

برنامج
الأغذية
العالمي



Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

**Executive Board
Annual Session**

Rome, 4–8 June 2012

DRAFT COUNTRY PROGRAMMES

Agenda item 8

For consideration

E

Distribution: GENERAL
WFP/EB.A/2012/8/2
10 May 2012
ORIGINAL: ENGLISH

DRAFT COUNTRY PROGRAMME LESOTHO 200369 (2013–2017)

This document is printed in a limited number of copies. Executive Board documents are available on WFP's Website (<http://executiveboard.wfp.org>).

NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Regional Director, ODJ*: Mr M. Darboe tel.: 066513-2201

Senior Liaison Officer, ODJ: Ms N. Hegazy tel.: 066513-3189

Should you have any questions regarding availability of documentation for the Executive Board, please contact Ms I. Carpitella, Senior Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Regional Bureau Johannesburg (Southern Africa)

EXECUTIVE SUMMARY

The Government's development targets in its Vision 2020 policy are to be realized through the National Strategic Development Plan 2012–2017. There is general optimism, but Lesotho struggles with persistent development challenges such as chronic poverty, widespread food insecurity, high rates of malnutrition and HIV prevalence of 23 percent – the third highest in the world.

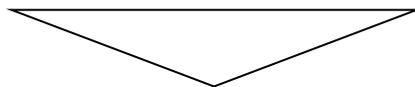
Access to food at the household level is undermined by chronic poverty and socio-economic inequality. Subsistence agriculture remains the main livelihood for most Basotho, who are vulnerable to increasingly erratic weather patterns and land degradation. As a consequence, 514,000 people face food insecurity.

Chronic undernutrition is a significant obstacle to attainment of Millennium Development Goal 1. The health of mothers and children is threatened by the 39 percent prevalence of stunting and 47 percent prevalence of iron deficiency; 56 percent of deaths among children under 5 are HIV-related. Lesotho has a tuberculosis prevalence of 405 per 100,000 people; 76 percent of people with tuberculosis show co-infection with HIV.

Country programme 200369 supports government plans and addresses some of the constraints to the realization of Millennium Development Goals 1, 2, 4, 5, 6 and 7. It will focus on: i) enhancing preparedness for weather-related shocks; ii) addressing the underlying causes of vulnerability for those most affected by shocks; and iii) supporting the Government in enhancing the nutritional and social well-being of vulnerable groups. A combination of food assistance and capacity development will target children under 5 in pre-schools, pregnant and lactating women, and people living with HIV and tuberculosis.

The country programme supports outcomes 4, 6, 7, 8 and 11 of the United Nations Development Assistance Framework (2013–2017) and WFP's Strategic Objectives 2, 4 and 5. It marks a transition in WFP's support in Lesotho from a focus on recovery to concentration on development objectives. Country programme 200369 uses food assistance to support the Government in ensuring long-term solutions to the challenge of hunger.

DRAFT DECISION*



The Board takes note of draft country programme Lesotho 200369 (2013–2017) (WFP/EB.A/2012/8/2), for which the food requirement is 33,060 mt at a cost of US\$16.8 million, for a total cost to WFP of US\$35.4 million, and authorizes the Secretariat to formulate a country programme, taking into account the observations of the Board.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS

1. Lesotho is a small, mountainous country surrounded by the Republic of South Africa; its population is 1.88 million.¹ Three-quarters of the land is at altitudes between 2,000 m and 3,500 m; the lowlands are between 1,400 m and 2,000 m. Lesotho has a Human Development Index ranking of 160th of 187 countries.²
2. Despite economic growth in recent years and good performance in the education sector, Lesotho struggles with persistent development challenges such as chronic poverty, high unemployment, food insecurity exacerbated by weather-related shocks, chronic malnutrition with stunting at 39 percent, an iron deficiency rate of 47 percent, and HIV prevalence of 23 percent – the third highest in the world.
3. Gross domestic product (GDP) in 2010 was US\$2.3 billion; GDP per capita was US\$1,222.³ The service industries are the largest contributor to GDP; agriculture contributes 7 percent, down from 12 percent in 2001. The decline in the agriculture sector is mainly caused by deteriorating weather conditions, reliance on cheap imports, and falling remittances from miners employed in South Africa, which have reduced purchasing power for agricultural inputs. Nonetheless, with 76 percent of the population depending on subsistence farming, agriculture remains important.⁴
4. Between 2001 and 2010, GDP growth averaged 3.7 percent per year,³ but the global economic crisis had severe effects and revenues from the Southern Africa Customs Union have declined sharply, as has demand for Lesotho's textile exports.

