



Standard Project Report 2015

World Food Programme in Lesotho, Kingdom of (LS)

Country Programme- Lesotho(2013-2017)

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200369
Project Category	Country Programme

Key Project Dates	
Project Approval Date	November 14, 2012
Planned Start Date	January 01, 2013
Actual Start Date	January 01, 2013
Project End Date	December 31, 2017
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	31,413,266
Capacity Dev.t and Augmentation	391,822
Direct Support Costs	5,761,994
Cash-Based Transfers and Related Costs	482,993
Indirect Support Costs	2,663,505
Total	40,713,580

Commodities	Metric Tonnes
Planned Commodities in 2015	7,838
Actual Commodities 2015	5,605
Total Approved Commodities	35,805

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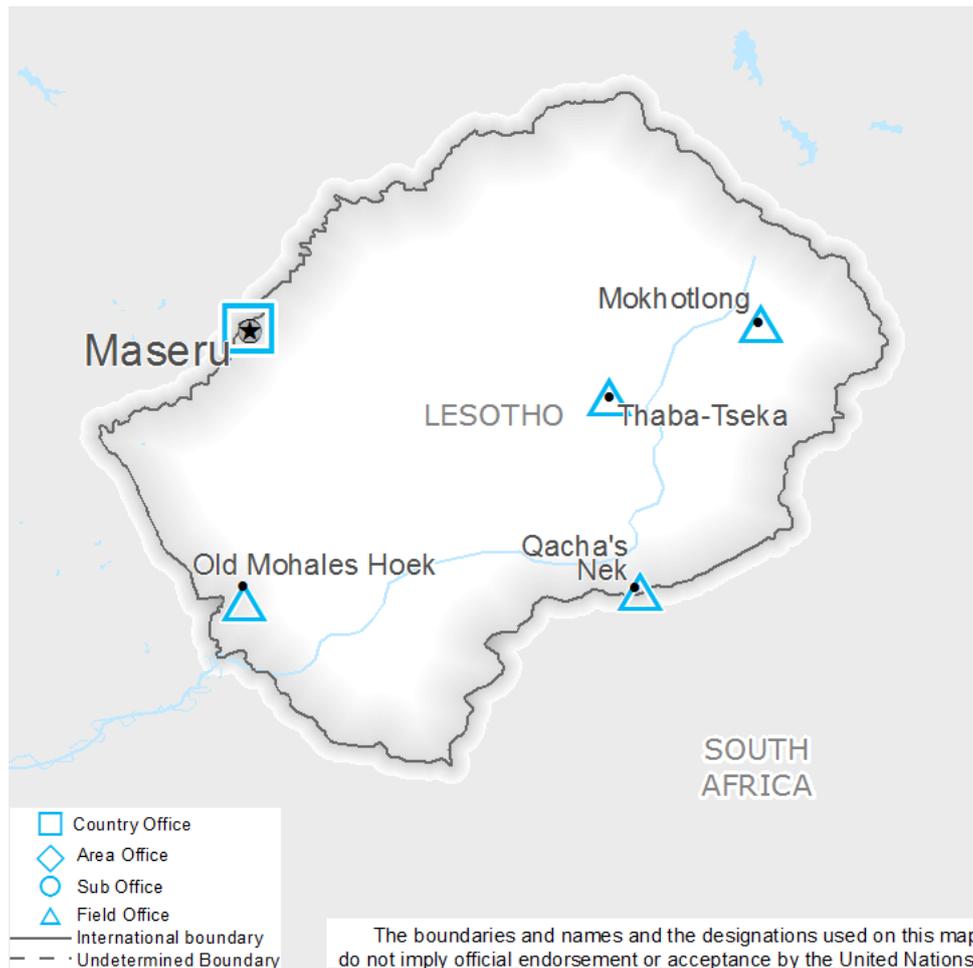
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COUNTRY OVERVIEW



Country Background

Lesotho is a mountainous lower middle income country with a 2015 Human Development Index position at 161 out of 188 countries. More than half of its 1.8 million people (57 percent) live below the poverty line. Lack of diversified livelihood base and an unemployment rate of 29 percent exacerbate food and nutrition insecurity and poverty. Lesotho's vulnerability to climate related disasters, such as drought, negatively impacts food and nutrition security as well as the economy. More than 70 percent of food is imported from neighbouring South Africa, pushing prices beyond the reach of vulnerable populations. The country is on track to achieving Millennium Development Goal (MDG2), universal primary education. Enrolment and attendance in lower grades increased significantly in the wake of the government's introduction of free primary education in 2000. However, repetition rates are still high at 19.4 percent, and net enrolment rate is 79.6 percent for boys and 82.6 percent for girls. MDG1 - eradicating extreme poverty and hunger - is off-track. Slow progress has also been observed on ensuring environmental sustainability (MDG 7). The health-related MDGs of child health (MDG 4), maternal health (MDG 5) and combating HIV and AIDS, TB and other diseases (MDG 6) are significantly off track.

Chronic under nutrition and micronutrient deficiencies present significant development challenges, with stunting affecting 33 percent of children under age five and anaemia affecting 51 percent of children. Anaemia is also high among women aged between 15 and 49 years and is responsible for a tenth of maternal deaths, which stand at 1,155 deaths per 100,000 live births, the highest in Southern Africa. The 23 percent HIV prevalence rate, which is the second highest in the world, accounts for fifty HIV-related deaths every day while the latest tuberculosis (TB) incidence is 630 per 100,000 people, far beyond the WHO TB emergency threshold. HIV and AIDS is also one of the main drivers of high vulnerability and contributes to the country's high levels of orphans, currently at 360,000.

The country is experiencing one of its worst drought conditions in history, leading to a 21 percent decrease in cereal production as compared to 2013/14 agricultural season and a 51 percent decrease compared to 2008/09 (which was considered a normal year by VAC). The combined temperature and rainfall indices show one of the worst situations of drought ever experienced in the country since 1982. The drought is most heightened in the lowlands and foothills, where the main cereal production areas are located. The general trend also reveals an erosion of farming capacity observed in declining planted areas over the past few years, mainly due to the uncertainties of agro-climatic conditions, shortage of farm labour and lack of cash-flow for inputs and investment. The Lesotho Vulnerability Assessment Committee report (July 2015) estimated that between 180,000 and 463,936 people out of a population of 1.8 million will require immediate humanitarian assistance, with many households having already exhausted their coping mechanisms. The number of food insecure people is expected to increase to over 650,000 in 2016/17.

Summary Of WFP Assistance

WFP operations in Lesotho support the government's national priorities as outlined in the Vision 2020 document, the National Development Plan (2012-2017), the Education Sector Strategic Plan, the Lesotho United Nations Development Assistance Plan (LUNDAP), and are in line with WFP Strategic Objectives 3 and 4. The operations have been designed based on the two pillars of intervention under Country strategy 2012-2017, i.e. strengthening resilience and responsiveness to food security shocks and enhancing the nutritional and social well-being of vulnerable groups.

WFP is working with the Government of Lesotho and partners to address the underlying causes of vulnerability among communities prone to weather-related shocks and to target, with nutritional support, pre-and primary school children, pregnant and nursing mothers and food-insecure HIV and TB patients. To support the prevention of malnutrition in children under the age of five and malnourishment in pregnant and nursing mothers, TB and HIV patients, WFP is using targeted supplementary feeding and blanket supplementary feeding through pre-schools and health centres. Chronically vulnerable groups are assisted to create assets that will enhance their resiliency in the event of shocks.

Following the end of WFP-assisted school feeding programme in April 2015, WFP continues to support education as part of the transition process of school meals to national ownership through a Trust Fund. This is done to allow time for the development and strengthening of national capacity to manage and coordinate the school meals programme. WFP aims to complete hand over of the school meals programme to the MoET by 2018.

One of the main achievements in 2015 was the government's approval of the school feeding policy, whose development was technically and financially supported by WFP. WFP also raised funds to conduct the Cost of Hunger Study (COHA) in January 2016 as an advocacy tool to showcase social and economic impact of child under nutrition.

In 2015, and in particular during the last six months of the year, one of the key challenges has been the lack of funding for two components: Disaster Risk Reduction and nutrition and HIV support .

Beneficiaries	Male	Female	Total
Children (under 5 years)	36,034	38,984	75,018
Children (5-18 years)	97,426	99,395	196,821
Adults (18 years plus)	8,682	22,771	31,453
Total number of beneficiaries in 2015	142,142	161,150	303,292

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	2,674	221	436	2,273	0	5,605
Development Project	1,427	86	204	0	426	2,143
Total Food Distributed in 2015	4,101	308	640	2,273	426	7,747

OPERATIONAL SPR

Operational Objectives and Relevance

The Government of Lesotho, through its National Strategic Development Plan 2012-2017, has earmarked chronic poverty, widespread food insecurity, chronic malnutrition and the HIV/AIDS epidemic as key developmental challenges to be addressed. Through the Country Programme 200369, WFP aims to assist the government in responding to these challenges. The operation has three components: (i) Disaster Risk Reduction (DRR) for increased resilience to food security shocks; (ii) Early Childhood Care and Development (ECCD) to support pre-school education by providing meals to children; and (iii) Nutrition and HIV, which provides food to malnourished pregnant and nursing mothers, children aged between 6-59 months and people living with HIV and on TB treatment.

The long-term objectives of the Country Programme are to enhance resilience to food-security shocks and to improve the nutritional and social well-being of vulnerable groups. These goals are aligned with WFP Strategic Objectives 2 and 4, and also contribute to the Lesotho United Nations Development Assistance Plan (LUNDAP) 2013-2017. Lesotho has been a Delivering as One (DAO) country since 2010.

Results

Beneficiaries, Targeting and Distribution

In 2015, the Country Programme reached some 113,000 beneficiaries, representing 91 percent of the planned figures. The slight underachievement is attributable to funding shortfalls under the DRR and nutrition components.

The DRR component reached 20,264 beneficiaries (12,460 females and 7,804 males) representing 67 percent of the planned figures, through Food Assistance for Assets (FFA) activities using both in-kind and cash transfers. Only 60 percent of the in-kind planned caseload was reached due to funding constraints, as opposed to 100 percent under the cash modality. WFP used an average household size of five for planning both in-kind and cash transfers, but applied actual household sizes for reporting on cash transfers beneficiaries resulting in an overachievement (121 percent) against planned figures. WFP will address this in 2016 to ensure harmonization on all food assistance programmes, including exploring the adoption of actual household sizes. This is particularly important given that experience has shown significant variance in household sizes, ranging from three to 10 people which can result in inadequate food assistance to larger households.

The identification of the DRR operational areas was driven by the Lesotho Vulnerability Assessment Committee (LVAC) ten-year food insecurity analysis which identified the Senqu River Valley and the Southern Lowlands as the regions in Lesotho with the highest levels of recurring food insecurity. Both Mafeteng and Mohale's Hoek districts within these regions were targeted in 2015 under the DRR component. In-kind transfers were used in Mafeteng, and both cash and in-kind used in Mohale's Hoek due to access to banks in the area, where beneficiaries received monthly cash entitlements through an immediate cash distribution model with Standard Bank.

The National Information System for Social Assistance (NISSA) was used for the first time as a targeting tool to select vulnerable households for the cash transfer programme in Mohale's Hoek. NISSA, established in 2012 by the Ministry of Social Development with the support of the World Bank and UNICEF, generates a list of households eligible for social assistance programmes. However, given that some of the NISSA household data were not up-to-date, a self-targeting community participatory process was also used to complement NISSA. Vulnerability indicators employed during the targeting process included households with limited access to land and no other source of income, households with no livestock, and households with a limited number of active members.

Once beneficiary selection was completed, the operation team, composed of representatives from the Disaster Management Authority, chiefs and community councillors, proceeded with spot checks in each community in order to minimise inclusion and exclusion errors. The selected households nominated one able-bodied member per household to participate in the FFA activities on their behalf.

Gender friendly work norms were streamlined in the project through the cooperating partner World Vision International and project committees. This was achieved through training workshops, bilateral discussions with all stakeholders and regular oversight missions to the project sites. In addition, in an effort to attain sustainability of FFA activities at community level, WFP employed a participatory, multi-sectoral approach with the engagement of community members to identify activities that would address community-felt needs. Positive results were observed

from this approach, as it enabled women and men to work together to identify and address common needs and overcome constraints. The identification of assets to be created through FFA therefore focused on enabling communities to deal with climate-related shocks, such as floods and drought.

Within the cash transfer modality, assets created included the construction of irrigation and domestic water tanks to help targeted communities harvest water from natural spring and rain water. The construction of these assets reduced the burden of work on women, who are typically responsible for collecting and carrying water, and facilitated both productive and domestic tasks. Community members also reported a reduced risk of contaminated drinking water, which was of a particular problem during dry seasons and drought.

Through in-kind assistance, the FFA participants were provided with a pre-determined monthly household ration of 12kg of fortified maize meal, 9kg of pulses and 3kg of vegetable oil. Those involved in the cash transfers received a monthly family cash entitlement of USD 55 (605 Maloti) in addition to a USD 5 (55 Maloti) to cover transport costs to the bank. The transfer value was calculated on the basis of the average retail price of a basic family food basket (consisting of 12kg of maize meal, 1.8kg of pulses and 600g of vegetable oil per person per month). In both modalities, participants received their entitlement after completing a 12-day work shift. The total of USD 60 (600 Maloti) was maintained for the duration of the project as food prices did not change significantly in the markets.

The education support component of the Country Programme, component two, reached a total of 50,000 pre-primary school learners (24,187 boys and 25,813 girls), all between the ages of two and five. This is slightly lower than the beneficiaries reached in 2014 due to a number of private Early Childhood Care and Development (ECCD) centres being mistakenly included in the programme in 2014 and removed by the government in 2015. Less food than planned was distributed due to a pipeline break in the last quarter of 2015 following insufficient funding. The children reached in this component received a morning snack of 60g of Super Cereal and a lunch of 120g of maize meal, 25g of pulses and 15g of vegetable oil every school day. The meals were prepared by parents on a rotational system.

Under component three, nutrition and HIV, WFP reached 43,028 beneficiaries, representing 98 percent of the planned beneficiaries. This figure included, among others, 8,459 clients receiving antiretroviral treatment (ART), tuberculosis directly-observed treatment (TB-DOTS) and prevention of mother-to-child transmission (PMTCT) clients, and 10,144 households members. Due to funding shortfalls, distribution under this component only took place for eight months from January to August.

Targeted supplementary feeding (TSFP) was provided to treat moderate acute malnutrition (MAM) among children under 5 years and clients on ART and TB-DOTS in 171 health facilities throughout the country. Targeting for TSFP was based upon the national Integrated Management of Acute Malnutrition (IMAM) guidelines. Individual monthly rations of 250g of Super Cereal was provided to adult clients, while children received a daily ration of 200g of Super Cereal Plus through the Integrated Management of Childhood Illnesses (IMCI) clinics.

Blanket supplementary feeding (BSF) for the prevention of chronic malnutrition (stunting) was provided to children under two years of age and pregnant and lactating women (PLW) in the districts of Thaba Tseka, Mokhotlong, Berea and Qacha's Nek, where the 2009 Lesotho Demographic Health Survey (LDHS) reported the highest levels of stunting and iron deficiency anaemia. Through the BSF programme, a monthly individual ration of 6kg of Super Cereal Plus per child and 7.5kg of Super Cereal per woman was provided during the window of the first 1,000 days of life.

All beneficiaries were targeted both at health facility level through routine health programmes and at community level through the support of village health workers (VHW). In order to reach all eligible beneficiaries in the most remote villages, additional village-based food distribution points (FDPs) were established.

A household ration of maize meal, vegetable oil and pulses for the most vulnerable malnourished ART, PMTCT and TB-DOTS was provided to HIV/AIDS affected households to reduce sharing of the individual ration and to enable treatment adherence. Given the alarming food security situation in the country as a result of the soaring food prices and the impact of El Niño, WFP strengthened the household component by linking beneficiaries with sustainable economic activities implemented and supervised by NGOs at the community level, such as sewing and piggery. These income generating programmes aimed to boost the food security status of the selected beneficiaries and to reduce the risk of relapse among patients.

The household support (for vulnerable ART and TB clients) and blanket supplementary feeding for prevention of chronic malnutrition (stunting) interventions were implemented in four districts only as opposed to all 10 in the country, with a focus on those identified as having the highest stunting prevalence by the 2009 DHS.

WFP continued to provide food to support pregnant women in maternal waiting homes in all nine hard-to-reach clinics in the mountainous Thaba Tseka district, as part of a Delivering as One (DaO) initiative. On average, 80 expectant mothers were reached per month. This initiative is aimed at encouraging women to safely deliver in health centres to avoid the risks associated with home deliveries, and contributes to reducing maternal mortality

rates and mother-to-child HIV transmission. WFP provided the women with individual daily rations of 250g of Super Cereal, 20g of vegetable oil, 60g of pulses and 200g of maize meal. Monitoring outcomes indicate a high need for food support for these women due to poor household food security, which was further evidenced by an increase in attendance at the maternal waiting homes following the introduction of food support. However, due to lack of resources, four of the nine homes were closed in August 2015.

The nutrition component of the country programme was under-resourced in 2015, which meant food was only provided from January to August. Additionally, the country office had planned to introduce micronutrient powder for the prevention of stunting and micronutrient deficiencies in children under the age of five in community and pre-schools. However, this was not implemented due to lack of funding. WFP will continue to explore ways to enhance partnerships and mobilise resources for programme implementation in 2016.

Table 1: Overview of Project Beneficiary Information									
Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	54,702	69,298	124,000	47,017	66,275	113,292	86.0%	95.6%	91.4%
Total Beneficiaries (Comp.1 Enhancing Resilience and Responsi)	14,218	16,032	30,250	7,804	12,460	20,264	54.9%	77.7%	67.0%
Total Beneficiaries (Comp.2-Support for Pre-School Education)	24,000	26,000	50,000	24,187	25,813	50,000	100.8%	99.3%	100.0%
Total Beneficiaries (Comp.3-Nutrition and HIV)	16,484	27,266	43,750	15,026	28,002	43,028	91.2%	102.7%	98.3%
Comp.1 Enhancing Resilience and Responsi									
By Age-group:									
Children (under 5 years)	3,328	3,328	6,656	1,683	2,710	4,393	50.6%	81.4%	66.0%
Children (5-18 years)	3,630	3,630	7,260	2,081	3,439	5,520	57.3%	94.7%	76.0%
Adults (18 years plus)	7,260	9,074	16,334	4,040	6,311	10,351	55.6%	69.6%	63.4%
By Residence status:									
Residents	14,218	16,032	30,250	7,842	12,422	20,264	55.2%	77.5%	67.0%
Comp.2-Support for Pre-School Education									
By Age-group:									
Children (24-59 months)	24,000	26,000	50,000	24,187	25,813	50,000	100.8%	99.3%	100.0%
By Residence status:									
Residents	24,000	26,000	50,000	24,150	25,850	50,000	100.6%	99.4%	100.0%
Comp.3-Nutrition and HIV									
By Age-group:									
Children (under 5 years)	9,575	9,575	19,150	8,916	9,110	18,026	93.1%	95.1%	94.1%
Children (5-18 years)	1,800	4,315	6,115	1,768	3,222	4,990	98.2%	74.7%	81.6%
Adults (18 years plus)	5,109	13,376	18,485	4,342	15,670	20,012	85.0%	117.2%	108.3%
By Residence status:									

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Residents	16,484	27,266	43,750	15,017	28,011	43,028	91.1%	102.7%	98.3%

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets	25,000	5,250	25,000	15,484	6,353	20,264	61.9%	121.0%	81.1%
Comp.2-Support for Pre-School Education									
School Feeding (on-site)	50,000	-	50,000	50,000	-	50,000	100.0%	-	100.0%
Comp.3-Nutrition and HIV									
Nutrition: Treatment of Moderate Acute Malnutrition	3,500	-	3,500	2,520	-	2,520	72.0%	-	72.0%
Nutrition: Prevention of Stunting	22,250	-	22,250	21,915	-	21,915	98.5%	-	98.5%
HIV/TB: Care&Treatment	18,000	-	18,000	18,593	-	18,593	103.3%	-	103.3%

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets									
People participating in asset-creation activities	2,400	2,600	5,000	1,515	2,514	4,029	63.1%	96.7%	80.6%
Total participants	2,400	2,600	5,000	1,515	2,514	4,029	63.1%	96.7%	80.6%
Total beneficiaries	11,750	13,250	25,000	7,802	12,462	20,264	66.4%	94.1%	81.1%
Comp.2-Support for Pre-School Education									
School Feeding (on-site)									
Children receiving school meals in pre-primary schools	24,000	26,000	50,000	24,187	25,813	50,000	100.8%	99.3%	100.0%
Total participants	24,000	26,000	50,000	24,187	25,813	50,000	100.8%	99.3%	100.0%
Total beneficiaries	24,000	26,000	50,000	24,187	25,813	50,000	100.8%	99.3%	100.0%
Comp.3-Nutrition and HIV									
HIV/TB: Care&Treatment									
ART Clients receiving food assistance	2,352	2,448	4,800	1,905	2,725	4,630	81.0%	111.3%	96.5%

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
TB Clients receiving food assistance	157	163	320	358	233	591	228.0%	142.9%	184.7%
PMTCT Clients receiving food assistance	-	2,880	2,880	-	3,228	3,228	-	112.1%	112.1%
Total participants	2,509	5,491	8,000	2,263	6,186	8,449	90.2%	112.7%	105.6%
Total beneficiaries	7,394	10,606	18,000	6,609	11,984	18,593	89.4%	113.0%	103.3%

The total number of beneficiaries includes all targeted persons who were provided with WFP food/cash/vouchers during the reporting period - either as a recipient/participant or from a household food ration distributed to one of these recipients/participants.

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Comp.3-Nutrition and HIV									
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (under 5 years)	1,750	1,750	3,500	1,141	1,379	2,520	65.2%	78.8%	72.0%
Total beneficiaries	1,750	1,750	3,500	1,141	1,379	2,520	65.2%	78.8%	72.0%
Nutrition: Prevention of Stunting									
Children (6-23 months)	7,325	7,325	14,650	7,261	7,054	14,315	99.1%	96.3%	97.7%
Pregnant and lactating girls (less than 18 years old)	-	1,824	1,824	-	555	555	-	30.4%	30.4%
Pregnant and lactating women (18 plus)	-	5,776	5,776	-	7,045	7,045	-	122.0%	122.0%
Total beneficiaries	7,325	14,925	22,250	7,261	14,654	21,915	99.1%	98.2%	98.5%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Comp.1 Enhancing Resilience and Responsi			
Maize Meal	1,800	1,149	63.8%
Split Peas	270	138	50.9%
Vegetable Oil	90	56	61.8%
Sum	2,160	1,342	62.1%
Comp.2-Support for Pre-School Education			
Beans	225	184	81.7%
Corn Soya Blend	540	436	80.8%
Maize Meal	1,080	1,064	98.5%
Vegetable Oil	135	120	89.2%
Sum	1,980	1,805	91.1%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Comp.3-Nutrition and HIV			
Beans	215	115	53.4%
Corn Soya Blend	2,696	1,836	68.1%
Maize Meal	716	461	64.5%
Vegetable Oil	72	45	63.4%
Sum	3,698	2,458	66.5%
Total	7,838	5,605	71.5%

Cash-Based Transfer	Planned Distribution USD	Actual Distribution USD	% Actual v. Planned
Cash	378,000	345,524	91.4%
Voucher	-	-	-
Total	378,000	345,524	91.4%

Story Worth Telling

It has been a good day for 'Matselane Mokoini. The 59-year-old mother of eight has managed to sell 10 brooms and two mats, making M400 (USD28).

Mokoini is one of the 18 members of the Mocha-Oa-Tsepo savings group - one of the 26 savings groups founded in Qacha's Nek district in December 2013 with the support of WFP and World Vision International. The initiative was launched by World Vision and WFP to complement WFP nutrition activities – Mokoini's young grandson receives a regular ration of Super Cereal Plus through WFP's targeted supplementary feeding programme and Mokoini brings him to receive his food. Mokoini joined the Mocha-Oa-Tsepo savings group after accompanying her grandson to receive his nutritious foods and being exposed to the sensitization by World Vision and WFP. Through this initiative, family members of direct beneficiaries are encouraged to become self-sufficient and join savings groups to enable them to generate income for themselves and their families.

After operating for two years, the 26 voluntary savings loan projects have helped alleviated poverty in 363 households. In total, WFP and World Vision International mobilised communities across the country to establish some 101 savings groups.

Each member of the Mocha-Oa-Tsepo savings group contributes a monthly share of between M20 to M200 (USD1.50 - USD14) and since January 2014, the members have been borrowing from their savings and then paying back the money with interest ranging from 10 and 20 percent. In 2015, members started using part of the borrowed money to expand income-generating projects they had initiated when the projects were launched.

In addition, the groups have planned to open joint bank accounts to improve the management of their savings and move from small scale key-hole gardens, mat and broom production and home based food kiosks to joint business enterprises, such as community abattoirs and dairy plants.

Mokoini says that since she joined the savings group, she has not only been able to provide food for her family, but has managed to re-enrol her two daughters in secondary school after they dropped out three years ago. She sells each broom for 20 Maloti and each mat for 100 Maloti (USD 1.50 and USD 7, respectively). And of course, her young grandson is growing stronger through the Super Cereal Plus he receives. "Through the support of WFP and World Vision, we now know that ending hunger and poverty is possible. We are grateful," says Mokoini.

Progress Towards Gender Equality

In 2015, mainstreaming of gender issues under the DRR component was informed by lessons learnt from previous projects with a view towards strengthening partner skills and capacities to mainstream gender and protection in the programme cycle. Women constituted the majority of participants in all the FFA projects. Child care facilities were established to enhance the participation of nursing mothers, while village project sites were selected to reduce the

distance women had to travel from their homes. Joint site visit missions by stakeholders such as the Ministries of Forestry and Land Reclamation and Gender, World Vision International and WFP field staff were organized to assess the actual implementation of gender work norms. These norms were entrenched in the activities through public gathering awareness campaigns. The project demonstrated some positive externalities as gender relations improved within households. This was evident by an increased number of women who occupied leadership positions which were traditionally taken by men. Almost 44 percent of the executive positions were occupied by women, which represents an improvement compared to past years' FFA activities. In addition, WFP ensured that priority was given to building assets that save time and reduce women's work burdens. Construction of reservoir tanks and community woodlots largely facilitated and reduced the burden on women's productive and domestic tasks. Communities also reported reduced risks of drinking contaminated water, particularly in dry seasons.

Due to financial and technical constraints in 2015, the government, through the Disaster Management Authority, could not conduct the annual Community Household Surveillance (CHS), which had been used to measure household level indicators in 2014. WFP therefore relied on Post Distribution Monitoring data to report on these indicators. Since a different methodology was followed, data for the 2014 and 2015 could not be compared. The results indicate that under the DRR component more women made decisions on the use of food or cash. Though the methodologies differed, the proportion of households where men and women made joint decisions on the use of cash seems to have increased. Further analysis indicates that this occurred mostly in households where cash was distributed, while in households where only food was distributed decisions were made mostly by women. A slight shift was also observed in the nutrition component, where more men made decisions on the use of food compared to the previous year, while the proportion of households where a joint decision was made on the use of the food decreased. This could be the result of sensitizations directed towards men on the importance of their participation in nutrition-related activities.

Under the nutrition component, the Ministry of Health, WFP and other partners organised health and nutrition campaigns during the reporting period. The campaigns targeted remote communities that often have less or no access to information. During the campaigns, the women's rights organization Women and Law in Southern Africa disseminated essential messages on gender based violence (GBV) and human trafficking with a special focus on tackling gender stereotypes that often put women at increased risk of HIV infection, violence, malnutrition and burden on child care and household maintenance. The majority of men who attended the trainings committed to being 'game changers' in their communities in the sense of preventing and reporting any forms of abuse against women and children.

WFP, jointly with World Vision International, mobilised communities to create savings groups. This was seen as a life-changing initiative which empowered women economically and allowed them to have a say in determining the future of their families. This initiative provided a platform for women to exchange skills, share knowledge and support each other in day-to-day challenges. The groups also promoted the collective involvement of men and women. In all 101 groups created, women formed the majority of the participants. Some 82 percent of the chairman positions were awarded to women who were nominated based on their capacity to organize, account and solve problems. In some districts the Ministry of Agriculture joined the venture and equipped participants with invaluable skills like book keeping and funds management. In 2015, WFP joined the partnership with the Institute of Development Studies (IDS). As a consequence, a participatory action learning plan has been drafted along with government stakeholders to further explore, analyse, document and widely share knowledge and experiences on gender mainstreaming over a nine-month period (from January to September 2016). The partnership will strive to challenge gender norms and assumptions, and devise strategies to increase the participation of men in the WFP programmes, especially the ECCD and nutrition components. In previous years, WFP targeted men through its Positive Deviance (PD) initiative which aims to break this gender barrier, increase men's participation and their knowledge of health and nutrition activities. In communities where this approach was adopted, men's perception on nutrition and health issues was always reported to have changed.

Crosscutting gender indicators were not selected for the ECCD component at the logframe design stage since they are measured at community and household level, while feeding is done at school level and does not include take-home rations. These indicators could therefore not be measured for this project.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=20.00	11.00		38.50
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2014.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=70.00	80.00		54.50
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=10.00	9.00		7.00
Proportion of women beneficiaries in leadership positions of project management committees				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=50.00	40.00		44.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=100.00	100.00		100.00
Comp.3-Nutrition and HIV				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=15.00	7.00		6.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=70.00	91.00		85.00
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>LESOTHO, HIV/TB: Care&Treatment , Project End Target: 2017.12 , Base value: 2014.11 , Latest Follow-up: 2015.08</i>	=15.00	2.00		9.00

Protection and Accountability to Affected Populations

Protection and accountability indicators were measured for the DRR and nutrition components of the Country Programme, though were not for the ECCD component as this is an institution-based feeding programme with limited external safety threats.

Though no security risks were reported to project committees by beneficiaries, a low proportion of beneficiaries for both DRR and nutrition did report through post distribution monitoring that they had experienced security risks. These results have slightly deteriorated compared to 2014. The kind of incidents experienced include stolen food and money, both at home and on the way from the project site. WFP will endeavour to ensure that the project sites and distribution points are closer to beneficiary villages to reduced risks travelling from to and from the points, and will also make further efforts to improve the timeliness of the distributions.

Complaint mechanisms established for DRR beneficiaries included community help desks and suggestion boxes at project sites. The desks were managed by beneficiary representatives and feedback was channelled via confidential report slips, so beneficiaries could leave feedback in the sealed boxes anonymously. Key partners would meet monthly to open boxes and address the issues raised. The feedback varied from complaints to suggestions aimed at improving the project's outcomes.

A significant increase was observed in the proportion of households that were informed about the programme compared to the previous year. Almost all DRR beneficiaries reported that they were aware of the targeting criteria, their entitlements and the established complaint mechanisms. This progress is attributable to further sensitization efforts of the beneficiaries undertaken by WFP and partners.

The proportion of beneficiaries under the nutrition component reported to have been informed about the programme entitlements was much lower than under the DRR component, particularly in the case of beneficiaries receiving MAM treatment. This can mostly be attributed to the fact that the food rations were distributed by nurses who in most cases perceive the food distributions as an additional responsibility and are not informed about the programme. WFP has already started processes to engage NGOs and community-based organisations on sensitization activities.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	99.00		
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	99.00		
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	100.00		
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	99.00		
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	99.60		
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	99.00		
Comp.3-Nutrition and HIV				

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	49.00		
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	56.00		
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	98.00		
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	100.00		
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	59.00		
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	64.00		
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	98.00		
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	99.00		
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	54.00		
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=90.00	60.00		

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Prevention of Stunting , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	98.00		
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>LESOTHO, Nutrition: Treatment of Moderate Acute Malnutrition , Project End Target: 2017.12 , Base value: 2015.08</i>	=100.00	99.50		

Outputs

In 2015, the Country Programme reached approximately 91 percent of the planned figures, totalling some 113,000 beneficiaries. Overall achievement was affected by funding shortfalls in the DRR and nutrition components.

The DRR component was implemented in two districts, Mafeteng and Mohale's Hoek, through both cash and in-kind transfers in exchange for the construction of community assets. At the beginning of the year, drought was identified as a major threat to food and nutrition security. As a result, under the DRR component, the selection of the assets to be created through the FFA projects aimed to assist communities in dealing with climate-related shocks, primarily drought. A total of 36 (26 females and 10 males) foremen and women were trained in managing, supervising and maintaining the FFA activities at the selected project sites (16 under the cash modality and 20 under in-kind). WFP also distributed 2,000 agricultural working tools to the beneficiaries involved in the FFA projects to facilitate the timely completion of work.

Through this component, irrigation and domestic water tanks were constructed to help targeted communities harvest water from natural springs and rainfall. A total of six water tanks and one check dam were constructed. The provision of cash proved positive in terms of helping beneficiaries diversify their diets and assisting vulnerable households to meet their immediate food and non-food needs. WFP and World Vision International also mobilised communities to create savings groups, to help beneficiaries to increase household income.

Communities also undertook soil and water conservation-related activities including the creation of woodlots, which helps to reduce time and distance women and girls travel to collect firewood, given this responsibility typically falls to them. In some communities gully structures and check dams were constructed and range management activities implemented. As a result of the dry spells, increased focus was placed on the latter activities, hence an underachievement in the establishment of community woodlots. Two community gardens and two orchards were also established for the supply of fresh vegetables and fruits, and as a potential income-generating source. Trainings in nutrition and conservation agriculture were incorporated into the component to enhance beneficiaries' ability to adapt to shocks and manage food security threats.

Through funding from the World Bank, WFP continued to support the Disaster Management Authority (DMA) to establish an Early Warning and Information Management System to allow timely sharing of early warning information from central to community level and vice versa. Stakeholder and partner sensitization workshops were conducted at national, district and village levels through the District and Village Disaster Management teams, focusing on overall roles and responsibilities. A series of trainings in rolling out data collection responsibilities was also completed at national level with follow-up trainings being conducted at the district level for each of the ten districts. The Early Warning System process will continue in 2016.

During the reporting period, the National School Feeding Policy developed with WFP support in 2014 was endorsed by the cabinet of the Government of Lesotho. The policy sets the framework for a national school feeding programme—including the ECCD component—owned both financially and operationally by the government. WFP also supported the Ministry of Education and Training (MoET), in capacity needs assessment and the capacity development plan processes. The latter is still pending validation by the government. WFP, in partnership with the Ministry of Agriculture and Food Security (MoAFS), the Child and Gender Protection Unit (CGPU), MoET, Ministry of Health through the Environmental Health department, and the Lesotho Red Cross Society (LRCS) conducted trainings for ECCD caregivers in the districts of Maseru and Mohale's Hoek. A total of 272 ECCD caregivers (all female) were reached with messaging on the importance of vegetable production in pre-schools as a way of complementing the WFP food basket, on water and sanitation hygiene, as well as on nutrition sensitization. During the training, issues related to child abuse reporting were also addressed. WFP, in partnership with Lesotho National

Olympic Committee (LNOC), through its Olympafrica Youth Ambassador Programme (OYAP), trained a total of 46 ECCD caregivers (all female) from the district of Mafeteng. The training aimed at assisting ECCD caregivers with skills to better guide and oversee the child development. The training was also aimed at equipping ECCD caregivers with sport and communication skills, and to encourage teamwork and build tolerance and confidence.

In order to improve nutrition and HIV support implementation, WFP provided financial and technical support to the Ministry of Health in training 17 nurses in Maseru district on Nutrition Assessment Counselling and Support (NACs) programme; and provided on the job coaching to 440 nurses in 128 health facilities. This activity was supported by the Elizabeth Glaser Paediatric Aids Foundation (EGPAF) and the Ministry of Agriculture and Food Security by covering the costs of the printing of the manuals for the participants and facilitators. In addition, EGPAF facilitated some of the training modules. Due to lack of nutritionists at the health facility level, Maseru nurses were assisted in creating a WhatsApp group where day- to-day health and nutrition issues could be raised and technical guidelines provided timely. Although some level of improvement was observed as to the management of nutrition data, an outstanding challenge was weak follow up on the programme in the absence of the trained nurses, or a nutrition focal point. WFP will continue to support the Ministry of Health in training other nurses in the remaining districts. A total of 72 agriculture nutrition extension officers were trained in nutrition counselling. This was done in an effort to extend counselling at community level through families and caregivers.

WFP procured and distributed nutrition assessment equipment and other tools to the Ministry of Health to ensure that all necessary tools were available for programme implementation. This included 1,400 children and adult mid-upper arm circumference (MUAC) tapes, 35 salter scales, 35 seca scales, 400 body mass index (BMI) wheels, and 150 Nutrition Assessment, Counselling, and Support (NACS) manuals and reference tables. Five districts with high HIV/AIDS prevalence and with health facilities lacking equipment were selected to receive the tools. In addition, 800 posters on health and nutrition key messages including the hygienic preparation of Super Cereal and 100 copies of complementary feeding recipe booklets were printed and distributed for nutrition education through nutrition clubs, nutrition corners, food distribution points, education and counselling sessions in the health facilities.

WFP undertook a rapid assessment on the impact of the four-month pipeline break on HIV and TB care and treatment programmes, which highlighted a decreased adherence by clients to programmes in this period due to a lack of food. This is of concern particularly in light of a worsening food security situation resulting from a poor 2015/16 harvest and high food prices.

Through the Unified Budget, Results and Accountability Framework (UBRAF), vulnerable and food insecure ART and TB-DOTS clients were involved in livelihood activities at community level. This programme was led by WFP's cooperating partners including World Vision International, Caritas Lesotho and Lesotho Red Cross. Targeted households benefited from activities such as vegetable production, food preservation and saving schemes. As a result of the vegetable production activity, 135 households received 0.17mt of sugar beans, mustard, spinach, beetroot, kale, rape and tomato seeds. A total of 100 solar dries and 200 food preservation bottles for vegetable and fruit preservation, and eight sawing machines were also provided. Vegetable production was greatly affected by a lack of water due to the impact of drought-induced El Nino.

WFP continued to support the government in establishing 42 new community based nutrition clubs through the positive deviance approach in the districts of Butha-Buthe, Mohale's Hoek, Thaba-Tseka and Qacha's Nek. The clubs serve as platforms for health and nutrition education and counselling for both men and women to bring about desirable long-term changes in health and nutrition behaviours.

WFP, along with other partners, provided technical and financial support to the Ministry of Health on the review of the IMAM guidelines. This revision aims to incorporate new WHO recommendations on the management of acute malnutrition. WFP funded an IMAM validation workshop for 120 participants comprising government and NGOs stakeholders. WHO and UNICEF funded international and national consultants respectively while EGPAF funded the printing of the IMAM guidelines. In 2015, the government further reviewed and updated the National Nutrition Policy, and it is expected this process will be finalized in 2016.

Output	Unit	Planned	Actual	% Actual vs. Planned
Comp.1 Enhancing Resilience and Responsi				
SO3: Food-Assistance-for-Assets				
Hectares (ha) of community woodlots	Ha	7	4	57.1

Output	Unit	Planned	Actual	% Actual vs. Planned
Hectares (ha) of gully land reclaimed as a result of check dams and gully rehabilitation structures	Ha	7	14	202.9
Quantity of agricultural inputs (seeds, fertilizer) distributed	Mt	10	8	80.0
Quantity of agricultural tools distributed	item	2,000	2,000	100.0
Comp.3-Nutrition and HIV				
SO4: HIV/TB: Care&Treatment; and HIV/TB: Mitigation&Safety; Nets and Nutrition: Prevention of Stunting and Nutrition: Treatment of Moderate Acute Malnutrition				
Quantity of agricultural inputs (seeds, fertilizer) distributed	Mt	0	0	50.0
SO4: HIV/TB: Care&Treatment; and Nutrition: Prevention of Stunting and Nutrition: Treatment of Moderate Acute Malnutrition				
Quantity of equipment (computers, furniture) distributed	item	100	70	70.0
Quantity of inputs for nutrition activities distributed	item	1,200	1,350	112.5
SO4: HIV/TB: Mitigation&Safety; Nets and Nutrition: Prevention of Stunting and Nutrition: Treatment of Moderate Acute Malnutrition				
Quantity of agricultural tools distributed	item	50	150	300.0
SO4: Nutrition: Prevention of Stunting and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	300	529	176.3
Number of technical assistance activities provided	activity	2	8	400.0

Outcomes

In the reporting year, improvements were observed in household food security through the food consumption scores. However, when looking at the overall results of the DRR interventions, only slight improvements were made in the project outcomes. An overall increase in the enrolment rate was observed for pre-primary school feeding. No relevant improvement was registered in the nutrition MAM indicators, notwithstanding the efforts made in 2015 to strengthen the partnerships with the Government and the NGOs, particularly on the data collection. Continued efforts need therefore to be made to improve the quality of data at the health facility level.

One major setback experienced in 2015 was that the Community Household Surveillance, which is led by the government through the Disaster Management Authority (DMA), could not take place as planned in October 2015 due to financial and other technical challenges within the DMA. This created a gap in that some of the key outcome indicator results, such as the Minimum Acceptable Diet and the Coping Strategy Index, could not be obtained.

MAM performance data was collected monthly from the health facilities and compiled, while programme coverage for MAM treatment was measured through a desk review. Monitoring of other project activities was conducted mainly through Post Distribution Monitoring (PDM) for nutrition and resilience building programmes. However, because of the differences in sampling and methodology for CHS and PDM, direct comparisons could not be made between 2014 and 2015 data. Instead, onsite monitoring was used for the pre-primary school feeding. For the PDM data collection, supported sites and households were randomly sampled and data was collected by WFP field monitors through the use of android devices and electronically sent to the Country Office for analysis.

Onsite monitoring checklists were administered to randomly sampled schools per district by WFP field monitors and the district school feeding officers, through the use of android devices. At this point, data was sent electronically to

the Country Office for quarterly analysis. The checklists focused mainly on process and implementation monitoring but also included enrolment data for triangulation purposes. Enrolment data for all primary schools were collected by the Ministry of Education and shared with WFP for WFP-supported schools during the first quarter of the year.

Though different methodologies were used in data collection, there were overall improvements in the proportion of households with poor (5 percent) and borderline (28 percent) food consumption in the supported districts. The main improvement was highlighted in the percentage of households moving from poor to borderline food consumption, which is now on course to meet the project end target. However, improvements in households with borderline food consumption are still far from target.

Even though food consumption scores indicate that the majority of the supported households were sufficiently meeting energy requirements, dietary diversity was low (3.1). This is a reflection of the fact that supported households depended largely on the food assistance provided and did not have other sources of food or income to meet their household food requirements. Slightly higher dietary diversity for female-headed households than male-headed households was observed among those receiving cash transfers.

The improvement in poor food consumption scores was observed more in female-headed households (3 percent) than male-headed households (8 percent), among those households receiving cash transfers. Further analysis has indicated that more male-headed households receiving cash transfers shared or lent their cash than female-headed households, and at least 55 percent shared half or more than half of the cash received. Additionally, more male-headed households (43 percent) than female-headed households (25 percent) reported using less than half of the cash to buy food. These results therefore indicate that though cash transfers allow households more independence in varying diets and meeting household needs, further sensitization is needed to ensure the cash is used predominantly to buy food, and to encourage households to engage in other livelihood activities that could assist them in meeting daily food requirements.

The community asset score (CAS) measures the difference WFP has made with community asset creation in all supported communities. To measure this change, the CAS methodology considers the assets created, whether or not they are having a positive impact in the community, and if they are used by at least 50 percent of the community members. In 2015, the assets created ranged from planting of fruit and agro-forest trees, rehabilitation of land through removal of invader crops and replanting of range grass, building of gully head and silt trap structures, and tanks and dams for irrigation purposes. While a large number of assets were created and others rehabilitated, a decrease in CAS was observed compared to the previous year. This was primarily as some assets created, such as trees and grass, will require time to grow for the community to start benefiting. The late rains also meant some of the dams and tanks constructed were not yet functional by the end of the reporting period.

Support to pre-primary education was measured mainly through the enrolment rate and the gender ratio. The 2015 data shows a slightly higher proportion of girls enrolled (1.06) in WFP supported pre-primary schools compared to 2014. An overall increase was observed in the enrolment rate for both girls and boys.

The National Capacity Index (NCI) to implement a school feeding programme slightly increased in 2015. This was mainly due to the endorsement of the national school feeding policy in 2015 which was drafted and validated through WFP support in 2014. As a result of the endorsement of the policy, the government has shown ownership of the policy itself by disseminating it through a high-level Ministry task team which held public district gatherings and media talks. The Ministry of Education and Training and the Food Management Unit (FMU) staff were trained in different areas and quarterly stakeholder meetings were held as a follow-up to the gaps that were identified during the 2014 NCI stakeholder workshop. The trainings and quarterly stakeholder meetings have resulted in joint district work plans and monitoring schedules which have improved on programme implementation and monitoring.

The NCI indicator was measured through a stakeholder workshop facilitated by WFP. It should be noted that this is not a new project and therefore a Systems Approach for Better Education Results (SABER) exercise was not conducted.

WFP continued advocating for improved data capturing and reporting on MAM performance indicators at the management levels of the Ministry of Health, health facilities and other key government and NGO stakeholders. On-the-job coaching and training of nurses continued during monitoring visits to health facilities so as to improve the quality of nutrition data. Further to this, WFP, in partnership with Elizabeth Glaser Paediatric Aids Foundation (EGPAF), facilitated a coordination meeting with key nutrition stakeholders from all districts to advocate for improvements in the coordination, implementation, and monitoring of the nutrition activities. This resulted in district action plans and better coordination within districts. A Memorandum of Understanding (MOU) was also signed with EGPAF which covers capacity building for nurses on MAM programme and data management since EGPAF has presence in some health facilities and is in touch with most health facilities for nutrition corners.

Despite these efforts, the recovery rate for all categories declined compared to the previous year, while the non-response rate for MAM treatment increased, defaulter rates increased and mortality rates remained constant. Programme coverage for MAM treatment also deteriorated when compared to the previous year. The deterioration

in these indicators could mostly be attributed to the poor quality of the health facility data and to the delays in graduating clients from the programme. In 2016, WFP intends to implement the MoU with EGPAF in order to improve on the data quality for HIV/AIDS care and treatment activity. WFP is also currently engaged in talks to establish partnerships with community-based organisations and NGOs that are already working with clients and health facilities to support data collection at facilities and livelihood activities. Further to this, the nutrition programme experienced a pipeline break in July due to funding challenges which led to deliveries ending in July instead of December as per project plan. According to the anecdotal evidence collected by WFP through a rapid assessment in the health centres in December 2015, the lack of food reduced the adherence of HIV/AIDS clients to the ART therapy.

The coverage indicator for the prevention of stunting could not be measured this year due to funding constraints. Also, the mid-term evaluation suggested shifting the intervention to other areas where the stunting rate had increased, according to the 2014 Demographic Health Survey. Therefore, since the data collection for this indicator would have been a baseline in some districts, the country office decided to wait for the approval of a budget revision in early 2016.

The National Capacity Index on nutrition deteriorated slightly when compared to 2014. Stakeholder discussions on national capacity indicated that there is a draft nutrition policy in place which was reviewed in 2015, and that nutrition has been identified as one of the key areas in the National Strategic Development Plan. However, one major capacity gap identified by the nutrition stakeholders was that although nutrition was recognized nationally and there were budget lines for salaries of personnel working in nutrition departments, there was a gap in terms of budget lines to support programme implementation. Another key factor was that Ministry budget cuts often affected nutrition units and departments. Despite these challenges, stakeholders agreed that the draft Nutrition Strategy provided implementation guidance for nutrition activities and that support from external funding sources has been one of the key ingredients to implement nutrition activities. It was also agreed that nutrition structures are mostly decentralized up to the district and community level. Community initiatives such as breastfeeding support groups, community nutrition campaigns, positive deviance and child health day campaigns indicated the available capacity in community nutrition. Trainings were also undertaken to further capacitate different stakeholders at national, district and community levels to further enhance the capacity of stakeholders in the nutrition sector.

To address some of the gaps identified, WFP and UNICEF have raised funds that will be used to support the government to conduct a Cost of Hunger Study (COHA) in 2016, which will be used as an advocacy tool for nutrition programmes with a particular focus on influencing budgeting for nutrition activities.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi				
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				
CAS: percentage of communities with an increased Asset Score				
<i>MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 CAS monitoring tools , Base value: 2014.11 WFP programme monitoring CAS Monitoring tool , Latest Follow-up: 2015.09 WFP programme monitoring CAS Monitoring tool</i>	=60.00	47.00	-	45.00
FCS: percentage of households with poor Food Consumption Score				
<i>MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.12 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance</i>	=4.40	22.00	6.00	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.12 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	=7.20	36.00	37.00	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.11 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	=4.40	22.00	7.00	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.12 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	=4.20	21.00	6.00	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.12 Joint survey Community Household Surveillance (CHS) , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	=7.80	39.00	38.00	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community household surveillance , Base value: 2013.12 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 WFP programme monitoring Community Household Surveillance	=6.40	32.00	35.00	-
Diet Diversity Score				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.11 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	>4.55	4.55	4.95	-
Diet Diversity Score (female-headed households)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.11 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	>4.55	4.55	4.95	-
Diet Diversity Score (male-headed households)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2013.11 Joint survey Community Household Surveillance , Previous Follow-up: 2014.11 Joint survey Community Household Surveillance	>4.60	4.60	4.92	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Coping Strategy Index (average)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2014.12 Joint survey Community Household Surveillance	<4.37	4.37	-	-
CSI (Asset Depletion): Coping Strategy Index (average)				
MASERU, MAFETENG, MOHALE'S HOEK AND QUTHING , Project End Target: 2017.12 Community Household Surveillance , Base value: 2014.12 Secondary data Community Household Surveillance	<1.08	1.08	-	-
Comp.2-Support for Pre-School Education				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Increased equitable access to and utilization of education				
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted pre-schools				
LESOTHO , Project End Target: 2017.12 WFP Records , Base value: 2012.12 WFP programme monitoring WFP Records , Previous Follow-up: 2014.11 Secondary data , Latest Follow-up: 2015.11 Secondary data	=4.00	-0.50	2.90	4.80
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted pre-schools				
LESOTHO , Project End Target: 2017.12 WFP records , Base value: 2012.12 WFP programme monitoring WFP records , Previous Follow-up: 2014.11 Secondary data , Latest Follow-up: 2015.12 Secondary data	=1.00	-5.00	-3.80	3.90
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted pre-schools				
LESOTHO , Project End Target: 2017.12 WFP records , Base value: 2012.12 WFP programme monitoring WFP Programme Records , Previous Follow-up: 2014.11 Secondary data , Latest Follow-up: 2015.11 Secondary data	=6.00	4.00	9.50	5.70
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				
NCI: School Feeding National Capacity Index				
LESOTHO , Project End Target: 2017.12 Stakeholder workshop , Base value: 2012.12 WFP survey Stakeholder workshop , Previous Follow-up: 2014.12 WFP programme monitoring , Latest Follow-up: 2015.12 WFP programme monitoring	=15.00	10.00	14.50	15.00
Comp.3-Nutrition and HIV				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
Proportion of eligible population who participate in programme (coverage)				
BEREA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA , Project End Target: 2017.12 Cross-sectional Survey	>70.00		-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of children who consume a minimum acceptable diet				
<i>BEREA, MOKHOTLONG, QACHA'S NEK, THABA-TSEKA , Project End Target: 2017.12 Post distribution monitoring , Base value: 2014.01 Joint survey Community Household Surveillance</i>	>70.00	15.00	-	-
MAM treatment recovery rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.11 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	>75.00	4.00	12.00	10.40
MAM treatment mortality rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.11 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	<3.00	0.00	0.10	0.10
MAM treatment default rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.11 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	<15.00	0.00	0.50	1.30
MAM treatment non-response rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.11 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	<15.00	96.00	87.00	88.20
Proportion of eligible population who participate in programme (coverage)				
<i>LESOTHO , Project End Target: 2017.12 Desk Review , Base value: 2014.12 WFP programme monitoring Desk Review , Latest Follow-up: 2015.12 WFP programme monitoring Desk Review</i>	>70.00	87.00	-	83.00
ART Nutritional Recovery Rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.12 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	>75.00	8.00	13.00	11.60
TB Treatment Nutritional Recovery Rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.12 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	>75.00	8.00	13.00	11.60
PMTCT Nutritional Recovery Rate (%)				
<i>LESOTHO , Project End Target: 2017.12 checklists administered to health centres (Health records) , Base value: 2014.01 WFP programme monitoring , Previous Follow-up: 2014.12 WFP programme monitoring , Latest Follow-up: 2015.08 WFP programme monitoring</i>	>75.00	0.10	24.00	8.00
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
NCI: Nutrition programmes National Capacity Index MASERU, LESOTHO , Project End Target: 2017.12 Stakeholder workshop , Base value: 2013.12 WFP programme monitoring Stakeholder workshop , Previous Follow-up: 2014.12 WFP programme monitoring Stakeholder Workshop , Latest Follow-up: 2015.12 WFP programme monitoring Stakeholder Workshop	=15.00	12.00	13.00	12.00

Sustainability, Capacity Development and Handover

In 2015, WFP organized a study tour for Lesotho government officials to Ethiopia to learn how to develop and design a comprehensive safety net programme which could address both chronic and acute vulnerabilities. This study tour was aimed at establishing the best practices, strategies, tools and innovative approaches for resilience-centered programmes in Lesotho. Plans are underway to draw a road map for possible areas of partnership with the Government of Ethiopia to implement sustainable nationally owned safety net programmes in Lesotho. A full-fledged plan will be finalized early 2016.

The engagement of the communities and their involvement in the planning and execution of FFA activities is perceived as key to stimulating ownership and ensuring sustainability of the assets created. In order to enhance the capacity of the government in disaster preparedness and response, DMA was technically and financially supported to establish an Early Warning System. This was done through trainings to improve skills and provision of equipment and tools. As a way forward, DMA will be required to recruit four additional technical staff for the effective management of the Early Warning System.

A Lesotho delegation led by the Minister of Education attended the Global Child Nutrition Forum in Cape Verde in September 2015. The forum provided a platform for representatives of governments to share experiences on how to fund and build national school feeding programmes, in particular those linked to the local agricultural production.

WFP provided financial and technical support for the launch of the first national nutrition forum to celebrate the achievement and status of the first African Union Nutrition Champion, His Majesty King Letsie the III. During this forum, policy makers, high government officials, development partners and private sector were sensitized on the country's nutrition challenges and the consequences. Together the participants planned the way forward in the implementation of the championship work plan aimed at improving the national nutritional status, after which they pledged to support national nutrition programmes.

WFP, in collaboration with UNDP and UNICEF, raised USD132,195 to support the Government of Lesotho to conduct the Cost of Hunger study (COHA) as of January 2016. The study will provide evidence on the effects of child undernutrition on the socio-economic development of Lesotho, and the results used as an advocacy tool to support nutrition programmes. Furthermore, it will serve to increase support for the Scaling Up Nutrition (SUN) Movement and the Zero Hunger Challenge.

As part of the national school feeding programme handover process, ECCD feeding has been included in school feeding policy that was approved in July 2014. Discussions as to the government's capacity to include the ECCD component in its budget were initiated over the course of 2015, and the government has committed to including ECCD feeding in the 2017/2018 budget. With the support of a local NGO, pre-school teachers were empowered through training to enable efficient and effective learning in pre-schools.

Inputs

Resource Inputs

The country office received cash contributions from donors and the Unified Budget Results and Accountability Framework (UBRAF) fund which were used for procurement of food and non-food items respectively. However, food assistance could not be sustained throughout the reporting period due to insufficient funding.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
China	0	736	56
Japan	0	1,743	0
Luxembourg	0	299	0
Private Donors	0	272	0
South Africa	0	190	0
Total	0	3,240	56

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and In-Kind Receipts

All food items continued to be procured internationally and regionally following a resolution to suspend local suppliers who could not meet WFP quality and safety standards. All food items for the ECCD component originated from South Africa as per one of the conditions of the contribution. Food deliveries to pre-schools were delayed in the first quarter due to procurement challenges, which resulted in the late arrival of food in the country.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Maize Meal	0	870	0	0
Vegetable Oil	0	58	0	0
Total	0	928	0	0

Food Transport, Delivery and Handling

All food items were stored in the Government of Lesotho's Food Management Unit warehouses that are located throughout the country. To enhance proper storage, WFP provided a series of maintenance activities to renovate several warehouses. These activities included electrical maintenance to provide sufficient light and construction of the offloading canopy to aid offloading on rainy days. Changing rooms were also constructed to provide shelter and enable the cleanliness of labourers prior and post food handling. In some warehouses paving was laid for improved space functionality in rainy seasons.

Post-Delivery Losses

Minimal losses were incurred in transit, and any losses were compensated for by the transporters. Routine warehouse inspections, operational meetings and the training of warehouse managers helped to reduce losses.

Management

Partnerships

In 2015, WFP worked with a number of key partners for the successful implementation of activities, including government ministries, and other UN agencies, particularly UNICEF and FAO, as part of the Delivering as One initiative.

Under the DRR component, WFP partnered with government ministries, UN agencies, NGOs, and one bank. Specifically, partners included the Disaster Management Authority (DMA), the Ministry of Forestry, the Ministry of

Gender, the Ministry of Local Government, UNICEF, FAO, World Vision International, and Standard Lesotho Bank. Collaborations were based on the comparative advantage of each partner to complement the activities carried out under the DRR component. The DMA coordinated the identification of DRR project areas and facilitated the beneficiary targeting and registration processes. UNICEF contributed to the targeting process through NISSA. The Ministry of Forestry, jointly with FAO, provided technical inputs on the selection and location of assets, the training of foremen and women, the construction of the assets and the monitoring of the progress made on asset creation.

World Vision International supported the implementation of the Food Assistance for Assets activities, including the supervision of the work flow, the monitoring of attendance, the completion of daily work allocation and the overall progress of the works. Standard Lesotho Bank facilitated the distribution of cash payments to the beneficiaries.

WFP, in collaboration with the World Bank, provided technical and financial assistance to DMA to establish an Early Warning System which includes inter-sectoral information sharing and active participation of the local communities to enable a multi-dimensional response. This support entailed the setting up of a structure for managing the system and the information management platform for information sharing.

Within the ECCD component, WFP collaborated with the Lesotho National Olympic Committee through the Olympafrica Youth Ambassador programme (OYAP) to impart life-skills to pre-school teachers. The teachers were further trained on gender issues, water, sanitation and hygiene.

Under the nutrition and HIV component, through the Delivering as One initiative, WFP collaborated with UNICEF, FAO, WHO and UNDP in addressing an array of nutrition interventions in the country. The Ministry of Health led the implementation of the nutrition and HIV/AIDS component, as treatment of MAM is integrated in mother and child health and care and treatment programmes provided in the health facilities. In six out of ten districts, WFP attempted to fully integrate nutrition support in the care and treatment programme by storing nutrition commodities in the health facilities. In these districts, the distributions were linked to medication refills while in the remaining four districts, food distributions were carried out by the Lesotho Red Cross Society, World Vision International and Caritas Lesotho.

Through the partnership with the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), WFP provided nutrition supplements while EGPAF ensured that nutrition assessment, education and counselling were made available to targeted beneficiaries.

The Food and Nutrition Coordination Office (FNCO) played a key role in coordinating programme implementation through the establishment of a stakeholder forum where programme implementation progress and complementarities were reviewed regularly.

WFP worked in collaboration with the Nutrition Unit of the Ministry of Agriculture and Food Security to strengthen the community-based nutrition activities and community facility linkages, along with UN agencies and development partners. Moving forward, WFP will work with community-based organizations and NGOs with a view to strengthening facility and community linkages, and building the capacity of community health workers (CHWs). WFP's contribution will be in line with the 90-90-90 UNAIDS strategy. The Ministry of Agriculture and Food Security, through its Nutrition Department, led implementation of the Positive Deviance strategy at community level.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	4	2	1	2

Cross-cutting Indicators	Project End Target	Latest Follow-up
Comp.1 Enhancing Resilience and Responsi		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Latest Follow-up: 2015.08</i>	=30,000.00	12,782.00
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Latest Follow-up: 2015.11</i>	=4.00	7.00

Cross-cutting Indicators	Project End Target	Latest Follow-up
Proportion of project activities implemented with the engagement of complementary partners		
<i>LESOTHO, Food-Assistance-for-Assets , Project End Target: 2017.12 , Latest Follow-up: 2015.08</i>	=100.00	100.00
Comp.2-Support for Pre-School Education		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, School Feeding , Project End Target: 2017.12 , Latest Follow-up: 2015.12</i>	=2,000.00	815.00
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, School Feeding , Project End Target: 2017.12 , Latest Follow-up: 2015.12</i>	=4.00	7.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>LESOTHO, School Feeding , Project End Target: 2017.12 , Latest Follow-up: 2015.12</i>	=100.00	100.00
Comp.3-Nutrition and HIV		
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>LESOTHO, Nutrition , Project End Target: 2017.12 , Latest Follow-up: 2015.12</i>	=4,000.00	50,000.00
Number of partner organizations that provide complementary inputs and services		
<i>LESOTHO, Nutrition , Project End Target: 2017.12 , Latest Follow-up: 2015.12</i>	=10.00	11.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>LESOTHO, Nutrition , Project End Target: 2017.12 , Latest Follow-up: 2015.08</i>	=100.00	100.00

Lessons Learned

In 2015, WFP undertook the mid-term evaluation of its Country Programme. Most of the key lessons learnt emphasized in this section are in line with the main evaluation's recommendations.

The short timeframe of the activities (six months) under DRR often undermine the realization of the objective of enhancing the resilience to shocks of the targeted beneficiaries through the creation of assets. Future resilience-based programmes should be implemented for at least a couple of years as a longer process would allow the creation of solid assets. A longer-term timeframe would also ensure the building of community ownership of the assets created as well as the possibility to assess the impact of the assets created on the income and livelihoods of the communities in due course.

During the establishment of the Early Warning System within DMA there were challenges that delayed the progress of the activities, primarily the weak capacity of DMA in terms of both staffing and skills. The filling of critical positions of technical specialists and system administrators is required to ensure the functionality and sustainability of the system. Once these positions are covered, further trainings will be required in 2016.

The smooth handover of the ECCD feeding programme is highly dependent on developing the capacity of the government, including areas of coordination, implementation, monitoring and evaluation. WFP plans to conduct a specific capacity needs assessment for the ECCD unit. The drafting process of an ECCD capacity development plan for the MoET is also envisaged in view of the programme's handover process. However, these activities will be dependent on adequate funding; hence the need for WFP to conduct resource mobilization activities specifically for the capacity development process.

The mid-term programme evaluation strongly recommended more focus on the prevention of stunting due to widespread prevalence across the country. Therefore, WFP interventions will continue to focus mainly on enhancing initiatives that reduce malnutrition from pre- pregnancy to the child's second birthday. To this end, WFP will support bottom-up programmes and strategies such as positive deviance and other social change initiatives to improve community knowledge and response including the grassroots participation of men.

Given the new emerging evidence that a significant proportion of stunted children are born from adolescent girls, the Country Office plans to explore ways of supporting this vulnerable group. This will be achieved through collaboration with UNFPA, the Ministry of Health, NGOs and community-based organizations that have programmes targeting youth.

With the roll-out of the decentralization process, the administration and thus the supervision of nutrition and HIV/AIDS programmes are likely to shift. As a result, WFP will engage with all relevant departments including local government to provide assistance on nutrition support services available within their locality.

Operational Statistics

Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Comp.1 Enhancing Resilience and Responsi									
Food-Assistance-for-Assets	5,000	1,050	5,000	3,114	1,035	4,029	62.3%	98.6%	80.6%
Comp.2-Support for Pre-School Education									
School Feeding (on-site)	50,000	-	50,000	50,000	-	50,000	100.0%	-	100.0%
Comp.3-Nutrition and HIV									
Nutrition: Treatment of Moderate Acute Malnutrition	3,500	-	3,500	2,520	-	2,520	72.0%	-	72.0%
Nutrition: Prevention of Stunting	22,250	-	22,250	21,915	-	21,915	98.5%	-	98.5%
HIV/TB: Care&Treatment	8,000	-	8,000	8,449	-	8,449	105.6%	-	105.6%

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
China	CHA-C-00037-05	Maize Meal	0	680	0
China	CHA-C-00037-05	Vegetable Oil	0	56	56
Japan	JPN-C-00340-01	Corn Soya Blend	0	170	0
Japan	JPN-C-00429-01	Corn Soya Blend	0	789	0
Japan	JPN-C-00429-01	Maize Meal	0	616	0
Japan	JPN-C-00429-01	Split Peas	0	168	0
Luxembourg	LUX-C-00125-11	Corn Soya Blend	0	299	0
Private Donors	WPD-C-03253-01	Corn Soya Blend	0	272	0
South Africa	SAF-C-00023-01	Maize Meal	0	190	0
Total			0	3,240	56