

OPERATION EVALUATION

Lesotho - Country Programme 200369:

A mid-term evaluation of WFP's Country Programme (2013-2017) **Evaluation Report**

August, 2015

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World Food Programme



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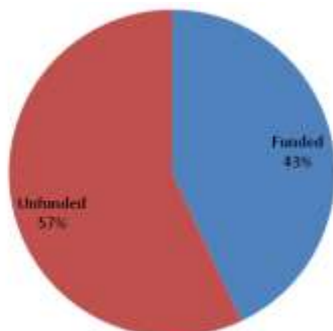
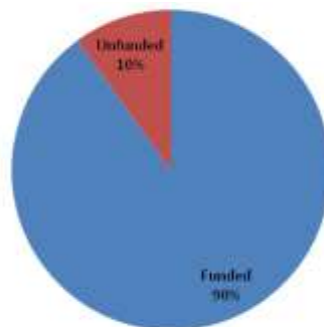
Operational Fact Sheet

OPERATION	
Type / Number/ Title	Lesotho – Country Programme – 200369– (2013-2017)
Approval	The operation was approved by the Executive Board in November 2012
Amendments	<p>There have been five Budget Revisions (BR) to the initial project document:</p> <p>BR1: Approved in May 2013, this revision included a new fortified blended food (Super Cereal <i>Plus</i>) into the food basket for nutrition and HIV component in order to align with WFP nutrition guidelines as well as National IMAM protocol; It also increased the budget of the nutrition component in order to respond to the increased number of beneficiaries by 6,350 (from 64,500 to 70,850) under component 3 and made provision for a specific contribution from the Government of South Africa responding to an appeal made by the Government of Lesotho. This resulted in a reduction of the CP budget by 5.5% (from US\$35.4 million to US\$33.4 million)</p> <p>BR2: Approved in August 2013, this revision increased food commodity prices considering the conditionality of the South African donation; increased food requirements for fortified blended food (Super Cereal <i>Plus</i>) in the food commodity basket of the nutrition and HIV component in order to align it with new WFP nutrition guidelines and as per recommendation from WFP Headquarters (Nutrition Unit); increased by 1,150 the number of children 6-23 months under complementary feeding intervention of Component 3; Adjusted the rates LTSH, ODOC and DSC so as to take into Consideration the revised procurement plan and its new purchase modality; a change in the shipping terms and additional capacity strengthening for the Government. These revisions increased the overall CP budget by 16.7% (from US\$ 33,474,051 to US\$ 39,050,139)</p> <p>BR3: Approved in March 2014, this revision introduced capacity Augmentation/ Development assistance tool to project budget structure in line with the new WFP financial framework; Facilitated the absorption of contribution towards Capacity Development for disaster preparedness, response and resilience based initiatives under component 1 to utilize the US\$ 490,000 contribution from the World Bank to build the capacity of the Disaster Management Authority (DMA). These revisions resulted in overall budget increase by US\$ 1.3% (from US\$ 39,050,139 to US\$ 39,540,276)</p> <p>BR4: approved in July 2014, this revision increased the number of beneficiaries under Component 1 from 10,000 to 25,000 to enable targeting of more districts carrying out resilience-based activities; included a new commodity (wheat flour) in the food basket of DRR; decreased number of children (6-59 months) and pregnant and lactating women (PLW) under targeted supplementary feeding intervention by 6,400. These revisions led to overall budget increase by US\$ 3.2% (from US\$39,540,276 to US\$ 40,797, 891)</p> <p>BR5: approved in January 2015, this revision introduced Cash and Voucher activities with 5,250 beneficiaries and increased total number of beneficiaries under component 1 from 10,000 to 30,250; Introduced Micronutrient Powders (MNPs) for 2,200 children under component 2 to address high levels of stunting and micronutrient deficiencies; Reduced number of children 6-59 months under treatment of moderate acute malnutrition by 1,300; Phased out MAM treatment for PLW; Reduced number of children 6-23 months under blanket supplementary feeding (BSFP) by 5,350; Reduced number of PLW under BSFP by 11,400; and introduced MNPs to 2,050 children 6-23 months as a pilot for prevention of stunting. These changes resulted in overall budget decrease by 0.8% (from US\$ 40.7 million to US\$ 40.5 million)</p>

Duration		<u>Initial:</u> 5 year period (2013-2017)	<u>Revised:</u> N/A
Planned beneficiaries		<u>Initial:</u> 124,500 yearly average	<u>Revised:</u> 124,000
Planned food requirements		<u>Initial:</u> In-kind food: 33,060 Mt Cash and vouchers: US\$0	<u>Revised:</u> In-kind food: 35,805 Mt Cash and vouchers: US\$ 378,000
US\$ requirements		<u>Initial:</u> USD 35,421,207	<u>Revised:</u> 40,470,716
OBJECTIVES AND ACTIVITIES			
	WFP SO¹	Operation specific objectives	Activities
Millennium Development Goals/ UNDAF UNDAF priorities 4,6,7,8,11	2 <i>New SRF SO3</i>	Outcome 1 - Early warning systems, contingency plans, food security monitoring systems in place and enhanced with WFP capacity development support Outcome 2 - Adequate food consumption over assistance period reached for target households at risk of falling into acute hunger Outcome 3 - Hazard risk reduced at community level in target communities <i>New outcome 1: 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</i> <i>New outcome 2: Risk reduction capacity of countries, communities and institutions strengthened</i>	Support development of the early warning system Support livelihood strategies that enhance both incomes and farm-based asset through food-for-work and food-for-training
	4 & 5 <i>New SRF SO4</i>	Outcome 1 - Increased access to education and human capital development in assisted schools <i>New outcome 1: Increased equitable access to and utilization of education</i> <i>New outcome 2: Ownership and capacity strengthened to reduce under-nutrition and increase access to education at regional, national and community levels</i>	Pre-school feeding Capacity development in food tracking and monitoring for school feeding at the pre-primary and primary levels
	4 & 5	Outcome 1 - Improved nutritional status of targeted women, girls and boys Outcome 2 - Improved adherence to ART and success of TB treatment for target cases <i>New outcome 1: Reduced under-nutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children</i>	TSFP (Treatment of MAM for children under 5 and PLW) - Blanket supplementary feeding (Stunting prevention for children 6 to 23) -Blanket supplementary feeding (stunting prevention; PLW) - HIV and AIDS - Care and treatment (food by prescription approach) and safety net

¹ The CP 200369 was originally designed under WFP strategic plan (2008-2013) and in 2014 aligned to WFP strategic plan (2014-2017). However under both strategic plans, the CP is aligned to WFP SO 2 and 4. The new outcomes are indicated in italics.

	<i>New SRF SO4</i>	New outcome 2: <i>Ownership and capacity strengthened to reduce under-nutrition and increase access to education at regional, national and community levels</i>	
PARTNERS			
Government	Ministry of Education and Training; Ministry of Health; Food and Nutrition Coordination Office (FNCO); The Ministry of Agriculture and Food Security; Food Management Unit; Disaster Management Authority; Min of Forestry and Land Reclamation; Ministry of Agriculture and Food Security; Lesotho Vulnerability Assessment Committee.		
UN	UNDP; FAO; UNICEF; WHO; UNAIDS		
NGOs	World Vision International; Lesotho Red Cross Society; Caritas Lesotho; Elizabeth Glazer Paediatric AIDS Foundation, and Solider-Med		

RESOURCES (INPUTS)														
<p>Contribution received</p> <p>4 Feb 2015:</p> <p>US\$ 17,530,342</p> <p>% against appeal:</p> <p>43.3%</p> <p>Top 5 donors:</p> <p>South Africa: 43%</p> <p>Japan: 34% China: 6%</p> <p>Russia: 6% EU Commission: 3%</p>	<p>Fig.1 Percentage funded of total CP requirements up to Feb 2015</p>  <table><thead><tr><th>Category</th><th>Percentage</th></tr></thead><tbody><tr><td>Funded</td><td>43%</td></tr><tr><td>Unfunded</td><td>57%</td></tr></tbody></table>	Category	Percentage	Funded	43%	Unfunded	57%	<p>Fig.2 Percentage funded of CP requirements up to Jan 2015</p>  <table><thead><tr><th>Category</th><th>Percentage</th></tr></thead><tbody><tr><td>Funded</td><td>90%</td></tr><tr><td>Unfunded</td><td>10%</td></tr></tbody></table>	Category	Percentage	Funded	90%	Unfunded	10%
Category	Percentage													
Funded	43%													
Unfunded	57%													
Category	Percentage													
Funded	90%													
Unfunded	10%													

OUTPUTS																									
Planned ²	Actual																								
<p>Fig.3 Planned % beneficiaries by component/activity</p> <table border="1"><caption>Planned % beneficiaries by component/activity</caption><thead><tr><th>Component/Activity</th><th>Percentage</th></tr></thead><tbody><tr><td>ECCD SF</td><td>48%</td></tr><tr><td>HIV/Nutrition</td><td>35%</td></tr><tr><td>DRR</td><td>25%</td></tr></tbody></table>	Component/Activity	Percentage	ECCD SF	48%	HIV/Nutrition	35%	DRR	25%	<p>Fig. 4 Actual % beneficiaries by component/activity (up to Dec 2014)</p> <table border="1"><caption>Actual % beneficiaries by component/activity (up to Dec 2014)</caption><thead><tr><th>Component/Activity</th><th>Percentage</th></tr></thead><tbody><tr><td>ECCD SF</td><td>48%</td></tr><tr><td>HIV/Nutrition</td><td>45%</td></tr><tr><td>DRR</td><td>13%</td></tr></tbody></table>	Component/Activity	Percentage	ECCD SF	48%	HIV/Nutrition	45%	DRR	13%								
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² Planned figures based on figures in BR5

³ Planned figures based on figures in BR5

⁴ Planned figures based on figures in BR5

Beneficiaries Category	% Actual of Planned ⁵		
	2013	2014	2015
DRR			
<i>Participants in food for training</i>	0%	N/A	N/A
<i>Participants in food for assets</i>	0%	100%	N/A
ECCD SF			
<i>Children receiving school meals</i>	102.2	103.2	N/A
HIV/Nutrition			
HIV/AIDS and TB beneficiaries ⁶	172.0	N/A	N/A
<i>Care and treatment</i>	N/A	131	N/A
<i>Mitigation and Safety nets</i>	N/A	86	N/A
Nutrition			
<i>Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)</i>	32.5	53.3	N/A
<i>Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)</i>	32.5		N/A
<i>Children 6 to 23 months given food under blanket supplementary feeding (prevention of stunting)</i>	65.8	83.3	N/A
<i>Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)</i>	19.1	58.4	N/A
<i>Pregnant and lactating women given food under complementary feeding (prevention of stunting)</i>	28.1	50.6	N/A

⁵ Comparisons made on the yearly planned figures given in SPR 2013 and SPR 2014

⁶ HIV/AIDS and TB beneficiaries not disaggregated by activity in SPR2013

Fig. 9 Actual food distributed versus planned by year (in tonnage)

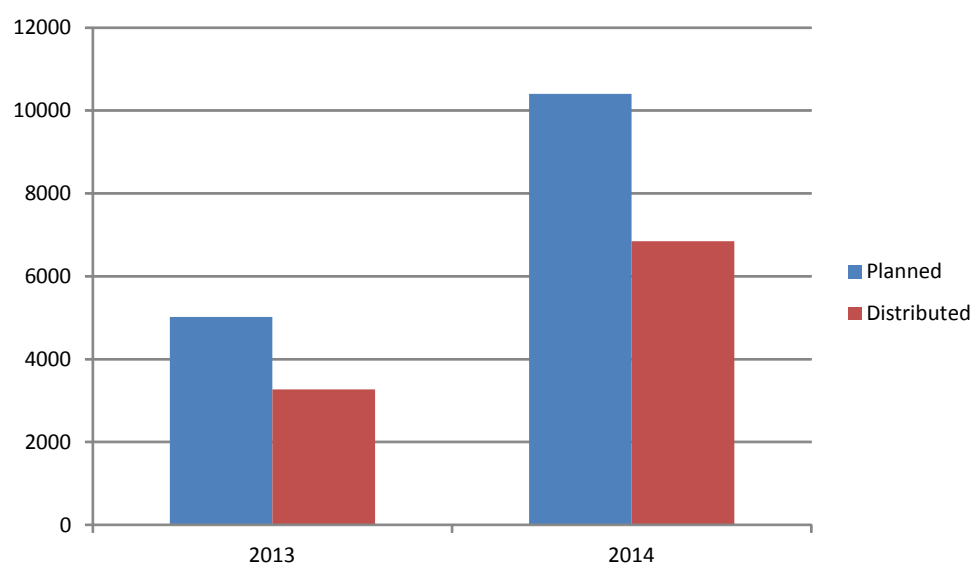
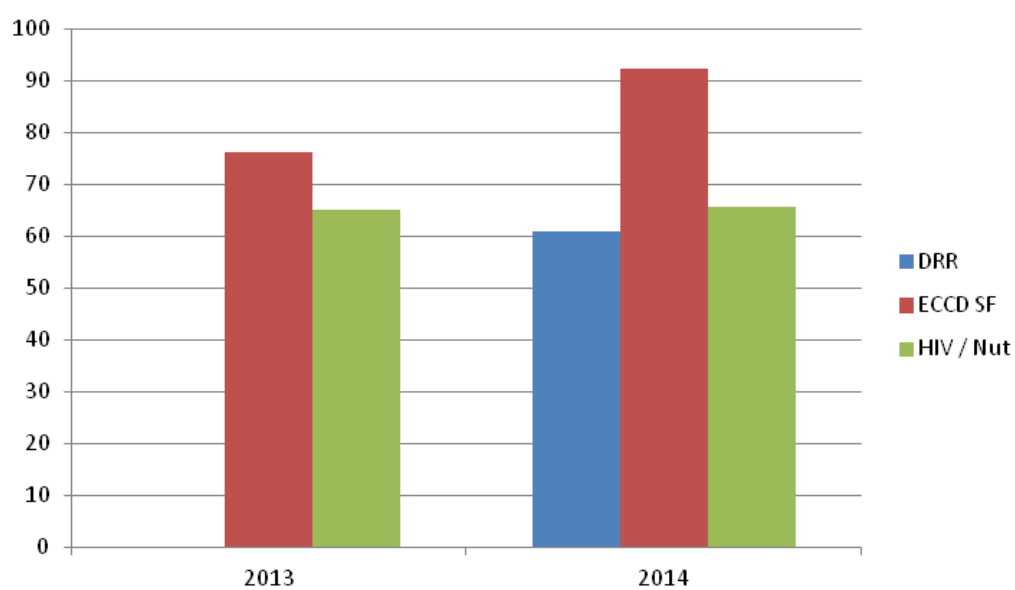


Fig.10 Percentage of actual food tonnage distributed compared to planned

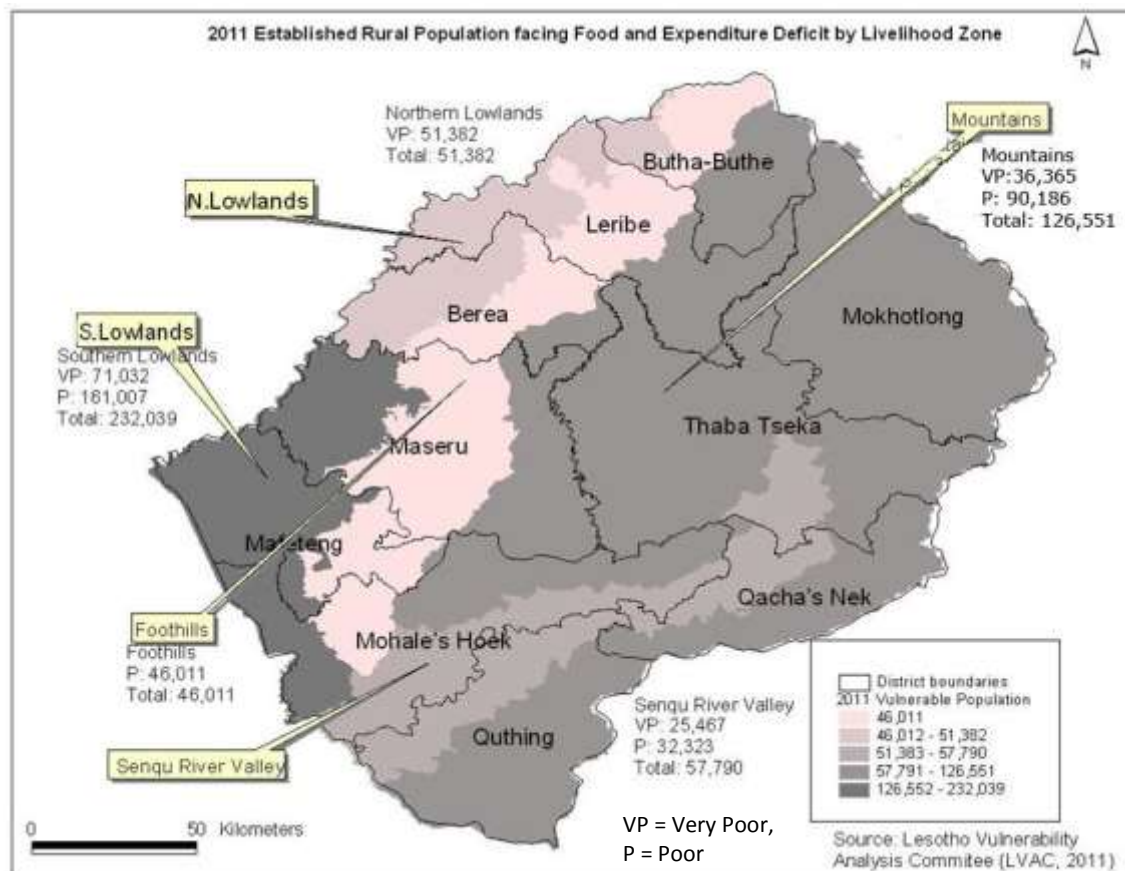


Operations Maps

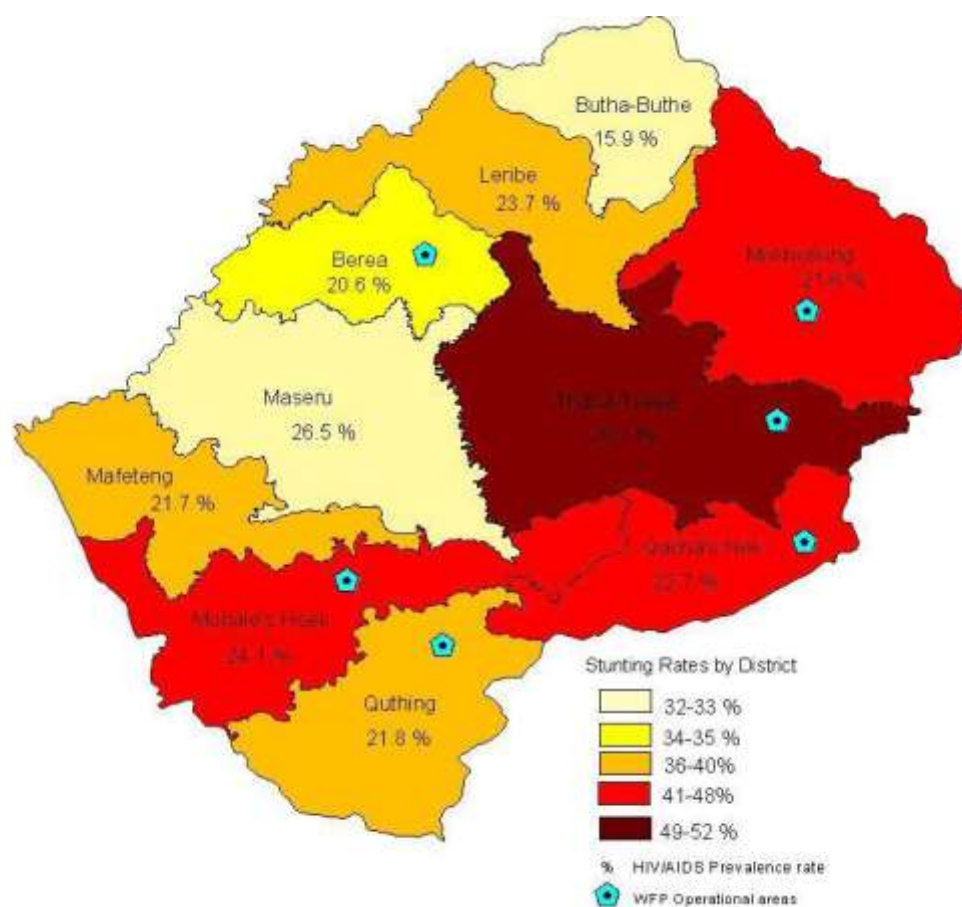
Map 1: WFP's offices in Lesotho



Map 2: Food and expenditure zones of Lesotho



Map3: WFP Operational areas in relation to HIV prevalence and stunting rates.⁷⁸



7 Source of data: Demographic Health Survey 2009

8 The operational districts in the map refer to WFP operations in 2009. At the time of the evaluation the CO was operational in all ten districts.

Executive Summary

1. This evaluation of Lesotho Country Programme 200369 took place during March–July, 2015, at the mid-point of the CP’s implementation, which runs from January 2013 to December 2017. In addition to supporting WFP’s corporate emphasis on accountability and learning, the findings are intended to feed into decisions for the remainder of the implementation period and into the design of any subsequent intervention. The evaluation assessed the CP through three overarching questions: 1) How appropriate is the operation? 2) What are the results of the operation? and 3) What are the factors that determine the results? Gender considerations were factored in throughout. The evaluation examines activities and processes related to Country Programme formulation, implementation, resourcing, monitoring, evaluation and reporting, and external factors that have impacted the results.
2. A three member Evaluation Team (ET) from JaRco Consulting performed the evaluation, using a mixed method approach to collect and analyse information. They began with a document review and progressed to semi-structured key informant interviews with stakeholders; focus group discussions with beneficiaries, and direct observation. Secondary data from the literature review was triangulated with primary qualitative data obtained in country. The ET visited Lesotho for two weeks in May, travelling to seven of the ten districts in the country, and visiting five Food for Assets sites, twelve Early Childhood Development Centres, and eight health facilities.
3. Key internal stakeholders in the evaluation are the WFP Country Office, Regional Bureau, Office of Evaluation, and Executive Board, who have interests ranging from operational decision making to oversight and learning. External stakeholders include the Government of Lesotho, the United Nations Country Team (UNCT), Non-Governmental Organisations (NGO), and Donors who will find information on WFP’s performance since 2013 and considerations that may underpin future changes to the programme approach in Lesotho.

Country context

4. Lesotho, with a population of 1.94 million,⁹ is a small, mountainous country surrounded by South Africa and ranking 162 of 187 in the Human Development Index.¹⁰ Its economy is reliant on a narrow economic base of textile manufacturing, agriculture, remittances, and regional customs revenue. In 2005 Lesotho graduated to Lower Middle Income Country status (LMIC), but it continues to struggle with persistent development challenges including chronic poverty, high unemployment and food insecurity exacerbated by climatic shocks, high rates of chronic malnutrition and the world’s second highest HIV prevalence at 23%.¹¹

⁹ CIA World Factbook, 2014.

¹⁰ UNDP (2013) Human Development Report

¹¹ CIA World Factbook, 2014

5. In 2010/11, some 57% of people lived below the national basic needs poverty line of USD1.08/adult/day, and 34% below the food poverty line of USD0.61/adult/day.¹² Some 41.6% of children under the age of five suffer from chronic malnutrition (stunting), 1.2% from acute malnutrition (wasting), and 10.8% are considered underweight.¹³ As part of the response, Lesotho has ambitious plans for social protection and the World Bank estimated the country spent 9% of GDP in 2011 on social transfers including old age pension, school feeding and tertiary bursaries.¹⁴
6. There have been substantial gains in the education sector with net enrolment for primary education increasing from 60% in 1999 to 81% in 2010¹⁵. In 2009, 81% of men and 97% of women were considered literate, in comparison to 47% in 1990. Lesotho has a high rate of child labour, with an estimated 23 percent of children aged 5 to 14 years in work, the vast majority (87%) of whom are male.¹⁶
7. More recently, an unsuccessful coup attempt in 2014 resulted in the collapse of the former coalition Government, and new elections in February 2015 resulted in another coalition Government and a fragile political situation. Early indications, at the time of the evaluation, were that Lesotho was facing a poor 2015 harvest as a result of drought and an early cold spell shortly after planting. During the report writing stage the Bureau of Statistics released figures in its annual Crop Forecasting report confirming this to be the case, with maize down 13.6% from 2013/4 (in itself a poor harvest year), and sorghum and wheat down 63.1% and 43.8% respectively.¹⁷
8. CP 200369 was approved in November 2012. It has three components and initially targeted 124,500 beneficiaries: Enhancing Resilience and Responsiveness through Disaster Risk Reduction (10,000 beneficiaries); Support for Pre-School Education (50,000 beneficiaries) and; Support for Nutrition and HIV (64,500 beneficiaries), with the objectives of: improving food security; supporting human development, and; improving socio economic capacity through a combination of food/cash transfers and capacity development. The Country Programme aims to progressively re-position WFP support from recovery to development and from food aid to food assistance.
9. The initial CP budget was US\$ 35.4 million. Five subsequent budget revisions to adjust the food basket, revise beneficiary numbers, accommodate changing commodity prices, adjust operational and support costs, introduce an element of cash transfers, and strengthen capacity development resulted in an overall resource requirement of US\$ 40.5 million as of January 2015. By May, 2015, the CP was 43.9% funded.

12 World Bank, Report No. 77767-LS Lesotho A Safety Net to End Extreme Poverty, June 2013

13 Lesotho Food Security and Vulnerability Monitoring Report, June 2014 / Community Household Survey, 2013

14 World Bank, Report No. 77767-LS Lesotho A Safety Net to End Extreme Poverty, June 2013

15 Emergency Capacity Building Project (2012) Lesotho Food Insecurity: Disaster Needs Analysis.

16 Emergency Capacity Building Project (2012) Lesotho Food Insecurity: Disaster Needs Analysis.

17 Crop Forecasting Report 2015, Lesotho Bureau of Statistics

Evaluation findings

10. **Appropriateness:** CP 200369 has a generally high level of appropriateness within Lesotho's policy context, and its objectives are coherent in relation to the strategies and policies of the Government, WFP, other UN agencies and partners. The CP components are also broadly appropriate to the needs of food insecure households where WFP works; however, the success in reaching the most food insecure households is variable with concerns, for example, under component 2 that many children in need of food assistance not being reached while children who do not necessarily require the assistance are benefiting.
11. The Government has extensive plans for social protection and WFP's activities supported under the CP align closely with these, and other, national development priorities. Its long and well respected history in Lesotho positions WFP well to strategically guide and support the Government. At the technical and implementation level, the choice and design of some CP activities could become more appropriate with certain modifications in targeting, choice of assets and livelihood support, and extent of capacity building.
12. **Results:** The results of the CP are mixed and the ET noted that the CO's reporting does not fully contextualise or capture all the achievements of, and challenges faced by, the CP. WFP has nevertheless managed to effectively manage and distribute the resources it has received and, despite funding constraints, achieved some positive results at output and outcome level, while other targets have not been achieved.
13. Component 1 results were non-existent for year 1 due to a lack of funding, but made up for in year two by reaching 25,000 beneficiaries - 15,000 more than the annual targets at the start of the CP. With higher targets from year two onwards, and as uncertainties around funding persist, it is unclear whether the CO will achieve its results in subsequent years of the CP. Outside of meeting people's immediate food needs, the impact of the programme is low – although assets created appeared to be of good quality, the long-term benefits will not be realised by many involved in the projects because of the high number of participants involved and limitations in livelihood creation. Most participants have livelihood needs that are more pressing than the time-scale on which the benefits from the asset creation will be realised. Sustainability and resilience building (the latter introduced as an outcome with the new WFP strategic plan) are serious areas of concern.
14. Component 2 output and outcome indicators do not reliably point to strong results. At some 51,000, the number of children enrolled in pre-school and receiving assistance is well below the national target of 70% of 3-5 year olds (~103,000) by 2015. Despite the popularity of the intervention, there are concerns about high levels of inclusion and exclusion in terms of programme coverage in the context of food security. Information management and partner capacity is weak, no measures are in place to help address gender disparities, and data around enrolment and attendance does not reliably suggest strong results at outcome level. The component would benefit from having a nutritional indicator at the outcome level. Funding for this component, while by no means assured in the future, has been good to date and resources received have been well managed and utilised by WFP.
15. With component 3 the Country Office (CO) reached 52,913 in 2013 and 52,454 beneficiaries in 2014, achieving 75 percent and 80 percent of its plans for those respective years, although achievements differ between beneficiary groups and type of nutrition support. Most of the results are moving towards improvement,

but from a very low level and not currently at an achievement rate required to meet 2017 targets. One notable achievement is that, when assessed by the Demographic Health Survey (DHS) data, Blanket Supplementary Feeding (BSF) appears to be having a good contribution to reducing levels of stunting and underweight in children in most operation areas. There are likely to be future inaccuracies in measuring the process related indicators of the programme because of the widespread errors noted in the application of the entry/exit criteria. It is highly unlikely that WFP has made significant impacts on people's livelihood, but the ET clearly witnessed that the food has brought a number of other benefits to health service utilisation that are not formally captured by the CO.

