



ANNUAL REPORT ON THE USE OF CERF GRANTS IN LESOTHO 2011

COUNTRY	LESOTHO
RESIDENT/HUMANITARIAN COORDINATOR	Ahunna Eziakonwa-Onochie

I. Summary of Funding in 2011 – US\$

Funding	1. Total amount required for the humanitarian response		22,212,807	
	2. Breakdown of total response funding received by source	2.1 CERF		4,010,361
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		N/A
		2.3 OTHER (Bilateral/Multilateral)		9,858,822
		2.4 TOTAL		13,869,184
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded		N/A
		1. <i>First Round</i>		N/A
		2. <i>Second Round</i>		N/A
		<input checked="" type="checkbox"/> Rapid Response		4,010,361
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		1,970,593
		4.2 Funds forwarded to NGOs for implementation		1,320,278
		4.3 Funds forwarded to government partners		719,490
		4.4 TOTAL		4,010,361

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

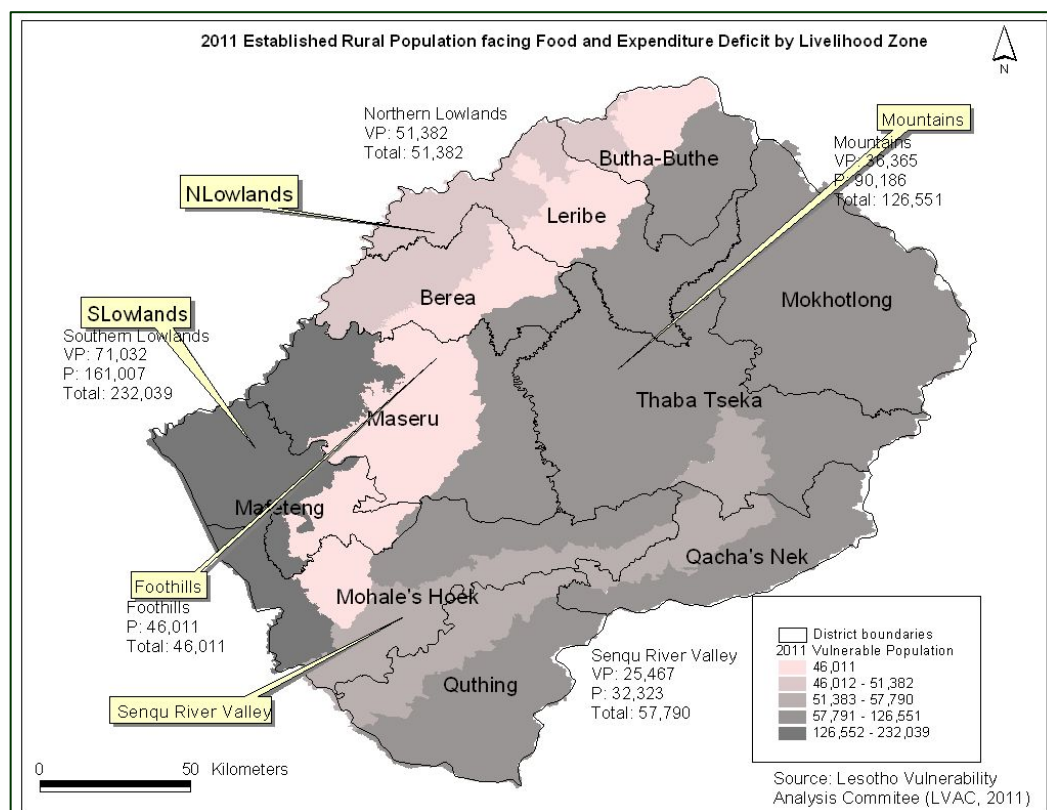
Total number of individuals affected by the crisis	Individuals	764,000
Total number of individuals reached with CERF funding	Female	82,632
	Male	67,319
	Total individuals (Female and male)	151,951*
	Of total, children <u>under</u> 5	10,838

*Beneficiary figures as of 29 February 2012

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

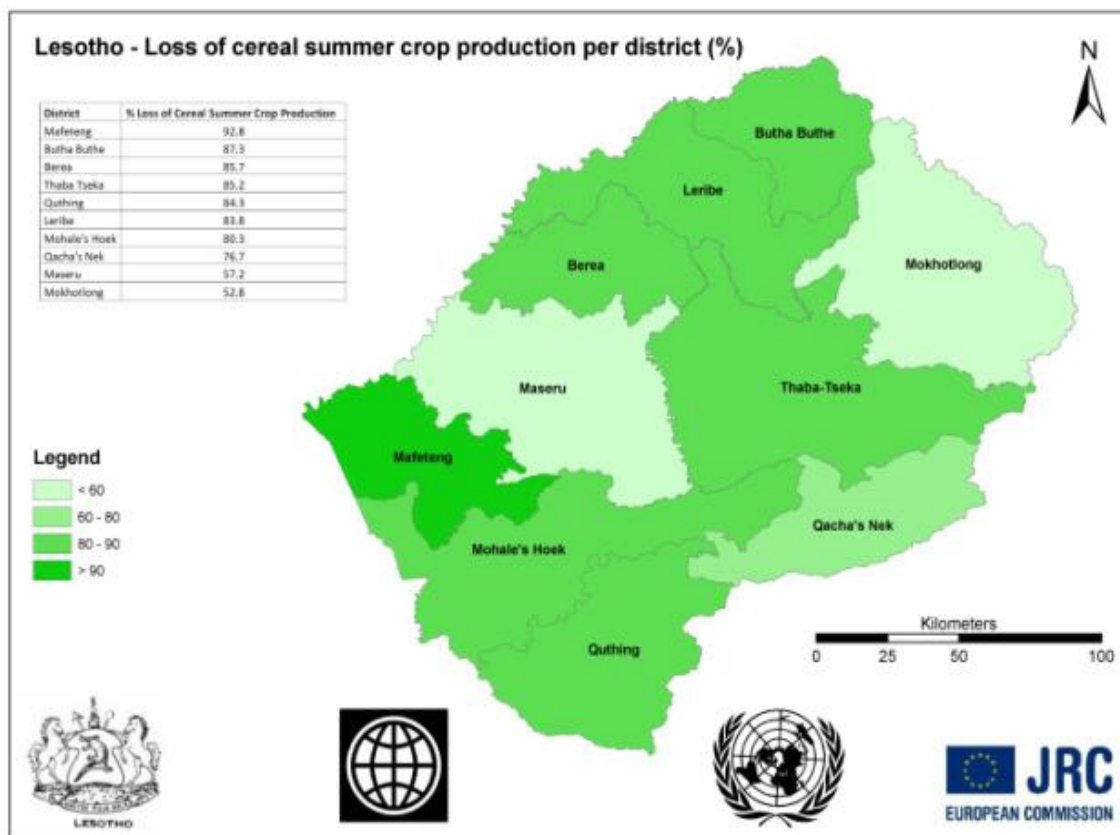
The first CERF rapid response allocation, received in March 2011, covered the entire 10 districts of the country according to the following breakdown of assistance:

- Health & Nutrition: Mokhotlong, Qacha's Nek, Thaba Tseka, Mohale Hoek.
- Water and Sanitation: Mohale's Hoek, Mokhotlong, Butha-Buthe, Berea, Maseru and Quthing.
- Food Security:
- Agricultural Inputs: Butha-Buthe, Leribe, Berea, Maseru, Mafeteng and Mohale's Hoek
- Food Assistance: Butha-Buthe, Mohale's Hoek, and Quthing.



The second CERF rapid response allocation, received in September 2011, covered six districts of the country according to the following breakdown of assistance:

- Agricultural Assistance: Butha-Buthe, Leribe, Berea, Maseru, Mafeteng and Mohale's Hoek
- Food Assistance: Quthing, Mohale's Hoek



IV. PROCESS AND CONSULTATION SUMMARY

I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?

YES , NO

Remarks: The information regarding the second CERF rapid response allocation was not discussed in the UNCT as the interventions were still ongoing as of report submission. The final report on allocations made in late 2012 will be shared with all in-country stakeholders, which is due March 2013

II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

Remarks: The final CERF 2012 report is a joint UN report which is a result of contributions and consultations by all recipient agencies and their respective counterparts through the main coordinating body, UN-DRMT, and bilateral consultations with relevant government counterparts involved in the response activities. The report was a result of a consultative process with all stakeholders. The implementation and reporting process of the CERF went also through in-country stakeholders.

V. ANALYSIS

1. The humanitarian context

Lesotho experienced heavy rains that covered the whole country starting at the end of December 2010. According to Meteorological Services, the total rainfall recorded during the 41 days from December 2010 to January 2011 in the northern districts was equivalent to the total rainfall normally received over the course of six months. The rest of the country received the equivalent of three months rainfall. These were the heaviest rains recorded in a ten-year period.

An initial government-led rapid assessment conducted in mid-January 2011 indicated the loss of 34 per cent of the crops, 5,000 livestock deaths and incidences of both livestock and plant pests and diseases. Subsequent updates provided by the Ministry of Agriculture indicated that 44 per cent of the crops were lost, that over 44,000 livestock had died from pneumonia (after being exposed to hail post-shearing) and that there had been 20,000 incidences of livestock diseases. In addition, vector-borne diseases and other conditions emanating from too much moisture were also reported. A total of 543 cases of diarrhoea were reported as a result of flooding/contamination and destruction of water and sanitation infrastructure. Due to damaged roads and bridges in some areas, people could not access health care and other services. Thirty deaths due to drowning were reported and four people died when a family was crushed to death by a rock dislodged by the rains in their house. At least 672 houses were completely destroyed, while many more were damaged.

According to the initial assessment in January 2011, 250,000 people (50,000 households) were affected by the crisis. The UN Country Team in Lesotho prioritized the provision of emergency life-saving and time-critical assistance to 173,642 people (approximately 91,579 women, 14,370 children and 67,693 men) in areas most affected by the heavy rains in 10 districts of the country. Assistance to affected people focussed on agriculture, food aid, water and sanitation as well as emergency health care which reflected the sectors with highest impact on the most affected population.

A post-disaster needs assessment (PDNA) conducted in March and April 2011 warned that Lesotho would face a food security crisis starting in the second half of 2011 as a result of the damages and losses suffered in the agricultural sector. In June 2011, the Lesotho Vulnerability Assessment Committee (LVAC) conducted their annual assessment that predicted that as a result of the reduced crop production prospects coupled with increasing food and agricultural input prices, 514,000 poor and very poor people (102,600 households) would be food insecure and require humanitarian assistance during the 2011/2012 consumption year. As a result of the deteriorating food security situation, a second tranche of CERF was allocated to FAO and WFP to continue the delivery of humanitarian assistance targeting 90,000 beneficiaries.

2. Provide brief overview of CERF's role in the country

Following the rapid assessment in mid-January 2011, a national multi-sector Emergency Preparedness and Response Plan (EPRP) was prepared. The United Nations System in Lesotho also established an Emergency Response Task Team with the aim of supporting the government in implementing the plan. The EPRP took into consideration gender issues, specifically incorporating ways to prioritize and address the needs of female-headed households and child-headed households during emergencies.

While the government obtained resources to provide subsidized agricultural inputs, they were still beyond the reach of the most vulnerable, especially the population affected by the rains as their resources had gone towards meeting other immediate needs. In addition, emergency shelter and non-food items were provided by the Red Cross. The United Nations Resident Coordinator (RC) received an emergency cash grant which was used to acquire shelter for 44 schools that were damaged by the rains. Based on the needs, support to affected households taking into account the comparative advantages of the agencies represented, the UN in Lesotho prioritized the following interventions:

AGRICULTURE AND FOOD SECURITY

- Provision of immediate support to capitalize on the high soil moisture levels to produce winter crops (wheat and peas).
- Livestock disease management.
- Provision of emergency food aid to the neediest households.

HEALTH

- Provision of delivery kits to pregnant women affected by heavy rains.
- Provision of outreach health care services in areas made inaccessible by the rains.

WATER, SANITATION AND HYGIENE

- Provision of water and sanitation as well as hygiene assistance.

The UN did not have access to a country-based pooled fund. Agencies, however, extended and adjusted their ongoing programmes to emergency needs. The CERF allocations played an essential role in reducing the financial gaps that were experienced and, thus, enhanced the UN's timely response to the immediate humanitarian needs.

The Bureau of Statistics' assessment in April 2011 indicated a 62 per cent drop in the production of maize (the main staple) and an 80 per cent drop in sorghum production compared with the previous crop season. The estimated total cereal production for 2010/2011 was estimated at 73,000 metric tons (MT) while in 2009/2010 it had been about 172,000 MT. This represented a decrease of 58 per cent in cereal production. Most farmers indicated that the bean crop had been devastated by heavy rains.

Based on new information generated by the LVAC and PDNA, the UNCT decided to prioritize the sectors of agriculture and food security with the main aim of reducing the impact of the food crisis and create conditions for the most vulnerable farmers to plant during 2011/12 main crop season which was to start by October 2011. A community-based approach was used for household/beneficiary targeting. Under the prioritized areas of intervention, female headed households were given priority. The second tranche of CERF funding facilitated the response as other contributions were delayed which could have compromised the UN's timely response.

3. What was accomplished with CERF funding

The humanitarian situation improved for the targeted population following the implementation of CERF-funded activities. In the health cluster, access to primary health care services improved after the introduction of the integrated outreach services in four districts. Up to 69,276 people who had difficulties reaching health facilities due to distance and terrain exacerbated by heavy rains that destroyed roads were reached during the implementation of this project. The services were provided in 12 static sites (health centres) and 50 outreach sites located central to other satellite villages averaging 5-7 villages per site. In addition, equipment and drugs were procured and distributed to the 12 health centres providing outreach services. This ensured constant availability of essential medicines for clients served in outreach sites. Clients who were on anti-retroviral (ARV), tuberculosis (TB), hypertension or diabetes treatment could access their medications closer to home.

In the agriculture cluster, CERF funding enabled 5,000 vulnerable farming households (25,000 people of whom 51 per cent were female and 49 per cent were male) to access quality summer cropping inputs that enabled them to plant maize on at least 0.5 hectares. As a result of good agronomic practices and access to fertilizers the crop vigour and condition during the vegetative stage was good.

With direct food assistance, a total of 8,250 beneficiaries were reached through CERF support. This corresponded to 205.84 MT of food commodities. The assistance provided timely food assistance to households which were made vulnerable by the heavy rains, mainly to save lives of people in crisis situation and to prevent households from employing negative coping strategies which was successfully achieved.

The project refurbished seven water systems in four districts. About 20,000 people in 20 communities that were affected by lack of water after the break-down of their systems benefited from this intervention. In collaboration with the Lesotho Red Cross, UNICEF also supported the construction of ventilation-improved pit (VIP) latrines in

eight primary schools, whose latrines were damaged by the rains. Seventy one cubicles were constructed in the eight schools and about 1,544 people (1,495 school children and 49 teachers) are currently using the latrines. The quality of water from seven water sources that were damaged during the heavy rains was tested after the damaged water schemes had been restored to normal function. All seven water sources were found to be safe. In addition, water and sanitation training for 58 persons (10 Environmental Health staff members, 22 teachers from six primary schools and 26 community health workers from 15 villages in Mophale's Hoek) was conducted. Soap (144 x12 x 125g bar soap) was distributed to pupils of Potsane primary school as part of the hygiene education that was aimed at promoting hand-washing.

The quick response was faced with problems of regional procurement due to limited market access in Lesotho and lack of access to remote areas where roads and bridges were seriously damaged. In general, those problems were overcome through loans. For example, seven borrowings took place in the case of food procurement. Delivery involved the local community that used its own means of transport, such as horses and donkeys to carry some of the inputs to the targeted sites.

Regarding the second CERF rapid response allocation, received in September 2011, the activities under this tranche are still on-going. As of 29 February 2012, the food security cluster, through WFP, managed to reach 20,000 beneficiaries, distributing a total of 656.195 MT of food commodities. FAO is distributing agricultural inputs to 20,000 beneficiaries.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

After the heavy rains, CERF played an essential role in saving lives. The timely disbursement of funds was perhaps the most important. This allowed the UN System in Lesotho to put together a comprehensive action plan that was executed in collaboration with the Government of Lesotho. Affected people benefited from the cohesive efforts of the UN system through interventions in the food security as well as water, sanitation and health sectors.

In a second period, after the PDNA and LVAC, it was estimated that 514,000 people would require varying degrees of humanitarian assistance during 2011/12. This put a great deal of pressure on humanitarian actors to respond quickly. CERF funds led to a fast delivery of assistance to food security beneficiaries as some of the commodities had been locally procured and the rest regionally procured.

b) Did CERF funds help respond to time critical needs?

YES NO

CERF funding allowed the UN System to timely respond to time critical needs such as food, medicines and access to clean water. Also, CERF funding facilitated the distribution of agricultural inputs to allow farmers to mitigate a deteriorating food security situation.

In the Health Cluster, most needed medicines and other medical equipment were timely procured and distributed to operational sites to ensure timely response at community, facility and district levels. Logistical support gained through CERF fund facilitated timely movement of health workers and community health workers to outreach sites. Commendable progress was made in provision of HIV testing and counselling, replenishing of patients drugs in remote sites as well as providing vaccination for children under five years.

Timely delivery of food was critical as negative coping mechanisms were to a great extent avoided. However, WFP post-distribution monitoring revealed sale of livestock, limiting portion sizes, reducing number of meals per day were common before the commencement of the general food distribution.

Although the Government of Lesotho (GoL) has made available subsidized agricultural inputs to some farming households, the CERF funds were very useful in reaching the poorest groups that did not have access to

subsidized government inputs due to income constraints. This project ensured that the affected population of about 25,000 people (5,000 households) was able to access basic agricultural inputs.

UNICEF partnered with Lesotho Red Cross Society to fast track implementation of the WASH activities in the six districts within the planned period.

The second CERF rapid response allocation enabled the food security cluster, through FAO and WFP, to respond to the crisis in a timely fashion due to the prompt disbursement of funds. The disbursement period coincided with the beginning of the planting season which would have enabled farmers to plant on time. However, limited rainfalls hindered many farmers from planting in anticipation of a dry spell. The lean season also started around the disbursement time which played a critical role in minimizing negative coping mechanisms that were reported. Food and agricultural inputs were delivered when beneficiaries were in most need. As a result of the increase in the number of people affected, the CERF enabled an enhanced response, increasing the number of beneficiaries assisted from the initial tranche.

c) Did CERF funds result in other funds being mobilized?

YES NO

The implementation of the various sectoral interventions prompted GoL and resident donors, to commit further funds to reach more areas. Areas adjacent to CERF projects commenced similar services with support from the Ministry of Health and Social Welfare and the integrated rural development initiative coordinated from the Prime Minister's Office code named "Selemela" in Qabane and Thamathu. Also, the Embassy of Ireland, the only EU Embassy resident in the country committed further funding to continue the food distributions initiated by the CERF.

The second CERF funding allowed WFP and FAO to initiate an emergency operation that benefited from further funding from the Irish Embassy and ECHO. These allowed both agencies to further increase their beneficiaries and introduce interventions such as food for work to assist in the rehabilitation of lost assets and infrastructure.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

Under the leadership of the Resident Coordinator, a UN Emergency Task Force involving all CERF recipient agencies was established. The Task Force met frequently (initially weekly and subsequently monthly) to coordinate the response and implementation along with NGOs to ensure better coordination. Furthermore, in order to promote synergies, interventions were implemented in the same areas. They were also complementarily in nature, specifically in targeting and selection of beneficiaries. For example households receiving food aid from WFP during the deficit months were also receiving inputs from FAO at the start of the agricultural season.

The United Nations system continues to capitalize on the initial coordination mechanism established at the beginning of the emergency where all activities related to emergencies and disaster risk management, including the emergency operation, are coordinated through the Disaster Risk Management Team (former UN Emergency Task Force).

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Revitalization of integrated community health outreach services in hard to reach areas managed to promote and enhance community access to essential primary health care services. This initiative needs to be sustained and expanded.	Allocation of more resources to help sustain momentum gained in provision of outreach services is critical. This could be reached through the implementation of the primary health care revitalization currently under discussion in the Ministry of Health.	Ministry of Health and Social and Welfare with support from WHO.
Rendering basic health services through the outreach programmes when external shocks disrupt health clinic services.	District Health Management Team (DHMT) in close collaboration with relevant partners has to earmark resources for delivery of outreach services. This may include provision of tents for temporary provision of services in areas where the community has not provided a place to work.	DHMTs with support from Primary Health Care Department and Partners
Formation of joint project coordination and monitoring committees enhanced mutual accountability.	Creation of UN Emergency Task Force (now converted to (UNDRMT) to better coordinate UN agencies preparedness and response. The formation of a project monitoring committee, made up of government, the NGO implementing partner and UNICEF, facilitated quick implementation of the project and enhanced mutual accountability from these agencies.	UNRC UNICEF
Enhanced data information from different institutions for more adequate response.	Lack of water and sanitation data, especially in schools hampered the needs assessment during the crises and slowed down project implementation. A water and sanitation database should be established for schools.	Ministry of Education and Training
Procurement contingency plans to be developed in order to avoid delays and ensure timely deliveries.	Ensure procurement contingency plans in place for all emergency interventions.	UN
Community involvement could play a vital role in addressing logistical issues	Encourage community form of transportation (horses and donkeys) provided to deliver commodities from FDPs to households.	WFP, DMA and Communities.

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

WHO - HEALTH AND NUTRITION						
CERF PROJECT NUMBER	11-WHO-025	Total Project Budget	US\$ 389,304	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Response to Health and Nutrition Effects of Heavy Rains in Lesotho	Total Funding Received for Project	US\$ 389,304	Individuals	95,260	76,815
				Female	46,361	38,422
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	US\$ 249,936	Male	39,793	30,854
				Total individuals (Female and male)	86,154	69,276
				Of total, children under 5	9,106	7,539
				TOTAL	95,260	76,815
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
<p>To provide integrated outreach health care services (basic primary health care) in remote areas in 40 per cent of the districts (Mokhotlong, Mphahle's Hoek, Thaba Tseka and Qacha's Nek) by the end of three months.</p>		<p>Integrated outreach services provided to 52 hard to reach areas falling under 12 health facilities</p> <ul style="list-style-type: none"> Integrated outreach services comprising of: child health services (immunisation and growth monitoring), maternal health (ante-natal and post-natal care), HIV testing and counselling, replenishing drugs for HIV, TB and hypertension patients, basic out-patient services, water quality assessment, and health education were provided in four districts: Twelve health facilities where 50 outreach points were operated. The set target was exceeded by 1 (9 per cent) and 10 (25 per cent) for health facilities and outreach points respectively. Out of the anticipated 350 visits to the outreach sites, 220 (63 per cent) were achieved. Annex 4 shows the distribution of the outreach points supported. Equipment and medicines were procured and distributed to the 12 health centres providing outreach services. The details on the equipment and medicines distributed are captured in annex 5. Water tanks (10,000-litre capacity) were procured and distributed to seven health centres to support delivery services. Health centres that benefited were Linakeng, Libibing and Molikaliko in Mokhotlong; Morifi and Nkau in Mphahle's Hoek and Mphahlanapeng and Sehonghong in Thaba Tseka district. Mount Matre health centre was provided with two horse saddles for use while visiting outreach points that are inaccessible by road. The facility has horses that were used to visit such sites. Geographic position system equipment were procured and distributed to 10 districts of the country with three issued to the water and sanitation programme head office. Fifteen officers were also trained in using the equipment for position areas posing risks in water systems. <p>Health workers from 11 health facilities trained on integrated management of childhood illnesses (IMCI)</p> <ul style="list-style-type: none"> 20 health workers from eight (8) health facilities trained on IMCI. <p>Public awareness intensified in 40 hard to reach areas</p> <ul style="list-style-type: none"> 57 public awareness sessions were conducted in marketing the uptake of the outreach services and in creating public awareness on the prevention and control of diseases and other conditions associated with heavy rains. In addition, interviews and phone in radio programme were broadcasted in three radio stations on intensifying public awareness on health effects associated with heavy rains. Information, education and communication (IEC) materials comprising of posters (600) and stickers (8,133) were printed and distributed to the four participating districts and 12 health centres involved in the project. The materials were distributed during the public awareness sessions while some were displayed in strategic areas in the facilities, schools, churches and other public places such as businesses. 				<p>The following mechanisms were used to monitor and evaluate this project:</p> <p>The four districts were visited twice each by a team made up of the Ministry of Health, Christian Health Association of Lesotho and WHO to assess progress and address challenges encountered. During the visits meetings were held with the district health management teams, hospital management and representatives from the health centres. Eight visits and meetings were held.</p> <p>Outreach teams collected statistics on the services offered which were used to compile monthly reports submitted to the district head office. Routine data collection forms used within the health sector were used for data collection and compilation.</p> <p>Districts conducted review meetings on the performance of the project. Participants were the DHMTs, hospital management and participating health centres.</p> <p>Production and sharing of the end of project report.</p>

FAO - AGRICULTURE																											
CERF PROJECT NUMBER	11-FAO-018	Total Project Budget	US\$ 698,251	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>25,000</td> <td>25,000</td> </tr> <tr> <td>Female</td> <td>11,750</td> <td>13,370</td> </tr> <tr> <td>Male</td> <td>13,250</td> <td>11,630</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>25,000</td> <td>25,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL</td> <td>25,000</td> <td>25,000</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	25,000	25,000	Female	11,750	13,370	Male	13,250	11,630	Total individuals (Female and male)	25,000	25,000	Of total, children under 5	N/A	N/A	TOTAL	25,000	25,000	Gender Equity Inputs were accessible to all but preference was given to households based on farming capabilities and vulnerability characteristics such as <ul style="list-style-type: none"> ▪ Possession or access land of at least 0.5 ha. ▪ Good farming history. ▪ Having an able bodied member in the household. ▪ Having lost 30 per cent or more of the cropped area. ▪ Households keeping orphans or headed by orphans. ▪ Widow headed households. ▪ Households with chronically ill members. 51 per cent of the project beneficiaries were women.
Beneficiaries	Targeted	Reached																									
Individuals	25,000	25,000																									
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Total individuals (Female and male)	25,000	25,000																									
Of total, children under 5	N/A	N/A																									
TOTAL	25,000	25,000																									
PROJECT TITLE	Support to Farming Households Affected by Excessive Rains in Lesotho	Total Funding Received for Project	US\$ 698,251																								
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	US\$ 698,251 ¹ Finally spent: US\$ 638,305 ¹																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
Emergency support provided to 5,000 vulnerable farming households (25,000 people) whose agriculture-based livelihoods were negatively affected by excessive rains.		Access to quality agricultural inputs Direct procurement and distribution of agricultural inputs resulted in: <ul style="list-style-type: none"> ▪ 5,000 households accessing 50 tons of maize and 250 tons of fertilisers for the summer cropping season ▪ 300 hectare out of a possible 405 hectares of land was prepared and planted with the maize crop. Supply of veterinary drugs <ul style="list-style-type: none"> ▪ Procured 3,000 litres of acaricide (DELCPYPOXIDE SL) for tick control during the summer season, 180,000 doses of blue tongue vaccine and 180,000 doses of lumpy skin disease vaccine (LUMPIVAX-Neethling Strain vaccine). No vaccination was done as the vaccines had to be procured internationally due to limited supplies in Lesotho and in line with FAO procurement procedures. The supplier did not have quantity of vaccines available immediately and this hindered the timely delivery. The vaccines were delivered in October 2011, one month out of season. The correct vaccination time is August and September. ▪ By the time of project completion, the number of animals treated could not be established as there was also delay in the distribution of the acaricide due to labelling which did not give directions on how to use the drug as a pour-on on cattle, sheep and goats. 			FAO and MAFS established a Beneficiary Distribution List in line with the agreed targeting and selection criteria of the beneficiaries. FAO conducted six (6) post distribution monitoring field visits and one (1) post planting survey to establish the use of inputs and estimate the size of land that was put under maize crop. Informal learning and information exchange at community level happened through exchange visits between farmers from different locations.																						

¹ There is an unspent amount of \$59,947

UNICEF - WATER AND SANITATION								
CERF PROJECT NUMBER	11-UNICEF-019	Total Project Budget	US\$ 440,681	Beneficiaries		Reached	Gender Equity	
				Individuals	20,000			21,545
PROJECT TITLE	Emergency provision of water and sanitation facilities and hygiene	Total Funding Received for Project	US\$ 219,457	Female	9,000	9,480		All members of affected communities and pupils in schools, both male and female, benefited from the project.
				Male	9,000	9,480		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	US\$ 219,457	Total individuals (Female and male)	20,000	21,544		
				Of total, children under 5	2,000	2,585		
				TOTAL	20,000	21,545		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>20 water sources (wells, boreholes, and protected springs) rehabilitated and disinfected for 20,000 beneficiaries in 20 communities in 6 districts in two months.</p> <p>Water quality known at 20 water sources and 20,000 people have access to safe drinking water through the distribution of chlorine tablets.</p> <p>Eight schools have regained access to safe sanitation through the construction of eight VIP latrines.</p> <p>Increased hygiene and sanitation awareness amongst the 20,000 beneficiaries by the end of project period three months.</p> <p>Reduced risk of diarrhoeal diseases due to improved access to safe water and raised awareness on hygiene.</p>		<ul style="list-style-type: none"> ▪ LRC refurbished seven water systems in four districts for 20,000 beneficiaries in 20 affected communities.² ▪ Supported water and sanitation training for 58 persons (10 Environmental Health staff members, 22 two teachers from six primary schools and 26 community health workers from 15 villages in Mohale's Hoek. ▪ Eight VIP latrines were constructed in eight schools in six districts. Each VIP latrine has between eight to ten cubicles. A total of 1,544 people (1,495 school children and 49 teachers) are using the latrines ▪ Procured and distributed 144 pieces of soap (18,000 kg soap) to promote hand washing during celebration of the Global Hand Washing Day where 300 adults and children participated. ▪ The project tested the quality of water from seven water sources that were damaged during the heavy rains. The water quality was done after the damaged water schemes had been restored to normal function. All seven water sources were found to be safe. 				<p>During the implementation of the project, a combined team of technical experts from UNICEF, Red Cross Society and Government visited the construction sites and inspected ongoing work.</p> <p>At the completion of all the projects, the technical team went round again and inspected all the works.</p> <p>In addition, a committee made up of senior personnel and the water and sanitation technical experts from UNICEF, government and Red Cross Society, held monthly meetings to take stock of project implementation and to recommend corrective measures.</p>		

² At the time of writing the proposal, the initial assessment showed that water supply in 20 communities had been affected. A more detailed technical assessment showed that some of these communities were sharing the same water supply schemes. Whereas the number of communities and the estimated population remained the same, the number of shared water schemes (many sources connected by pipelines) was seven

WFP - FOOD SECURITY

CERF PROJECT NUMBER	11-WFP-024	Total Project Budget	\$ 1,665,590	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Food Assistance to Households Affected by the Heavy Rains	Total Funding Received for Project	\$ 1,665,590	Individuals	10,000	8,250	In order to give women direct access to food, WFP will ensure that ration cards are issued in women's names (except in the case of families with a single male parent) and that the majority of food recipients (at least 60 percent) are women. To ensure that women play a lead role in decision-making concerning food aid distribution and asset-creation, WFP will ensure that at least 50 percent of the relief committee members are women.
				Female	5,200	4,434	
Male	4,800	3,404					
Total individuals (Female and male)	10,000	7,838					
Of total, children under 5	2,000	420					
TOTAL	12,000	8,258					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 167,908				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms
Provision of timely food support to food insecure households, which have been affected by heavy rains.		Provision of food to households affected by heavy rains. <ul style="list-style-type: none"> ▪ Supply of a food basket consisting of Vegetable Oil, Pulses and Maize Meal were distributed: ▪ 8,250 beneficiaries were reached with food aid. ▪ Distributed 205.839mt of food commodities. 					Three main processes to monitor the implementation of the CERF food support were used as follows: Field reports based on observations by WFP Food monitors, output monitoring and post-distribution monitoring (PDM). Post-distribution monitoring was conducted about one month after the food distributions and captured information for the following indicators; beneficiary household demographics, access to food assistance and utilisation, Beneficiary perceptions on the selection process and targeting, food consumption, coping strategies, household source of cereal and staple foods stocks status. Overall, 42 PDM interviews were conducted as follows: (Berea (3), Mokhotlong (7), Qacha's Nek (21), and Thaba-Tseka (11).

WFP - FOOD SECURITY

CERF PROJECT NUMBER	11-WFP-061	Total Project Budget	\$ 3,136,439	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Assistance in Response to Crop Failure in Lesotho	Total Funding Received for Project	\$ 1,436,413	Individuals	40,000	20,000	In order to give women direct access to food, WFP ensured that ration cards are issued in the female beneficiary's names (except in the case of families with a single male parent) and that the majority of food recipients (at least 60 percent) are women. To ensure that women play a lead role in decision-making concerning food aid distribution and asset-creation, WFP ensured at least 50 percent of the relief committee members were women.
				Female	23,000	11,500	
STATUS OF CERF GRANT	Ongoing (April 2012).	Amount disbursed from CERF	\$ 1,136,413	Male	15,000	7,500	
				Total individuals (Female and male)	38,000	19,000	
				Of total, children under 5	2,000	1,000	
				TOTAL	40,000	20,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Improved food consumption over assistance period for targeted individuals.</p> <p>To protect livelihoods and enhance self-reliance</p>		<ul style="list-style-type: none"> Distributed 656.195mt of food commodities to 20,000 beneficiaries. 				<p>A monitoring and evaluation calendar was prepared for the EMOP and updated monthly to ensure objectives are being met. Monitoring plans were produced at field and country office levels and consolidated into the country office work-plan. Monthly joint monitoring visits were organized by WFP with cooperating partners' representatives to assess the level and quality of programme implementation. Furthermore, a joint visit with a donor was conducted in April and a second one planned for May 2012. Random and frequent on-site monitoring at food distribution points by WFP are conducted in collaboration with the cooperating partners' monitors.</p>	

FOOD SECURITY

CERF PROJECT NUMBER	11-FAO-038	Total Project Budget	\$11,945,892	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>75,000</td> <td>96,430³</td> </tr> <tr> <td>Female</td> <td>35,250</td> <td></td> </tr> <tr> <td>Male</td> <td>39,750</td> <td></td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>75,000</td> <td>96,430</td> </tr> <tr> <td>Of total, children under 5</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td>75,000</td> <td>96,430</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	75,000	96,430 ³	Female	35,250		Male	39,750		Total individuals (Female and male)	75,000	96,430	Of total, children under 5	0	0	TOTAL	75,000	96,430	Gender Equity	
Beneficiaries	Targeted	Reached																											
Individuals	75,000	96,430 ³																											
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Total individuals (Female and male)	75,000	96,430																											
Of total, children under 5	0	0																											
TOTAL	75,000	96,430																											
PROJECT TITLE	Summer Cropping Input Support for Vulnerable farming Households Affected by Excessive Rains in Lesotho	Total Funding Received for Project	\$ 5,390,777				<p>Inputs were accessible to all but preference was given to households based on farming capabilities and Vulnerability characteristics such as</p> <ul style="list-style-type: none"> ▪ Possession or access land of at least 0.5 ha. ▪ Good farming history. ▪ Having an able bodied member in the household. ▪ Having lost 30 per cent or more of the cropped area. ▪ Household keeping orphans or headed by orphans. ▪ Widow headed households. ▪ Households with chronically ill members. <p>51 per cent of the project beneficiaries were women.</p>																						
STATUS OF CERF GRANT	Ongoing (April 2012).	Amount disbursed from CERF	\$,552,749																										
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																							
<p>Emergency agricultural support provided to 15,000 vulnerable farming households (75,000 people) for the main 2011/2012 agricultural season.</p> <p>Provide quality inputs through agricultural input trade fairs (ITFs⁴) in 43 lowland agricultural resources centres.</p>		<ul style="list-style-type: none"> ▪ Distributed maize, beans and vegetable seeds and fertilizers to 15,000 vulnerable farming households. A post planting survey is being conducted. ▪ Up to 28 agricultural input trade fairs (ITFs) organized in 6 districts throughout the Lowlands, Foothills and the Senqu River Valley to enable vulnerable households to access quality agricultural inputs. 				<p>FAO and MAFS established a Beneficiary Distribution List in line with the agreed targeting and selection criteria of the beneficiaries.</p> <p>Sample of beneficiaries were surveyed post planting to establish outcomes.</p>																							

³ The figure of 22,500 indicated Households covered. Additionally, this figure of 22,500 included both CERF and Irish Aid beneficiaries. FAO beneficiaries under this project are total of 19,286 Households or 96,430 individuals. Out of the total number of households, 10,929 are female headed households and 8,357 are male headed households

⁴ Input trade fairs are voucher-based input distribution methods whereby input vendors are mobilized to bring inputs to an agreed venue where pre-selected beneficiaries obtain vouchers of a pre-determined value which enable them to choose the inputs they would like.

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-FAO-018	Agriculture & Food security	FAO	MAFS	Government	698,251	31/03/2011	20/06/2011	As a result of continuous water logging in winter the farmers were provided with summer cropping inputs instead of the winter cropping inputs.
11-UNICEF-019	Water and Sanitation	UNICEF	Lesotho Red Cross	NGO	183,865.31	31/05/2011	01/06/2011	-
11-UNICEF-019	Water and Sanitation	UNICEF	MOHSW	Government	21,238.50	02/07/2011	04/07/2011	-

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AIDS	Acquired Immune-Deficiency Syndrome
ARV	Anti-retroviral
CERF	Central Emergency Response Fund
CHAL	Christian Health Association of Lesotho
CoW	Commissioner of Water
DHMT	District Health Management Team
DMA	Disaster Management Authority
DRW	Department of Rural Water Supply
EMOP	Emergency Operation
FAO	Food and Agriculture Organization of the United Nations
FDP	Final Distributions Points
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
ITF	Input Trade Fairs
LRC	Lesotho Red Cross Society
LVAC	Lesotho Vulnerability Assessment Committee
MAFS	Ministry of Agriculture and Food Security
MCA	Millennium Challenge Account
MOHSW	Ministry of Health and Social Welfare
NGO	Non Governmental Organization
PDM	Post-Distribution Monitoring
PDNA	Post-Disaster Needs Assessment
TB	Tuberculosis
TED	Technology for Environmental Development
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
UNDRMT	United Nations Disaster Risk Management Team
VIP	Ventilated Improved Pit latrine
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization