

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
LESOTHO
RAPID RESPONSE
DROUGHT
2019**

18-RR-LSO-33695

RESIDENT/HUMANITARIAN COORDINATOR	SALVATOR NIYONZIMA
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

On October 2nd, 2019 After Action review meeting conducted at the UN House Maseru, Lesotho attended by RC/HC, heads of agencies and programme staff from IOM, FAO, UNICEF, UNFPA, WHO, WFP and Resident Coordinator's Office. The review meeting was chaired by the Resident Coordinator and representatives of the different agencies presented progress made on the implementation of their projects, key challenges and lessons learned. Apart from these, the participants of the meeting also discussed the overall drought situation in the country and way forward. Detailed discussions took place on CERF funded interventions support as an early action and its contribution to reducing the impact of the drought emergency on the affected population. Each of the organizations presented different challenges they faced during the implementation of the CERF projects and lessons learnt from those challenges.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES NO

On 1st November the CERF report was shared with the HCT and technical leads for their technical review. IOM, FAO, UNICEF, UNFPA, WFP, WHO including UNAIDS participated in the HCT meeting among other NGO partners, that reviewed the report. After detailed discussions, some areas were highlighted to be improved which the report focal point addressed in the report and the final version was shared with the recipient agencies for record. On 5th November the report was shared for technical review with different agencies and partners. On 8th November the final report shared with RC/HC for review and after addressing the comments from the RC/HC, the report will be shared with CERF Secretariat.

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

YES NO

The final version of CERF report was shared with the recipient agencies and implementing partners, relevant government office (DMA), HCT and the RCO for the record. Also, challenges and lesson learnt sections were discussed and concerned people agreed to prepare an action plan to address the challenges.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

At the end of 2018, the late arrival of rains and persistent dry spells weakened families who rely on agriculture for income and livelihoods. They increased the number of food-insecure households. They also affected other key sectors such as water and sanitation, health and protection, and generated a humanitarian situation.

A vulnerability assessment was conducted to identify the immediate needs of the drought-affected people. LVAC assessment revealed that the 2018/19 planting season was characterized by the late onset of rains and extremely hot temperatures. As a result, different sectors were negatively impacted, maize production declined by 78% compared to the previous year. The below normal rainfall conditions persisted for some parts of the country in the April-September period the south-western part of the country (i.e. Berea, Maseru, Mafeteng, Mohale's Hoek, western parts of Qacha's Nek and Quthing districts) received normal to below-normal rainfall conditions while the north-eastern part of the country (i.e. Mokhotlong, Leribe, Thaba-tseka. Eastern parts of Qacha's Nek and Butha Buthe district) received normal to above-normal rainfall.

In January 2019, UN agencies have successfully mobilized USD 5,550,533 from the UN Central Emergency Response Fund (CERF) as an early action to provide immediate and effective response to address the impacts of drought and erratic rainfall and for the most urgent and life-saving humanitarian activities in key sectors.

Through CERF implementation and to mitigate the risks and potential impacts on the vulnerable populations of the country, the HCT ensured continued action and advocacy measures. In May 2019, a joint UN and the Government of Lesotho field mission was undertaken to the districts of Lesotho identified in IPC 3 (crisis) or 4 (emergency) to review the effectiveness of the United Nations delivering lifesaving multi-sectoral emergency assistance to severely food insecure households in the southern regions of Lesotho and Maseru. With the deteriorating situation, leaving 508,125 food insecure (June 2019, Lesotho Vulnerability Assessment), RC/HC and HCT continued on advocating for the drought-affected children, women and men with the Government of Lesotho that declared state of drought emergency in the country on 30th October 2019 appealing to development partners for resources and interventions to reduce the impact of drought on the lives of the affected people.

1. OVERVIEW

18-RR-LSO-33695 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	5,457,040
FUNDING RECEIVED BY SOURCE	
CERF	5,550,533
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,550,533

18-RR-LSO-33695 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-001	Food Security – Agriculture	1,462,944
IOM	19-RR-IOM-001	Protection – Protection	301,655
UNFPA	19-RR-FPA-001	Protection – Protection	100,195
UNICEF	19-RR-CEF-001	Nutrition – Nutrition	157,427

UNICEF	19-RR-CEF-002	Water Sanitation Hygiene - Water, Sanitation and Hygiene	591,175
UNICEF	19-RR-CEF-003	Protection – Protection	119,883
WFP	19-RR-WFP-001	Food Security - Food Aid	2,716,917
WHO	19-RR-WHO-001	Health – Health	100,337
TOTAL			5,550,533

18-RR-LSO-33695 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	US \$ 5,112,597
Funds transferred to Government partners*	US \$ 157,427
Funds transferred to International NGOs partners*	US\$ 218,508
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	US \$ 62, 000
Total funds transferred to implementing partners (IP)*	US \$ 437,935
TOTAL	5,550,533

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The 2018/19 planting season was characterized by the late onset of rains and extremely hot temperatures. The planting period coincided with El Nino induced dry conditions. The models predicted 90% chances of El Nino by mid-November 2018. As a result, different sectors were negatively impacted, namely, food/agriculture, WASH, health/nutrition and protection sector. Due to the drought situation, maize production had declined by 78% compared to the previous year. The below normal rainfall conditions persisted for the south-western part of the country i.e. Berea, Maseru, Mafeteng and Mohale's Hoek) in the April-September period. , western parts of the country (i.e. Qacha's Nek and Quthing districts) received normal to below-normal rainfall conditions while the north-eastern part of the country (i.e. Mokhotlong, Leribe, Thaba-tseka), eastern parts of the country (i.e. Qacha's Nek and Butha Buthe district) received normal to above-normal rainfall. Temperatures were also recorded as normal to above-normal. Low rainfall in some areas could negatively impact on winter harvesting. Rangelands conditions deteriorated earlier than normal (August 2019). Livestock body conditions had not fully recovered from this year's lean season, which may affect livestock prices, the quantity and the quality of wool and mohair is likely to be compromised. Livestock products are a typical source of income for most middle-income households. On average, maize meal prices were 4 percent lower than the five-year average and 16 percent higher than the previous year and stable. Due to a significant drop in crop production in two consecutive years, the households were expected to be out of food stocks earlier than usual.

The Lesotho Vulnerability Assessment (LVAC, 2019), conducted in June 2019 and the Integrated Phase Classification (IPC) shows that there is an increase in the number of people in need of urgent humanitarian assistance. Overall, the food insecurity situation affects a quarter of the population (508,125) in the country for the consumption year 2019/20. Four out of 10 districts are classified in IPC Phase 2 (Stress) while 6 other districts are classified under IPC Phase 3 (crisis). The analysis further projects that all districts will be in Phase 3 by 2020. The drought has negatively impacted livelihood sources including crop sales, weeding, sale of livestock products, poor food consumption score, and livestock prices.

Additionally, El Nino Crisis Monitoring Report by World Food Programme (WFP 2019) indicates that a total of 16,000 vulnerable children (8,000 boys and 8,000 girls) are reported to be exposed to various forms of violence. Negative coping mechanisms adopted by some families in the face of current food shortage have led to child labour, child marriage, transactional sex in exchange for food and trafficking in persons. It is difficult to quantify the full psychosocial distress placed on children as a result.

The LVAC, 2019 also highlights that of the sampled households, children were involved in child labour especially in construction projects (19%), farm-work (14.9%), mine-work (2.1%), herding livestock (0.95%) and domestic work (0.4%). The report also revealed that the prevalence of child marriage is 2.5% and the main reason for early marriage is also due to drought and its consequent food and water shortage. During a period of food insecurity, both migration (human mobility) from rural to urban areas and migration from Lesotho to the Republic of South Africa (RSA) in search of employment have increased. As the migration often takes place in an irregular manner, migrants themselves tend to be exposed to the risks/abuse/ exploitation while their family left behind tend to be suffering from food insecurity situation. The LVAC 2019 indicates that on average (102 families) reported having at least a member of the household who has migrated to South Africa from all the districts. The highest proportion of migration rates were reported for Leribe (35.3%), Berea (13.3 %), Mokhotlong (10.8 %) and Qacha's Nek (9.8%).

To address the above-mentioned vulnerabilities among women and children, in particular, a joint protection team comprised of IOM, UNICEF and UNFPA supported the implementation of the CERF protection mainstreaming emergency programme.

In Lesotho, the global acute malnutrition (GAM) is relatively low at 3.5%, (LVAC 2019). However, there is clear evidence from the LVAC that the situation is affecting the nutrition of women and children in the country which could worsen with current food and water shortage crisis. Accompanying micronutrient deficiencies are also anticipated given the severity of anemia in Lesotho. The 2014 Lesotho Demographic Health Survey (LDHS) reported high anemia rates in children under five (52%), and women of child-bearing age (26%). Rapid and life-saving nutrition interventions are critical to avoid a humanitarian crisis. Facility deliveries that are supervised by skilled providers are a critical lifesaving service to prevent both maternal and neonatal deaths, including prevention of HIV transmission from mothers to newborns, and waterborne diseases in the most vulnerable across 10 districts. Finally, out of 915 children under the age of five sampled under the LVAC nutrition analysis in a district classified as in "crisis," 46.4% of children are stunted, 12.3% are underweight and 3.6% are wasted (below SPHERE standards).

3. PRIORITIZATION PROCESS

The Lesotho Vulnerability Assessment Committee (LVAC; 2018) reported that more than 320,000 people (50,000 in urban areas) will require humanitarian assistance during the 2018/2019 lean season.

CERF funding was activated to address the immediate needs of the drought-affected people in Lesotho. Assessments were carried out in the affected areas to identify the urgent needs of the people. Based on the assessment results sectors were prioritized. HCT and UNDRMT meetings were conducted to prioritize the different sectors. As a result of the consultative meetings, the sectors of WASH, Health, Nutrition, food security, food aid, and protection were selected to be the focus of CERF. Humanitarian and development nexus was discussed and hence the needs for an integrated response were agreed. Meetings were conducted with in-country donors to mobilize more resources for the response. Disaster Management Authority (DMA) at national level was consulted at each and every step of finalizing the CERF projects.

During the prioritization process, gender, age, and disabilities needed to be considered and activities designed to respond to the specific needs of the groups. While conducting the assessments and implementation of the proposed activities, women were engaged in the identification, designing and implementation stages.

The necessity of protection mainstreaming in the emergency response was discussed and agreed by HCT. In addition to the protection mainstreaming, the urgent needs to address negative coping mechanisms adopted by some families in the face of current food shortage (i.e. child labour, child marriage, and transitional sex in exchange for food), increasing level of irregular migration, and heightened psychosocial distress placed on children, were agreed to be prioritized in CERF project.

4. CERF RESULTS

CERF allocated USD 5,550,533 to Lesotho for the drought underfunded emergency to address the immediate needs/ life-saving of the affected population in Lesotho in the year 2018-19. This funding enabled UN agencies and partner organizations to provide agriculture and livelihood support to 157,270 beneficiaries, food aid through vouchers and multi-purpose cash transfers to 45,815 people.

Nutritional support was provided to 96,128 children and women. In the sector of protection 90,867 children, women and men were provided with protection awareness through trainings, sessions etc. Access to safe drinking water and other hygiene education was provided to 295,486 people. 11,007 were provided with access to improved health services in the health facilities.

FAO in collaboration with the Ministry of Agriculture and Food Security and other implementing partners supported vulnerable households as part of emergency and early action support through the provision of timely and quality agricultural inputs to enhance short- term food production. 20,806 resource-poor households were each supported with vegetable seed packs (comprised of 6 different varieties i.e. mustard, spinach, rape, onion, carrots, and beetroot) to produce own vegetables from their backyard plots to improve access to nutritious food. 5,886 livestock owners were supported with fodder and/or grass seed to produce supplementary feeding for their livestock during lean season. An equivalent of 117.72Mt of fodder seed was dispatched to farmers each receiving 20kg seed. During the main summer season; a total of 4,936 farming households were provided 10kg yellow maize seed and 10kg bean seed to increase production. Training on climate-smart agriculture technologies was provided to the same farmers. A combined total of 435,000 animals ranging from shoats, cattle, horses/donkeys, cats, and dogs were vaccinated against zoonotic diseases and diseases of economic and public health importance such as anthrax, black-quarter, African horse sickness, and rabies. The project was implemented in four priority districts of Maseru, Mohale's Hoek, Quthing and Qacha's Nek since they presented significant numbers of people who were categorized under phases 3 and 4 of the food security classification.

The UNICEF response to nutrition needs focused on the treatment of Severe Acute Malnutrition (SAM) at both community and health facility levels and promotion of Infant and Young Child Feeding (IYCF) practices from January to June 2019. In the 4 target districts, inpatient SAM performance indicators showed a cure rate above 74% treatment threshold; a death rate at 9% and 1% below the <10 targets; and defaulter rate at 16% out of the 165 admissions in the 4 drought-affected districts. Improvement in SAM management is attributable to the availability of therapeutic commodities, joint mentorship and supportive supervision of health workers (including clinicians) conducted by UNICEF, WHO and MOH team of experts. This was made possible with the procurement of 2,344 cartons of RUTF; 34 cartons of F75 and 26 cartons of F100 to cover the stipulated needs in the four target districts for 96,168 people. Additionally, UNICEF supported 132,146 individuals, including children using primary health structures and communities with promotional lifesaving messages on optimal infant and young child feeding practices. Village Health workers continuously monitored children's growth through active community screening, referral and follow-up actions to the Health facilities.

Through this CERF grant, IOM, UNICEF and UNFPA, and their partners exceeded the target of establishing 100 community-based protection committees in Maseru, Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek districts, with 132 established. The capacity of the Committees was strengthened to prevent, identify, protect and refer victims to relevant social, legal and health services. Protection mainstreaming trainings were conducted at both national and district levels to 367 officials out of targeted 500 (146 male, 221 female, 21 journalists (7 male, 14 female). Sixty (60) auxiliary social workers (10 male, 50 female) were specially trained to facilitate the proper use of referral mechanisms by the affected communities.

A total 15,486 out of a targeted 20,000 people (4,066 male, 8,168 female, 1,694 boys under 18 years old, 1,558 girls under 18 years old) were sensitized and capacitated to prevent and respond to Trafficking in Persons, Child Protection in Emergencies (CPiE), Gender-Based Violence (GBV) in emergencies. Condoms were distributed to 50,000 by NGO partners thus exceeding the target by 45,000. The planned target of distributing protection information to 80,000 was exceeded and 105,524 people were reached with brochures/posters/pamphlets. All the activities were implemented as per the initially-set timeframe and the three agencies completed the project by July 2019.

WFP assisted 45,000 pre-primary and primary school orphans and vulnerable children (OVC) and their households (9,000) through food and cash distributions in two priority districts of Mohale's Hoek and Quthing. The household support was provided through OVC in schools using a combination of food distributions and cash transfers. Each household received USD 45.00 per month, out of which USD 16.00 was for maize meal and USD 29.00 was for other household requirements. This hybrid response used Vodacom's mobile money (Mpesa) and a network of 86 retailers, who were providing in-kind food assistance using a food voucher program. By piggy-backing on the national school feeding program and working closely with the Disaster Management Authority (DMA), the Ministry of Social Development (MoSD) and communities, efficient implementation was possible.

The food intervention support included a Social and Behaviour Change Communication (SBCC) strategy focusing on improving women, men, boys' and girls' knowledge on nutrition, HIV awareness, sexual reproductive health, human rights, gender, climate awareness, and other care practices that contribute to improved household food security and nutritional status. Through SBCC, different approaches were adopted ranging from community mobilization, small media print, and social and traditional media to disseminate resourceful information to targeted communities.

WHO-led project provided life saving interventions comprising of: response to outbreaks; inpatient management of severe acute malnutrition; ensuring continued provision of deliveries in health facilities experiencing water shortage, promoting and ensuring infection prevention and control and provision of public awareness and public engagement on drought and its effects on public health to a population estimated to be above 11,007 in Maseru, Mohale's Hoek, Quthing and Qacha's Nek. Major achievements for the project are:

- All outbreaks reported were responded to.
- The four districts achieved an average of 9.7% case fatality rate in in-patient management of severe acute malnutrition.
- All health facilities use under-buttocks and linen savers for conducting deliveries during the scarcity of water.
- 75 percent of the health facilities had received and used hand sanitizers to avert the spread of diseases associated with health care settings. There was a delay in Qacha's Nek getting some supplies.
- Public awareness and engagement sessions were successfully conducted using mass media, addressing public gatherings, conducting focus group discussions and distribution of information, education and communication materials.
- Project monitoring was conducted through meetings, mentorship visits and supervision at the district level. The monitoring and evaluation activities played a key role in ensuring accountability to the affected population. This was also ensured through public engagement activities.

In the sector of WASH, UNICEF efforts in collaboration with partners reached 295,486 people with WASH interventions surpassing the target of 273,635 people. Through this CERF grant, UNICEF supported capacity building for 25 Government officers from departments of Environmental Health and Rural water supply from the districts of Quthing, Mohale's Hoek and Qacha's Nek, on WASH in emergencies using the SPHERE Standards handbook. Overall UNICEF in collaboration There are 67,277 people who benefited from the distribution of 1,020,000L of water through water trucking to communities, health centres, and schools that experienced water scarcity in 3 drought worst-affected districts. Furthermore, hygiene promotion activities were reached, 70,618 people. The Ministry of Health conducted water surveillance sampling in 45 water points for physical and bacteriological analysis. The results of surveillance showed that 49% of water points were highly contaminated. These results led to the distribution of water treatment tablets and sensitizations of households on water treatment and storage conducted by World Vision and Ministry of Health (Environmental health department) as mitigation measures in communities which are collecting water from unsafe water sources based on the surveillance report, so far 14,322 households have been reached. A private-sector contractor constructed WASH facilities in 11 health care centres located in the three drought-affected districts reaching 224,368 people. The construction work included borehole drilling, construction of hand washing facilities and plumbing works in 11 health centres.

5. PEOPLE REACHED

Against the total planned 273,635, different UN agencies managed to reach a total of 295,486 number of people in the sectors of Agriculture and livelihood, food aid, protection, Health & Nutrition, WASH and protection. Close coordination ensured while designing, planning and implementation of the CERF funded projects which help agencies to reach to its planned beneficiaries and to address the immediate needs of the people. No such changes or amendments observed while in the implementation of the projects. Due to some administrative and procurement delays, two of the projects secured the No Cost Extension which also contributed to the increasing number of beneficiaries. An integrated approach was adopted during the implementation of the project to provide an inclusive response to the drought-affected people. To avoid the double count of the beneficiaries, implementation maps were chalked out and individual caseload were calculated, while areas, where there were presence of many agencies double count of the beneficiaries, were avoided.

18-RR-LSO-33695 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Agriculture	27,505	55,850	83,355	19,955	53,960	73,915	47,460	109,810	157,270
Food Security - Food Aid	12,060	12,455	24,151	11,308	9,992	22,090	23,368	22,447	45,815
Health - Health	1,770	4,567	6,337	1,165	3,505	4,670	2,935	8,072	11,007
Nutrition - Nutrition	20,590	40,000	60,590	20,578	15,000	35,578	41,168	55,000	96,168
Protection - Protection	13,245	42,617	55,862	12,202	22,803	35,005	25,447	65,420	90,867
Water Sanitation Hygiene - Water, Sanitation and Hygiene	46,411	104,032	150,433	48,487	96,556	145,043	94,898	200,588	295,486

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-RR-LSO-33695 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	43,169	96,757	139,926	44,395	89,314	133,709	87,564	186,071	273,635
Reached	46,411	104,032	150,433	48,487	96,556	145,043	94,898	200,588	295,486

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-LSO-33695 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0

Affected people (none of the above)	273,635	295,486
Total (same as in table 5)	273,635	295,486

6. CERF's ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance to people in need</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>CERF allocation came at the time when there was a high need for emergency assistance to address the immediate needs of drought-affected people. Needs identified in the assessment were considered during the design and later in the implementation. Ongoing UN projects/programmes and long presence of the UN agencies helped in the smooth and timely implementation of the interventions in close coordination with the government and support from the line ministries also contributed to timely implementation.</p>		
b) Did CERF funds help respond to <u>time-critical needs</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Critical needs identified through assessment in the sectors of Food Security, WASH, Health, Nutrition and Protection were prioritized during the prioritization process. Food security and Nutrition sectors were closely linked with food security and food aid projects to have sustainable solutions. The critical needs of the two sectors had impacted the other sectors such as protection and health. Timely provision of life-saving information to the target populations, such as out-of-school youth, in-school students, border community members, People Living With HIV/Aids (PLWHA) and vulnerable children, enabled the affected population to avoid incidents (i.e. human trafficking) or/and report protection concerns (i.e. GBV, child abuse) through the community based protection committees established through the CERF project.</p>		
c) Did CERF <u>improve coordination amongst the humanitarian community</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>CERF contributed to improving the overall coordination among agencies, government organizations, and other peer and partner organizations working in Lesotho. Resident Coordinator's Office has been in the lead of coordination processes ensuring regular meetings, monitoring and reporting across all CERF partners including ensuring collective participation and discussions at the various government led coordination meetings. Activities at the field and national level were coordinated to provide inclusive assistance to the affected people. Disaster Management Authority (DMA) of the Prime Minister's Office at the national level has been a central coordination body. DMA's District Disaster Management Teams have been key to coordination at the field level. UN Disaster Risk Management Team comprised of technical people from the agencies and international NGOs, peers/partner organizations met on weekly basis to monitor progress, key issues and challenges. Technical working groups conducted meetings at the DMA and line departments to discuss challenges and opportunities for the smooth implementation of the projects.</p>		
d) Did CERF funds help <u>improve resource mobilization from other sources</u>?		
YES <input type="checkbox"/>	PARTIALLY <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p>CERF funding has been regarded as the best practice to demonstrate the UN collective efforts in addressing emergency needs. This has been highlighted during various outreach platforms including at the recently held donor round in Pretoria, South Africa (12th November 2019) under RC/HC leadership with an effort to mobilize partnerships and resources for regular and emergency programming. CERF has been advocated across institutional donors such as ECHO, EU, DFID, among other. While implementing CERF funded projects meetings were arranged with donors who showed interest to provide funds for drought response in Lesotho. Due to the "non-declaration of the emergency" by the Government of Lesotho, most of the donors were reluctant to release funds until now. However, following the Prime Minister's declaration of drought emergency on 30th October 2019, expectation for humanitarian response funding has increased. Best practices and lessons learned from the CERF interventions will inform designing future interventions.</p>		
e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response		

CERF funding supported initiation of the response to the drought situation in Lesotho. It also helped in bringing different stakeholders to collectively address the country's needs, enhancing internal and external coordination with partners to implement an integrated response. Communities/ beneficiaries appreciated the UN for 'their timely support'. Trainings on PSEA (prevention of sexual exploitation and abuse) was part of the protection mainstreaming in the CERF projects. The UN's commitment to principles of PSEA has been extended to NGO and national partners that participated in CERF projects. Joint programming approach yielded improved programming coordination, alignment of activities and more comprehensive results on programming related to child protection, GBV, and migration.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
N/A	N/A

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Coordination and efforts to improve synergy and alignment among implementing partners were critical in planning the humanitarian response and delivery services timely to the affected populations.	Consultations with the target emergency districts in order to work with coordination structures for planning and implementation of the response.	Disaster Management Health and Nutrition Working Group & UNDRMT.
Interagency synergy and coordination within the Health and Nutrition sector during the planning and implementation phase resulted in integrated response programming	Interagency collaboration should be maintained for future integrated emergency planning and response.	Disaster Management Health and Nutrition working Group & UNDRMT
The integrated electronic system for managing commodities in the Supply Chain Unit used "Informed Push" which enabled quick turnaround on the replenishing commodities in health facilities.	Close monitoring of commodities received by health facilities versus usage.	MOH-Nutrition & UNICEF
Monthly supervision facilitated timely reporting on SAM performance indicators and proper filling of the data collection tools.	Regular orientation and supportive supervision on standardization of reporting by health workers. Integrated performance indicators into the electronic system.	MOH-Nutrition & UNICEF
Knowledge of and access to age- and gender-sensitive referral mechanisms are critical for effective protection-related programming.	Continue consolidating, validating and disseminating integrated child and gender-sensitive referral mechanisms and standard operating procedures	UNICEF, UNFPA, IOM
The media plays a significant role in disseminating and informing communities on protection-related issues, including prevention and protection.	Undertake ongoing training on protection issues during humanitarian situations with media houses, with a specific focus on the impact on women and children.	
Joint programming yielded improved coordination, alignment of activities and more comprehensive	UNICEF, UNFPA, and IOM to continue to programme jointly even beyond the CERF duration in areas such as community sensitization,	UNICEF, UNFPA, IOM

results on programming related to child protection, GBV, and migration.	integrated referral mechanisms, and standard operating procedures.	
Community members do not know/trust the existing referral services, and referral mapping revealed that there are very limited referral services (police, legal, psychosocial, health, shelter, social service, etc.) at the community level. Therefore, some cases could not be referred to the appropriate services due to lack of available services	A session with communities and service providers to orient them about the referral and also to establish referral mechanism.	UNICEF
The strengthened partnerships with the retailers stimulated the local economy and contributed in eradicating short-term hunger	Regular meetings with retailers to engage them in the process.	WFP
Need for complementarity with other sectors/UN agencies to establish clear exit strategies for recovery and sustainability	Joint planning and regular coordination meetings to have clear exit strategies	WFP
Community feedback mechanisms (toll-free) need to be upscaled since affected communities were empowered and dignified to raise their voice and comment on support offered by development partners	Community feedback and complaint response mechanism to be upscaled by providing toll-free number, email address and installation of complaint boxes at the distribution sites.	WFP
The absence of a routine water quality surveillance system prohibits the mapping of communities and populations in need of safe drinking water.	Institutionalize water quality surveillance system into DHIS2 and routine work of the District Environmental Health department.	MOH-Environmental Health & UNICEF
Monthly supervision facilitated the timely implementation of WASH interventions and reporting on WASH indicators.	Regular orientation and supportive supervision as well as standardization of reporting tools by the WASH sector.	MOH-Environmental Health & UNICEF

PART II

8 PROJECT REPORTS

8.1. Project Report 19-RR-FAO-001 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Lesotho
3. Cluster/Sector:	Food Security - Agriculture	4. Project Code (CERF):	19-RR-FAO-001
5. Project Title:	FAO Emergency and Early Action Support to Affected Communities caused by Drought conditions in Lesotho		
6.a Original Start Date:	01/01/2019	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/19
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,462,944
	c. Amount received from CERF:		US\$ 1,462,944
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

The project was planned to be implemented over a period of 6 months from January through to June 2019. FAO in collaboration with the Ministry of Agriculture and Food Security and other implementing partners supported vulnerable households as part of emergency and early action support through the provision of timely and quality agricultural inputs to enhance short-term food production. 20, 806 resource-poor households were each supported with vegetable seed packs (comprised of 6 different varieties i.e. mustard, spinach, rape, onion, carrots, and beetroot) to produce own vegetables from their backyard plots to improve access to nutritious food.

5, 886 livestock owners were supported with fodder and/or grass seed to produce supplementary feeding for their livestock during the lean season. An equivalent of 117.72Mt of fodder seed was dispatched to farmers each receiving 20kg seed. During the main summer season; a total of 4,936 farming households were provided 10kg yellow maize seed and 10kg bean seed to increase production. Training on climate-smart agriculture technologies was provided to the same farmers.

A combined total of 435,000 animals ranging from shoats, cattle, horses/donkeys, cats, and dogs were vaccinated against zoonotic diseases and diseases of economic and public health importance such as anthrax, black-quarter, African horse sickness, and rabies. The project was implemented in 4 priority districts of Maseru, Mohale's Hoek, Quthing and Qacha's Nek since they presented significant numbers of people who were categorized under phases 3 and 4 of the food security classification.

3. Changes and Amendments

The implementation of CERF funding was envisaged for 6 months; A “No Cost-Extension” was requested and approved for an additional two more months of implementation until 31st August 2019. Some of the reasons for the extension included:

- a) The project aimed at reaching the most deserving food-insecure households in the selected districts. It was difficult in accessing these hard to reach communities due to poor terrain and road access. The process of identifying eligible resource-poor households, registering and training them became much longer than had earlier anticipated.
- b) Because of the poor harvest during the previous season, it became extremely difficult to find sufficient quantities of winter seed (wheat and peas) in-country and from the region. As a result, the demand for wheat seed within the region was extremely high. FAO had to re-advertise the tender at a global level in order to ensure that the right amounts and quality of seed were accessed. The tenders did not yield positive results and alternative seed had to be procured instead of wheat and peas. This process pushed the project delivery time beyond the anticipated project closure period.
- c) FAO wanted to ensure that the project does not just distribute the inputs but also should have sufficient time to provide the extension support and technical knowledge during the planting and growing period of the inputs provided. FAO as a technical agency wanted to conduct a post-distribution monitoring exercise and support farmers throughout the season. The extension of 2 months was useful in enabling FAO and partners to provide post-distribution monitoring support.

As mentioned above, FAO in consultation with the Ministry of Agriculture and food security, requested approval to reprogramme the project. This allowed for the procurement of maize and bean seed instead of wheat and peas as had earlier been proposed. This was necessitated by the unavailability of winter seed in the right amounts. Instead summer crops i.e. maize and beans seed equivalent to 73.5 Mt of yellow maize seed and 73.5Mt of sugar beans were procured and distributed to the same targeted vulnerable farming households. The target for this activity was exceeded due to the increased quantities that were procured.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex:

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	18,793	51,266	70,059	26,437	35,691	62,128	45,230	86,957	132,187
Reached	27,505	55,850	83,355	19,955	53,960	73,915	47,460	109,810	157,270

4.b Number of people directly assisted with CERF funding by category:

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	132,187	157,270
Total (same as in 4a)	132,187	157,270
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

5. CERF Result Framework

Project Objective	Improved availability and utilization of food through access to emergency home gardening kits and protection of livelihoods.			
Output 1	22,000 households receive home gardening kits to improve access to nutritious food during the peak lean season and wheat seed for the winter cropping.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable households receiving home gardening kits	18,500	20, 806	signed beneficiary lists
Indicator 1.2	Number of farmers assisted with winter cropping inputs (wheat and peas)	3,500	4, 936	signed beneficiary lists
Explanation of output and indicators variance:		FAO was among the first recipients of the CERF funds. Within the first two months, the project has procured an initial quantity of vegetables to support the farmers to produce the short-term variety of vegetables. Additional procurement was made, and seeds arrived in May 2019. By the end of the project, the FAO had reached a total of 20,806 households with vegetable kits. The target for this output was exceeded by 2,306 households from the planned 18,500 households. The project also supported a total of 4,936 households with seeds for summer cropping. This figure also was exceeded by a total of 1,436 households that had been planned for support with the winter seeds. Overall the output was achieved, and farmers are now busy preparing for summer crop production as soon as the rains start.		
Activities	Description	Implemented by		
Activity 1.1	Selection and confirmation of beneficiary districts, communities, and households by FAO in collaboration with the national and sub-national agricultural offices, with preference to female-headed households and women farmers.	FAO conducted project inception meetings at the district level (in 4 districts) with key stakeholders that included the district technical officers from the Ministry of Agriculture and Food Security (MAFS), Ministry of Forestry Range and Soil Conservation (MFRSC), NGOs and Disaster management team. The meeting focused on project implementation modalities, household selection criteria where the vulnerable and/or marginalized groups were central during the discussion. The beneficiary lists were later submitted to FAO for confirmation and verification of targeted numbers.		
Activity 1.2	Procurement of vegetable seeds and winter wheat and peas seeds	FAO Lesotho with support from HQ was held responsible for procurement of seeds with adherence and compliance with FAO procurement guidelines, procedures and processes i.e. tendering.		
Activity 1.3	Distribution of seeds to identified households and farmers	Upon the arrival of inputs in the country from the suppliers, the cargo was delivered to respective districts/distribution points. On the agreed distribution dates, the farmers were invited by the implementing partners e.g. MAFS, WFP and were served with their well-deserved quality seeds; FAO also participated during the distribution.		
Activity 1.4	Training of farmers on climate-smart agriculture techniques	In-depth trainings were conducted and led by the implementing partners; these were held in the villages to make it easier for the trainees to engage in hands-on activities such as the construction of keyhole plots using locally available resource in their communities.		

		Moreover, on the day of input distribution to farmers, some quality time was spent with them explaining some key aspects focusing on agronomic practices i.e. pest control, post-harvest techniques, climate-smart technologies.
Activity 1.5	Monitoring of activities	Joint monitoring visits were undertaken by FAO and partners to assess progress made by farmers and to provide technical backstopping where deemed necessary. In addition, joint UN field mission involving senior government officials and NGOs was held in May 2019.

Output 2	11,870 smallholder farmers receive fodder seeds and supported with animal vaccination services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of livestock vaccinated	570,000	435, 000	Purchase orders articulating quantities of drugs procured and field reports
Indicator 2.2	The number of hectares of fodder and grasses planted by the grazing associations and other members...	2,000	2,943	Field reports
Explanation of output and indicators variance:		<p>The success of livestock vaccination campaigns depends largely on farmers' perceptions, willingness, and cooperation to bring their animals for vaccination. In areas where farmers are hesitant and lack motivation to have their animals vaccinated against the outbreak, the Department of Livestock is not protected by the law to sue against those that may have refused to comply with the call, as a result, farmers are at liberty to accept or sabotage the vaccination.</p> <p>The cost of procuring the vaccines/drugs was underestimated by FAO during the development of the procurement plan; as such, the cost that came with these drugs was relatively higher, FAO had to procure fewer bottles of vaccines. Subsequently, fewer animals were reached.</p> <p>Official reports on disease outbreaks i.e. anthrax were only reported in 1 out of 4 priority districts i.e. Maseru district. Given the situation, fewer animals were vaccinated against the disease.</p>		
Activities	Description	Implemented by		
Activity 2.1	Identification of beneficiaries in collaboration with the relevant line Ministries	Following the inception meetings that were facilitated by FAO; the implementing partners such as MAFS, MFRSC, World Vision and the Lesotho National Farmers Union (LENAFU) were held responsible for the identification of the beneficiaries. The lists were subsequently shared with FAO.		
Activity 2.2	Procurement and Distribution of vaccines and fodder seeds	FAO Lesotho with the support from HQ was held responsible for procurement of seeds with adherence and compliance to the usual procurement procedures and processes i.e. tendering.		

Output 3	Profiling perennial water sources for animal water in priority districts			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Perennial Water Sources Report	1	36 sources identified	Ministry of Water
Explanation of output and indicators variance:		The Ministry of Water was consulted by FAO since it is the main custodianship of water resource management in the country. A map showing a list of perennial sources already identified by the Ministry in 4 priority districts was shared. A report that further provided more insights on the number of livestock (large and small) being kept in such areas in order to determine the size of the envisaged animal drinking points.		
Activities	Description	Implemented by		
Activity 3.1	Identification of perennial water sources and profiling those that can be utilized for animal drinking points construction	FAO has identified a total of 10 sources that could be developed and used as animal drinking points for livestock.		
Activity 3.2	Produce Bill of Quantities for potential construction of animal water drinking points	Over the years, FAO enjoyed the partnership of the MFSC in the construction of animal drinking points. The bill of quantities was developed based on past calculations and experience.		

6. Accountability to Affected People

A) Project design and planning phase:

The CERF support was designed as an integrated programme that responded to the early actions of drought in the country. The design was informed by the Lesotho Vulnerability Assessment Update (November 2018) which gave indications of the assistance that they might require in order to recover and be resilient to drought. In this regard, the recommendations proposed became part of the interventions in the project design and programming. During the planning phase, the relevant stakeholders participated on behalf of the beneficiaries on how the assistance can be facilitated in order for the support to reach the affected communities on time. This was a call for the government to take action as the CERF support comes into action.

B) Project implementation phase:

The support of the FAO component was facilitated mainly within the Ministry of Agriculture and Food Security structures. With the support of relevant partners, the affected populations were informed well on time about early action support and were urged to prepare their fields in anticipation of the planned planting. The details and mode of operation were explained at length to the beneficiaries. i.e. targeting, amounts of inputs envisaged by the project.

During the implementation phase, FAO and Ministry officials were able to conduct intensive sensitization and mobilization about the project activities. FAO and its partners trained the beneficiaries about home gardening, fodder production, and conservation agriculture during a drought so that they become resilient and food secure despite the presence of any weather-related shocks like drought, dry spells, and hailstorms. In some communities, these were already familiar interventions and all the farmers needed were refresher trainings and support with inputs.

C) Project monitoring and evaluation:

Project monitoring continued throughout the project implementation. Monitoring missions and visits were conducted by both extension officers from MAFS, FAO and Disaster management Authority staff in the districts. The senior joint UN and government mission was also conducted in May 2019 to review the implementation of CERF and appreciate the support of CERF in the country. The results from the community level indicated a positive impact because a number of households visited in Quthing and Mohale's Hoek had a diversified vegetable production that contributed positively to the nutrition of the malnourished population. They also planted using climate-smart agriculture (CSA) techniques for production. These techniques significantly improved yields and ultimately improved the food availability and accessibility in the households.

7. Cash-Based Interventions

Did the project include one or more Cash-Based Intervention(s) (CBI)?

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation planned for this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

Planned	24,262	43,133	67,395	23,310	41,441	64,751	47,572	84,574	132,146
Reached	20,590	40,000	60,590	20,578	15,000	35,578	41,168	55,000	96,168

4.b Number of people directly assisted with CERF funding by category:

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	132,146	96,168
Total (same as in 4a)	132,146	96,168
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 discrepancy is alluded to cross-border migration in the southern districts mostly affected by the drought as populations seek social services and employment opportunities on the South African side and do not register their needs in Lesotho.	

5. CERF Result Framework

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
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Output 1	2812 children are provided with therapeutic nutrition feeding to treat acute severe and moderate malnutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Cured rate for SAM >75% (target)	80%	74%	MOH-HMIS & Field Reports
Indicator 1.2	Percentage of health facilities with therapeutic commodities	100%	100%	Supply Chain Unit-MOH
Indicator 1.3	Number of pregnant and lactating women in affected areas receiving iron and folic acid supplements	80%	70%	MOH-DHIS2
Explanation of output and indicators variance:		The cure is 1% short of the 75% SPHERE standard, due to inadequate adherence to treatment protocol and late presentation of some complicated SAM. During the mentorship and supportive supervision corrective measures were made accordingly.		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute therapeutic nutrition supplements (F75, F100, RUTF, ReSoMal) to health facilities	UNICEF and MOH		

Output 2	2812 children are provided with therapeutic nutrition feeding to treat acute severe and moderate malnutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of health facility workers and nutrition extension workers who conduct routine monitoring and IYCF counselling	100%	100%	HMIS & Field visit

Explanation of output and indicators variance:		No variance reported
Activities	Description	Implemented by
Activity 2.1	VHWs and nutrition service providers conduct routine emergency case monitoring and referral from the community to health facilities	Ministry of Health-MOH
Activity 2.2	Service providers conduct community IYCF awareness-raising and counselling sessions	MOH and Ministry of Agriculture & Food Security- Nutrition Department]

Output 3	2812 children are provided with therapeutic nutrition feeding to treat acute severe and moderate malnutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Percentage of health facilities which submit quality nutrition screening reports conducted and disseminated as per agreed-upon timeline	100%	90%	Field Reports
Explanation of output and indicators variance:		SAM data is paper-based and runs parallel to the electronic information systems affecting the timeliness of the submission and analysis especially for Outpatient SAM cases, some reports were missing. HMIS/DHIS1 has been reviewed and nutrition data will be included to avoid missing reports in the future. This is a bottleneck that is recognized by the government and it is being addressed.		
Activities	Description	Implemented by		
Activity 3.1	Conduct real-time monitoring, reporting, and response to emergency nutrition and disease cases and ensure periodic situation analysis to determine the nutritional and health status of children under-five in affected communities across the country	MOH		
Activity 3.2	Strengthen nutrition surveillance system	MOH		
Activity 3.3	Social Behavioural Change Communication (SBCC)	MOH & UN communications Team		
Activity 3.4	Timely production and dissemination of quality nutritional assessment Reports	MOH & UN Nutrition and Health team		

6. Accountability to Affected People

A) Project design and planning phase

1: Accountability for affected populations has been assured through a number of interventions as follows: UNICEF in collaboration with WHO and Ministry of Health held orientation meetings with the District Health Management Teams to plan for emergency response. The planning included end-user monitoring of SAM commodities, reporting of emergency response actions and indicators. In addition, a schedule of mentorship and supportive supervision to the target districts and selected Health Centres was developed. UNICEF in collaboration with other UN agencies trained 20 media houses on reporting on humanitarian issues. This led to media visits resulting in feedback to policymakers and service providers on how the interventions were reaching the intended communities as well as their level of satisfaction with them.

2: Community Mobilization for Management of Acute Malnutrition is a highly effective approach to rehabilitating malnourished children and reducing the number of children who die from acute malnutrition. Village Health workers were sensitized to intensify active case finding through monthly growth monitoring sessions of young children so that cases of malnutrition can be identified early, treated as per IMAM protocol. VHW and other community volunteers were made aware of their role in preparing communities on how to recognize signs and symptoms of the disease, and lifesaving messaging on how to seek support as well as referral mechanisms. District level Health Assistants were instrumental for the community level sensitization efforts.

B) Project implementation phase:

UNICEF procured therapeutic commodities which were delivered to all health facilities. The commodities were integrated into the informed PUSH system of the MOH supply chain unit to enable tracking and monitoring of their use. The guidance was provided on reporting nutrition indicators in the registers, clinical management of inpatient SAM cases and issuing of the nutrition commodities. Overall, 186 health workers provided IYCF counselling, and routine monitoring in the 93 Maternal Child Health /Family Planning (MCH/FP) clinics across the four-focus districts. In addition, Vitamin A supplementation contact points were used as important IYCF and monitoring platform that enabled active screening and referral of SAM cases. A total of 1000 village health workers provided active case finding, screening, IYCF messaging, while 93 Health Assistants conducted community education. It is important to note that the end-user monitoring activity where a caregiver was interviewed on services received, the caregiver indicated that she was satisfied with the service provided by the health facility. The child was admitted at <-3 SD wasting with poor appetite and discharged as appetite returned to normal (according to the IMAM). In addition, the IYCF counselling sessions allowed the caregiver to prepare nutritious meals for her household using available resources.

C) Project monitoring and evaluation:

UNICEF in collaboration with WHO and MOH conducted monthly mentorship and supportive supervisory visits to the 4 districts. The visits among others included end-user monitoring of nutrition commodities. Corrective measures on SAM management were made with the health workers to emphasize especially hourly therapeutic feeds and providing caregivers with the necessary guidance on how to care and feed sick as well as recovering children. A commodity stock delivery report was made available. Reporting and filing of the project was also reinforced during regular visits.

7. Cash-Based Interventions

Did the project include one or more Cash-Based Intervention(s) (CBI)?

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 19-RR-CEF-003, 19-RR-FPA-001, 19-RR-IOM-001 – UNICEF, UNFPA, IOM

1. Project Information			
1. Agency:	UNICEF, UNFPA, IOM	2. Country:	Lesotho
3. Cluster/Sector:	Protection - Protection	4. Project Code (CERF):	19-RR-CEF-003, 19-RR-FPA-001, 19-RR-IOM-001
5. Project Title:	Provision of Life-Saving Protection, Gender Based Violence services and Psychosocial Support to drought affected population		
6.a Original Start Date:	16/01/2019 (UNICEF) 16/01/2019 (UNFPA) 17/01/2019 (IOM)	6.b Original End Date:	15/07/2019 (UNICEF) 15/07/2019 (UNFPA) 16/07/2019 (IOM)
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,150,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 521,733
	c. Amount received from CERF:		US\$ 521,733
	d. Total CERF funds forwarded to implementing partners		US\$ 164,291
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 164,291
	▪ Red Cross/Crescent		US\$ 62,000

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM, UNICEF and UNFPA, and its partners exceeded the target of establishing 100 community-based protection committees in Maseru, Mafeteng, Mhale's Hoek, Quthing and Qacha's Nek districts, with 132 established. The capacity of the Committees was strengthened to prevent, identify, protect and refer victims to relevant social, justice and health services. Protection mainstreaming trainings were also conducted at national and district levels to 367 officials out of targeted 500 (146 male, 221 female), 21 journalists (7 male, 14 female). Sixty (60) auxiliary social workers (10 male, 50 female) were specially trained to facilitate the proper use of referral mechanisms by affected communities.

A total 15,486 out of a targeted 20,000 people (4,066 male, 8,168 female, 1,694 boys under 18 years old, 1,558 girls under 18 years old) were sensitized and capacitated to prevent and respond to HIV/AIDS, Trafficking in Persons, Child Protection in Emergencies (CPIE), Gender-Based Violence (GBV) in emergencies. Condoms were distributed to 50,000 through NGO partners thus exceeding the target by 45,000. The planned target of distributing protection information to 80,000 was exceeded and 105,524 people were reached with brochures/posters/pamphlets. All the activities were implemented as per the initially-set timeframe and the three agencies completed the project by July 2019.

3. Changes and Amendments

A lesson learned from this project was the urgency for UN and partners to assist Lesotho to establish, capacitate and ensure functional, child- and community-friendly and credible referral system and case management for the victims of GBV in general and violence against children in particular and Trafficking in Persons (TiP). Survivors expressed dissatisfaction with the quality of existing support services and indicated that they were not always able or comfortable to report cases of abuse for fear of revenge and lack of trust and confidence in the services.

Despite the achievements in the joint effort by, IOM, UNICEF, UNFPA, implementing partners faced challenges in terms of identification of the victims of GBV, trafficking in persons, child abuse and exploitation. Community members indicated that they do not know or trust existing referral services at the community level. Community members, including children, reported that they did not report their cases due to fear of revenge, stigma, and discrimination by the community members. For instance, many police officers do not have appropriate skills to identify and handle victims of trafficking, to conduct interviews or collect evidence from victims of trafficking, especially children. Another example is that of women survivors of GBV rescued by partner NGO who indicated that they came to town (Maseru) from their district of origin to escape from abusive husbands. They reported that when they reported the matter to the village chief or police, they were not duly assisted. The second challenge is that while the initial assumption was that the referral system for GBV, child protection, human trafficking issues are functional and relevant services (psychosocial, legal, medical, rehabilitation support, accommodation/shelter, police investigation/protection, social service, and prosecution, are available at the district level, during the project implementation phase, it became clear that there are very limited functional referral services on the ground.

This bottleneck has negatively affected the achievement of two indicators, namely, number of grievances including GBV and child abuse related to humanitarian assistance and timely response as well as number of boys and girls who reported abuse cases through established grievance mechanisms (Indicator 2.2). While it was not possible to measure the percentage of satisfaction by communities, the above-mentioned concerns caused a change in the measurement of the "satisfaction" indicator.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex:

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,000	17,500	25,500	8,000	17,500	25,500	16,000	35,000	51,000
Reached	13,245	42,617	55,862	12,202	22,803	35,005	25,447	65,420	90,867

4.b Number of people directly assisted with CERF funding by category:

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	0	0
<i>IDPs</i>	0	0
<i>Host population</i>	0	0
<i>Affected people (none of the above)</i>	51,000	90,867
Total (same as in 4a)	51,000	90,867

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

IOM, UNICEF, and UNFPA engaged three NGOs (Skillshare Lesotho, LENASO and Migrant Workers Association) and Lesotho Red Cross which already had existing networks to target populations that enabled the project to exceed the target.

5. CERF Result Framework

Project Objective	Ensure accessible and equitable distribution of humanitarian assistance to the most vulnerable groups living in the affected communities, prevent and respond to protection risks including gender-based violence and child protection.
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Output 1	Identify, respond and strengthen community-based protection mechanisms including referral mechanisms and standards operation procedures for effective reporting of child protection and GBV cases
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of people receive condoms to new HIV infections in the targeted communities	5 % of 40,000 affected people	50,000	UNFPA distribution sheets
Indicator 1.2	# of people sensitized and capacitated to prevent and respond to HIV/AIDS, CPIE, GBV in emergencies	20,000	15,486 (8,168 female; 4,066 male, 1,694 boys, 1,558 girls)	NGO/Red Cross M&E report
Indicator 1.3	# of grievances including GBV and child abuse is related to humanitarian assistance (e.g. food distribution, sexual exploitation and abuse, access to safe drinking water) received and timely addressed	5,000 (men, women, girls, and boys, elderly and PLWD)	112 (58 female, 25 male, 12 boys, 17 girls)	NGO/Red Cross Monthly Report, Referral report

Explanation of output and indicators variance:	<ul style="list-style-type: none"> IOM, UNFPA, and UNICEF faced various challenges in terms of identification of the victims of GBV, trafficking in persons, child abuse/exploitation, etc. and refer them to relevant services. The lack of knowledge and trust of existing referral mechanisms and fear of victimization and stigma/discrimination of survivors contributed to the minimal use of such channels.
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Activities	Description	Implemented by
Activity 1.1	# of joint meetings and forum with distribution teams and agencies to ensure that distribution of food and water is not putting women, children, elderly and people with disabilities at protection risk	IOM, UNICEF, UNFPA
Activity 1.2	Joint development of messages and information pamphlets	IOM, UNICEF, UNFPA
Activity 1.3	Orientation for distribution teams of heightened risks for children in instances of sexual violence	UNFPA
Activity 1.4	Strengthen the use of referral pathways and SOPs	IOM, UNICEF, UNFPA

Output 2	# service providers across sectors uphold the Minimum Standards for Child Protection in Humanitarian Action related to Child Protection issues impacted by drought (standard 9: sexual Violence; standard 12: child labour; and Standard 20: Education and child protection)
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of boys and girls separated from parents and/or exposed to abuse receive a comprehensive package of services including mental health and psychosocial support (MHPSS)	240	44 (4 female, 1 male, 13 boys, 26 girls)	Red Cross M&E data

Indicator 2.2	# of boys and girls who reported abuse cases through established grievance mechanisms	5000	61 (4 female, 1 male, 12 boys, 44 girls)	Red Cross M&E data
Explanation of output and indicators variance:		<ul style="list-style-type: none"> IOM, UNFPA, and UNICEF faced various challenges in terms of identification of the victims of GBV, trafficking in persons, child abuse/exploitation, etc. and refer them to relevant services and thus poor achievement of this indicator. The lack of knowledge and trust of existing referral mechanisms and fear of victimization and stigma/discrimination of survivors contributed to a minimal use of such channels and thus the poor achievement of this indicator. 		
Activities	Description	Implemented by		
Activity 2.1	Child protection system is strengthened ensuring that mandated protection structures such as community policing forums comprising chiefs, councillors, faith leaders, teachers and auxiliary social workers and government-led multisectoral child protection structures and child protection clusters/working groups are trained to identify, refer and respond to cases of UASC, WFCL (including sexual exploitation), child/early marriage and violence against children	UNICEF		
Activity 2.2	Enhance grievance mechanisms to make it GBV sensitive, migrant and child-friendly	UNICEF		

Output 3	Border community members, school-going and out of school youth, at-risk PLWHAs, migrants and their family members have access to critical lifesaving information and improved community-based protection mechanisms in target four districts			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Mapping of group and individuals for focused support	Mapping report available	Mapping report Available	Referral report by UNFPA consultant (May 2019)
Indicator 3.2	# of migrant reported protection related concerns and received protection support and/or referral	500	894 (65 female, 816 male, 7 boys, 6 girls)	NGO/Red Cross Monthly Report, Referral report
Indicator 3.3	# of community-based life-saving information campaigns educational and community activities	180	1627	NGO/Red Cross M&E Data, Field Visit report
Indicator 3.4	# of illustrated brochures containing lifesaving information on services available disseminated among the target group in the local language	80,000	105,524 (53,744 female, 35,308 male, 8,149 boys, 8323 girls)	NGO/Red Cross M&E Data
Indicator 3.5	# of community members, school-going children, out of school youth, migrants and migration affected PLWHA reached through the project	50,000	90,867 (42,617 female, 22,803 male, 12,202 boys, 13,245 girls)	NGO/Red Cross M&E Data
Explanation of output and indicators variance:		All the indicators achieved the target, but some indicators were underestimated. For instance, indicator 3.3, Partner NGOs and Red Cross used various approaches to reach out to the target populations - such as public gathering, school gathering, women's talk, men's talk, youth club, herd boy groups, mobile van outreach, one-to-one dialogues, etc. For indicator 3.4, in addition to the UNFPA, IOM, and UNICEF also produced brochures tailored to the target group, and hence increased the number of brochures distributed.		
Activities	Description	Implemented by		

Activity 3.1	Identification and mapping of group and individuals for focused support	IOM, UNICEF, UNFPA
Activity 3.2	Provision of community-based (culturally and contextually appropriate) educational and community mobilization activities ensuring equal access to men and women, migrants and their family members, as well as inclusiveness of vulnerable community members	IOM, UNICEF, UNFPA
Activity 3.3	Dissemination of essential lifesaving information on services available and self-management through illustrated brochures	IOM, UNICEF, UNFPA
Activity 3.4	Provision of one to one support and referral to basic protection services of cases ensuring equal access to men and women, migrants and members of the other vulnerable group	IOM, UNICEF, UNFPA

Output 4	Community-based protection committees are accessible to community members, school-going and out of school youth, at-risk PLWHAs, migrants and their family members in target four districts			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of protection committees established for monitoring vulnerable individuals and linking them to support services	100	132	NGOs / Red Cross M&E report, project narrative report, contacts of committee
Indicator 4.2	% satisfaction of referred vulnerable individuals with services received	85% minimum	N/A (could not obtain credible data)	NGOs / Red Cross M&E report
Indicator 4.3	# of community-based protection mechanism identified by protection committees	80	75	NGOs / Red Cross M&E report, project narrative report,
Explanation of output and indicators variance:		<ul style="list-style-type: none"> IOM, UNICEF, and UNFPA piloted establishment of a new community-based protection committee as well as strengthening the existing protection committee where applicable. Though some protection committees failed to continue their activities, other protection committees became a sustainable community-led structure to sensitize, identify, protect and refer the victims of violence including GBV, trafficking and child abuse/exploitation. While the protection committee establishment brought successful outcomes, IOM, UNICEF and UNFPA could not measure indicator 4.2. While some NGOs provided some reports on the satisfaction of the individuals supported through the projects, data seemed to be biased (all cases are ranked as "excellent") and NGOs find it difficult to request information from the referred cases due to their lack of phone numbers, etc. The lesson learned was that indicator 4.2 was not an appropriate indicator since getting credible data is difficult. 		
Activities	Description	Implemented by		
Activity 4.1	Design reporting template including follow up monitoring sheet to ensure referred vulnerable individuals are provided and satisfied with the required service	IOM, UNICEF, UNFPA		
Activity 4.2	Formation / Strengthening Protection Committees (comprising of 10-15 community members, including women and men, youth representative and migrant affected family) for monitoring vulnerable individuals and linking them with support services	IOM, UNICEF,		

Activity 4.3	Identification of community-based protection mechanism through the protection committees	IOM, UNICEF,
Activity 4.4	Delivery of community-based messages on protection, rights, and entitlements to humanitarian services, safety and security measures for at-risk border community, migrants and their families, students and out of school children, and PLWHA	IOM, UNICEF, UNFPA

6. Accountability to Affected People

A) Project design and planning phase:

Accountability to Affected Populations (AAP) was ensured throughout the project design and implementation. The project design was done jointly IOM, UNFPA, UNICEF, with Red Cross and NGO partners. The implementing partners had consulted with affected communities and sourced information on the increasing protection needs of vulnerable groups (i.e. border communities, school-going children, out of school youth, PLWHA, migrants and their families back home) who are increasingly affected by prolonged drought and their adopted, negative coping mechanisms. Information was further received through in-depth interviews with the District Administrator's office and beneficiaries of NGOs such as PLWHA, out-of-school youth and border communities. During the project development stage, IOM, UNFPA, UNICEF and their partners visited five affected districts (Maseru, Qacha's Nek, Quthing, Mohale's Hoek and Mafeteng) to assess the situation, through in-depth interviews with District Administrator's Office and beneficiaries in order to observe the beneficiaries' situation, identify increasing protection concerns and negative coping mechanisms. These were used to ensure the project remained relevant and addressed the people's needs. The protection team interviewed men and women, girls and boys and marginalized groups such as out-of-school youth (herdboys), PLWHA and migrants. UNICEF in collaboration with other UN agencies trained 20 media houses on reporting on humanitarian issues. This led to media visits resulting in feedback to policymakers and service providers on how the interventions were reaching the intended communities as well as their level of satisfaction with them.

B) Project implementation phase:

During the implementation stage, a detailed standard M&E template with gender/age/geographic segregation was designed to ensure reaching out to the "target population". Regular field visits were undertaken in all five districts, by IOM, UNICEF and UNFPA team as well as implementing NGOs. Using gender and age-appropriate community dialogues, communities were guided to address, among others, reasons for reluctance to report abuse cases to chiefs, police, and others.

C) Project monitoring and evaluation:

Joint visits to communities with Government Ministries and Disaster Management Authority were conducted to strengthen monitoring and draw lessons and good practices. The complaints from the beneficiaries (for instance, they cannot trust their chief, police, etc, they don't receive needed support or information from the relevant office, they cannot access to the protection related services due to the potential discrimination, etc.) were incorporated in the joint project monitoring reports by UN agencies and their partners. In cases where concerns were raised at the national and district level, these were addressed jointly by relevant district and national level structures under the leadership of the District Administrator.

7. Cash-Based Interventions

Did the project include one or more Cash-Based Intervention(s) (CBI)?

Planned

Actual

No

No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was planned in the project proposal. However, the protection rapid assessment undertaken in January and the joint UN/GOL field mission done in June 2019, helped with establishing a baseline while the LVAC helped with end line for the project

EVALUATION CARRIED OUT

EVALUATION PENDING

assess progress of the CERF project. In July 2019, internal evaluation was carried out by IOM to assess the relevance, effectiveness, efficiency, sustainability and impact of the protection response to the affected area. Lessons learned and good practices will be incorporated into the future similar intervention.

NO EVALUATION PLANNED

8.4. Project Report 19-RR-FAO-001 – FAO

1. Project Information			
1. Agency:	UNICEF	2. Country:	Lesotho
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-002
5. Project Title:	Hygiene promotion		
6.a Original Start Date:	16/01/2019	6.b Original End Date:	15/07/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify the revised end date:	14/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 591,175
	c. Amount received from CERF:		US\$ 591,175
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 218,508.44
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$218,508 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance

UNICEF efforts in collaboration with partners reached 295, 486 people with WASH interventions surpassing the target 273,635 people. Through this CERF grant, UNICEF supported capacity building for 25 Government officers from departments of Environmental Health and Rural water supply from the districts of Quthing, Mohale's Hoek and Qacha's Nek, on WASH in emergencies using the SPHERE Standards handbook. Overall UNICEF in collaboration with World Vision International and government line department 67,277 people who benefited from the distribution of 1,020,000L of water through water trucking to communities, health centres, and schools that experienced water scarcity in 3 drought worst-affected districts. Furthermore, hygiene promotion activities were reached, 70,618 people. The Ministry of Health conducted water surveillance sampling in 45 water points for physical and bacteriological analysis. The results of surveillance showed that 49% of water points were highly contaminated. These results led to the distribution of water treatment tablets and sensitizations of households on water treatment and storage conducted by World Vision and Ministry of Health (Environmental health department) as mitigation measures in communities which are collecting water from unsafe water sources based on the surveillance report, so far 14,322 households have been reached. A private-sector contractor constructed WASH facilities in 11 health care centres located in the three drought-affected districts reaching 224,368 people. The construction work included borehole drilling, construction of hand washing facilities and plumbing works in 11 health centres.

3. Changes and Amendments

There were no other changes and amendments encountered in the project interventions except for no-cost extension that has been communicated and approved by CERF due to delays in construction appraisals.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex:									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	43,169	96,757	139,926	44,395	89,314	133,709	87,564	186,071	273,635
Reached	46,411	104,032	150,433	48,487	96,556	145,043	94,898	200,588	295,486
4.b Number of people directly assisted with CERF funding by category:									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	273,635					295,486			
Total (same as in 4a)	273,635					295,486			
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 project target of 273,635 was surpassed due to 295,486 due to the joint collaboration between World Vision and the Ministry of Health as well as the engagement of community health workers in targeted areas.								

5. CERF Result Framework	
Project Objective	The main objective of the Water and Sanitation programme is to increase access to safe drinking water and sanitation facilities, as well as equipping the communities with good hygiene practices.

Output 1	By 2023, parents and caregivers, have increased capacity to practice and demand quality MNCH, infant and young child feeding (IYCF) and hygiene interventions.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of sampled water points	100% of water sources in use	75% of water sources in use	Water Quality surveillance report
Indicator 1.2	Number of households sensitized on water treatment and storage	100% of the households in the three affected districts	100% of the households in the three affected districts	Emergency Project Update Report (September 2019)
Indicator 1.3	Number of persons sensitized with Hygiene messages	At least 80% of the target population sensitized	95% of the target population sensitized	Emergency Project Update Report (September 2019)
Indicator 1.4	Number of boreholes drilled in health care facilities	12	5	Contractor's Invoices
Indicator 1.5	Quantity of water transported via tankers (10,000 litres)	500,000 litres	1,020,000 litres	Emergency Project Update Report (September 2019)

Explanation of output and indicators variance:		Indicator 1.1 The other water sources could not be surveyed due to vandalism and some were found to have dried out. Indicator 1.4 The construction company encountered delays due to machinery breakdown during drilling works. Indicator 1.5 the extra liters of water were procured for communities using the savings realized, therefore, the need for safe clean water in drought-affected communities was expanded.
Activities	Description	Implemented by
Activity 1.1	Sampling of water sources in use	Ministry of Health; Environmental Health department
Activity 1.2	HH water treatment and storage	World Vision Lesotho (NGO)
Activity 1.3	Community sensitization with hygiene messages	World Vision Lesotho, Ministry of Health; Environmental Health department:
Activity 1.4	Borehole drilling in health care facilities	Notsi Electrical pty Ltd (private sector)
Activity 1.5	Transporting of water via tankers	World Vision Lesotho (using private sector)

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF as a member of the DRMT has worked with UN Agencies and key line Ministries including the Disaster Management Authority (DMA) to disseminate forecasts on the likelihood of an El Nino drought phenomenon to stakeholders and communities in general. UNICEF also supported the development of the contingency plans used for implementation in the El-Nino drought emergency in collaboration with the Department for rural water supply (DRWS) and Ministry of Health especially on the availability and safety of water and the conditions of springs and outbreak of diseases caused by prolonged dry spells.

B) Project implementation phase:

UNICEF worked with NGOs; World Vision Lesotho, the Ministry of Health, Private sector, Lesotho Millennium Development Agency (LMDA), Department for rural water supply (DRWS) extension officers stationed at the district level to implement the project together with communities. UNICEF has included a component for community participation in the mobilization and sensitization to ensure participation and ownership of the project. A beneficiary feedback mechanism that is already in place in the communities was utilized during project implementation while a complaint and response mechanism that is already being utilized by World Food Programme (WFP) will be reviewed with support from the targeted communities.

C) Project monitoring and evaluation:

UNICEF will engage village water committees in assessing project performance at the community level and solicit their feedback. This will be consolidated and shared with the relevant line ministries and NGOs.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 19-RR-WFP-001 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Lesotho
3. Cluster/Sector:	Food Security - Food Aid	4. Project Code (CERF):	19-RR-WFP-001
5. Project Title:	Assistance to populations affected by drought		
6.a Original Start Date:	04/01/2019	6.b Original End Date:	03/07/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/19
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 14,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 0
	c. Amount received from CERF:		US\$ 2,716,917
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

WFP assisted 45,000 pre-primary and primary school orphans and vulnerable children (OVC) and their households (9000) through food and cash distributions in two priority districts of Mphahle's Hoek and Quthing. The household support was provided through OVC in schools using a combination of food distributions and cash transfers. Each household received USD 45.00 per month, out of which USD 16 was for maize meal and USD 29.00 was for other household requirements. This hybrid response was using Vodacom's mobile money (Mpesa) and a network of 86 retailers, who were providing in-kind food assistance, using a food voucher program. By piggy-backing on the national school feeding program and working closely with the Disaster Management Authority (DMA), the Ministry of Social Development (MoSD) and communities, efficient implementation was possible.

The food intervention support included a Social and Behaviour Change Communication (SBCC) strategy focusing on improving women, men, boys' and girls' knowledge on nutrition, HIV awareness, sexual reproductive health, human rights, gender, climate awareness, and other care practices that contribute to improved household food security and nutritional status. Through SBCC, different approaches were adopted ranging from community mobilisation, small media print, and social and traditional media to disseminate resourceful information to targeted communities.

3. Changes and Amendments

No-cost extension was requested and approved for two months July and August 2019. While the UN submitted a set of proposals for rapid, early action starting in January 2019, the application was only submitted and approved that same month, so activities could only commence in February 2019. While the community councils most impacted by the current drought were clearly identified through the Lesotho Vulnerability Assessment Committee assessments, the registration of beneficiaries suffered unforeseen delays due to challenges of the recently upgraded National Information System for Social Assistance (NISSA) managed by the Ministry of Social Development and the fact that enhancements were still ongoing in many of the rural areas of the IPC3 districts. Instead, WFP and partners had to quickly deploy community-based participatory selection of households which took longer and was more labour-intensive. At the same time, this

community-based selection process was significantly affected by a county-wide teachers' strike from January to March 2019 which meant that teachers were not available in schools to verify the lists of Orphans and other Vulnerable Children (OVCs) that had been provided by community leaders and the Ministry of Social Development's auxiliary workers. In addition, accessibility to some of the remote areas was heavily compromised by the late rainy season, all of which combined led to delays in the start and completion of beneficiary registration and retailer contracting (over 80 retailers needed to be identified, trained and contracted). These factors also adversely delayed WFP's ability to reach the full caseload from the first month of distribution which meant that scale-up took longer than originally planned.

This delay in project implementation has also affected the planned/budgeted utilization of funds under fixed costs such as staff salaries and office running costs, whilst variable costs were not being adequately utilized hence the reprogramming of funds under the fixed-line costs.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex:

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	2,060	22,175	24,235	2,060	14,785	16,845	4,120	36,960	41,080
Reached	12,060	12,455	24,151	11,308	9,992	22,090	23,368	22,447	45,815

4.b Number of people directly assisted with CERF funding by category:

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	41,080	45,815
Total (same as in 4a)	41,080	45,815
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

5. CERF Result Framework

Project Objective	The overall objective of the CERF strategy is to ensure that the vulnerable populations, including women, children, the elderly and people with disabilities have access to adequate food during the emergency period to address immediate food deficits and prevent households from sliding further into severe vulnerabilities and reverting to negative coping mechanisms.
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Output 1	Targeted populations receive cash-based and/or voucher transfers that meet their basic food and nutrition requirements and support early recovery			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	No. of women, men, boys, and girls receiving cash and in-kind transfers	41,080	45,815	COMET

Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	2,749,142	2,204,335.94	WINGS
Indicator 1.3	Quantity of food distributed to beneficiaries	1,479	1,769.028	CERF Matrix
Explanation of output and indicators variance:		Due to delayed distributions, the numbers of beneficiaries were cumulative		
Activities	Description	Implemented by		
Activity 1.1	Provide cash and/or food transfers to populations affected by shocks	WFP through Retailer Voucher and Vodacom Mpesa Platform		

Output 2	Targeted households benefit from improved knowledge of nutrition, HIV AIDs, Climate Change, health, hygiene and other care practices that contribute to improved food consumption and nutritional status			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	No. of people reached through interpersonal, media and community SBCC approaches	41,000	40,480	CERF Matrix and Lean Season Report
Indicator 2.2	No of exercises facilitated to enhance the capacity of targeted beneficiaries	10	4	CERF Matrix and Lean Season Report
Explanation of output and indicators variance:		The same exercises (public gatherings, SMS, theatre performances, printings) were repeatedly done every month.		
Activities	Description	Implemented by		
Activity 2.1	Provide knowledge of nutrition, gender, health, HIV and AIDS, Climate hygiene and other care practices that contribute to improved food consumption and nutritional status	District Nutrition Teams-Disaster Management Authority, Ministry of Education and Training, Food and Nutrition Coordinating Office, Ministry of Agriculture and Food Security, Ministry of Social Development, Ministry of Health (nutrition and Environmental health, Red Cross Society, Rural Water Supply).		

6. Accountability to Affected People

A) Project design and planning phase:

WFP secured a strong partnership with retailers and shops were also used as platforms to disseminate gender and protection messages. Prior to the start of the intervention, retailers were sensitized on UN sexual exploitation Policy to create an environment that prevents sexual exploitation and sexual abuse when interacting with beneficiaries. The sexual exploitation clause was included in the retailers' contract. Majority of shops were within reach and in few cases where villages were far; in ensuring beneficiaries meaningful access and safety, retailers used their vehicles to ferry beneficiaries' stock/maize meal and dropped them closer to their villages to mitigate risks of robbery, rape and significantly reduced beneficiary burden to carry heavy staff in cognisant that some of the recipients were aged people. As a result, none of the served beneficiaries reported any protection setbacks as a result of WFP support.

B) Project implementation phase:

Throughout the implementation period; WFP partnered with the Child and Gender Protection Unit, Lesotho Red Cross Society and Ministry of Social Development and gender and protection awareness-raising sessions were provided to beneficiaries. Themes covered included human rights education, information sharing on existing policies and legal frameworks in the country that address Gender BV, details on reporting and referral channels to use in reporting cases of abuse. The sensitization sessions further focused on promoting positive gender relations to enhance the effectiveness of these interventions.

In partnership with the National University of Lesotho; a toll-free number was widely publicized through the distribution of brochures that were written in the local language. The toll-free created a free platform that enabled beneficiaries to share any grievances, malpractices including retailer's breach in the contract – ensuring that all partners including WFP Field staff fulfill within agreed terms. Support significantly increased children's dignity. Through funds that were transacted through MPESA, caregivers/parents acquired basic items

such as uniforms, shoes, soaps, Vaseline for their children and the majority of kids looked decent.

WFP's awareness-raising sessions were conducted for beneficiaries to identify risks they felt they were being exposed to through WFP's supported programmes, with theft and increased domestic violence/tension over the use of entitlement cited as the main risks. The sessions provided information on protection issues, human rights education, information sharing on existing policies and legal frameworks in the country that address Gender-Based Violence, details on reporting and referral channels to use in reporting cases of abuse. The sensitization sessions further focused on promoting positive gender relations to enhance the effectiveness of these interventions.

The sessions enabled beneficiaries to identify risks likely to be exposed including some practical mitigation measures, for which WFP, partners, and beneficiaries were able to take immediate and collective actions. Some of the protection measures adopted included walking in pairs or groups from the retailers' shops, and segmented distribution dates and retailers having dedicated shopkeepers serving beneficiaries as a strategy to reduce waiting times.

C) Project monitoring and evaluation:

Post Distribution Monitoring findings show that there was a significant improvement in household food consumption as the percentage of household with inadequate food consumption reduced during post assistance compared to baseline; consumption of vitamin A, protein and iron-rich foods improved significantly during post-intervention in contrast with baseline period; Reduced coping strategy index (RCSI) reduced after intervention in comparison with baseline; and majority of households had sufficient information on targeting and selection criteria, entitlement, duration of their engagement in the program and complaint mechanisms.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CTP is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash through Mpesa	US\$ 1,255,299.96	Multi-purpose cash	Unconditional	Unrestricted
Vouchers	US\$ 949,035.98	Sector-specific	Unconditional	Restricted

Supplementary information (optional):

Combination of cash through Mpesa platform and vouchers through retailers were used. Vouchers were used through specific retailers for predetermined food items only where Mpesa platform was not functional.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation planned.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 19-RR-WHO-001 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Lesotho
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-001
5. Project Title:	Response to the health effects of drought in Lesotho		
6.a Original Start Date:	17/01/2019	6.b Original End Date:	16/07/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 323,555
	b. Total funding received for agency's sector response to current emergency:		US\$ 100,337
	c. Amount received from CERF:		US\$ 100,337
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

WHO-led project provided life saving interventions comprising of: response to outbreaks; inpatient management of severe acute malnutrition; ensuring continued provision of deliveries in health facilities experiencing water shortage, promoting and ensuring infection prevention and control and provision of public awareness and public engagement on drought and its effects on public health to a population estimated to be above 11,007 in Maseru, Mhale's Hoek, Quthing and Qacha's Nek. Major achievements for the project are:

- All outbreaks reported were responded to
- The four districts achieved an average of 9.7% case fatality rate in in-patient management of severe acute malnutrition
- All health facilities use under-buttocks and linen savers for conducting deliveries during the scarcity of water
- Seventy-five percent of the health facilities had received and were using hand sanitizers to avert the spread of diseases associated with health care settings. There were delays in Qacha's Nek getting some supplies.
- Public awareness and engagement sessions were successfully conducted using mass media, addressing public gatherings, conducting focus group discussions and distribution of information, education and communication materials.
- Project monitoring was conducted through meetings, mentorship visits and supervision at district level. The monitoring and evaluation activities played a key role in ensuring accountability to the affected population. This was also ensured through public engagement activities.

3. Changes and Amendments

No changes and amendments in the project.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex:									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,615	4,419	8,034	3,337	4,079	7,416	6,952	8,498	15,450
Reached	1,770	4,567	6,337	1,165	3,505	4,670	2,935	8,072	11,007
4.b Number of people directly assisted with CERF funding by category:									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees						0			
IDPs						0			
Host population						0			
Affected people (none of the above)						15,450			
Total (same as in 4a)						15,450			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			The population reached through the five interventions under the health project is more than 11,007. The exact figure cannot be stipulated since public awareness through mass media (radios and TV) cannot be easily provided. The radio stations were unable to provide listenership for the phoning-in programmes conducted.						

5. CERF Result Framework	
Project Objective	To protect the health of 15,450 people affected by drought through response to outbreaks and implementation of maternal and child health interventions in four priority districts over six months.

Output 1	Outbreaks of diarrhoeal diseases and anthrax reported by the four priority districts responded to			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	The proportion of reported outbreaks responded to	100% (All reported outbreaks)	100%	WHO June report for CERF
Explanation of output and indicators variance:		Two outbreaks were reported (diarrhea outbreak in Qacha's Nek an anthrax outbreak in Maseru) and were responded to.		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute medicines and personal protective equipment for response to outbreaks to four priority districts	WHO Administration		
Activity 1.2	Provide lunch and out of station allowance to outbreak response teams (government workers who are the key players in response to outbreaks and are faced with challenges while responding to outbreaks in remote areas including where they have to stay over-night. Response operation hampered by limited funding to travel to such areas)	WHO Administration		
Activity 1.3	Procure laboratory reagents for confirmation and drug sensitivity testing	WHO Administration		

Output 2	Management of children admitted in 11 hospitals in four priority districts conducted in accordance with integrated management of acute malnutrition guidelines and protocols			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	The proportion of hospitals managing severe acute malnutrition in accordance with integrated management of acute malnutrition guidelines and protocols	100% (11 malnutrition wards in 11 hospitals)	87.5% (7 out of 8 hospitals)	WHO June report for CERF
Indicator 2.2	Reduction of case fatality rate due to severe acute malnutrition in hospitals	<10% (11 hospitals realizing a case fatality rate of less than 1 death for every 10 children admitted)	100% of hospitals achieved <10	WHO June report for CERF
Explanation of output and indicators variance:		Three of the originally targeted hospitals do not admit cases of severe acute malnutrition. This reduced the denominator to eight hospitals. Mohale's Hoek hospital was not fully adhering to the guidelines. This was due to frequent staff changes in the ward. The case fatality rate on SAM was achieved (<10%). The actual achievement was an average of 9.7% for the four districts.		
Activities	Description	Implemented by		
Activity 2.1	Conduct mentorship sessions with clinical staff in malnutrition wards	Ministry of Health (Family Health Division – Nutrition, Maternal, and Child Health Programmes) WHO Family and Reproductive Health Programme		
Activity 2.2	Monitor management of supplies for case management of severe acute malnutrition in health facilities	Ministry of Health (Family Health Division – Nutrition, Maternal and Child Health Programmes) WHO Family and Reproductive Health Programme		

Output 3	80 health facilities in five districts using under-buttocks and linen savers			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	The proportion of health facilities in five selected districts using under-buttocks and linen savers	100% (80 health centres)	100%	WHO June report for CERF
Explanation of output and indicators variance:		To avert infections during delivery, disposable delivery kits were procured and distributed to the facilities.		
Activities	Description	Implemented by		
Activity 3.1	Procure under-buttocks and linen savers for 80 health facilities	WHO Administration WHO Family and Reproductive Health Programme		
Activity 3.2	Distribute under-buttocks and linen savers for 80 health facilities	WHO Administration Ministry of Health – IHR Office		

Output 4	80 health facilities using hand sanitizers to avert health care-acquired infections			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	The proportion of health facilities in five selected districts using hand sanitizers	100% (80 health centres)	75%	WHO June report for CERF
Explanation of output and indicators variance:		There were delays in delivery of supplies to Qacha's Nek facilities		
Activities	Description	Implemented by		

Activity 4.1	Procure hand sanitizers to 80 health facilities	WHO Administration WHO Family and Reproductive Health Programme
Activity 4.2	Distribute hand sanitizers to 80 health facilities	WHO Administration Ministry of Health – IHR Office

Output 5	More than 15,450 communities reached through different information, communication and education channels as response to the health effects of the drought			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of public awareness sessions conducted	Radio slots: 10 Public gatherings: 50 Focus group discussions: 30 Posters distributed: 200 Leaflets/pamp	Radio slots: 15; Public gatherings: 53; Focus group discussions: 26; Posters distributed: 1,405; Pamphlets distributed: 5,800	Public awareness report June 2019
Explanation of output and indicators variance:		Set targets exceeded due to slots secured free from the national radio and TV stations. Guidance from the public awareness technical team advised on producing more posters than pamphlets posters reach more people than pamphlets.		
Activities	Description	Implemented by		
Activity 5.1	Print posters, leaflets/pamphlets on the response interventions	WHO Administration WHO Health Promotion Programme		
Activity 5.2	Distribute posters, leaflets/pamphlets on the response interventions	WHO Administration WHO Health Promotion Programme		
Activity 5.3	Conduct public gatherings and focus group discussions	Ministry of Health and CHAL – Health Facility Staff Multi-sectoral district teams		
Activity 5.4	Conduct radio talks	Ministry of Health: Nutrition, Family Health, disease control and health promotion. Ministry of Agriculture (Livestock Department)		

Output 6	The health sector response to the emergency effectively coordinated at national and district levels			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 6.1	Number of coordination meetings held	National: 6 District: 24 (6 per district)	5	Meeting minutes
Indicator 6.2	Number of reports produced and disseminated	National: 6 District: 24 (6 per district)	15	Supervision report and meeting minutes
Explanation of output and indicators variance:		One meeting was missed by the national level and the districts in January due to delayed access to funds. Maseru managed to achieve all the 6 meetings while coordinating anthrax response. The other three districts had coordination problems.		
Activities	Description	Implemented by		
Activity 6.1	Conduct monthly stakeholder coordination meetings at national level	Ministry of Health - International Health Office WHO – Health Security and Emergency		
Activity 6.2	Conduct monthly stakeholder coordination meetings at the district level	District Disaster Management Team		
Activity 6.3	Share monthly progress reports with stakeholders including other humanitarian action stakeholders	Ministry of Health – International Health Office WHO Health Security and Emergency Programme		

Activity 6.4	Engage monitoring and evaluation consultant	WHO Administration and management
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6. Accountability to Affected People

A) Project design and planning phase:

The project was designed from the findings of a rapid joint assessment that was conducted together with other agencies, other partners involved in humanitarian response and the government. It was during the assessment that the views of the affected population were collected to inform the project. Additional needs were solicited from consultations with district health teams, health care facility workers, interviews with clients visiting health care facilities, consultations with local authorities and from lessons learnt from previous similar emergencies (after action reviews). The project was jointly developed with the government and based on pre-defined priority areas in the draft national drought contingency plan.

B) Project implementation phase:

During the project implementation, AAP was ensured through interactions with the affected population when responding to outbreaks. At the early stage of the project take-off, the defined interventions were presented to district disaster management teams to appreciate the interventions and take part in delivering some of the interventions (public engagement and awareness). Through public awareness sessions delivered through (mass media – radio talks, television, focus group discussions and public gatherings, the affected populations had opportunities to learn further on how they were to benefit from the project. During phoning-in programmes, they received timely feedback on issues they were concerned with.

C) Project monitoring and evaluation:

Progress reports were consolidated from interactions with the districts following supervision and mentorship visits. The consolidated reports were shared with stakeholders. During supervision visits, the supervision team engaged with the affected communities to: facilitate and assess their understanding of the drought situation and its impact on diseases and other health conditions including their understanding of the support provided under the CERF project.

An end-of-project evaluation was conducted by an independent consultant to assess the extent of the implementation of the project and the extent to which the outputs were delivered. The evaluation report provided the performance of the project against the set goals and identified outputs under the five areas of focus for the project. The evaluation formulated recommendations for the following: national, district, hospital and WHO Country Office.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

The following documents provide more details on the implementation of the project: 1. Evaluation report 2. Supervision report WHO CERF Report June 2019 3. Situational report on response to anthrax outbreak in Maseru 4. Minutes for one of the meetings held at national level 5. Minutes for one district meeting - Maseru	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-CEF-001	Nutrition	UNICEF	GOV	\$157,427
19-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	INGO	\$218,508
19-RR-CEF-003	Child Protection	UNICEF	RedC	\$62,000

ANNEX 2: SUCCESS STORIES

Fighting Malnutrition

In an effort to ensure that local media practitioners report on the humanitarian crisis, the United Nations Communications groups brought together 20 media houses at a three-day workshop where they were sensitized on the humanitarian situation in the country. The objective of establishing this partnership with the media was to ensure that the media consistently educates and creates awareness around the UN and Lesotho's response and preparation for emergencies. The other objective was also to utilize the media as a conduit between affected communities, service providers and policymakers. Over the course of the project, the media reported stories on issues ranging from malnutrition, WASH, protection, and food security. The stories highlighted the situation in various households and captured the voices of affected communities.



24-year old Molelekeng from Dili with her 7-month-old daughter who recovered from severe acute malnutrition

One of the success stories that was captured by the media is of a recovered malnutrition case in the village of Dili-Dili, in the Quthing district where a 7-month-old baby was admitted with severe acute malnutrition and poor appetite. According to the nurse who received her, at Dili-Dili clinic, the baby's weight was well below normal threshold for her height and weight. The child was put on SAM treatment, utilising commodities which were procured by UNICEF under the CERF project. Additionally, the mother received nutrition counselling on infant and young child feed as a result of which she continues to practice what she learned from the sessions. She says that she is now able to use locally available food in the household to feed her baby nutritious food.

WASH Case Study

The impact of the two successive El Nino induced droughts has resulted in about one-quarter of Lesotho's 2 million population needing immediate humanitarian support. The country is also experiencing below normal rainfall in the 2018/2019 rainy season and is facing one of the worst droughts in recent years. According to the Vulnerability Assessment Committee Report, LVAC 2019, due to lack of rain, water sources are drying up, a situation that that has resulted in an increasing number of households getting drinking water from unprotected sources.

It is against this background that UNICEF as part of the UN Family in Lesotho jointly undertook early action lifesaving multi-sectoral emergency assistance to address the impacts of drought on affected populations classified under phase three (crisis) by the Integrated Phase Classification and LVAC

"Coming together as the UN in support of Government was crucial. For UNICEF, it was critical to ensure that children affected by severe acute malnutrition have access to nutrition commodities and that schools and health centres have access to clean water and sanitation facilities", says Anurita Bains, UNICEF Lesotho Representative.



Dili-Dili clinic in Quthing is just a stone-throw away from South Africa with the Tele river acting as a border between the two countries. UNICEF's Water, Sanitation and Hygiene (WASH) programme has seen the center fitted with new water systems, which provide safe, potable water to the clinic and its surrounding communities. This has provided immense relief to the area, which has been hard hit by the drought as the nearby Tele River dries up. The programme also provides community WASH training to better the health and wellness of those in the region.

Nurse Setsoto Makuebu who is in charge of the clinic says the new water system has relieved the old one that the clinic had which was not working.

"The old system was not working well and it made it difficult for us to do our day to day work and most often we had to refer deliveries to the main hospital in Quthing because we did not have water. We now only refer critical cases and are able to make most deliveries", says Nurse Setsoto.

The clinic has also been fitted with handwashing facilities and patients are now able to practice proper handwashing after using the toilets.

"We also benefit from the hygiene and sanitation education that we are given at the clinic when we come for services", says one of the patients.

In nearby Mohale's Hoek drilling work is under-way where Villa Maria clinic will benefit from having safe and clinic. A local government councilor Moeketsi Khethang says that water drilling is not only going to benefit the clinic but the community at large.

"This place used to have natural springs which have dried up because of the drought. The clinic was also suffering as the water was depleting. But through this project, everybody is going to benefit.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CERF	Central Emergency Response Fund
RC/HC	Resident Coordinator/ Humanitarian Coordinator
GAM	Global Acute malnutrition
SAM	Severe Acute Malnutrition
IMAM	Integrated Management of Severe Acute Malnutrition
WHO	World Health Organization
MOH	Ministry of Health
IYCF	Infant and Young Child Feeding
GAM	Global Acute malnutrition
SAM	Severe Acute Malnutrition
TiP	Trafficking in Persons
IOM	International Organization for Migration
UNICEF	United Nations Children’s Education Fund
UNFPA	United Nations Population Fund
MWA	Migrant Workers Association
LENASO	Lesotho Network of AIDS Service Organizations
EU	European union
ECHO	European Civil Protection and Humanitarian Aid
OFDA	Office of Forign Disaster Assistance
DFID	Department for International Development
UNCT	United Nations Country Team
HCT	Humanitarian Country Team
CPiE	Child Protection in Emergencies
GBV	Gender Based Voilence
NISSA	National Information System for Social Assistance
MOSD	Ministry of Social Development
NGO	Non Governmental Organization
LVAC	Lesotho Vulnerability Assessment
IOM	International organization for Migration
FAO	Food & Agriculture Organzation
WFP	World Food Program
WHO	World Health Organization