16. Overall, WFP is well respected among partners and government, has made some positive contributions at the strategic and policy level, and is well placed to reposition itself so that it can have a greater future impact. Although all three components contain elements of capacity building, it is not a strategic theme across the design of the CP. Strengthened capacity building, combined with improvements in the design of certain CP operational elements (such as targeting, selection and design of Food for Assets (FFA)/Cash For Work (CFW) projects, and information management) could help improve results at all levels of the programme.
17. **Factors affecting the results:** Capacity, funding and information management are the three main factors that impact on the results of the CP. In overall terms, funding has been at acceptable levels to date, but earmarking has not allowed funds to be spread evenly across the three components. Resources have come from a narrow and non-traditional donor base and are by no means assured in the future. So far, this has mostly affected results in component 1 but a lack of predictable funding exists for all three components, and any major funding gaps will threaten the longer term impact of the CP as a whole.
18. Capacity gaps with Government counterparts are a major issue across all three components and at all levels. WFP has elements of capacity building integrated into its three components but these need to be strengthened and given prominence at a strategic level in order to enhance results, improve the sustainability of interventions, and to assist the Government in assuming full responsibility for funding and implementation in the coming years.
19. Internally, WFP has enjoyed good staffing levels, which has facilitated the implementation of the CP and the positive dialogue with the Government and other partners at the policy level (without which many of the positive results achieved would not have been possible). A notable gap across the CP is data availability and information management. This affects both the operational efficiency of the CP (due to the lack of timely and complete management information on which to base sound operational decisions), and impacts the ability of WFP to accurately and convincingly build a strong evidence base to justify and advocate for changes in programme direction and design of future interventions.
20. WFP management in Lesotho demonstrate a high level of awareness to the many opportunities and challenges facing the CP in Lesotho and have a readiness to make necessary strategic and operational adjustments to optimise programme outcomes in the coming years. However, in light of future funding prospects and changing programme requirements, the staffing capacities do not adequately reflect potential shifts in programme emphasis and direction.

Overall assessment and conclusions:

21. All three components of the CP were found to have a very high degree of relevance and coherence with Government policies and plans for social protection, as well as with the Lesotho United Nation Development Action Plan (LUNDAP) and WFP corporate policies. The objectives of the different components also align well with the needs of the populations in the areas where they are active. However, this high degree of formal appropriateness is compromised by a number of operational design and implementation factors such as targeting, coverage, design of projects, and access to services that have reduced the results of the CP in all components.
22. The narrow base of donor support calls into question the practicality and sustainability of WFP's operational role in direct implementation of food / cash transfers. Increased emphasis on capacity building, carried out under a strategic framework, would have greater sustainable impact. Outside an emergency context, direct WFP implementation of food/cash transfers in Lesotho is unsustainable over the medium to long term and unlikely to attract reliable and regular donor funding.
23. Operationally, the procurement and delivery of food commodities to Extended Distribution Points falls within acceptable WFP operational and cost parameters but elements of operational and programme inefficiency are apparent at district and sub-district level such as inappropriate food/cash for work projects, weak management information systems and high inclusion/exclusion errors.

Recommendations:

24. The CO needs to reassess its position within the context of Lesotho, placing WFP's strengths and comparative advantages within the efforts of other development actors. For the remainder of the CP, the CO should focus on putting in plans that will leave a successful legacy of transition to the government for school feeding, disaster preparedness and response, and HIV/Nutrition. The main strategic and operational recommendations are:
 1. Focus food and cash incentives on a pilot project to learn and demonstrate what resilience building in Lesotho could look like and develop a model approach;
 2. In any future cash or food projects choose more appropriate types of activities and assets for meeting the CP objectives;
 3. In the absence of long-term DRR funding, target FFA activities within the livelihood projects of other stakeholders and create an understanding in the partnership agreement that the stakeholder will continue livelihood activities after the food provision ceases;
 4. Significantly increase emphasis on capacity building at all levels of support for pre-school education, and promote its sustainable handover to the government;
 5. Use the remaining 2.5 years of the CP to make operational improvements and strengthen management systems for pre-school support so that when programmes are handed-over to Government they are more robust and sustainable than is currently the case;
 6. Promote inter-sectoral coordination, especially with Health and Nutrition, at the pre-school level so that children receiving free meals also maximise their benefit from other sectors, especially health;

7. Provide more coherent capacity building and support with more contact-time given to health facility staff managing moderate acute malnutrition;
8. Assess options to reduce beneficiary travel for food collection. The CO should look into options for distribution of food at a more decentralised level than the health facility for Pregnant and Lactating Women and children under-five;
9. Staged expansion of Blanket Supplementary Feeding Programme accompanied by research into the drivers of stunting;
10. Strengthen information collection, quality, management, and analysis across the CP to build a much stronger evidence base to support both strategic planning and improve operational decision making and efficiency.

1. Introduction

1.1 Evaluation Features

1. *Purpose:* In the context of a renewed corporate emphasis on providing evidence and accountability for results, WFP's Office of Evaluation (OEV), in consultation with the Southern Africa Regional Bureau (RB) in Johannesburg and the Lesotho Country Office (CO), selected the latter's Country Programme 200369 for an independent evaluation in 2015. Selection considered both the utility of the evaluation and an assessment of operational and external risk criteria associated with performing it. JaRco Consulting, an Ethiopian company holding a long-term agreement to provide external operations evaluations for WFP, was selected to conduct the evaluation. (Terms of reference for the assignment are attached in annex 1).
2. CP 200369 runs from January 2013 to December 2017, and this mid-point evaluation, as well as generally supporting accountability and learning, specifically generates findings that will feed into decisions on programme implementation for the remaining period of the CP and into the design of any subsequent programme. Internally, the CO, RB, OEV, and WFP's Executive Board are key stakeholders, with interests ranging from operational decision making to oversight and learning. External stakeholders include the beneficiaries, Government, the United Nations Country Team (UNCT), Non-Governmental Organisations (NGOs), and donors, who will find information on WFP's performance since 2013 and considerations that may underpin future changes to the CO's programme approach in Lesotho.
3. *Scope and methodology:* The evaluation examines activities and processes related to CP formulation, implementation, resourcing, monitoring, evaluation and reporting from the CP design process until the start of the evaluation (October 2011 – May 2015). It takes and assesses the CP through three core evaluation questions: 1) How appropriate is the operation? 2) What are the results of the operation? and 3) Why and how has the operation produced the observed results? Throughout these questions, the way in which WFP works with and meets the needs of both women and men is given particular attention.
4. The evaluation took place between March-July, 2015, performed by an ET consisting of three members: a food assistance specialist who also acted as team leader; a disaster management/monitoring & evaluation specialist; and a nutritionist. Each member focused on one of the three components of the CP: Enhancing resilience and responsiveness through disaster risk reduction (DRR); Support for pre-school education, and; Support for nutrition and HIV.
5. Following an extensive desk review of CP related documentation, an inception package detailing how the ET would answer the three core evaluation questions (evaluation matrix attached in annex 4), was submitted to OEV in April 2015. The ET used a mixed method approach to collect information, including: a document review; structured/semi structured stakeholder interviews; key informant interviews (KIIs); focus group discussions (FGDs) and; direct observation. Secondary data from the literature review was triangulated with primary qualitative data obtained in country.
6. The field mission was conducted between 11th-26th May. While in Lesotho, the ET carried out further documentation review, interviewed key stakeholders in Maseru, and visited CP sites in seven of the ten operational districts. Five food/cash for asset sites, thirteen early childhood care and development (ECCD) centres, and eight

health centres were inspected.¹⁸ A total of 102 interviews were carried out with a range of key stakeholders, and partners, and nine focus group discussions with beneficiaries were conducted. Gender equity was considered for each component of the CP and reviewed using gender disaggregated data collected by the CO M&E system, cross checks, and gender-separate KIIs and FGDs conducted at the field level.

7. At the end of the field mission, the ET held an internal debriefing with the WFP staff from the CO, RB and OEV before leaving to analyse data and write the draft report.¹⁹ The WFP Evaluation Quality Assurance System criteria (relevance, coherence, coverage, efficiency, effectiveness, impact, sustainability) were used to guide the whole work. Prior to submission, the draft report was reviewed at two different levels within JaRco for quality assurance purposes.
8. *Limitations:* The small size of Lesotho, and good accessibility to most project areas, enabled the team to reach a representative cross-section of CP activities. The ET split up to maximise coverage and the CO staff supported the ET throughout the mission, providing valuable insights regarding the general context and CP implementation. However, limited time did prevent the ET meeting everyone they wished to meet. Non-participants in the CP (parents who did not send their children to ECCD centres, people living with HIV (PLWH) or Tuberculosis (TB) and PLW not enrolled on the food programme, and households not selected for FFA) were a notable omission and their perspectives on non-participation in the CP are not recorded. Visa issues delayed the arrival of the nutritionist in Lesotho by four days but this was compensated for by additional days in country after the other two team members had departed.
9. A full survey of beneficiaries was beyond the scope of the evaluation, and there are data gaps in the CO's M&E that make certain parts of the CP difficult to assess. The livelihood interventions and Positive Deviance approach associated with component 3 are notable omissions, and the ET focussed on the clinic level nutrition support given the limited information available on these activities.

¹⁸ Visited sites were selected by the ET in consultation with CO and covered the six different livelihood zones of Lesotho.

¹⁹ National holidays and time constraints prevented the ET holding a debriefing with external stakeholders in country as the nutritionist had not completed her field work before other member of the ET left Lesotho. A plan to hold a delayed debrief with external stakeholders via Skype was unsuccessful as the team focused on arranging further telephone interviews with internal and external stakeholders in South Africa and Zimbabwe. In lieu of delivering the external debriefing presentation in person, the slides and the draft report were shared with external stakeholders.

1.2 Country Context

10. Lesotho is a small, mountainous country entirely surrounded by South Africa. Three-quarters of land area is highlands, which rise to nearly 3,500 meters, while the remaining quarter is lowlands with altitudes between 1,388 and 2,000 meters. Lesotho has ten administrative districts: Mokhotlong, Butha-Buthe, Leribe, Berea, Maseru, Mafeteng, Mahale's Hoek, Quthing, Qacha's Nek and Thaba-Tseka. Its population is 1.94 million.
11. Lesotho has reached Lower Middle Income (LMIC) status but remains a Least Developed Country (LDC), ranking 162 of 187 in the Human Development Index. It depends on a narrow economic base of textile manufacturing, agriculture, remittances, and regional customs revenue. Despite relatively strong economic growth rates in recent years, and good performance in the education sector, Lesotho struggles with persistent development challenges as recognised in its National Strategic Development Plan 2012-2017, including chronic poverty, high unemployment, food insecurity exacerbated by climatic shocks, high rates of chronic malnutrition and the world's second highest HIV prevalence at 23% . In recent years, however, the presence of Donors, international agencies and NGOs in Lesotho has significantly reduced.
12. A small open economy, with a domestic currency (Maloti) pegged to the South African Rand, Lesotho's macroeconomic performance is closely linked to its only neighbour, South Africa. Lesotho has taken advantage of the surrounding market to boost economic growth and create jobs, but is highly dependent on imported goods and services and external factors such as custom duties, taxes, and grants for government revenue. It is extremely vulnerable to global markets and economic trends (e.g. high food prices).
13. Gross Domestic Product (GDP) growth in Lesotho was affected by the global economic crisis of 2008. Revenue from the South African Customs Union (SACU) and remittances from migrant workers (amounting to 25.72% of GDP in 2008, and a key income source for many Basotho families) significantly declined, although customs revenues improved in 2014. GDP is estimated at USD 2.458 billion for 2014, with a growth rate of 4.3%, down from 5.7 % in 2013. GDP growth is projected to average 4.9% over the next two years. The service sector is the largest contributor to GDP (56.9%) with agriculture at just 7%, down from 12% in 2001.
14. Lesotho has ambitious plans for social protection and the World Bank estimated that it spent 9% of GDP, or 16% of Government expenditure, (USD197 million) in 2011 on social transfers including old age pension, school feeding and tertiary bursaries. These programs have positive outcomes and enjoy strong popular and political support. However, according to World Bank estimates, about 75% of transfers were received by people who are not among the very poor²⁰. The sustainability of this level of expenditure over the long term is questionable.
15. Some 57% of people in Lesotho live below the national basic needs poverty line of USD 1.08/adult/day, and 34% below the national food poverty line of USD 0.61/adult/day, in 2010/11. Poverty is particularly pronounced in the remote

²⁰ World Bank, Report No. 77767-LS Lesotho A Safety Net to End Extreme Poverty, June 2013

mountain areas. The impact of improved economic performance on poverty over the last decade has been moderated by high levels of unemployment (22.5 %) and income inequity. Lesotho's Gini coefficient is 0.525, one of the most unequal income distributions in Sub-Saharan Africa (UNDP, 2005).

16. The last half of 2014 was dominated by an unstable political situation in Lesotho after an unsuccessful coup attempt resulted in the collapse of the former coalition Government. New elections held in February 2015 resulted in another coalition being formed but it is unclear how the fragile political situation will affect the continuity of governance in the coming months and years.
17. Women play a prominent role in Lesotho society, the result of many years in which large numbers of men left the country to work in South Africa. Although now ranked 38th out of 142 countries for overall gender equality, its overall scores for gender equality have improved each year since 2010, when it was ranked 8th out of 134 countries.²¹ Although men are now returning, female-headed households account for more than half of all households in the country, and single parent female headed households are amongst the poorest in the country.²² Inequality in education attainment, Lesotho ranks first in the world,²³ and within school system there is imbalance in favour of women, particularly at the earlier stages – only 1 percent of women compared 8 percent of men have never attended school, and 18 percent of women and 33 percent of men attended, but did not complete, primary school.²⁴ Despite relative equality, women in Lesotho face great hardships, with a rate of maternal death at 5 per 1000 births,²⁵ and 74 infant deaths per 1000 births.²⁶
18. **Food Security** - The Lesotho Vulnerability Assessment Committee (LVAC) reported that some 450,000 people were food insecure and in need of assistance as of mid 2014. Food insecurity exists all over the country, and there is a generalised problem of under-nutrition in Lesotho, particularly amongst children, but it is most widespread in the mountains areas. The contribution of agriculture to GDP has declined from around 20% in the early 1980's²⁷ to 7.5% in 2014²⁸. Although 86% of Basotho still survive on subsistence farming and agriculture the sector is unlikely to drive economic growth that will allow Lesotho to recover from its chronic food insecurity. Declining agricultural production, caused by severe land degradation, reliance on rainfed agriculture and unfavourable weather conditions, is one of the main causes of poverty in rural areas. A lack of investment in agriculture and a lack of alternative income-generating activities are also major challenges. Farmers have also been affected by the rising cost of seeds and

21 The Gender Gap 2014, World Economic Forum

22 IFAD Rural Poverty Portal <http://www.ruralpovertyportal.org/country/home/tags/lesotho>

23 Ibid

24 2014 Lesotho Demographic and Health Survey

25 The Gender Gap 2014, World Economic Forum

26 2014 UNDP Human Development Report

27 National Strategic Development Plan 2012-17, Government of Lesotho, 2012

28 CIA World factbook (2014)

fertilisers, forcing many to leave their land fallow.²⁹ Less than 10 % of Lesotho's land is arable and the agricultural sector remains undeveloped and susceptible to climatic variability. Lesotho produces less than 20 % of its food demands, relying heavily on South African imports.³⁰ However, since the vast majority of the labour force is engaged in agricultural occupations, resilience building in this sector remains important for poverty reduction.

19. Lesotho currently has five classified livelihood zones: foothills; mountains; northern lowlands; southern lowlands; and the Senqu river valley. The mountains, southern lowland and the Senqu river valley are most vulnerable to food insecurity. Extreme weather events are happening more frequently, and with greater intensity, impacting on many people involved in subsistence agriculture. Years of poor land management, deforestation and erosion threaten livelihoods of many farmers and reduce significant areas of fertile land to unproductive wasteland. Other factors undermining food access at household level include low income, poor health, high food prices, lack of diverse income strategies, and deterioration of social networks due to the HIV pandemic.
20. At the time of the ET mission, there was growing concern among stakeholders that the current 2015 harvest was likely to see decreases in yields in the major crops, and there was evidence of extensive crop damage in all communities visited by the ET. Subsequently released figures from this year's Crop Forecasting report confirm this to be the case, with maize down 13.6% from 2013/4 (in itself a poor harvest year), and sorghum and wheat down 63.1% and 43.8% respectively.³¹
21. **Health and Nutrition** – with the mean life expectancy at 52.6 years (52.5 males / 52.7 females), Lesotho has the lowest life expectancy at birth among countries with similar per capita income. The health care delivery system remains weak and is greatly undermined by the scourge of HIV & AIDS. Maternal mortality was 490/100,000 in 2013, and infant mortality 50/1000, in 2014.
22. In 2013, 364,600 Basotho were living with HIV and 16,100 succumbed to AIDS related illnesses with a higher incidence in urban than rural areas. Overall prevalence is 23%, and is higher in older age categories, peaking at 35-39 for women (42%) and 30-34 for men (40%). Some 220,000 children have been orphaned due to HIV & AIDS. In 2009, TB prevalence was 405/100,000, and 77% of those diagnosed with TB were HIV positive. Between 2000 and 2010 HIV related illnesses remain the leading cause of death among children under the age of five in Lesotho, with 2214 Under-5 (U-5) deaths attributed to HIV/AIDS in 2013 alone.³² In addition, in 2010 15 % of deaths among children 0-12 years were attributed to malnutrition.
23. According to the Lesotho Food Security and Vulnerability Monitoring Report of June 2014, and the Community Household Survey (CHS) of 2013, some 41.6% of children under 5 suffer from chronic malnutrition (stunting), 1.2% from acute malnutrition (wasting), and 10.8% were considered underweight. Micronutrient

²⁹ New Agriculturist, <http://www.new-ag.info/en/country/profile.php?a=2208>

³⁰ CIA World factbook (2014)

³¹ 2015 Crop Forecasting Report, Lesotho Bureau of Statistics

³² WHO Global Health Observatory Data Repository: <http://apps.who.int/gho/data/view.main.ghe100-LSO?lang=en>

deficiencies (vitamin A, anaemia and iodine) are also extremely high. As of 2013, coverage of vitamin A supplementation in children from 6-59 months was 34%, prevalence of anaemia in women was 27%, and iron supplementation in mothers 40%.

24. **Education** – Education and training form one of seven pillars of development in the national strategic plan for Lesotho - Vision 2020. There have been substantial gains in the education sector with net enrolment for primary education increasing from 60% in 1999 to 81% in 2010.³³ Compared to an average 47% adult literacy in 1990,³⁴ by 2000, this had risen to 86.3% (80% male / 92% female) before reducing to 75.8% (65.5% male and 85% female) in 2009.³⁵ In 2000, the Free Primary Education Act made primary education universal, compulsory, and tuition-free through grade seven. However, Lesotho still has some 23% of children aged 5 to 14 years in child labour, the vast majority (87%) being male.
25. The Government is committed to provide equitable access for all children aged 3-5 years to ECCD centres to further promote educational uptake, access to other pre-school services, health and nutrition, and gender equality. However, informal fees are charged in most ECCD centres to help cover costs of staff, food and other requirements which clearly impacts on the ability of the most vulnerable to enrol, even though some centres appear to waive fees for the poorest.
26. **Funding climate** - Since Lesotho graduated to LMIC status, in-country presence of donors and international NGOs has significantly decreased. According to the minutes of the corporate WFP Programme Review Committee which endorsed the CP prior to its approval at the Executive Board in November, 2012, there was an expectation of high levels of funding for the CP. Despite adequate funding to date, the narrow, and largely non-traditional, donor base for the CP (pre-school support has been funded almost exclusively by a single donor) is reflective of changing priorities among traditional donors.

1.3 Operation Overview

27. The design process for CP 200369 began in October 2011 and the three components proposed by the CO in the WFP Country Strategy for 2012-17 were reviewed by an appraisal mission from the RB. The CP was approved in November 2012 with an implementation period from January 2013 to December 2017. Through a combination of food/cash transfers and capacity development, the CP objectives are to: 1) Improve food security through disaster risk reduction measures; 2) Support human development and increase pre-primary school enrolment, and; 3) Improve socio-economic capacities by investing in people's physical well-being, improved nutritional status, and reducing the economic burden associated with chronic illness. The CP aims to progressively re-position WFP support from recovery to development and from food aid to food assistance.

³³ Emergency Capacity Building Project (2012) Lesotho Food Insecurity: Disaster Needs Analysis.

³⁴ UNDP (2010) Lesotho Millennium Development Goals Report 2010 (unpublished).

³⁵ UNESCO, Adult and Youth literacy – National, regional and global trends, 1985-2015, June 2013

WFP has had two other active operations during the CP: EMOP 200499, aimed at addressing crop failure and ending in April, 2013, and the School Meals Project, DEV 200199, ending April 2015.

28. The initial CP budget was US\$ 35.4 million. Five subsequent budget revisions to adjust the food basket, revise beneficiary numbers, accommodate changing commodity prices, adjust operational and support costs, introduce an element of cash transfer, and to strengthen capacity development resulted in an overall resource requirement of US\$ 40.5 million as of January 2015. By May, 2015, the CP was 43.9% funded with the top five donors being: South Africa (43%), Japan (34%), China (6%), Russia (6%) and EU Commission (3%). To date, funding of the CP has been good with 44% of total requirements covered as of May 2015, but no new contributions had been secured at the time of the mission to cover requirements beyond mid 2015, leaving the operation facing an imminent resourcing crisis and creating serious concern for the ongoing implementation of the CP.
29. WFP has a total of 59 staff and, for a country and programme of its size, excellent coverage at the field level, with 23 staff in 6 field offices within Government funded premises.³⁶ Each field office has at least one field monitor, logistics assistant and driver. At CO level there are 36 staff, with units for each programme component, a logistics team, VAM unit, M&E, reports, ICT, finance, administration and management. Impending funding constraints, and likely changes in emphasis on programme direction, are leading the CO to carry out a staffing review, to realign both numbers and skill sets to meet the challenges ahead, which will impact on its future potential to engage with partners effectively at different levels.
30. The three core CP components are summarised below:

Component 1 – Enhancing Resilience and Responsiveness through Disaster Risk Reduction

31. Component 1 of the CP consists of a number of activities intended to reduce the risk and impact of disasters on food-insecure households in Lesotho. Its main activities include food/cash for work/assets, implemented in three distinct short-term projects, one of which ran between August and November of 2014 and the other two beginning in February 2015 and due to complete in August 2015 (See Figure 1 overleaf).
32. The CO is also helping the Disaster Management Authority (DMA) develop an early warning system with a World Bank funded consultant who will work throughout 2015 and unveil the system at the end of the year. Although not directly falling under the CP, the VAM unit also supports the DMA on its annual Vulnerability and Crop Assessments and the biannual Community Household Surveys. The CO is also chair of the UN Disaster Risk Management Team (UNDRMT) in Lesotho, and through this is involved in resilience planning activities, as well as the Team's regular activities in coordinating emergency preparedness and response activities.

Figure 1: Timeline of Component 1 activities

³⁶ From the six field offices, WFP is operational in 10 districts

			Timeline																							
			2014												2015											
			J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Planned beneficiaries	District	Fund source																								
25,000	Mafeteng; Mohale's Hoek; Quthing; Maseru rural	Russia-Japan																								
15,000	Mafeteng; Mohale's Hoek	China-Japan																								
5000	Mohale's Hoek	ECHO																								
N/A	N/A	World Bank																								

*Both the 2015 projects were intended to start in February of the year, but distribution did not start until March because of the election. Both projects have been extended one month to August.

Component 2 – Support for Pre-School Education

33. Managed by WFP through the MoET, this component is implemented at a national level in all 10 districts and supports pre-school children aged 3-5 years attending ECCD centres. Some 50,000 children receive morning porridge and a lunchtime meal to help increase pre-school enrolment, improve stamina and learning capacity, ensure better preparation for primary education, and help alleviate nutritional and micronutrient deficiencies. Capacity development aims to increase Government ability in food management, tracking and monitoring. Funding has been almost exclusively derived from one donor and, without further contributions, the component will be without resources from July 2015. Following a Government request, previous WFP support was given to 47,000 pre-school children in 2011-12. Around 34,500 pre-school children were supported in 6 districts under school meals development project 200199, and, in the 4 districts with the highest stunting rates, approximately 12,500 were assisted under development project 200169 - Nutrition Support for Malnourished Children and Other Vulnerable Groups - using nutritional indicators at the outcome level.

Component 3 – Support for Nutrition and HIV

34. The core activity of the nutrition and HIV component is a range of clinic-level nutrition support for particularly high-need groups and a combination of livelihood measures for those with HIV and/or TB. The component continues and expands selected activities from the Development Project 200169, which ran from January 2011-December 2012. Through two different packages of nutrition support, the component aims to treat Moderate Acute Malnutrition and to prevent stunting in hot spot districts.

35. Targeted Supplementary Feeding is implemented in all 197 health facilities in the country and aims to treat moderate acute malnutrition among children under 5 years, pregnant and lactating women, Anti-Retroviral Treatment (ART) patients, Prevention of Mother To Child Transmission (PMTCT) patients, and people with tuberculosis patients on Directly Observed Treatment Short Course (TB-DOTS).

Blanket Supplementary Feeding is provided for children under the age of 2 years and PLW to prevent stunting in four districts, namely Berea, Qacha's Nek, Mokhotlong and Thaba-Tseka, which have high levels of child growth problems and micro-nutrients deficiencies.

36. All types of feeding, except the BSF, follow the draft national protocol on Integrated Management of Moderate Acute Malnutrition (IMAM), and use anthropometric measurements for enrolment and discharge.³⁷ Weight-by-height and MUAC readings are used to determine those that are entered into the nutrition support programme and when they exit. Potential beneficiaries are identified (by MUAC or, for HIV positive PLW, without anthropometric testing) at the community level through the Village Health Workers and formally screened at the health facility level by the nurses.
37. If enrolled, people attended a distribution site (usually the health facility) on a designated day monthly to receive an individual and a household monthly ration. Individual ration consists of 7.5kg of Super Cereal for adults and 6kg of Super Cereal Plus for children. Food is distributed through cooperating partners (World Vision, Red Cross Caritas) in four districts, and in the remaining six districts health workers manage the distribution at the health facilities. WFP has also directly distributed food without the support of partners in a number of districts. On exit from the nutrition support it is intended that HIV and TB patients should have sufficiently prepared to support themselves through livelihood measures such as income generation activities and better food production, as such WFP has provided inputs and trainings for community garden initiatives alongside local NGOs. World Vision (WV) and Caritas's livelihood activities, such as saving groups, are also intended to contribute to livelihood improvements.
38. As part of the MAM support, WFP trained 149 government nurses in nutrition programming (identification and discharge of undernourished clients; data management; and food commodity storage and handling at clinic level), which was intended to improve nutrition response and establish the mechanisms for entry/exit criteria of the nutrition support.
39. Improving nutrition health practices activities are being implemented through the Ministry of Agriculture and Food Security using Positive Deviance (PD), an approach that uses community level peers to promote learning through self-realization and to replace negative behaviors and habits with positive ones. The PD is implemented closely with the BSF in the four districts where stunting and MAM levels are highest (Thaba Tseka, Berea, Quacha's Nek and Mokohotlong) WFP has provided training of trainers in the overall PD approach and helped to establish nutrition clubs that are engaged in vegetable gardening, hygiene and nutrition education, and growth monitoring.
40. The component is implemented under the Deliver as One by WFP, FAO, WHO and UNICEF through the Food and Nutrition Coordination Office (FNCO) under the

³⁷ Entry and exit criteria are based on the Lesotho National Guidelines for the Integrated Management of Acute Malnutrition: For Adults over 18 years with HIV and/or TB – Entry 16 kg/m², Exit 18.5 kg/ m²; for children 6-59 month – Entry MUAC: 11.5cm – Exit 12.4cm OR weight-for-height (W/H) z-score: < -2 to -3 SD; for Pregnant and Lactating Women - MUAC: ≤ 23 cm

Prime Minister's Office and ministries of Health and Agriculture and Food Security.

2. Evaluation Findings

41. This section is divided into three subsections: Section 2.1 addresses the appropriateness of the CP objectives, strategic relevance, including targeting, relevance of its activities, its alignment and complementarity with government programmes and other partners. Section 2.2 presents the results of the operation in terms of outputs, and an analysis of the performance in terms of effectiveness, efficiency and sustainability of the results. Section 2.3 examines both internal and external factors that shaped the results and the overall CP performance.

2.1 Appropriateness of the operation

42. The ET analysed the appropriateness of CP 200369 in relation to both the needs of the population as well as its alignment and coherence with the policies, strategies and programmes of the Government, Partners and WFP. The extent to which WFP has positioned itself to maximize impact at both strategic and operational levels is reviewed.
43. The 2011 appraisal mission on the CP design recommended that, while the three components were well aligned with the draft National Strategic Development Plan, draft UNDAF, and line ministry work-plans, more time was needed to pilot the DRR component, gain more experience and learning from the ongoing nutritional intervention, and allow for more negotiation with Government on the future of the pre-school meals component.³⁸ The CO subsequently consolidated its plans for CP 200369 to begin in January 2013.
44. The ET found a very positive policy environment supporting the three different components of the CP, all of which were well aligned to existing umbrella policies such as Vision 2020, and the National Strategic Development Plan 2012/13-2016/17, as well as to more specific sectoral policies (elaborated on below). Social protection is central to the Government agenda in Lesotho and the National Social Protection Strategy of 2014 provides the broad policy framework for an array of safety nets and transfers. The World Bank estimated that some 9% of GDP, or 16% of Government expenditures, was spent on social transfers in 2011.³⁹
45. CP components align with the Lesotho United Nations Development Assistance Framework (UNDAF) outcomes, and are either implemented with other agencies, as with the Joint UN Nutrition Programme, or are complimentary to the activities of other UN agencies, as with support to pre-school education.
46. The CP bridges two WFP corporate strategic plans, the first of which ran from 2008-13, and the second from 2014-17, and is compatible with both. Under the first strategic plan, the CP supports WFP strategic objectives 2, 4 and 5 whereas under the second it supports strategic objectives 3 and 4. The logframe and indicators of the CP have been adjusted accordingly to accommodate this change and are reviewed under the results section of the report.

³⁸ Lesotho Country Programme Activity Appraisal Mission, 2011, Lofvall, Mandra, Erdelmann, Flengte

³⁹ Lesotho – A safety net to end extreme poverty, World Bank, 2013

Appropriateness of Component 1 – Enhancing Resilience and Responsiveness through Disaster Risk Reduction

47. Disaster risk reduction is a relevant focus for the Lesotho context, where weather events have created serious food insecurity situation in at least eight of the last thirteen years,⁴⁰ and where a cold snap and drought earlier in the 2014/2015 agricultural season means significant food shortages and a longer lean period are expected after this year's harvest.⁴¹ Resilience building, a focus of WFP in Lesotho since 2013, is also highly relevant as a recognised best practice in the international disaster community. The most common natural hazards in Lesotho – drought, dry spells, cold snaps, and flooding - present a threat to people's food security and livelihoods, rather than putting their lives at immediate risk. Resilience building is, therefore, a suitable approach, and one also well designed to mitigate the impact of future climate change.
48. The location and extent of WFP's contribution under this component is reasonably appropriate compared to the food security need in Lesotho. The LVAC quantifies the level of need in five livelihood zones using a Household Economy Approach (HEA) to understand the impact (at household level) of shocks such as drought, conflict or market disruption. Table 1 (overleaf) demonstrates that, under component 1, WFP is providing support for just under 20% of the population requiring humanitarian assistance in these two livelihood zones in 2014/2015.⁴² This is reasonable considering the government has a broader food for work intervention (although it doesn't reach full coverage for the remaining 80% and isn't targeted to address those requiring assistance). The two livelihood zones selected by WFP contain over half the national total number (447,760) of people requiring humanitarian assistance in 2013/2014, and experienced the greatest losses in the 2013/2014 harvests.

Table 1: Component 1 beneficiary numbers versus LVAC identified need

Livelihood zone	WFP Component 1 activity areas	Population size	Estimated no. of people requiring humanitarian assistance in 2014/2015 ⁴³	WFP Component 1 beneficiary 2014/2015
Senqu valley	Mohale's Hoek; Quthing	294,208	45,902	13000 / 17500 Total: 30500
Southern lowlands	Maseru rural; Mafeteng	203,505	194, 151	12000 / 5000 Total: 17000
Total		497,713	240,053	47,500

⁴⁰ Disaster Needs Analysis 2012, Lesotho Food Insecurity

⁴¹ Livelihood Outcome Analysis 2015 presentation

⁴² Component Two and Three are also operational in these areas, but their support is not at the household level and they are targeted to specific groups rather than the generally food insecure.

⁴³ LVAC2014

49. WFP's targeting modality for food and cash appears to reach the correct people, with the LVAC determining broad areas of vulnerability and community discussions used to select the participants. The selection criteria is broadly appropriate as it balances need with ability to work, but this trade-off means that WFP are not able to reach with the FFA/CFW the most destitute/hungry unless these people have able bodied family members. It was mentioned from a number of sources that WFP's work with LVAC helps to objectively target food and cash assistance, which can be politicised in other programmes. All five communities visited by the ET said they selected households from those that did not have enough food, or an employed member, and confirmed that those unable to work through age, disability or pregnancy sent household members who could work.⁴⁴ Only one community expressed that the targeting criteria created conflict over who should receive food;⁴⁵ however, it is a shortcoming of this evaluation that only recipients of the food/cash could be interviewed. An alternative option for beneficiary selection – using the NISSA⁴⁶ – was tried by WFP in 2015, but faced difficulties because the new system was (and is still) not sufficiently developed to maintain an up-to-date household list.
50. The DRR component has good coherence with government policy, being framed under the 2011 National Disaster Risk Reduction Policy. The CO also works within Ministry of Forestry and Land Reclamation's (MoFLR) annual plans for rehabilitating land lost to gullies and invasive weeds (although the WFP's contribution comes after the plans are complete, and there is no joint planning at the start of the year). The ministry is very content with the support as it helps them achieve approximately 70% of their annual work plan,⁴⁷ as opposed to roughly 60% without WFP's support.⁴⁸ However, this high degree of relevance with MoFLR's plans deflects from the CP's objectives as it hems a significant portion of the CO's asset building under reclamation of land objectives, and limiting levels of livelihood improvement (as described in more detail in Section 2.2). The choice of assets promoted by WFP are good for land reclamation - which will, in future, provide more usable land to communities whose chosen assets are being built, but the assets are not well designed to increase resilience or reduced the effects of this year's poor harvest.

44 Although the component design defines recipients as households that are able to send an able-bodied person to the work in the programme, the ET did find a community that expressed that food was given to those that were food insecure and unable to send an able-bodied person. However, the ET did not sufficiently verify whether this mean provision of a ration or sharing of the ration, although the assumption in the question was the former.

45 The FFA/CFW does have a mechanism for workers to express grievances, but the ET did not assess whether this process is open for non-participants.

46 The National Information System for Social Assistance (NISSA) was set up in 2009 by the Government of Lesotho with support from UNICEF and the EU. It collects and manages demographic and socioeconomic information at the household and individual level to target poor households with children

47 MoFLR's annual work plan for land reclamation intends to reach 80 constituencies, 3 catchments per constituency, and 50 employees per month per catchment.

48 WFP's support helps MoFLR increase the number of catchment areas in which work is conducted

51. WFP's work is organised under the Agriculture, Food Security, Environment, Natural Resources & Climate Change Cluster of the Lesotho United Nations Development Assistance Plan (LUNDAP) where its food/cash for assets and early warning system development are aligned to common outcomes with FAO's, IFAD's and International Trade Commission's activities. The creation of the 2014 Lesotho Resilience Strategic Framework by the UNCT is a good initiative intended to align and combine the UN agencies' efforts toward the promotion of resilience as a concept in Lesotho. Whilst these formal agreements and policies are in place, their actual implementation is very low, and there is little to no field-level collaboration with FAO.⁴⁹ Opportunities have so far been missed to connect the training provided under the food and cash for assets activities with the training FAO provides to the Ministry of Agriculture's resource centres, and to distribute FAO's conservation agriculture learning materials.

Appropriateness of Component 2 – Support for Pre-School Education

52. In 2009, an evaluation of WFP's development project 10582, which supported access to primary education, concluded that "with malnutrition [stunting] rates among under-fives as high as 41.7%, pre-school children seem to be in even greater need of food assistance. WFP's decision to hand-over school feeding to government and in future increasingly focus its resources on support to Government's Early Childhood Development Programme (ECCD) is fully justified."⁵⁰
53. Assistance to pre-schools was expanded under CP 200369. It is not geographically targeted and aims to provide blanket support at over 2200 registered ECCD centres across all 10 districts. An estimated 50,000 pre-school children (24,080 boys and 25,290 girls) should receive an early morning snack of fortified porridge made from super-cereal and a school lunch consisting of fortified maize meal, oil and pulses. This activity has enrolment as an outcome indicator, whereas for pre-school support under development project 200169 levels of iron deficiency anaemia was used. Given that high malnutrition rates in Lesotho were a key justification for this component to be included in the CP the ET felt that it would be appropriate to include a nutritional outcome indicator.
54. The 50,000 planned beneficiaries are based on enrolment numbers in ECCD centres at the start of the CP. However, the number of 3-5 year old children in Lesotho far exceeds 50,000, raising issues about high numbers of children excluded from the activity who would benefit from food assistance whilst many others, who do not necessarily require such assistance, benefit from the support. In Lesotho, there is a recognized gender disparity in favour of girls enrolling and attending full time education. This is also seen at the ECCD level but the CP makes no specific provision in its design to help address this disparity. While pre-school meals are completely in line with Government policy, and the key outcome

⁴⁹ A recommendation in the 2011 Activity Appraisal Mission

⁵⁰ WFP decentralised evaluation, development project 10582 (2008-10), Haag, De Meulder, Khama

indicator is increased pre-school enrolment, as a programme designed to reach the most disadvantaged and vulnerable children living with food insecurity, its appropriateness is questionable.⁵¹

55. The component aligns well with the key objectives of WFP's corporate strategy under the School Feeding Policy (2013), which states that "while WFP will continue to focus on primary school children, it will seize opportunities for delivering micronutrients and nutrition education to pre-primary children and adolescents, especially girls, who are at high risk of micronutrient deficiencies." Component 2 also supports WFP's corporate strategic objective 4 under the 2008-13 strategic plan - Reduce chronic hunger and nutrition – as well as the new strategic objective 4 under the current strategic plan - Reduce under nutrition and break the intergenerational cycle of hunger.
56. There is a strong coherence with Government policies. Since 1990, the Government, through the Ministry of Education and Training (MoET), has been progressively taking over the provision of primary school meals. By 2000, MoET had taken over from WFP both the management and funding of free primary school meals in the lowlands and foothills. From 2010 the Government began to phase in funding for the remaining WFP managed school feeding in the mountain regions and, by January 2015, the Government was funding 100%. In April 2015, WFP School Meals Project 200199 ended but WFP continues to manage school meals in mountain areas under trust fund 200771, funded by Government, pending their expected management takeover of the entire national school feeding programme, including ECCD centres, from January 2018 onwards. Support to pre-school education is also run through the MoET and is an integral part of the National School Feeding Policy expected to be approved by Cabinet during 2015.
57. Under Vision 2020 and the National Strategic Development Plan, the objectives of the Government's 10 year Education Sector Strategic Plan for 2005-15 align with the Education for All (EFA) commitments, including the expansion and improvement of ECCD. Against a background of chronic widespread poverty and under-nutrition, school feeding (including pre-school) is seen by the Government as a crucial safety net providing children with a minimum healthy diet and safeguarding their opportunity to participate in full time education. Community based and managed ECCD centres, which have existed in Lesotho since the 1990s, are fully integrated into Government education policies and plans and fall under the responsibility of the Primary Education section of the MoET. Ministries such as Health, Social Development, Finance and Local Government should provide support to ECCD as required and there is a clear commitment to significantly expand their coverage and quality of services offered.
58. In November 2013 the Government launched its National Policy for Integrated Early Childhood Care and Development (IECCD), and a strategic plan for 2013/14 – 2017/18 to guide its implementation. The plan aims to give all children, particularly the most vulnerable, from birth to 6 years of age, equal access to pre-school services (including health care, protection services, and pre-school education) to facilitate their transition from home/pre-school into free and

⁵¹ It may be useful to introduce a nutritional outcome indicator to help orientate the activity to better target the most disadvantaged and food insecure pre-school children.

compulsory primary education. WFP is cited in the ECCD strategic plan as a provider of material support and as helping to expand ECCD feeding services serving impoverished, vulnerable and marginalized children.

59. Under the WFP school meals programme 200199, which ended in April 2015, WFP worked closely with the Government to help develop a National School Feeding Policy in which the provision of meals for children attending ECCD centres is an integral part. The policy is still in draft form but expected to be finalized and submitted for cabinet approval by the end of 2015. As with Primary School meals, there is a clear intention for the Government, with WFP's support, to develop the necessary capacity to assume national ownership, funding, and management of pre-school meals at the end of the CP.
60. Support for pre-school education is aligned with Millennium Development Goals 1, 2 and 3 and has a strong coherence with key partners. The Lesotho UN Country Team has adopted the 'Delivering as One' approach, merging the UNDAF with a supporting action plan into the 2013-17 LUNDAP. With the same programmatic cycle, CP components are both integral and appropriate to the planned LUNDAP outcomes. Resident agencies have established a system of clusters to coordinate different agency activities around key thematic areas.⁵² Stakeholders acknowledged to the ET the positive engagement WFP played in this cluster system.

Appropriateness of Component 3 - Support for Nutrition and HIV

61. The Nutrition and HIV component is relevant to the Lesotho context given the size of the population affected by these health issues. The importance of adequate food and varied diet is the key factor in preventing malnutrition in children (where the first thousand days are critical) and for people particularly susceptible to malnourishment, such as those living with HIV/TB. For the latter, preventing malnourishment is linked to maintaining energy levels and possibly greater resistance to infections, and nutrition support is advised as a complement to ART treatment.⁵³
62. Similar to the finding in 2013 evaluation of the Development Project 200169, it is hard to gauge the prevalence of MAM among the population of people living with HIV in Lesotho because comprehensive data is not available. Given the levels of these chronic illnesses in the country, and their recognised impact on nutrition, MAM prevalence is expected to be large,⁵⁴ however the limited data available suggests otherwise. In FNCO's and WFP's 2011 nutrition baseline survey the levels of people with a BMI lower than 18.5 among PLHIV in four districts are very low, and overweight is more common in all regions.^{55 56} This was also confirmed by the

52 Lesotho United Nations Development Assistance Plan (LUNDAP) 2013-17

53 WHO <http://www.who.int/hiv/topics/nutritional/support/en/>

54 Although there are serious entry and exit measurement problems for the HIV support, the fact that the CO reached 72% more HIV/TB clients than planned in 2013 and 32% more than planned in 2014 can be used as a proxy indicator suggesting that there are enough people with MAM amongst the population with these chronic illnesses to warrant the nutrition support.

55 BMI indicators for the nutrition support are 18.5-20 and measured by MUAC and Weight for Height

56 The regions are Thaba Tseka, Mokhotlong, Berea, and Qacha's Nek.

<http://documents.wfp.org/stellent/groups/public/documents/ena/wfp235968.pdf>

District Nutritionist in one district, who mentioned that she sees few PLHIV with BMI lower than 18.5 in their area. The baseline, however, uses a far smaller sample size than a DHS, and the only region that had higher levels of PLHIV with BMI <18.5 (Berea at 19%) is also the region where the portion of PLHIV found by the study was nearly equal to the DHS HIV prevalence rates (in each of the other three districts the proportion was lower by at least 5%). Although it is difficult to assess appropriateness based on MAM prevalence, the 2013 expansion of TSF from four to ten districts, and from 57 to 197 health facilities, is still commendable because of the accompanying spread of nutrition knowledge within HIV services, and because of the anecdotal evidence suggesting greater testing and adherence rates (See Para 109, Page 53).

63. Lesotho has a Global Acute Malnutrition rate of 3.2%, well within an Acceptable level (<5%), but specific prevalence rates in children differ between the stunting and MAM and this affects the relevance of these two types of nutrition support provided by the CO. As shown in Table 2, stunting prevalence is categorised as high in the U-5 age group, and in the four districts where WFP is implementing BSF the prevalence is much higher than the WHO's Very High category, which starts at =40%. Table 3 shows that prevalence levels are lower in the age bracket WFP provides support to (6-23 months), an appropriate age group for stunting prevention, but they are only just below WHO's High Prevalence category (30-39%), and WFP has likely contributed to the decrease at the national level to 27% through its work in Berea, Qacha's Nek, Mokhotlong, and Thaba Tseka (See Figure 3). Based on these figures, it is most likely that stunting, rather than wasting, is the main contributor to MAM in children under-five.
64. Prevalence levels of MAM in children under-five are, however, far lower than stunting and closer to WHO's Low prevalence levels (<10%), which, in 2014, the rates almost reach. Only in Mokhotlong and Mphahle's Hoek have the rates been close to High prevalence (20-29%), but these districts have seen significant decreases between 2009 and 2014, and are no longer close to the higher cut-off point. Again, WFP's TSF national coverage likely contributed to this decrease, but as prevalence rates move closer to the Low levels the appropriateness of the MAM support for this age group becomes questionable. As explained in the Results section of this report (Page 51) the CO's planned figures for the BSF and MAM support are relative to prevalence, and, therefore made more appropriate. However the provision for the national coverage for the MAM support to under-five is still highly questionable.

Table 2: Percentages of stunting, wasting, and underweight in children under 5.

District	2009 Population (<5 years) ⁵⁷	Prevalence of Under-nutrition ⁵⁸					
		Stunting (%) (-2 z-score)		Wasting (%) (-2 z-score)		Underweight (%) (-2 z-score)	
		2009	2014	2009	2014	2009	2014
Butha-Buthe	11,883	32.5%	40.3%	3.8%	1.8%	10.8%	7.5%
Leribe	30,816	39.6%	31.3%	1.4%	3.3%	10.7%	8.0%
Berea	25,972	35.3%	27.4%	2.8%	3.5%	10.0%	12.7%
Maseru	43,103	31.7%	29.9%	3.8%	1.8%	12.9%	8.7%
Mafeteng	19,740	37.6%	25.9%	5.2%	2.6%	14.5%	10.8%
Mohale's Hoek*	19,636	44.8%	38.1%	4.9%	3.3%	19.1%	11.6%
Quthing	13,533	37.6%	34.1%	4.2%	1.2%	8.9%	5.5%
Qacha's Nek*	7,922	47.0%	32.5%	3.9%	4.0%	10.5%	12.0%
Mokhotlong*	13,399	48.2%	47.7%	4.0%	3.6%	18.3%	15.8%
Thaba-Tseka*	16,777	51.8%	40.0%	5.9%	4.1%	16.8%	14.2%
TOTAL	202,781	39.2%	33.2%	3.8%	2.8%	13.2%	10.3%
WHO Prevalence level		High	High	Acceptable	Acceptable	Medium	Medium

*WFP BSF implementation districts. The dark red here is used to indicate Very High levels of stunting as per the WHO's prevalence categorization

Table 3: Percentages of stunting, wasting, and underweight in children between the ages of 6-23 months

Age in Months	Prevalence of Under nutrition ⁵⁹					
	Stunting (%) (-2 z-score)		Wasting (%) (-2 z-score)		Underweight (%) (-2 z-score)	
	2009	2014	2009	2014	2009	2014
6-8	19.2%	22.0%	10.6%	5.1%	9.5%	13.1%
9-11	21.4%	21.6%	8.3%	6.0%	15.8%	16.1%
12-17	31.7%	27.6%	4.5%	6.1%	10.7%	13.3%
18-23	43.9%	37.5%	2.1%	4.0%	14.8%	8.4%
Average	29.05%	27.18%	6.38%	5.30%	12.70%	12.73%
WHO Prevalence level	Medium	Medium	Poor	Poor	Medium	Medium

⁵⁷ Population figures are taken from Lesotho DHS2009 as at the time of writing only the Key Indicators report is available for DHS2014. However, annual population growth between 2014-2015 was 0.32% and therefore the 2009 figures are like to be correct with 1-2 % increase.

⁵⁸ Source: Lesotho DHS 2009 and DHS 2014 Key Indicators

⁵⁹ Source: Lesotho DHS 2009 and DHS 2014 Key Indicators

65. That WFP provides a household ration in addition to the individual ration is a very appropriate initiative to prevent dilution of the food's impact through sharing, which was acknowledged by WFP to be a potential problem in Lesotho and found to be a correct concern during the field work. The entry/exit values for MAM are in line with the national IMAM guidelines, and it is appropriate for WFP to promote them through their trainings.
66. Although there are serious issues over health system and worker capacity to deal with the requirements of the food programme, delivering through the health system infrastructure is ultimately an appropriate modality as it is the official place for identification of beneficiaries, it raises awareness of nutrition issues amongst health workers, and, as discussed in the results section, appears to have cross-benefits for uptake of health facility services. Furthermore, HIVAIDS programming is well integrated in the national health system in Lesotho, and testing and treatment is a core activity for health facilities.
67. However, it was noted in nearly all health facilities visited that WFP's nutrition support appears at best as an additional level of work for health staff, and at worse as a full-parallel system, with poor coordination between WFP/coordinating partner and the health facility. At the mid-term point, therefore, the nutrition support's appropriateness to actual implementation realities in the health system is low, while formal appropriateness – in relation to policies, strategies and guidelines, for example the draft national nutrition policy, national HIV/AIDS policy, Health Strategy, National Social protection strategy, and the IMAM guidelines – is high.
68. The government recognised the importance of community interventions such as the Positive Deviance approach. These are especially important in Lesotho given that health facility level does not reach very deep and access for beneficiaries is an issue. However, it was expressed that the intervention is not well coordinated between the other village level activities as the PD is implemented through the Ministry of Agriculture, whereas the Village Health Workers come under the MoH and there is a lack of coordination between the two. At the higher levels there is not a clear understanding over who should be in charge of the PD - between the MoH, FNCO and the Ministry of Agriculture.
69. The selection of livelihood initiatives for PLHIV, are appropriate as vegetable gardens are a relatively low physical energy input agricultural task that can be shared among multiple farmers to reduce the up-keep, and key-hole gardens, which are used fairly widely in Lesotho, reduce the planting and sowing burden further. Vegetable production, if consumed, also diversifies the diet of PLHIV and increases nutrient intake. WFP's partners are also implementing saving groups, which are a good livelihood initiative that can be utilised by anybody regardless of their health status. The ET did not visit the livelihood initiatives conducted under this component, so it does not have the beneficiary perspective on their use; however, the appropriateness of food production-based livelihood initiatives needs to be considered alongside the difficulties in the agricultural based initiatives in Lesotho raised by the evaluation of component 1, and with reflection on the added difficulties that PLHIV/TB have in maintaining energy levels and avoiding infection at different stages of their illness.
70. The component is well aligned with the Lesotho United Nations Development Assistance Framework (UNDAF) outcomes and complementary to the activities of

other UN agencies delivering as one initiative, and is implemented under Deliver As One by FAO, UNICEF, WHO and WFP and other key development partners and the government at large.

Summary: Appropriateness of the Operation

In the policy context, CP 200369 has a generally high level of appropriateness and its objectives are coherent in relation to the strategies and policies of the Government, WFP, other UN agencies and partners. The Government has extensive plans for social protection and land reclamation and WFP activities supported under the CP align closely with these, and other, national development priorities. With its long and well respected history in Lesotho, WFP is well positioned to strategically guide and support the Government. The CP components are also broadly appropriate to the needs of food insecure households where WFP works. However, the success in reaching the most food insecure households is variable with, for example, unaddressed livelihood needs under component 1, concerns of high inclusion and exclusion errors under component 2, and ambiguity over MAM prevalence in component 3.

2.2 Results of the operation

71. This section analyses the assistance given under the CP, assessing who received the assistance, its quality and frequency, the extent to which the assistance led to the realisation of CP outcomes objectives, and the medium to longer term impact.

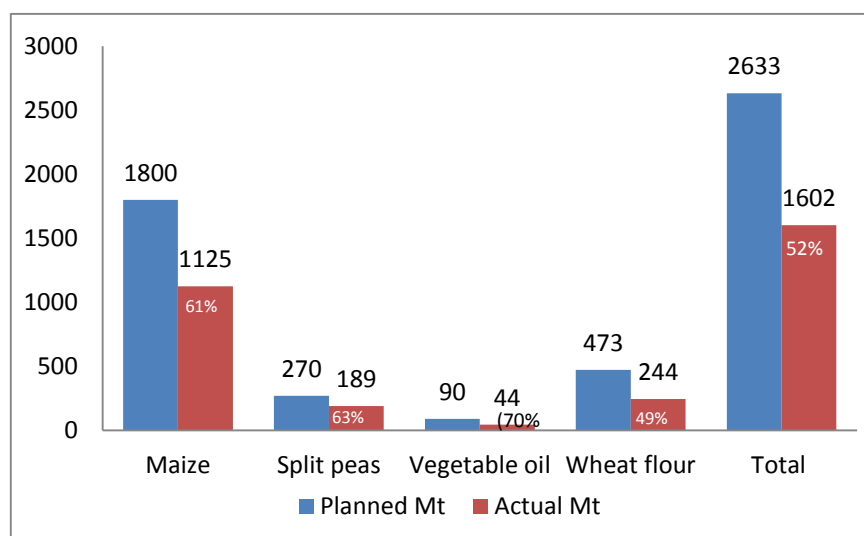
Component 1: Enhancing Resilience and Responsiveness through Disaster Risk Reduction

72. *Outputs* - The DRR component of the CP was unfunded in 2013 and zero of the planned 10,000 annual beneficiaries were reached that year.⁶⁰ By the time implementation began in August 2014, planned beneficiaries increased to 25,000 via BR4 to accommodate funding from Russia and Japan. The project reached the planned 2014 beneficiary figures, with the increase compensating for non-implementation in 2013. By the end of 2014, figures from the original CP design were over-achieved by 5000 beneficiaries. The 2015 planned beneficiaries remain at 25,000 but with current funding for the year the beneficiary number equates to 20,000. By the end of 2015 the CP will have reached 45,000 beneficiaries - 15,000 above its cumulative target in the CP design, but 15,000 behind the 60,000 beneficiaries planned under BR4.
73. The duration of assistance in 2014 was 2 months shorter (4 instead of 6) than planned due to funding constraints, resulting in a gap of 1031mt between planned

⁶⁰ Beneficiaries are counted by the ration given, with an assumption that an average of five household members will share the ration provided to one person employed in the asset building. Therefore, 10,000 beneficiaries equates to 2000 people employed, and the same ratio is used for the 25,000 and 15,000 figures. Ration consists of 60kg fortified maize meal, 9kg of pulses and 3kg of vegetable oil upon completion of a 20 working day

and actual tonnages (See Figure 2 overleaf). While this did not affect the overall number of people assisted, it was apparent from the site visits that the omission of two months' assistance would impact people's food and livelihood options, as well as the volume of asset creation work, as explained in more detail below.

Figure 2: Component 1 planned and actual food in Mt and percentage of achievement



74. Asset creation in the 2014 FFA project was under-accomplished in relation to planned figures. Volume of work equates to 68 percent, broken down as: 60 percent of land clearing, 55 per cent of gully reclamation, and 89 percent of tree planting. However, as the project was cut short by 2 months, or 33% of the planned time, achievement is roughly correct for the implementation period. The figures for 2015 are only provided up to March, the first month of implementation, making it hard to judge achievement of this year as the plans do not contain monthly targets.
75. The quality of assets visited during the evaluation was high - stone-lines built in 2014 and 2015 appeared robust, and gully reclamation likewise. Trees and vines were planted in basins to capture and best utilize water, and vines were planted in frames to support their growth. However, the trees at the 2014 site visited in Quthing showed stunted growth - evidence of the neglect in maintenance that the community mentioned had befallen the trees once the project stopped.⁶¹ In some areas, such as Rothe in Maseru Rural, invader species were present despite clearances in 2014. As this was one of the sites that had stopped working shortly after the food ceased it is likely that the species had returned rather than never been removed.
76. Not all work participants directly benefit from assets created as people often travel from surrounding villages to work on plots of land. Of 251 employed in the current cash for work project in Siloe, 76 people lived a 1-2 hour walk from the worksite,

⁶¹ As this was on a hillside, WFP could have here (and elsewhere) considered capturing and run-off water, which would reduce the watering demands during parts of the year.

and therefore cannot be said to directly benefit from gully reinforcement, stone lines, or invader species removal. These households do share in the vegetable production, but this is not sufficiently developed, or of a size to support many of the 251 participants. At Quthing over 70 household representatives were involved in the rehabilitation of a dam, but the plots watered by it support approximately 15 households.

77. As with other components of the CP, the DRR work is operating in a context where women are the most active members in the intervention, as demonstrated by the 80% of HHs in the FFA projects where women make the decisions over the use of cash, food or voucher.⁶² In all areas visited, the women were, to a highly noticeable degree, more willing and confident in talking about their work and their community's needs. Under the FFA more females than men receive food assistance, and there are special provisions for pregnant women so that they are exempt from work but still receive food. However, with the predominance of women decision makers in each community, the fact that the FFA missed its target for a 50% proportion of women in leadership positions of project management has greater representational implications than the 10% underachievement suggests.⁶³ In worksites visited this problem was not witnessed, and the community management (through foremen and forewomen) of work visited was equally split between males and females.
78. *Outcomes* - As the results in Table 4 (overleaf) demonstrate, the 2014 activities⁶⁴ have been effective in moving people out of the poor food consumption category. Although not tested, the assumption is that those with poor Food Consumption Score (FCS) have moved into the borderline group, thereby masking those that moved from borderline to adequate and actually increasing the percentage of people in the former category from the baseline. For FCS there can be a high-level of attribution to the project. Own food production accounts for just 20-35% of annual food energy consumed by very poor and poor households in the Southern Lowlands, and 25-40% in the Senqu River valley. Agricultural and casual labour and remittances (in Senqu valley only),⁶⁵ make up the remainder and, as communities expressed that opportunities for casual labour⁶⁶ are in short supply, the value of food or cash assistance is apparent. Reinforcing the baseline FCS and the LVAC 'survival deficit scores',⁶⁷ most members of visited 2014 project sites expressed current food deficits, and all members of the FGD in Rothe community⁶⁸ expected to use a coping strategy of halving their meals to one a day in the coming months.

62 SPR2014

63 As the committees are small (6 members) there may only be an imbalance of one extra male in a few committees to miss the target by 10%. However, in a context where women are by far the main decision makers the imbalance is much more significant.

64 The ET only has the 2014 figures for the CO's achievement of its indicators, and therefore the results in Table 2 relate to the food for work projects that ended in November 2014, and do not account for 2015 implementation.

65 LVAC 2014

66 Options for casual labour include household washing and cleaning, firewood collecting, and livestock herding. The type of work available is highly gender-determined, with only men and boys able to get livestock herding jobs, which pay more than cleaning. The LVAC also notes that local brewing is an alternative livelihood option.

67 A survival deficit occurs when households cannot afford to purchase the balance of food required to make up 100% of energy requirements

68 Participated in the 2014 food for work project

Table 4: Component 1 Indicators and results

Indicator ⁶⁹	2014 Target ⁷⁰	Baseline	2014
Food Consumption Score ⁷¹ (Borderline)	7.2	36%	37%
Food Consumption Score (Poor)	4.4	22%	6 %
Dietary Diversity Score	>4.55	4.55	4.95
Community Asset Score	60	0	47
CSI (Food and Asset Depletion) ⁷²	100	65	
National Capacity Index (NCI)	>13	13	Not captured ⁷³

79. However, the target for borderline FCS should be relatively easy to meet because the food consumption assessment was conducted very close to the last distribution of food in 2014 project, and therefore should show more people in the adequate category. It should be expected that the FCS would drop after food distribution ceased as very few communities visited had successful agricultural livelihoods, and all said they do not have adequate food to cover much of the coming lean period. Dietary diversity increased, but not by a substantial amount and, as with the FCS, can be expected to decrease when distribution ceased. There was a sharp increase from the baseline of Community Assets Score (CAS), but the target was missed for the year, likely because not all assets benefit 50 percent of the community and because of missed planned targets for asset creation.

80. There are serious questions about achievement of the outcomes designated after the realignment of CP200369 to WFP's 2014-17 strategic plan. Particularly questionable is the new outcome 1 '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', which is the first time the concept of resilience is introduced to the design of the component.

69 There are no indicators for the early warning system under development, but this could be expected to contribute to the NCI (See Footnote 73)

70 The targets for the FCS score are calculated as an 80% reduction in the proportion of households in the baseline categories. The target for Borderline is therefore 7.2% of the group moving to Adequate, and for the Poor category 4.4% should move to Borderline.

71 Measured using a 7 day recall

72 For SO3 Coping Strategy Index is taken as a percentage of targeted households with a reduced or stabilized CSI. It was recorded for the first time by the CO in 2014

73 NCI was not recorded in 2014 as WFP is currently developing a new NCI for resilience and the CO was instructed not to cease using the previous indicator. The new indicator had not finalization date at the time of writing and therefore it is not known whether it will be applied to 2015.

81. WFP is supporting livelihood assets – specifically through the planting of apple, pear, grape and peach trees and vegetable gardens, and is generally aiming to through improving the natural resource base for staple crop production – but benefits are not yet being realised and it is likely that even long-term production will be insufficient for the number of people involved. Of sites visited, Mafeteng had the longest exposure to WFP support, being included in both the 2013 EMOP and the 2014 Food for Assets project. Their fruit trees were the most advanced of the sites visited, and the community the most engaged in their assets. 120 members provided two days of voluntary work a week, and the registry process as a workers' group completed. However, this year's harvest raised only 40 kg of maize and 60 kg of beans with a sale value of less than USD165, equating to just USD1.37 per person.⁷⁴ This community is an example of the gap between food support and associated livelihood intentions. At the start of the project in 2013 membership grew from 70 to 120 which, while positive for asset building and maintenance, was possibly too many for sustainable livelihood activities.
82. World Vision complements WFP's food inputs with saving group courses intended to improve the financial standing of those involved in asset creation. However, the typical model of training for saving groups is based on a one year course and the 4-6 month duration of WFP's projects mean that WV has to condense their trainings into these timeframes. World Vision reported that when WFP food ceases some beneficiaries can be taken up by their projects (such as the Agricultural Development Programme), but that project areas do not always coincide.
83. Overall, there are serious sustainability concerns related to the food- and cash-for-assets projects, best highlighted by the example given above of a community that has been twice engaged since EMOP 200499. This community demonstrated an exemplary voluntary commitment to maintaining assets initiated under FFA and it was recognised by MoFLR that this was due to the personality of their councillor. Two other communities engaged in 2014 projects ceased work (including watering of newly planted trees in Quthing) immediately, or just one month after, the food stopped. In a community with a dam rehabilitation project the Chief doubted people would return to remove silt and re-dig in the future as only 15 households were irrigated from the scheme. Both male and female community members from the 2015 project said they are committed to maintaining the assets they are currently building. However, as 251 workers are sharing limited vegetable production, with over a quarter living 1-2 hours away, the medium to long-term sustainability of this type of intervention is questionable.

Component 2: Support for Pre-School Education

84. *Outputs* - Beneficiaries targeted for assistance under component 2 of CP 200369 are 50,000 pre-school children aged 3-5 years. The estimated number of children in Lesotho of this age in 2002 was 147,000, of whom 41,469 were enrolled in ECCD centres.⁷⁵ The intention of the education sector strategic plan was to increase net IECCD enrolment to 70%, or 103,000, by 2015. Given the IECCD policy is to prioritise the most vulnerable and marginalized children, questions arise as to the

⁷⁴ From a production area of approximately 2 hectares

⁷⁵ Lesotho Education Sector Strategic Plan 2005-15, MoET, 2005

food security status of the estimated 100,000 who are not enrolled and do not attend ECCD centres. As currently designed, component 2 of the CP seems to have very high inclusion and exclusion errors not reflected in the enrolment outcome indicator. The potential number of children who, in the absence of targeting criteria, should be assisted is much higher than those actually being assisted.

85. As observed by the World Bank in 2013, safety nets should focus on the extreme poor and up to 60% of school feeding benefits go to households that are not poor. In order to move towards more sustainable and affordable safety nets, efforts to expand should be resisted and targeting improved over time.⁷⁶ The WFP school feeding policy accepts inclusion and exclusion error as a risk of school feeding programmes but suggests that WFP and other partners should help facilitate decision making and targeting to help ensure programmes better prioritise the poor. Targeting is appropriate in the context of Lesotho but would be complicated as, apart from a rural-urban disparity, inequality and malnutrition is prevalent across all districts. Geographical targeting would need to be quite localised and targeting based on individual needs, while not impossible, is more complex and harder to implement.

Table 5: Percentage of children enrolled from population

District	Population 0-9 years ⁷⁷	ECCD enrolment 2014	Enrolment rate (%)
Thaba - Tseka	34838	2497	7.17
Mokhotlong	26174	2918	11.15
Qachas Nek	16683	3342	20.03
Quthing	27891	1829	6.56
Mohales Hoek	39924	3071	7.69
Mafeteng	40734	3227	7.92
Butha - Buthe	24215	5647	23.32
Berea	53715	6495	12.09
Leribe	63996	8846	13.82
Maseru	86852	12826	14.76
Total	415022	50,680	12.21

86. Numbers of children enrolled in ECCD centres against population figures for the 0-9 age group⁷⁸ show notable disparities in the uptake of pre-school education from district to district, but there is no obvious correlation between enrolment

⁷⁶ Lesotho – A Safety Net to end Extreme Poverty, World Bank, 2013

⁷⁷ Lesotho Bureau of Statistics, 2006 Population and Housing census

⁷⁸ Population breakdown for 3-6yrs is not available but an indication of the relative ECCD enrolment rates between districts can be made by comparing enrolment against the 0-9 yrs population data

rates and food insecurity, or any other factor. One of the four districts most affected by stunting assisted under the previous WFP development project 200169 in 2011-2012, Qachas Nek, has above average enrolment rates which may be attributable to the WFP intervention. However, the other three districts assisted under project 200169, Berea, Mokhotlong and Thaba-Tseka, have lower than the average enrolment rates.

87. As shown in Table Six (overleaf), of the 50,680 children enrolled into registered ECCD centres as of December 2014, 24,182 (47.7%) were boys and 26,498 (52.3%) girls,⁷⁹ compared to the overall gender ratio for the 0-10 year age group of 50.4% male and 49.6% female for 2015,⁸⁰ showing a disparity in favour of girls. A similar imbalance in primary school years is understood to be because boys traditionally engage in farming activities, such as animal herding, from an early age. While this cannot be the case for 3-5 year olds, a possible explanation given on an ECCD visit was that parents favour enrolling girls as boys have future employment possibilities whereas opportunities are more limited for girls and may be enhanced with education. Visits by the ET to ECCD centres confirmed the disparity between boys and girls in attendance with some 60% being girls.⁸¹

Table 6: Summary of component 2 output indicators⁸²

Indicators: 2008-13 + 2014-17 Strategic Plans	CP Target	2013			2014		
		Plan	Actual	%	Plan	Actual	%
Girls receiving assistance	25920	25920	28562	110.2	26000	26846	103.3
Boys receiving assistance	24080	24080	22522	93.5	24000	24781	103.3
ECCD centres assisted	2026	2026	2237	110.4	-	2272	-
Actual tonnage distributed	100%	1980	1510	76.3	1980	1826	92.2
Centres linked to IECCD activities	100%	-	-	-	-	-	-
Expenditure technical assistance \$	900,000	-	-	-	-	-	-
NFI distributed	-	0	0	0	0	0	0
No. staff trained (caregivers/FMU)	-	-	35	-	-	970	-
No. technical assistance activities	-	-	-	-	-	-	-
Local purchase (in MT)	6238	1247	0.00	0.00	1247	0.00	0.00

79 WFP Lesotho spreadsheet, ECCD centres in Lesotho, Dec 2014

80 United Nations Department of Economic Affairs, Population Division, <http://esa.un.org/>

81 More work needs to be done to properly understand the lower enrolment /attendance of boys so that steps can be taken to address it. One possibility, for example, would be to introduce a take home ration, or other incentive, for boys to attend the ECCD centres, as is done for girls in school meals programmes in other countries. Another, simpler, approach may be to introduce the conditionality of pre-school enrolment / attendance to the existing Government safety net of child grant transfers. The ET also noted that care givers, assistants, and cooks were overwhelmingly female.

82 WFP Standard Project Reports, Lesotho CP 200369, 2013/14 / WFP CO M&E unit

88. The CP budget does not accommodate rising enrolment figures and budget revisions will be needed to accommodate further increases.
89. WFP provides ECCD centres with super-cereal for an early morning porridge and fortified maize meal, pulses and fortified oil for a mid-day meal, providing an average of 877 kcal per child per day for 180 school days per year. Most pre-school centres close early afternoon. WFP support to pre-schools was clearly widely accepted and popular.
90. All ECCD centres visited by the ET reported that the WFP food was well accepted, enjoyed by the children, and preferred to food they would otherwise bring from home, both because of the taste but also the social acceptability of all children eating equal amounts of the same food. However, caregivers commonly reported that only a minority of children present would not be able to bring any food from home should there be no WFP food. Caregivers also said that WFP food would often be complemented, depending on availability, with other food, mostly fresh vegetables, either donated by the community or purchased with money from attendance fees, but the supply of complementary foods was not regular.
91. The capacity of different ECCD centres visited to receive, manage, and prepare food varied considerably. While some of the larger centres were stored and prepared food on site, others used private houses with parents volunteering to take on duties. Some caregivers interviewed mentioned that parental support was often sporadic and unreliable and could cause problems running the centres as they often had to take on food preparation tasks leaving them with less time for teaching.
92. There were complaints from nearly all visited ECCD centres about the quality of the pulses which took upwards of three hours to prepare and, in those centres where the caregiver also had to engage in food preparation activities, became a major distraction from their core duties. WFP should stop supplying this type of pulse and substitute with one that is easier to cook, or an alternative source of protein.
93. Given the issue of inclusion and exclusion errors, and the high costs of a national blanket programme of meals to pre-school children, WFP should review the size of the daily ration to see if a reduced lunchtime meal could be given to children whose families also have the resources to provide them with food at home. For children whose families can't afford an adequate diet for their children, an augmented, or take home, ration could be given. The practicalities of such an approach need to be reviewed with improved knowledge of the food security status of both enrolled children, as well as the high number of eligible children not yet enrolled at ECCD centres, and currently excluded from the programme.
94. Of thirteen ECCD centres visited all said that they had been receiving food deliveries quarterly and, while some had experienced minor delays, there had been no serious pipeline breaks. In 2013, delays in procuring and delivering commodities resulted in a period of no food for many pre-schools⁸³. When there were delays with deliveries, caregivers said most children would bring food from home, although each would bring different amounts, some could not bring

⁸³ WFP standard project report, Lesotho CP 200369, 2013

anything, and others did not attend. Access to ECCD centres for food deliveries, while difficult in some mountainous areas during winter months, is not a major issue and quarterly deliveries can be timed to avoid the worst weather.

95. *Outcomes* - The key outcome indicator for pre-school support is enrolment rate which, according to WFP Standard Project Reports (SPR), increased by 8.37% in 2013 (not gender disaggregated) and by 9.5% for boys and -3.8% for girls in 2014. However, these results are not consistent with numbers assisted in the SPR which show annual increases in children assisted at a much lower rate (~1% for 2013/14) than the CP target rate of 6% increase in enrolment per annum. The Government has recently advised WFP, and also confirmed with the ET, that their figures show the number now enrolled to exceed 60,000. However, regardless of which figures are more accurate, enrolment numbers are still far short of the target set in the education sector strategic plan of 70% of 3-5 year olds (over 100,000) by 2015.
96. Given the seemingly poor levels of understanding of caregivers at the ECCD centre level regarding the benefits of an integrated approach for service delivery, it is reasonable to attribute increases in enrolment to the provision of food assistance, combined with some basic teaching aids provided by other partners.
97. The gender ratio between boys and girls reported by WFP to have received meals in 2013 was 1:1.27. A gender ratio was not reported in the 2014 SPR, however, based on disaggregated data available, the ratio has been improved to 1:1.08. Based on Government figures provided annually, the 2014 SPR reported an unexplained reduction in girls' enrolment of -3.8% and an increase in boys' attendance by 9.5%.

Table 7: Summary of outcome indicators

Indicators aligned to 2008-13 + 2014-17 Strategic Plans	2013		2014	
	Planned	Actual	Planned	Actual
Annual increase in boys enrolment	6%	8.37	6%	9.5%*
Annual increase in girls enrolment	6%		1%	-3.8%*
Gender ratio boys:girls	1:1	1:1.27	1:1	1:1.08
National Capacity Index (NCI)	13	13	>10	14.5
Local purchase as % of distributed	63%	0.00	0.00	0.00

*based on average figures, corrected by CO from SPR

98. Given the intention to handover pre-school meals to the Government at the end of the CP in December 2017, a key outcome indicator is the National Capacity Indicator (NCI). As seen in Table 7, the NCI has improved and is on target. The ET confirms the existence of a policy environment that is conducive for the Government to take over school meals as a core safety net. Under development project 200199 WFP played a lead role in supporting the Government to develop a draft national school feeding policy that will be a key element for the long term sustainability of school feeding (including ECCDs) in Lesotho, under full Government ownership and management. However, the positive improvement reported in the NCI does not reflect the practical readiness of the Government to assume a management and implementation role and significant capacity gaps were noted by the ET at all operational levels. Capacity building under component 2 for management and implementation has been quite modest, although no precise expenditure figures are available, and does not take the strategic approach

necessary to lay adequate foundations for a sustainable handover of this activity to the Government.

Component 3: Support for Nutrition and HIV

99. *Outputs* - In 2013, after the start of the CP, the Nutrition and HIV component underwent two revisions to increase the number of beneficiaries and to change the food basket to incorporate blanket supplementary feeding interventions for stunting prevention. The changes aligned it with the new global guidelines set out by WFP and greatly expanded the component. In total, through component 3, the CO reached 52,913 in 2013 and 52,454 beneficiaries in 2014, meaning it achieved 75 percent and 80 percent of its plans for those respective years. Results differ between beneficiary groups and between its MAM and Stunting support, however, and over-achievement in some has covered underachievement elsewhere.

Table 8: Nutrition and HIV Planned and actual beneficiary numbers

Beneficiary category	2013			2014		
	Plan	Actual	%	Plan	Actual	%
HIV/TB mitigation & Safety net						
ART clients	N/A	N/A		6,000	8,417	140%
TB DOTS clients	N/A	N/A		1,000	810	81%
PMTCT clients	N/A	N/A		3,000	1,103	37%
Prevention of stunting (BSF)						
Children 6-23 months*	20,000	13,157	66%	20,000	16,669	83%
PLW (below and above 18 years)	19,000	5,346	28%	19,000	9,621	51%
Treatment of MAM (TSF)						
Children under 5*	6,500	2,114	33%	4,800	2,654	55%
PLW (below and above 18 years)	7,000	1,335	19%	3,800	2,221	58%
HIV/AIDS and TB beneficiaries	18,000	30,961	172%	8,000	10,959	137%
Total	70,500	52,913	75%	65,600	52,454	80%

100. The MAM support had a slow start in 2013 as nurses had to be trained for the supplementary feeding integration. In addition a lack of resources delayed implementation process – the combined effect of which significantly reduced the number of beneficiaries reached in the year. Stunting prevention through the BSF was also delayed in commencing, because of resources, but was able to start sooner than the MAM. Funding remained an issue, although less of one, in 2014, but both target- and blanket- supplementary feeding have increased their actual figures and come closer to the planned figures.

101. Even with higher figures, the nutrition support for stunting has proven to be more successful in coming closer to its planned figures. This is to be expected because, as Table 2 (Page 36) shows, the prevalence levels of stunting in Under 5s are far higher than MAM prevalence, and this is still the case in the 6-23 months age bracket (Table 3, Page 37), which the BSF targets. Combined with the fact there is no measurement criteria for entry, the distribution is likely to see more far more cases and on a higher frequency. However, this being the case, the BSF should be

able to reach 100% of its planned target with little difficulty, and, as both the BSF⁸⁴ and TSF have planned figures appropriate to the relative prevalence in the 6-23 months and under-five groups, there should be better achievement towards the targets. The fact that MAM for PLW and under-fives increased their achievement rates in 2014 is not a sign that there is a magnitude of people were reached, but that the targets were revised downward. Given the difficulties of reaching even the reduced under-five and PLW MAM figures is questionable whether nationwide coverage for this type of support is sustainable, particularly alongside a BSF project.

102. As witnessed in the field work, access to the health facilities for those targeted in the village remains an issue that affects the number of people that are able to access the nutrition support. The figures for ART, TB and PMTCT have been higher, and over-achievement recorded in the ART cases. Part of the reason for this is because the food-by-prescription target modality utilizes the visits people already make to the health facility and also a reflection of entry/exit errors for enrolment and graduation.
103. *Outcomes* - Many of the outcomes indicators of the programme are calculated for the first time at the start of 2014 and then again at the end, and, therefore, change is assessed only over that year. In general, the 'process-related'⁸⁵ figures show improvement with an increase in recovery rates (exit from the nutrition support) and a decrease in percentage of people that stay on the nutrition support beyond the typical time required for improvement (non-response rates). As the January figures for 2014 can be taken as the results from the end of 2013, it demonstrates the low levels from which WFP is starting and shows levels of effectiveness have increased in 2014, particularly for PMTCT recovery. However, the level of achievement after two years is still low, and if current levels are maintained the CO will miss all process targets for 2017.

Table 9: Outcome indicators for Component 3

Outcome	2013	2014	Project End Target
Proportion of children who consume a minimum acceptable diet	N/A	15	>70
Prevalence of stunting among targeted children under 2 (height-for-age as %)	41	N/A	39
ART Nutritional Recovery Rate (%)	N/A	Jan = 8 Dec = 13	>75
MAM treatment default rate (%)	N/A	0.50	<15
MAM treatment mortality rate (%)	N/A	0.10	<3

84 BSF planned figures have been revised closer to the actual figures from the Development Project 200169, although

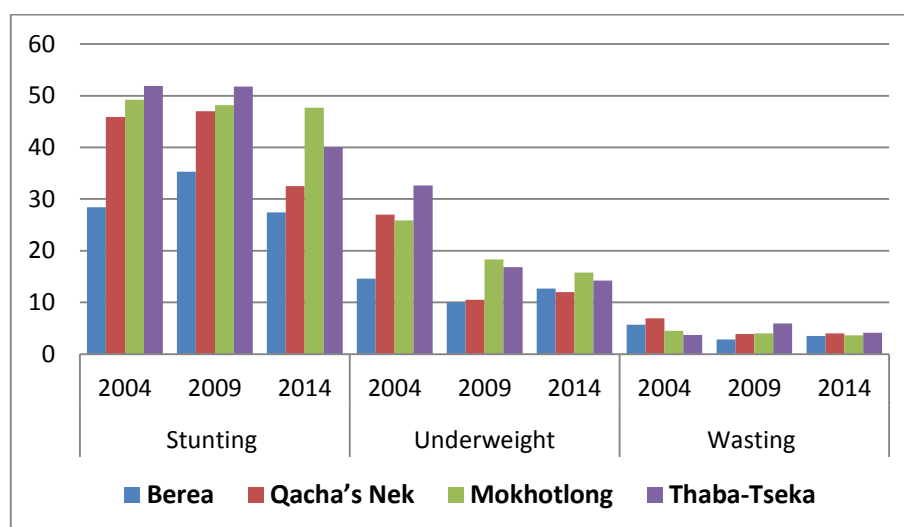
85 Those indicators that provide information on people's enrolment on the nutrition support by measuring the time spent (% of non-response) and percentage of people graduating (recovery)

MAM treatment non-response rate (%)	N/A	Jan = 97 Dec = 87	<15
MAM treatment recovery rate (%)	N/A	Jan=4 Dec = 12	>75
PMTCT recovery rate (%)	N/A	Jan = 0.10 Dec = 24%	>75
Nutrition programme national capacity index	12	13	=13

104. There should be a note of caution in interpreting the figures in Table 9, however, as process related indicators are taken from health facility records and, similar to the final evaluation⁸⁶ of Development Project 200169, the ET found widespread flaws in the entry, exit, and monitoring of people on the nutrition support. It also found a desire among beneficiaries not to graduate (supported by the high MAM non-response rate) which is likely to compound the problem. Therefore it is highly probable that there are more people enrolled on the nutrition support than need to be and fewer people graduating, so the figures for HIV and MAM treatment recovery rates are likely to be artificially low and the MAM-non response rate stubbornly high in the coming years.
105. The levels of stunting are nearly at the end of the project target and, although it is not captured in CO records for 2014, from reviewing recent Demographic and Health Surveys for Lesotho it is possible to link the BSF for children to a positive impact in the prevalence of stunting in the four implementation districts. These areas historically have high levels of stunting, but the prevalence dropped between 2009 to 2014, especially in the Berea, Qacha's New, and Thaba-Tseka. The exception is Mokhotlong, where stunting rates have only slightly decreased, but the district has seen drops in the number of underweight children. As Table 2, Page 36 shows other districts in Lesotho have seen reductions in stunting levels, yet there are far larger reductions in some of WFP's implementation areas (the average decrease is 8.4% in implementation districts compared to 4.5% in non-BSF areas) and, as blanket supplementary feeding is a substantial intervention reaching 9621 children there is likely a high-level of attribution between the results to the programme.

86 Evaluation of the WFP Lesotho Development Project 200169 (2010 – 2012) performed in March 2013

Figure 3: Stunting, wasting and underweight rates in four districts of Lesotho where Blanket Supplementary Feeding interventions is being implemented



Source: 2004, 2009, 2014 LDHS report

106. The ET found significant anecdotal evidence from the qualitative information that the food has led to a range of benefits outside the purely nutritional impact, which is what the CO monitors. In all areas visited by the ET, increased utilization of health services was mentioned on both the beneficiary and health facility side. Both mentioned that the food was a motivating factor for HIV testing and ART and DOTS adherence, and visits to antenatal care and follow-up, and PLW mention that they continued breastfeeding because they felt stronger and felt that their children appeared to be better nourished. In Thaba-Tseka district, utilization of health facility services increases so much around distribution times that health staff complained that they were overburdened. The motivating power of bringing people to the health facility for services is glimpsed in the 0.5% MAM defaulter rate for 2014, which has already far surpassed the end of project target. However, regular monitoring of indicators that would prove quantitative evidence for the effect the food has on ART and TB DOTS adherence or testing rates are not routinely captured by the CO.
107. Though WFP achieved its targets for 149 nurses trained in 2014, the ET struggled to find evidence of nurses that had received the formal 3-day training on nutrition programme design, implementation and other nutrition related areas. In two health facilities the Senior Nurses were aware of nurses being trained, but not what on, so information sharing was not prevalent, and in others the trained nurse had left or it was stated there was not training or no knowledge of the formal training.⁸⁷

⁸⁷ The ET visited 8 health facilities, perhaps too small a sample, but as there are only 197 health facilities in Lesotho it would be expected to meet trained nurses in at least three facilities.

On-the-job training for general nutrition performance was mentioned in a health facility in Mohale's Hoek.

108. It was apparent from the site visits that the training has not sustainably accomplished its objectives, and problems in its application were found at all of the visited health facilities. From checking health facility records, the ET found that the most prevalent gap is in the entry/exit procedure in following the IMAM guidelines – examples of height missing from BMI records,⁸⁸ typically no summary of the food provided to a client, and poor levels of follow-up after enrolment. There were also examples severely acutely malnourished cases admitted to supplementary feeding (instead of being referred to the hospital for therapeutic feeding). In one district the senior nutritionist believed that of the 95 staff required to do entry/exit check only 40% were able to do it properly, although she felt that about 80% of those working with under-5 children performed it very well, and the problem was mostly found in those working with HIV and TB patients. The findings in this district are validated by the cooperating partner responsible for distribution, who said that 7 out of 10 people on the enrolment lists given to them by the health facility has missing data.⁸⁹
109. WFP doesn't track indicators for the livelihood benefits of exiting the schemes, and these are largely organised by cooperating partners World Vision and Caritas. There have been notable examples of livelihood initiatives, such as the creation of five community vegetable gardens, supported by WFP through the provision of equipment, but the numbers are very low compared to the amount of people with chronic illnesses enrolled in the nutrition support.⁹⁰ However, cooperating partners expressed problems with generating and maintaining participation in the livelihood schemes, and this correlates with the findings from the beneficiaries and health centre staff who expressed that people would rather stay on the food. As the livelihood initiatives are intended to encourage people to provide for their own food and nutrition needs, the low level of achievement reduces the sustainability of the component.
110. In addition to the technical support during implementation, WFP has also acted as a convener for nutrition in Lesotho. It was consistently mentioned by all of the participants in the KII at the central and district levels that WFP is a key player and advocator for multi-sectoral nutrition coordination and has built trustful relationship with key government bodies and supporting partners. A significant part of this is the support given to His Majesty King Letsie III of Lesotho, who, since January 2014, has been African Nutrition Champion.
111. The effect of this can be seen in the progress in the NCI score, and key outputs include Lesotho's membership of the Scale Up Nutrition movement, the draft nutrition policy (at endorsing stage), a scoping visit to Pretoria to generate funding, and the forthcoming conducting of a Cost of Hunger report. WFP organized a consultative national capacity index workshop and the stakeholders involved in the

⁸⁸ Also found in the 2013 final evaluation of Development Project 200169

⁸⁹ The cooperating partner re-checked the data for each person with missing data and for those that they felt there may be errors. Despite the problems, the cooperating partner did feel the situation was improving.

⁹⁰ The ET did not have an opportunity to visit the community gardens to examine their state of completion, use, or the impact they are having on people's lives.

consultation pledged to persuade senior government officials to prioritize nutrition in the fiscal budget. WFP has financially supported the review of the national nutrition policy, which is pending finalization and approval by the cabinet. In addition, WFP jointly with partners finalized the vulnerability assessment study for people living with HIV, that helped to refine targeting tools for screening undernourished ART, PMTCT and TB-DOTS clients for safety net support.

Summary: Results of the Programme

The results of the CP are mixed and the ET noted that the SPR does not fully contextualise or capture all the achievements of, and challenges faced by, the CP. The overall efficiency and effectiveness of the operational activities are compromised by capacity gaps at all levels, across all three components. Data reliability, and availability, is also a significant issue. WFP has nevertheless managed to effectively manage and distribute the resources it has received and, despite funding constraints, achieved some positive results at output and outcome level, while other targets have not been achieved.

Component 1 results were non-existent for year 1 due to lack of funding but made up for in the year two. With higher targets from year two onwards, and the persistent uncertainties around funding, it is unclear whether the CO will achieve its results in subsequent years of the CP. Outside of meeting people's immediate food needs, the value of the programme is low – although assets created appeared to be of good quality, the long term benefits will not be realised by many the involved in the projects and most have more pressing livelihood needs. Sustainability, and the link with resilience, introduced as an outcome with the new WFP strategic plan, are serious areas of concern.

Component 2 output and outcome indicators do not reliably point to strong results. Despite the popularity of the intervention, there are concerns about high levels of inclusion and exclusion in terms of programme coverage. Information management and partner capacity is weak, no measures are in place to help address gender disparities, and data around enrolment and attendance does not reliably suggest strong results at outcome level. The component would benefit from having a nutritional indicator at the outcome level. Funding for this component, while by no means assured in the future, has been good to date and resources received have been well managed and utilised by WFP.

In Component 3 most of the results are moving towards improvement, but from a very low level and not currently at an achievement rate required meet the 2017 project targets. One notable achievement is that BSF is having a good impact on reducing levels of stunting and underweight in children. There are likely to be future inaccuracies in measuring the process related indicators of the programme because of the widespread errors noted in application of the entry/exit criteria. It is highly unlikely that WFP has made significant impacts on people's livelihood, but the ET clearly witnessed that the food has brought a number of other benefits to health service utilisation that are not formally captured by the CO in its monitoring.

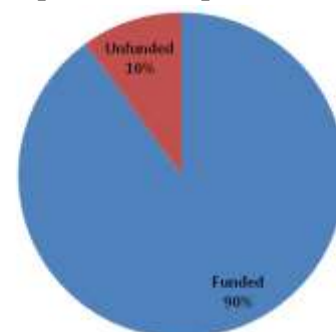
WFP is well respected among partners and government, has made some positive contributions at the strategic and policy level, and is well placed to reposition itself so that it can have a greater future impact on higher level results. Although all three components contain elements of capacity building, it is not a strategic theme across the design of the CP. Strengthened capacity building, combined with improvements in the design of certain operational elements of CP activities, such as targeting, selection and design of FFA/CFW projects and information management could help improve results at all levels of the programme.

112. The accumulation of the above means that the CO is on track towards meeting at least half of its objectives for the component. It is difficult for this evaluation to assess, but it appears that WFP is only partially helping to ‘Improve socio-economic capacities’ of beneficiaries, and is reliant on cooperating partners for this. However, at the clinical and health system level it is clearly ‘investing in people’s physical well-being’, ‘reducing the care and economic burden associated with chronic illness and improving people’s nutritional status’. At the moment, the primary benefit derives from the food provision itself, but the 2013 introduction and expansion of the programme, the provision of training, and the high-level coordination has clearly created awareness of nutrition that can class as long-term investments.

2.3 Factors affecting the results

113. The CP was subject to a series of internal and external factors that influenced its design and led to success in some areas and underachievement in others. Often a key factor, funding, with the exception of component 1, has not been a major constraint to results for the CP to date, but has delayed the achievement of some results. However, the ET found a narrow donor base supporting the CP, and a lack of confirmed contributions at the time of the evaluation, posing a major risk to the later achievement of the CP and its results through to the end of 2017.

Fig 4: Percentage funded of CP requirements up to Jan 2015



Component 1 – Enhancing Resilience and Responsiveness through Disaster Risk Reduction

114. The most significant impact on the outputs and result indicators is the funding of the component – both the lack of it and the conditions on its use. It explains the non-implementation in 2013, the short-term nature of projects, and the higher planned beneficiary targets of the projects in 2014 and 2015. The short-term nature of the component’s funding meant that there was underachievement in asset creation in 2014. However, more importantly, it makes it difficult for the CO to design and implement activities that will genuinely ‘improve capacity to manage

climatic shocks and risks at the community level' in such as a short project life cycle.⁹¹

115. The team working on DRR demonstrates a good understanding of the importance of resilience, and have readily adopted the Regional Bureaus' three-pronged initiative⁹² for developing resilience introduced in 2015. Although the components of the three pronged approach do not require large amounts of funding, rather they do require time, and 4-6 month projects are not adequate for developing meaningful community based plans that can be linked into Seasonal Planning and Integrated Context Analysis and fully owned by those that produced them.
116. Although the three pronged approach is still a relatively new concept (adopted by the CO in 2015), it is already possible to see that a major block to its full adoption, and for more proactive and holistic resilience building interventions in general, is the weakness of the DMA. The DMA is drastically under-staffed and its national level suffers from a lack of authority both in relation to other government departments and its own district level entities. WFP is supporting the DMA in the generation of its national vulnerability assessments and the CHS, which falls under prong one: 'Integrated Context Analysis', and achievement should be made when the WFP-supported early warning system is finalised. However, there are legitimate concerns that the DMA does not have the capacity to manage the early warning system (at a basic level - it does not have an IT specialist), and, furthermore, it is insufficiently connected with other government departments for ICA to translate into meaningful Seasonal Livelihood Planning, let alone connect and fulfil community based participatory plans.⁹³
117. The assets built have not reduced the risk of this year's drought and early frost is largely due to the choice of assets built. Although the CO follows MoFLR's plans for asset renovation, and matches this with community identification of assets, it appeared through the ET visits that the former's plans are more influential in the decisions of which assets to build. Farmers in Rothe spoke of the need for irrigation schemes as they face drought-induced food shortages every year; however, when asked by the ET the community said they had not mentioned this to WFP or MoFLR in the 2014 FFA project, and instead built stone lines and removed invader species. Nowhere were assets or training given to protect crops from the early frost. MoFLR provides training for the work and the trees for planting. The CO may see that this issue is reduced in 2015 as the CBPP was rolled out this year, but this would require

91 The CO does not collect evidence for the indicators in the SRF, which compounds the omission. The indicator was only added in the 2014/2017 SRF

92 The three pronged approach consists of 1) Integrated Context Analysis; 2) Seasonal Livelihood Planning, and 3) Community Based Participatory Planning. Cf. 3PA Regional Bureau Johannesburg Jan 2015 workshop "A WFP approach for partnered resilience building efforts" notes and "Understanding the 3PA for building resilience"

93 The role of the DMA as described here was mentioned in the 2011 Activity Appraisal Mission and the risks identified.

commitment to fulfilling the plans with the MoA and MoFLR, rather than treating them as ends in themselves.

118. Gully reclamation is an example of how assets are mismatched with the short-term needs of poor and very poor households. Preventing the deepening and expansion of gullies is a much needed activity to protect Lesotho's productive lands, however, Lesotho is not fully using the productive lands that it has – in Southern Lowlands and the Senqu Valley, WFP's two operational areas under this component, 60% and 45% of agricultural land was left fallow in 2014.⁹⁴ Furthermore, increases in the area planted have not resulted in higher yields – in 2013/2014 there was a 27% increase in the land coverage for maize production from the previous year, and yet the harvest decreased by 0.6%.⁹⁵ Wheat production decreased by 6% despite an increase in the land under production, and sorghum output decreased by 74.6% despite a similar size of land being sowed in the two harvests.⁹⁶

Component 2 – Support for Pre-School Education

119. A number of factors were seen to be affecting the overall performance of component 2 of the CP, including elements both within, and outside, WFP's control.
120. Enrolment is a key outcome indicator for this component, which should be useful in assessing the impact of component 2, but it was not convincingly reported in the SPRs. Data reliability and quality was reported to be a key problem with central level figures often inconsistent with findings from WFP monitoring visits. Percentage increases in enrolment, as reported in the SPRs, are also inconsistent with the numbers of assisted children which have only risen from 51084 in 2013 to 51627 (~1%) in 2014.
121. Lack of information on the many children not enrolled in the programme detracts from the value of the enrolment indicator which does not reflect this important aspect of the wider context. Recording enrolment rates would be a useful way of focusing future attention on the many eligible children not currently enrolled in the programme.
122. Time constraints prevented the ET further investigating reasons behind the continued non-enrolment of children in ECCD centres, and parents of non-enrolled children were not interviewed. Real increases in enrolment, and the true extent to which free meals have had an impact, are unclear although food assistance can reasonably be linked to any increased enrolment. Whatever the real number, it appears well below rates envisaged in the education sector strategic plan which would have required an 8.6% year on year increase from 2005 onwards to reach the target of enrolling 70% of eligible children by 2015. Two possible factors are the fees charged for, and distances to, the nearest ECCD centres. More work is needed to fully understand the reasons for the apparently lower than expected

⁹⁴ Bureau of Statistics, 2013/2014 Agricultural Production Survey Crops

⁹⁵ LVAC 2014

⁹⁶ Ibid

enrolment of children so that measures can be taken and outcome indicators contextualised to give them more meaning.

123. WFP monitoring does not routinely record children in attendance at ECCD centres against enrolled figures. The WFP CO monitoring unit reports attendance rates at primary schools to average 93%, which is significantly higher than observed by the ET at ECCD level. Attendance at twelve ECCD centres visited ranged from 39 – 100%, averaging 75%. The evaluation mission took place towards the end of the summer months and caregivers commonly reported that attendance would reduce further in winter months with the cold weather. As well as masking real numbers of children who actually benefit from the ECCD programme, and compromising the value of enrolment as an outcome indicator, the gap between enrolment and attendance has serious implications for food management and project costs.
124. ECCD centres are voluntarily run by communities, church groups, or privately and fees are almost always charged to cover costs of the caregiver, cooks and other items such as firewood and complementary food. As seen from the centres visited, fees varied considerably ranging between Maloti 20 – 100 (USD 1.63-8.16) per month. With some 57% of the population in Lesotho living below the national basic needs poverty line of USD1.08/adult/day⁹⁷, even relatively modest fees may prevent many parents sending their children to pre-school. Despite several ECCD centres stating that fees are waived for very poor families, it is unlikely many children could be catered for in this way and many of the poorest and most vulnerable children that the programme should prioritise may well be being excluded because of cost.
125. Not every village has an ECCD centre. In a focus group discussion with seven village health care workers, three reported they did not have an ECCD centre in their village. Distance to the nearest ECCD centres was also cited by some teachers as a possible reason for some children not enrolling.
126. Distribution plans are prepared at district level on a quarterly basis, consolidated and approved by WFP at the district and CO level, and passed to the Food Management Unit (FMU) of the Government's DMA to arrange deliveries. District level warehouses and food releases are managed by WFP, in coordination with FMU staff. There are weaknesses in current distribution planning which should be addressed.
127. Due to capacity constraints within the MoET, no regular, timely, reports on actual attendance, or stock levels, are currently submitted by ECCD centres to district level. Distribution plans are based on the last, periodically adjusted, enrolment figures and an assumed full attendance record. Based on actual attendance levels, this system will result in significant over delivery of limited resources and/or leakage of food/ over-consumption at ECCD level. District education officials also reported that some ECCD centres close without advising the district and continue to receive food which is either returned or diverted.

⁹⁷ World Bank, Report No. 77767-LS Lesotho A Safety Net to End Extreme Poverty, June 2013

Streamlining information systems at village / district level should greatly enhance efficiency of food management with potentially significant savings.

128. The national Integrated ECCD (IECCD) policy aims to integrate education, nutrition, health, sanitation and protection services to help young children achieve their potential. However, the IECCD strategic plan is yet to be operationalised by Government so indicators to monitor progress of integrated service provision have not yet been collected and there is little or no evidence at ECCD centres visited of them being part of a wider integrated service delivery model. Similarly, non-food items have not been distributed.
129. All ECCD centres visited were aware of the food programme and had created basic facilities to manage it. Most centres also had a few basic teaching aids, mainly provided by UNICEF (who have also supplied vitamin A supplements and deworming tablets), but the quantity and quality varied significantly. Caregivers had mostly received basic training in WASH, food management, and the curriculum but seemed unaware of the intent of the IECCD programme to promote access to an integrated range of services for young children and their parents. However, about half of ECCD centres visited said they had links, albeit irregular, to local health centres but could not elaborate on what services were provided.
130. Indicators reflecting linkage of WFP assistance to other IECCD activities are included in the CP logframe for component 2, such as the number of partner organisations providing funds and complimentary inputs, and do show some positive results (eg provision of equipment and supplies by UNICEF to ECCD centres)⁹⁸, but do not highlight the need to further strengthen and consolidate partnerships and complementary support for ECCD centres at village and district level to fully realise the potential secondary benefits of using free meals to encourage parents to enrol children into pre-school.
131. Capacity building is key both to more efficient management and oversight of the programme as well as for a successful future handover of ownership and management to the Government. Significant capacity gaps in the MoET, both in terms of staff and equipment, were noted at all levels presenting a significant challenge in preparation for a smooth and sustainable transition. At the district level it was seen in one office that the ECCD activity did not even have a dedicated officer to oversee its implementation. The CO has commissioned a study to map out a capacity development plan with a focus on WFP's education activities but, at the time of the mission the report was not finalised.
132. Capacity building under component 2 has so far included training of caregivers in Water, Sanitation and Hygiene (WASH) and commodity management training and warehouse equipment and computers for the FMU who are responsible for food deliveries. Enhancing FMU's management capacity is scheduled for later this year.
133. Capacity building under the CP has been complemented by a wider range of activities under the School Meals project 200199 in recent years including: technical assistance for local procurement; support for development of the school feeding policy; provision of six computers; M&E training for the MoET school

feeding unit; a senior manager trip to Brazil centre of excellence and; warehouse refurbishment and enhancement of management capacities in the FMU.

134. While capacity building measures to date have been individually useful, high turnover of Government staff dilutes impact and, more importantly, they lack an overall strategy for the eventual handover of ownership and management to Government. The development of a substantive and strategic capacity building package with clear objectives, milestones and timelines, jointly designed and agreed with Government and culminating in the eventual handover of component 2, is essential for long term programme sustainability. Future roles and responsibilities have yet to be clearly articulated but need to be clarified well ahead of time so that capacity building can be targeted to the right areas and people. The Government, for example, may choose to appoint a national management agent to manage and implement the programme while retaining policy, oversight, and monitoring functions within the Government. Strategic capacity building should run concurrently with the remainder of the CP, and be coordinated with school feeding capacity building under trust fund 200771, but with the flexibility to extend until a comprehensive handover is achieved. Full management handover of component 2 by the end of 2017 is considered over ambitious by the ET, but that it is still realistic to expect Government to assume full financial responsibility, as an important initial step, by the end of the CP.
135. The ET observed that WFP staff are heavily engaged in the day to day implementation of the various CP activities and, while working closely with their Government counterparts, are not focused on a systematic handover of the pre-school component. For effective management handover to happen at the end of, or soon after the CP, all staff need to be guided by a clear strategy and plan. In the upcoming staffing review, a significant change of focus towards capacity building and handover should be reflected in realigned staffing capacity so that both WFP, and Government counterparts, are better placed to meet commitments in this regard over the coming years.
136. The vast majority of funding for pre-school support has been from a single source and it is unclear whether funding will continue from mid-2015. This could lead to a major pipeline break and seriously undermine the integrity and sustainability of the programme until the Government can fully finance the activity. It was the intention of the CP to locally procure up to 63% of the food required for component 2 but a combination of factors has prevented WFP from doing so. In 2013, WFP ran a pilot local procurement for 807mt of maize, sorghum and pulses, under the school meals project 200199, but issues of quality and delivery led WFP to suspend the local suppliers/millers who could not meet the standards expected. Even if local procurement were possible, donor conditionality would have blocked WFP from local procurement for pre-schools under component 2 of the CP.
137. Development programme 200169, for 12,500 pre-school children in ECCD centres used iron deficiency anaemia as a nutritional outcome indicator. In component 2 of the CP this has been substituted by enrolment focusing the component on an educational outcome. While this was partly due to difficulties in measuring a nutritional indicator, given both WFP and Government policies for school feeding highlight nutritional benefits, and that high malnutrition rates was part of the justification for the intervention, WFP should re-consider the practicalities of introducing a nutrition based indicator at the outcome level, in addition to enrolment, in order to monitor outcomes that reflect policy objectives.

138. The consistency and reliability of data was raised as an issue by a number of people interviewed by the ET and it is evident that increased emphasis on improving the systems, quality, and timeliness of data collection would positively impact not just on the efficiency and effectiveness of the operation but also improve the management, oversight and understanding of programme outcomes.

Component 3 – Support for Nutrition and HIV

139. **Critical capacity areas** – most of the issues related entry/exit to the programme emanate from the capacity of the health system in Lesotho, which has serious staffing problems in general. It was reported in all health facilities that nurses are critically overburdened with existing tasks, and therefore the nutrition enrolment procedures and other processes related to the food distribution come as an additional burden to them. Nutrition has been incorporated in Integrated Management of Childhood Illness, PMTCT, and paediatrics and HIV guidelines for a number of years, but effective implementation of the services as part of health facility practice has not been sufficiently promoted and encouraged to reach satisfactory quality and coverage, and particularly for HIV and TB services. However, nurses do not receive the full support package that should accompany nutrition interventions – the IMAM guidelines are still in draft form and full trainings on it have not been provided. Equipment for anthropometric testing was present and functional in all areas, but the ART staff in one facility were improvising using different means of measurement because their electric scales and measuring board were not working. The direct effect of this on WFP's work means that people are not being processed through its programme accurately, and the CO cannot be sure it is exactly targeting the correct people, providing an efficient service per beneficiary, or helping people progress on to livelihood initiatives when they are ready.
140. Although the CO has acted on the recommendation for greater capacity building from the final evaluation of Development Programme 200169, it is clear that the conditions in the health system have not been the ideal to incorporate and apply it, so its effectiveness is limited. It was also mentioned by health staff in a number of areas (including a district level nutritionist who works closely with the CO) that WFP's training support and the distribution programme as a whole were poorly co-ordinated with facilities and appears as separate to and lacking ownership of the health facilities.
141. **Popularity of the food** - It is quite clear that the food provided is an effective draw for people, and, therefore, as the ET witnessed in all health facilities, WFP's impact is wider than its measured indicators, and reaches into health service utilization. This is a very positive finding that is not expressed in the SPR or WFP's reporting. The popularity of the food, however, does bring certain problems as it is only intended as a temporary measure for those meeting certain criteria, and with a graduation at the end for those with chronic illnesses. It is possible that the popularity of the food is inflating entry as health facility staff spoke of being under pressure for enrolment by patients (even after they had explained the criteria), and, although it is not tested by the evaluation, the popularity may deter people from graduating. What is clear from conversations with the cooperating partners is that the food is largely considered by beneficiaries as the principle focus, rather than the transition to livelihood interventions.

142. Distance to services – It is recognised that accessibility to services is a problem which contributes to acute malnutrition in Lesotho,⁹⁹ and in nearly all areas visited the ET met large numbers of people that had travelling long-distances to reach the health facility where the food is distributed. Some beneficiaries mentioned travelling on average 4-6 hours on a round trip, and similarly for the Village Health Workers. Although this problem is largely unavoidable given that the Health Facility is the lowest level of office, it is a serious consideration for PLW and people with chronic illnesses. It also puts WFP's results into context, as the food has helped to increase adherence despite these distances. Nevertheless, it reflects negatively as part of the beneficiary experience for the food assistance.

Summary: Factors affecting results

Capacity, funding and information management are the three main factors, both internal and external to WFP, that impact the results of the CP. In overall terms, funding has been at acceptable levels to date but earmarking has not allowed them to be spread evenly across the three components. Resources have come from a narrow and non-traditional donor base and are by no means assured in the future. So far, this has mostly affected results in component 1 but a lack of predictable funding exists for all 3 components and any major funding gaps would threaten the longer term impact of the CP as a whole.

Capacity gaps are a major issue across all three components and at all levels. WFP has elements of capacity building integrated into all three components but they need to be strengthened and given prominence throughout the CP at a strategic level in order to enhance results and improve the sustainability of the interventions. Internally, WFP has enjoyed good staffing levels and has facilitated the implementation of the CP and engaged in positive dialogue with the Government and other partners at the policy level, without which many of the positive results achieved would not have been possible. However, in light of future funding prospects, WFP will be reviewing its own staffing capacities and should ensure that any changes reflect potential future shifts in programme emphasis and direction. As some skill sets become redundant, new staff with the correct skills for the challenges ahead need to be identified and recruited.

Linked to capacity gaps are poor levels of data quality and available and weak information management. This affects both the operational efficiency of the CP, due to the lack of timely and complete management information on which to base sound operational decisions, as well as impacting on the ability of WFP to accurately and convincingly record its results and build a strong evidence base upon which to justify and advocate for changes in programme direction and design of future interventions. Improvements in both the collection of timely quality data and use of M&E data would help WFP more accurately measure and articulate the results of the CP.

⁹⁹ Lesotho National Guidelines for Integrated Management of Acute Malnutrition, 2007

3. Conclusions and Recommendations

143. At its mid-point stage the CP has made progress toward a number of its targets and is well grounded in its appropriateness to government policies and the need in Lesotho. But a combination of factors, including project design, funding, and partner capacity gaps, have reduced its current effectiveness and impact, and raise questions over sustainability. With another two and a half years of the CP, the CO must re-address component design and increase efforts in order to meet its targets, but it will do so in a climate of uncertain funding. Table 10 summarises how the ET concluded each CP component to rank in terms of the key evaluation criteria of appropriateness, efficiency, effectiveness, impact, and sustainability.

3.1 Overall Assessment

Table 10 Overall assessment of CP200369 against key evaluation criteria

Activity	Appropriateness	Efficiency	Effectiveness	Impact	Sustainability
Disaster Risk Reduction	Medium	Medium	Low to Medium	Low	Low
Pre-school support	Medium to high	Medium	Low to medium	Low to medium	Medium
Nutrition & HIV	Medium to high	Medium	Medium	Medium	Low to medium
Overall operation	Medium to high	Medium	Low to medium	Low to medium	Low to medium

144. **Appropriateness** – All three components of the CP were found to have a very high degree of relevance and coherence with Government policies and plans for social protection, as well as with the LUNDAP and WFP corporate policies. The objectives of the different components also align well with the needs of the populations in the areas where they are active. However, this high degree of appropriateness based on policy and assessed needs is compromised by a number of operational design and implementation factors such as: targeting (component 2); coverage (component 2); design of cash/food for work activities (component 1); and current capacities in government partners (component 2 and 3).

145. While funding of the CP has been relatively good up to its mid-point, with some notable gaps for component 1, the CP currently faces imminent funding shortfalls across all components. The narrow base of donor support calls into question the practicality and appropriateness of WFP's ongoing role in direct implementation of food / cash transfers. Capacity building within the CP would be much more appropriate, and have greater sustainable impact, if designed and carried out under a strategic framework.

146. **Efficiency** – The overall efficiency of the CP is ranked as medium. Operationally, the procurement and delivery of food commodities to EDP level falls

within acceptable WFP operational and cost parameters. However, elements of operational inefficiency are apparent at district and sub-district level which, while often not under WFP's direct control, could be improved with stronger management, reporting and decision making systems, for which WFP could play a more influential role in terms of capacity building. For the size of operation and country, WFP enjoys a large staff, mainly fulfilling a role of direct implementation and operational support, which is currently under pressure due to funding constraints. As WFP re-aligns its priorities within the CP, it will need to ensure that staff skill sets, profiles, and terms of references are adjusted accordingly to ensure maximum staffing efficiency, relative to needs, and within the available budget.

147. Programme efficiency is compromised in a number of ways including: inappropriate choice of assets in food/cash for work projects; weak management information systems, including stock management at the institutional level and late reporting with limited accuracy; high inclusion/exclusion errors and; an absence of targeting (for component 2). Through capacity building, particularly under component 1, WFP is moving to a more efficient way of working, however, the efficiency becomes dependent on the motivation and capability of other stakeholders.
148. **Effectiveness** – The overall ranking of achievement of results and outcomes is low-medium, but there is variation between and within each CP component:
149. **Component 1 - Disaster Risk Reduction:** The DRR component is split between: 1) supporting the government to develop early-warning systems, vulnerability and other assessments, and to raise general awareness around resilience, and 2) physical food/cash for work/assets projects, and its effectiveness differs between these. At this stage of the CP it is hard to judge the results of the first set of activities but it is clear that their objectives have the potential to be highly effective. Without WFP's VAM support, it is clear that LVAC assessments would be of lower quality, or may even have been missed. The food/cash for work/assets projects are not effective in resilience building or reducing disaster risk in Lesotho. As evidenced by the number of people at risk of serious food insecurity this year, these projects are not preventing people from falling into food insecurity, nor are they ruling out the need for EMOPs in the future. Although there is little harm in providing people with food or cash during EMOP periods, the CP projects are overly determined by funding conditions and haven't been designed to meet WFP's own objective of improving resilience.
150. **Component 2 - Pre-school support:** The physical delivery of food to over 2000 pre-schools has been effective, with few significant delays to date, and the intervention is clearly well accepted at all levels. However, the overall effectiveness of this component is compromised by several factors, principally: the high number of children, including many disadvantaged and food insecure, who are excluded for various reasons, an absence of targeting, lack of clarity over the scale of impact on enrolment/attendance, an absence of measures to promote gender equity, and the lack of a nutritional indicator. The remaining 2.5 years of the CP should be used to address these issues so that a more effective and sustainable intervention is handed over to the Government in the coming years, which would also more effectively address WFP's corporate objective of reducing under-nutrition and breaking the intergenerational cycle of hunger. A significant change in emphasis is needed with much more focus on capacity building, a transition to Government ownership with clear milestones, and sensitisation of key stakeholders.

151. **Component 3 - Nutrition and HIV:** Moderate Acute Malnutrition management represents a good investment in people's health, and it is increasing its effectiveness of graduating people with acceptable BMIs. It is difficult to assess levels of MAM for PLW, PLHIV/TB, but for children U-5 the national prevalence levels are low, making it questionable whether there should be nation-wide coverage for this group. Stunting prevalence is far higher, and BSF also shows good linkages to reducing levels of stunting in children. It needs to increase its achievement levels, however, to meet future targets, and whilst the health system capacity remains low it will struggle to decrease non-response rates and improve recovery rates. WFP's provided capacity building support for government staff at different levels, overall effectiveness is challenged by critical capacity gaps in the health system, which has a noticeable effect on admission and discharge criteria; properly documenting and monitoring individual beneficiary progress; reporting of interventions by health facilities; low levels of programme ownership.
152. **Impact** – It is still too early to observe widespread, long term, and sustainable impact at the community level, other than the immediate short term impact that the food/cash transfers are having at the individual and household level, and the CO does not measure these adequately. WFP is struggling to make livelihood impacts at scale under the HIV-nutrition component, but here the presence of food itself is a valuable contribution to the reduction of malnutrition and increases in utilization of health services. Under the DRR it is a more serious problem, and WFP is not currently making the longer-term impacts that could increase resilience.
153. **Sustainability** – Outside an emergency context, direct WFP implementation of food/cash transfers in Lesotho is, in itself, unsustainable over the medium to long term and unlikely to attract reliable and regular donor funding. More capacity building at all levels, combined with adjustments in programme approach, are needed to strengthen and consolidate partnerships, build momentum, and promote Government ownership, in order to maximise the potential long term impact and sustainability of these interventions.
154. The DRR component has some serious sustainability issues under its food/cash for work/assets activities. The ET witnessed community abandonment of some of the 2014 initiatives, and even when people had continued working it was because of exceptional community leadership in spite of the low livelihood rewards. The DRR capacity building work of the CO is the right approach to increasing the sustainability of DRR in the country, and WFP appears to have a knowledgeable expert working on this with a good plan for establishing the system. However, the weakness of the DMA is a serious threat to the sustainability of the early warning system under development, and for the further roll out of the three-pronged approach.
155. Regarding support to pre-schools, it is realistic to expect Government to assume full financial responsibility by the end of the CP but also important to note that this will require budgetary commitment to be made as soon as financial year 2017/18. Assuming financial responsibility will be a very significant step for the Government towards ownership of the intervention but full Government management control of this component by the end of the CP is considered by the ET to be ambitious. More time is likely required to allow for the necessary programme adjustments and capacity building for this to happen in a smooth and sustainable way.

156. The nutrition and HIV support is a way off from being sustainable. At the moment, WFP is investing in people's physical well-being and 'reducing the care and economic burden associated with chronic illness and improving people's nutritional status', but the livelihoods initiatives that would help transfer the responsibility of these two objectives from WFP to beneficiaries are not of sufficient scale to achieve this. Having a nationwide TSF project when MAM prevalence is unclear and at the same time as a BSF project creates a burden on the CO to sustain the support, although it has lessened this by engaging NGO partners and the government in the distribution. The CO's advocacy on nutrition should ultimately create a better enabling environment for nutrition, which will increase sustainability as the government takes over nutrition support, and, therefore, it will be more likely that its capacity building work in the health centres will be integrated and not lost.
157. To strengthen the provision and coordination of quality nutrition interventions, WFP should provide focused capacity building support to the government to promote ownership and place them in a stronger position to coordinate donors and other stakeholders. WFP should continue to assist the government to conduct a 'Cost of Hunger' study which could become a powerful advocacy tool to mobilize funding from both government and donors to help reduce stunting and chronic malnutrition and improve the nutritional status of vulnerable children, PLW, ARV patients, and TB-DOTS therapy.
158. The relatively new WFP management team in Lesotho demonstrated a high level of awareness to many of the opportunities and challenges facing the CP in Lesotho, together with a readiness to make strategic and operational adjustments necessary to optimise programme outcomes over the coming years.

3.2 Recommendations

159. Overall the ET recommends that the CO needs to reassess its position within the context of Lesotho, both in terms of the poverty/food security and health situation, but also placing WFP's own strengths and comparative advantages within the efforts of other development actors. A transition to technical assistance is the correct path, but needs to be done gradually as the country is still at risk of annual food shortages. In the remainder of the CP the CO should focus on demonstrating that it is serious in this intention, and putting in plans that will leave a successful legacy of transition to the government for school feeding, disaster preparedness and response, and HIV/Nutrition. Specific strategic and operational recommendations are prioritised as follows:

	High priority
	Medium priority
	Low priority

Disaster risk reduction

Strategic

1. **Focus food and cash incentives on a pilot to demonstrate what resilience building in Lesotho could look like and requires:** The pilot should replace business-as-usual FFA projects, and its strategic objective should be: 1) To answer the question “What does it take for a chronically food insecure household/community to get permanently out of its vulnerability status” and 2) Promote a programme based on the results. The pilot should take a holistic view of resilience, including much greater attention to the technologies and connections that small-holder farmers need to both improve and protect their livelihoods. Duration should be 3-5 years and intervention areas reduced to 2-4 communities (each targeted to provide learning from a particular geographic, topographic and/or climatic zone). Participants should be limited to those that will immediately benefit from the technology or intervention. It would, in effect, be the operationalisation of the Three Pronged Approach and the Lesotho Resilience Strategic Framework 2014, and under the latter WFP should bring together the MoFLR, MOA, DMA, FAO, and NGOs into the design, inputs, implementation, and monitoring of the pilot project. It should be developed on the assumption that the government will adopt the working model after the pilot period. By having a far smaller but longer intervention costs should not increase, but a well-defined pilot drawing together many actors will have multiple income streams and its learning focus should be help it to attract funding from international research initiatives.

Operational

2. **Choose appropriate asset types to meet CP objectives:** In the pilot mentioned above, and/or if the CO initiates any future cash or food project during the CP timeline, the CO should rethink the outputs of the incentives. Agriculture is a very difficult livelihood in Lesotho (especially for Poor and Very Poor households), yet the assets promoted by WFP, such as gully strengthening, are doing little to improve short-term agricultural incomes, and certainly nothing unique from what MoFLR is doing. A number of assets, such as water harvesting, irrigation schemes and plastic sheets for crop protection, could bring near-term benefits to farmers. WFP should also consider promoting a diversity of livelihoods, not just agricultural, so if disaster does affect crops communities have other sources of income rather than just labouring or brewing.

Operational

3. **If longer term funding can't be achieved, target within other livelihood programmes.** Given the current funding climate in Lesotho it may not be possible for WFP to generate funding for long-term livelihood projects, but the objectives of these remain a critically important thing to do within Lesotho. Rather than start short projects where there is not the time or surrounding partners to initiate and, crucially, maintain livelihood activities, WFP should target FFA within partners' existing agricultural programmes. This arrangement should be explicitly stated in the partnership agreement so it is understood that the partner will continue the livelihood activities, and it will be clear what can be achieved in period of food provision. WFP would have to ensure that its definitions of vulnerability is still accounted for a partner's targeting, but the ability to secure development goals should consider along with a recognition of time-scale required for these. The re-targeting should apply to any new short-term piece of funding awarded after the two 2015 projects end.

Pre-school education

Strategic

4. **Significantly increase emphasis on capacity building at all levels of the activity, and its future handover:** The smooth handover of pre-school support, with fully functioning management systems, to a fully capacitated Government counterpart will be critical to the longer term sustainability of the intervention. A comprehensive and strategic capacity building plan, with clear milestones, timelines, handover dates and budget, needs to be agreed with counterparts and established as soon as possible with its own dedicated resources and management. The resources, capacities, and approach of the WFP CO should be realigned accordingly. As part of the already established wider transition process towards a national school feeding programme, including both pre-school and primary schools, management handover of pre-school support should be closely coordinated with that of the Primary School Feeding which WFP continues to manage under trust fund 200771. WFP should also advise Government on possible approaches to targeting of pre-school support.

Operational

5. **Use the remaining 2.5 years of the CP to make operational improvements and strengthen management systems:** WFP should focus on improving key operational and qualitative aspects of pre-school support for the remainder of the CP so that the management and monitoring systems eventually handed over to Government are more robust and sustainable than is currently the case. Attention needs to be given to: reviewing numbers (inclusion, exclusion, attendance) through regular and spot checking data quality assurance procedures; tightening commodity management post extended delivery point (EDP); inclusion of relevant nutrition outcome indicators; strengthening the M&E system and its use in management decisions; introducing relevant and timely operational reporting; looking at ways to address gender imbalance; and reviewing both the suitability of commodities in the food basket, and the food basket itself.

Strategic

6. **Promote inter-sectoral coordination, especially with Health and Nutrition, at the pre-school level:** WFP, with its strong presence at the district and community levels, should place more emphasis on promoting, and advocating for, inter-sectoral coordination so that pre-school children receiving free meals, also maximise their benefit from other sectors, especially health, as intended under the IECCD programme, but not strongly evident to the evaluation. The inclusion of a nutrition indicator will also be of strategic value in strengthening the linkages of component 2 objectives with health and nutrition, although it is acknowledged that it may only be possible to do so on a pilot level within the duration of the CP.

7. **Provide more coherent capacity building with greater contact time to those managing moderate acute malnutrition.** WFP's current training support is being suppressed by an overburdened health system, and therefore needs redesigning in line with the realities of health facilities. During the remainder of the CP, WFP, in partnership with UNICEF, should increase numbers of trainers trained so that contact time at each health facility can be maximised, and, ideally, the agencies may consider longer-term placement of staff to help with MAM programming in a similar way to UNICEF's support to the health system in Ethiopia.¹⁰⁰ The support needs to be better coordinated with each health facility, however, so that it doesn't appear an imposition, and WFP should engage both the district nutritionist, the health facility head, and as many nurses as possible in monthly facility meetings to re-establish the relationship, set training schedule, and monitor the results.

8. **Assess options to reduce beneficiary travel for food collection.** The CO should look into options for distribution of food at a more decentralised level than the health facility for PLW and children under-five. The best options would include working with existing institutions, such as the more established ECCD centres and with local church-run hospitals that are performing nutrition monitoring services. More decentralised distribution should be gradually introduced, and only within the catchment areas where the nurses produce reliable lists of beneficiaries under the current model. It also requires better liaison between the VHW and the health facility. If established with a strong coordination system, the CO would likely reach greater number of beneficiaries for MAM, slow rates of new acute malnutrition case as people present sooner, and increase the beneficiary's satisfaction. To maintain the contact that PLW and children under-five have with the health facility, the food support should be distributed with ANC, PNC and under-5 clinic advice, with key contact points when the patient is required to attend the health facility clearly define. However, the CO should be careful in creating decentralised provisions for HIV/TB patients as doing so could have negative consequences on adherence/testing rates.

¹⁰⁰ In Ethiopia UNICEF has contracted partners to place monitors at health facility level on a temporary basis. The monitors role is to work with the staff responsible for recording SAM cases to inter alia i) To provide mentoring and on-the-job trainings to health workers and health extension workers to strengthen and immediately fix the area for improvement identified during the assessments as per the national protocol; ii) To assess the correct distribution/ requests and use of the Ready-to-Use Therapeutic Food (RUTF). iii) To ensure healthy supply pipeline through close collaboration with UNICEF regional logistics officers and CMAM logistics specialist at Addis Ababa level and iv) To monitor the implementation of community based nutrition programme, tools and check list will developed and pretested by UNICEF. They also build capacity at higher levels in the health system. The monitors spend 1-2 weeks at each health facility at a time. Adopting such an approach with UNICEF or alone in Lesotho would help to install the MAM approach more thoroughly, and given the size of the country would require fewer resources.

9. **Expansion of the Blanket Supplementary Feeding Programme to address stunting:** Stunting remains a significant problem in Lesotho – despite reductions, many of the non-BSF districts have high prevalence rates and one has moved into the very high category between 2009 and 2014. The levels warrant an expansion of BSF programme to replicate the CO’s positive results in the current implementation areas. The expansion could be funded in part by re-targeting of the MAM for under-five (and potentially PLW if the full DHS2014 confirmed similarly low prevalence levels) to hotspot areas, rather than nationwide support, and should be staged, with the next highest prevalence areas targeted first. The expansion should be combined with an expansion of the PD approach, and with research into the drivers of stunting and effectiveness of the PD components or its modality from the implementation area so the CO is clear what PD messages and communication methods have the highest impact in reducing the causes of stunting. The CO should monitor the levels of MAM in under-five in the expansion areas as the current implementation areas have seen decreases that may be attributable to the project.

10. **Strengthen information collection, quality, management, and analysis across the CP:** Information management systems were seen to be weak and fragmented across the CP components resulting in incomplete, and sometimes unreliable, information. The CO needs to focus on the timeliness, quality, and systematic analysis of data collected to build a much stronger evidence base to support both strategic planning and improve operational decision making and efficiency. As the CP comes to a close at the end of 2017, the CO will need a strong evidence base from the CP to justify not only the scope and nature of any follow on interventions, but also the progressive handover of various CP activities to the Government. The upcoming WFP staffing review will be critical in ensuring that the CO has the correct skill sets in place to meet the challenges ahead.

Annexes

Annex 1: Acronyms

ART	Anti-retroviral therapy
BMI	Body Mass Index
BR	Budget Revision
BSF	Blanket Supplementary Feeding
CAS	Community Assets Score
CBPP	Community Based Participatory Planning
CFW	Cash For Work
CHS	Community household survey
CO	Country Office (WFP)
CP	Country programme
DAC	Development Assistance Committee
DRR	Disaster Risk Reduction
DSC	Direct Support Costs
EB	Executive Board (WFP's)
ECCD	Early Childhood Care and Development
ECHO	European Commission
EM	Evaluation Manager
EMOP	Emergency Operation
EQAS	Evaluation Quality Assurance System
ER	Evaluation Report
ET	Evaluation Team
EFA	Education for All
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FGD	Focus Group Discussion
FFA	Food For Assets
FFA	Food For Assets
FMU	Food Management Unit
FNCO	Food and Nutrition Coordination Office
GDP	Gross domestic product
HEA	Household Economy Approach
HH	Household

HIV/AIDS	Human immunodeficiency virus infection / Acquired immunodeficiency syndrome
ICA	Integrated Context Analysis
ICT	Information and communications technology
IECCD	Integrated Early Childhood Care and Development
IFAD	International Fund for Agricultural Development
IMAM	Integrated Management of Acute Malnutrition
IP	Inception Package
KII	Key Informant Interview
LDC	Least developed country
LMIC	Lower-middle income country
LTA	Long-Term Agreement
LTSH	Logistics, transport, shipping and handling
LUNDAP	Lesotho United Nations Development Assistance Plan
LVAC	Lesotho Vulnerability Assessment Committee
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNPs	Micronutrient Powders
MoA	Ministry of Agriculture
MoET	Ministry of Education and Training
MoFLR	Ministry of Forestry and Land Reclamation
MoH	Ministry of Health
MOU	Memorandum of Understanding
Mt	Metric Ton
MUAC	Mid-Upper Arm Circumference
NCI	National Capacity Indicator
NISSA	National Information System for Social Assistance
NFI	Non-food item
NGO	Non-governmental organisation
ODOC	Other Direct Operational Costs
OEV	Office of Evaluation (WFP)
OpEv	Operation Evaluation
PD	Positive Deviance
PLW	Pregnant and lactating women
PLWH	People living with HIV

PMTCT	Prevention of Mother to Children Transmission
RB	Regional Bureau (WFP)
RMB	WFP Budget & Programming Division
SABER	Systems Approach for Better Education Results
SACU	Southern African Customs Union
SF	School feeding
SPR	Standard Project Report
SRF	Strategic Results Framework
TB	Tuberculosis
TB-DOTS	Tuberculosis patients on Directly Observed Treatment Short Course
TOR	Terms of Reference
TSF	Targeted Supplementary Feeding
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety & Security
UNICEF	United Nations Children's Fund
VAM	Vulnerability Assessment Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Annex 2: Evaluation Terms of Reference



EVALUATION QUALITY ASSURANCE SYSTEM

Office Of Evaluation

Measuring Results, Sharing Lessons

[FINAL, 09TH MARCH 2015]

TERMS OF REFERENCE

OPERATION EVALUATION

LESOTHO COUNTRY PROGRAMME 200369

1. Introduction

1. These Terms of Reference (TOR) are for the evaluation of the Lesotho Country programme 200369. This evaluation is commissioned by the WFP Office of Evaluation (OEV) and will commence with preparation in February, field mission in May 2015 and the final report at the end of July 2015. In line with WFP's outsourced approach for operations evaluations (OpEvs), the evaluation will be managed and conducted by an external evaluation company amongst those having a long-term agreement with WFP for operations evaluations.

2. These TOR were prepared by the OEV focal point based on an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold: 1) to provide key information to the company selected for the evaluation and to guide the company's evaluation manager and team throughout the evaluation process; and 2) to provide key information to stakeholders about the proposed evaluation.

3. The TOR will be finalised based on comments received on the draft version and on the agreement reached with the selected company. The evaluation shall be conducted in conformity with the TOR.

2. Reasons for the Evaluation

2.1. Rationale

4. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP has committed to increase evaluation coverage of operations and mandated OEV to commission a series of Operations Evaluations (OpEvs) in 2013 -2016.

5. Operations to be evaluated are selected based on utility and risk criteria.¹⁰¹ From a shortlist of operations meeting these criteria prepared by OEV, the Regional Bureau (RB) has selected, in consultation with the Country Office (CO) the Lesotho country programme 200369 for an independent evaluation. In particular, the evaluation has been timed to ensure that the findings can feed into future decisions on programme implementation of the remaining period of the CP and design of subsequent programme.

2.2. Objectives

6. This evaluation serves the dual and mutually reinforcing objectives of accountability and learning:

- **Accountability** – The evaluation will assess and report on the performance and results of the operation. A management response to the evaluation recommendations will be prepared.
- **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems.

2.3. Stakeholders and Users

7. **Stakeholders.** A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and many of these will be asked to play a role in the evaluation process. Table one below provides a preliminary stakeholders' analysis, which will be deepened by the evaluation team in the inception package.

8. **Users.** The primary users of this evaluation will be:

- The CO and its partners in decision-making related notably to programme implementation and design, country strategy and partnerships.
- Given RB's core functions the RB is expected to use the evaluation findings to provide strategic guidance, programme support and oversight,
- OEV will use the evaluation findings to feed into an annual synthesis of all OpEvs and will reflect upon the evaluation process to refine its OpEv approach, as required.
- The UNCT may use the evaluation findings as inputs to future UNDAF annual reviews or evaluation

3. Subject of the Evaluation

9. Lesotho is a least developed country, with the 2013 human development index of 0.486 positioning it at 162 out of 187 countries and territories. Small, mountainous, and completely

¹⁰¹ The utility criteria looked both at the timeliness of the evaluation given the operation's cycle and the coverage of recent/planned evaluations. The risk criteria was based on a classification and risk ranking of WFP COs taking into consideration a wide range of risk factors, including operational and external factors as well as COs' internal control self-assessments

landlocked by South Africa, three-quarters of the 1.9 million people in Lesotho live in rural areas and engage in subsistence rain-fed agriculture which is vulnerable to weather and climate variability. Due to low agricultural productivity and with only 10% of its land surface available for arable agriculture, the country produces less than 20% of the nation's demand for food and relies on South Africa for much of its economic activity. Lesotho imports 90% of the goods it consumes from South Africa, including most agricultural inputs. Households depend heavily on remittances from family members working in South Africa. Lesotho has a per capita income of \$1,879 and a Gini coefficient of 0.52. The economy grew by an estimated 4.3% (real GDP) in 2013 and is expected to reach an annual GDP growth target of 7% for 2016-2020.¹⁰² However, excessive dependence on the Southern Africa Customs Union receipts, reliance on remittances and textile exports to the United States continues to make the country vulnerable to external setbacks.

10. The national Millennium Development Goals (MDGs) status report for 2013 reveals that progress towards the MDGs is mixed, the indicators for MGD one either being off-track or making slow progress. National poverty figures indicate that 57.1% of the population lives below the national poverty line, and unemployment rate stands at 25.3%. Achievements in primary education and gender are strong with a net enrolment rate of 82% and a higher rate of female attendance than male attendance at secondary and tertiary schooling. The literacy rate is high at 80.9% for men and 96.9% for women in the age group of 15-49 years. On gender, Lesotho is ranked first in Africa and sixteenth in the world on bridging the gap between the sexes, and has adopted several gender-sensitive laws. Other MDGs are off-track or making slow progress with particular challenges in health, manifested in high maternal and infant/child mortality. With the second highest HIV/AIDS prevalence rate in the world at 23% (among adults) average life expectancy in stands at 49 years.

11. The Government of Lesotho, through its National Strategic Development Plan 2012-2017, aims to (i) Pursue high, shared and employment creating economic growth; (ii) Develop key infrastructure (iii) Enhance the skills base, technology adoption and foundation for innovation; (iv) Improve health, combat HIV and AIDS and reduce vulnerability (v) Reverse environmental degradation and adapt to climate change and (vi) Promote peace, democratic governance and build effective institutions. The United Nations system, through the UNDAF (2013-2017) focuses on delivering 10 outcome, which closely aligned with five out of the six national priorities.¹⁰³ Contributing to the Lesotho UNDAF (2013-2017) and the Lesotho national priorities iii, iv, v and vi, and aligned to WFP Strategic Objectives 2, 4 and 5,¹⁰⁴ the goals of the CP are to enhance resilience and responsiveness to food-security shocks, and enhance the nutritional and social well-being of vulnerable groups. The CP has three components: (i) Disaster Risk Reduction (DRR) for increased resilience to food security shocks; (ii) Support to Education which provides meals to pre-schools (Early Childhood Care and Development centres) and (iii) Nutrition and HIV support. Component 2 and 3 inherited activities from Development Project 200169 which began in 2011 and was completed in 2012. The nutrition component is implemented under the joint United Nations nutrition programme, which was introduced in 2010 with FAO, WHO, UNICEF and WFP. Due to lack of resources, component 1 activities were not started until mid-2014, and even then, they were only implemented for 5 months and discontinued.

¹⁰² <http://www.ls.undp.org/content/lesotho/en/home/countryinfo/>

¹⁰³ The UN is supporting all except priority ii on infrastructure development

¹⁰⁴ strategy plan (2008-2013) at the time of the design of the CP; re-aligned to strategic objectives 3 and 4 of strategic plan 2014-2017

4. Evaluation Approach

4.1. Scope

12. **Scope.** The evaluation will cover CP 200369 including all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions. The period covered by this evaluation captures the time from the development of the operation (June to December 2012) and the period from the beginning of the operation until the start of the evaluation (January 2013 to May 2015).

4.2. Evaluation Questions

13. The evaluation will address the following three questions:

Question 1: How appropriate is the operation? Areas for analysis will include the extent to which the objectives, targeting, choice of activities and of transfer modalities:

- Were appropriate at project design stage to the needs of the food insecure population including the distinct needs of women, men, boys and girls from different groups, and geographical areas as applicable, and remained so over time.
- Are coherent with relevant stated national policies and priorities, including sector policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners as well as with other WFP interventions in the country.
- Were coherent at project design stage with WFP strategies, policies and normative guidance and remained so over time.

Question 2: What are the results of the operation? While ensuring that differences in benefits between women, men, boys and girls from different groups are considered, the evaluation will analyse:

- The level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, girls, men and boys);
- The extent to which the outputs led to the realisation of the operation objectives as well as to unintended effects highlighting, as applicable, differences for different groups, including women, girls, men and boys;
- How different activities of the operation dovetail and are synergetic with other WFP operations and with what other actors are doing to contribute to the overriding WFP objective in the country; and
- The efficiency of the operation and the likelihood that the benefits will continue after the end of the operation.

Question 3: Why and how has the operation produced the observed results? The evaluation should generate insights into the main internal and external factors that caused the observed changes and affected how results were achieved. The inquiry is likely to focus, amongst others, on:

- Internally (factors within WFP's control): the analysis, processes, systems and tools in place to support the operation design, implementation, monitoring/evaluation and reporting; the governance structure and institutional arrangements (including issues related to staffing, capacity and technical backstopping from RB/HQ); the partnership and coordination arrangements, strategic decision making in view of operational constraints; etc.
- Externally (factors outside WFP's control): the external operating environment; the funding climate; external incentives and pressures; effective delivery of complementary activities by other UN partners (especially under the joint UN nutrition programme of component 3) etc.

4.3 Evaluability Assessment

14. Evaluability is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. The below provides a preliminary evaluability assessment, which will be deepened by the evaluation team in the inception package. The team will notably critically assess data availability and take evaluability limitations into consideration in its choice of evaluation methods. In doing so, the team will also critically review the evaluability of the gender aspects of the operation, identify related challenges and mitigation measures.

15. In answering question one, the team will be able to rely on assessment reports, minutes from the project review committee, the project document and logframe, evaluations or reviews of past operations notably the evaluation of the PRRO 105990 and development project 200169; as well as documents related to government and interventions from other actors. In addition, the team will review relevant WFP strategies, policies and normative guidance.

16. For question two the operation has been designed in line with the corporate strategic results framework (SRF) and selected outputs, outcomes and targets are recorded in the logframe. Monitoring reports as well as annual standard project reports (SPRs) detail achievement of outputs and outcomes thus making them evaluable against the stated objectives.

17. However, answering question two is likely to pose some challenges owing in part to: i) the absence of baseline data for some of the activities, which will need to be reconstructed using findings from various assessment reports; ii) data gaps in relation to efficiency, iii) Delayed commencement of some activities, notably the DRR component, thus not adequate implementation period for outcomes to be realised.

18. For question three, the team members will have access to some institutional planning documents and will collect further information from key informant interviews internally with WFP and with other stakeholders.

4.4. Methodology

19. The methodology will be designed by the evaluation team during the inception phase. It should:

- Employ relevant internationally agreed evaluation criteria including relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact, and sustainability; while considering gender mainstreaming and equity issues as across-cutting.
- Use applicable standards (e.g. SPHERE standards, Systems Approach for Better Education Results –SABER etc)¹⁰⁵
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using mixed methods (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means. Participatory methods will be emphasised with the main stakeholders, including the CO. The selection of field visit sites will also need to demonstrate impartiality.

¹⁰⁵ Although WFP Lesotho has not carried out a SABER, some elements of this framework could be useful in assessing the progress towards government ownership. For more on SABER refer to WFP school feeding policy on page 8, and <http://worldbank.org/education/saber>

- Be geared towards addressing the key evaluation questions taking into account the evaluability challenges, the budget and timing constraints;
- Be based on an analysis of the logic model of the operation and on a thorough stakeholders analysis;
- Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and considered;
- Be synthesised in an evaluation matrix, which should be used as the key organizing tool for the evaluation.

4.5. Quality Assurance

20. OEV's Evaluation Quality Assurance System (EQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for quality assurance, templates for evaluation products and checklists for the review thereof. It is based on the UNEG norms and standards and good practice of the international evaluation community (DAC and ALNAP) and aims to ensure that the evaluation process and products conform to best practice and meet OEV's quality standards. EQAS does not interfere with the views and independence of the evaluation team.

21. At the start of the evaluation, OEV will orient the evaluation manager on EQAS and share related documents. EQAS should be systematically applied to this evaluation and the evaluation manager will be responsible to ensure that the evaluation progresses in line with its process steps and to conduct a rigorous quality control of the evaluation products ahead of their submission to WFP. OEV will also share an Orientation Guide on WFP and its operations, which provides an overview of the organization.

5. Phases and deliverables

22. The evaluation will proceed through five phases. Annex two provides details of the activities and the related timeline of activities and deliverables.

23. **Preparation phase** (January 9th to March 15th 2015): The OEV focal point will conduct background research and consultation to frame the evaluation; prepare the TOR; select the evaluation team and contract the company for the management and conduct of the evaluation.

24. **Inception phase** (March 15th to April 24th 2015): This phase aims to prepare the evaluation team for the evaluation phase by ensuring that it has a good grasp of the expectations for the evaluation and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interaction with the main stakeholders.

Deliverable: Inception Package. The Inception Package details how the team intends to conduct the evaluation with an emphasis on methodological and planning aspects. The package will be approved by OEV and shared with the CO/RB for information. It will present an analysis of the context and of the operation, the evaluation methodology articulated around a deepened evaluability and stakeholders' analysis; an evaluation matrix; and the sampling technique and data collection tools. It will also present the division of tasks amongst team members as well as a detailed schedule for stakeholders' consultation. For more details, refer to the [content guide for the inception package](#).

25. **Evaluation phase** (11th to 25th May 2015): The fieldwork will span over three weeks and will include visits to project sites and primary and secondary data collection from local stakeholders. Two debriefing sessions will be held upon completion of the field work. The first one will involve the country office (relevant RB and HQ colleagues will be invited to participate through a teleconference) and the second one will be held with external stakeholders.

Deliverable: Aide memoire. An aide memoire of preliminary findings and conclusions (PowerPoint presentation) will be prepared to support the de-briefings.

26. **Reporting phase** (May 26th to 30th August 2015): The evaluation team will analyse the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, and draft the evaluation report. It will be submitted to the evaluation manager for quality assurance. Stakeholders will be invited to provide comments, which will be recorded in a matrix by the evaluation manager and provided to the evaluation team for their consideration before report finalisation.

Deliverable: Evaluation report. The evaluation report will present the findings, conclusions and recommendations of the evaluation in a concise report of 40 pages maximum. Findings should be evidence-based and relevant to the evaluation questions. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in performance and results of the operation for different beneficiary groups as appropriate. There should be a logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP management response to the evaluation. For more details, refer to the [content guide for the evaluation report](#).

27. **Follow-up and dissemination phase:** OEV will share the final evaluation report with the CO and RB. The CO management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. The RB will coordinate WFP's management response to the evaluation, including following up with country offices on status of implementation of the actions. OEV will also subject the evaluation report to an external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. A feedback online survey on the evaluation will also be completed by all stakeholders. The final evaluation report will be published on the WFP public website, and findings incorporated into an annual synthesis report, which will be presented to WFP's Executive Board for consideration. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems.

Notes on the deliverables:

The inception package and evaluation reports shall be written in English and follow the EQAS templates.

The evaluation team is expected to produce written work that is of very high standard, evidence-based, and free of errors. The evaluation company is ultimately responsible for the timeliness and quality of the evaluation products. If the expected standards are not met, the evaluation company will, at its own expense, make the necessary amendments to bring the evaluation products to the required quality level.

The evaluation TOR, report and management response will be public and posted on the WFP External Website (wfp.org/evaluation). The other evaluation products will be kept internal.

Table 3: Key dates for field mission and deliverables

Entity responsible	Phase	Activity/deliverables	Key dates
EM	Inception	Draft Inception package	9th April 2015
EM	Inception	Final Inception Package	24 th April 2015

CO/ET	Evaluation	Evaluation field mission	11 th to 25 th May 2015
ET	Evaluation	Aide memoire	24 th May 2015
	Evaluation	Internal/External Debriefing	25 th May 2015
EM	Reporting	Draft Evaluation Report	30 th June 2015
EM	Reporting	Final Evaluation Report	30 th July 2015
CO/RB	Follow-up	Management Response	15 th August 2015

6. Organization of the Evaluation

6.1 Outsourced approach

28. Under the outsourced approach to OpEvs, the evaluation is commissioned by OEV but will be managed and conducted by an external evaluation company having a long-term agreement (LTA) with WFP for operations evaluation services.

29. The company will provide an evaluation manager (EM) and an independent evaluation team (ET) in line with the LTA. To ensure a rigorous review of evaluation deliverables, the evaluation manager should in no circumstances be part of the evaluation team.

30. The company, the EM and the ET members will not have been involved in the design, implementation or M&E of the operation nor have other conflicts of interest or bias on the subject. They will act impartially and respect the [code of conduct of the profession](#).

31. Given the evaluation learning objective, the evaluation manager and team will promote stakeholders' participation throughout the evaluation process. Yet, to safeguard the independence of the evaluation, WFP staff will not be part of the evaluation team or participate in meetings with external stakeholders if the evaluation team deems that their presence could bias the responses.

6.2 Evaluation Management

32. The evaluation will be managed by the company's EM for OpEvs (as per LTA). The EM will be responsible to manage within the given budget the evaluation process in line with EQAS and the expectations spelt out in these TOR and to deliver timely evaluation products meeting the OEV standards. In particular, the EM will:

- Mobilise and hire the evaluation team and provide administrative backstopping (contracts, visas, travel arrangements, consultants' payments, invoices to WFP, etc).
- Act as the main interlocutor between WFP stakeholders and the ET throughout the evaluation and generally facilitate communication and promote stakeholders' participation throughout the evaluation process.
- Support the evaluation team by orienting members on WFP, EQAS and the evaluation requirements; providing them with relevant documentation and generally advising on all aspects of the evaluation to ensure that the evaluation team is able to conduct its work.
- Ensure that the evaluation proceeds in line with EQAS, the norms and standards and code of conduct of the profession and that quality standards and deadlines are met.
- Ensure that a rigorous and objective quality check of all evaluation products is conducted ahead of submission to WFP. This quality check will be documented and an assessment of the extent to which quality standards are met will be provided to WFP.
- Provide feedback on the evaluation process as part of an evaluation feedback e-survey.

6.3 Evaluation Conduct

33. The ET will conduct the evaluation under the direction of the EM. The team will be hired by the company following agreement with OEV on its composition.

34. **Team composition.** The evaluation team is expected to include 2-3 members, including the team leader and international/national evaluators. It should include women and men of mixed cultural backgrounds and at least one national. Past WFP experience within the team and familiarity with the national context is required. As such, at least one team member should have prior experience with WFP.

35. **Team competencies.** The team will be multi-disciplinary and include members who collectively have an appropriate balance of expertise and practical knowledge in the following areas:

- Early warning systems, Disaster risk reduction/resilience
- Nutrition with focus on chronic malnutrition/stunting and HIV/AIDS
- School Feeding/Education preferably in the context of government-own programmes
- Capacity building of government, with a good understanding of middle income country contexts
- Gender expertise and a good knowledge of gender and equity issues in the above sectors

36. All team members should have strong analytical and communication skills; evaluation experience and familiarity with the country or region. At least one member should have strong experience/skills in evaluation design, including methodological issues¹⁰⁶

37. All members should be able to communicate verbally and in writing in English.

38. **The Team leader** should have good communication and people management skills and demonstrated experience and good track record in leading similar evaluations. He/she should also have excellent English writing and presentation skills, technical expertise in one of the areas listed above as well as expertise in designing methodology and data collection tools.

39. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception package, aide memoire and evaluation report in line with EQAS; and v) provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

40. **The team members** will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

41. Team members will: i) contribute to the methodology during the inception package in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s); and v) provide feedback on the evaluation process as part of an end of evaluation feedback e-survey.

6.4 Security Considerations

42. As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by

¹⁰⁶ This member may or may not be the team leader, but at least this expertise should be within the team.

the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

43. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- Travelling team members complete the UN system's applicable Security in the Field courses in advance, print out their certificates and take them with them. (These take a couple of hours to complete.)
- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations – e.g. curfews etc.

For more information, including the link to UNDSS website, see to EQAS for operations evaluations page 30.

7. Roles and Responsibilities of WFP Stakeholders

44. **The Country Office.** The CO management will be responsible to:

- Assign a focal point for the evaluation. Arduino Mangoni, deputy country director will be the CO focal point for this evaluation.
- Comment on the TORs, inception package and the evaluation report
- Provide the evaluation manager and team with documentation and information necessary to the evaluation;
- Facilitate the team's contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
- Organise security briefings for the evaluation team and provide any materials as required
- Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results and in various teleconferences with the evaluation manager and team on the evaluation products.
- Organise and participate in two separate debriefings, one internal and one with external stakeholders.
- Prepare a management response to the evaluation recommendations.
- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

45. **The Regional Bureau.** The RB management will be responsible to:

- Assign a focal point for the evaluation. Silvia Biondi, Regional M&E advisor, will be the RB focal point for this evaluation.
- Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results. In particular, the RB should participate in the evaluation debriefing and in various teleconferences with the evaluation manager and team, as required.
- Provide comments on the TORs, inception package and the evaluation report.
- Coordinate the management response to the evaluation and track the implementation of the recommendations.
- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

46. **Headquarters.** Some HQ divisions might, as relevant, be asked to discuss WFP strategies, policies or systems in their area of responsibility and to comment on the evaluation TOR and report.

47. **The Office of Evaluation.** OEV is responsible for commissioning the evaluation and Grace Igweta, Evaluation is the OEV focal point. OEV's responsibilities include to:

- Set up the evaluation including drafting the TOR in consultation with concerned stakeholders; select and contract the external evaluation company; and facilitate the initial communications between the WFP stakeholders and the external evaluation company.
- Enable the company to deliver a quality process and report by providing them with the EQAS documents including process guidance, content guides and templates as well as orient the evaluation manager on WFP policies, strategies, processes and systems as required.
- Comment on the draft inception package
- Comment on the evaluation report and submit the final evaluation report to an external post-hoc quality review process to independently report on the quality, credibility and utility of the evaluation and provide feedback to the evaluation company accordingly.
- Publish the final evaluation report on the WFP public website and incorporate findings into an annual synthesis report, which will be presented to WFP's Executive Board for consideration.
- Conduct an evaluation feedback e-survey to gather perceptions about the evaluation process and the quality of the report to be used to revise the approach, as required.

8. Communication and budget

8.1. Communication

48. Issues related to language of the evaluation are noted in sections 6.3 and 5, which also specifies which evaluation products will be made public and how and provides the schedule of debriefing with key stakeholders. Section 5 paragraph 28 describes how findings will be disseminated.

49. To enhance the learning from this evaluation, the evaluation manager and team will also emphasize transparent and open communication with WFP stakeholders. Regular teleconferences and one-on-one telephone conversations between the evaluation manager, team and country office focal point will assist in discussing any arising issues and ensuring a participatory process.

8.2. Budget

50. **Funding source:** The evaluation will be funded in line with the WFP special funding mechanism for Operations Evaluations (Executive Director memo dated October 2012). The cost to be borne by the CO will be established by the WFP Budget & Programming Division (RMB).

51. **Budget:** The budget will be prepared by the company (using the rates established in the LTA and the corresponding template) and approved by OEV. For the purpose of this evaluation the company will:

- Use the management fee corresponding to a small operation.
- Not budget for domestic road transport which will be facilitated by the country office

TOR Evaluation timeline

	Activity/Deliverables	Entity Responsible					2015																																									
							Jan				Feb				March				April				May				June				July				Aug				Sept				Oct					
		Eval Manager	Eval Team	OEV	CO	RB	05-Jan	12-Jan	19-Jan	26-Jan	02-Feb	09-Feb	16-Feb	23-Feb	02-Mar	09-Mar	16-Mar	23-Mar	30-Mar	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep	05-Oct		
1	Desk review, consultation and preparation of TOR			X																																												
2	Stakeholders comments on TORs				X	X																																										
3	Final TOR			X																																												
4	Evaluation company selection and contracting			X																																												
5	Operational documents consolidation and sharing				X																																											
6	Hand-over of eval management to EM	X		X																																												
7	Evaluation team briefing - expectations, requirements, quality	X	X																																													
8	Desk review, Consultation with the CO/RB , drafting of the Inception		X																																													
9	Quality Assurance of the Inception Package	X																																														
10	Draft Inception Package	X	X																																													
11	Comments on Inception Package			X	X	X																																										
12	Revise Inception Package and final Quality Assurance of IP	X	X																																													
13	Final Inception Package	X	X																																													
14	Eval mission preparation (setting up meetings,field visits, etc)				X																																											
15	Introductory briefing		X	X																																												
16	Field work		X																																													
17	Exit debriefing	X	X	X	X	X																																										
18	Exit debriefing presentation of preliminary findings and conclusions	X	X																																													
19	Evaluation Report drafting		X																																													
20	Quality Assurance of the draft Evaluation Report	X																																														
21	Draft Evaluation Report	X	X																																													
22	Stakeholders comments on Evaluation Report			X	X	X																																										
23	Revision of the report + comments matrix	X	X																																													
24	Final Evaluation Report	X	X																																													
25	Preparation of the Management Response				X	X																																										
26	Management Response				X	X																																										
27	Post-hoc Quality Review and end of evaluation survey			X																																												
28	Report Publication + integration in lessons learning			X																																												

Annex 3: Evaluation Methodology

Proposed approach and methodology

This evaluation, commissioned by the WFP Office of Evaluation (OEV), is as an independent exercise to provide an objective assessment on the performance of WFP's Country Programme (CP) in Lesotho, and to present evidence based findings and recommendations. The Evaluation Team (ET) consists of three consultants using an approach and methodology designed to meet the objectives as stipulated in the terms of reference (TOR) and agreed with the WFP HQ and Country Office (CO). The evaluation will be conducted using quantitative and qualitative research and both primary and secondary data.

As a mid-term evaluation, the evaluation has three general purposes:

- To identify and validate achieved CP results to date
- To help the CO manage the CP, and design future interventions, with informed operational and strategic decision making
- To inform other stakeholders on the effectiveness of the CP and key lessons learned

The ET will follow the WFP EQAS guidelines for Operation Evaluations, which provides a strong procedural and methodological framework. The ET will also, in line with OEV usage, use OECD DAC and UNEG evaluation standards, which provide criteria and agreed definitions of evaluation terms such as efficiency, effectiveness, sustainability, connectedness, and coverage.

Evaluation methodology has been developed from the TOR and discussions with the CO. The overall approach is summarised in an Evaluation Matrix, attached in Annex 1, structured around the three key evaluation questions:

- 1) How appropriate is the operation?
- 2) What are the results of the operation?
- 3) Why and how has the operation produced the observed results?

Sub-questions, exploring the different components of the operation, have been developed for each of these key questions. Specific indicators for measuring the results, the main sources of information used to answer each sub-question, and how the data will be collected and analysed are also summarised in the evaluation matrix which also takes into account the design of the CP Logical Framework.

Focus areas for the evaluation have been assigned to each ET member and the evaluation matrix provides them with a clear framework for data collection and analysis that will help to develop clear findings and recommendations. The ET will use mixed data collection methods and analysis to help ensure:

- a. A rigorous process providing valid information to answer the evaluation questions
- b. Wide representation of key stakeholder perspectives, including those of different beneficiary groups (women, men, boys and girls)
- c. Consistent triangulation of information through mixed data collection
- d. Gender dimensions are fully considered by using disaggregated data

Evaluability assessment

The ET has conducted an initial evaluability assessment based on documents received so far, and believes that all components of Lesotho CP can be evaluated in a reliable and credible fashion as it has clear statements of intended results, defined and appropriate indicators, targets for achievement, and a degree of gender disaggregated data. Internal M&E data and reports have not yet been provided by the CO but the Logical Framework is suggestive of a systematic monitoring of relevant indicators. The ET will continue working with the

CO to address data gaps identified in the inception and the ET fully expects that extant data still outstanding will be made available prior to the field mission.

Each of the three key evaluation questions have their own challenges with regard to the data so far made available, and the subsequent evaluability of the questions:

Data Constraints for Question One: How appropriate is the operation?

While a good amount of strategic level information has been provided by the CO with regard to national policies and strategies, as well as those of WFP, the higher level strategic direction, policies and programmes of other key agencies and donors are less clear at the inception stage of the evaluation. This information may not be readily available but will be an area of focus for the ET while in country. Key informant interviews will be critical in addressing some of these gaps. Evidence to directly link the design of the CP to the needs of the most food insecure groups in Lesotho still requires further researching and further information will be sought from the CO prior to the mission as well as from key informant discussions while the ET is in country.

Data Constraints for Question Two: What are the results of the operation?

Provision has been made in the design of the CP to capture key indicators, with gender/age disaggregation, which should enable the ET to reasonably evaluate the results of the operation. Input, Output and Outcome data seems to be fairly well captured in the SPR documents, and better in the 2014 version. The additional and different output and outcome format in SPR2014 makes it currently difficult to compare the two without a conversation with M&E and Programme staff, but this will be done during the field work. Certain outcome indicators in SPR 2014 were not captured in 2013, but both SPRs have attempted to capture baseline data from before the CP (as far back as 2011, in some cases) so progress can be charted for some interventions. HIV/AIDS and TB beneficiaries are grouped in SPR 2013, but in SPR 2014 they are broken down by activity, and it is expected that similar data for 2013 can be collected during the field work.

Outside of the SPR, the ET has to date not been provided with sufficient monitoring data, especially for the HIV/Nutrition Component and the DRR Component, but this has been requested. The data from regular CO M&E reports, which will reflect the extent and reliability of data used to support results, has yet to be gathered and reviewed by the ET. Data gaps also still exist in relation to the CP operational efficiency; coordination and synergy among different operations, both within WFP and other actors, as well as the sustainability aspects of the interventions. The ET expects to gather more data from the CO prior to the in country mission and to further fill still outstanding information gaps through key informant interviews.

Data Constraints for Question Three: Why and how has the operation produced the observed results?

Documentation to illustrate how factors, internal and external to WFP's control, have impacted on achievement of CP results, both intended and unintended, is not readily available. While some quantitative information is available, such as WFP funding levels or staffing structures, documentary evidence of issues such as management systems, strategic decision making processes, technical backstopping, partnerships, coordination structures, complimentary activities from other stakeholders, the general funding climate etc. are not well captured in documentation gathered so far. The evaluation of question three will depend heavily on key informant interviews and direct observation while the ET is in country.

Gender evaluability: The ET considers the evaluability of the gender dimensions of the CP as medium. There is not a lot of information in the original CP strategy of how gender was considered in the CP design, and therefore it is not possible to tell yet about how well the CP was designed in relation to the gender context in the country, particularly in relationship to issues surrounding male migrant labour to South Africa. However, this can be explored through KII interviews at the CO level, and latter documents do provide evidence for how gender is considered in programmatic design. The Strategy does contain gendered indicators at the output level in the logical framework, so it is possible to see how WFP originally planned to approach gender.

The SPRs captures gender-demarcated information on beneficiaries at the activity level and in outcomes, and has a section on 'Progress towards gender equality section' which provides reasonably good qualitative description on the gender-considerations of implementation. The latter acknowledges where men are actually less likely to receive the benefits of the CP (HIV and Nutrition support), and has detailed the strategies WFP has used to overcoming this. As of 2014 the SPR has better indicators for gender, including values for household level decision making and protection under Component 1 and 3. There no cross-cutting equivalent values for Component 2, but this is understandable given the age of the children involved, and WFP has demarcated its outcomes for this Component by gender (eg. gender ratio). The ET has not seen any information on how gender is factored into the CP's capacity building work or how it is monitored.

The ET plans to elaborate more on the gender dimensions of the CP's impact through stakeholder analyses of individual programmes, deeper assessments of indicators described in the logframe and SPR, and through qualitative methods with single-sex Focus Groups Discussions. The ET foresees no barriers to this method as Lesotho presents few cultural limitations to women's participation in the primary data collection.

Evaluation matrix

The evaluation matrix attached in Annex 4 displays the three main evaluation questions and sub-questions that need to be addressed to achieve the evaluation objectives. It provides an overview and framework which will guide the ET throughout the evaluation showing the linkages between the questions, sources of data, indicators, and methods of analysis that the ET will use to help answer the evaluation questions.

Data collection methods and tools

The ET will use a mixed methods approach to collect data, per the EQAS guidelines, linked to the key and sub-questions in the evaluation matrix and the CP components. This section explains the different tools that the ET will use to gather data and the approach to analyse and triangulate evidence from different sources. Specific tools are attached in Annex 2. Data collection will use both quantitative and qualitative techniques, including secondary data review from documentation and collection of primary data from interviews, focus groups discussions, site visits and direct observation. Data collection methods will generate information on different groups (beneficiaries, implementers, rights holders etc.) and are described below.

a. Document/ literature review – Documents requested / obtained from the CO and OEV are listed in Annex 3 and comprise project documents, Government and UN strategic documents, assessment reports, monitoring reports, operational documents, evaluations, partner reports, coordination meeting notes, resource mobilization documents and maps. The initial literature review has informed the design of the

evaluation questions and this secondary data will be further examined, together with any additional documentation gathered, during the evaluation period.

b. Key informant interviews - These will be the main method of primary data collection during the evaluation. Semi-structured questionnaire guides will be used to gather views and perceptions from key informants. Interview guides have been designed using universal questions, which the ET can tailor to each interviewee, using knowledge of their context, to elicit detailed descriptions that respond to the evaluation questions. Interviews should last approximately 30 minutes and, for those respondents not available in person, telephone interviews will be arranged if possible. The stakeholder analysis in section 4 provides a cross section of key informants that should be interviewed in order to produce a balanced range of responses and avoid the reinforcement of gender discrimination and unequal power relations. Information will be generated from different sources (e.g. civil servants, beneficiaries, implementers) and groups (women, men, boys and girls). The final list of the interviewees will be included in the final evaluation report. Interviews will be recorded using a standard template and different perspectives triangulated each other and with the secondary data from the literature review.

c. Focus group discussions (FGD) – FGD will be held with beneficiaries of the CP activities, and with any other groupings of stakeholders that such as teachers/helpers in the IECCD component, health workers etc. Each focus group will share a common interest in their engagement with the CP activity. Beneficiaries receiving the same type and level of benefit may be in one focus group but groups will also be established for different types of beneficiary (men, women, boys and girls, and identified vulnerable groups).

To allow for a breadth of opinion, without over-crowding the discussion, the ideal number of participants for a FGD is between 6 and 12. The convening member of the ET will guide the FGD to ensure the discussion remains relevant but will encourage participants to elaborate on points they make to achieve depth in the responses. The convener will encourage the participation of all members and will ascertain if opinions are representative of the whole group or just individual perspectives, rather than relying on the most vocal.

d. Field visits - Field visits will be used to help assess CP activities by gathering perspectives from those involved (including beneficiaries) on past, current and future activities, capturing success stories and challenges, filling identified data gaps, direct observation, and triangulating primary and secondary data gathered taking into account the operational realities. The selection of the field visit sites will be based on the need to gather a range of perspectives from different:

- CP activities
- Beneficiary profiles/groups (poverty, vulnerability, gender, age)
- Geographic areas
- Non programme areas (identified as high vulnerability)
- Duration of WFP engagement

Checklists will be used to support direct observation at selected sites in order to help create a uniform approach to visits. If available the ET will use checklists created by the CO to capture relevant information on programme implementation.

As time, logistical, and practical constraints allow, ET members will split up in order to visit a larger number of representative field sites, in diverse locations, and also to focus on their respective areas of responsibility. The ET plans to visit the following sites with each ET member spending at least 4 days in the field during the mission:

Proposed site visits

Date	District	Site	CP Activity	Beneficiary number	Beneficiary type/group
14.05.2015	Mohales`hoe k	Maphohloan e Tsepo Good Shepard	IECCD	24	Pre school Primary school
14.05.2015	Mohales`hoe k	Mohales` Hoek Ramohapi Mofumahali oa Rosari Holy Cross Mohalinyane	DRR + HIV / Nutritio n Nutrition Nutrition	5250	Food 4 Assets/Cas h for Assets and Nutrition Nutrition Nutrition
15.05.2015 (Team 1)	Maseru	Mantloaneng Moriya Khubetsoana	IECCD Nutrition	172	Pre school Nutrition
15.05.2015 (Team 2)	Leribe	Bit by Bit Peka Peka	IECCD Nutrition	40	Preschool Nutrition
18.05.201 5 (Team 1)	Mokhotlong	Moeketsane Libibing Molikaliko	IECCD + HIV / Nutritio n Nutritio n	15	Preschool and Nutrition Nutrition
18.05.201 5 (Team 2)	Mokhotlong (via Leribe district)	Musisi – Matsoku Seshote	IECCD Nutrition	60	Preschool Nutrition
19.05.2015	Thaba-tseka	Paballong – Ntsirele St. Theresa	IECCD + HIV / Nutritio n	52	Pre-school and Nutrition

Limitations to data collection

The ET does not foresee major limitations to conducting the evaluation. However, the relatively short time allocated for the in-country phase of the evaluation does limit the flexibility of the mission to adjust the schedule if key informants are unavailable at the same time as the team. Also, the only donors that are represented in country are South Africa and China meaning that interviews with the others will need to be made by phone which may be less productive than face to face interviews.

CP site selection for field visits has been determined by the ET taking into account a number of criteria, as mentioned above. The ET also recognizes that it is reliant on both the time and availability of the people it wishes to meet, as well as the capacity of the CO to provide logistical support, and will fine tune the mission schedule in close coordination with the CO taking care not to compromise the objectivity of the site visits. It is acknowledged that visiting field sites over a weekend may not be as productive and this will be avoided if at all possible.

Limited time also means the ET is heavily dependent on quantitative data generated by WFP, and some other sources, as it does not have the time and/or resources to generate its own quantitative data. Efforts will be made to verify data provided, largely through discussions with key informants, triangulation of data and direct observation. Care will be taken with key informants to conduct interviews in a way that elicits institutional rather than personal opinions.

Data check, cleaning and analysis

The ET assessed the availability and quality of secondary data during its initial document review and will compliment this with additional information received while in country. Using the Data Summary tool attached in Annex 2, the responses to the key informant interviews and FGD will be analyzed based on the key evaluation questions and frequency of responses used to identify the main messages and key themes. Primary qualitative information can then be compared with secondary quantitative information to better corroborate and expand on findings from secondary sources and draw more reasoned conclusions.

Triangulation of results per Stern et al, 2012, will be used to help check and clarify and interpret the data collected. Information collected for each sub question will be used to cross check irregularities and subjective responses, fill information gaps, and determine the reliability of the data contributing to recommendations. Where similar findings are obtained from different data collection methods the ET may affirm the credibility of the results and better demonstrate the confidence it has in its eventual conclusions and recommendations. Any findings the ET find particularly interesting, but which have not been corroborated with triangulation or complementary data will contain a note that the finding is from a single source and the reason for its inclusion. However, the ET will make every effort to reinforce the reliability of information, and will perform further document reviews and telephone interviews if this cannot be achieved during the evaluation period.

Checked and cleaned data will be aligned with the evaluation matrix and presented to WFP in the Evaluation Report format given in the EQAS for Operation Evaluations. An overall CP and national level picture will be presented, ordered by CP component and activity, with stratification of information by province and district. The former will provide a comprehensive assessment of the CP and the latter allows for in-depth analysis, and a more detailed picture of the outcomes, at the local level. District level analysis will provide insights into trends across regions where WFP has both high and low-levels of intervention, and will help to justify the success or failure of activities within their specific context. Analysis of beneficiary data will be disaggregated by gender, age, vulnerability and poverty levels. Specifically, for the IECCD component, gender equity in enrolment, retention and subsequent uptake of basic education will be analyzed.

The ET will use multiple methods, including tables, graphs, photos, network maps, diagrams, and case studies, to display the data behind the findings. Summary records for each interview will be used to outline salient issues and will be linked to secondary data. During the evaluation interview records will be used to identify new questions requiring further exploration and these will be added to the evaluation plan. Recurring themes/ideas will be coded in broad categories to facilitate drawing of conclusions and recommendations.

Questionnaire data will be processed and the findings summarised in tables and graphs with beneficiary data stratified by gender, age, activity, and targeted geographical area. Photos will depict actual project sites, beneficiaries and activities. When possible, existing graphs, maps, diagrams will be used to process new information and findings displayed in comparison to existing CP data analysis.

Each recommendation will be ordered by CP programme area and linked, where appropriate, to the other key stakeholder strategies and activities. Each recommendation will be supported by evidence from multiple sources, and/or the rationale for making it clearly

articulated, together with a reference to time frame upon which it is based. Preliminary recommendations will be shared with the CO for comment and reflection.

The Evaluation Team has extensive quality assurance expertise and both the evaluation and report will benefit from their knowledge of evaluation standards, quality checks, and codes of conduct. Although the ET leader is ultimately responsible for inputs to the evaluation report, each ET member has primary and secondary areas of responsibility within the evaluation for data analysis and production of the report. The ET team will review the draft report before the team leader submits it to the evaluation manager who will, together with a review panel (consisting of the evaluation manager and second reviewer), provide an additional layer of scrutiny using WFP's quality criteria, including:

Content review to assess technical content and need for further elaboration or modification;

1. Compliance with the evaluation objectives
2. Completely addresses the evaluation questions
3. Free from contradiction
4. Relevance, completeness, and accuracy of the information used
5. Strength of the evidential grounding for the findings
6. The rationale used in arriving at the findings

Format review;

7. Logical flow and structure of the report
8. Strength of the Executive Summary
9. Is structured and written in a way that responds to the needs of the users
10. Quality of writing and clarity of presentation
11. Compliance with EQAS requirements and format for final reports.

The evaluation manager will clear the draft report for submission to WFP and stakeholders for their comment. The report will then be returned to the evaluation manager for final amendments with the ET before the evaluation manager submits the final report to WFP.

Annex 4: Evaluation Matrix

No.	Sub-questions	Measure/ Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
Key Question 1: How appropriate is the operation? Areas for analysis : i) Objectives ii) Targeting iii) Choice of activities iv) Choice of transfer modalities					Good	
					Satisfactory or partly available	
					Poor or unavailable	
1.1	Are the objectives appropriate?					
1.1.1	Are the objectives aligned to the needs of the food insecure populations?	<ul style="list-style-type: none"> Alignment with CFSVA (or equivalent) findings Household food security 	<ul style="list-style-type: none"> CFSVA/equivalent Focus Group Discussions HFS surveys National indicators 	<ul style="list-style-type: none"> Document review FGD / interviews 	Triangulation between sources	
1.1.2	Are the objectives based on the recommendations of relevant needs assessments?	<ul style="list-style-type: none"> Alignment with assessment recommendations 	Assessment reports	Document review	Triangulation between sources	
1.1.3	Is the knowledge of the food security and nutrition situation accurate and adequate?	<ul style="list-style-type: none"> Quality of WFP studies and awareness of relevant studies carried out by other agencies 	<ul style="list-style-type: none"> Food security and nutrition surveys WFP staff 	<ul style="list-style-type: none"> Document review WFP staff interview 		
1.1.4	Are objectives aligned to Government priorities?	<ul style="list-style-type: none"> Alignment with Govt / national priorities 	<ul style="list-style-type: none"> Vision 2020 Govt Policy and strategy documents 	<ul style="list-style-type: none"> Document review 	Triangulation of national policy and WFP objectives	
1.1.5	Has Government requested support for the stated objectives?	<ul style="list-style-type: none"> Receipt of relevant requests 	<ul style="list-style-type: none"> WFP Country Office 	<ul style="list-style-type: none"> Document review 	Confirmation of request, timing and content	
1.1.6	Are the objectives aligned with, and complimentary to the interventions of other	<ul style="list-style-type: none"> Alignment with other key programmes and interventions 	<ul style="list-style-type: none"> UNDAF National Strategic Development Plan Ministry and National Planning bodies 	<ul style="list-style-type: none"> Document review Interviews with key informants 	Triangulation between sources	

No.	Sub-questions	Measure/ Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
	humanitarian / development partners?					
1.1.7	Are the objectives coherent with WFP strategies, policies and normative guidance?	<ul style="list-style-type: none"> Alignment with WFP strategic objectives 	<ul style="list-style-type: none"> WFP strategic plans (2008-13 / 2014-17) and other guidance 	<ul style="list-style-type: none"> Document review 	160. Triangulation between sources	
1.1.8	Are other key partners / stakeholders in agreement with the objectives?	<ul style="list-style-type: none"> Perception of main partners / stake holders Stakeholders involved in design process 	<ul style="list-style-type: none"> Gov/UN/ Donors / Partners / WFP 	<ul style="list-style-type: none"> Interviews with key informants 	161. Triangulation between sources	
1.1.9	Who else is responding to the same issues?	<ul style="list-style-type: none"> Activities in same geographic areas Activities same sectors 	<ul style="list-style-type: none"> UN agencies PM Food and Nutrition Coordination Office Line Ministries Coordination documentation 	<ul style="list-style-type: none"> Key informant interviews Document review 	<ul style="list-style-type: none"> Listing of different activities 	
1.1.10	Are WFP CP components complimentary to activities of other stakeholders?	Evidence of: <ul style="list-style-type: none"> Complementarity with others' actions Joint programming Positive coordination and WFP participation CP complementarity of to wider government social security agenda 	<ul style="list-style-type: none"> UN agencies PM Food and Nutrition Coordination Office Line Ministries Key informants Implementing Partners Key strategy documents NFTR from coordination meetings 	<ul style="list-style-type: none"> Key informant interviews Document review Beneficiary focus group discussions 	<ul style="list-style-type: none"> Cross reference of inputs / outputs / objectives of different activities in same sectors / areas 	
1.2	Is the targeting (geographic and beneficiaries) appropriate?					
1.2.1	How were the geographic areas of intervention selected?	<ul style="list-style-type: none"> Targeting criteria used Alignment with CFSVA and/or other needs assessments Complementarity with other interventions 	<ul style="list-style-type: none"> CFSVA or equivalent Relevant national / regional / sub regional indicators Operational maps LVAC assessments 	<ul style="list-style-type: none"> Document review 	Triangulation between sources	
1.2.2	How were the different beneficiary groups / institutions selected?	<ul style="list-style-type: none"> Targeting criteria used Breakdown of women / men, boys / girls Alignment with CFSVA and/or other needs assessments 	<ul style="list-style-type: none"> CFSVA or equivalent Relevant national / regional / sub regional indicators 	<ul style="list-style-type: none"> Document review 	Triangulation between sources	

No.	Sub-questions	Measure/ Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
			<ul style="list-style-type: none"> • LVAC assessments 			
1.2.3	Have the targeting criteria been correctly applied?	<ul style="list-style-type: none"> • Overlap of CP areas with food insecurity • Alignment with CFSVA and/or other needs assessments • Correct selection of beneficiaries at community level 	<ul style="list-style-type: none"> • CFSVA or equivalent • Relevant regional / sub regional indicators • Beneficiaries / key informants 	<ul style="list-style-type: none"> • Document review • Beneficiary / key informant interviews 	Triangulation between sources	
1.2.4	Is targeting aligned with relevant Government priorities?	<ul style="list-style-type: none"> • Alignment with priorities in national policies for social protection, nutrition, agriculture, DRR etc. 	<ul style="list-style-type: none"> • National policies (social protection, nutrition, agriculture, DRR etc.) • PM Office (FNCO) • Govt line ministries 	<ul style="list-style-type: none"> • Document review • Key informant interviews 	Triangulation between sources	
1.2.5	Is targeting complimentary to interventions from other stakeholders?	<ul style="list-style-type: none"> • Complementarity with other interventions 	<ul style="list-style-type: none"> • UNDAF / UN agencies • PM Office (FNCO) • NGOs • Donors 	<ul style="list-style-type: none"> • Document review • Key informant interviews 	Triangulation between sources	
1.2.6	Is targeting coherent with WFP strategies, policies and normative guidance?	<ul style="list-style-type: none"> • Compliance with guidelines 	<ul style="list-style-type: none"> • WFP strategies, policies and normative guidance • PRC NFTR 	<ul style="list-style-type: none"> • Document review 	Triangulation between sources	
1.3	Is the choice of Country Programme components / activities appropriate?					
1.3.1	Were the CP components specifically requested by the Government?	<ul style="list-style-type: none"> • Alignment of CP components with Government request/s 	<ul style="list-style-type: none"> • Government request/s • CP document 	<ul style="list-style-type: none"> • Document review 	<ul style="list-style-type: none"> • Document review 	
1.3.2	If not specifically requested by the Government, did selection of CP activities	<ul style="list-style-type: none"> • Adherence of activity selection to documented design process / gap analysis 	<ul style="list-style-type: none"> • WFP CO staff • Counterparts • Key stakeholders • CP design documents 	<ul style="list-style-type: none"> • Document review • Key informant interviews 	<ul style="list-style-type: none"> • Document review • Triangulation between sources 	

No.	Sub-questions	Measure/ Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
	follow a clear design process / gap analysis?					
1.3.3	Do CP components align with the priorities of the sectors they seek to support?	<ul style="list-style-type: none"> Alignment of CP components with sectoral priorities 	<ul style="list-style-type: none"> Policy documents Sectoral operational documents 	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> Document review Triangulation between sources 	
1.3.4	Do the CP components help address the most urgent food security /nutrition/ social protection needs of the population?	<ul style="list-style-type: none"> Food security / nutrition indicators at sub national level 	<ul style="list-style-type: none"> CFSVA / equivalent LVAC assessments 	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> Document review Triangulation between sources 	
1.3.5	Do the CP components target the neediest vulnerable groups with appropriate gender balance?	<ul style="list-style-type: none"> Coverage of most food insecure by CP components Gender breakdown 	<ul style="list-style-type: none"> CFSVA / equivalent LVAC assessments Disaggregated beneficiary data 	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> Document review Triangulation between sources 	
1.3.6	Are there significant food security / nutrition needs remaining uncovered by CP or the interventions of other agencies?	<ul style="list-style-type: none"> Higher priority needs remaining uncovered 	<ul style="list-style-type: none"> CFSVA / equivalent LVAC assessments UNDAF / UN agencies PM Office (FNCO) Needs assessments 	<ul style="list-style-type: none"> Document review Key informant interviews 	<ul style="list-style-type: none"> Document review Triangulation between sources Gap analysis 	
1.4	Is the choice of transfer modalities (food, cash, voucher) appropriate?					
1.4.1	Are the transfer modalities appropriate to national/local market contexts?	<ul style="list-style-type: none"> Relevant market analysis for the CP areas of intervention? Studies comparing transfer modalities Efficiency/effectiveness of chosen modalities Transfer modality reviews since the CP began? Documented WFP decision making 	<ul style="list-style-type: none"> WFP CO Other agencies using cash/voucher transfers Studies and reviews to support transfer choice Market analysis Monitoring reports Market/ price monitoring reports 	<ul style="list-style-type: none"> Document review Key informant interviews 	<ul style="list-style-type: none"> Document review Synthesis and verification of assumptions and data supporting transfer choice Triangulation between sources 	

No.	Sub-questions	Measure/ Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
1.4.2	Are transfer modalities appropriate to the needs of the food insecure population including the distinct needs of women, men, boys and girls from different groups?	<ul style="list-style-type: none"> Have beneficiaries (especially women) been consulted in the selection of transfer modalities? 	<ul style="list-style-type: none"> Transfer modality studies / reviews Beneficiary contact monitoring 	<ul style="list-style-type: none"> Document review Interviews 	<ul style="list-style-type: none"> Document review Triangulation between sources 	
1.4.3	Is the choice of transfer modality aligned to any relevant Government /WFP/ other policies?	<ul style="list-style-type: none"> Alignment with relevant policies 	<ul style="list-style-type: none"> Natl. policy documents WFP policy documents UN agencies NGOs Donors 	<ul style="list-style-type: none"> Document review Interviews 	<ul style="list-style-type: none"> Document review Triangulation between sources 	

Key Question 2: What are the results of the operation? Areas for analysis (considering benefits, by group, between women, men, boys and girls): i) Attainment of planned outputs ii) Realisation of objectives/unintended effects iii) Complementarity of activities and synergy with other WFP operations and contributions from other actors iv) Efficiency of operation and sustainability of benefits						
2.1	What is the level of attainment of the planned outputs (by CP component)?					
2.1.1	What is the level of attainment of planned outputs per activity (including the number of beneficiaries served disaggregated by women, girls, men and boys)?	<ul style="list-style-type: none"> Indicators per CP logframe 	<ul style="list-style-type: none"> Output monitoring reports M&E reports Distribution reports 162.	<ul style="list-style-type: none"> Document review Interviews 	<ul style="list-style-type: none"> Planned vs actual 	
2.1.2	Do outputs align with the levels of budgeted and received resources? (disaggregated by component, gender, children / adults, geographic/administrative areas)	<ul style="list-style-type: none"> Planned financial allocations vs actual Food / Cash / NFI distributed vs planned Beneficiaries/institutionassisted vs planned Government / counterpart staff trained Adequacy of training materials Disaster Mitigation measures in place Disaster Mitigation assets built / restored Numbers educated in Food & Nutrition Numbers exposed to capacity and awareness activities MT food purchased locally vs planned Level of beneficiary nutrition data available Beneficiary perceptions Quality of physical outputs (asset creation) 	<ul style="list-style-type: none"> Output monitoring Standard Periodic Report (SPR) Programme Component/ Activity budgets Distribution reports M&E reports Programme / counterpart staff Key informants Commodity purchase records Implementing Partner reports Baseline surveys LVAC assessments Beneficiaries Project design documents / processes 	<ul style="list-style-type: none"> Output monitoring reports SPR Finance Unit and programme staff Local purchase data Beneficiary / focus group discussions Key Informant interviews Direct observation Activity operating procedures 	<ul style="list-style-type: none"> Comparative analysis of planned vs actual by CP component /activities National/ regional / district analysis Gender disaggregation Review of quality standards and assurance protocols 	
2.2	Have objectives been realised and are there any unintended effects?					

2.2.1	By CP component, to what extent did the outputs lead to the realisation of objectives?	<p>Outcomes achievement compared to baseline and targets</p> <ul style="list-style-type: none"> Disaster Preparedness Index Household food consumption score Community asset score Changes in child enrollment Gender ratio of enrolled children Child stunting 6-23 months Supplementary feeding recovery rate Children receiving food from >4 food groups TB treatment success rate (nutrition attribution) ART adherence rate TB/ART client recovery rate (nutrition attribution) National capacity index Food purchased locally vs mt distributed 	<ul style="list-style-type: none"> Project document Output monitoring SPR and M&E reports Other stakeholder reports Implementing Partner reports Key informants from implementing partners / stakeholders Procurement reports Price monitoring / market reports Beneficiaries 	<ul style="list-style-type: none"> Project document review SPR and M&E report review Interviews Focus group discussions 	<ul style="list-style-type: none"> summary of key findings from secondary documents Interview matrix with key themes Summary tables / graphs / charts with narrative Gender analysis 	
2.2.2	Are there any unintended results - positive/negative?	<ul style="list-style-type: none"> Unintended effects of activities (negative and/or positive) 	<ul style="list-style-type: none"> Other stakeholder reports Implementing Partner reports Key informants from implementing partners / stakeholders Price monitoring / market reports Beneficiaries 	<ul style="list-style-type: none"> Interviews Focus group discussions 	<ul style="list-style-type: none"> Cross referencing of direct observations and interview results with documented data 	
2.3	Are different Country Programme activities complimentary with other WFP operations, and with the activities of other actors, to better contribute to the overriding WFP objectives in the country?					
2.3.1	Were CP activities planned with complementarity in mind?	<ul style="list-style-type: none"> Evidence from planning process 	<ul style="list-style-type: none"> WFP planning documents Key informants 	<ul style="list-style-type: none"> Document review Key informant interviews 	<ul style="list-style-type: none"> Document review Triangulation between sources 	
2.3.2	Are CP activities complementary with other WFP	<ul style="list-style-type: none"> Complementarity with output/outcome indicators of other WFP operations 	<ul style="list-style-type: none"> WFP CO Project documents M&E reports / data 	<ul style="list-style-type: none"> Document review WFP staff interviews 	<ul style="list-style-type: none"> Comparison of WFP activities / 	

	operations in the country?				indicators /results	
2.3.3	Are CP activities complementary with operations of other agencies in the country?	<ul style="list-style-type: none"> • Complementarity with output/outcome indicators of other operations 	<ul style="list-style-type: none"> • Operational documentation from other agencies • Key informants 	<ul style="list-style-type: none"> • Document review • Key informant interviews 	<ul style="list-style-type: none"> • Comparison of objectives of other operations with those of CP 	
2.3.4	Have expected benefits of complementarity anticipated in the planning phase been realized?	<ul style="list-style-type: none"> • Evidence of any complementarity considerations realised? • Any additional funding generated 	<ul style="list-style-type: none"> • CP and preparatory documents • Output indicators • M&E reports • Donors • Resourcing data 	<ul style="list-style-type: none"> • Key informant interviews • Document review 	<ul style="list-style-type: none"> • Reviewing for evidence of benefits attributable to complimentary nature of activities 	
2.4	What is the efficiency of the Country Programme and the sustainability of the benefits?					
2.4.1	How cost-efficient were operation activities?	<ul style="list-style-type: none"> • Relative costs of chosen transfer modalities and their effectiveness • Accuracy of resource forecast • Evidence showing use of resources optimized to achieve best results • Evolution of the breakdown of Direct Support Cost budget • Evolution of LTSH budget • ODOC given to cooperating partners versus quality of services provided 	<ul style="list-style-type: none"> • Transfer modality reviews • Market analyses • Resource data • Finance reports showing resource utilisation • DSC,LTSH and ODOC budgets / expenditures 	<ul style="list-style-type: none"> • WFP internal document review • WFP staff interviews 	<ul style="list-style-type: none"> • Matrix of findings • Review of expenditures over time by activity / cost component 	
2.4.2	How timely were the deliveries of transfers (food/cash/vouchers/ TA)?	<ul style="list-style-type: none"> • Proportion of distribution cycles and technical assistance support delivered as planned • Beneficiary perceptions 	<ul style="list-style-type: none"> • Distribution plans • Distribution reports • Technical Assistance expenditures • Beneficiaries • Implementing Partners 	<ul style="list-style-type: none"> • Relevant reports from WFP office • Key Informant Interviews • Focus Group Discussions 	<ul style="list-style-type: none"> • Actual vs Planned (mt and regularity) • Triangulation of informant perceptions 	
2.4.3	How efficient was the overall implementation?	<ul style="list-style-type: none"> • Planned resources vs mobilized resources vs resource utilisation • Number of cycles compared to plan • Beneficiary perception • IP / Partner perception 	<ul style="list-style-type: none"> • WFP budget • Resourcing report • Distribution / expenditure reports • Beneficiaries 	<ul style="list-style-type: none"> • CP budget • Operational plans • Output monitoring 	163. High level review of : <ul style="list-style-type: none"> • Budget vs resourced vs utilised 	

			<ul style="list-style-type: none"> Implementing Partners 	<ul style="list-style-type: none"> Key Informant Interviews Focus Group Discussions 	<ul style="list-style-type: none"> Stakeholder perceptions 	
2.4.4	Is there sufficient balance between search for efficiency and need for effectiveness?	<ul style="list-style-type: none"> Import parity monitoring, local purchase, transfer type Selection of effective IPs vs cost Appropriate staffing levels for management and implementation 	<ul style="list-style-type: none"> WFP CO management / staff Review of IP selection process Staffing budget vs actual Transfer modality reviews TA costs vs results 	<ul style="list-style-type: none"> WFP staff interviews Review of IP selection Review of transfer modality studies Budget vs expenditure review 	<ul style="list-style-type: none"> Analyse data for evidence of WFP management attention to reviewing cost-effectiveness on an ongoing basis 	
2.4.5	What is the likelihood that the benefits will continue after the end of the operation?	<ul style="list-style-type: none"> Long term behavioural change Government ownership at all levels Institutionalization of established concepts, systems, structures and processes Agreed activity SOPs Resource allocation from alternative sources to WFP Institutional capacity to sustain activities /results (Gov/NGOs/ Civil Society) Institutionalized Disaster Preparedness Index Sustained coordination of complimentary activities Beneficiary perceptions Key stakeholder perceptions Human capital score HIV/AIDS/TB recovery rates 	<ul style="list-style-type: none"> Minutes of WFP/Govt meetings Perspectives of Govt line ministries and staff) and WFP staff Perspectives of key stakeholders and partners inc. Donors, UN, Civil Society, IPs Agreements with Govt on Handover / MoUs Health and nutrition indicators 	<ul style="list-style-type: none"> Document review Key Informant Interviews Focus Group Discussions M&E report review 	<ul style="list-style-type: none"> Triangulation of information Review of resources and capacity available to sustain results 	
2.4.6	Are any key factors affecting the sustainability of the results?	<ul style="list-style-type: none"> Critical gaps in policy frameworks Institutional capacity Technical capacity Availability of resources Community capacity to sustain created assets 	<ul style="list-style-type: none"> Policy documents Operational agreements Capacity review Resourcing forecasts Key informants (Donors, Beneficiaries, Line ministries, key partners, stakeholders) 	<ul style="list-style-type: none"> Review of policy and operational documents Key informant interviews Beneficiary focus groups 	<ul style="list-style-type: none"> Gap analysis for key factors needed for sustainability 	
2.4.7	Is there a coherent handover strategy?	<ul style="list-style-type: none"> Evidence of clear plans agreed between stakeholders 	<ul style="list-style-type: none"> Operational agreements between WFP/ Govt/IPs 	<ul style="list-style-type: none"> Documentation from WFP CO 	<ul style="list-style-type: none"> Capacity analysis 	

		<ul style="list-style-type: none"> • Government plans to absorb WFP CP activities into its budget? 	<ul style="list-style-type: none"> • Future resourcing commitments • Key informants • National Strategic Development Plan 	<ul style="list-style-type: none"> • Funding plans from Donors/ • Govt interviews 	<ul style="list-style-type: none"> • Review of handover strategy • Document review • Triangulation between sources 	
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Key Question 3: Why and how has the operation produced the observed results? Areas for analysis: i) Internal factors ii) External factors iii) General factors						
3.1	Which main internal factors caused the observed changes and affected how results were achieved?					
3.1.1	How was the operation planned, managed, monitored, and modified through the programme cycle?	<ul style="list-style-type: none"> Processes, systems and tools in place to support the operation design, implementation, monitoring, and reporting 	<ul style="list-style-type: none"> WFP CO WFP Organigram M&E reports Decision documentation Budget revisions Key stakeholders 	<ul style="list-style-type: none"> Documentation review Key informant interviews Direct observation 	<ul style="list-style-type: none"> Qualitative review of internal management and control processes Analysis of stakeholder views 	
3.1.2	How were available resources managed /optimized for CP implementation?	<ul style="list-style-type: none"> Evidence of clear resource allocation / prioritisation Capacity to mobilize funds. Quantity/quality of human and physical resources Impact of funding shortfalls / limitations 	<ul style="list-style-type: none"> Financial reports / SPR Discussions with key WFP staff WFP CO organigram Implementing Partners Other Key Stakeholders 	<ul style="list-style-type: none"> Documentation review Key informant interviews Direct observation 	<ul style="list-style-type: none"> Analysis of planned vs actual resource use Analysis of capacity of implementation arrangements vs required 	
3.1.3	What is the organisational capacity of WFP (i.e. structures, procedures, leadership) to deliver the programme and to adapt / mitigate external factors at policy and operational levels?	<ul style="list-style-type: none"> WFP CO staff capacity / skill sets relative to operation Level of support available from RB/HQ Effectiveness of WFP internal management processes. Availability of good management information Ability to adapt to opportunities and risks and evolution of national strategies Ability to monitor and anticipate external shocks 	<ul style="list-style-type: none"> WFP CO Organigram Staff CO/RB/HQ Key stakeholders Key management information (M&E reports, performance reports, assessment data etc) 	<ul style="list-style-type: none"> Document review Key Informant Interview Direct observation 	<ul style="list-style-type: none"> Analysis of staff capacity vs requirements Identification of gaps (capacity and process). Qualitative assessment of key informant perceptions Expert judgement 	
3.1.4	Does WFP have the capacity to advocate and	<ul style="list-style-type: none"> Satisfaction of donors, government and partners on 	<ul style="list-style-type: none"> Key informants (WFP, Gov, Donors, Key stakeholders, IPs) 	<ul style="list-style-type: none"> Key informant interviews 	<ul style="list-style-type: none"> Qualitative assessment of 	

	influence policy, strategy and actions of Government and other actors?	their partnership with WFP and WFP's role <ul style="list-style-type: none"> • WFP engagement in national and regional food security / nutrition and development coordination structures 			key informant perceptions <ul style="list-style-type: none"> • Identification of any areas of WFP led change. 	
3.1.5	Has WFP developed comprehensive Implementation Partnerships?	<ul style="list-style-type: none"> • Number and capacity of partners providing inputs/services • Level of engagement with key partners 	<ul style="list-style-type: none"> • Operational documents / agreements • Key informants (WFP, Gov, Donors, Key stakeholders, IPs) 	<ul style="list-style-type: none"> • Document review • Key informant Interviews 	<ul style="list-style-type: none"> • Qualitative assessment of key informant perceptions • Partners hip matrix 	
3.2	Which main external factors caused the observed changes and affected how results were achieved?					
3.2.1	Are there any key external factors, beyond WFP control, that have affected results?	Identifiable influencing factors with specific reference to the: <ul style="list-style-type: none"> • Resourcing situation • Policy environment • Performance of complementary activities • Access to programme areas • Performance of IPs • External operating environment • Environmental factors 	<ul style="list-style-type: none"> • Key informants (WFP, Gov, Donors, Key stakeholders, IPs) 	<ul style="list-style-type: none"> • Document review • Key informant Interviews 	<ul style="list-style-type: none"> • Qualitative assessment of key informant perceptions • Expert judgement 	
3.3	General factors					
3.3.1	Are the indicators for measuring achievement of objectives (outcomes) appropriate?	<ul style="list-style-type: none"> • Alternative / additional indicators that could be used • Timeliness accuracy of indicators used 	<ul style="list-style-type: none"> • Evaluation guidance • Indicator compendium 	<ul style="list-style-type: none"> • Review of documents 	<ul style="list-style-type: none"> • Comparison of potential and actual indicators • Review of M&E / output data 	
3.3.2	What are the major challenges / constraints in achieving outputs?	<ul style="list-style-type: none"> • Constraints in: <ul style="list-style-type: none"> - Resourcing - Implementation capacity (WFP/ Partner / Beneficiary) 	<ul style="list-style-type: none"> • Key informants • Policy documents • SPR • Output monitoring 	<ul style="list-style-type: none"> • Interviews • Policy / document review • SPR review 	<ul style="list-style-type: none"> • Content analysis of data collected 	

		<ul style="list-style-type: none"> - Physical access - Security - Partner capacity - Political support - Policy • Evidence of measures taken to address constraints 	<ul style="list-style-type: none"> • WFP/Govt/Donor/Partner perspectives 		<ul style="list-style-type: none"> • Review of methods taken to address identified challenges 	
3.3.3	Is sufficient output data available / accurate?	<ul style="list-style-type: none"> • Transparency of data • Accessibility of data • Adequacy of data 	<ul style="list-style-type: none"> • Output monitoring • M&E reports • Implementing Partners 	<ul style="list-style-type: none"> • Review of available reports • Partner interviews 	<ul style="list-style-type: none"> • Comparison of data available vs outputs to be measured 	

Question 4: Is gender considered throughout the Country Programme?						
4.1	Is gender adequately considered throughout the CP?	<ul style="list-style-type: none"> Gender indicators in results framework Gender indicators in M&E plan Availability of gender disaggregated data 	<ul style="list-style-type: none"> CP Document CP Logframe Operational agreements Partnership agreements M&E reports 	<ul style="list-style-type: none"> Documents 	<ul style="list-style-type: none"> Document review List of gender considerations / indicators 	164.
4.2	Has the CP achieved specified gender objectives	<ul style="list-style-type: none"> Positive shifts in relevant gender indicators 	<ul style="list-style-type: none"> M&E reports Assessment reports with gender disaggregated data over time Beneficiaries Implementing Partners 	<ul style="list-style-type: none"> Documents Key informant interviews Beneficiary focus group discussions 	<ul style="list-style-type: none"> Document review Quantitative analysis of gender related M&E data and other relevant assessments 	
4.3	Is there technical gender expertise within WFP staff?	<ul style="list-style-type: none"> Number of trained WFP staff 	<ul style="list-style-type: none"> WFP CO 	<ul style="list-style-type: none"> WFP organigram Key informants 	<ul style="list-style-type: none"> Review of number of trained staff 	
4.4	Is consideration given to the strength or weakness of government and /or UNCT approaches to gender?	<ul style="list-style-type: none"> Documented evidence that wider gender policies are considered in the CP 	<ul style="list-style-type: none"> CP Document WFP staff IP staff 	<ul style="list-style-type: none"> Documents Key informant interviews 	<ul style="list-style-type: none"> Cross referencing of documents and interviewee responses 	

Annex 5 - List of people met / interviewed

	People interviewed	Title	Institution/ Location
1.	Mary Njoroge	Country Director	WFP Maseru
2.	Arduino Mangoni	Deputy Country Director / Head of Programme	WFP Maseru
3.	Hassan Abdi	Disaster Risk Reduction	WFP Maseru
4.	Nkopo Matsepe	Cash & Vouchers	WFP Maseru
5.	Napo Ntlou	School Feeding/ECCD	WFP Maseru
6.	Ntebaleng Thetsane	School Feeding/ECCD	WFP Maseru
7.	Kekeletso Mabeleng	Nutrition	WFP Maseru
8.	Makhauta Mokhethi	Nutrition	WFP Maseru
9.	Puseleto Makhema	Monitoring & Evaluation	WFP Maseru
10.	Likeleli Makhotla	VAM	WFP Maseru
11.	Felix Chindime	Logistics	WFP Maseru
12.	Nthisane Molise	Finance	WFP Maseru
13.	Daison ***	Consultant, Early Warning	WFP Maseru
14.	Godwin ***	Consultant, Capacity Building	WFP Maseru
15.	Dr. Tesfaye Shiferaw	Representative	UNICEF
16.	Ana Ocampo	Consultant, Social Protection	World Bank
17.	Rita Billingsley	Director	Catholic Relief Services
18.	Lebohang Seshoka	First Secretary	South African High Commission
19.	Fumiya Kadowaki	***	Japanese Embassy, Pretoria
20.	Lefu Manyokole	Principal Secretary	Ministry of Health
21.	Limakatso G. Chisepo	Principal Secretary	Ministry of Social Development
22.	Ratsiu Majara	Chief Education Officer (Acting PS)	Ministry of Education and Training
23.	Limakatso Chisepo	Principal Secretary	Ministry of Social Development
24.	Setlaba Phalatsi	NISSA Manager	Ministry of Social Development
25.	Moeketsi Motjoli	ECCD Inspector	Ministry of Education and Training
26.	Malerato Lehora	Assistant ECCD Inspector	Ministry of Education and Training

	People interviewed	Title	Institution/ Location
27.	Mookameli Mantutle	ECCD Senior Technical Officer	Ministry of Education and Training
28.	Nthomeng Mahau	Field Monitor	WFP Leribe
29.	Likabiso Rafutho	Nutritionist	WFP Leribe
30.	Teboho Lechela	Logistics Assistant	WFP Leribe
31.	Washi Mohati	Field Monitor	WFP Thaba Tseka
32.	Kabelo Nkone	Field Monitor	WFP Mohaleshoek
33.	Mamacobane Lephoto	Nutritionist	WFP Mohaleshoek
34.	Manapo Mokhaloli	District Officer	SSRFU, Leribe
35.	Blossom Ramakatane	District Coordinator	ECCD, Leribe
36.	Mrs Mohlatsane	Teacher	Bit by Bit ECCD, Leribe
37.	Ester Mohapi	Senior Nurse	Peka Health Centre, Leribe
38.	Mphona Makape	Warehouse Manager	DMA, Leribe
39.	Name unknown	Teacher	Lechesa Playschool ECCD, Leribe
40.	Name unknown	Teacher	Musisi ECCD, Mokhtlong
41.	Name unknown	Teacher	Bakong ECCD, Thaba Tseka
42.	Name unknown	Teacher	Katse ECCD, Thaba Tseka
43.	Mamoqebelo Leeto	Senior Education Officer	District Education Office, Thaba Tseka
44.	Nthethe Sethabathaba	M&E officer	Caritas, Thaba Tseka
45.	Makhoane	Programme Coordinator	Caritas, Thaba Tseka
46.	Name unknown	Teacher	Kolberg ECCD, Thaba Tseka
47.	Name unknown	Teacher	Holando ECCD, Bobete, Thaba Tseka
48.	Name unknown	Teacher	Marumo ECCD, Bobete, Thaba Tseka
49.	Name unknown	Head Teacher	Holy Cross ECCD, Mohaleshoek
50.	Name unknown	Teacher	Hakhoai ECCD, Mohaleshoek
51.	Theo Kaspers	Head of Delegation	EU
52.	Tsepiso Sesioana	Pyscho-therapist	
53.	Albert Mraisn	Grants Manager	World Vision
54.	Matrape Phakoe	Srn DME Officer	World Vision
55.	Lehlohonolo Maretlane	Commodities Officer	World Vision
56.	Matsepo Moletsane	Programme Director	IFRC
57.	Alena	Project Officer, Mokhotlong	IFRC
58.	Bose		Ministry of Forestry and Land Reclamation

	People interviewed	Title	Institution/ Location
59.	Matseko Mozaki	Chief Executive	Disaster Management Authority
60.	Pulane Makitle	Snr Economic Planner	Disaster Management Authority
61.	Name unknown	Head Teacher	Mantloaneng ECCD
62.	Tsongoane Mpota	District Nutritionist	MoH, Berea District
63.	Name unknown	ART Clinic Officer	MoH, Berea District
64.	Matente Ramakhula	HIV/Nutrition officer	World Vision
65.	Tsepiiso Moreboli		WFP
66.	2014 Food for Work Focus Group Discussion	7 women, 4 men participants	Quthing
67.	Molapo Moshoeshoe		Quthing District DMA
68.	Lebohang Moletsane	District Disaster Manager	Mohale's Hoek District DMA
69.	Thabo Lebie	District Disaster Management Officer	Mohale's Hoek District DMA
70.	Mantsimosa Mosothoame	District Administrator	Mohale's Hoek
71.	2015 Cash for Assets Focus Group Discussion	6 Foremen (3 men, 3 women)	Siloe, Mohale's Hoek
72.	2015 Cash for Assets Focus Group Discussion	6 female participants	Siloe, Mohale's Hoek
73.	2015 Cash for Assets Focus Group Discussion	6 male participants	Siloe, Mohale's Hoek
74.	Motheba Lerotholi	Assistant Commodities Officer	World Vision, Mohale's Hoek
75.	Chabeli Mongake	Field Monitor Assistant	WFP Mohale's Hoek
76.	Lengau Lefsie	Field Coordinator	World Vision, Mohale's Hoek
77.	David Thisukunyane	Community Councillor	Tema Talana, Mafeteng
78.	Lesia Mafuna	RTO	MoFLA
79.	Puleng Molefi	District Disaster Management Officer	Mafeteng District DMA
80.	2014 Food for Work Focus Group Discussion	10 women, 4 men	Rothe, Maseru Rural
81.	Keleletso Mabeleng	Senior Programme Assistance, Nutrition	WFP
82.	Makhauta Mokhethi	Senior Programme Assistant	WFP
83.	Merlyn Chapfunga	Nutrition and HIV Consultant	WFP
84.	Mr Chibwe Lwanba	Strategic Information Adviser	UNAIDS/ Lesotho

	People interviewed	Title	Institution/ Location
85.	Alina Letsika	Project Nutrition Officer	Red Cross, Mokhotlong District
86.	Mr Otenga Josephat	Nurse in charge	Malefiloane Health Center , Mokhotlong District
87.	Ms Sebueng Batere	Nursing Officer	Malefiloane Health Center, Mokhotlong District
88.	Ms Sophia Sekonyela	Nurse in charge	Libibing Health Center, Mokhotlong District
89.	Matsepo Thakabanna	Lactating Mother	Kutlopeti Village, Mokhotlong District
90.	Nosanele Fako	Lactating Mother	Phutha Village, Mokhotlong District
91.	Makamohelo Fako	Lactating Mother	Phutha Village, Mokhotlong District
92.	Matebello Mosola	Lactating Mother	Nkotoane Village, Mokhotlong District
93.	Malebohang Masiu	Lactating Mother	Thaba khubelu Village, Mokhotlong District
94.	Mabolal Masiu	Lactating Mother	Thaba khubelu Village, Mokhotlong District
95.	Manthabeleng Senous	Lactating Mother	Thaba khubelu Village, Mokhotlong District
96.	Malikhutsana Lenka	Lactating Mother	Thaba khubelu Village, Mokhotlong District
97.	Ms Heqoa Phomaphe	Nurse in Charge	St. Theresa Health Center, Thaba-Tseka District
98.	Ms Lijeng Mokati	Senior Nutritionist	District Health Office, Mhaleshoek District
99.	Sr Verginia Thahane	Nurse in Charge	Holy Cross Health Center, Mhaleshoek District
100.	Ms Mamakama Mofodo	Nurse Midwife, Senior Nurse	Holy Cross Health Center, Mhaleshoek District
101.	Jane Motnotlehi	Nurse Midwife	Holy Cross Health Center, Mhaleshoek District
102.	Makhethang Mhoentso	Village Health Worker (VHW)	Mafikalisiw Village, Holy Cross
103.	Mosela htja Mole	VHW	Rhuthing Village, Holy Cross
104.	Mohlomphang Mpiti	VHW	Likoaeng Village, Holy Cross
105.	Macketseng Motsie	VHW	Hamoshe Village, Holy Cross
106.	Matukiso Sefowane	VHW	Phatlalla Village, Holy Cross
107.	Nthabiseng Makaba	VHW	Oselinyane Village, Holy Cross
108.	Dr Masekonyela Sebotsa	Director	FNCO at the Office of Prime Minister
109.	Mpho Lifalekane	Nutrition Officer	FNCO / Lesotho
110.	Mathapelo Sethunya	RFNCO	FNCO / Lesotho
111.	Nteboheleng	RFNCO	FNCO/ Lesotho

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