Food Security and Livelihoods

5. Two thirds of the annual cereal requirement is imported,⁵ mainly from South Africa. Constraints in agricultural production include depleted soils, under-use of available water, limited use of irrigation, fertilizers, pesticides and hybrid seeds, weak extension systems, sub-standard marketing infrastructure, poor access to markets for small producers and insecure land tenure. The Food and Agriculture Organization of the United Nations (FAO) estimates that Lesotho loses 2 percent of its topsoil each year.⁶
6. Lesotho has highly variable weather, with risks to agriculture such as recurrent drought, erratic rainfall, severe and frequent hailstorms and seasonal snow and frost. Many subsistence farmers are vulnerable to the extreme weather.
7. Other factors undermining households' access to food include low incomes, poor health, high and variable food prices, lack of diverse income strategies, and weak social-support networks associated with the HIV pandemic.

¹ Lesotho Bureau of Statistics, 2006 Population Census.

² UNDP. 2011. *Human Development Report*. New York.

³ Lesotho Bureau of Statistics. 2011. *Statistical Report: National Accounts of Lesotho 2001–2010*. Maseru.

⁴ Lesotho Vulnerability Assessment Committee Report, 2011.

⁵ FAO Cereal Supply/Demand Balances for Sub-Saharan Africa, available at www.fao.org/giews/english/ewi/cerealbs

⁶ FAO. 2008. *Lesotho National Adaptation Programme of Action*. Rome.

8. There has been a significant decline in living standards since 2008.⁴ Unusually heavy rains in early 2011 resulted in the loss of lives and livelihoods, disease outbreaks from contaminated water and reduced access to health services because of road closures. These factors undermined food security in the areas affected by bad weather; the Lesotho Vulnerability Assessment Committee (LVAC) estimates that more than 500,000 people are food-insecure in 2011/12.⁴

Health and Nutrition

9. Life expectancy at birth is 48 years in Lesotho, the third lowest among countries with a similar income per capita.² The health care system is weak and undermined by the HIV pandemic, difficult terrain and scarce human resources.
10. HIV prevalence in Lesotho is 23 percent and remains one of the main causes of adult mortality. In 2008, it was estimated that 260,000 people were living with HIV and 126,000 needed anti-retroviral therapy (ART). In 2010, 22 percent of deaths among women and men were related to AIDS, which is also the primary indirect cause of increased tuberculosis (TB) infection: the co-infection rate is 76 percent.⁷ In 2010, ART coverage was 58 percent, and prevention of mother-to-child transmission coverage was 80 percent.
11. Undernutrition among children is widespread. The 39 percent stunting rate is most alarming; underweight is moderate at 13 percent.⁸ Acute malnutrition is low at 4 percent, but treatment is characterized by high mortality possibly because of underlying HIV-related complications. In 2010, 17 percent of deaths among children under 12 were attributed to undernutrition.⁹
12. There is high prevalence of micronutrient deficiencies: 47 percent of children aged 6–59 months and 26 percent of women aged 15–49 are anaemic. Iron deficiency is responsible for a tenth of maternal deaths.⁹ Ensuring that children aged 6–59 months receive enough vitamin A is an effective child survival intervention. The percentage of children who received vitamin A supplements in the past six months increased with wealth from 24 percent in the lowest wealth quintile to 44 percent in the highest.

Education

13. There have been substantial gains in the education sector in recent years, and the feeding programme in schools has helped to attract and retain more children.⁹ Enrolment and attendance in the lower primary grades increased significantly following the Government's introduction of free primary education. But repetition rates are high: 22 percent of children repeat primary education, especially the early years; 15 percent of school-age children, mainly boys, are not enrolled in school. Even with free education, many poor households cannot meet the associated costs: pre-school enrolment coverage is only 33 percent, with net enrolment rates of 23 percent for girls and 21 percent for boys.

⁷ The Ministry of Health and Social Welfare, 2011.

⁸ Demographic and Health Survey, 2009. World Health Organization, 1995. Stunting 30–39% is considered “high prevalence”; underweight of 10–19% is considered “medium prevalence”. Prevalence cut-off values for public health significance. www.who.int/nutgrowthdb/en

⁹ The Ministry of Health and Social Welfare Annual Joint Review Report, 2011.

Government Policies

14. The Government outlined its development goals in its national policy document Vision 2020, which is operationalized through the National Strategic Development Plan 2013–2017. The top priorities are health, nutrition, HIV, disaster risk reduction, social protection and skills development.
15. The integration of disaster risk reduction (DRR) has become a national priority: a draft national DRR policy in 2009 and the Food Security Action Plan (2007–2017) specify the need to enhance the capacity of the national early warning system and to link it with the LVAC to enhance preparedness for weather-related shocks, particularly with regard to food security.
16. The Food Security Policy (2005) and the Food Security Action Plan (2007–2017) of the Ministry of Agriculture and Food Security focus on improving market infrastructures and the investment environment for commercial agriculture; they also support smallholder farmers and remedy unsustainable land use. Lesotho launched its Comprehensive Africa Agriculture Development Programme in May 2011.
17. The Education Sector Strategic Plan (2005–2015) aims to increase access to basic education and to improve integrated early childhood care and development (IECCD) as a foundation for human development and lifelong learning. The Ministry of Education and Training oversees and supports a pre-primary schooling system governed by a national strategy under IECCD.
18. The office of the Prime Minister includes the Food and Nutrition Coordinating Office (FNCO), which coordinates national nutrition policies and activities. A national nutrition policy was drafted in 2011; a new HIV/AIDS strategic plan for 2012 and beyond was outlined in 2011.

PAST COOPERATION AND LESSONS LEARNED

19. During the last three decades WFP has developed its cooperation with United Nations agencies, the Government and non-governmental organization (NGO) partners. Two development projects in education and nutrition (2011–2012)¹⁰ have institutionalized WFP's partnership arrangements and engaged partners at all levels to ensure that WFP's programme objectives are achieved through complementarities with similar activities and institutions.
20. Since 2002, WFP's programmes have included large-scale relief and recovery interventions responding to the triple threat of food insecurity, weak governance and HIV prevalence. The most recent protracted relief and recovery operation (PRRO) 105990 applied a social protection approach, particularly to address the needs of HIV-affected households and communities.
21. The Joint United Nations Nutrition Programme (JUNNP) was introduced in 2010 following agreement among the Government, NGOs and the United Nations to address the poor performance of nutritional rehabilitation services and the high levels of micronutrient deficiencies and chronic malnutrition. The programme aims to help Lesotho to achieve its Millennium Development Goal targets, increase knowledge and awareness of nutritional challenges and enhance the Government's capacity to plan and manage nutrition programmes. Government decentralization is expected to have a favourable impact on the

¹⁰ Lesotho Development Project 200169; Lesotho Development Operation 200199 - School Meals Programme.

management of health services and the integration of new nutrition activities. In view of current limited capacity and ongoing changes, however, a phased approach is recommended.

22. WFP's assistance in the education sector has hitherto focused on primary schools. Food assistance has been an incentive for disadvantaged children to attend school and has enhanced attendance and retention of learning. WFP also helped to develop the national school meals programme. On the basis of a 2009 evaluation of school feeding, the Government will establish a programme for primary schools modelled on WFP's approach; it will outsource the catering, for which a budget appropriation has been made.¹¹ The Ministry of Education and Training has asked WFP to be the service provider from 2013 on a full cost recovery basis, which will be managed through a separate bilateral agreement. Pre-primary school feeding is still predominantly community-led, and the Government intends to include it in the national budget.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

23. The long-term goals of country programme (CP) 200369 are to: i) enhance resilience and responsiveness to food-security shocks; and ii) enhance the nutritional and social well-being of vulnerable groups. These goals are aligned with Strategic Objectives 2, 4 and 5;¹² they also contribute to United Nations Development Assistance Framework (UNDAF) (2013–2017) outcomes 4, 6, 7, 8 and 11¹³ and to Millennium Development Goals 1, 2, 4, 5, 6 and 7.¹⁴
24. The objectives of CP 200369 are to:
- improve food security through measures that reduce risks associated with disasters (Strategic Objective 2);
 - support human development and increase pre-primary school enrolment (Strategic Objectives 4 and 5); and
 - improve socio-economic capacities by investing in people's physical well-being, reducing the care and economic burden associated with chronic illness and improving people's nutritional status (Strategic Objectives 4 and 5).
25. Implementation will be on two levels: i) the beneficiary level, in supporting and enhancing the food and nutritional security of the most vulnerable in ways that build long-term social capital and physical assets; and ii) the systems level, in building models and increasing local capacities to promote the development of sustainable national food-assistance and nutrition systems.
26. Building on WFP's strengths and experience, CP 200369 will progressively re-position WFP's support:

¹¹ Ministry of Education and Training. 2011. *School Feeding Outsourcing Study*. Maseru.

¹² Strategic Objectives 2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures; 4 – Reduce chronic hunger and undernutrition; 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

¹³ See Annex II.

¹⁴ 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 4 – Reduce child mortality; 5 – Improve maternal health; 6 – Combat HIV/AIDS, malaria and other diseases; 7 – Ensure environmental sustainability.

- from recovery to development: the five-year CP follows the transition from relief and recovery in previous PRROs to prioritize development objectives and address the root causes of food and nutritional insecurity;
- from food aid to food assistance: during the CP, WFP plans to expand income transfer modalities to include cash and/or vouchers; work has started with market and feasibility studies; and
- towards enabling the development of long-term, sustainable and nationally owned and managed food and nutrition security solutions.

27. The CP will target populations in the most vulnerable districts; these include remote mountain districts, the Senqu river valley and southern lowlands with high concentrations of food-insecure households and chronic malnutrition. Identification and targeting of beneficiaries will be based on rigorous assessments to determine vulnerability and avoid inclusion and exclusion errors. WFP will involve communities and institutions in these processes.

TABLE 1: BENEFICIARIES BY COMPONENT (yearly average)			
	Men/boys	Women/girls	Total
Component 1 – Enhancing resilience and responsiveness	4 000	6 000	10 000
Component 2 – Support for pre-school education	24 080	25 920	50 000
Component 3 – Support for nutrition and HIV			
Curative – moderate acute malnutrition: people living with HIV and TB	3 360	3 640	7 000
Curative – moderate acute malnutrition: pregnant and lactating women	-	1 900	1 900
Curative – moderate acute malnutrition: children aged 6–59 months	1 800	1 800	3 600
Preventive – stunting: children 6–24 months	12 000	12 000	24 000
Preventive – stunting: pregnant and lactating women	-	18 000	18 000
Supportive: recovered ART and TB-DOTS* patients and households	4 808	5 192	10 000
TOTAL	50 048	74 452	124 500

* directly observed treatment, shortcourse.

Component One – Enhancing Resilience and Responsiveness through Disaster Risk Reduction

28. WFP will work with ministries and FAO to support development of the early warning system to ensure that an effective food security information system is in place.
29. To increase farmers' resilience to shocks, WFP will support livelihood strategies that enhance incomes such as diversification of farm-based enterprises and promotion of non-farm employment opportunities. This will be achieved by implementing food for work

and food for training focusing on reforestation and conservation of soil and water, in line with the integrated catchment approach managed by the Ministry of Forestry and Land Reclamation. The guiding principle for all activities will be community-based participatory watershed planning, which was successfully developed and piloted by WFP.¹⁵

30. Food assistance will encourage beneficiaries to participate in DRR and will improve household food security. The duration will depend on the type of activity and seasonal considerations. Joint programming with FAO and the United Nations Development Programme (UNDP) will maximize the impacts.
31. Geographical targeting will be based on LVAC vulnerability mapping and analysis, focusing on six of the most food-insecure districts in Lesotho. Beneficiaries will be targeted by a combination of community targeting and food-insecurity indicators. The criteria will include 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. WFP and its partners will carry out random verifications to ensure that the most vulnerable households are selected.

Component Two – Support for Pre-School Education

32. WFP will focus on pre-primary schools in CP 200369, in line with the recommendations of the 2009 mid-term evaluation of the school meals programme and as requested by the Government.
33. Pre-school children will receive morning porridge and a lunchtime meal to improve their stamina and learning capacity. The meals are also an opportunity to alleviate micronutrient deficiencies. This is expected to increase school enrolment and ensure that children are better prepared for primary education. The Government is providing bursaries to assist poor households with school fees.
34. WFP will continue to support capacity development in food tracking and monitoring for school feeding at the pre-primary and primary levels.

Component Three – Support for Nutrition and HIV

35. As part of the JUNNP, WFP will help the Ministry of Health and Social Welfare to improve nutrition rehabilitation services through supplementary feeding for moderately malnourished children, pregnant and lactating women and ART and TB patients. Activities will follow the national protocol for the integrated management of acute malnutrition using anthropometric enrolment and discharge criteria.
36. The JUNNP will continue to investigate approaches for addressing stunting; WFP will provide complementary food support for moderately malnourished children under 2 and for pregnant and lactating women to mitigate the risk of impaired growth during the January–March lean season; at the same time, food assistance will facilitate maternal, infant and young child feeding practices. In addition JUNNP, in partnership with the United Nations Children’s Fund (UNICEF), FAO, the Joint United Nations Programme on HIV/AIDS and the World Health Organization, will support comprehensive behaviour

¹⁵ The Managing Environmental Resources to Enable Transitions to More Sustainable Livelihoods (MERET) programme, a joint venture of the Government of Ethiopia and WFP, involves chronically food-insecure communities in environmental rehabilitation and sustainable income-generating activities that improve livelihoods.

change, growth monitoring and promotion, micronutrient supplementation and dietary diversification.

37. Community mobilization and partnerships with village health workers will enhance awareness of good nutrition practices and healthy behaviour, and encourage attendance at clinics. Household food assistance for recovering ART and DOTS patients is an opportunity to re-establish their food and nutrition security, support long-term adherence to treatment and protect them from health and nutritional risks.

TABLE 2 : FOOD RATION BY COMPONENT (g/person/day)

	Component 1	Component 2	Component 3					
			Curative – moderate acute malnutrition			Preventive – stunting		Supportive
			Food for work participants*	Preschool children	PLHIV** TB patients	Pregnant/lactating women	6–59 months	6–24 months
Fortified maize meal	400	120	-	-	-	-	-	200
Pulses	60	25	-	-	-	-	-	60
Oil	20	15	-	-	-	-	-	20
Supercereal	-	60	333	333	333	333	333	-
TOTAL	480	220	333	333	333	333	333	280
Total kcal/day	1 842	877	1 252	1 252	1 252	1 252	1 252	1 078
% kcal from protein	10	-	16	16	16	16	16	12
% kcal from fat	13	-	19	19	19	19	19	24
Feeding days per year	120	180	120	120	120	90	90	365

* Household ration for 5 members.

** People living with HIV.

Rations

38. The food basket is based on nutritional factors and acceptability to beneficiaries; maize meal is the main staple. In Component 2, WFP will provide a combination of staple foods and Supercereal to meet a significant proportion of macronutrient and micronutrient needs.
39. In view of the importance of providing the right food at the right time, the Ministry of Health and Social Welfare has requested additional time to improve institutional, operational and staff capacities, and to test acceptability before introducing nutritional products such as Supercereal and ready-to-use supplementary foods. Component 3 will initially provide Supercereal, and WFP will adjust ration composition to accommodate improved nutrition products in the first two years of CP 200369. National food fortification and local production of nutritional supplements are being explored, to enhance national ownership.

40. A recent study indicates that most households have access to stable markets, but the costs associated with cash or voucher transfers may be higher than those for food transfers. WFP is reviewing the cost-efficiency and cost-effectiveness of cash and voucher transfers, and will develop a strategy for introducing them during CP 200369 that reflects their potential to support for local economies.

TABLE 3: TOTAL FOOD REQUIREMENTS BY COMPONENT (mt)

	Component 1	Component 2	Component 3					Total*	
			Curative – moderate acute malnutrition			Preventive – stunting			Supportive
			Household ration	Preschool children	PLHIV, TB clients	Pregnant/lactating women	6–59 months		6–24 months
Maize meal (fortified)	3 600	5 400	-	-	-	-	-	720	9 720
Pulses	540	1 126	-	-	-	-	-	216	1 883
Vegetable oil (fortified)	180	674	-	-	-	-	-	72	927
Supercereal	-	2 700	4 200	1 140	2 160	3 600	2 700	-	16 500
TOTAL	4 320	9 900	4 200	1 140	2 260	3 600	2 700	5 040	33 060

* Figures have been rounded.

Partnerships, Capacity Development and National Ownership

41. WFP's partners will include the ministries of agriculture and food security, forestry and land reclamation, education and health and social welfare. The Disaster Management Authority, FNCO and the Food Management Unit in the Prime Minister's office will be partners for coordination of activities. WFP will collaborate with other United Nations agencies and NGOs to form new operational and technical partnerships, leveraging opportunities from Delivering as One, which Lesotho has embarked upon.
42. WFP will work with government counterparts to enhance institutional capacities to achieve national ownership of hunger solutions. Capacity development will be based on evidence of best practices and lessons learned:
- Advocacy. Technical support and knowledge sharing will ensure understanding of food and nutritional insecurity and its causes.
 - Development of programme models. WFP will develop model interventions to be replicated and scaled up by counterparts.
 - Institutional development. WFP will identify ways to enhance national structures at the central, secondary and community levels for monitoring and analysing data related to food and nutrition insecurity.
 - Hand-over. WFP will support capacity development for the Government as requested, and will develop joint strategies for a transition to nationally owned programme management.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

43. WFP will: i) support programme management and the supply chain; ii) provide technical guidance, benchmarks and outcomes for each component; and iii) ensure rigorous monitoring and evaluations. WFP's enhanced commitments to women will continue to be a mainstreamed feature of its work.
44. The Ministry of Education and Training will be responsible for coordinating educational activities; the Ministry of Health and Social Welfare will be responsible for implementing activities linked to nutrition. The Ministry of Agriculture and Food Security, the Ministry of Forestry and Land Reclamation and the Disaster Management Authority (DMA) will be partners in DRR.
45. WFP will continue to explore local purchases of food for CP 200369. The conservation farming initiative¹⁶ is expected to build on past cooperation and enable farmers to produce surpluses that can be purchased by WFP.

Logistics Arrangements

46. International food purchases will be shipped through Durban in South Africa and trucked to Lesotho through Maseru Bridge. Regional and local purchases will be transported to the transshipment warehouse in Maseru for transfer to extended delivery points using the Food Management Unit's facilities. The Commodity Movement Processing and Analysis System will report to the district level through WFP field offices.

Monitoring and Evaluation

47. For risk mitigation, learning and accountability, monitoring and evaluation (M&E) will be tailored to each activity type. An M&E toolkit will be designed for each component.
48. A monitoring framework for the DRR component will enable partners to feed data into a central database in the Ministry of Forestry and Land Reclamation. Partners will share responsibility for data collection; WFP will assist with data analysis and reporting.
49. Programme performance data for education activities will be collected in monthly reporting forms at the school level. Monthly joint monitoring by WFP and the Ministry of Education and Training and quarterly monitoring reports will inform programme managers.
50. WFP will continue to advocate for the integration of nutrition indicators into the national Health Management Information System and will work with UNICEF to improve the National Nutrition Surveillance System under the leadership of FNCO. Studies will investigate the causes of acute and chronic malnutrition and the effectiveness of intervention approaches with a view to making adjustments to programmes.
51. WFP will report on the impact of food assistance, using a results-based management approach. Community household surveillance will take place twice a year for post-distribution monitoring to demonstrate the effectiveness and efficiency of the assistance provided. There will be baseline and end-of-programme surveys for each component, and a mid-term evaluation.

¹⁶ Conservation farming is based on reducing soil disturbance, maintaining permanent soil cover and promoting crop rotation. It focuses on the impact of degradation, erosion and climate change, and is recognized by the Government's Food Security Policy Action Plan.

Risks and Mitigation

⇒ *Contextual risks*

52. Lesotho is subject to droughts and floods: if the Government were to request food assistance, WFP could respond with an emergency operation.

⇒ *Programmatic risks*

53. Following a capacity gap analysis, technical capacity and expertise in advocacy, nutrition and M&E in the country office will be enhanced. WFP will draw on United Nations expertise and resources for complementary capacity development under Delivering as One. Rigorous screening in the selection of NGO partners will ensure access to the best skills and capacities.

⇒ *Institutional risks*

54. In view of the improvements in national food security, and WFP's reputation as a food aid agency, the shift to food assistance may not be understood by all stakeholders. A strategy will be developed to communicate this approach. This risk is expected to diminish as WFP's re-positioning is explained and results are demonstrated.

ANNEX I-A

BUDGET SUMMARY (US\$)				
	Component 1	Component 2	Component 3	Total
Food (mt) ¹	4 320	9 900	18 840	33 060
Food (US\$)	1 981 782	5 028 453	9 770 262	16 780 497
Total by component	1 981 800	5 028 480	9 770 280	16 780 560
External transport				1 436 570
Landside transport, storage and handling				4 672 370
<i>Landside transport, storage and handling per mt</i>				<i>141.33</i>
Other direct operational costs				3 636 215
Total direct operational costs				33 103 932
Direct support costs ²				6 578 217
Indirect support costs ³				2 317 275
TOTAL WFP COSTS				35 421 207

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
Local staff - national officers	950 000
Local staff - general service	3 130 000
Staff duty travel	474 000
Subtotal	4 554 000
Recurring expenses	
Rental of facility	228 678
Utilities	123 719
Office supplies and other consumables	101 404
Communications services	177 290
Equipment repair and maintenance	84 824
Vehicle running cost and maintenance	374 997
United Nations organization services	126 305
Subtotal	1 217 117
Equipment and capital costs	
Vehicle leasing	663 000
Communications equipment	70 000
Local security costs	74 000
Subtotal	807 000
TOTAL DIRECT SUPPORT COSTS	6 578 217

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
UNDAF outcomes¹	UNDAF outcome indicators	
4: By 2017 Lesotho adopted environmental management practices that promote a low-carbon climate-resilient economy and society, conserve and manage natural resources and reduce vulnerability to disasters		
6: Equitable access to and utilization of high-impact, cost-effective health and nutrition interventions achieved for vulnerable populations by 2017		
7: Learners at all levels have equitable access to quality and relevant education and training by 2017	<ul style="list-style-type: none"> ➤ Net enrolment rate for each level, disaggregated by sex ➤ Pupil/qualified teacher ratio at each level 	Qualified teachers and resources throughout all levels of education
8: By 2017, national institutions (public and private) deliver quality services for increased agricultural growth		
11: By 2017, all persons living with HIV eligible for ART receive treatment, care and support according to their needs	<ul style="list-style-type: none"> ➤ % of adults and children living with HIV eligible and receiving nutritional support 	Adequate human resources to carry out HIV treatment, care and support activities
CP component 1: Enhancing resilience and responsiveness		
Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures		
Outcome 1 Early warning systems, contingency plans, food security monitoring systems in place and enhanced with WFP capacity development support	<ul style="list-style-type: none"> ➤ Disaster preparedness index Target: 7	Limited inter-ministerial coordination causing partial ownership Firm DMA leadership and budget support from the Government
Output 1.1 Disaster mitigation measures in place, with WFP capacity development support	<ul style="list-style-type: none"> ➤ Risk reduction and disaster preparedness and mitigation systems in place, by type – early warning systems, contingency plans, food security monitoring systems Target: 80%	Inadequate funding Strong participation by all stakeholders, including NGOs and government institutions

¹ UNDAF is being finalized.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
Outcome 2 Adequate food consumption over assistance period reached for target households at risk of falling into acute hunger	➤ Household food consumption score Target: 35	Inadequate funding
Output 2.1 Food and non-food items, cash transfers and vouchers distributed in sufficient quantity and quality to target groups of women, men, girls and boys under secure conditions	➤ No. of women, men, girls and boys receiving food, non-food items, cash transfers and vouchers, by category, activity, transfer modality compared with planned Target: 10,000	Prolonged pipeline breaks caused by insufficient funding
Outcome 3 Hazard risk reduced at community level in target communities	➤ Community asset score Target: 80%	Lack of community participation Effective coordination among stakeholders
Output 3.1 Built or restored disaster mitigation assets by target communities	➤ Risk reduction and disaster mitigation assets created or restored, by type and unit of measure – ha protected/improved, no. of trees planted, dams constructed Target: 80%	Limited inter-ministerial coordination causing partial ownership Firm DMA leadership and budget support from Government
CP Component 2: Support for preschool education		
Strategic Objective 4 : Reduce chronic hunger and undernutrition		
Outcome 4 Increased access to education and human capital development in assisted schools	➤ Average annual rate of change in no. of children enrolled in WFP-assisted pre-schools Target: 6% ➤ Gender ratio: ratio of girls to boys enrolled Target: 1:1	Inadequate infrastructure and management of targeted preschool facilities Quality of education compromised in pre-schools, as most do not have qualified teachers

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>Output 4.1 Timely distribution of food and non-food items in sufficient quantity and quality to schools</p>	<ul style="list-style-type: none"> ➤ No. of girls and boys receiving WFP food assistance Target: 50,000 ➤ No. of schools assisted through the School Meals Programme Target: 2026 ➤ Actual tonnage of food distributed as % of planned, by food type Target: 100% ➤ Assisted pre-school children or pre-school facilities that are linked to IECCD activities, as % of assisted pre-school children or pre-school facilities Target: 100% 	<p>Insufficient logistics capacity to reach the most remote schools during bad weather</p>
<p>CP Component 3: Support for nutrition and HIV</p>		
<p>Strategic Objective 4: Reduce chronic hunger and undernutrition</p>		
<p>Outcome 5 Improved nutritional status of targeted women, girls and boys</p>	<ul style="list-style-type: none"> ➤ Prevalence of stunting among targeted children aged 6–23 months Target: 39% Baseline: 43% ➤ Supplementary feeding recovery rate by target group Target: 90% ➤ % of children aged 6–23 months receiving foods from four or more food groups Target: 70% 	<p>Repeated occurrences of weather-related shocks with negative impact on nutrition status</p> <p>Government and United Nations able to provide complementary activities</p>
<p>Output 5.1 Food and non-food items distributed in sufficient quantities and quality to targeted beneficiaries</p>	<ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food, by beneficiary type Supplementary feeding (nutrition) Target: 47,500 Supplementary feeding (ART and TB) Target: 17,000 ➤ Quantity of food distributed as % of planned, by type and category Target: 95% (nutrition and ART and TB) 	<p>Inadequately staffed health centres and high turnover of health care providers/nurses</p>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
Output 5.2 Food and Nutrition education activities undertaken	<ul style="list-style-type: none"> ➤ % of nutrition clubs that are functional Target: 80% ➤ No. of nutrition campaigns undertaken during the lean season Target: 50 	Lack of community participation Strong support from all stakeholders, including Government and NGOs
Outcome 6 Improved adherence to ART and success of TB treatment for target cases	<ul style="list-style-type: none"> ➤ TB treatment success rate Target: 90% ➤ ART adherence rate Target: 90% ➤ Nutrition recovery rate (TB and ART clients) Target: 80% 	Adequate medical support in the form of drugs, equipment and trained health personnel ensured by Government
Output 6.1 (refer to Output 5.1)		
CP Components 1, 2 and 3		
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase		
Outcome 7 Progress made towards nationally owned hunger solutions ²	<ul style="list-style-type: none"> ➤ National capacity index (NCI), by hunger solution NCI DRR, target: 10 NCI school feeding, target: 13 NCI nutrition, target: 13 	Lack of commitment among partners and stakeholders
Output 7.1 Capacity and awareness developed through WFP-led activities	<ul style="list-style-type: none"> ➤ WFP expenditure for technical assistance to strengthen national capacity Component 1, target US\$250 000 Component 2, target US\$900 000 Component 3, target US\$180 000 	Inadequate funding for the project

² Hunger solutions include food fortification policy, nutrition surveillance, strengthening of child-based information.

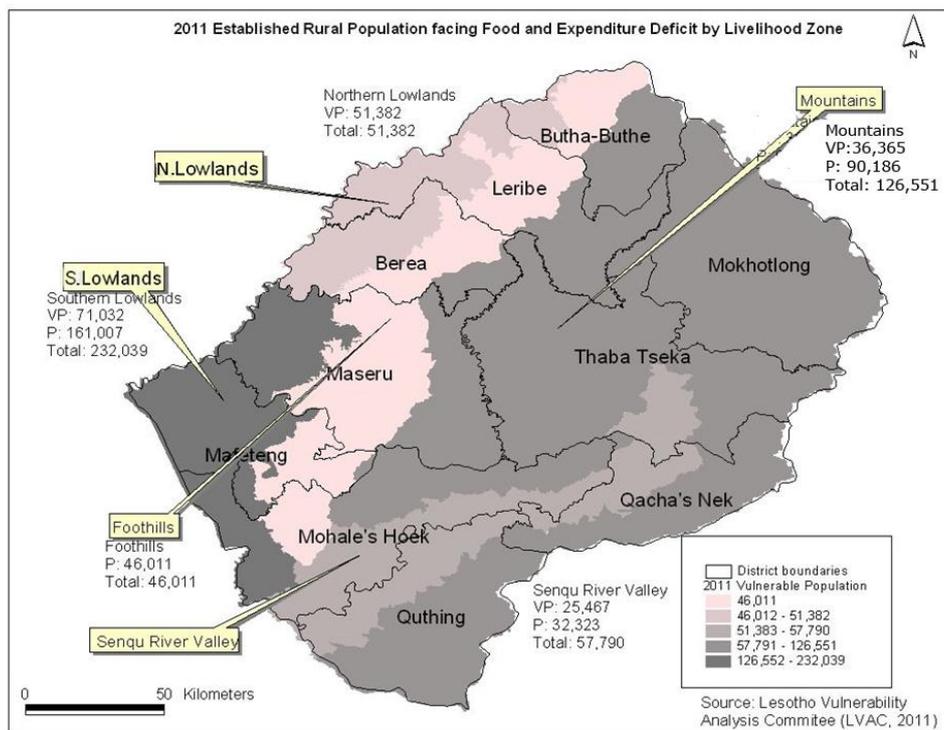
ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>Outcome 8 Increased marketing opportunities at national level with cost-effective WFP local purchases</p>	<ul style="list-style-type: none"> ➤ Food purchased locally, as % of food distributed in-country Component 1, target 80% Component 2, target 63% Component 3, target 19% 	Functional markets
<p>Output 8.1 Food purchased locally</p>	<ul style="list-style-type: none"> ➤ Tonnage of food purchased locally, by type Component 1, target: 3,600 mt Component 2, target: 6,238 mt Component 3, target: 3,600 mt 	Inadequate supply of food
<p>Output 8.2 (component 3 only) Nutrition data for clients available for decision-making (roll-out) of the programme</p>	<ul style="list-style-type: none"> ➤ No. of healthcare providers trained in integration of nutrition services into regular clinical services Target: 350 ➤ Aggregated nutrition programme data integrated into health management information systems 1=not achieved; 2=partially achieved; 3=achieved Target: 3 	Integration of nutrition programmes, including data management, into existing programmes by government institutions

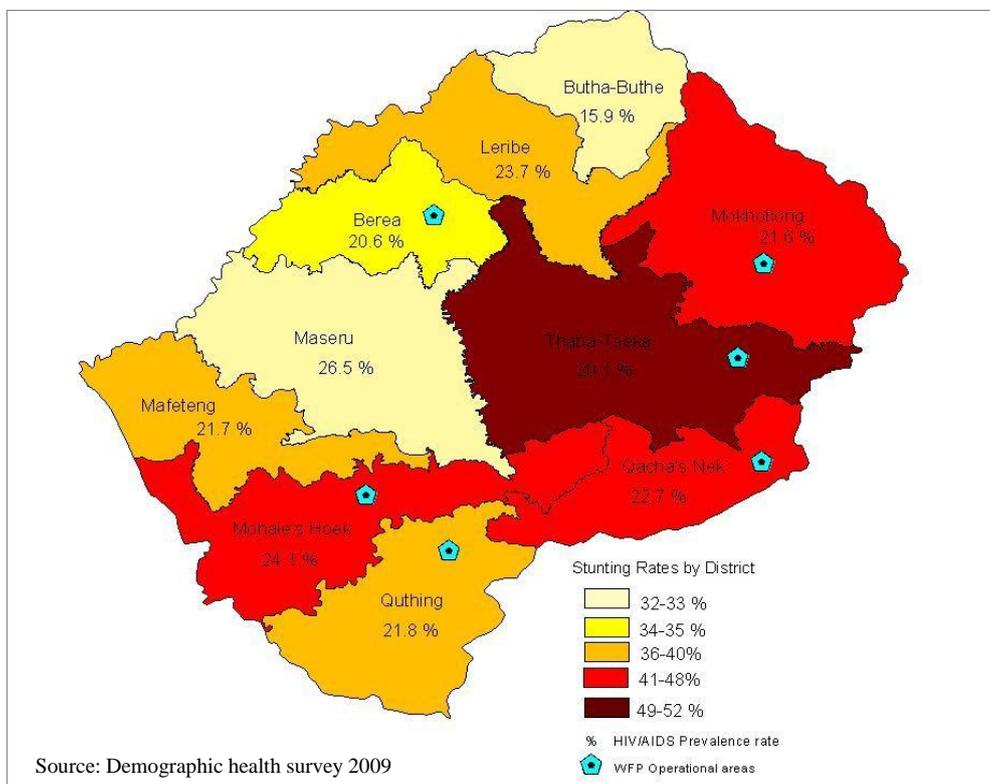


ANNEX III

VULNERABLE POPULATION BY ECOLOGICAL ZONES 2011



HIV AND STUNTING PREVALENCE BY DISTRICT AND WFP TARGET DISTRICTS



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
CP	country programme
DOTS	directly observed treatment, shortcourse
DMA	Disaster Management Authority
DRR	disaster risk reduction
FAO	Food and Agriculture Organization of the United Nations
FNCO	Food and Nutrition Coordinating Office
GDP	gross domestic product
IECCD	integrated early childhood care and development
JUNNP	Joint United Nations Nutrition Programme
LVAC	Lesotho Vulnerability Assessment Committee
M&E	monitoring and evaluation
NCI	national capacity index
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund