

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-RR-LSO-39982

LESOTHO

RAPID RESPONSE

DROUGHT

2019

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.	30/11/2020	
<p>On November 30th 2020 After Action review meeting conducted attended by RC/HC, heads of agencies and programme staff from 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 the project progress the participants also discussed the integration of the CERF projects, community feedback and response mechanism and coordination with the line department and its importance in the smooth implementation of the projects. 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.</p>		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>CERF report was shared with the UNCT members and technical leads for their technical review. FAO, UNICEF, UNFPA, WFP, WHO reviewed the report and provided inputs where needed. 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.</p>		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>The final version of CERF report was shared with the recipient agencies and implementing humanitarian partners, 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.</p>		

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In 2019 Lesotho was hit by the drought and the United Nations and its partner humanitarian organizations in Lesotho developed a humanitarian response plan to support the Government of Lesotho in responding to the immediate needs of the drought affected people. The plan was largely informed by the Lesotho Vulnerability Assessment and in consultation with the government, communities and key partners the identified needs were prioritised and action plan developed. UN agencies have successfully mobilized 3,049,997 for the UN Central Emergency Response Fund (CERF) to provide support to the most urgent and life-saving humanitarian activities.

On 18th March 2020 the Government of the Kingdom of Lesotho declared a State of National Emergency on Coronavirus 2019 (COVID-19) for an initial period of six months. This declaration and subsequent public health regulations imposed strict restrictions that affected the implementation of the programmes mainly the travel and community gatherings restrictions. The CERF projects were reviewed to ensure that support is still provided to the people of Lesotho even under the COVID-19 pandemic. Projects were redesigned to cover the needs and a 3-month extension was requested to implement the projects with its true spirit.

With the support of the Humanitarian Coordination Team (HCT) and the Resident Coordinator Office the following key results were achieved. Against the total 254,563 planned beneficiaries, UN in Lesotho and its partners able to reach to 293,418 beneficiaries including 5,325 people with disabilities. Apart from delivering cash grants and food vouchers to 13,000 beneficiaries, support from CERF also helped UN to distribute winter seeds among 14,000 farmers which contributed in long term food security of the people.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	33,700,000
FUNDING RECEIVED BY SOURCE	
CERF	3,049,997
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	3,800,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,158,762

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-038	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	879,992
UNFPA	19-RR-FPA-053	Protection - Sexual and/or Gender-Based Violence	300,001
UNICEF	19-RR-CEF-119	Water Sanitation Hygiene - Water, Sanitation and Hygiene	555,001
UNICEF	19-RR-CEF-119	Nutrition - Nutrition	195,001
WFP	19-RR-WFP-075	Food Security - Food Assistance	970,000
WHO	19-RR-WHO-058	Health - Health	150,002
TOTAL			3,049,997

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\$ 2,562,116
Funds transferred to Government partners*	US\$ 69,563
Funds transferred to International NGOs partners*	US\$ 229,317
Funds transferred to National NGOs partners*	US\$ 89,000
Funds transferred to Red Cross/Red Crescent partners*	US\$ 100,001
Total funds transferred to implementing partners (IP)*	US \$ 487,881
TOTAL	3,049,997

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Background Information:

Lesotho is a small and largely rural country of about 2 million people, landlocked in South Africa. Although, it is a lower middle-income country with per capita gross national income of US\$1,330, it is estimated that 57.1% of the population lives below the basic needs' poverty line. Inequality and poverty gain is the ninth highest in the world¹. Lesotho is a semi-arid country whose main livelihood activity include subsistence farming and livestock rearing. Lesotho is experiencing the impact of late onset of rains, dry spells (December 2017 to mid-February 2018), coupled with extremely high temperatures which is affecting crop, water availability to community and livestock, exacerbating underlying health vulnerabilities (including HIV/AIDS and malnutrition). The 2018/2019 planting season was also characterised by late onset of rains, dry spells coupled with extremely high temperatures and hailstorms which affected crop development. The situation was also exacerbated by unexpected snowfall which mostly affected mountain and foothill areas leading to total destruction of crops especially maize and beans. Rural communities across the country are among the poorest and therefore amongst the hardest-hit. The country has not fully recovered from one of the worst droughts in 2015/16 to have hit the region in thirty-five years, a situation which was exacerbated by 2019 delayed and below expected rains.

Lesotho National Response to COVID-19:

As of November 2020, 2,041 COVID-19 positive cases and 44 deaths were reported in Lesotho out of which of 1,056 recovered. Despite this, Lesotho is considered to be vulnerable to the pandemic due to its socio-economic interdependency with South Africa and the weak health system; the country is ranked highly vulnerable in terms of Infectious Disease Vulnerability Index (at or below 40). Hence, the country is already implementing some public health interventions aimed at prevention and control for the COVID-19. The Government of Lesotho has also established a National Emergency Command Centre (NECC), led by a high-level cabinet sub-committee which is later on changed to National COVID-19 Secretariat (NACOSEC), rapid response team and technical subcommittees to provide oversight, coordination and leadership to the national response. The country has developed an integrated National COVID-19 Response Plan and a Health Sector Preparedness and Response Plan with estimated budgets of US\$64 million. In collaboration with partners, the UN and private sector, the Government of Lesotho is actively mobilizing resources and technical support for the nation response.

Food Security, Agriculture:

According to the results of the IPC, overall, the estimated food insecure population in the country reached 508,125 people during 2019/20 consumption year. The IPC analysis indicates that 10 districts are severely affected including 433,410 people living in rural areas (30 per cent of the rural population) and 74,715 people living in urban areas (13.3 per cent of the urban population) compared to 308 966 people (257 283 rural and 51 683 urban) in 2018/19. The projected IPC (October 2019 to March 2020) indicate that the situation is likely to worsen with all 10 districts are projected to move to IPC 3 or higher compared to 18 % in 2018/19 in the same period, of which 71,087 affected people in rural areas are in IPC 4.

In addition, the Government of Lesotho declared a COVID-19 national emergency on 18 March 2020 followed by a compulsory lockdown for all non-essential services from 29 March 2020. The lockdown was relaxed on 19 May 2020, to be reviewed on a fortnightly basis. Even before the lockdown, Lesotho already had serious macroeconomic and social challenges exacerbated by climatic shocks, political instability and decelerated economic growth. COVID-19 has already had and will likely continue to have devastating economic impacts on the country, such as increases in unemployment, and reductions in income and purchasing power.

Water, Sanitation and Hygiene (WASH):

Rangelands conditions deteriorated earlier than normal in August 2019, high temperatures were rapidly drying water reservoirs- impacting access to safe water as well as increasing the risk of water borne disease- and depletion of pasture leading to deterioration of livestock body conditions, a key livelihood for many families. Livestock body conditions had not fully recovered from this year's lean season, which may affect livestock prices, the quantity and quality of wool and mohair is likely to be compromised. The department of Rural Water Supply (RWS) reported that 90 per cent of water sources have dried up due to prolonged drought in the country, including the main rivers, Senqu, Mokhotlong and Makhale Rivers. Households who depended on agricultural related opportunities could have been negatively affected, and households were forced to travel long distances to get water from unprotected water sources. According to LVAC (June 2019), between 2 per cent and 12 per cent of households indicated using unprotected sources. Mokhotlong and Thaba-Tseka reporting the highest proportion of households using water from unprotected sources. As of 2nd November 2019, two of the major reservoirs had very low water levels; Katse dam was 13.42 percent, Molete dam 32 percent while Molete was at 92 percent in September.

Health:

Cases of diarrhoeal diseases including epidemic prone diseases such as bloody diarrhoea, watery diarrhoea, typhoid and measles increased between August to November 2019 according to the health sector records which is attributed to drought conditions.

The watery diarrheal cases reported in 4th quarter 2018 has increased from 7,000 to 14,000 in the 10-drought affected district in the first quarter of 2019. Anthrax outbreak in animals was reported in Maseru district from April to June 2019 where more than 100 people were exposed to the disease and given prophylaxis. The occurrence of outbreaks especially of measles amongst acutely malnourished children resulted in complications that requires hospital care and can contribute in high mortality.

Nutrition:

Early in 2020, the nutrition levels of particularly vulnerable groups including children 6 to 59 months, expectant and lactating mothers, people living with HIV and clients infected with tuberculosis (TB) risked to rapidly deteriorated with the prevailing food insecurity situation, exacerbated by lack of access to clean water, poor access to other health services and poor hygiene and sanitation. Data from the ministry of health showed a 34 per cent increase of SAM admissions in 2019 compared to 2018: 1223 admissions in 2018 compared to 1863 in 2019. Additionally, Baseline Assessment of the Food Security and Nutritional Status of People Living with HIV in Five PEPFAR Scale-up Districts in Lesotho conducted in 2018 indicated Global Acute Malnutrition at 5.6 per cent and underweight at 19.4 per cent among children 6 to 59 months which were higher than the recommended WHO Child growth standards. While underweight among adults, excluding pregnant and lactating mothers, was found to be 14.9 per cent.

Protection (GBV, HIV):

A rapid assessment conducted in November 2019 noted children and women were among the most vulnerable population of the society and were at risk of increased exposure to abuse, violence and other protection issues. The likelihood of engaging

in negative coping mechanisms such as unprotected sex increases as a result of food insecurity leading to increased risks of the spread of HIV. According to the Child and Gender Protection Unit (CGPU) 2019 report that around 125 Gender Based Violence (GBV) cases are recorded each week. GBV cases included sexual (22.8 per cent) and physical (26.4 per cent) assaults, socio-economic deprivation (19.5 per cent), emotional abuse (20.6 per cent), harmful traditional practices (1.4 per cent), forced prostitution (1 per cent), forced marriage (2.3 per cent), denial of education 2.3 per cent, theft (3.4 per cent), and loss of life (1.1 per cent). Both adults and children had to search for work to support household food requirements, and a number of women and girls believed to have migrated to urban and/or South Africa in search for work, mostly as domestic workers were trading for sex for money and/or food. Some members of community across all districts, but with more emphasis in Qacha's Nek migrated to South Africa. Although this may have been temporary, there were reported cases where children were left behind and rely on support from neighbours and relatives. In some villages of Thaba-Tseka, households started migrating in September mostly to other districts especially Maseru and Hlotse districts to find jobs. Referral mechanism/systems were not fully functional, pushing affected people deeper into vulnerability. These negative coping mechanisms risked leading to increased HIV/AIDS in a country already battling with high HIV prevalence at 25.6 per cent (LePHIA, 2017).

3. CONSIDERATION OF FOUR PRIORITY AREAS²

The RC/HC and the UN country team in Lesotho with the support of technical teams put a special emphasis on the below four priority areas;

- a) Women and girls, including gender-based violence, reproductive health and empowerment
- b) Programmes targeting persons with disabilities
- c) Education in protracted crises
- d) Other aspects of protection

An integrated model was adopted while designing the response projects to provide inclusive support to the drought and COVID-19 affected people with the aim of providing holistic and sustainable impact.

a. Women and girls, including gender-based violence, reproductive health and empowerment

Number of activities focusing gender-based violence and reproductive health were conducted. 115 people including GBV service providers and district disaster management teams in 5 districts were trained on protection mainstreaming. 29,835 Men and women were reached with protection and GBV messaging. A total of 3,370 girls and young women was reached with dignity kits especially those whose livelihoods were affected by the drought and eventually the aftereffects of the COVID 19 movement restrictions and lockdown on economic activities. Media platforms were used to reach to around 500,000 people with protection messages during crisis situations and the effect of GBV, Child Marriages and other negative coping mechanisms. The media platforms that were utilised include national radio and TV stations etc.

b. Programmes targeting persons with disabilities

During the implementation of the CERF project special attention were given to the people with disabilities. Activities designed to address the special needs of the disabled people in the sectors of health, wash, food security & livelihood and protection. A total of 5,325 number of people with disabilities was reached in different sectors. While developing the criteria for selection of beneficiaries for cash grants, accessing water, protection issues faced by the people with disabilities special consideration

² In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

provided. Site selection for rehabilitation or new construction of water points were in consultation with people having disabilities.

c. Education in protracted crises

In the prioritization process for CERF allocation education sector was not considered as lifesaving.

d. Other aspects of protection

The Food and WASH intervention support included a Social and Behaviour Change Communication (SBCC) component 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.

4. PRIORITIZATION PROCESS

After successful completion of the 2018 CERF allocation, a 2nd funding was approved in 2019 to address the urgent needs of the 2018-2019 drought-affected people in Lesotho. LVAC assessment and a rapid assessment was 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 people living with disabilities were considered and activities designed to respond to the specific needs of these groups. While conducting the assessments and implementation of the proposed activities, women were engaged in the identification, designing and implementation stages.

The necessity of mainstreaming protection in the emergency response was discussed and agreed by HCT. In addition to mainstreaming protection, 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.

5. CERF RESULTS

This CERF funding enabled UN agencies and partner organizations to continue supporting the drought and COVID-19 affected people. Agriculture and livelihood sector supported to **139,524** beneficiaries, food aid through vouchers and multi-purpose cash reached 13,335 people.

FAO reached 139,524 beneficiaries with increases access to nutrition. Under vegetable production. **14,917** beneficiaries were supported to improve nutrition status at the household level in the districts of Leribe, Berea, Mafeteng and Mohale's Hoek. 3,000 vulnerable households were reached with winter cropping seeds in the districts of Leribe, Berea and Mafeteng. Each household received 25kg wheat plus 10kg peas seed in order to improve their livelihoods. 1,150 households were also supported with summer inputs of 10kg of yellow maize and 10kg of bean seeds; the households were drawn from 5 priority districts of the project of Leribe, Berea, Mafeteng, Mohale's Hoek and Quthing.

UNFPA and its implementing partners were able to build the capacity of 115 people including GBV service providers and district disaster management teams in 5 districts. 22,000 Men and women were reached with protection and GBV messaging. 3,370 girls and young women were reached with dignity kits especially those whose livelihoods were affected by the drought and effects of the COVID 19 movement restrictions and lockdown on economic activities. Media platforms were used to reach around 500,000 people with protection messages during crisis situations and the effect of GBV, Child Marriages and other negative coping mechanisms. The media platforms that were utilised include national radio and TV stations etc.

The project is estimated to have reached over 500,000 people as various media platforms were utilised to reach people with protection messaging during crisis situations and the effect of GBV, Child Marriages and other negative coping mechanisms. The media platforms that were utilised including national radio and TV stations. Through the male engagement, initiative of using male police officers to reach out to men in the communities a total of 3,490 men were reached with the role men can play in the prevention of GBV and other harmful practices particularly in times of crisis.

UNICEF and its partners supported response to drought emergency and COVID-19 pandemic in 7 of the 10 districts (Maseru, Mafeteng, Mphahle's Hoek, Quthing, Qacha's Nek, Mokhotlong, Thaba Tseka) in Lesotho. The project provided 3,030 children with therapeutic nutrition support, 20,395 pregnant women iron folate supplements, 10,681 children (6-59 months) with Vitamin A and supportive supervision of the district health facilities. The project supported training of 180 staff from health care facilities, 1,225 community health workers and 578 community leaders on nutrition, hygiene, child protection and COVID-19, who in turn reached a total of 293,418 people in communities with similar messages. In addition, UNICEF provided water to 7 **health care** facilities and rehabilitated 13 water systems serving communities and health care facilities, benefiting 100,518 people. 10,000 litres water storage tanks were installed in 5 health care facilities. Water quality surveillance was done in all the 7 implementation districts to ensure safety of drinking water. A total of **14,733** households supported with household water treatment including water purification tablets, 1,350 households supported with hygiene supplies and 30 households provided with water storage receptacles.

WFP assisted 13,335 (52 percent women, and 4 percent disabled) drought affected and food insecure people through commodity voucher in Qacha's Nek district for six months. Each household received a commodity voucher worth USD50 per month. Although the plan was to split the USD50 into USD28 for food (commodity voucher) and USD22 (mobile money) for other household requirements, assessments (security, mobile network coverage, and mobile money agents/merchants' availability) undertaken before implementation and consultations with beneficiaries and community leaders, resulted in providing the assistance only through the commodity voucher program.

WHO supported the health system in Lesotho and treated 334 children with severe acute malnutrition who were admitted in malnutrition wards in 13 hospital; responded to an outbreak of typhoid fever where 62 people were affected between the period of January and July 2020; provided supportive supervision and mentorship to 13 hospitals that benefited 100 nurses and 36 doctors; enabled 89 health facilities to safely provide and ensure continuity of essential health services including maternal health services where there was water shortage by providing 12,000 hand sanitisers and 3,770 disposable delivery kits; print and distribute 3,000 SAM algorithms to 13 hospitals and 76 health centres, reimbursed 250 mothers and caretakers for lodging in 10 hospitals; ensure regular provision of health education and public awareness sessions to mothers, the general public including those with different forms of disability on drought and its impact on health where more than 33,453 people were reached with educational messages on nutrition, maternal and child health.

6. PEOPLE REACHED

UN and the implementing partners reached more than the planned 254,563 beneficiaries to a total of 293,418 across the sectors of agriculture and livelihood, food aid, protection, Health & Nutrition and WASH. The COVID-19 pandemic emergence delayed implementation resulting in an no cost extension of 3 months. An integrated approach was adopted during the implementation of the project to provide an inclusive response to the people affected by drought and COVID-19 pandemic.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	254,563	293,418
Total	254,563	293,418

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	87,763	85,340	41,300	40,160	254,563
Reached	54,952	75,878	66,625	95,963	293,418

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	10	8	4	4	26
Reached (Out of the total reached)	1,094	1,232	1,474	1,524	5,325

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	44,098	49,722	16,310	18,390	128,520
Food Security - Food Assistance	3,840	4,161	2,560	2,774	13,335
Health - Health	6,624	7,776	4,416	5,184	24,000
Nutrition - Nutrition	50,359	52,414	23,835	23,835	150,443
Protection - Sexual and/or Gender-Based Violence	5,000	15,000	10,000	20,000	50,000

Water Sanitation Hygiene - Water, Sanitation and Hygiene	50,359	52,414	23,835	23,835	150,443
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TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	47,874	53,980	17,706	19,964	139,524
Food Security - Food Assistance	4,353	4,715	2,048	2,219	13,335
Health - Health	7,629	9,109	5,311	6,333	28,382
Nutrition - Nutrition	54,952	75,878	66,625	95,963	293,418
Protection - Sexual and/or Gender-Based Violence	6,731	15,856	1,040	6,208	29,835
Water Sanitation Hygiene - Water, Sanitation and Hygiene	54,952	75,878	66,625	95,963	293,418

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?	
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/>
<p>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 LVAC assessment in the sectors of Food Security, WASH, Health, Nutrition and Protection were prioritized during the prioritization process of this CERF grant. 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</u> amongst the humanitarian community?	
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/>
<p>This CERF Rapid Response allocation contributed in 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</p>	

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.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☐

PARTIALLY ☒

NO ☐

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. CERF has been advocated across institutional donors such as ECHO, EU, DFID, among other specially fund raising for the COVID 19 pandemic in the country. While implementing CERF funded projects meetings were arranged with donors who showed interest to provide funds for drought and later for COVID-19 in Lesotho. Due to the global COVID-19 emergency, resource mobilization for drought response was a challenge. Best practices and lessons learned from the CERF interventions will inform designing future interventions

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

CERF funding supported continuation of the response to the drought situation and later COVID-19 affected communities 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.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The CERF funds was a very good Early Response intervention for augmenting to the government drought response funds	Continue support

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Engagement of communities, community leaders and beneficiary representatives also promoted ownership and allowed issues to be resolved with ease. E.g. addressing of inclusion and exclusion errors	Continue engaging the communities and other stakeholders during assessments and designing	WFP
Complementarity among agencies of resources was a key success	Integrated response needs to develop to provide inclusive assistance to the affected people	FAO
The Disaster Risk Management Team was a very good forum for exchanging progress and challenges during implementation	Coordination through DRMT and other forums needs to continue	FAO, RCO

Project that has been of benefit to priority sectors in the eight districts. The project has not only benefited people affected by drought but spilt over to those facing the threat of COVID-19 especially health workers in hospitals, health centres and at the national level.	Continue developing integrated response	WHO
There is a need to focus more on resilience building as drought is a recurrent and natural event lately.	UN and its implementing partners needs to consider humanitarian and development nexus while designing project and programmes	UNFPA

PART II

9. PROJECT

REPORTS

9.1 Project Report 19-RR-FAO-038 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Lesotho
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-038
5. Project Title:	FAO Integrated Emergency Support to Affected Communities caused by persistent Drought conditions in Lesotho		
6.a Original Start Date:	01/01/2020	6.b Original End Date:	30/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	6 th October 2020
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\$ 8,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 879,992
	c. Amount received from CERF:		US\$ 879,992
	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
<p>Through this CERF Rapid Response project, FAO had been able to support 3,000 households with winter cropping seeds in the districts of Leribe, Berea and Mafeteng; and these were vulnerable but active in farming. These households were encouraged to practise climate smart agriculture (CSA) such as conservation agriculture (CA). Each household received 25kg wheat plus 10kg peas seed in order to improve their livelihoods as they had been badly hit by continuous drought in respective years, in a row. Following the NCE, additional 1,150 households were also supported with summer inputs i.e. 10kg of yellow maize and 10kg of bean seeds; the households were drawn from 5 priority districts of the project e.g. Leribe, Berea, Mafeteng, Mohale's Hoek and Quthing. Under vegetable production, FAO was to exceed its initial target of 11,600 beneficiaries with additional 3,317 beneficiaries adding up to 14,917. These beneficiaries were supported in order to improve nutrition status at the household level within the different groups in household who needs the proper nutrition. This support was done in the districts of Leribe, Berea, Mafeteng and Mohale's Hoek.</p>

3. Changes and Amendments

There were changes in the project outputs due to the request from government to re-programme the activities of the project. These changes necessitated the revision of the budget and required a redeployment of the funds. This resulted in a total cumulative shift of 9% between budget categories of the direct project costs including staff costs. The following budget lines were affected:

Provision of water for 50,000 animals in the 3 most affected districts: During the project design, it was agreed with government to support 3 districts with water for livestock. A total of 42 villages had been identified to be supported with water for animal drinking to these communities that had faced severe water shortages. This activity had been planned for the period of early to late December 2019. The project was approved on 31st December 2019 and the disbursement was effective on 1st January 2020. During this period, the country started receiving rains and it was later agreed that there was no need to ferry water to these communities. The funds that had been budgeted to procure water tanks, purchase water from the rural water supply locations in Maseru and transport water to these rural communities were later reprogrammed to other activities as described below.

Intensifying the prevention of the spread of Anthrax, rabies and Blackquarter: Over the past months from April-June 2020, the country experienced increased spread of the outbreak of Anthrax and blackquarter animal diseases. The Department of Livestock through the Ministry of Agriculture and Food Security made a formal request to FAO to increase on the supply of vaccines, and logistics to enable the country to respond to this emergency and save the livestock in the affected areas. As a result, FAO requested to re-programme the funds earlier budgeted to provide water and instead utilize it to procure additional doses of rabies vaccine, increase of the logistics to facilitate a second round of national vaccination campaign and provide training to the vaccination teams across the country.

- i. **Supplies, Commodities and materials:** A total of US\$76,835 (equivalent to 9% of the original budget) was moved from the Supplies, Commodities and material category to support the refresher training in five priority districts on disease prevention and control. Within this same category, funds were redeployed to increase on vaccination logistics and procurement of additional vaccines.
- ii. **Training of counterparts:** A total of US\$13,077 has been budgeted to refresher training in 5 priority districts of Mafeteng, Mphahle's Hoek, Quthing, Leribe and Berea on disease prevention and control. A team from FAO and livestock department worked together to facilitate trainings of the new vaccination teams that have been added to speed up the response on the control of the disease outbreaks. Only 2% of the funds was reallocated to the training budget line.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	44,098	49,722	16,310	18,390	128,520
Total	44,098	49,722	16,310	18,390	128,520
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	926	795	342	295	2,358

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	47,874	53,980	17,706	19,964	139,524
Total	47,874	53,980	17,706	19,964	139,524
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	580	605	1,165	1,180	3,530

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	<p>The project recorded an overall increase in the number of beneficiaries reached. Although there was cancellation of output 1 where a total of 50,000 animals belonging to 2,500 households had been planned for support with water for animals, the reprogramming of the funds later translated into more farmers being reached with other interventions. The total number of beneficiaries that had been planned for the entire project was 128,000 people. This number was derived from the Lesotho Vulnerability Assessment Committee (LVAC). This had translated into 32,000 households.</p> <p>By the end of the project, the total number of beneficiaries had gone up to 139,524. as follows:</p> <ol style="list-style-type: none"> Under output 2, Approximately 20,000 households were targeted through vaccination of 600,000 animals. This was an average of 30 animals per household. The final number of animals vaccinated were 508,923. This translates to almost 16,964 households (67,856 people) that the project reached. Under Output 3, Two thousand (2,000) households were targeted. The project reached 3,000 households with agricultural inputs for the winter season. This translated to 12,000 people. Under output 4, the project planned to reach 11,600 households. By the end of the project, 14,917 households were reached. This translates to 59,668 people with Home garden kits to improve their nutritional outcomes. <p>In the final analysis the project was able to target a total of 139,524 people (34,881 households)</p>
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4.c Persons Indirectly Targeted by the Project
Those households which benefitted from the intervention have been able to share the inputs with the family members and friends where there was need. This is normally a way of coping in communities to share whatever they have received as way of a relief and resilience to other households so that they can produce for themselves at a household level.

5. CERF Result Framework	
Project Objective	To improve food security, strengthen shock responsive social protection and build resilience of communities affected by drought conditions in 2019/20 season in Lesotho.

Output 1	Provision of water for animal drinking in 42 villages in Maseru, Mafeteng, and Berea districts.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of animals provided with water	50,000	0	0
Explanation of output and indicators variance:		Water scarcity for animals was very critical in the country at the time of project development and that water trucking became an important counteractive action to avert animals from dying of thirsty. Nonetheless, this activity was not implemented. The activity had been planned for the period of early to late December 2019. The project was approved on 31st December 2019 and the disbursement was effective in January 2020. During this period, the country started receiving rains and it was later agreed that there was no need to ferry water to these communities. The funds that had been budgeted to procure plastic water tanks, purchase water from the rural water supply and transport water to the these rural communities were being reprogrammed to other activities under a reprogramming request that has been submitted to CERF i.e. the resources were spent on procurement of 1. additional vegetable seed packs and shade-nets that covered over 3, 000 households more, 2. winter seeds i.e. 50Mt of wheat and 10Mt of peas seed) as well as summer inputs (maize and beans; 11.5 Mt of each); hence a significant variation on achieved targets under output 2 and 3 respectively. This reprogramming was accepted by CERF.		
Activities	Description	Implemented by: Activity not implemented		
Activity 1.1	Mobilize communities and validation of selected villages and confirmation of sites for installation of water tanks in partnership with communities.	Activity removed in re-programming		
Activity 1.2	Procurement of water tanks and accessories	Activity removed in re-programming		
Activity 1.3	Engage contractors for water trucking to selected sites	Activity removed in re-programming		
Activity 1.4	Facilitate water trucking	Activity removed in re-programming		
Activity 1.5	Monitoring of activities	Activity removed in re-programming		

Output 2	Emergency livestock health and protection through basic veterinary care			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of livestock vaccinated	600,000	508, 923	Vaccination report from the Department of Livestock Services
Explanation of output and indicators variance:		The Ministry of Agriculture usually uses its media platform i.e. Agricultural Information Service to reach out and dissemination information to public at large and/or farming communities. Due to financial constraints, FAO has since discovered currently that MAFS no longer has slot programmes on National Television, but just radio programmes. As such, public awareness campaigns through media did not reach all the intended audience. As a remedial plan, before the commencement of actual vaccination, the campaigns were carried-out at every vaccination point in the entire 10 districts. The number of animals vaccinated against zoonotic diseases is less by 91, 077 from a proposed target of 600, 000 animals. Despite all the efforts put in the vaccination campaigns, not all the livestock owners have been fully convinced that		

		vaccination is the best option for the health of their animals. They associate vaccination with taxation and determining the wealth of the household. Some do not bring all the animals for vaccination. Although the targeted number of animals was high, the final total was still less than planned.
Activities	Description	Implemented by FAO and Livestock department in the Ministry of Agriculture and Food Security (MAFS)
Activity 2.1	FAO will work with MAFS to identify hotspots for disease outbreaks.	Trans-boundary animal diseases of public health importance such as anthrax and rabies are endemic in Lesotho. They usually pose devastating consequences since many Basotho die from infection of the two diseases from animals through consumption of infected meat or milk i.e. from dead animals in case of anthrax and through bite from rabid dogs in case of rabies. Anthrax also is the disease of economic importance because if the country is affected by anthrax outbreak, it suffers ban from other trading partners for fear of getting the disease. Other important diseases that affect both animal health and economy of Lesotho as they severely affect production and productivity of animals with negative impact on livelihoods of rural poor are sheep scab and Black quarter. In order to control the above-mentioned diseases it was important that the country embark on annual vaccination campaigns as well as sheep scab control using injectable acaricides. For this reason, all areas were considered for vaccinations countrywide.
Activity 2.2	FAO will procure and delivery of drugs, vaccines and veterinary kits.	Anthrax and black-quarter were prevention through the vaccination campaigns that were organised across the 10 districts. FAO procured 5,000 bottles of 150ml of Blanthrax vaccine. For rabies prevention, 59,970 doses were procured. Both vaccines were delivered to the Department of Livestock Services (DLS) of the Ministry of Agriculture and Food Security and were dispatched through DLS to the respective 10 districts.
Activity 2.3	FAO and MAFS will conduct vaccination campaigns.	FAO assisted in the vaccination campaign against anthrax and Black quarter from August to September 2020. FAO provided 2 vehicles for each of the 10 districts. Vaccinators were also provided with lunch allowances for the vaccination period.
Activity 2.4	MAFS will conduct public awareness campaigns on zoonotic diseases through media.	At the beginning of each vaccination, awareness was made on zoonotic diseases: what they are, how they are transmitted, how to protect against them and disposal of carcasses. FAO learnt that MAFS through their media channel, Agricultural Information Services (AIS) does not have slot anymore with Lesotho TV due to budgetary issues. This was a setback, as media was not reached as expected.
Output 3	Emergency agricultural input packages to enhance winter cropping season 2019- 2020 are provided to 2,000 vulnerable, but active farming households across the country.	
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of farmers assisted with winter cropping inputs (wheat and peas)	2,000	3,000	Singed beneficiary forms
Explanation of output and indicators variance:		<p>The target for this output was exceeded by 1,000 households from the planned 2,000 households due to internal reprogramming that came about as a result of repealing of provision of water for animals since the situation had improved at the start of the project. Part of the resources that were initially earmarked for water tracking for animals in 42 villages of Mafeteng, Berea and Maseru districts were reprogrammed. As such, additional winter seeds (wheat and peas) were procured and distributed to the farming communities. The No Cost Extension also granted FAO an opportunity to procure summer (maize and beans seeds) inputs that covered additional 1,150 households; it is therefore safe to claim that a combined total of 4,150 households were supported with winter and summer inputs during project implementation cycle.</p>		
Activities	Description	Implemented by: FAO and Livestock Department		
Activity 3.1	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.	<p>FAO was not directly involved in beneficiary selection processes instead it was engaged in facilitating and leading the inception meetings that were held at the district level with the participation of District Disaster Management Teams (drawn from different line Ministries) and Extension Agents of the Ministry of Agriculture and Food Security. The objective of these meetings was to introduce the project and establish a common understanding of the program objectives, outputs and beneficiary selection criteria that also considered issues of vulnerability i.e. female-headed households, people with poor and/or fragile coping strategies etc, but most importantly, they households were expected to first qualify as farmers.</p> <p>In return, the extension officers were held responsible for spearheading the beneficiary selection process, but also working in collaborations with the local authorities, community councillors, lead farmers and key informants in the villages. The lists were later send to FAO office.</p>		
Activities	Description	Implemented by: FAO and Crop Department		
Activity 3.2	Procurement of winter wheat and peas seeds	<p>FAO Lesotho in collaboration with technical department in HQ procured the seeds with adherence and compliance with FAO procurement guidelines, procedures and processes i.e. ITB, The seeds were procured and distributed. (see activity 3.3)</p>		
Activities	Description	Implemented by: FAO and Crop Department		
Activity 3.3	Distribution of seeds to identified households and farmers	<p>The seeds were primarily sourced from outside the country; upon arrival, they were temporality kept in FAO warehouse while FAO and the implementing partners i.e. MAFS and the Lesotho National Farmers Union (LENAFU) were making preparations and logistics on when to send the seeds. Prior to the agreed distribution dates to the farmers, the inputs were ferried from the FAO warehouse to the Districts Agricultural Resource Centres for safety while the partners were busy sending out the invites to the farmers and local authorities on the dates on which they were expected to have their well-deserved</p>		

		inputs collected. For quality control, FAO technical officers also participated during the distribution of inputs. Most importantly, the UN Resident Coordinator, FAO Resilient Coordinator and media were able to witness the distribution at Maqhaka Resource Centre on 9 th June 2020.
Activities	Description	Implemented by: FAO and Ministry of Agriculture
Activity 3.4	Training of farmers on climate smart agriculture techniques	COVID-19 made it difficult to bring together farmers for a training in fear of not fuelling the spread of the disease. Instead; on the day of distribution, short briefs on what was expected of farmers especially on the use of inputs were made. Most importantly, the seeds were accompanied by a well-summarized Conservation Agriculture take-home handouts (articulated in their native language) were provided to farmers to enrich their knowledge and understanding of the concept at home.
Activities	Description	Implemented by: FAO and Ministry of Agriculture
Activity 3.5	Monitoring of activities	Joint field missions and field monitoring visits to farmer's fields could not take place due to COVID-19 movement restrictions in the country. FAO had to rely purely on the information that was transmitted by the extension agents of the Ministry of Agriculture that indeed farmers properly utilized the seeds. However, during the distributions and vaccination periods, key information on the performance of the season and condition of the households.

Output 4	Complementary home gardening and nutrition kits provided to 11,600 social protection beneficiaries and other households with special nutritional requirements.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of households assisted with complementary home gardening kits	11,600	14,917	Singed beneficiary forms
Explanation of output and indicators variance:		By the end of No Cost Extension (NCE); the project had reached out to 14,917 households with vegetable seed packs to produce the short-term variety of vegetables at household level and avert a major food insecurity situation. The target for this output was exceeded by 3,317 households from the planned 11,600 households due to internal reprogramming that came about as a result of repealing of provision of water for animals. Part of the resources that were initially earmarked for water trucking for animals in 42 villages of Mafeteng, Berea and Maseru districts were reprogrammed and used to procure vegetable kits.		
Activities	Description	Implemented by: Ministry of Agriculture and local Community		
Activity 4.1	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 was not directly involved in beneficiary selection processes instead it was engaged in facilitating and leading the inception meetings that were held at the district level with the participation of District Disaster Management Teams (drawn from different line Ministries) and Extension Agents of the Ministry of Agriculture and Food Security. The objective of these meetings was to		

		<p>introduce the project and establish a common understanding of the program objectives, outputs and beneficiary selection criteria that also considered issues of vulnerability i.e. female-headed households, people with poor and/or fragile coping strategies etc, but most importantly, they households were expected to first qualify as farmers.</p> <p>In return, the extension officers prepared the beneficiary selection process, but also working in collaborations with the local authorities, community councillors, lead farmers and key informants in the villages. The lists were later send to FAO office.</p>
Activities	Description	Implemented by: FAO
Activity 4.2	Procurement of additional home gardening kits	All procurement procedures and protocols were adequately observed for the procurement of these vegetable seed packs of 6 different types i.e. mustard, rape, spinach, beetroot, carrots and onion. The seeds were complemented by shade-nets (4x4m) and home gardening handouts presented in Sesotho language for easy of understanding.
Activities	Description	Implemented by: FAO and Ministry of Agriculture
Activity 4.3	Distribution of kits to identified households and farmers	The kits were distributed through two different channels but most reliable. The vulnerable households that were receiving cash transfers from the Ministry of Social Development (MoSD) were reached through community councils as they came to collect their monies. Input distributions were scheduled on the same dates with the disbursement of monies, and the attendance was simply amazing since no one would want to miss out on his/her money. The second approach followed the structures of the Ministry of Agriculture through the Agricultural Resource Centres that also attracted many households. During these distributions, stringent COVID-19 protocols such as social distancing, frequent sanitization of hands were sufficiently observed.
Activities	Description	Implemented by: FAO and Ministry of Agriculture extension teams
Activity 4.4	Training of farmers on home gardening and other climate smart agriculture techniques	With threatening COVID-19 episodes, holding face-to-face trainings with farmers became very complicated since huge gatherings of people were very discouraged. As part of remedial action, briefing meetings were held prior to distribution and explained what was expected of them. In addition, user-friendly home gardening leaflets were distributed along with the seeds in view of helping farmers to grasp the concepts. The handouts were also written in Sesotho.
Activities	Description	Implemented by: FAO and extension teams
Activity 4.5	Monitoring of activities	Joint field missions and field monitoring visits to farmer's fields could not take place due to COVID-19 movement restrictions in the country. FAO had to rely purely on the information that was transmitted by the extension agents of the Ministry of Agriculture that indeed farmers properly

	utilized the seeds
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6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>During the beneficiary selection, the community members were able to take part in order to select the relevant groups of people in need of support. The community leaders participated during the selection of beneficiaries. Public gatherings were held to reach a common agreement on the households who were selected depending on their vulnerability.</p>	
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>FAO worked together with the Ministry of Social Development to complement the child grand programmes (CGP) to reach the relevant vulnerable groups of people who receive their monies quarterly in a year to close food gaps existing at the household level in order to improve the food nutrition status.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>During the distribution of inputs in the respective areas, the beneficiaries were given the information on the project objectives before getting the inputs. They were also given the reading materials on conservation agriculture. This was done in order to help the farmers/beneficiaries to be able to know all the necessary principles of conservation agriculture during their planting period.</p>	
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>FAO held face to face focus discussions in order to get the grievances experienced by the beneficiaries in order to solve them. In some areas, focus group discussions were conducted in a similar manner as a way of making sure that beneficiaries' complaints were addressed. The conservation agriculture pamphlets, which distributed were in a local Sesotho language for ease reading according to each level of education of the farmers. No complaints were received during project implementation phase.</p>	
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>On this issue, FAO conducted serious trainings on sexual exploitation so that the beneficiaries do not become the victims of it in collaboration with Lesotho Red Cross. The reading pamphlets in regard to sexual exploitation were distributed amongst the beneficiaries. No PSEA complaints were received by FAO during the implementation of this project.</p>	
<p>Any other comments (optional): N/A</p>	

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation is planned for this project. CERF planned an internal review with joint activities with other UN Agencies. There was no separate budget for the evaluation of this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.1. Project Report 19-RR-FPA-053 – UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Lesotho
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-053
5. Project Title:	Preventing and Responding to GBV in Drought Affected Communities		
6.a Original Start Date:	07/01/2020	6.b Original End Date:	06/07/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	06/10/2020
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\$ 500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 300,001
	c. Amount received from CERF:		US\$ 300,001
	d. Total CERF funds forwarded to implementing partners		US\$ 267,001
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 78,000
	National NGOs		US\$ 89,000
	Red Cross/Crescent		US\$ 100,001

2. Project Results Summary/Overall Performance

Through this CERF RR grant, men and women were reached with protection and GBV messaging. A total of 3,370 girls and young women were reached with dignity kits especially those whose livelihoods were affected by the drought and eventually the aftereffects of the COVID 19 movement restrictions and lockdown on economic activities. UNFPA and its implementing partners was able to provide protection mainstreaming training to a total of 115 people including GBV service providers and district disaster management teams in 5 districts.

The project is estimated to have reached over 500,000 people as various media platforms were utilised to reach people with protection messaging during crisis situation and the effect of GBV, Child Marriages and other negative coping mechanisms. The media platforms that were utilised including national radio and TV stations.

Through the male engagement, initiative of using male police officers to reach out to men in the communities a total of 3,490 men were reached with the role men can play in the prevention of GBV and other harmful practices particularly in times of crisis.

3. Changes and Amendments

Due to COVID-19 project activities were delayed which resulted in requesting for a no cost extension. Changes were made for reprogramming of funds which were intended for victims of human trafficking who would be normally identified when there is free movement. While the risk of human trafficking still remains a possibility within and outside the borders, however the observation was made that to reach this targets population may be difficult in the state of restricted movement. Without free movement between the borders, there is a real likelihood not to be able reach the target numbers. The request aims at reprogramming the human trafficking related fund to reach women at increasing risk of GBV and distress coping mechanism due to COVID-19. The women who usually gain their livelihoods through street vending are now unable to do so due to the restrictions of movement due to COVID 19. These women who do street vending are likely to be victims of gender-based violence at home or to engage in negative coping mechanism for

survival.

UNFPA also experienced delays with registration of a new IP (Red Cross was selected after Help Lesotho declined the project). Red Cross was a new IP for UNFPA and had to go through internal registration. This led to delays in activities implementation and as a result of COVID-19, more delays were experienced with this partner.

As far as procurement is concerned, the distribution of dignity kits and the identification of beneficiaries was initially planned to be carried out through schools. With closure of the schools, the modalities of beneficiaries' identification have been changed.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	5,000	15,000	10,000	20,000	50,000
Total	5,000	15,000	10,000	20,000	50,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	27	46	26	12	111

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	6,731	15,856	1,040	6,208	29,835
Total	6,731	15,856	1,040	6,208	29,835
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	27	46	26	12	111

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category

Targets were greatly affected by the restrictions of movement however, the Implementing partners leveraged on different media platforms to reach the beneficiaries and people affected by the drought and the population at large. The closed schools affected the reach to boys and girls even more as the plan was to reach them through the schools.

distribution, please describe reasons:	However, through the use of alternative communication more people were reached
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4.c Persons Indirectly Targeted by the Project

Over 500,000 people have been reached indirectly under the project, this was achieved due to the extensive use of different media platforms including radio, especially the one with a wider coverage being Radio Lesotho which even reaches the most rural areas, television programs targeted news slots which have wide viewership and print media. Social media messages included WhatsApp based messages. A lot of people were sensitised and received messages around ending GBV and child marriage. There was intentionality to use vehicles branded with the campaign message which meant that going for outreaches with the messages being read as vehicles pass.

5. CERF Result Framework

Project Objective	Prevent and Respond to GBV through provision of life-saving interventions in the drought affected communities.
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Output 1	Humanitarian actors and Community protection (GBV) teams trained on Protection Mainstreaming			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of humanitarian actors that received Protection Mainstreaming Training	500	302	Participants Lists from the three IPs
Indicator 1.2	Number of community protection (GBV) response teams Trained on Protection Mainstreaming	25	19	11 from World Vision and 8 from Gender Links
Explanation of output and indicators variance:		<p>The objective was to capacitate 100 humanitarian actors in each of the five districts which constituted project are for the CERF project. However, the numbers were not reached due to conflicting engagement in the districts of different projects happening at the same time targeting the same beneficiaries.</p> <p>The community protection teams trainings were scheduled to a time which was affected by the COVID 19 induced lockdown.</p>		
Activities	Description	Implemented by		
Activity 1.1	Review, update, design and produce Protection Mainstreaming in emergencies Training Materials	Gender links		
Activity 1.2	Identify Humanitarian actors and Community Protection Teams	Gender Links		
Activity 1.3	Conduct Capacity Building workshops for Protection Mainstreaming in emergencies	Gender Links		
Activity 1.4	Monitoring of Activities	Gender Links and UNFPA		

Output 2	GBV Grievance Mechanisms mapped, reviewed and strengthened.			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of GBV grievance mechanisms mapped	7	8	Participants lists

Indicator 2.2	Percentage of GBV Grievance mechanisms supported	50%	4	Implementing partner Project report
Indicator 2.3	Number of cases that have been reported	100	175	Implementing partner reports (WV and GL)
Indicator 2.4	Percentage reported cases Completed	20 cases	7	World Vision and Gender Links reports
Explanation of output and indicators variance:		<p>More cases have been reported through the toll free that was supported through CGPU. However, the office of CGPU was unable to make proper reporting tools. This remains a challenge that will be corrected.</p> <p>WFP supported referral mechanism was also supported to be positioned to refer cases to CGPU the linkages challenged remains another component of the referral mechanism that needs to be followed.</p> <p>A shelter hosted by the Ministry of Gender for women and girls who have experienced gender-based violence also received 38 women and girls during COVID 19 outbreak with the support of Gender Links.</p>		
Activities	Description	Implemented by		
Activity 2.1	Conduct Mapping of grievance mechanisms	Gender links		
Activity 2.2	Prioritize and bridge identified the gaps of the mechanism	Gender Links		
Activity 2.3	Train the Service Providers on Protection Mainstreaming in the GBV referral pathway	Gender Links		
Activity 2.4	Monitoring of activities	Gender Links and UNFPA		

Output 3	SRHR/HIV/GBV services for drought affected people with disabilities, adolescent girls, pregnant women, key populations and People Living with HIV provided			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of people with special needs reached with services	500	621	Registers
Indicator 3.2	Number of services provided	10	12	Implementing partners Project report
Indicator 3.3	Number of dignity kits distributed	20,000	3,370	Procurement documents and Distribution register (RC & WV)
Indicator 3.4	Number of lifesaving information materials distributed	50,000	13,053	Participants lists from out reaches of all IPS and
Explanation of output and indicators variance:		<p>The prices of goods and materials went up during COVID19 response and the budget for dignity kits would not cover 20,000 kits. It would have only covered 2,300 dignity kits though it had been supplemented with other budget lines to reach at least 2,500. This made it easy to equitable provision of 500 dignity kits per District. This compromised provision of life saving information materials and also there was problem to get it in time as it is usually printed in South Africa. The glossy hard paper type that make it hard for communities to use for other things rather than provision of information.</p>		
Activities	Description	Implemented by		
Activity 3.1	Identifications of schools with girls in need of Dignity kids	Lesotho Red Cross Society		
Activity 3.2	Procurement and distribution of dignity kids	Lesotho Red Cross Society,		

Activity 3.3	Health outreach activities to identified communities with people in need of specialized services.	Lesotho Red Cross Society Health Center
Activity 3.4	Monitoring of Activities	Lesotho Red Cross Society and UNFPA

Output 4	Prevention and Response to Gender Based Violence including Child Marriage improved			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of Adolescents and young people reached with GBV and child marriage lifesaving information	30,000	7,248	Participants List for all IPs
Indicator 4.2	Number of Households reached with GBV child marriage lifesaving information	20,000	10,632	Activity Reports
Indicator 4.3	Number of victims of GBV and Child marriage provided with psychosocial support	100	343	Activity reports
Indicator 4.4	Number of households that received Psychosocial Services in emergencies	20,000	343	Activity Reports
Indicator 4.5	PSS manual and IEC materials produced	Yes	5,000	Distribution lists and Participants lists
Indicator 4.6	Number of men reached with GBV and child marriage lifesaving information	5,000	6,731	Participants list and project reports and photos
Explanation of output and indicators variance:		Due to COVID 19 imposed restrictions movement the planned targets were not reached physically as gatherings were prohibited, however, indirectly through media platform over 500,000 people were reached, through Television, Radio and other social media platform, including with IEC materials that were produced and distributed in various outlets. 6,731 direct reach to men through direct contact at the gatherings and Estimated 300,000 indirect reach including those who were reached through media platforms.		
Activities	Description	Implemented by		
Activity 4.1	Sensitization of Adolescents and young people on GBV including child marriage	World Vision and Red Cross		
Activity 4.2	Sensitization of households on GBV including Child Marriage	World Vision		
Activity 4.3	Provision of psycho-social support to families receiving aid from WFP and FAO.	World Vision		
Activity 4.4	Capacitate Auxiliary social Workers to provide psychosocial support in emergencies.	World Vision		
Activity 4.5	Adapt and Package PSS Manual and IEC materials in drought affected communities.	World Vision		
Activity 4.6	Develop male targeted IEC materials for GBV and	World Vision		
Activity 4.7	Monitoring of Activities	World Vision and UNFPA		
Output 5	Vulnerable women and girl headed households linked to existing livelihoods and social services programmes			

Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of women linked to at least one existing social services programmes	150	134	Activity reports
Indicator 5.2	Number of girl-headed of households linked with at least one social services programmes	150	37	Activity reports
Indicator 5.3	Number of victims of human Trafficking linked with at least one social services programmes	100	-	-
Explanation of output and indicators variance:		Due to COVID 19 movement restrictions the border Police and CGPU were not recording any human trafficking reports, however, with the reprogramming of funds to address COVID as well, 870 women and girls headed households which relied on street vending and were unable to make living due to the lockdown were reached with dignity kits that included foods parcels		
Activities	Description	Implemented by		
Activity 5.1	Identification and referral of vulnerable women and girls who are heads of households but that are not enrolled in any social services programmes	World Vision		
Activity 5.2	Identification and referral of victims of Human trafficking that are not enrolled in any social services programmes	World Vision		
Activity 5.3	Monitoring of activities	World Vision and UNFPA		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

At the onset of the project, the project was introduced to district administrations teams including disaster management teams which is constituted with representatives of different organizations working at districts and community level. This ensured that all the target beneficiaries have representatives and their interests were covered. During implementation of the project, women and girls were encouraged to also share the project message and let communities know that issues of GBV and Child marriage are violation of human rights and how they are exaggerated during crisis situations.

After all activities particularly outreach services, the public was encouraged to report incidences of GBV. The feedback on the toll free number that was set-up to report incidences of GBV was a clear indication that the beneficiaries were positively impacted.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Both the local and national mechanisms were engaged in the response. At national level service providers were engaged at the design of the project, the main partner being Disaster management team the Ministry of Gender and our Implementing partners. At local level the different district teams including district disaster management teams, district child protection and GBV teams were extensively engaged. Male Police officers representing different Police stations at district level were also engaged in a training on male engagement and they further cascaded the project at community level reaching men in five districts through men only focus groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Through the introduction meetings held at national level and including at local level, the joint UN Team made formal introductions of the project and what it entails and the principles of the implementing organizations. At implementation level, all the Implementing partners introduce themselves to the community leaders through the chief and community councillor. The community leaders are the ones who give authority for holding of gatherings and help in identification of beneficiaries in other cases.

At every engagement with the beneficiaries, the introductions entail a brief on the project and what it intends to deliver.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

After all public gatherings, people were given the opportunity to voice their concerns on the issues raised and discussed. There generally seems to be fatigue of the community to attend gatherings especially if it is mainly for information and nothing tangible is distributed. This is due to poverty. In addition, the communities feel they have received the information sufficiently, but the challenge remains with the service providers being unable to provide the expected services.

UNFPA has been working with Lesotho Mounted Police Service to capacitate the police officers who are the primary responders to cases of GBV to be able to address issues of GBV effectively. The Child and Gender Protection Unit of the Police was supported with a toll-free hot line to enable ease reporting of GBV cases and incidences.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

No Mechanism was set-up however, as part of the Protection mechanism training Protection against sexual exploitation and abuse was an integral part of the training.

The humanitarian actors were sensitized on their responsibility not to sexually exploit and or abuse the communities they serve.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Due to the short duration of the project evaluation was not conducted. Real time evaluation by visiting field and progress review meeting conducted to monitor the progress of the project.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

9.2. Project Report 19-RR-CEF-119 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Lesotho
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-119
5. Project Title:	Drought affected population have access to lifesaving nutrition, safe water and hygiene services		
6.a Original Start Date:	07/01/2020	6.b Original End Date:	06/07/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	06/10/2020
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\$ 1,950,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 750,002
	c. Amount received from CERF:		US\$ 750,002
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 220,880
	Government Partners		US\$ 69,562
	International NGOs		US\$ 151,316
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners supported response to drought emergency and COVID-19 pandemic in 7 of the 10 districts (Maseru, Mafeteng, Mphahle's Hoek, Quthing, Qacha's Nek, Mokhotlong, Thaba Tseka) in Lesotho. The project provided 3,030 children with therapeutic nutrition support, 20,395 pregnant women iron folate supplements, 10,681 children (6-59 months) with Vitamin A and supportive supervision of the district health facilities. The project supported training of 180 staff from health care facilities, 1,225 community health workers and 578 community leaders on nutrition, hygiene, child protection and COVID-19, who in turn reached a total of 293,418 people in communities with similar messages.

The project supplied water via water trucking to 7 health care facilities and rehabilitated 13 water systems serving communities and health care facilities, benefiting 100,518 people. 10,000 litres water storage tanks were installed in 5 health care facilities. Water quality surveillance was done in all the 7 implementation districts to ensure safety of drinking water, where 123 sources were surveyed. A total of 14,733 households supported with household water treatment including water purification tablets, 1,350 households supported with hygiene supplies and 30 households provided with water storage receptacles.

3. Changes and Amendments

The original proposal focussed on drought response, however, the humanitarian context changed with COVID-19 pandemic. The stringent movement restrictions affected implementation, and a 3 months no-cost extension was requested and approved by CERF. With COVID-19, COVID-19 messaging was added to the hygiene, nutrition and child protection trainings and messaging planned in the original proposal, more nutrition supplies were added as lockdown worsened malnutrition in the country (increased budget by 5%), and

staff time was added to ensure proper monitoring and supervision of the project (increased budget by 5%). Savings were made from reduced water trucking, as some rains were experienced in some parts of the country (reduced budget by 9%)

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition – Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	50,359	52,414	23,835	23,835	150,443
Total	50,359	52,414	23,835	23,835	150,443
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,510	1,572	715	716	4,513

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	54,952	75,878	66,625	95,963	293,418
Total	54,952	75,878	66,625	95,963	293,418
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	88	126	76	113	403

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0

Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	50,359	52,414	23,835	23,835	150,443
Total	50,359	52,414	23,835	23,835	150,443
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,510	1,572	715	716	4,513

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	54,952	75,878	66,625	95,963	293,418
Total	54,952	75,878	66,625	95,963	293,418
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	88	126	76	113	403

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Nutrition, hygiene, Child protection and COVID-19 messaging was done as one package. For nutrition (4.a), 20,395 women received Iron Folate, 5,020 boys and 5,661 girls received Vitamin A. However, the population that received nutritional supplies were just a portion of the same population that received the messaging package, hence similarities in WASH and Nutrition beneficiaries. The targets were fully met and exceeded, mainly from high number of children attending community meetings, as schools were closed during the COVID-19 lockdown period
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4.c Persons Indirectly Targeted by the Project
Staff in health care facilities (180 persons), who were initially not targeted

5. CERF Result Framework	
Project Objective	To ensure that 150,443 people including persons with disabilities have information and access to services on nutrition, WASH and protection interventions in selected communities and health facilities.
Output 1	4,000 children under five years of age provided with therapeutic nutrition feeding to treat severe acute malnutrition and 6,500 pregnant women are provided with iron folate supplements to prevent anaemia

Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children 6 to 59 months admitted for treatment of severe acute malnutrition	4,000	3,030	DHIS2 -Ministry of Health
Indicator 1.2	Proportion/Number of children aged 6-59 months admitted for treatment of severe acute malnutrition were discharged as successfully cured	>75%	70%	DHIS2- Ministry of Health
Indicator 1.3	Proportion/Number of pregnant women who receive iron folate supplements	6,500	20,395	DHIS2- Ministry of Health
Explanation of output and indicators variance:		The indicators monitor the delivery of nutrition interventions aimed at preventing micronutrient deficiencies such as anaemia in pregnant women and vitamin A deficiency for children under the five years of age. Due to lockdown restricted movement, community screening for malnutrition was limited as caregivers feared COVID19 infections. ANC (Antenatal clinic) services were part of the essential services and were not affected by COVID19 movement restrictions hence such high coverage. The proportion of children successfully discharged from therapeutic care was 5 % below the 75% mark due to underreporting by some health facilities in the DHIS2 system.		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute therapeutic nutrition commodities (F75, F100, RUTF) and Iron-folate supplements to health facilities	Ministry of Health		
Activity 1.2	Health and nutrition service providers conduct active case finding, screening, monitoring and referral from community to health facilities according to IMAM protocol	Ministry of Health		
Activity 1.3	Supervise, mentor and report performance on SAM treatment protocol for inpatient and outpatient care and community sensitization activities including WASH infrastructure and prevention of gender-based violence.	Ministry of Health and WHO		

Output 2	150,433 people including people with disabilities, have access to information on interventions to improve nutrition, hygiene and protection practices in selected communities			
Sector	Nutrition – Nutrition and WASH			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of people receiving information and counselling on IYCF, water safety, sanitation and hygiene and prevention of gender-based violence.	150,443	293,418	Final Report WWI; MoH Final Report
Explanation of output and indicators variance:		Nutrition, hygiene, Child protection and COVID-19 messaging was done as one package. While the targets were fully met and exceeded, we had higher number of children attending, as schools were closed during the COVID-19 lockdown period		
Activities	Description	Implemented by		

Activity 2.1	Provide orientation on integrated Nutrition and WASH information and active case finding of SAM cases to district health and nutrition teams.	World Vision International and Ministry of Health
Activity 2.2	Community health and nutrition service providers conduct active case finding, screening, monitoring and referral from community to health facilities for SAM and WASH service	World Vision International and Ministry of Health
Activity 2.3	Service providers conduct promotional community awareness and counselling on WASH, nutrition and prevention of gender-based violence.	World Vision International and Ministry of Health

Output 3	100,000 people have increased access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of people with access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene	100,000 people	100,518 people	WVI Final Report
Indicator 3.2	Number of water systems (incl. boreholes) rehabilitated /constructed in communities and health facilities	13 water systems	13 water systems	MPP Final Report
Indicator 3.3	Quantity of water transported via tankers.	500,000 L	1,250,000 L	WVI Final Report
Explanation of output and indicators variance:		No major variance, except a higher amount of water delivered via water tankers to health care facilities than targeted, which is an over achievement for the project.		
Activities	Description	Implemented by		
Activity 3.1	Water quality surveillance in selected districts/communities	MoH		
Activity 3.2	Promotion of safe household water treatment and storage	World Vision International and MoH		
Activity 3.3	Community awareness, information and counselling by service providers on WASH, Nutrition and IYCF.	World Vision International and Ministry of Health		
Activity 3.4	Rehabilitation and/or construction of water systems (incl. boreholes) in health facilities and communities	Contractor: Maseru Plastics and Pumps		
Activity 3.5	Transporting of water via tankers	World Vision International		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Drought affected people were invited and fully participated in project inception meetings conducted in communities, during implementation and monitoring. For example, in WASH, the water systems to be rehabilitated were identified by the local district engineers based on community needs, the community worked with the contractor to specify their requirements and the community was involved in supporting the contractor during implementation, and the affected people monitored and gave regular feedback on the progress on the project to UNICEF, DRWS and the contractor. In water trucking, the beneficiary health care facilities provided scheduling for when water trucking should be done in the hospitals. For nutrition, the approach used in rehabilitating malnourished children and reducing the number of children who die from acute malnutrition was Community Mobilization for Management of Acute

Malnutrition, which heavily relies on Village Health Workers and nutrition service providers who form the core fabric of the community, hence part of crisis affected people.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes. The project was implemented in communities which have clear community structures and mechanisms to ensure all voices from every community member are heard. Furthermore, to understand community needs, especially information and knowledge gaps, an extensive survey was done at the start of the project, where community members expressed their WASH and nutrition needs, analysis was done to identify the gaps, and interventions adjusted to meet the needs.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

This was done first during the project inception meetings, where the affected people were introduced to the project, UNICEF and what it stands for, and what the project intended to do. This continued during regular monitoring visits in communities

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Yes. UNICEF worked through the Department of Rural Water Supply – for WASH and Ministry of Health for Nutrition, these are responsible government entities and affected people use community structures in reaching them. Furthermore, with regular monitoring visits, affected people expressed their concerns and/or appreciation with ongoing work. Whenever there were issues to be addressed, they were addressed immediately. For Example, Siting/Location of standpipes: This was resolved by consultations between Unicef, the contractor DRWS and community water committees. In some cases, more standpipes were added to meet the needs

Leakages: some communities reported leakages along pipelines. Normally we have 6 months damages and liability period after the project. But in CERF, all corrections were done within the project period. However, any other damages reported will be done within the next 6 months

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Yes. Community leaders and village health workers were heavily involved in project implementation and lessened the SEA risks. The community has structures in place to report SEA, which include District Councils. No case of SEA was reported

Any other comments (optional):

None

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

No evaluation planned. UNICEF makes decision on what projects to evaluate – usually

EVALUATION CARRIED OUT ☐

with larger funding – and this is not one of them	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.3. Project Report 19-RR-WFP-075 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Lesotho
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-075
5. Project Title:	Support to Droughtaffected populations in the Southern districts of Lesotho		
6.a Original Start Date:	06/01/20	6.b Original End Date:	05/07/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	05/09/2020
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\$ 17,845.632
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,024,890
	c. Amount received from CERF:		US\$ 970,000
	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
<p>Through this CERF RR grant, WFP assisted 13,335 (52 percent women, and 4 percent disabled) drought affected and food insecure people through commodity voucher in Qacha's Nek district for six months. Each household received a commodity voucher worth USD50 per month. Although the plan was to split the USD50 into USD28 for food (commodity voucher) and USD22 (mobile money) for other household requirements, assessments (security, mobile network coverage, and mobile money agents/merchants' availability) undertaken before implementation and consultations with beneficiaries and community leaders, resulted in providing the assistance only through the commodity voucher program. It was found that the district being a mountainous rural district sparsely populated, mobile network coverage was poor, mobile money agents were very view and beneficiaries would have to travel long distances to access the service and would incur even more costs. A network of 61 retailers was therefore engaged to provide food assistance to the targeted people through the voucher program. The assisted households were identified through the government's National Information System for Social Assistance database.</p> <p>The food intervention support included a Social and Behaviour Change Communication (SBCC) component 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.</p> <p>The project supported and boosted the local economy because it had a trickle-down effect. The retailers benefited from increased sales and revenue. The local wholesalers and small- scale farmers also benefited from the project because the retailers purchased the commodities from them.</p>

3. Changes and Amendments

The vulnerable households were identified through the National Information System for Social Assistance database. However, during verification, it was observed that some villages were not included in the database, as a result, community-based targeting had to be done. This led to more time taken than planned in registering beneficiaries before actual distribution could start. WFP and partners had to quickly deploy community based participatory selection of households which took longer.

Distributions were halted for a while in April due to COVID-19 pandemic to adjust implementation arrangements. Similarly, monitoring had to be done remotely in collaboration with the National University of Lesotho call centre.

Due to movement restrictions and border closures, some retailers struggled to get stocks in time which affected timely distributions. There were also price increases in some commodities leading to adjustment such as reducing quantities of some commodities in the food basket, without changing the transfer value.

There were some challenges around the capacity of retailers. Some retailers were unable to serve the allocated number of households as planned leading to removing such retailers from the programme, which caused inconvenience of travelling long distances to the distribution points by beneficiaries while solutions were being sought for the following distribution cycle.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,840	4,161	2,560	2,774	13,335
Total	3,840	4,161	2,560	2,774	13,335
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	121	128	57	57	363

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	4,353	4,715	2,048	2,219	13,335

Total	4,353	4,715	2,048	2,219	13,335
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	121	128	57	57	363

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No discrepancy between planned and reached.
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4.c Persons Indirectly Targeted by the Project
No indirect beneficiaries.

5. CERF Result Framework	
Project Objective	To ensure that drought affected people in the district of Qacha's Nek have access to adequate food to reduce/minimise their needs during the lean season and avoid resorting to negative coping strategies.

Output 1	Cash and food to meet short-term basic food and nutrition requirements			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women, men, boys and girls receiving cash and in-kind transfers	13,335	13,335	COMET
Indicator 1.2	Value of commodity vouchers provided to targeted beneficiaries	US\$448,093.52	US\$814,502.27	Wings Funds consumption report
Indicator 1.3	Cash transfer for other household commodities provided to targeted beneficiaries	US\$352,073.48	US\$ 0	N/A
Explanation of output and indicators variance:		Due to network connectivity challenges, only commodity voucher was used to assist targeted beneficiaries.		
Activities	Description	Implemented by		
Activity 1.1	Verification and registration of beneficiaries	District Disaster Management Team		
Activity 1.2	Identification and capacity assessment of retailers to implement the commodity voucher program	WFP (Supply Chain, Finance, Procurement, Monitoring and Evaluation, and gender and protection units); Ministry of Small Business Development; and Ministry of Trade and Industry		
Activity 1.3	Sensitisation of the beneficiaries about the assistance and their entitlements	WFP field office, District Nutrition and Protection Teams and District Disaster Management Teams,		
Activity 1.4	Monthly distribution of cash and food; and onsite monitoring	WFP, District monitoring teams, retailers		

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
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Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	No. of people reached through interpersonal, media and community SBCC approaches	13,335	13,335	COMET
Indicator 2.2	No of exercises facilitated to enhance capacity of targeted beneficiaries	5	5	SBCC Distribution Report
Explanation of output and indicators variance:		No variance in indicators and outputs.		
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	WFP through the bulk sms platform, onsite sensitization. District nutrition, gender and health clusters were mobilised and took lead in this exercise		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WFP demonstrated its commitment to accountability to affected populations by ensuring participation of affected people throughout all stages of the project. Communities were mobilised to verify selected households from the NISSA database and in communities where there were omissions of eligible households and remote villages, community-based targeting was employed. During this process, women and men, elderly, representatives of persons with disability, youth and community leaders agreed on the vulnerability indicators to guide the selection process. The multi-sectoral district team coordinated by the DMA facilitated all the community selection and verification exercises to avoid any bias. Presence of the district team ensured equal participation of men and women, and inclusion of vulnerable groups like minors. The market assessment which was conducted prior implementation included communities' opinions captured through focus group discussions and interviews with key informants to inform on the appropriate modality and communities opinions including their preferences. Such discussions informed the choice of the food basket. Through the post monitoring exercise beneficiary households formed part of the interviews and their feedback regarding programme performance were captured. To check WFP further established the toll-free which gave beneficiaries the platform to voice their opinions, and received grievances comment about.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Community engagement was the key success factor during implementation of this intervention. In each community, beneficiary representative committee with equal representative of women and men was selected. The committee worked hand in hand with the Appeal structure comprised of WFP, Ministry of Social Development -Auxiliary social workers and DMA office. The structure resolved targeting grievances -inclusions and omissions. While the beneficiary representatives were instrumental to timely report errors; especially challenges related to transacting funds from the mpesa portal (It's a platform/tool use to process payments/transfer cash to beneficiary mobile accounts). Of importance, the committee acted as a liaison body to get grievances from beneficiaries and pass to the appeal structure or directly report issues at the toll free so prompt action is taken. Such platforms were found instrumental in assisting the minors, elderly and physically and mentally disabled persons to voice their concerns and programme bottlenecks were iron-out in a timely manner. Engagement of community leaders and beneficiary representatives also promoted ownership and allowed issues to be resolved without ease.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

As part of accountability; WFP mobilised protection actors; mainly the Ministry of Police – child and protection unit at district level and community policing based in the communities (an initiative of the Police department) to work together towards preventing, mitigating, and responding to protection risks. Protection awareness sessions linked with distributions were conducted and messaging centred around four critical elements of protection mainstreaming safety and dignity- identification of physical threats such as violence, assault, or environmental threats likely to pose a challenge to beneficiaries. In terms of meaningful access, sensitisation exercise allowed beneficiaries to map any barriers; either of social or cultural in nature that may restrict them from accessing support. Practical mitigation actions were then agreed in ensuring beneficiaries receive the required support. Issues of women empowerment as another principle was also discussed. The overarching goal was to communicate and promote the Do No Harm approaches; WFP code of conduct including the Sexual and abuse exploitation principle for optimum protection of beneficiaries. Both retailers and affected households benefited from these sessions and the post distribution monitoring revealed that none of the supported households experienced any protection risks including those of sexual in nature.

The community leaders and beneficiary representative committee were also entrusted to systematically inform beneficiaries on issues related to their entitlements; distribution dates, and any other pertinent issues related to future intervention.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☒ No ☐

Several complaint and feedback mechanism (CFM) platforms were promoted to enable beneficiaries to share concerns about WFP programmes, as well as other broader issues, including those related to protection. Considering the high literacy level among beneficiaries, brochures written in local languages were distributed to maximise usage. Formal CFMs such as toll-free hotlines, protection committees and the use of trusted community leaders were established. Protection committees that acted as help desks had equal representation of women and men to ensure all beneficiaries freely utilise the system. The toll-free hotline was the most preferred communication channel for providing complaints and feedback, with women comprising 98 percent of all callers. The availability of the toll-free hotline enabled beneficiaries to report any malpractice, such as retailer breach of contract, to ensure retailers complied with agreed terms. Feedback from the toll-free number was recorded and analysed by WFP and the National University of Lesotho (NUL) to ensure appropriate and timely action was undertaken in response to feedback received. WFP and NUL had adopted a standard operating procedure on case management, in which feedback to beneficiaries should be given within a day. In general, assistance and feedback pertaining to most cases were provided to beneficiaries in less than an hour. Cases that required further follow-ups such as undeserving members receiving support, domestic violence over entitlements, and the grabbing of orphans' entitlements by family members, were escalated to referral committees comprised of WFP field officer, DMA officer, Ministry of Social development auxiliary social worker and CGPU officer for further attention, with feedback provided within three days. The WFP toll free was linked to one GBV toll free managed by the Child and Protection officers established through UNFPA funding.

Other community-based platforms like reporting issues directly to chiefs or community councillors, beneficiaries' committees were established and promoted mainly for benefit of remote communities where network coverage was a barrier.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

WFP demonstrated its commitment to the protection of vulnerable populations in humanitarian crisis, including from sexual exploitation and abuse by mainstreaming SEA policy during implementation. The signed sexual and abuse exploitation clause was included as an addendum to the retailer contract to ensure they conform to the highest standards of moral and ethical conduct. Beneficiary sensitisation sessions narrated the SEA policy and streamlined all procedures; mainly use of the toll-free as a viable platform to report any misconduct including those perpetrated by WFP field office and collaborating ministries. During implementation, process and post monitoring; SEA cases were investigated among beneficiaries.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Vouchers	US\$ 814,502.27	Sector-specific	Food Security - Food Assistance	Unconditional	Restricted
Supplementary information (optional): Food vouchers, redeemable at retail stores was used to reach vulnerable households. WFP secured partnership with local retailers in procuring food staff stipulated in the food voucher for a value of USD 50.00.					

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"/>

9.4. Project Report 19-RR-WHO-058 – WHO

1. Project Information			
1. Agency:	WHO	2. Country: LESOTHO	Lesotho
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-058
5. Project Title:	Response to the health effects of drought in Lesotho		
6.a Original Start Date:	06/01/2020	6.b Original End Date:	05/07/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	05/10/2020
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\$ 236,700
	b. Total funding received for agency's sector response to current emergency:		US\$ 203,877
	c. Amount received from CERF:		US\$ 150,002
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through the CERF Rapid Response grant, WHO supported the health system in Lesotho to: treat and manage 334 children with severe acute malnutrition who were admitted in malnutrition wards in 13 hospital; respond to an outbreak of typhoid fever where 62 people were affected between the period of January and July 2020; provide supportive supervision and mentorship to 13 hospitals that benefited 100 nurses and 36 doctors; enable 89 health facilities to safely provide and ensure continuity of essential health services including maternal health services where there was water shortage by providing 12,000 hand sanitisers and 3,770 disposable delivery kits; print and distribute 3,000 SAM algorithms to 13 hospitals and 76 health centres, reimbursed 250 mothers and caretakers for lodging in 10 hospitals; ensure regular provision of health education and public awareness sessions to mothers, the general public including those with different forms of disability on drought and its impact on health where more than 33,453 people were reached with educational messages on nutrition, maternal and child health, prevention and control of water, sanitation and hygiene related diseases using face to face interactions, radio and television programmes and print media. Indirect contribution to the country efforts in responding to COVID-19 through the provision of hand sanitisers to the mentioned 89 health facilities was attained.</p>

3. Changes and Amendments
<p>While there were no modifications made to the original project, COVID-19 had some negative effects on the implementation of the project. Many countries including Lesotho imposed travel restriction and lockdowns as part of the response to COVID-19. This measure affected the following aspects of the project:</p> <ul style="list-style-type: none"> • Timely delivery of goods and supplies required for this project especially disposable delivery kits that arrived in the last month of the project implementation. • The tracking of clients lost to care on HIV – moving from house to house tracking the clients only started in August when movement was slightly relaxed in the country. • A significant drop in the number of outpatients in all facilities was experienced. Outreach services were stopped. Children

could not be identified for referral to the hospitals and the clinics for further management. This is supported by the fact that during the months of June and July there were few children admitted in the wards in the 13 hospitals. The situation was worsened by a country-wide strike by health workers demanding risk allowance due to their involvement in the response to COVID-19.

Due to the above, a “no-cost extension” was requested on 26 May 2020 for a period of three months ending 05 October 2020. This request was granted on 10 June 2020. The three-month extension enabled the delivery of outputs that got derailed during the heavy lockdown periods of April to July 2020.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	6,624	7,776	4,416	5,184	24,000
Total	6,624	7,776	4,416	5,184	24,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	278	327	185	278	1,068

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	7,629	9,109	5,311	6,333	28,382
Total	7,629	9,109	5,311	6,333	28,382
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	278	327	150	162	917

In case of significant discrepancy between figures under planned and

While more people were generally reached by the project, the number targeted for those below 18 years of age could not be reached amongst the category of the disabled. This

reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	was largely due to the restriction of movements that were imposed which put them in a worse off situation as an already disadvantaged group.
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4.c Persons Indirectly Targeted by the Project

The general population outside the eight priority districts benefited from the public awareness created through mass media such as radio and television programmes and print media implemented under the project. The population reached was more than 60,000. The national response for COVID-19 benefited from the project through early access to hand sanitisers availed through the project in the selected 89 health facilities with a total of 2,380 health workers. The hand sanitisers arrived when the country recorded early cases of COVID-19 that also affected health workers including those at the headquarters up to 200 health workers at this level were also provided with sanitisers.

5. CERF Result Framework

Project Objective	To protect the health of 24,000 people affected by drought through response to outbreaks and implementation of maternal and child health interventions in eight districts over six months.
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Output 1	Disease outbreaks reported by the eight selected districts responded to Health – Health			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Proportion of reported outbreaks responded to	100% (All reported outbreaks)	100%	[CERF monthly reports and DHIS2]
Explanation of output and indicators variance:		Fully achieved		
Activities	Description	Implemented by		
Activity 1.1	Provide lunch and out of station allowance to outbreak investigation and response teams	WHO administration		
Activity 1.2	Procure laboratory reagents for confirmation and drug sensitivity testing	WHO administration		
Activity 1.3	Transport specimen to NICD in South Africa for confirmation	WHO administration		

Output 2	Management of children admitted in 13 hospitals in eight priority districts conducted in accordance with integrated management of acute malnutrition guidelines and protocols			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Proportion of hospitals managing severe acute malnutrition in accordance with integrated management of acute malnutrition guidelines and protocols	100% (14 malnutrition wards in 14 hospitals)	92% (13 malnutrition wards in 14 hospitals)	CERF reports from the hospitals
Indicator 2.2	Reduction of case fatality rate due to severe acute malnutrition in hospitals from the current 18% to less than 10%	<10% (14 hospitals realising a case fatality rate of less than 1 death for every 10 children admitted)	16.3%	CERF reports from the district hospitals
Explanation of output and indicators variance:		One of the hospitals which is a private hospital does not provide in-patient management of severe acute malnutrition. The second hospital dropped out		

		of the project because it was identified as an isolation facility for COVID-19 midway in the implementation of the project hence other services were closed for public access. Only three facilities realised the case fatality rate of below <10% namely: Nišekhe, Berea and Mamohau hospital. There was frequent rotation of nurses in the other hospitals where the incoming nursing staff were not given the required orientation and training in the special needs for managing severely acute malnourished children.
Activities	Description	Implemented by
Activity 2.1	Conduct mentorship (technical working) sessions with clinical staff in malnutrition wards	Ministry of Health –Nutrition Unit, WHO CERF Consultant
Activity 2.2	Monitor management of supplies for case management of severe acute malnutrition in health facilities	Ministry of Health-Nutrition and Supply Chain WHO Family and Reproductive Health
Activity 2.3	Provide hospital lodging payment for needy mothers or care takers accompanying admitted children on severe acute malnutrition	WHO Administration

Output 3	76 health facilities in 8 districts using disposable delivery kits			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Proportion of health facilities in 8 selected districts using disposable delivery kits	100% (6 hospitals and 70 health centres)	86%	Monthly project reports
Indicator 3.2	Number of deliveries conducted	3,800	7,148	Hospital delivery registers and monthly project reports
Explanation of output and indicators variance:		Delivery kits arrived in the last month of the project implementation and this was a major challenge for health centres that were experiencing water shortage. The delay was caused by travel bans imposed by countries in the control of COVID-19 as the kits had to be procured outside the sub-region. All 6 hospitals received the kits while 5 health centres did not get them as their water crisis was resolved.		
Activities	Description	Implemented by		
Activity 3.1	Procure disposable delivery kits 76 health facilities	WHO Administration, WHO Family Health Programme		
Activity 3.2	Distribute disposable delivery kits to 76 health facilities	[WHO Administration]		

Output 4	76 health facilities using hand sanitizers to avert health care acquired infections			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Proportion of health facilities in five selected districts using hand sanitizers	100% (13 hospitals and 70 health centres)	100%	CERF monthly reports
Explanation of output and indicators variance:		12,000 sanitizers were procured and distributed to 13 hospitals and 76 health facilities including 200 issued to Ministry of Health head office when COVID-19 was affecting staff at this level.		
Activities	Description	Implemented by		
Activity 4.1	Procure hand sanitizers to 76 health facilities	WHO Administration		

Activity 4.2	Distribute hand sanitizers to 76 health facilities	WHO Administration
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Output 5	At least 24,000 people reached through different health education channels and community engagement approaches on the health effects of the drought			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of public awareness sessions conducted	Radio slots: 10 Public gatherings: 80 Focus group discussions: 40 Posters distributed: 200 Leaflets/pamphlets	Radio slots:10 Public gathering: 20 Focus group discussions: 20 Posters: 200 Pamphlets: 10,000	Project reports
Explanation of output and indicators variance:		20 focus group discussions and 60 public gatherings were not conducted due to restrictions on movements and the lockdown which was imposed by Government from April 2020. There was limited face to face interactions with the communities.		
Activities	Description	Implemented by		
Activity 5.1	Print posters, leaflets/pamphlets on the response interventions	WHO Administration Office and WHO Family Health and Health Promotion Offices		
Activity 5.2	Distribute posters, leaflets/pamphlets on the response interventions	Ministry of Health-Health Promotion and District Health Teams		
Activity 5.3	Conduct public gatherings and focus group discussions	Ministry of Health, CHAL and Red Cross health facilities and District Health Management Teams		
Activity 5.4	Conduct radio talks	Ministry of Health - Nutrition, Family Health Programmes and Health Education		

Output 6	At least 70% of ART defaulters tracked and linked to ongoing emergency response in two districts over six months			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Proportion of ART defaulters tracked and linked to ongoing emergency response	70% in two of the selected districts (7 out of 10 defaulters in each of the two districts)	55%	Project reports
Explanation of output and indicators variance:		The activity was affected the lockdown restrictions imposed due to COVID-19		
Activities	Description	Implemented by		
Activity 6.1	Conduct sensitization meetings for Community Adherence Groups in 8 community councils on identifying, tracking and linking Lost to Follow Up to ART and emergency response (food, livelihoods) actions in two districts	Ministry of Health HIV Programme Officer WHO Medical Officer District Health Teams		
Activity 6.2	Track and return patients lost to follow up (LTFU) on treatment back to ART services	Ministry of Health HIV Programme Office, WHO HIV Officer, District Health Management teams and CERF		

		Project Consultant
Activity 6.3	Provide transport and logistical support to Community Adherence Groups while tracking, bringing LTFU back to services and linking them to on-going emergency response	District Health Management Teams, Health Centres and Community Adherence Groups

6. Accountability to Affected People

Accountability to affected people was assured and achieved at different phases of this project as outlined below:

Design and development phase: Lesotho conducts an annual vulnerability assessment exercise that provides information on issues that include populations that are experiencing or likely to experience food shortage in different areas of the country; nutrition status of children especially those below the age 5 years; water and sanitation status including hygiene and disease outbreaks. This exercise is conducted in consultation with and in communities. The results of the assessment were used to develop the national response plan for drought in Lesotho within which the Health and Nutrition needs and interventions were formulated. Interventions contained in this project were based on the contents of this plan. The affected population contributed or participated during the assessment when consultations were made at community level, in local governance structures, local and district institutions and in technical working groups.

Project implementation phase: The project was introduced to the District Disaster Management Teams in the 8 priority districts where an integrated implementation approach was agreed on. The affected communities were informed on the project through public gatherings, focus group discussions, engagement with local community leadership and through phone-in programmes in different radio stations and the national television station. During supervision and mentorship exercises, the team engaged directly with groups such as expecting mothers and mothers/caretakers of children admitted in hospitals and health workers in 89 health facilities. During the sensitization meetings, Village Health Care Workers (VHWs) and Community Adherence Groups (CAGs) were informed on the project interventions on identifying defaulters, lost to follow up to ART and bringing them back to services. HIV patients and defaulters residing with VHWs and CAGs were equally informed on the project objectives. These interactions were able to further:

- Solicit affected peoples' views on the manner in which the project was being implemented and where necessary, corrective measures were effected to respond to the expressed views.
- The open nature of the interactions with different beneficiaries promoted transparency and further provided means for feedback on how the project interventions were being executed.
- During the outbreak at Maloti Hospital there was a lot of interaction with affected students and the community at large. Health education was conducted, and advice given on WASH; the communities were provided with messages on diarrhoeal diseases through radio talks and IEC materials. These measures respond to the principles of participation and inclusion; communication and transparency attached to accountability to affected people.
- During joint supervisory visits by the central level and the district management teams, information was given to health care workers and they came up with plans for the interventions. Lessons learnt during these mentorship sessions especially in one of the hospitals were shared with other hospitals to promote organisational learning and adaptation.
- Officials from Health Education and Environmental Health departments participated in radio programmes where the public was sensitized to drought and its effects.
- The project worked closely with health care workers in the hospitals, doctors, nurses and pharmacists. They focused on in-patient management of severe acute malnutrition for children under five years of age.

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

During the design and development phase, the project was informed by the contents of the vulnerability assessment process which was informed by different sectors of population in different districts: house-to-house interviews, focus group discussions and interview of key informants in the communities located in the four ecological zones of Lesotho. The priorities from the vulnerability assessment were translated into the national response plan that also informed the design of this project.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The priorities and interventions of this project were fully informed by the engagement of local and national mechanisms as highlighted

above. The vulnerability assessment is an institutionalised system that assesses vulnerabilities and prioritises and quantifies sectors of the community that require specific interventions. Recommendations of the assessment informed the national response plan. These mechanisms were fully engaged by the project. To complement these mechanisms, village health workers worked together with chiefs to identify sick children and referred them to the next level of care (clinic); children with severe acute malnutrition were assessed and then referred to the hospital level where they were treated in accordance with IMAM guidelines.

During the awareness sessions, different groups at community level (men, women of child-bearing age, youth and people with disabilities) were reached with messages. Health education messages were conveyed to communities by Village Health Care Workers.

During sensitisation meetings on defaulter tracking, Village Health Care workers (VHWs) and the Community Adherence Groups (CAGs) were provided with education materials on HIV and AIDS and COVID-19. These materials will help communities to improve their knowledge of management of HIV and AIDS.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

During the implementation period, the consultant introduced herself to different groups of health care workers and explained the purpose of the project, and that World Health Organisation is the responsible organisation for the implementation and monitoring of the project, activities, objectives and the indicators. The expected deliverables and the explanation on how the project was managed including disbursements of funds were clearly communicated to them. Village Health Care workers and Community Adherence groups were informed about the project during sensitisation meetings.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

The complaints boxes were available in the hospitals and health centres not specifically for the project. They were managed by the facility staff and management of the facilities. WHO did not receive complaints from patients.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

No, the mechanism for handling and reporting Sexual Exploitation and Abuse (SEA) was not established. The facilities were expected to use Ministry of Health and Christian Health Association's existing structures of reporting SEA to the authorities. This element was not considered during the design of the project. However, based on a strong emphasis on addressing sexual and gender-based violence in WHO this aspect will be duly considered in all new projects developed.

Any other comments (optional):

This was a worthwhile project which benefited priority sectors in the ten districts. The project has not only benefited people affected by drought but spilt over to those facing the threat of COVID-19, especially health workers in hospitals, health centres and at the national level. Despite what has been achieved, the project was negatively affected by the COVID-19 pandemic because of the lockdown imposed by many countries including Lesotho.

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Project has not been evaluated, the output that included an activity on evaluation (output 7) was removed from the project and the corresponding budget was distributed to other activities based on comments and recommendation from CERF Secretariat.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
19-RR-FPA-053	Protection	UNFPA	NNGO	\$89,000
19-RR-FPA-053	Protection	UNFPA	INGO	\$78,000
19-RR-FPA-053	Protection	UNFPA	RedC	\$100,001
19-RR-CEF-119	Water, Sanitation and Hygiene	UNICEF	INGO	\$151,317
19-RR-CEF-119	Water, Sanitation and Hygiene	UNICEF	GOV	\$69,563

ANNEX 2: Success Stories

Rethabile Matsoso and her grandmother, residents of Matebeleng village in Quthing District, can now fetch water closer to their home

Rethabile Matsoso is seven years old and lives with her grandmother. I meet them on their way to fetching water from a tap close to their home. Rethabile's grandmother carries a watering can while she, Rethabile, has a 5-liter water bucket in hand. "I see you are helping your grandmother fetch water?" I ask Rethabile. She giggles and hides behind her granny's blanket. "Yes!" the grandmother says. "We are relieved that we can fetch water so close to home. We used to fetch it over there, and it was a lot of work for me." She says, pointing into the distance.

With climate change, Lesotho has become prone to recurrent droughts, leading to water insecurity. In response to the drought that hit in the year 2019/20, UNICEF through the UN Resident Coordinator's Office received \$750,000 from UN Central Emergency Response Fund (CERF) to support the Government of Lesotho's efforts to respond to the drought emergency, part of which was used to increase and sustain access to drinking water services in the achievement of SDG6: Ensure access to water and sanitation for all. Under this project, *Rehabilitation of water systems in drought-affected districts*, UNICEF, working with the Ministry of Water's Department of Rural Water Supply, supported the rehabilitation of water systems in 13 communities. Repairs ranged from re-capturing springs; construction and replastering of water tanks; installation of new pumps and solar panels for pumping; construction of standpipes, and training of water minders. Rehabilitation was done with a climate lens, including increasing storage capacities of systems and using solar powered water systems, instead of using the grid to ensure these systems cope with future droughts.

"Don't be shy" Rethabile's grandmother says to her. "Tell the lady that now we have water that is available consistently, and that we don't have to walk a long distance to get it." "I am very happy" Rethabile responds with a shy smile and gives a little pose for the camera.



Rethabile Matsoso (7-years) fetched water with her grandmother, Mrs. Matsoso, from a tap near their home



Solar panels that provide power to pump water from the water source to taps around the village.



A newly constructed feed tank in the village of Matebeleng in the Quthing district of Lesotho.

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ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

UNCT	United Nations Country Team
HCT	Humanitarian Country team
DRMT	Disaster Risk Management Team
CERF	Central Emergency Response Fund
RC	Resident Coordinator
NECC	National Emergency Command Center
NACOSEC	National COVID secretariat
AIS	Agricultural Information Services
MAFS	Ministry of Agriculture and Food Services
LENAFU	Lesotho National Farmers Union
SEA	Sexual exploitation and abuse
GBV	Gender based violence
EU	European Union
DFID	Department for international development
NICD	National Institute for communicable diseases
ART	Antiviretroviral therapy
RCO	Resident Coordinator Office
DMA	Disaster Management Authority
LVAC	Lesotho Vulnerability Assessment
PSEA	Prevention of sexual exploitation
CSA	Climate smart agriculture
SBCC	Social & behavioural change communication