners | 2,063,836 |

### *HUMANITARIAN NEEDS*

In 2015/6, Lesotho experienced a severe El Nino-induced drought, that prompted the Government of Lesotho (GoL) to declare a drought emergency in December 2015. Following the development and adoption of the emergency response plan in January, the government appealed to the international community for humanitarian assistance in February 2016, pledging M 155 million (ca. USD 11 million) to the response. Within this context, the UN and NGOs have submitted funding requests to humanitarian donors. CERF funding has allowed humanitarian programmes to start in March 2016 and has been complemented by financial assistance by the European Commission (EUR 2 million from ECHO). Subsequently, the humanitarian funding situation has been increased to reach ca. USD 37 million in November 2016. Most of the funding is targeting food security and agricultural recovery.

The consequences of the worst drought in 35 years have particularly affected the rural population, as around 70% rely on subsistence agriculture and were prevented from planting due to lack of rain. The drought followed a poor agricultural season in 2015 and has been compounded by a weak South African Rand, overall food shortages in the region resulting in increased food prices, and severe food insecurity. The humanitarian needs assessments conducted in January/February and May/June 2016 found 534,000 people (38% of the rural population) and 679,437 people (48% of the rural population) to be food insecure. Particularly concerning health and nutritional needs, women and children below the age of 5 as well as people living with HIV and AIDS (PLHIV) have been found to be most vulnerable. Most food insecure people are found in the lowlands, while harvest failures and water scarcity have been reported all across the country. In comparison to the last humanitarian situation in 2012, the loss of livestock and as well as a cold and snowy winter (June-August 2016) aggravated the food insecurity.

The drought exacerbates a number of chronic vulnerabilities: With around 25% prevalence rate, Lesotho is the second most affected country globally in terms of HIV and AIDS. 57% of its 1,9 million population are living in poverty with 34% in extreme poverty. Income inequality indicated by Gini coefficient is high at 0.57.

According to the Ministry of Water, more than 302,000 people have been identified to be in need of water supply. Due to the late onset of the rainy season by up to 40 days, most farmers did not plant for the agricultural season 2016. This resulted in a 68% decrease of maize production in comparison to 2015. Water scarcity and rationing are still reported in November 2016 with continuously low water levels in the national dams.

CERF funds have been crucial to start humanitarian interventions in targeted areas and various sectors and catalytic in gathering further humanitarian funding. In particular, the food security and agriculture sectors have been able to reach large portions of their targeted population.

## II. FOCUS AREAS AND PRIORITIZATION

The geographic and thematic prioritisation of CERF funds has been built on a joint inter-sectoral needs assessment conducted in January/February 2016. Subsequently, further assessments have been conducted to establish humanitarian needs and to inform the response. A joint nutrition and HIV screening, a second food security assessment, various crop forecasts, a livestock, seed security assessment, a Water, Sanitation and Hygiene (WASH) assessment in schools as well as a market assessment were undertaken.

The results of the initial joint humanitarian assessment informed the original CERF proposal, while the subsequent assessments influenced geographic changes in the response.

In terms of food security, the joint rapid assessment conducted in January 2016, predicted that the El Niño phenomenon would affect around 534,000 people across the country. Out of the 534,000 people affected, 377,900 people currently benefitting from existing safety nets will require further assistance while the remaining 208,088 would be in need of urgent aid. The assessment found the southern lowlands (Mafeteng, Mohale's Hoek and Maseru) to be the most affected districts with more than 50% of the population becoming food insecure. These figures have subsequently been confirmed by the Lesotho Vulnerability Assessment (LVAC) conducted in May/June 2016, while seeing the overall number of food insecure people increase to around 679,000. Further, two other districts in the lowlands have been identified as being increasingly food insecure with around 50% of people having either a survival or livelihood deficit (Quthing and Butha Buthe).

The CERF funds have assisted 10,450 beneficiaries in Mohale's Hoek and Mafeteng in terms of food security, the two most affected areas. The complementary nutritional assistance has been granted to 300 pregnant and lactating women and 1,700 children out of the same set of beneficiaries and also targeted areas that have the highest level of food insecurity.

In terms of nutrition, Lesotho, is confronted with high levels of stunting and micronutrient deficiencies in particular iron deficiency and anaemia among children 6 to 59 months which is currently at 33 percent and 51 percent respectively (DHS, 2014). According to the 2014 Demographic Health Survey (DHS), the global acute malnutrition (GAM) is estimated at 2.8 percent with 0.6 percent reported as severe acute malnutrition (SAM). In 2014 Mohale's Hoek reported a GAM prevalence of 3.3 percent and SAM of 1.7 percent, both above the national prevalence.

The June 2016 LVAC findings for nutrition show acute malnutrition is still within acceptable ranges (less than 5% nationally). However, chronic malnutrition is widespread among children under five years with higher rates of severe stunting in children aged 18 to 29 months. National figures for children in rural areas are 2.7% for wasting, 42.7% stunting and 12.2% underweight, based on the most recent LVAC findings. These results indicate poor dietary intake and diversity, potentially due to lack of access to affordable quality food, resulting from food insecurity and poverty. 90% of children sampled in the LVAC had poor dietary diversity, which was linked to limited nutritional knowledge and to families purchasing mainly staple foods. Relatively low incomes versus high costs of maintaining a diverse diet are compounding the impact of the drought emergency. This is layered on top of a situation of chronic poverty and very high HIV prevalence.

It was estimated that nationally 3,550 children are hungry and at risk while 2,445 of these children are already in need of treatment for SAM. Therefore, targeting for treatment of acute malnutrition was nation-wide. Commodity and technical support was provided for integrated management of acute malnutrition for children under five using CERF funds in all health facilities providing inpatient and outpatient treatment for SAM in all 10 districts of Lesotho. According to the 2014 LDHS, HIV prevalence among females (29.7%) remains higher compared to HIV prevalence among men (19.6%). The emergency response therefore focused on nutrition screening in pregnant women in five priority districts with the highest levels of food insecurity.

Geographical targeting was informed by the emerging situation and other planned assessments, including LVAC that integrated nutrition. UNICEF and partners decided to conduct mass screening for Nutrition and HIV in the Southern lowlands and Senqu River Valley that were most affected by food insecurity (indicated by the Multi-Sectoral Assessment Team, MDAT). This informed the decision to focus on five districts namely Maseru, Mohale's Hoek, Thaba Tseka, Qacha's Nek and Quthing. Mass nutrition and HIV screening therefore took place in five instead of three initially targeted districts. Village health workers carried out community based nutrition campaigns and after screening, referred children under the age of five identified with acute malnutrition to health facilities for the appropriate treatment.

The health related interventions, particularly the disease outbreak control and treatment of cases has taken place country wide. While the effects of water shortages in health centres and related response activities have mainly been reported in the southern lowlands, SAM in-patient treatment has been assisted nationwide.

For the WASH interventions, the principal implementing partners targeted areas in 5 districts; Maseru, Berea, Leribe, Botha Bothe and Thaba Tseka for the distribution of water purification tablets. The Ministry of Health (MoH) targeted a different area within Thaba Tseka and part of Mokhotlong. The Lesotho Rapid Drought Impact Assessment (January 2016) reported the following percentages of communities accessing unsafe water, by district: Berea 36%, Butha Buthe 23%, Leribe 45%, Maseru 33%, and Thaba Tseka 56%.

While the selection of UNICEF cash beneficiaries has not been based on the needs assessment, the humanitarian programme assisted 23,000 vulnerable households that are already enrolled in the Child Grant Programme (CGP) (approximately 115,000 individuals, including 69,000 children: 34,500 boys and 34,500 girls) with life-saving food assistance. The CGP assists the most vulnerable households living with children below the age of 18. However, currently the programme does not have full geographic coverage in Lesotho. Thus, WFP food security interventions have focussed on areas and families that have not yet been assisted. While the CGP covers 36 out of 38 community councils, the remaining geographic areas are supported by other agencies.

## III. CERF PROCESS

Following the declaration of the state of emergency, humanitarian partners have established the Humanitarian Country Team (HCT) as the highest humanitarian coordination structure. The HCT and the Disaster Risk Management Team (DRMT) at technical level consist of all international and the biggest national NGOs to provide inter-sectoral coordination. The GoL has set up a Cabinet Sub Committee to coordinate the humanitarian response that met regularly with HCT representatives under the leadership of the Deputy Prime Minister and the Resident Coordinator. The Cabinet committee provides guidance to the Disaster Management Authority (DMA) that provides the platform for technical sectoral and inter-sectoral coordination.

The CERF funded projects as well as all other humanitarian assistance programmes are in line with the national drought response plan and have been agreed with the GoL.

The CERF funded activities have been prioritised in accordance with the drought response plan and the priorities and comparative advantages of the respective humanitarian partners. Humanitarian activities have been coordinated to ensure the complementarity of interventions and the avoidance of duplications. Within and between sectors interventions are complementary, including within the CERF activities in the nutrition sector (prevention, provision of supplies, in-patient and out-patient treatment) as well as in the food security and agricultural sector. The prioritisation of funds and activities, in particular for the CERF funds have jointly been deliberated.

All CERF projects have been implemented in collaboration with government counterparts. While the DMA together with the District Disaster Management Teams (DDMTs) as well as the Food and Nutrition Coordination Office (FNCO) have facilitated the implementation of the WFP projects. The Ministry of Health, the Ministry of Agriculture and Food Security (MAFS) and the Ministry of Social Development (MoSD) have supported the targeting and implementation of the other CERF projects. The agriculture as well as the health and nutrition programmes included close collaboration with the ministries to ensure complementarities with the GoL's contribution to the drought response. The Ministries of Agriculture and Food Security, Health and Water have been allocated M155 million (US $11 million) by the government to respond to the drought.

The request of funds by HCT partners was made in line with the GoL's priorities. CERF was the first donor to provide funding. At this point all sectors had been underfunded. The identified activities were selected to ensure that the most urgent humanitarian needs in various sectors could be met. Additional funding made available complemented the CERF interventions, while particularly the food security and agriculture sector were able to gather considerable funds allowing for further geographic coverage.

The CERF funded activities have taken a set of vulnerability criteria into account and particularly assist vulnerable women as well as children below the age of 5 that have particularly been affected. While food/cash assistance programmes have targeted vulnerable women, orphan or grandparent headed households. Thus assistance has in particular been granted to children and women, supplementary nutritional support schemes have purely addressed women and children.

Health services, particularly the provision of delivery kits have targeted women. Further, the provision of home-gardening kits for vulnerable households benefit women in particular, as traditionally women are in charge of the provision of food for the household.

## IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total number of individuals affected by the crisis:** 679,000 | | | | | | | | | |
| **Cluster/Sector** | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| Water, Sanitation and Hygiene | 18,184 | 13,168 | **31,352** | 17,471 | 12,652 | **30,123** | 35,655 | 25,820 | **61,475** |
| Nutrition | 2,877 | 32,562 | **35,439** | 3,225 | | **3,225** | 6,102 | 32,562 | **38,664** |
| Food Aid | 38,870 | 28,701 | **67,571** | 36,517 | 27,507 | **64,024** | 75,387 | 56,208 | **131,595** |
| Agriculture | 24,140 | 26,045 | **50,185** | 25,092 | 30,598 | **55,690** | 49,232 | 56,643 | **105,875** |
| Health | 3,122 | 24,500 | **27,622** | 2,600 | 20,500 | **23,100** | 5,722 | 45,000 | **50,722** |

### *BENEFICIARY ESTIMATION*

The establishment of the number of beneficiaries of the CERF projects has been very clear concerning the cash transfers and all related programmes.

Because WFP and UNICEF through the DMA and the MoSD have very precise lists of beneficiaries and their household situations, the information is very accurate. The WFP nutrition as well as the FAO agricultural projects piggy-backed on the UNICEF and the WFP project and therefore have very reliable data concerning beneficiaries. For UNICEF and FAO, the selection and targeting of the ultra-poor and poor beneficiaries is done through the National Information System for Social Assistance (NISSA). The system also contains demographic information of all households contained in NISSA. The system is therefore able to generate disaggregated (by sex, age, councils etc.) information, thus, the numbers are from the database.

The surveillance and reporting systems of health centres have encountered challenges and require strengthening. However, through the engagement of a Monitoring and Evaluation (M&E) consultant within the WHO project, higher accuracy in terms of number of people assisted with treatment has been reached. This equally applies to the provision and use of nutrition supplies. While WHO has supported health centres in responding to outbreaks and SAM cases, UNICEF supported MOH in providing therapeutic nutritional support to treat SAM cases both in patient and out-patients. Through the complementary assistance, double counting has been prevented.

In terms of beneficiary estimation of the WASH project, the distribution of water purification tablets has been done by the implementing partner that entertains regular projects in the areas and ensure accuracy of the beneficiary counting. Regular progress reports have been submitted by the implementing partners.

Due to piggy-backing and complementary activities, overlap between different schemes double counting has been avoided, as FAO beneficiaries automatically also benefit from UNICEF assistance.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2] | | | |
|---|---|---|---|
| | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Female** | 72,012 | 91,162 | 163,174 |
| **Male** | 68,804 | 68,891 | 137,695 |
| **Total individuals (Female and male)** | **140,816** | **160,053** | **300,869** |

### *CERF RESULTS*

Overall, the CERF projects have been able reach or to exceed the targeted number of beneficiaries. The cash assistance programmes through social protection top-ups and food consumption based cash transfers have reached 131,595 people for the period of six months. This represents almost 25% of the people found to be severely food insecure in the first vulnerability assessment. The WFP post distribution monitoring has highlighted that the support has been able to widely generate acceptable food consumption (75% of households) and increased nutritional diversity for the first part of the lean season.
Agricultural activities have largely complemented cash assistance schemes and have reached 105,875 people with sufficient vegetable inputs for around two years. The programme has therefore not only contributed to immediate relief through the availability of vegetables, but also to the recovery from the drought.

The therapeutic nutritional support reached 4,402 children with SAM. Out of all children discharged from treatment during the year, 79% were cured, 6% died, 4% defaulted and 12% were classified as non-recovered. The CERF support enabled documentation and improved treatment outcomes for SAM. Lesotho has performed successfully and surpassed SPHERE minimum standards for treatment of SAM. In addition, UNICEF supported 2 rounds of Nutrition and HIV rapid assessments in five priority districts in Lesotho. The assessments helped to determine the magnitude of the effects of El Nino on acute malnutrition and inform the emergency response. All children identified with SAM during the mass screening exercise were referred to health facilities for treatment.

The health related interventions have been successful overall and beneficiary numbers have been exceeded (at least 50,700), however the distribution of some of the commodities were adapted to changing needs. Particularly the distribution of supplies related to water shortages were delivered to health facilities that still required assistance even after the first onset of rains. Therefore, around 40% of the 216 health centres have been assisted with supplies.

Despite limited funds for commodities and limited human resources within the MOH, WHO and UNICEF continue to assist in- and out-patient treatment of patients to ensure the use of updated protocols and registration of patients to improve reporting and documentation of treatment outcomes for SAM. Based on reports and assessments, the health partners are working to improve the delivery of health and nutrition services.

Moderate malnutrition prevention has been successfully implemented and commodities distributed. The monitoring of the nutritional status and the global acute malnutrition rates in the concerned areas has shown a reduction from 5.1 per cent with boys affected more than girls at 6 per cent and 4.2 per cent respectively to 0 per cent. During the distribution of nutrition commodities, health and WASH messages have been communicated in collaboration with the MOH. Counselling services and testing for HIV and AIDS have been offered to the 300 concerned mothers. HIV positive beneficiaries have been referred to the health centres for treatment.

The distribution of water purification tablets has allowed 12,295 households (61,475 beneficiaries) to increase their access to potable water. While the onset of rains has refilled water sources in some areas of the country, water is still rationed in other areas and water trucking is still reported to take place. All WASH targets have been met and education sessions have been carried out. The number of planned beneficiaries has been exceeded.

## *CERF's ADDED VALUE*

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

The CERF funding was critical to allow for a fast delivery of assistance. Particularly the provision of cash to vulnerable households was very timely. CERF funds have helped to start humanitarian activities in Lesotho.

Malnutrition is multifaceted by nature and requires a multi-sectorial approach in tackling it. The CERF project provided an opportunity for the provision of a comprehensive package to beneficiaries at the time of need for nutritional inputs.

CERF funds were used to support the first round of the nutrition and HIV assessments during which 6,806 children under five years were screened and 41 girls and boys were identified with SAM and 150 children were identified with MAM. Children identified with SAM and referred to health centers by village health workers during the mass screening exercise constituted more than 50% (41 out of 78) of admissions to health facilities in the five priority districts from January to March 2016. The mass screening contributed significantly to timely access of treatment for children with SAM who may not have otherwise gone to the health facility in time.

CERF funds assisted the vulnerable households to access food in the markets. During the drought period, the prices of food increased significantly making it difficult for vulnerable households to buy food. Therefore, CERF added value to the response through timely delivery.

**b) Did CERF funds help respond to time critical needs[1]?**
YES ☒ PARTIALLY ☐ NO ☐

CERF provided very time critical support. The assistance started during the lean season in which 535,000 people were in need of food assistance. Food insecurity is very time critical. The assistance to over 135,000 people has been crucial.

Equally the timely provision of agricultural inputs has been key in allowing vulnerable farmers and families to meet the planting window. Food security was fostered during the implementation phase through the provision of agricultural inputs.

The water scarcity was likely and had caused water borne illnesses. Through this project beneficiaries' awareness on clean and safe water was done well on time. One of the critical health issues was the provision of measles vaccines. Furthermore, the provision of fortified blended food curbed the deterioration of micronutrient status of the children and women in time.

Screening for HIV was carried out simultaneously during the first round giving an opportunity for pregnant and lactating women to establish both their nutrition and HIV status. Pregnant mothers identified as HIV positive were then able to access services for prevention of mother to child transmission. The assessment revealed, that though SAM prevalence is low (0.2%) among pregnant and lactating women, the prevalence of MAM is at 10%, which, if combined with un identified and untreated HIV, could result in increased mortality, morbidity and low birth weight. Timely access to supplementary feeding and services for prevention of mother-to-child transmission (PMTCT) of HIV was enhanced by the exercise.

Emergency purchase of therapeutic feeding commodities using CERF funds enabled the replenishment of commodities after stock outs were reported in a few health facilities mainly in April and May 2016. Without CERF funds, most health facilities would still be experiencing gaps in supplies delaying access to treatment for children identified with SAM.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY NO ☐

The CERF funds have been instrumental in starting the emergency response and have been catalytic in raising further donor funds. While initially only CERF and ECHO (EUR 2 million) contributed to the drought response, subsequent funding has allowed for the continuation and scale up of activities.

Until November 2016 donors have contributed US $37 million to the drought response in Lesotho. Particularly the food security interventions, through the top-up of social protection schemes (such as CGP) as well as through humanitarian cash and in-kind distributions have received sufficient funding to cover around 75 per cent of the needs. The agricultural interventions started with CERF

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

and ECHO funding and have subsequently been able to assist 39,000 vulnerable families already with agricultural inputs during the planting season. Additional funds have allowed for a high and timely coverage to foster relief and recovery.

Further, WASH and nutrition interventions have received further funding.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

CERF has helped to foster coordination between UN agencies and humanitarian partners as well as with the government. CERF interventions have been complementary and have in certain cases been piggy-backing on each other. Therefore, CERF has promoted coordination among UN agencies.

Further, due to the coordinated structure of the submission of the CERF application, extensive deliberation on priorities and funding allocation took place that allowed for an agreement on sequencing of funding requests.

Particularly in the context of the nutrition response and complementarity of social protection cash grant top-ups, "traditional" humanitarian cash assistance and agricultural inputs, CERF has been a coordinating factor.

Further, through the deliberation of priorities under in the CERF application process, sectoral coordination has been fostered, including line ministries and implementing partners.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

CERF has added value in a number of fields, particularly through the structures and information it provided that are currently used by humanitarian partners.

Through the implementation of the CERF project, food distribution points (FDPs) were established at community level in consultation with Local councils and the Chiefs. The FDPs were established centrally and close to beneficiaries. These FDPs are being used for other programmes that followed such as general food distribution and education campaigns. Further, a combination of cash and supplements showed a positive impact on nutritional status of vulnerable children below 5 years.

The nutrition and HIV assessments enabled community engagement through focus group discussions held in the five priority districts. The nutrition assessments also revealed differences in malnutrition rates between the districts and that two of the districts assessed had GAM rates near to or above the recommended thresholds for emergency response.

The CERF funded nutrition and HIV assessments also availed a multisectoral platform for discussion on what should be done to improve the national response to the drought. This information has been shared with other development partners working in the field of HIV and AIDS.

Post distribution monitoring has shown that households benefitting from cash grants (including top-ups) have reduced negative coping mechanisms. It has been reported that children are able to attend school and need to contribute less to income generating activities. Further, cash grants reportedly have allowed households to engage in saving and debt reduction. Therefore, beyond the life-saving dimension of the grant, vulnerabilities have been reduced.

## V. LESSONS LEARNED

The preparation and submission process of the CERF concept note and the application have encountered challenges due to an initial lack of evidence in the absence of countrywide assessments. The strong focus and demand for evidence by the CERF secretariat has led to the establishment of the joint inter-sector vulnerability assessment that ensures a needs informed approach to response planning. Geographic targeting as well as thematic priorities have been based on the assessment results. The assessment results have also been critical for the application for further donor funds.

In this regard, the CERF application process has been critical to foster humanitarian needs assessments. However, the multidimensional assessment has not been able to provide information concerning all sectors all across the country. Due to a lack of funding, not all sectors have been able to conduct assessments and to gather the necessary evidence for the whole country. Nutrition and WASH assessments have only followed later. Due to the fact that all submissions need to be made at the same time, some sectors lack evidence and "held the application process back".

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| CERF funds have allowed agencies to start humanitarian activities and allow to sequence interventions. Funds have been delivered timely. | N/A | N/A |
| Importance of evidence during the drafting and submission of the CERF application. Not all information is necessarily available at the same time. Assessments are sequenced but this shall not prevent some activities from taking off.<br>Insisting on evidence has been helpful and is right from an accountability perspective but might hamper other projects from starting. | Clear communication on the requirements in terms of information for the submission of the CERF application. Potentially sequenced payments by CERF, depending on the availability of information.<br>Potentially accpetance of information even if not available globally across the country (water levels, negative coping mechanisms etc.)<br>In case of the absense of full assessment data in the early stage of the humanitarian situation, satellite imagery, price monitoring and other data sources may be compared to historic information to determine the severity of the crisis. | CERF secretariat/ UN agencies |
| The project for prevention of acute malnutrition was complementary to the cash transfer project. However, the two projects were not confirmed at the same time. This resulted in the cash transfer project taking off without the nutrition component and caused challenges. | Clearer communication with the CERF Secretariat on the complementary nature of the two projects. Potentially approval of projects at the same time. | RCO/WFP |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| High level commitment and buy-in are required for projects to be implemented effectively.<br>Logistical and operational issues have only been unblocked through the involvment of senior management. | Strengthen capacity in the Ministries is required to facilitate the implementation of humanitarian programmes.<br><br>Engagement of government senior management to ensure buy-in and facilitation in case of challenges. | All UN agencies |
| Logistics shall be included in the programme due to low capacity in the logistics sector in Lesotho | Cooperation agreements with logistics partner required. Storage of commodities in UN warehouses to allow for swift delivery and storage | UN agencies |
| Need to strengthen surveillance data systems and information management structures | Collaboration with humanitarian partners to strengthen early warning unit and other surveillance data systems to inform about anomalies and upcoming needs. | UN agencies, EWS |
| A lot of actors have been in a development mode. Change of working rhythms is required. | High-level engagement and advocacy required. | HCT |
| The majority of challenges occuring during the emergency situation are linked to development gaps. | Need for resilience building activites (policy and implementation) | DMA, GoL, UN agencies, humanitarian |

| | | |
|---|---|---|
| | | partners |
| There is need to better understand the major drought induced aggravating factors for acute malnutrition (between water and sanitation, access to health services and mother/child caring practices) to target the response acurately. | - Advocate for in-depth nutrition survey prioritising high food insecurity districts with high rates of malnutrition<br>- Identify the most appropriate and effective community based interventions, community mobilization and advocacy activities for the most affected communities and prevent further deterioration of the situation<br>- Ensure that all health facilities are familiar with treatment procedures and have access to national protocols for attending to victims of gender based violence | MOH<br>UNICEF<br>WFP<br>WHO<br>UNFPA |
| Most communities appear to be resilient to increases in acute malnutrition even during the time of drought | Prioritise food security interventions (strengthening community-based small scale income generating activities/projects) to maintain resilience of communities | MAFS<br><br>FAO |
| Low overall national GAM rates may mask high malnutrition rates in individual districts | - Disaggregated data required to identify needs better<br>- Funding is still required to improve preventative efforts starting with districts with GAM rates above or near to 5%. | UN agencies for data collection<br>Donors for funding |

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **5. CERF grant period:** | 08/04/2016- 07/10/2016 |
| **2. CERF project code:** | 16-RR-CEF-033 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Water, Sanitation and Hygiene | | ☒ Concluded |
| **4. Project title:** | Water and Sanitation | | |

**7.Funding**

| | | | |
|---|---|---|---|
| a. Total funding requirements: | US$ 2,400,000 | d. CERF funds forwarded to implementing partners: | |
| b. Total funding received: | US$1,291,804 | ▪ *NGO partners and Red Cross/Crescent:* | US$ 29,229 |
| c. Amount received from CERF: | US$ 174,031 | ▪ *Government Partners:* | US$ 4,709 |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 11,600 | 11,600 | 23,200 | 18,184 | 17,471 | 35,655 |
| *Adults (≥ 18)* | 8,568 | 8,232 | 16,800 | 13,168 | 12,652 | 25,820 |
| ***Total*** | **20,168** | **19,832** | **40,000** | **31,352** | **30,123** | **61,475** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 40,000 | 61,475 |
| ***Total (same as in 8a)*** | **40,000** | **61,475** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | Trainings and distributions have been able to reach additional people due to increased population figures in the targeted areas. | |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | The main objectives of the Water and Sanitation programme are to increase access to safe drinking water and sanitation facilities, as well as equipping the communities with good hygiene practices. | | |
| **10. Outcome statement** | Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene | | |
| **11. Outputs** | | | |
| **Output 1** | 40,000 people will have access to at least 7.5 - 15 litres of clean water per day and child caregivers will have hygiene education / information pertaining to safe and hygienic child care and feeding practices | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of households receiving water treatment tablets | 8,000 | 12,295 |
| Indicator 1.2 | Number of hygiene and sanitation education campaigns administered to communities/Households | 8,000 | 12,295 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procurement and distribution of water purification tablets and water testing kits | UNICEF | UNICEF |
| Activity 1.2 | Household water treatment and safety – provision of House Hold chemicals, plus messaging and monitoring under overall UNICEF supported coordination | MOH/RWS, WVL, and Red Cross | MoH & CRS |
| Activity 1.3 | Hygiene education in communities (campaigns) | MOH/RWS, WVL and Red Cross | MoH & CRS |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

UNICEF has made an amendment to CERF activities under the programme by changing the targeted districts to Bothe-Buthe, Leribe, Berea, Maseru, Thaba-Tseka, Mokhotlong (original districts were Mokhotlong, Qacha's Nek and Thaba Tseka).

The changes were due to lack of implementing partner coverage on the ground in one of the initial CERF districts, Qacha's Nek.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Implementation has been carried out through local implementing partners and the Ministry of Health. CRS the main local implementing partner has a previous presence in each of the communities targeted.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| Given the emergency nature of the intervention and time constraints, a plan was not made for a separate evaluation of the project. However close monitoring ensured the delivery of the project. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **5. CERF grant period:** | 06/04/2016- 05/10/2016 |
| **2. CERF project code:** | 16-RR-CEF-034 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Health and Nutrition | | ☒ Concluded |
| **4. Project title:** | Drought Nutrition Support | | |

| **7.Funding** | | | | |
|---|---|---|---|---|
| | a. Total funding requirements: | US$ 976,890 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received: | US$ 148,578 | ▪ *NGO partners and Red Cross/Crescent:* | |
| | c. Amount received from CERF: | US$ $ 123,578 | ▪ *Government Partners:* | US$ 10,839 |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 1,775 | 1,775 | 3,550 | 2,011 | 2,391 | 4,402 |
| *Adults (≥ 18)* | 16,035 | | 16,035 | 32,262 | | 32,262 |
| ***Total*** | **17,810** | **1,775** | **19,585** | **34,273** | **2,391** | **36,664** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 19,585 | 36,664 |
| ***Total (same as in 8a)*** | **19,585** | **36,664** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,* | • Coverage for treatment of SAM for children under five has exceeded targets (180%) because children with MAM were also treated with Ready to Use Therapeutic Food (RUTF) and recorded as admissions for SAM. | |

| | |
|---|---|
| *please describe reasons:* | • 200% of planned beneficiaries for accessing Infant and Young Child Feeding (IYCF) counselling have been reached. This may have been due to under estimation of the initial target. |

| **CERF Result Framework** | | | |
|---|---|---|---|
| **9. Project objective** | To improve and protect the nutritional status of girls, boys and women to reduce or avoid excess mortality and morbidity due to undernutrition in the humanitarian situation | | |
| **10. Outcome statement** | Malnourished women and children are protected against malnutrition | | |
| **11. Outputs** | | | |
| **Output 1** | 2,445 children are provided with therapeutic nutrition feeding to treat acute severe and moderate malnutrition | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Proportion of severely acutely malnourished under-five children admitted to therapeutic feeding programmes | 70% | 180% |
| Indicator 1.2 | Proportion of SAM (severely acutely malnourished) under-five children recovered under treatment | 75% | 79% |
| Indicator 1.3 | Cured rate for SAM >75% (target) | 80% | 79% |
| Indicator 1.4 | Percentage of health facilities with therapeutic commodities | 100% | 40% |
| Indicator 1.5 | Number of pregnant and lactating women in affected areas receiving iron and folic acid supplements | 80% | 0% |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procure and distribute therapeutic nutrition supplements (F75, F100, RUTF, ReSoMal) to health facilities | UNICEF | UNICEF |
| **Output 2** | The 3 target districts have adequate number of skilled IYCF counsellors (now five) | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | Number of health facility workers and nutrition extension workers who conduct routine monitoring and IYCF counselling | 100% | 60% |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | VHWs and nutrition service providers conduct routine emergency case monitoring and referral from community to health facilities | MOH/CHAL /WVL | MOH/CHAL |
| Activity 2.2 | Service providers conduct community IYCF awareness raising and counselling sessions | MOH/CHAL/WVL | MOH/CHAL |
| **Output 3** | 3 target districts have nutrition surveillance systems that monitor and report on nutrition situation | | |
| **Output 3 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 3.1 | Percentage of health facilities which submit quality | 100% | 80% |

| | | | |
|---|---|---|---|
| | nutrition screening reports conducted and disseminated as per agreed-upon timeline | | |
| **Output 3 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 3.1 | Percentage of health facilities which submit quality nutrition screening reports conducted and disseminated as per agreed-upon timeline | 100% | 80% |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Five districts were prioritised instead of the initially planned three. This may contribute to the 32,000 (200%) access to IYCF counselling by caregivers out of a targeted 16,000.

Gaps in RUTF (only 40% of facilities have stock as at the end of October 2016) which had been resolved by the third quarter have now arisen due to higher than anticipated admission rates and lack of sustainable funding sources for purchase of RUTF. Iron and folate tablets for pregnant and lactating women were not purchased using CERF funding, instead, therapeutic commodities were prioritised. Only 60% of health facility workers and nutrition extension workers conducted routine monitoring and IYCF counselling during the emergency period because of insufficient funds for capacity development.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Existing community structures were involved in the implementation of the emergency response through sensitisation efforts by Ministry of Health officials and village health workers during the nutrition and HIV screening exercise. During focus group discussions community members were asked to propose solutions to problems that they had identified resulting from the drought. These proposed solutions have been incorporated into recommendations of the Nutrition and HIV screening reports.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| Given the emergency nature of the intervention and time constraints, a plan was not made for a separate evaluation of the project. However, UNICEF conducted a monitoring assessment in the nutrition sector to establish the impact of all nutrition programmes and the relevant needs. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **5. CERF grant period:** | 06/04/2016- 05/10/2016 |
| **2. CERF project code:** | 16-RR-CEF-035 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Food Security and Agriculture (including Social Protection Top-ups) | | ☒ Concluded |
| **4. Project title:** | Cash transfer top-ups during food emergency | | |

**7.Funding**

| | | |
|---|---|---|
| a. Total funding requirements: | US$ 6,062,472 | d. CERF funds forwarded to implementing partners: |
| b. Total funding received: | US$2,435,065 | ▪ *NGO partners and Red Cross/Crescent:* |
| c. Amount received from CERF: | US$ 2,121,810 | ▪ *Government Partners:* US$ $2,048,288 |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 34,500 | 34,500 | 69,000 | 37,070 | 35,617 | 72,687 |
| *Adults (≥ 18)* | 23,000 | 23,000 | 46,000 | 24,231 | 24,227 | 48,458 |
| ***Total*** | **57,500** | **57,500** | **115,000** | **61,301** | **59,844** | **121,145**[2] |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 115,000 | 121,145 |
| ***Total (same as in 8a)*** | 115,000 | **121,145** |
| *In case of significant discrepancy between planned and reached beneficiaries,* | The project supported approximately 24,227 households with 72,687 children for two quarters. | |

[2]This number exceeds the target of 23,000 households; and was possible by savings made from exchange rate fluctuations.

| | |
|---|---|
| *either the total numbers or the age, sex or category distribution, please describe reasons:* | Each household was provided with the cash top ups of LSL 500 (US$38) in each quarter to meet emergency food needs. This exceeds the target of 23,000 households; and was made possible by savings made from exchange rate fluctuations. In total, around 8 per cent more households and vulnerable children were assisted with the CERF funds. |

| **CERF Result Framework** | | | |
|---|---|---|---|
| **9. Project objective** | To provide life-saving assistance and strengthen national capacity to fulfil the survival and development rights of vulnerable families with children in areas affected by the current food crisis in Lesotho | | |
| **10. Outcome statement** | To improve access to adequate food for approximately 23,000 households caring for over 69,000 vulnerable children from the poorest-of-the-poor segment of the population in the affected areas through a cash transfer. | | |
| **11. Outputs** | | | |
| **Output 1** | Number of households receiving cash transfer in the targeted districts | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of households receiving cash transfer in the targeted districts | 23,000 | 24,229 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Targeting and identification of vulnerable households from those already receiving cash grants | MOSD | MOSD |
| Activity 1.2 | Provision of cash transfer top-ups of M 500 in one quarter ($38) will be provided to over 23,000 ultra-poor and very-poor households | MOSD | MOSD |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project supported approximately 24,227 households with 72,687 children for two quarters. Each household was provided with the cash top ups of LSL 500 (US$38) in each quarter to meet emergency food needs. This exceeds the target of 23,000 households; and was possible through savings made from exchange rate fluctuations. In total, around 8 per cent more households and vulnerable children were assisted with the CERF funds. A total of 22,573 households were paid in the first payment, and 24,229 households in the second. The payments were bundled together with the regular transfer using the Child Grant Programme (CGP) system. The NISSA was used in the selection and targeting of the ultra-poor and poor households. In order to use the NISSA processes, UNICEF engaged the MoSD to use all the NISSA modalities for case management, payment and community mobilization.

| **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:** | |
|---|---|
| NISSA was used for targeting the eligible households. Eligible households were provided with information on targeting, the amount to be provided, duration of the support, date and modality of the disbursement and the place of disbursement. UNICEF staff along with emergency staff monitored the whole process of payment and maintained continuous contact with the officials of the MoSD. | |
| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
| Formal evaluation has not been conducted, however, routine monitoring was done during payment of beneficiaries and focus group discussions were carried out following a format.<br><br>**Key findings**<br>• The cash top up helped beneficiary families reduce hunger and send children to school; Beneficiaries spent the money on buying food (50kg mealie-meal), and school uniform for the benefit of the children.<br>• Households stopped begging as they made savings available for their family's needs.<br>• Beneficiaries started building positive self-esteem and self-confidence, whereby children stopped begging for food from neighbours and other children at school.<br>• Beneficiaries also received seeds and shade nets from FAO, which resulted in households working more on their own gardens and worked less for wages on others'.<br><br>**The use of government structures for targeting and payment was instrumental to provide a quick and straight response to needy households**: The main lesson learned from the CERF funding, is that emergency responses can and should make use of existing government structures to reach the most vulnerable. By attaching the top-up payments to the CGP grant, it was possible not only to reach those in need in a speedy manner, but also to ensure that the way in which they were targeted was pro-poor.<br>**Synergies between emergency response and regular social protection programmes are critical to promote resilience**: UNICEF went in a partnership with FAO and the Ministry of social development to provide homestead gardening implements. As a result, the majority of the CGP beneficiaries have used the seeds to produce vegetables.<br>**Finally, the CERF intervention also served to highlight existing gaps in the government's capacity to fully undertake the management and leadership of project implementation**. Existing gaps in administrative, and human resources support functions within the Ministry have translated into day to day operational challenges. Key positions within the CGP's management unit were vacant for a large portion of the year, pending structural approval. Moreover, existing staff have seen the coverage of the programme multiply within the last year, as well as the introduction of new initiatives like emergency support, but have received no extra helping hands. Thus, poor logistical planning, delay of payments, weak case management and a lack of systematic monitoring have ensued. In a nutshell, the rapid and wide expansion of both the programme's coverage, but also of the scope of the responsibilities the CGP management unit takes on, has created the need to review and increase the system's capacity for efficient management of both old and new responsibilities. | EVALUATION PENDING ☐<br>NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | FAO | **5. CERF grant period:** | 30/03/2016- 31/10/2016 |
| **2. CERF project code:** | 16-RR-FAO-009 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Agriculture | | ☒ Concluded |
| **4. Project title:** | FAO Emergency Response to the Drought caused by El Niño Weather Phenomenon | | |

| **7.Funding** | | | |
|---|---|---|---|
| | a. Total funding requirements: | US$ 11,000,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received: | US$ 9,623,351 | ▪ *NGO partners and Red Cross/Crescent:* |
| | c. Amount received from CERF: | US$ 1,128,270 | ▪ *Government Partners:* |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 18,144 | 19,656 | 37,800 | 24,140 | 25,092 | 49,232 |
| *Adults (≥ 18)* | 33,905 | 33,905 | 67,810 | 26,045 | 30,598 | 56,643 |
| ***Total*** | **52,049** | **53,561** | **105,610** | **50,185** | **55,690** | **105,875** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 105,610 | 105,875 |
| ***Total (same as in 8a)*** | **105,610** | **105,875** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | Overall, the project met its target number of beneficiary household (HHs) as initially foreseen. Owing to savings on the actual cost of inputs; FAO was able to slightly increase the number of beneficiary HHs on both components. Under the Social Protection component, the total amount of beneficiary HHs is 20,015 HHs up from a target of 20,000 HHs while under the livelihoods component, the actual number of HHs reached is 1,160 up from the target of 1,122 HHs. | |

| | |
|---|---|
| | The overall number of beneficiary HHs reached is 21,175 (105,875 people). |

| **CERF Result Framework** | | | |
|---|---|---|---|
| **9. Project objective** | To improve food security for 21,122 drought-affected households in Lesotho through distribution of time-critical and nutrition-sensitive production packages | | |
| **10. Outcome statement** | Availability and use of food and diversity of diets is improved in a sustainable manner | | |
| **11. Outputs** | | | |
| **Output 1** | At least 20,000 vulnerable households benefiting from Social Protection cash grants improve their homestead food production capacity and diversify their diets | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Change in food consumption patterns (improved diversity of vegetable varieties produced) | Minimum of 3 | 6 different varieties produced per beneficiary HH. |
| Indicator 1.2 | Quantity of input items distributed as percentage of planned | 100% | 100% |
| Indicator 1.3 | Number of beneficiary households receiving agricultural inputs as a percentage of the planned beneficiaries. | 100% | 100% |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procurement and delivery of diversified agricultural productive package. | FAO | FAO |
| Activity 1.2 | Distribution of the inputs and information kits. | FAO in partnership with MAFS and MOSD | FAO, MAFS and MOSD |
| Activity 1.3 | Provision of technical support through sensitization on home gardening and proper nutrition. | FAO and MAFS | FAO and MAFS |
| **Output 2** | 1,122 households receive agricultural inputs and technical support on integrated sustainable farming. | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | 1,122 households receive agricultural inputs and technical support on integrated sustainable farming. | 100% | 103.4% |
| Indicator 2.2 | 1,122 households receive agricultural inputs and technical support on integrated sustainable farming. | 70% | 103.4% received inputs (actual reached HHs with training will be established in the Post-Harvest survey to be conducted in July-August 2017) |
| Indicator 2.3 | 1,122 households receive agricultural inputs and technical support on integrated sustainable farming. | 100% | 103.4% received inputs (actual reached HHs with training will be |

| | | | |
|---|---|---|---|
| | | | established in the Post-Harvest survey to be conducted in July-August 2017) |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | Procurement and delivery of diversified agricultural production package | FAO | FAO |
| Activity 2.2 | Distribution of the inputs and technical information kits | FAO in partnership with MAFS | FAO and MAFS |
| Activity 2.3 | Provision of technical support and sensitization on integrated sustainable farming | FAO in partnership with MAFS | FAO and MAFS |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Overall, the project met its objective of contributing to improved food security of the El Niño affected households in Lesotho. The project has directly provided appropriate inputs for the two beneficiary groups to enable them re-engage in productive agricultural activities in order to improve immediate access to nutritious and diversified foods. Already beneficiaries of inputs for social protection have been consuming different types vegetables from own production as a result of the project (see Human Interest Story attached); while those who benefitted from the livelihood support component (despite having also started consuming vegetables) will only be able to harvest staple crops (maize and beans) from March 2017. A detailed post-harvest assessment (to be conducted in July - August 2017) will provide insights into the contribution these inputs have made to the food security of the beneficiary HHs.

There were no significant discrepancies on what was planned versus the achievements. Beneficiary numbers increased slightly owing to savings made from actual input prices and reduction in costs related to human resources as some staff were charged to other projects that were not operational at the time of submitting this proposal to CERF for funding.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The design of the project was inclusive and consultative, proper consultations were held with different stakeholders at all levels in addition to assessments on the affected population. Needs assessments provided a platform on which the affected vulnerable population were able to contribute to the technical design of the project. The decision to include two main components in the response plan (social protection complementarity and livelihood support) was in direct response to the findings of the beneficiary needs assessments and the detailed stakeholder analysis. Each component was responding to the identified needs and capacities to respond of the different target groups.

Beneficiary identification for the livelihood component was conducted by the MAFS frontline extension agents in consultation with community members and community leaders following a very detailed and specific identification criteria agreed by FAO and MAFS management. The criteria included: i) vulnerable active farmers, prioritizing those HHs headed by females, ii) elderly, orphans or HHs with members with special needs such as pregnant women, lactating mothers, elderly, orphans or/and chronically sick. One key aspect of the criteria was that all beneficiary HHs were supposed to be identified through a community forum approach. This approach was aimed at ensuring that all affected vulnerable populations were able to actively participate and be represented.

Furthermore, the project maintained continuous contact with beneficiary HHs during distributions and M&E visits (FAO M&E team) to ensure that they were able to feedback into the implementation process. Generally, the feedback from beneficiary HHs on the package provided was very positive. The baseline assessments provided an opportunity for FAO to understand and appreciate the extent to which affected population was able to actively participate in key decision making processes especially during the identification stages.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| There is no evaluation foreseen specifically for this project, FAO only conducts programme level evaluation on projects. Despite that each project contributes to an evaluation fund; periodically, FAO conducts programme-wide evaluation on sampled projects. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | WFP | **5. CERF grant period:** | 01/04/2016- 30/09/2016 |
| **2. CERF project code:** | 16-RR-WFP-016 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Health and Nutrition | | ☒ Concluded |
| **4. Project title:** | Prevention of acute malnutrition in children 6 to 59 months old and pregnant and lactating women in households identified for the cash transfer programme | | |

| **7.Funding** | | |
|---|---|---|
| a. Total funding requirements: | US$ 544,315 | d. CERF funds forwarded to implementing partners: |
| b. Total funding received: | US$ 106,418 | ▪ *NGO partners and Red Cross/Crescent:* |
| c. Amount received from CERF: | US$ 106,418 | ▪ *Government Partners:* |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 850 | 850 | 1700 | 866 | 834 | 1700 |
| *Adults (≥ 18)* | 300 | | 300 | 300 | | 300 |
| ***Total*** | 1150 | 850 | 2000 | **1166** | **834** | **2000** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 2000 | 2000 |
| ***Total (same as in 8a)*** | **2000** | **2000** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | WFP managed to reach all planned number of beneficiaries | |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | To provide fortified blended food to children 6 to 59 months and to pregnant and lactating women for the prevention of acute malnutrition in Mohale's Hoek district | | |
| **10. Outcome statement** | Reduced undernutrition among children aged 6–59 months and pregnant and lactating women | | |
| **11. Outputs** | | | |
| **Output 1** | 1,700 children 6 to 59 months and 300 pregnant and lactating women have access to fortified blended food | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Food distributed in sufficient quantity and quality to target groups of women, men, girls and boys under secure conditions | 2,000 | 2000 |
| Indicator 1.2 | Number of nutrition, hygiene and sanitation education sessions held for targeted beneficiaries | 12 | 8 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procurement of fortified blended food | WFP | WFP |
| Activity 1.2 | Registration of targeted clients | DMA, WFP, World Vision | DMA, WFP |
| Activity 1.3 | Provision of education to mothers and caregivers on nutrition, hygiene and sanitation. | World Vision, MoH, MAFS | Lesotho Red Cross, Lesotho Correctional Services, MoH, FNCO, MAFS, |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project has been implemented according to the plan. While only 8 nutrition, hygiene and sanitation education sessions have been conducted through the CERF funded project, the remaining communities have been trained through development programmes.

The project has worked with all the relevant actors in the nutrition sector, including nutritionists from the Red Cross, the Correctional Services, the Ministry of Health, the Food and Nutrition Coordination Office and the Ministry of Agriculture and Food Security.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

As part of the implementation process, all key stakeholders at all levels were sensitised on the project implementation strategy. In collaboration with DMA, the district health and nutrition cluster was sensitised and encouraged to take up the implementation of the project. The district administrator was engaged and facilitated the sensitisation of local government structures at community level, the councils, chiefs as well as village health workers. These structures were instrumental in mobilising targeted communities to participate in all the services planned for them. Further, the local structures ensure a dialogue platform with concerned population groups.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| There is no planned evaluation of this intervention. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | WFP | **5. CERF grant period:** | 18/03/2016- 17/09/2016 |
| **2. CERF project code:** | 16-RR-WFP-017 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Food Security and Agriculture | | ☒ Concluded |
| **4. Project title:** | Assistance to vulnerable households affected by drought | | |

**7.Funding**

| | | | |
|---|---|---|---|
| a. Total funding requirements: | US$ 12,000,000 | d. CERF funds forwarded to implementing partners: | |
| b. Total funding received: | US$ 10,739,012 | ▪ *NGO partners and Red Cross/Crescent:* | US$ 23,800 |
| c. Amount received from CERF: | US$ 1,000,011 | ▪ *Government Partners:* | |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 1750 | 1170 | 2920 | 1800 | 900 | 2700 |
| *Adults (≥ 18)* | 3250 | 4280 | 7530 | 4470 | 3280 | 7750 |
| ***Total*** | **5000** | **5450** | **10,450** | **6270** | **4180** | **10,450** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 10,450 | 10.450 |
| ***Total (same as in 8a)*** | **10,450** | **10,450** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | | |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | Address immediate food needs of vulnerable households affected by drought. | | |
| **10. Outcome statement** | Stabilize or improve food consumption over the assistance period for targeted households or individuals | | |
| **11. Outputs** | | | |
| **Output 1** | Food, nutritional products, non-food items, cash transfers and vouchers in sufficient quantity and quality, provided in a timely manner | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of men, women, boys and girls receiving food assistance | 10,450 | 10,450 |
| Indicator 1.2 | Quantity of food/cash assistance distributed to targeted beneficiaries | US$ 815,880 | USD$ 815,880 |
| | Quantity of non-food items distributed to targeted beneficiaries | | 2500 shade nets |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Targeting of beneficiaries for the intervention | Disaster Management Authorities | Disaster Management Authority |
| Activity 1.2 | Monthly distribution of food/cash to beneficiaries | Standard Lesotho Bank | Standard Lesotho bank |
| Activity 1.3 | Distribution of non-food items to beneficiaries | WFP | FAO and CRS |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project activities were implemented as planned for this intervention. There were no discrepancies between the planned and the achieved outcome and output indicators of the project.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

WFP has put a complaint mechanism in place that allows for the affected population as well as the beneficiaries of the programme to comment on the targeting and the implementation of the programme.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| WFP undertook the Post Distribution Monitoring (PDM) of the intervention in July 2016. The findings indicated that the majority of the households that received cash support were able to obtain acceptable food consumption (75%). In addition, the PDM also showed that a sizeable number of beneficiaries were able to attain average (55%) to high (24%) dietary diversity. The cash modality allowed beneficiaries to diversify their diets by buying a variety of food items. It is therefore recommended to continue with cash as a transfer modality in humanitarian assistance programmes where possible. Further PDM results showed that nutrition education and behaviour change activities may be incorporated into assistance programmes to improve dietary diversity especially in male headed households. | EVALUATION PENDING<br>NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | WHO | **5. CERF grant period:** | 01/04/2016- 30/09/2016 |
| **2. CERF project code:** | 16-RR-WHO-013 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Health | | ☒ Concluded |
| **4. Project title:** | Response to the health effects of drought in Lesotho | | |

**7.Funding**

| | | |
|---|---|---|
| a. Total funding requirements: | US$ 450,000 | d. CERF funds forwarded to implementing partners: |
| b. Total funding received: | US$ 162,141 | ▪ *NGO partners and Red Cross/Crescent:* |
| c. Amount received from CERF: | US$ 128,800 | ▪ *Government Partners:* |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 1,500 | 900 | 2,400 | 3,122 | 2,600 | 5,722 |
| *Adults (≥ 18)* | 25,000 | 18,000 | 43,000 | 24,500 | 20,500 | 45,000 |
| ***Total*** | **26,500** | **18,900** | **45,400** | **27,622** | **23,100** | **50,722** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 45,400 | >50,722 |
| ***Total (same as in 8a)*** | **45,400** | **>50,722** |

| | |
|---|---|
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | The in-patient management of severe acute malnutrition reached: 511 children<br>Deliveries conducted during the period was 7,666<br>Public awareness during outbreaks (public gatherings), Information, Education and Communication (IEC) material distribution and population reached through radio slots in two radio stations estimated to be above 40,000 people |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | To protect the health of 45,400 people affected by drought through response to outbreaks and implementation of maternal and child health interventions in ten districts over five months. | | |
| **10. Outcome statement** | The health of 45,400 people affected by drought protected. | | |
| **11. Outputs** | | | |
| **Output 1** | Outbreaks of anthrax and diarrhoeal diseases reported and responded to in all ten districts | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Proportion of reported outbreaks responded to | 100% target population covers the population at risk irrespective of age | 5 outbreaks were reported and responded to (100%). The outbreaks were: 5 in Botha Bothe (diarrhoea related in one school, one police camp and three villages); Mafeteng: two villages affected by food poisoning after eating dead cow and Maseru: animal anthrax that affected 16 villages – 134 people (51 females and 76 males) were given prophylaxis while 7 were treated as confirmed human cases. |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procure equipment, materials and medical supplies for outbreak response (antibiotics, personal protective equipment, laboratory reagents, disinfectants) | WHO: Administration | WHO: Administration |
| Activity 1.2 | Distribute equipment, materials and medical supplies to 10 districts | WHO and Ministry of Health | WHO and Ministry of Health |
| Activity 1.3 | Support delivery of health education and public awareness sessions and advocacy sessions through printing of IEC materials (pamphlets and posters and engaging with community leaders) | WHO: Health Promotion Officer and Administration Ministry of Health: Health Education | WHO: Health Promotion Officer and Administration Ministry of Health: Health Education and District Health Teams |
| Activity 1.4 | Equine hire for hard-to-reach areas for district teams involved in outbreak response | District Response Teams | Not done since areas covered did not require equines |
| Activity 1.5 | Provide allowances for personnel involved in outbreak response | WHO: Health Security and Emergencies and Administration | WHO: Health Security and Emergencies and Administration |
| **Output 2** | Effective case management of all admitted children in 16 hospitals with severe acute malnutrition according integrated management of acute malnutrition guidelines | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | Proportion of hospitals managing severe acute malnutrition according to integrated | 100% target population is children < 5 years | All 16 hospitals are managing cases according to existing guidelines |

| | | | |
|---|---|---|---|
| | management of acute malnutrition guidelines | irrespective of gender | (100%) |
| Indicator 2.2 | Reduction of case fatality rate due SAM | <10% target population in children <5years irrespective of gender | Target not achieved. Overall case fatality rate was 18% which falls under moderate grading. One hospital had the desired case fatality rate of <5% (0%), Scott Hospital. While 3 hospitals (Tebellong, Mokhotlong, and Motebang) had between 8 and 9.5% case fatality rate which is acceptable. The target of <10% was achieved by 40% of the hospitals. |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | Conduct 16 clinical working sessions with clinical staff working in 16 children's ward | Ministry of Health: Nutrition and Child Health Programmes WHO: Family Health Officer | Ministry of Health: Nutrition and Child Health Programmes |
| Activity 2.2 | Procure equipment 16 length boards for assessing malnutrition in children's wards) | WHO: Administration | WHO: Administration |
| Activity 2.3 | Procure and distribute materials for managing diarrhoea in children <5 years (100 buckets, 100 spatula, 100 tumblers, 100 basins) | WHO: Administration | WHO: Administration and Ministry of Health (International Health Office) |
| Activity 2.4 | Distribute length boards and materials for managing diarrhoea to the districts | WHO: Administration Ministry of Health | Ministry of Health (International Health Office) |
| Activity 2.5 | Manage SAM according to national guidelines | Clinical Staff in Children's Wards in 16 hospitals | Clinical Staff in Children's Wards in 16 hospitals |
| **Output 3** | 200 health facilities in 10 districts using under-buttocks and linen savers (16 hospitals and 184 health centres | | |
| **Output 3 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 3.1 | Proportion of health facilities using under-buttocks | 100% (target population 7,250 women receiving delivery services) | 40% This translates to 3,066 deliveries conducted |
| Indicator 3.2 | Proportion of health facilities using linen savers | 100% (target population 7,250 women receiving delivery services) | 40% This translates to 3,066 deliveries conducted |
| **Output 3 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 3.1 | Procure 432 packs of 50 under-buttocks to 200 health facilities (108 per facility) | WHO: Administration | WHO: Administration |
| Activity 3.2 | Procure 432 linen savers to 200 health facilities (108 per facility) | WHO: Administration | WHO: Administration |
| Activity 3.3 | Distribute under-buttocks and linen savers | WHO: Administration | WHO: Administration and Ministry |

| | | | |
|---|---|---|---|
| | | and Ministry of Health | of Health |
| Activity 3.4 | Use under-buttocks and linen savers | Health facilities | Health facilities |
| **Output 4** | 200 health facilities in 10 districts using hand sanitizers (16 hospitals and 184 health centres) | | |
| **Output 4 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 4.1 | Proportion of health facilities using hand sanitizers | 100% (target population all health care workers in 200 health facilities, irrespective of gender) | 40% of health facilities using hand sanitizers |
| **Output 4 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 4.1 | Procure and distribute 7,440 hand sanitizers to 200 health facilities | WHO: Administration | WHO: Administration and Ministry of Health (International Health Office) |
| Activity 4.2 | Utilisation of hand sanitizers | Health Facility Staff | Health Facility Staff |
| **Output 5** | 2 supportive supervisory visits conducted at the national to district level and two visits by the districts to each of their facilities | | |
| **Output 5 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 5.1 | Proportion of 10 districts that received at least 2 supervisory visits from the national level | 100% | 100% |
| Indicator 5.2 | Proportion of 200 health facilities that received at least 2 supervisory visits from the district level | 100% | 100% |
| **Output 5 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 5.1 | Conduct supportive supervision of 10 districts | Ministry of Health: Nutrition, Sexual and Reproductive Health, Health Education, Child Health Programmes<br>WHO: Family Health, Health Security and Emergencies and Health Promotion Officers | Ministry of Health: Nutrition, Child Health and International Health Office<br>WHO: Health Security and Emergencies Officer |
| Activity 5.2 | Conduct supportive supervision of 184 health centres | District Health Management Teams | District Health Management Teams |
| **Output 6** | End of project evaluation conducted and report disseminated | | |
| **Output 6 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 6.1 | Availability of end-of-project evaluation report | 1 | End of project evaluation report available |
| **Output 6 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |

| | | | |
|---|---|---|---|
| Activity 6.1 | Engage consultant | WHO: Administration | A WHO: Administration |
| Activity 6.2 | Conduct monitoring visits to the districts | Consultant | Consultant |
| Activity 6.3 | Conduct end-of-project evaluation exercise | Consultant | Consultant |
| Activity 6.4 | Produce and disseminate end-of-project evaluation report | Consultant | Consultant |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project interventions benefitted more than 50,722 people. All the planned interventions and activities were implemented even though funding that was ear marked for hiring horses was not utilised as there were no outbreaks in the areas that required horse hire.

i. Given the rationale in bullet ii below, the project was able to achieve 7 out of 8 indicators set (87.5%).
ii. The achievement of 40% of the facilities that were provided with under-buttocks, linen savers and hand sanitizers was as a result of a re-prioritisation that was made when the water crisis in some health facilities subsided. The supplies were, therefore, directed to the facilities that were still experiencing water shortage. The process of selecting the facilities was informed by the interactions with the district health management teams and the Environmental Health Division of the Ministry of Health.
iii. The reduction of case fatality rate in the management of severe acute malnutrition could not be achieved due to some key health systems issues:
    a. Hospitals experienced shortage of commodities for managing severe acute malnutrition for some time. The supplies were not available at the national drug service organisation. Those procured by UNICEF arrived in the middle of the project implementation.
    b. Frequent rotation of staff working in the paediatric ward resulted in patients being managed by staff members that are not conversant with the proper management of SAM.
    c. New guidelines had not yet reached some of the hospitals.
    d. Hospitals lack a culture of data management especially the aspects of recording and analysing data used for decision making. Two observations were made during supervision visits which are associated with data analysis and if identified early may have improved the case fatality rate:
        - 68% of the deaths occurred at night. Likely causes could be death due to cold and/or poor feeding at night. It is observed from the project evaluation report that some of the wards have poor heating systems.
        - 45% of the deaths occurred after the third day of admission. Possibly due to case management problems and/or other predisposing factors including HIV.
    e. Delay in seeking medical attention contributed to some of the deaths that occurred within the first two days of admission.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

AAP was ensured through the following mechanisms:

a. Design phase:
    i. Taking the views of affected people through the rapid drought assessment exercise, consultations with district health teams, health care facility workers, interviews with clients visiting health care facilities, consultations with local authorities and during response operations for outbreaks
    ii. Developing the project jointly with the government and based on pre-defined priority areas in the national preparedness and response plan
b. Implementation phase:
    i. Interactions with affected population during outbreak response
    ii. Presenting project interventions and getting feedback from communities through phone-in programmes secured in two radio stations over a period of two months
    iii. Follow up and supervision of project interventions at district and facility level
    iv. Delivery of the commodities and supplies to the facilities that affected population get services in
    v. Project implementation led by and coordinated by government

| vi. Providing updates on the project implementation with the national authority responsible for disaster management | |
|---|---|
| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☒ |
| **Outbreak and outbreak response:** Required materials and equipment were procured and distributed to the districts. All reported outbreaks were responded to. Public awareness sessions were undertaken even though the public continued to handle and sometimes eat dead animals. Laboratory confirmation of anthrax in humans was not done and this needs to be done.<br>**Management of SAM:** Deaths that occur due to SAM could be attributed to delays in seeking medical attention and mismanagement of cases. The heating systems in the hospitals are poor which could account for the deaths that occur at night (due to hypothermia). Data management in children's wards is very poor which leads to ill-informed decision making.<br>**Use of under-buttocks and linen savers:** The intervention prioritised health facilities that were still encountering acute water shortage.<br>**Use of hand sanitizers:** This intervention was also prioritised for those facilities that were still encountering acute water shortage.<br>**Supervision:** Monthly supervision was provided to the health facilities by the district health management teams. The national level was able to supervise all the districts though individual hospitals were not visited at least two times.<br><br>The evaluation report is to be found attached. | EVALUATION PENDING ☐<br><br>NO EVALUATION PLANNED ☐ |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US$ |
|---|---|---|---|---|
| 16-RR-CEF-033 | Water, Sanitation and Hygiene | UNICEF | INGO | $29,229 |
| 16-RR-CEF-033 | Water, Sanitation and Hygiene | UNICEF | GOV | $4,709 |
| 16-RR-CEF-034 | Nutrition | UNICEF | GOV | $10,839 |
| 16-RR-CEF-035 | Protection | UNICEF | GOV | $2,048,288 |
| 16-RR-WFP-017 | Food Assistance | WFP | INGO | $23,800 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| CERF | Central Emergency Regional Funding |
| CGP | Child Grant Programme |
| CHAL | Christian Health Associaton of Lesotho |
| CRS | Catholic Relief Services |
| DDMT | District Disaster Management Team |
| DFID | Department For International Development |
| DHS | Demographic Health Survey |
| DMA | Disaster Management Authority |
| DRMT | Disaster Risk Management Team |
| FAO | Food Agriculture Organization |
| FDP | Food distribution point |
| GAM | General Acute Malnutrition |
| GoL | Government of Lesotho |
| HCT | Humanitarian Country Team |
| HH | Household |
| HIV | Human Immuno-deficiency Virus |
| IEC | Information, Education and Communication |
| IYCF | Infant and Young Child Feeding |
| LVAC | Lesotho Vulnerability Assessment Committee |
| MAFS | Ministry of Agriculture and Food Security |
| MDAT | Multi-Sectoral Assessment Team |
| M&E | Monitoring and Evaluation |
| MOH | Ministry of Health |
| MOSD | Ministery Of Social Development |
| NISSA | National Information System for Social Assistance |
| PDM | Post Distribution Monitoring |
| PMTCT | Prevention of mother-to-child transmission |
| RUTF | Ready to Use Therapeutic Food |
| SAM | Severe Acute Malnutrition |
| UNICEF | United Nations Childrens Fund |
| VACs | Village Assistance Committees |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WVL | World Vision Lesotho |