



Oxford Policy Management

**SUPPORT TO LESOTHO HIV AND AIDS
RESPONSE: EMPOWERMENT OF
ORPHANS AND OTHER VULNERABLE
CHILDREN**

Final Evaluation

Anne Thomson and Andrew Kardan

17 April 2012

Acknowledgements

This report was written by Anne Thomson and Andrew Kardan from Oxford Policy Management based on review and analysis of secondary data and key informant interviews in Maseru, districts and community councils.

During this time we received generous support from many people. First and foremost our special thanks go to Farida Nouredine from UNICEF for her continual guidance and advice on the study. She worked tirelessly in ensuring we had access to and met with as many important stakeholders as was possible. We are also grateful to several of her colleagues at UNICEF who provided us with their time, knowledge and resources.

We thank all the staff at the DSW in Maseru for their very useful information and insights on the project as a whole. The DSW staffs at the districts were very kind in providing us with time and coordinating and facilitating all our meetings at very short notice and we thank them for this. The field work also benefited from the translation support of Moeketsi Ratikane and Masilo Tsewoli Kose and facilitation of Ntate Maphika.

We thank staff from the European Delegation for hosting us during the validation process and presentation of our preliminary findings.

We are also grateful to our colleagues Alex Hurrell, Luca Pellerano and Ian MacAuslan for their review and comments on our earlier draft.

Finally, we would like to thank all the other key stakeholders and people in the communities who took time to be interviewed by us. We hope we have been able to capture their views adequately and that this report will serve them well.

Executive summary

The project, “Support to Lesotho HIV and AIDS Response: Empowerment of Orphans and Vulnerable Children” (OVCs), started in April 2007 and, after receiving a no cost extension, finished in December 2011. It was funded by the European Union (EU), to the amount of €11.35 million, and managed by UNICEF, in conjunction with the Government of Lesotho (GoL). The EU has agreed with the GoL to fund a second phase of the project to run from 2012 to 2014. This report evaluates Phase I of the project.

Project Design

The initial project objective was “to enable OVC to cope with their trauma and loss and to assist them in accessing services; acquiring life skills; formal and vocational skills; and to move on and grow into age-appropriate roles and enjoy food security.”

The main focus of the project was to build capacity in caregiver groups at community level, to enable them to support OVCs, including psychosocial support, HIV/AIDS prevention and access to small grants for material support. All in all there were to be five types of activity in support of the OVC directly, covering a number of sectors, including education, health and food security activities. There was also to be support for the Department of Social Welfare (DSW) to build its capacity to operate similar interventions. The largest element of funding, €5 million, was to go towards provision of small support grants, initially intended to be channelled through the education system.

The initial project design was poorly elaborated and made unrealistic assumptions about the capacity in both DSW and UNICEF to manage and implement the project. After the first eighteen months, when most of the time and funding was spent setting up coordination structures and laying the groundwork for a system to deliver cash transfers to OVCs, it was decided to revisit the project document. A revised Description of Action was developed by January 2010, which modified the project objective to “ensure that OVCs in Lesotho are *empowered* to cope with their life situation through effective interventions, including education, vocational training, life skills development, nutritional support and social protection within supportive communities where caring for orphaned and vulnerable children is everyone’s responsibility.” Eight project outcomes were identified, and considerably more detail was included about the nature of the activities and the roles and responsibilities of the various stakeholders.

In neither the original project design nor the redesign in 2009 was there a strong analytical problem statement, nor a rationale, or theory of change for the intervention. EU consultants, monitoring the projects, have consistently criticised the quality of the log frames, and even the final version of the log frame, produced in January 2011, has a tendency to use indicators of output to measure outcomes, and does not always provide well-defined targets.

Project Implementation

Project implementation was slow initially, and only started to pick up in 2009. Most of the focus in the first few years was on the Child Grants Programme (CGP) and the first cash transfers were made in April 2009. The capacity within UNICEF to manage the project and within the DSW to implement it had been over estimated initially. By the second half of 2008, UNICEF had recruited two staff members to work on the project, and the implementation rate increased substantially. Thirty seven additional staff were recruited to the DSW at national, district level and local levels.

By the end of 2010, the CGP was operating in five districts and eleven community councils. Activity had also increased in the other areas of support. This included activities in the health, education and justice sector. 54% of the total budget was spent in the last year of the project operation.

Project Achievements

By the end of 2011, the project had achieved a number of its targets. Table 1 shows the individual outcomes and targets as included in the log frame of 2011. However many of these targets were reached in the last few months of the project, which has had implications for their impact and sustainability.

On a more positive note, over the period 2004-2011, there have been significant changes in both the perceptions of the problems facing OVCs in Lesotho, and the policy and legal frameworks to address these. The project has contributed to those changes, through sensitisation and advocacy. Psycho-social counselling has been introduced to key stakeholders at national, district and local levels. This has been much appreciated and looks likely to be a continuing element of the approach to OVC support. Important steps have been taken to establish the Child Grant Programme which will be the principal focus of Phase II of the project.

Relevance

The EU funded project addresses one of the most important problems facing Lesotho today, that of the plight of children who have been affected by HIV/AIDS, through the loss of one or both parents, and, in some cases, by their own status as HIV positive. Lesotho has a National Policy on OVCs, a National Strategic Plan and a National Action Plan (NAP). There is also a National HIV and AIDS Strategic Plan. The EU funded project is consistent with the multi-sectoral approach outlined in these policy and planning documents. Additionally what has, in practice, been the main element of the project, the CGP, has introduced the element of income transfers to households affected by HIV/AIDS. This is not only consistent with the policy framework but has also resulted in this element becoming a more visible policy instrument in response to the OVC and HIV/AIDS situation.

All the activities carried out by the project are identified in the NAP and are potentially very relevant. However there has been no prioritisation of activities, either on the basis of the potential number of beneficiaries, gaps in existing support, or potential impact.

Effectiveness

The revised DOA did not pay sufficient attention to the key risks identified during the initial stages of the project nor lessons learned during the initial stages of implementation. The very fact that it took well over a year to revise the description of action, is indicative of the complexity of managing, coordination and building consensus amongst a large group of stakeholders with insufficient sense of ownership.

As such the evaluation team feel that the project should have limited its focus in the remaining 18 months of the project and not implemented a number of the activities it undertook under food security and education. Phase II of the project implicitly acknowledges the relative ineffectiveness of these interventions and focuses on the CGP.

Efficiency

It is difficult to assess the efficiency of use of financial resources given the rather limited amount of detail available in the published financial statements attached to the M&E reports.

The project design clearly underestimated the level of resources needed to set up the systems necessary for delivering the CGP. A very rough calculation indicates that the costs so far of setting up the system (i.e. investment costs) and delivering cash transfers (operational costs) are of the order of 150% of the actual cash received by the beneficiaries. The draft budget for the second phase of the project indicates that costs are likely to continue at similar levels for the next three years. Estimates of the operational cost on its own put these at around 15%, but it is unclear when the investment costs will stabilise. It is difficult to compare these with other cash transfer schemes because little information is available about set up costs, and, in any case, these vary considerably with context. Information from Kenya and Zimbabwe show costs of a similar level.

UNICEF has managed the project efficiently, in that the project has been brought to completion with relatively few staff for such a wide ranging project.

There was insufficient attention paid to the quality and use of the monitoring system, both for the project and also for the overall monitoring system for OVCs, located in the DSW. Although there were regular monitoring reports for the project these were not generated by a “system” but were compiled as required. Workplans were generated, but the evaluation team could find no evidence of these being used within UNICEF to assess performance of the project against expectations.

Impact

With the exception of the CGP, the initial design of the project does not allow for any potential impact of the project to be assessed. This is due to a lack of baseline data, poor intervention logic with limited availability of objectively verifiable indicators and limited data collection and systematic monitoring during the implementation of the project.

For the CGP a robust evaluation strategy was developed. A baseline report presenting the situation of CGP eligible and non-eligible households prior to receiving any payments is also available. A follow-up survey by mid or late 2013, on the same households, will allow for the full impact of the CGP to be measured.

Sustainability

The first phase of the project has come to an end. Follow-on support for the CGP has been agreed for a limited period of time. The government has given a commitment to take over the cost of the CGP gradually, but it is likely to face challenges in terms of both the level of ownership and the institutional capacity in government at both central and district level.

The GoL has agreed to take over financial responsibility for implementing the CGP in stages, with complete responsibility by 2015. Given the current financial position in Lesotho, what are the implications of this commitment? The evaluation team feels that this has not yet been fully explored within the Ministry of Finance.

Ownership of the project as a whole has been slow to develop, despite the participatory approach adopted. This is in part due to the large number of stakeholders, but also because it has been seen as quite strongly supply driven. At central level it has been seen as a project rather than as an integral part of an approach to social protection. As the DSW moves towards a stand-alone entity (department or ministry) and takes over the operation of the CGP, a deeper sense of ownership may develop, and a greater understanding of the place of a cash transfer programme in the overall approach to social protection.

There are concerns that the transfer of skills that might have been expected during the final stages of the project did not occur to the extent expected, in part because of insufficient staff

in place. Project staff have not sufficiently been integrated into the Ministry. In some instances new posts have been created by the public service commission but remain unfilled as existing project staff do not wish to take these up under the conditions offered (such as the M&E unit). In other instances positions have yet to be created, and unresolved issues remain around the relative roles and responsibilities of the Ministry of Health and Social Welfare and the Ministry of Local Government.

Despite provisional allocations of budgets to the Child Grants Programme in the Medium Term Expenditure Framework (MTEF), its affordability and fiscal sustainability is uncertain. For proper costing and fiscal sustainability analysis to be undertaken the GoL needs to have a very clear idea of the purpose, design and structure of the CGP it intends to take over. What is the targeted population of the CGP? How many households or children does the programme intend to reach? How much does the programme intend to give? How often? These are some of the questions that have significant bearings on the fiscal costs of the programme that need to be discussed by the Government prior to any takeover.

Conclusions

Overall, the project achieved many of its targets by the end of the last year, and in some cases, such as the number of overall beneficiaries, overachieved. Considerable progress was made in the last two years of implementation, as a result of sustained effort by UNICEF, and in particular by the two staff members at UNICEF who were tasked with managing the project. Few people would have predicted in early 2009 that the project would have reached so many of its targets and the effort that has been put in to achieve these results must be commended.

However, the pressure to achieve targets in so many different areas meant that results were sometimes at the expense of quality. Implementation did not always go according to plan for activities such as the food security intervention, ECCD bursaries were not allocated in a way that increased overall enrolment¹, training was not always undertaken in a timely manner. There was little systematic monitoring for outcomes or impact. The project's flagship programme, the CGP, faced a number of shortcomings particularly in its mobilisation, targeting, monitoring and case management.

Capacity has been a major issue in the implementation of the project from the beginning. It has been addressed during Phase I by bringing in outside consultants and NGOs to carry out key tasks within the project, while internal capacity is developed. However, this process has been slow. Certain key positions have been established but are not yet filled. The organisational development analysis of the DSW was not started until 2010, and this work will continue into Phase II of the project. In the view of the evaluation team, the DSW is not yet in a position to take over management of the CGP and will need considerable support in the first years of Phase II to keep the CGP on track.

The efforts to generate rigorous evaluation evidence to inform the design of the programme are encouraging, however, from a broader perspective, the evaluation team based on current evidence and previous experience, feels that the timetable for the GoL to take over the funding and management of the CGP is unrealistic. Although the programme shows promise as an approach to supporting households looking after OVCs, we are concerned about the implications for GoL of taking over what is at present a pilot project for which many aspects have not been fully worked through, either financially or in terms of the detailed programme design. Questions remain about how a scaled-up CGP would fit into the overall

¹ Though it could be argued that the targeting strategy for these activities was not very clearly set out in the beginning.

national social development policy. The evaluation team understand that these will be addressed at the beginning of Phase II and that social protection issues will be incorporated within the National Social Development Policy currently under formulation. It is extremely important that a clear policy framework is provided in a timely manner.

Recommendations

National OVC policy and policy response implementation

1. Given the importance placed on a multi-sectoral response to the care and protection of OVCs, it is imperative that the coordinating structures are in place and effective. We recommend that the NOCC be given statutory recognition as soon as possible to guide the coordination of activities within this sector. Significant delays in the finalisation and approval of the Terms of Reference for NOCC suggests deeper concerns by the Government (particularly the DSW) on the role and mandate of NOCC. As the primary stakeholder and coordination agency, we recommend DSW senior management take the necessary steps to address these and have the NOCC formally recognised.
2. Support DSW in the completion of the National Strategic Plan on Vulnerable Children (NSPVC), taking into consideration the full state of evidence generated by the project including the Situational Analysis of OVC and the Child Poverty Study.
3. The NSPVC should form the basis of any future intervention and any support to the sector by donor agencies should be fully aligned with this strategy. This requires a more proactive role by DSW in owning and guiding the national agenda on OVCs.
4. Any future intervention programme should be supported by a strong monitoring and evaluation framework that includes on-going assessment of relevance and effectiveness. If existing programmes or projects are supported it is imperative to assess how relevant and effective they have been in the past prior to continuation of support.

Phase II OVC Support²

5. The CGP is seen as the conduit for wider child sensitive social protection systems in the country. To ensure that the CGP is fully integrated within DSW, there is a need for full ownership of the programme by the Government.
6. To do so, the Government will need to have a clear idea on the objective of the CGP in lieu of other existing social assistance programmes and wider social protection policy. In doing so the Government needs to determine who it wants to target, how it intends to reach them, how much it intends to provide, how often and through what mechanism. The answers to these questions must then in turn determine the detailed design parameters of a fully scaled-up CGP, and should be informed by the forthcoming CGP impact evaluation.
7. These questions have significant fiscal implications to the Government. We therefore recommend the establishment of a working group comprising of DSW, MOFDP and

² The evaluation team understands that steps are being taken under Phase II of the project to address these issues, including the staffing requirements for a handover of the CGP to government. These recommendations are intended to emphasise the importance of certain key aspects for the smooth implementation of Phase II.

UNICEF to address these issues immediately. This working group should develop a jointly agreed implementation plan containing detailed design and costing of the programme together with its human resource requirements.

8. The implementation plan should include a transition strategy for full handover of the project to the Government. This includes human resource and operational requirements, the process of integration into DSW organisational structures and regular management meetings. The transition strategy should have a realistic timetable based on the capacity of Government. The implementation plan should be reviewed on a monthly basis to identify problems and blockages as they occur.

Table 1 Project Performance against targets

Outcome	Indicator	Targets	Achievements	Status
Social Protection	# of families receiving child grants by district; # of OVCs within families receiving child grants by district, disaggregated by age and sex.	8,000 families, 24,000 OVCs in 5 districts	The CGP now supports 9,915 households caring for 27,737 children (13,853 girls and 13,884 boys) in 21 designated Community Council areas in 5 districts.	Target met and overachieved by 15%
	#of cases of child abuse reported to CGPU, disaggregated by age and sex.	No targets set	In 2010, 599 cases of child abuse, abandonment or neglect reported to CGPUs	No target
Provision of basic needs	# of children estates administered by OMHC and total monetary value.	No targets set	Between 2009 and 2011, the OMHC registered 576 wills, administered 243 estates and managed a cumulative total of LSL7,385,695 through the Guardians Fund.	No target
	# of OVCs in target districts who have access to health services, disaggregated by age and sex.	5,000 OVCs receive paediatric HIV/AIDS and 10,000 OVCs receive IMCI and IMAM services.	The project contributed to assisting a cumulated total of 4,573 children to receive ART. Project contributed to assisting an additional 2,270 pregnant women to receive PMTCT. During the same period, 3,358 children were reached through Child Health Days and 1,977 children underwent growth monitoring. Of this group, 354 children were referred to health facilities for treatment of severe malnutrition or oedema.	Target not met but close to achievement
HIV prevention	#of OVCs in target districts receiving psycho-social support, disaggregated by age and sex	No targets set	847 adults and 225 children were trained in child protection and PSS. In addition, 424 children in need of assistance were provided with counselling and 235 were referred to relevant service providers.	No target
	# of adolescents reached with prevention interventions in target districts, disaggregated by sex	36,000 adolescents are reached through peer-to-peer HIV prevention interventions.	Through its partners, the project reached 70,314 adolescents with HIV prevention interventions: 45,595 with HIV prevention and risk reduction and avoidance skills; 1,334 trained as peer educators who eventually reached 6,568 youth; 8,077 involved in activities to improve communication skills between children and parents; and 9,204 encouraged to seek HTC through participation in youth-focussed activities at YRCs.	Target met
Access to Education	# of preschool age OVCs in target districts participating in preschool education programmes, disaggregated by age and sex.	2,690 OVCs in five districts benefit from IECCD services.	Bursaries were paid for 2,789 children	Target met
	# of OVCs in target districts who receive formal and non-formal basic education, disaggregated by age and sex.	7,400 OVCs in five districts attend formal and non-formal education.	5,461 children received school uniforms through WV. 1,460 primary and secondary school children were assisted through CCJP. 3,476 children were supported to attend NFE classes.	Inappropriately worded target for formal education. More than 7,400 OVCs assisted

Supportive environment	no indicator			No target
Institution capacity development	# of DSW senior staff receive training and / or coaching as per the Organisation Development Strategy recommendations.	# of DSW senior staff receive training and / or coaching as per the Organisation Development Strategy recommendations.	The overall result of this activity was that 32 DSW staff have benefitted from at least one mentoring or coaching intervention. Ten of this group had more frequent sessions. This included 5 senior staff at the DSW central office and the Senior District Child Welfare Officers in four out of the five CGP target districts and Butha Buthe district. An Organisation Development Strategy was also put in place to guide further efforts in institutional strengthening.	Target met
improving evidence	No indicator	Sufficient technical and financial support is provided to improve the capacity of the DSW and to strengthen the bank of evidence used to guide interventions.	With the completion of the OVC Situational Analysis and the Child Poverty Study, the evidence guiding planning and programming for OVC was improved substantially.	No quantified target
Leadership & coordination	Annual report on implementation of the National OVC Strategic Plan is produced by NOCC and presented to Cabinet	# of annual reports produced	No reports have been produced to-date nor have any documents been submitted to Cabinet.	Target not met

Source: UNICEF (2012), Draft end of project report, February and authors' analysis.

Table of contents

Acknowledgements	i
Executive summary	ii
List of tables and figures	3
Abbreviations	4
1 Introduction	7
1.1 Purpose	7
1.2 Context	7
1.3 Evaluation Methodology	9
1.4 Challenges	10
1.5 Report structure	10
2 Project design	12
2.1 Initial design	12
2.2 Revision in 2009	13
2.3 Theory of Change and log frame	14
3 Project implementation and achievements	16
3.1 Overview	16
3.2 Social Protection	22
3.3 Provision of basic needs	24
3.4 HIV prevention	25
3.5 Access to Education	27
3.6 Supportive Environment	27
3.7 Institutional Capacity Development	28
3.8 Improving Evidence	28
3.9 Leadership & Coordination	28
3.10 Management and implementation capacity	29
3.11 Summary	30
4 Relevance	31
4.1 Consistency with the policy framework	31
4.2 Quality of initial problem analysis and project design	32
4.3 Relevance of activities	33
4.4 Flexibility of project	34
5 Effectiveness	35
5.1 Overview	35
5.2 Progress against objectives	35
5.3 Factors influencing achievement of objectives	40
6 Efficiency	43
6.1 Efficient use of resources	43
6.2 Quality of Monitoring	44
6.3 Networking opportunities and Synergies	45

7	Impact	47
	7.1 Overview	47
	7.2 The Child Grants Programme	47
	7.3 Other project components	48
8	Sustainability	49
	8.1 Ownership and Institutional Capacity	49
	8.2 Fiscal Sustainability	50
	8.3 The Way Forward	52
9	Conclusions and Recommendations	53
	9.1 Conclusions	53
	9.2 Recommendations	55
	References / Bibliography	57
Annex A	Terms of reference	60
Annex B	Evaluation Matrix	64
Annex C	List of Officials Met	70
ANNEX D	PROJECT LOGICAL FRAMEWORK	75

List of tables and figures

Table 3.1	Revised Budget and Expenditure as of December 2010 and at end of Project (€)	19
Table 3.2	Project performance against targets	20
Table 8.1	Public Sector Investment Programme (2012/13-2014/15): Funding for OVCs	51

Abbreviations

AHC	Adolescent Health Corners
BCMCF	Baylor College of Medicine Children's Foundation
CC	Community Council
CGP	The Lesotho Child Grants Programme
CGPU	Child and Gender Protection Unit
CHL	Child Help Line
CPWA	Children's Protection and Welfare Act
CPWB	Children's Protection and Welfare Bill
CRS	Catholic Relief Services
CSP	Country Strategy Paper
DCPT	District Child Protection Team
DoA	Description of Action
DSW	Department of Social Welfare
EC	European Commission
ECCD	Early Childhood Care and Development
ECF	Extended Credit Facility
EDF	European Development Fund
ETAT	Emergency Triage Assessment and Treatment
GBS	General Budget Support
GoL	Government of Lesotho
LANFE	Lesotho Association of Non-formal Education
LDTC	Lesotho Distance Teaching Centre
LLRC	Lesotho Law Reform Commission
LMPS	Lesotho Mounted Police Service
LPPA	Lesotho Planned Parenthood Association
M&E	Monitoring and Evaluation

MIS	Management Information System
MOAFSDM	Ministry of Agriculture, Food Security and Disaster Management
MOET	Ministry of Education and Training
MOFDP	Ministry of Finance and Development Planning
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium Term Expenditure Framework
MTFF	Medium Term Fiscal Framework
NAP	National Action Plan
NFE	Non Formal Education
NIP	National Indicative Plan
NISSA	National Information System for Social Assistance
NOCC	National OVC Coordinating Committee
NSDP	National Strategy Development Plan
NSPVC	National Strategic Plan on Vulnerable Children
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
OMHC	Office of the Master of the High Court
OPM	Oxford Policy Management
OVC	Orphans and Vulnerable Children
PAC	Paediatric AIDS Corps
PITT	Project Implementation Task Team
PMTCT	Prevention of Mother-to-Child Transmission
PSIP	Public Sector Investment Plan
PSS	Psycho-Social Support
RAR	Rapid Assessment Report
ROM	Results-Oriented Monitoring
RRA	Risk Reduction and Avoidance
TRA	Touch Roots Africa

VAC	Village Assistance Committees
VHW	Village Health Workers
VTC	Voluntary Testing and Counselling
WFP	World Food Programme
WV	World Vision
YRC	Youth Resource Centres

1 Introduction

1.1 Purpose

Oxford Policy Management (OPM) has been contracted by UNICEF Lesotho to undertake the final evaluation of the Project “Support to Lesotho HIV and AIDS Response: Empowerment of Orphans and Vulnerable Children”.

The main objective of this evaluation is to provide decision makers in the Government of Lesotho (GoL), the European Commission (EC) and other stakeholders with sufficient information to:

1. Make an overall independent assessment of the past performance of the project, paying particular attention to its impact on beneficiaries;
2. Identify key lessons learned and provide practical recommendations for follow-up actions for phase II of the project for the period 2012-2014.

1.2 Context

This section provides a brief summary of the context in which the project was introduced.

1.2.1 The situation of OVCs

According to the country diagnostics at the time the project was being formulated in 2006, the HIV/AIDS prevalence rate in Lesotho stood at 27% per cent and an estimated 330,000 persons were infected with HIV. Moreover the report stated over 2,000 deaths every month due to the disease and through opportunistic diseases such as tuberculosis. The disease was also reported to have severe economic and social impact on affected households through asset depletion, income loss and higher dependency ratios (EDF 9).

One of the main consequences of this pandemic was the increase in the number of Orphans and Vulnerable Children (OVCs) with estimates ranging between 125,000 to 180,000 children³.

During this period there were some activities addressing HIV/AIDS but there were very few concentrating on the specific situation of OVCs. Moreover general information on the state of the OVCs in the country was sparse.

Availability of new data confirms the severity of the situation, which if not worse has remained at least the same. The Situation Analysis of Orphans and other Vulnerable Children (SitAn 2011) finds close to 34% (over 360,000) of all children to be orphans and 45% of all households to be caring for at least one orphan.

However, the report also highlights that vulnerability does not stem from being an orphan per se but from poverty and the inability of households to meet the various needs of the children without support. The report quotes existing poverty assessments of 57% of households living in poverty.

³ As indicated in the project design document.

The situational analysis report provides a detailed breakdown of type and magnitude of vulnerabilities experienced by the children in the country and should be used for a more targeted intervention in the future.

The latest status of HIV/AIDS in the country suggests a prevalence rate of 23% with an estimated 270,000 Basotho living with HIV in 2008. Of this total 12,000 are children between the age of 0-14 (SitAn 2011).

1.2.2 The OVC project

In support of the OVC National Action Plan (NAP), the EC supported this four-year (2007-2011) OVC project with the intention of covering 60,000 school-going and out-of-school OVCs in the country⁴.

The Overall Objective of the project was to “improve the present and future livelihoods of OVC throughout Lesotho” and the project purpose was to enable Basotho OVC to “cope with their trauma and loss and assisted to access services, acquire life skills, formal and vocational skills to move on and grow into age-appropriate roles and enjoy food security”. Expected results from the project included support to OVC on access to basic services, psychosocial support, food and nutrition security, guidance and support by caregivers on HIV/AIDS prevention, education and abuse, and provision of basic supplies for the OVC’s well-being.

Following slow progression in project implementation (revised DOA 2010) the project documentation was revised. Roles and responsibilities among the various stakeholders had to be more clearly defined. Under the revised project document the project goal was “to ensure that OVCs in Lesotho are empowered to cope with their life situation through effective interventions, including education, vocational training, life skills development, nutritional support and social protection within supportive communities where caring for orphaned and vulnerable children is everyone’s responsibility.”

Expected outcomes under this revised action plan were:

1. OVCs are protected by existing social protection mechanisms; progress is achieved towards the development of a comprehensive, child-sensitive social protection system in Phase II.
2. OVCs are able to meet their basic needs for food & nutritional support, healthcare, and psycho-social support.
3. OVCs can obtain, through adolescent-friendly services and enabling environments, comprehensive knowledge, risk reduction and avoidance skills to protect them from acquiring HIV; and barriers preventing HIV-positive OVCs from accessing treatment, care and support are removed.
4. OVCs are able to participate in educational and development programmes.
5. OVCs are nurtured and empowered within community environments that are enabling, supportive and able to protect them from violence, exploitation and abuse.
6. The capacity of governmental and non-governmental stakeholders to deliver effective interventions for OVCs is strengthened.

⁴ The project was extended at no cost in 2010 for another 9 months until December 2011.

7. The evidence-base guiding the development of effective interventions for OVCs, families and communities is improved.
8. National, district and local level coordination mechanisms are strengthened and achieve their purpose in directing and improving the effectiveness of the national OVC response.

It is this set of outcomes and the original outcomes that form part of the basis of this project evaluation.

1.3 Evaluation Methodology

1.3.1 Evaluation questions

The ToR for the evaluation identify two major objectives: to make an assessment of the past performance of the project, and in particular whether the outcomes / outputs and targets envisaged after the project revision have been realised; and to identify key lessons learned and to provide practical recommendations for follow-up actions, for the next phase of the project. Thus the evaluation is required to have both summative and formative elements.

The ToR also contains a number of evaluation questions organised under the OECD-DAC criteria, relevance, effectiveness, efficiency, sustainability and impact. These include:

- The relevance of the project to overall policy framework and problem analysis;
- The extent to which the expected outputs and outcomes of the project were attained;
- The extent to which the costs of the projects were justified by the benefits provided;
- The likely impact of the project; and
- Assessment of ownership and sustainability of the project beyond its completion.

The full set of evaluation questions are listed in the evaluation matrix in Annex A.

1.3.2 Methodology

The methodology employed is based on a combination of document review and key informant interviews, in Maseru, the districts and in the rural areas. The team undertook some preliminary document review before travelling to Maseru and then spent three weeks carrying out interviews, including a week spent interviewing in three districts, Mafeteng, Leribe and Berea, and two community councils, Mathula and Semonkong.

Document review. There are a considerable number of documents which are primary sources of information. These include policy documents, initial project design and agreement documents, progress reports, technical reports, reviews, specific studies and others. These have been analysed with a view to determining an accurate timeline of project progress, project achievements, and in order to answer the evaluation questions.

Key informant interviews. These have been a critical element of the evaluation. Some of the evaluation questions can only be answered on the basis of interviews, and in other cases interviews have been a key factor in triangulating or providing further elucidation on information provided by the document review. The consultants held interviews with relevant government officials, staff in donor agencies, those responsible for project implementation, officials at district

level and specialists in social and cultural issues in Lesotho. The list of key informants is given in Annex B.

Field visits. The team met with Local Government officials, service providers at local level, community leaders and caregivers, other service providers and selected beneficiaries. In particular, the field work explored OVC activities beyond the implementation of the CGP with particular focus on HIV/AIDS prevention activities, psycho-social support, caregiver support and local government coordination structures.

1.4 Challenges

There have been a number of challenges in evaluating the EU support to Lesotho HIV and AIDS project, some of which will be discussed in more detail later in the report.

An evaluation should provide robust evidence on what actually happened over the time period under examination, the factual, what changes took place over this period of time, and also where possible assess the extent to which these changes are attributable to the project. As discussed below, there are no baselines available which correspond to the beginning of the project, so it is not possible to examine the situation before and after the project from the perspective of the beneficiaries with any rigour. A baseline survey in relation to CGP has recently been carried out in preparation for a more extensive impact assessment and it is possible that the evaluation will be able to make some tentative conclusions using this information. In general, however, the evaluation has focused on establishing the factual and assessing the project's contribution to outputs, outcomes and impact.

The project was complex, in trying to address the situation of OVCs affected by HIV and AIDS in a holistic manner, and involved a significant number of stakeholders, both as primary and secondary beneficiaries, and as implementers. There was a considerable number of activities planned. The evaluation timetable was very tight and, although considerable efforts were made to interview as many stakeholders as possible, in some cases the evaluation has had to rely on secondary material. Some of the key stakeholders have moved on, particularly those involved in the early stages of the project. One key official was interviewed by skype.

It has not always been easy to determine the boundaries of the project. In some of the areas covered, activities which at first glance appeared to be funded by the EU project have, on closer examination, turned out to be funded by other donors, or by the EU under another project, either in part or entirely. UNICEF has been able to leverage funding with other partners, and also has its own funding to address key areas of its mandate. From the perspective of the recipients, the source of funding is not a critical aspect, and from a global perspective, UNICEF's ability to leverage funding is potentially very positive. However it does make the evaluation of a specific project more difficult, especially when the timeline of funding, and the specific activities intended for funding by a project are not always clear. It also makes issues of attribution and contribution even more difficult to assess than usual.

After a slow start, the project was redesigned in 2009. The evaluation covers the early years of the project, but focuses on the redesign and the new DOA when considering issues of project achievement.

1.5 Report structure

The remainder of the report is as follows:

- Section 2 looks at the design of the project;

- Section 3 describes how the project was implemented and summarises the main achievements of the project;
- Sections 4 to 8 evaluate the project using the OECD DAC criteria of relevance, effectiveness, efficiency, impact and sustainability; and
- Section 10 concludes.

2 Project design

2.1 Initial design

The EU project, “Support to Lesotho HIV and AIDS Response: Empowerment of Orphans and Vulnerable Children”, was originally considered in 2005, for financing under EDF9. There was a perception that, although there was considerable support being given to the Government of Lesotho to provide appropriate health interventions to address the HIV/AIDS pandemic in the country, there was less attention being paid to the development of effective support systems for OVCs. A situation analysis was conducted in October 2005 which proposed that the project should focus on either building a cadre of volunteers trained in psycho-social support to encourage OVCs to stay at school, or to promote income generating activities for youth, including conservation agriculture in rural areas, or some combination of the two (EC, 2005).

A financing agreement was signed between the EC and the Kingdom of Lesotho in December 2006 for €11,352,700 with the project purpose “to enable OVC to cope with their trauma and loss and to assist them in accessing services; acquiring life skills; formal and vocational skills; and to move on and grow into age-appropriate roles and enjoy food security.”

Overall there were three main results anticipated:

- OVCs supported;
- Capacity built within the GoL;
- Coordination and networking improved for all actors in the OVC sector.

The main focus of the project was to build capacity in caregiver groups, to enable them to support OVCs, including psycho-social support, HIV/AIDS prevention and access to small grants for material support. All in all there were to be five types of activity in support of the OVC directly, covering a number of sectors, including education, health and food security activities.

There was also to be support for the Department of Social Welfare (DSW) to build its capacity to operate similar interventions.

The caregiver group was expected to be the main implementer of the project, and that this would be undertaken on a voluntary basis. Individuals with a certain standing in the community would be trained and would in turn play a catalysing role within the community. The education system would be used as a channel for the small grants.

It was anticipated that capacity would be built at both national and district level for the responsible national authority (DSW) to take responsibility for supporting OVCs.

By far the largest part of the initial budget was allocated to the OVC support grants, €5 million out of a total €12 million. Food security training and materials would account for €2 million, and capacity building for caregivers €1.5 million.

There were two preconditions for the grant: that a National OVC coordinating Body should be in place before project implementation started; and that the GoL would develop policies and structures to continue the interventions put in place by the project.

Certain risk factors were identified:

- Issues of weak inter and intra ministry communication and coordination throughout government were identified as a pervasive problem which could compromise project implementation given the complex nature of the project. This was expected to be addressed by the establishment of an effective coordination body and by high-level advocacy.
- Sustainability was expected to be addressed by the development of appropriate management structures in GoL, a process which would be supported by UNICEF, and by required financial allocation being made in the State Budget to carry on the project.
- It was assumed that the traditional support structures in Basotho society would be sufficient to enable the programme to operate effectively. District structures were assumed to be able to address any internal issues which might arise within communities, including possible misuse of funds.

The project would be under joint management of UNICEF and the EC with UNICEF responsible for the day-to-day operational running of the project. It was anticipated that the National OVC Coordinating Committee (NOCC) would steer the process.

Although many aspects of the project in its 2011 form can be seen in the original project design, there are some very telling differences, as will be discussed below.

There were a number of significant weaknesses in the original design. The original problem analysis was sketchy. There was an assumption that the main constraint facing OVCs was the lack of human and financial resources at community level to ensure that children can have as close to normal an upbringing as possible despite limited family circumstances, but there was no in-depth analysis of the main constraints which are preventing this happening. In particular there was no assessment of the number and strength of caregiver groups in existence at the time of the initiation of the project, nor the number of OVCs living within a family but where there are limited livelihood opportunities. There was no definition of what is meant by a caregiver group. The data on OVCs were, and to some extent still are, incomplete, but considerable emphasis was placed on the role of caregiver groups without any evidence that they could be an appropriate entry point to reach the majority of OVCs.

Another weakness was in the lack of detail on the activities to be undertaken and the implementation channels to be used. It was acknowledged that money transfers down to the community would be a challenge, as neither the private nor public structures were fully operational to cope with this, but instead it was suggested that the education system could be used. In the event, setting up a process for distribution of grants would take the best part of two years.

A log frame is attached to the financing agreement. However it is of a rather basic nature, with only indicators of output, and no targets. There is no underlying theory of change or intervention logic to link these outputs to the overall objectives of the project.

2.2 Revision in 2009

The progress report for May 2008 acknowledges that most of the first year of the project was spent setting up coordination structures and laying the groundwork for a system to deliver cash transfers to OVCs. Capacity limitations were identified in DSW and UNICEF decided that it needed to recruit two officers with specialised knowledge to manage the cash transfer system and the project as a whole. It was decided, given the lack of tangible results in the first year, that it was appropriate to re-examine the project document to clarify the modalities of the project implementation, make any necessary budget adjustments, and identify the human resource requirements for implementation.

Various studies were undertaken between 2007 and 2009, including a study to design the delivery mechanism for the cash transfer scheme in late 2007 and a consultancy to develop an implementation plan in January 2008.

The review process was initiated in November 2008 (M&E report, May 2009) with a two-day stakeholder workshop but the final revision of the DoA was not finalised until January 2010.

The revised DoA positions the project as Phase I, to be followed by a second phase which will focus more directly “on the introduction of a comprehensive, child-sensitive social protection system for OVC and other children in Lesotho”.

The project goal was modified to “ensure that OVCs in Lesotho are *empowered* to cope with their life situation through effective interventions, including education, vocational training, life skills development, nutritional support and social protection within supportive communities where caring for orphaned and vulnerable children is everyone’s responsibility.”

Eight expected outcomes were identified which formed the basis for a revised log frame⁵. They cover similar areas to the original five areas, but support to OVCs is unpacked into four outcomes, social protection, basic needs, HIV prevention and access to education, plus a fifth which addresses an enabling community environment. A sixth outcome covers strengthened capacity, the seventh addresses the evidence base and the eighth outcome concerns improved coordination for government and NGOs.

The revised DoA is much more detailed about the nature of the activities to be undertaken and whether these are to be undertaken at national, district or community level. There is also much more detail about the roles and responsibilities of the various stakeholders.

The restructuring could have provided an opportunity to trim the project down to a more manageable set of activities. Given the difficulties that had arisen in getting the various activities started by this time (which will be discussed further in the next section) this would have been a pragmatic approach. However, there appears to have been a strong pressure to continue a comprehensive holistic approach to addressing the needs of OVCs. Many of the stakeholders had been expecting activities to take place in their sector. The Mid-term Review of the project, which took place in 2009, recommended that the project maintain its holistic approach. In addition, the National Policy on Orphans and Vulnerable Children advocates a multi-sectoral, integrated approach to services delivered to OVCs and their families.

2.3 Theory of Change and log frame

In neither the original project design, nor the revised project is there a clear articulation of a theory of change, i.e. there is no statement of how the outlined activities are seen to contribute to the intended project purpose or objectives. In 2006-7 there was perhaps less emphasis on the internal logic of a project, but by 2010, when the revision was finalised, some theory of change might have been expected.

The absence of this may have contributed to one of the problematic features of the project design, the absence of a consistent statement as to the specific problems faced by the intended beneficiaries of the project and how these were to be addressed. The project would have been more firmly grounded if there had been a better problem analysis, a clearer statement of the target

⁵ The revised log frame was not finalised until April 2011.

group and an assessment of the gaps in the existing provision of services available to families and caregivers.

It might also have led to a project design which would allow for some assessment of what were the greatest constraints on families – income, access to services, psycho-social support, or income earning opportunities. The various activities of the project were supposed to be provided in certain pilot areas, presumably so that synergies amongst the activities could be identified and achieved, but the project design did not allow for any monitoring and evaluation of this.

When the project was redesigned in 2010, the log frame was also revised. However the ROM monitoring report made for the EU in October 2010 was highly critical of the quality of the revised log frame, citing the lack of indicators at objective and purpose level, and the absence of targets for many of the activities. The revised log frame of April 2011 went some way to providing targets for the project, though constrained by lack of data on baseline figures, e.g. for number of births registered. However, outcome indicators were in many cases identical to output indicators, a result of no real theory of change which would allow any clear understanding of what outcomes could be expected. It is also unlikely that data would be available for evaluating outcomes given that the log frame was finally revised in the last year of the project.

3 Project implementation and achievements

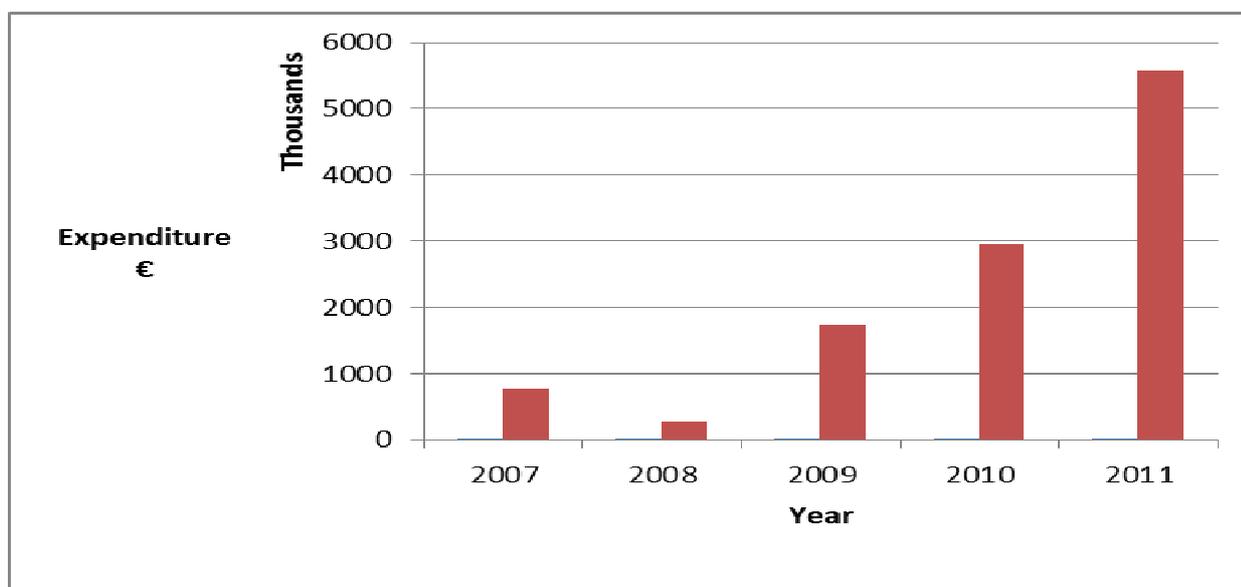
3.1 Overview

Although the project started in 2007, the initial speed of implementation was very slow. According to the progress report to the EU of May 2008, most of the work in the first year was in strengthening and establishing a number of coordinating structures to oversee the implementation of the project. Much of the expenditure in 2007 appears to have been on the provision of Land Cruiser vehicles for DSW and MOET. These were to enable district teams to reach vulnerable populations.

It was to be expected that there would be significant start-up costs, in time as well as finances. Although Lesotho had an OVC policy and a National Action Plan, and had set up a National OVC Coordinating Committee in 2006, structures and activities were still at a very early stage. The monitoring report carried out by the EU in October 2008 points out that 18 months after inception the project is still in a phase of discussion and organisation of structures, including an unsatisfactory status of staffing and positions to be filled. The report also indicates problems with inter-institutional communication with confusion about roles, and mutual blame between DSW and UNICEF for slow progress. The report does acknowledge work done on the strengthening of the National OVC Coordinating Committee (NOCC) and the formation of District Child Protection Teams (DCPT), plus preparatory work on implementing the Child Grants Programme (CGP) including the development of an operations manual. However the project was given a C grade on effectiveness and efficiency (Grades range from A, the highest to D the lowest).

Figure 3.1 shows the overall trend of disbursement throughout the project life, and the initial slow implementation comes across clearly.

Figure 3.1 Project Disbursements, 2007-2011 (€ '000)



Source: UNICEF figures, including data from the monitoring report of October 2011. Figures for 2011 cover the first nine months of the year.

In the second half of 2008, the focus of activity was mainly on the CGP. A community-based targeting system was developed in order to enable the start of operations in one community council, Mathula, which was easily accessible. There was also a concerted effort to inform key stakeholders of the complexity that was involved in implementing the CGP. Studies were commissioned on appropriate delivery mechanisms.

Steps were taken to address the human resource gaps. Fifty positions were approved to be filled initially by the project, but later to be partly absorbed into the government system. Thirty seven of these were filled and supported by the project. At the same time, the Ministry of Public Service approved the establishment of twenty seven permanent positions in DSW. The absence of social welfare staff at community level was problematic and amongst the positions approved in the project were ten auxiliary social workers to help deliver the social cash transfer. Other elements of the project were delayed because of the perceived need to get the CGP in operation. The low level of disbursement in 2008 reflects the need for further planning, at the expense of actual service delivery.

In early 2009, initial steps were taken to identify NGOs that had the capacity to deliver other services to OVCs, and their carers, including psycho-social support. Plans were made to assess food security initiatives, including a UNICEF initiative on home gardens, to take forward some of the other elements of the project. A review of the project was started with a view to undertaking some restructuring.

In 2009, the focus remained on the CGP, the most expensive element in the project. First payments were made to households in April 2009, in Mathula and the programme was rolled out to two further pilot districts in October 2009. By January 2010 the programme had reached 1,000 households caring for over 2,700 OVCs with quarterly payments of Maluti 360. By August 2009, a project of Psycho-Social Support (PSS) had also been started in Mathula community, to create synergies with the CGP. Work also started on HIV prevention, developing risk reduction and avoidance skills packages which were distributed through the Lesotho Planned Parenthood Association (LPPA) to young people and adults. Teachers at pre-school, primary and secondary school level were trained in sign language (221 in total) to increase their capacity to respond to children with special educational needs.

By early 2010, the CGP pilot was well-established, and was expanded to an additional three community councils, making a total of six, two each in Mafeteng, Maseru and Qacha's Nek. An external consultancy company, Ayala Consulting, based in Ecuador, was brought in to complete the technical design, develop technical guidelines and computer models. A National Information System for Social Assistance (NISSA) was developed to register information on all households and used for selection of the CGP beneficiaries. Data collection for this began in late 2010. World Vision Lesotho was brought in to assist in the data collection and mobilisation process of the CGP, including formation and training of Village Assistance Committees (VAC). By the end of 2010 the CGP was operating in five districts and eleven community councils. 4,523 households, caring for 13,705 children, were enrolled in the programme.

The level of activity under the other areas of support was increased significantly in 2010, the penultimate year of the project. One exception was the area of OVCs and justice for children where activities were delayed because of the length of time the enactment of the Children's Protection and Welfare Act (CPWA) was taking. However there were capacity building activities with the Office of the Master of the High Court (OMHC) on a database system for managing the estates of orphans. World Food Programme (WFP) provided food rations to CGP beneficiaries as had been planned from 2008. Initial steps were taken to train agricultural extension workers to educate households caring for OVCs on agricultural techniques. Access to health services were improved through holding Child Health Days, and through support to the outreach activities of the Baylor

Centre for paediatric care of HIV exposed children. PSS was extended to three community councils.

HIV prevention interventions were also expanded, particularly in the three high-prevalence districts of Maseru, Leribe and Berea. Identification was started for OVCs eligible for bursaries to enable them to participate in early childhood care and development programmes (ECCD). World Vision was a partner for this activity as well as the gardening for food security activities.

A start had also been made on a Child Poverty Study and a Situation Analysis of OVCs, and it was hoped that these would inform the design of the relevant section of the National Strategic Development Plan (NSDP).

The EU ROM report of October 2010 acknowledges that the rate of activity implementation and project spending increased significantly after January 2010, albeit from a low start (“a long period of sub-optimal performance”). It notes the difficulty of assessing impact because of the lack of relevant data, and recommends that a handover strategy and action plan should be in place by January 2011. However it does acknowledge the efforts of staff in pushing the project forward.

During 2011, the CGP was extended to reach 21 community councils and the number of households receiving the grant almost doubled. The activities included the test and use of cell phone technology for NISSA data collection. Although support from WFP through food distribution ceased, training went ahead for some of the selected households on household food production, prior to the distribution of inputs in October 2011. Other activities such as HIV prevention and education bursaries continued to be supported.

By October, 95% of the project budget had been spent (EU ROM report, October 2011) a significant ramping up of activities from the 34% that was estimated to have been spent in October 2010. This reflects a high level of effort from the various implementing agencies. Table 3.1 shows figures for the total budget, the level of disbursement by December 2010 and final disbursements figures. It should be noted that the figures come from the progress reports to the EU and from UNICEF rather than from any audited accounts.

The delay in implementing the various activities of the project has had knock-on effects for the project partners. WFP had planned to provide food rations for the 60,000 OVCs that UNICEF had originally planned to provide assistance to. This was budgeted to start in 2008, but the delays in UNICEF implementing the cash grant scheme meant that WFP had to add a take-home ration for the poorest children in the remote primary schools where they were providing school feeding in order to use the food they had budgeted for. Once the cash grant pilot came on board WFP extended food assistance to the community councils covered by the CGP, in addition to continuing the support to remote schools. However this was only budgeted for 2008-2010, so the food assistance stopped at the end of 2010. Similarly the very late start for the food security gardening intervention put significant pressure on World Vision who were responsible for targeting and training beneficiaries. The delay in starting meant that not all beneficiaries received training in time.

Table 3.1 Revised Budget and Expenditure as of December 2010 and at end of Project (€)

	OUTCOME	Revised Budget	Expenditure, December 2010 and as % of budget	Expenditure, December 2011
1	Social Protection	4,949,839.28	2,080,157.15 (42%)	4,949,830.28
2	Provision for Basic Needs	1,436,498.47	921,033.21 (64.1%)	1,436,498.47
3	HIV Prevention	592,702.20	289,535.43 (48.9%)	592,728.14
4	Access to Education	645,200.01	157,525.31 (24.4%)	645,198.57
5	Supportive Environment	99,665.07	0	99,665.07
6	Capacity Development	960,410.00	761,987.96 (79.3%)	960,414.89
7	Evidence Base	212,280.00	65,787.80 (31%)	212,273.68
8	Leadership and Coordination	255,177.89	31,263.23 (12.3%)	255,159.65
9	Administration and Other	2,200,936.07	893,361.89 (40.6%)	2,200,931.07
	GRAND TOTAL	11,352,700.00	5,200,651.98 (45.81%)	11,352,699.82

Sources: Project report, to EU, February 2011, Revised Budget, Financial report to EU, February 2012.

Error! Reference source not found. below provides a summary of performance against target indicators as set out in the logframe. The remainder of this section provides a summary of the main activities undertaken directly through this project under each outcome area. The table sets these out against the targets identified in the log frame of 2011⁶.

⁶ Activities undertaken in the area of food security and nutrition do not appear in the log frame. However they were an important part of the activities of the project and are discussed under the relevant section.

Table 3.2 Project performance against targets

Outcome	Indicator	Targets	Achievements	Status
Social Protection	# of families receiving child grants by district; # of OVCs within families receiving child grants by district, disaggregated by age and sex.	8,000 families, 24,000 OVCs in 5 districts	The CGP now supports 9,915 households caring for 27,737 children (13,853 girls and 13,884 boys) in 21 designated Community Council areas in 5 districts.	Target met and overachieved by 15%
	#of cases of child abuse reported to CGPU, disaggregated by age and sex.	No targets set	In 2010, 599 cases of child abuse, abandonment of neglect reported to CGPUs.	No target
Provision of basic needs	# of children estates administered by OMHC and total monetary value.	No targets set	Between 2009 and 2011, the OMHC registered 576 wills, administered 243 estates and managed a cumulative total of LSL7,385,695 through the Guardians Fund.	No target
	# of OVCs in target districts who have access to health services, disaggregated by age and sex.	5,000 OVCs receive paediatric HIV/AIDS and 10,000 OVCs receive IMCI and IMAM services.	The project contributed to assisting a cumulated total of 4,573 children to receive ART. Project contributed to assisting an additional 2,270 pregnant women to receive PMTCT. During the same period, 3,358 children were reached through Child Health Days and 1,977 children underwent growth monitoring. Of this group, 354 children were referred to health facilities for treatment of severe malnutrition or oedema.	Target not met but close to achievement
	#of OVCs in target districts receiving psycho-social support, disaggregated by age and sex	No targets set	847 adults and 225 children were trained in child protection and PSS. In addition, 424 children in need of assistance were provided with counselling and 235 were referred to relevant service providers.	No target
HIV prevention	# of adolescents reached with prevention interventions in target districts, disaggregated by sex	36,000 adolescents are reached through peer-to-peer HIV prevention interventions.	Through its partners, the project reached 70,314 adolescents with HIV prevention interventions: 45,595 with HIV prevention and risk reduction and avoidance skills; 1,334 trained as peer educators who eventually reached 6,568 youth; 8,077 involved in activities to improve communication skills between children and parents; and 9,204 encouraged to seek HTC through participation in youth-focussed activities at YRCs.	Target met
Access to Education	# of preschool age OVCs in target districts participating in preschool education programmes, disaggregated by age and sex.	2,690 OVCs in five districts benefit from IECCD services.	Bursaries were paid for 2,789 children	Target met
	# of OVCs in target districts who receive formal and non-formal basic education, disaggregated by age and sex.	7,400 OVCs in five districts attend formal and non-formal education.	5,461 children received school uniforms through WV. 1,460 primary and secondary school children were assisted through CCJP. 3,476 children were supported to attend NFE classes.	Inappropriately worded target for formal education. More than 7,400 OVCs assisted.
Supportive environment	no indicator			No target

Institution capacity development	# of DSW senior staff receive training and / or coaching as per the Organisation Development Strategy recommendations.	# of DSW senior staff receive training and / or coaching as per the Organisation Development Strategy recommendations.	The overall result of this activity was that 32 DSW staff have benefitted from at least one mentoring or coaching intervention. Ten of this group had more frequent sessions. This included 5 senior staff at the DSW central office and the Senior District Child Welfare Officers in four out the five CGP target districts and Butha Buthe district. An Organisation Development Strategy was also put in place to guide further efforts in institutional strengthening.	Target met
improving evidence	No indicator	Sufficient technical and financial support is provided to improve the capacity of the DSW and to strengthen the bank of evidence used to guide interventions.	With the completion of the OVC Situational Analysis and the Child Poverty Study, the evidence guiding planning and programming for OVC was improved substantially.	No quantified target
Leadership & coordination	Annual report on implementation of the National OVC Strategic Plan is produced by NOCC and presented to Cabinet	# of annual reports produced	No reports have been produced to-date nor have any documents been submitted to Cabinet.	Target not met

Source: UNICEF (2012), Draft end of project report, February and authors' analysis.

3.2 Social Protection

3.2.1 Birth Registration

The project aimed to provide assistance to GoL to achieve birth registration in five targeted districts, with a special focus on communities where CGP was delivered.

The interventions under this project were focused on demand side initiatives and were limited to promotion of birth registration to families registered through the CGP and assistance to a number of families within three community councils in the District of Qacha's Nek in completion and submission of birth registration forms.

Under the CGP programme households were expected to attain birth registration certificates by the time of the second quarterly payment, however this requirement was not enforced by the programme. In Qacha's Nek, funded through the project, the Catholic Commission for Justice and Peace (CCJP) supported the completion and submission of 3,800 birth registration forms to the District Administrator's Office in Qacha's Nek.

Overall the activity did not achieve its target and has had little impact in improving the capacity of the Government in increasing its birth registration.

3.2.2 Child Grants Programme

The Child Grants Programme is the most significant component of the OVC project, absorbing significant amount of time and financial resources. By the end of the project a total of 10,045 households were enrolled across the five districts of Maseru, Leribe, Berea, Mafeteng and Qacha's Nek.

The pilot programme was designed and implemented in three phases of Round 1A, Round 1B and Round 2. Round 1A of the CGP pilot began in October 2008 /April 2009 in community councils (Thaba-Khubelu, Mathula and Semonkong), reaching about 1,250 households. The pilot was expanded in early 2010 under Round 1A to include three additional councils (Mazenod, Qibing and Ramatseliso) and then under Round 1B, covering an additional 3,400 households. Round 2 of the CGP pilot, was launched in the last quarter of 2011, with roughly 2,300 beneficiary households within 10 community councils (CCs) spread across 5 districts. To reach the target of 10,000 the project revisited Round 1A and 1B in the third and fourth quarter of 2011. This target was achieved.

Other notable (but not exhaustive) list of achievements of the programme were:

- Completion of operational manuals and guidelines for beneficiary selection and enrolment
- Joint design of Monitoring and Evaluation (M&E) system with M&E Unit of DSW
- Development and establishment of a Management and Information System (MIS) within DSW
- Creation of a National Information System for Social Assistance (NISSA) capturing 40,793 households
- Design of a robust randomised control impact evaluation baseline
- Rapid assessment of Round 1A CGP

- Operational and economic assessment of four major social safety net programmes (Public Assistance, OVC Bursary Programme, Old Age Pension Scheme, and the School Feeding Programme).

3.2.3 Protection against violence, exploitation and abuse

Activities under this sub-component were very limited. Planned activities included enhanced support for capacity development (including data collection & analysis) for Child and Gender Protection Units (CGPU) of the Lesotho Mountain Police Service (LMPS), support to LMPS to continue training and sensitisation programmes for police officers on the needs of OVCs and expansion of Child Help Line Services.

No project activities were undertaken in support of CGPU and LMPS, though some support was provided from other funding sources. However the project did contribute towards the expansion of the Child Help Line services (CHL) together with other funding partners.

The assistance provided support to the operation of existing CHL services and organisation of public events and media campaigns. The project was expected to support the opening of a new satellite office in Mokhotlong. However this was still not operational by the time this project closed, due to delays in installation of phone lines.

Regular monitoring reports highlighted capacity constraints in some entities fielding calls and delays due to reliance of partners on one another.

3.2.4 OVC and justice for children

Planned activities under this sub-component included the completion of a situational assessment of children in conflict with the law, development of a national action plan to improve justice systems and rehabilitation programme for children, working with Office of the Master of the High Court (OMHC), Lesotho Law Reform Commission (LLRC) and other stakeholders to review and propose reforms to laws, policies and cultural practices governing the safeguarding and administration of estates on behalf of orphaned children who are minors and continued support to capacity building of OMHC.

The situational assessment of children in conflict with law was conducted through other funding sources and as such cannot be stated as an achieved output under this project.

A national action plan was also prepared, supported by project funds and the components relating to the Children's Protection Welfare Act (CPWA) were implemented.

Delays to the reform of the judiciary and the enactment of new statutes by GoL limited the scope for activities. Actions under this activity were limited to support to drafting of the terms of reference for the engagement of a consultant to assist with restructuring.

The project provided support for capacity building activities under the OHMC. The activities included support to the development of a database for comprehensive reporting on children's estates in the care of OHMC, development and distribution of informational and educational communication (IEC) materials for awareness raising about role of OHMC and inheritance rights of orphans and support to the development of new estate inventory forms for chiefs and headmen.

Interviews with Government staff suggested that the database for the guardian fund is not operational and the intended training activities on new inventory forms were not achieved due to delays in funds due to lack of regular reporting by recipients of funding.

3.2.5 Legislation and policy

Planned activities under the project included working with other stakeholders to encourage swift enactment of the Children's Protection and Welfare Bill (CPWB) and support to the development of a national social protection task force led by MOFDP.

UNICEF activities supporting and contributing to the discussion related to amendment of the proposed law were funded from other sources.

Through support from the project, UNICEF provided significant support to the Social Protection Cluster within the development process for the development of the National Strategic Development Plan (NSDP) for Lesotho. This included the development of an issues paper on Social Protection for the NSDP and support to MOHSW to engage a consultant to facilitate the formulation of a National Social Development Policy.

Other support under the CGP, including the operational assessment of the main social safety nets in Lesotho and operational manuals and MIS modules for the three main social safety nets have also contributed to this policy debate, however it is not clear whether these manuals and MIS modules have yet been used by the implementers of these safety net programmes.

3.3 Provision of basic needs

3.3.1 Food security and nutrition

Under food security and nutrition the project aimed to increase the coverage of emergency food assistance programme for destitute households caring for OVC, work with governmental and non-governmental partners to support community food security interventions, and improve nutritional support for OVC under 5 years of age.

The project did not directly contribute to the emergency food assistance programme, but a memorandum of understanding was signed with the World Food Programme (WFP) whereby WFP provided a three-quarters (3/4) food aid ration per child for each CGP household under Round 1A.

To support community food security interventions, through the Ministry of Agriculture, Food Security and Disaster Management (MOAFSDM) and World Vision (WV), the project provided training on sustainable food security and tools, seeds, livestock and other agricultural inputs to 2,976 households within the CGP areas.

Project assistance to the improvement of the nutritional support for OVC under 5 years was limited to training of 379 Village Health Workers (VHW) on child nutrition and growth monitoring. Following on from this training, children in 11 community councils within CGP target districts were assessed against malnutrition. Children with severe malnutrition were subsequently referred to health facilities for interventions. Out of the 1,977 children assessed by the project, 886 were identified as malnourished.

3.3.2 Access to health services

Under this sub-component the project meant to contribute to universal access of OVCs to a minimum package of integrated health interventions. Overall activities under this sub-component were limited and were undertaken in collaboration with other funding partners.

The key constraints in implementation of these activities were lack of involvement of the Ministry of Health and Social Welfare (MOHSW).

Project contributions under access to health services include support to implementation of Child Health Days, support to Baylor College of Medicine Children's Foundation (BCMCF) to expand outreach services, and support to Mothers-2-Mothers in increasing access to Prevention of Mother-to-Child Transmission (PMCT) services by HIV/AIDS positive mothers.

The project supported the continuation of funding for outreach activities of BCMCF in 88 health centres in 9 districts, to assist the MOHSW to scale-up paediatric HIV care and treatment services throughout the country that began in 2006. Activities funded by the project included outreach visits of Paediatric AIDS Corps (PAC) physician, clinic supplies and essential medications (to fill supply-chain gaps), training materials and resources, community mobilisation events, training in Emergency Triage Assessment and Treatment (ETAT), infrastructure/systems strengthening, and consultants to assist with training and support for pharmacy systems and supply chain management, and nutrition counselling and management of HIV infected children.⁷

The project has contributed to supporting 4,573 children on Anti-Retroviral Treatment (ART) and assisting 4,708 pregnant women receiving PMTCT.⁸

3.3.3 Access to psycho-social support

Through partnership with Touch Roots Africa (TRA) the project expanded training programmes for service providers and caregivers on child protection and psycho-social support. Training was provided in the three districts of Berea, Maseru and Mafeteng. The project targeted community leaders, support groups' members, service providers reaching 847 adults and 225 children.

3.4 HIV prevention

3.4.1 HIV prevention

Planned activities under HIV prevention included provision of technical and financial support to governmental and non-governmental stakeholders to:

- implement community-based peer-to-peer HIV prevention programmes with adolescents, including OVC
- sensitise parents & caregivers about the sexual and reproductive health of adolescents, including HIV prevention
- develop and implement a range of behaviour change communication strategies for adolescents
- build capacity of HIV service providers to provide adolescent-friendly interventions
- strengthen the effectiveness of Adolescent Health Corners and Youth Resource Centres to engage adolescents in sexual and reproductive health programmes, including HIV prevention interventions

Peer-to-peer HIV prevention programmes and sensitisation of parents and caregivers on adolescent sexual and reproductive health were undertaken through partnership agreements with

⁷ BCMCF 2009-2010 annual report.

⁸ UNICEF (2012), 'draft end of project report', February.

Catholic Relief Services (CRS), Lesotho Planned Parenthood Association (LPPA), Kick-4-Life and World Vision. These organisations applied different participatory approaches to reaching and educating adolescents on HIV risk reduction and avoidance (RRA) and inter-personal communication skills and knowledge. These activities were mostly conducted between 2008 and 2010 and have reportedly reached 45,595 young people and 8,077 adults had participated in community-level sensitisation activities.

The LPPA programme, which was partially supported by the project, focused on the establishment of a National Adolescent Sexual and Reproductive Health (ASRH) training resource hub through the design and implementation of a National ASRH training package. It also implemented community-based interventions by LPPA staff and through the strengthening of existing LPPA Youth Action Movement Structure.⁹

In addition to RRA and interpersonal communication skills and knowledge training, LPPA Master Trainers also provided Voluntary Testing and Counselling (VTC) services towards the end of the project.

Kick 4 Life and UNICEF formed a partnership agreement in 2009 to develop risk reduction packages which were adopted by other partners to some extent. A later agreement was undertaken to strengthen the more promising practices identified. Activities under this agreement included the use of participatory drama to address key drivers of HIV, use of ICT platform and national wide media campaign for HIV prevention.

All the above mentioned organisations also received significant funding from other sources and agencies, making it difficult to determine what level of their achieved outputs and outcomes should be attributed to the project.¹⁰

A number of behaviour change materials targeting adolescents and youth were developed, including t-shirts, brochures and posters. These were distributed through implementing partners. A DVD was launched at the National HIV Prevention Symposium in November, 2011 and is planned for roll-out at community level in 2012. Earlier distribution was delayed because of slow internal approval processes in MOHSW.

Support to capacity building of HIV service providers and strengthening of adolescent health corners and youth resource centres (YRC) focused on training of youth leaders at the YRC through LPPA. This support was provided as part of the peer-to-peer prevention programmes. This intervention resulted in the training of 77 youth leaders working in YRCs.

3.4.2 Access to HIV care and support

The intended activity under access to HIV care and support was to mobilise Youth Resource Centres, Adolescent Health Corners, youth organisations, support groups and other community stakeholders to provide support to HIV-positive adolescents, including OVCs, receiving treatment.

The main activities undertaken for this sub-component were support to camp Mamohato, teen clubs and 10 caregiver days implemented by Sentebale¹¹. The Mamohato camp is a five-day

⁹ LPPA proposal to UNICEF, 2009.

¹⁰ For example funding for LPPA comes from GIZ, Irish Aid and Korea Africa Fund. Most of the funding for the adolescent project referenced above comes from the International Planned Parenthood Federation. However, the evaluation team understands that the training of the master trainers was funded by UNICEF.

residential programme that provides education and psycho-social support to adolescents aged between 10 and 17. Teen camps are monthly meetings held at clinics for HIV positive children and caregiver days are twice a year meetings held at clinics for caregivers of children who attend the monthly teen clubs.

The programme supported 2,686 children living with HIV/AIDS. 663 children and 506 caregivers were reported to have participated in the caregiver days.

3.5 Access to Education

3.5.1 Early Childhood Care and Development

Under this sub-component the project aimed to work with the Ministry of Education and Training (MOET) and Non-Governmental Organisations (NGO) to scale-up the provision of bursaries for OVCs to enrol in early childhood care and development programmes at community level.

The project paid for fees of 2,789 children for one year across 201 Early Childhood Care and Development (ECCD) centres in the districts of Leribe, Berea, Mafeteng, Qacha's Nek and Maseru. The selected children were already attending the ECCD centres.

3.5.2 Barriers to school attendance

To overcome some of the barriers to school attendance the project aimed to scale up provision of school uniforms and school supplies where these items are a barrier to school attendance.

Through WVVL 5,461 children in 181 primary schools were provided with school uniforms. Additionally 1,433 primary schools students and 27 secondary school students in communities in Qacha's Nek were provided with school uniforms, shoes and hygiene kits in order to attend and remain in schools.

3.5.3 Non-formal education for out-of-school OVCs

In order to increase coverage of distance teaching programmes to children not able to participate in formal education, the project supported the Lesotho Distance Teaching Centre (LDCT) and the Lesotho Association of Non-formal Education (LANFE) to increase provision of Non Formal Education (NFE). The support included training of learning post administrators on NFE provision and quality improvement and provision of teaching material and other equipment to learning posts across the country.

According to the end of project report, with support from this project and other donors, LDCT and LANFE provided NFE to a total of 3,476 learners. The project provided an additional \$109,041 to learning centres which were providing NFE to herd boys under the age of eighteen.

3.6 Supportive Environment

The targeted activity for improving the supportive environment was the development of social mobilisation strategies to support and strengthen the implementation of the community level interventions for OVCs, including the CGP.

¹¹ This was an 11 month support programme between February and December 2011.

Social mobilisation strategies were indirectly implemented through the other components of the project where selected community leaders and representatives were sensitised on issues of child protection and psycho-social support. Moreover, Village Assistance Committees (VAC) were introduced to assist the CGP at the community level on sensitisation, selection and payments to programme beneficiaries.

3.7 Institutional Capacity Development

The project aimed to provide technical and financial support to strengthen the social welfare system through organisational development and capacity building at national and district levels.

The project engaged an international consultant to conduct a capacity development needs assessment and an organisation development strategy in 2010. The implementation of the organisation development strategy commenced in 2011, however this is in preliminary stages.

In order to ensure the swift implementation of the CGP the project supported 37 temporary positions at central, district, and local levels. However there was very little ownership and integration of the CGP unit within DSW.

3.8 Improving Evidence

The project, together with funding from other partners, supported the completion of the comprehensive situational analysis of OVCs in Lesotho. The first volume of the study was validated in September 2011 whereas the validation of the second draft was conducted subsequent to the closure of the project. The results of this study have not been disseminated as yet.

The project has procured the services of an expert to cost the National Strategic Plan on Vulnerable Children 2012-2017 and its operational plan. The strategy is still in a draft form and supported through other donor programmes.

The project also financed the Child Poverty Study. The study was expected to feed into the development of the NSDP. However the study has not been disseminated or used by stakeholders. This is partly due to delays in the finalisation of a strategic communication plan by UNICEF. Nevertheless the study has reportedly shaped the NSDP through discussions held with MoFDP. The study will be printed by UNICEF in 2012 from their own resources.

The project provided limited support to the implementation of the national OVC M&E plan by funding supervisory field visits. The staff at the DSW M&E Unit was provided with financial resources to support all ten district offices to follow up on M&E training and ensure proper data collection. Lack of human resources within DSW starting from May 2011 was cited as the main reason for lack of utilisation of further support under this component.

3.9 Leadership & Coordination

3.9.1 National OVC coordination mechanisms

The operationalization of the National OVC Coordinating Committee (NOCC) was a precondition for the implementation of the OVC project in 2007. Although the NOCC was established prior to the implementation of the project, it has been an ineffective mechanism for coordinating OVC activities. The project has provided financial and technical support to the operation of NOCC, however issues around its statutory authority, leadership and accountability have undermined its

effectiveness. There has been slow progress in formally approving the revised Terms of Reference (ToR) of this entity.

At the end of the project the NOCC remained an unofficial entity and its secretariat was not expanded.

3.9.2 District child protection teams

The project provided limited support to the District Child Protection Teams (DCPT), partly due to unresolved concerns with the NOCC. The limited support included training of DCPT members in four districts on child-related policy and legislation, child protection, and coordination.

3.9.3 Non-governmental sector

The project provided support to capacity building of the Letsema network¹² through Sentebale.

Activities undertaken by Letsema include updating its online directory of OVC service providers, publication of quarterly newsletters and convening of monthly forums in Maseru and bi-monthly forums in Semonkong, Leribe and Mohale's Hoek. Towards the end of the project and following a capacity building needs assessment of various Letsema member organisations a training plan was developed and implemented starting from November 2011.

3.10 Management and implementation capacity

The project was started with the expectation that both UNICEF and the DSW would have adequate human capacity to manage or implement the various elements. UNICEF was to take the management role, and DSW was the key government partner who would take responsibility for the CGP and, with assistance from UNICEF, would develop structures for integrating the government response to OVC problems. In the event, neither of these expectations proved to hold true.

UNICEF identified the need for a social policy specialist and a child protection specialist, but took over a year to find a suitable candidate for the social policy position, and the child protection specialist position was vacant for over six months. (M&E report to EU, March 2009).

Capacity to implement was a major obstacle for the project and this was realised at a very early stage. There was an issue of insufficient staff in DSW to implement the CGP, and of the capacity of DSW to lead and coordinate the multi-sectoral response to OVCs. Thirty seven staff were recruited through the project and some of those were gradually absorbed by DSW to fill the 27 positions that had been established by the Public Service Commission (10 senior district child welfare officers, 10 district child welfare officers, 1 chief child welfare, 3 M&E officers, 2 accountants, and 1 IEC officer). However there is concern that a number of key management positions for the project are not yet part of the staff establishment, such as the Child Grant Manager and the Management Information System Manager. Also of concern is the lack of DSW social workers at the local level. The Public Service Commission has ASWOs at local level which means that there may not be any field workers to assist with the CGP and with social work case management when the EU funds expire. Similarly the OVC coordinator, an important position for managing the response to OVC overall, has lain vacant for two years now. This position has not been established by GoL and

¹² A network of organisations working in the area of OVCs.

leaves open to question how the OVC national response will be coordinated when the project finishes.

Staff were expected to be in place by the end of the project to enable skills transfer to take place. The fact that this has not happened to the extent envisaged raises questions over the capacity of the DSW to manage the CGP in the future. There is also a concern that the project, including the CGP, has been supply driven up until now, i.e. that it exists to meet external objectives rather than arising out of local demands. As with any innovative approach, the DSW needs to have skilled and motivated staff to take it forward and help create domestic demand for the services the project has been delivering.

An important element of the project has been to build the capacity of the existing staff in DSW. Although there were activities to build capacity at district level from an early stage, activities at national level did not start in earnest until August 2010, when a consultant was engaged to carry out a Capacity Development Needs Assessment. An Organisation Development Strategy was completed in late 2010. Senior staff at DSW central office and a number of senior district child welfare officers have received mentoring or coaching as recommended by the organisation development strategy, the implementation of which started in 2011. If the DSW is transitioned into a stand-alone entity (department or ministry), as has been proposed, the restructuring of current staff positions and incorporation of additional staff from other ministries will require considerable effort.

Funding has been provided under the project for partners to network, share lessons and experience, particularly in the area of HIV prevention for young people. Letsema has also provided a forum for lesson sharing. This has helped build capacity in amongst NGO implementers.

3.11 Summary

By the end of 2011, the project had achieved a number of its targets. Table 3.2 shows the individual outcomes and targets as included in the log frame of 2011. However many of these targets were reached in the last few months of the project, which has had implications for their impact and sustainability.

On a more positive note, over the period 2004-2011, there have been significant changes in both the perceptions of the problems facing OVCs in Lesotho, and the policy and legal frameworks to address these. The project has contributed to those changes, through sensitisation and advocacy. Psycho-social counselling has been introduced to key stakeholders at national, district and local levels. This has been much appreciated and looks likely to be a continuing element of the approach to OVC support. Important steps have been taken to establish the Child Grant Programme which will be the principal focus of Phase II of the project.

4 Relevance

4.1 Consistency with the policy framework

The EU funded project of support to HIV and AIDS affected OVCs has to be seen in the context of GoL policies and plans for both OVCs and HIV/AIDS. This includes the:

- National Policy on Orphans & Vulnerable Children (OVC),
- Lesotho National Strategic Plan for Orphaned & Vulnerable Children (2005)
- Lesotho Costed National Action Plan for Orphaned and Vulnerable Children (2006)
- National HIV and AIDS Strategic Plan 2006-2011 (NSP)

The Costed National Action plan for OVCs contains four main areas of activity: the establishment of a national consultation and coordination body, a situation analysis of OVCs, the provision of a policy and regulatory framework for addressing the problems of OVCs, and the need for an M&E plan for the implementation of the plan. These are all supportive of the main thrust of the plan, the improvement of access to services for the most vulnerable of the OVCs. The most important of these services are seen as access to antiretroviral therapy for children with HIV/AIDS, food security, support to keep children in school and psycho-social support. Building the capacity of both carers and service providers is also seen as important. The initial design of the project contained elements to address all of these areas.

Although support to the Lesotho HIV/AIDS response was not a major focal area of the 2001-2007 EU Country Strategy Paper (CSP) that was in place at the time this project was devised, nonetheless, it was acknowledged in the CSP that this would be an area of support, but that this would have to be undertaken flexibly and in the context of the implementation plan for the NSP. The project was funded under EDF9, where the fight against AIDS was identified as an important cross-cutting issue. The document noted HIV/AIDS as one of the major challenges facing Lesotho in the medium term and the intervention objective under this issue included assistance to the Government of Lesotho (GoL) in adequately responding to HIV/AIDS pandemic by enhancing its planning capacity, alleviating the socio-economic burden of households affected and reducing the rate of transmission. The intended results from the intervention included a programme for combating HIV/AIDS established, an operational home-based care system established and awareness of HIV/AIDS increased. The evaluation of the EC's country strategy for the period 1996 to 2007 (EC 2004) found the Commission's interventions on HIV/AIDS to be minimal and not "sufficiently mainstreamed into the design and implementation of commission interventions in line with the aims of the 9th EDF"¹³. However HIV/AIDS was later elevated from a cross cutting issue to a third focal sector in the revised Country Strategy Paper (CSP)/National Indicative Plan (NIP) in 2005. This resulted in the development of an OVC support programme concentrating on the psycho-social and material well-being of children, the project under evaluation.

The project is consistent with both the GoL and EU frameworks, in that it focuses on the various elements prioritised, particularly support to care in the home, capacity building for service providers, prevention of HIV/AIDS, and an integrated approach to addressing the needs of OVCs. The project has also included activities to address the need for greater information on the extent of the problem, and the need to update the regulatory framework. . Additionally what has, in practice, been the main element of the project, the CGP, has resulted in the introduction of income transfers

¹³ MWH consortium (2004), "Evaluation of the European Commission's Country Strategy for Lesotho".

to households affected by HIV/AIDS which is not only consistent with the policy framework but has also resulted in this element becoming a more visible policy instrument in response to the OVC and HIV/AIDS situation.

4.2 Quality of initial problem analysis and project design

Although the project identified a target population that has emerged as a consequence of HIV/AIDS it did not clearly define the problems and constraints that it meant to address. The original description of actions states the overall objective of the project as “to improve the present and future livelihoods of people affected by HIV/AIDS throughout Lesotho”. However the programme then describes its purpose to enable the Basotho OVC “to cope with their trauma and loss and [be] assisted to access services, acquire life skills, formal and vocational skills to move on and grow into age-appropriate roles and enjoy food security”.

Thus the project targets all aspects that may affect orphaned or vulnerable children both as a result of HIV/AIDS but also more widespread conditions of poverty. This comprehensiveness could be perceived as project designers’ understanding of the complexity and multi-dimensional impact of HIV/AIDS but equally to a lack of thorough problem analysis of the constraints faced by the OVCs. An OVC Rapid Assessment Analysis was carried out in 2004 by the UN agencies in Lesotho which makes a number of recommendations on both the policy support environment and the need for safety nets, psychosocial support and training for caregivers. The assessment gives a comprehensive account of existing services available to OVCs, but the evaluation team could find few references to it in the initial project documents as a basis for determining priorities. The main recommendations are addressed in the project design but others, such as provision of food security and educational support have been added.

There does appear to be an ambiguity as to whether the interventions are meant as a comprehensive HIV/AIDS response or a social protection intervention targeting a component of the national response against HIV/AIDS response. If the project was designed as a social protection intervention aiming to mitigate the impact of HIV/AIDS on households affected by HIV/AIDS then it should have been more narrowly focused and targeted.

This project has fallen somewhere in between a comprehensive HIV/AIDS response and a social protection mechanism. On paper and to some extent in implementation, the project contains interventions across prevention, treatment and mitigation of HIV/AIDS. However, in reality the project has to a large extent focused on the CGP in terms of time and resources, with other side activities focusing on prevention and treatment implemented in very small scales, in association with many implementing and funding agencies and in a fragmented manner.¹⁴

Although the CGP was initially introduced as part of a package of OVC interventions in response to the HIV/AIDS pandemic, it has not made any explicit references to HIV/AIDS during its design and implementation. In fact the primary objective of the CGP according to the child grant operational manual “is to improve the living standards of Orphans and Vulnerable Children (OVC) so as to reduce malnutrition, improve health status, and increase school enrolment among OVCs.

The current state of evidence does not recommend a HIV/AIDS exclusive social protection mechanism, especially where poverty and vulnerability are wide spread. However it is

¹⁴ Note cash transfers could theoretically also contribute to prevention and treatment of HIV/AIDS through reductions in economic vulnerability that may cause more risky behaviour and by reducing the barriers to access to treatment. However, the current state of evidence has predominately focused on the mitigating impact of cash transfers.

recommended for the social protection mechanisms to be sensitive to HIV/AIDS issues, especially if they were introduced with this purpose in mind (Temin 2010). The project has clearly evolved to reflect current best practice.

The move towards the Child Grants Programme and systems strengthening in Phase II suggests the project is geared towards a social protection intervention. If this intervention is indeed in response to the HIV/AIDS pandemic, it is important to ensure that it is sensitive to the issues of HIV/AIDS. This could include HIV/AIDS messages during the public information campaigns, provision of testing and counselling services during payment periods and linkages with health services. Moreover issues around HIV/AIDS should be incorporated in the regular monitoring of the project.

When the project was first developed, there was perceived to be a lack of donors active in the area. This no doubt is an important factor in the comprehensive approach taken to the scope of the project. A more analytical approach to determining priorities and the most immediate gaps, possibly even focusing on “quick wins”, could have resulted in greater initial impetus in project implementation.

4.3 Relevance of activities

There is no question that a case can be made for all the individual elements and activities included in the project. They are all identified in the National Action Plan. However, as argued above, there was no prioritisation of activities, either on the basis of potential number of beneficiaries, gaps in existing support, or potential impact.

The activities can be divided into three main areas: activities, primarily at national level which addressed the regulatory and policy framework and issues of coordination. These included the support to the NOCC, the participation in the situation analysis of OVCs and the child poverty study, the advocacy for the passing of the Children’s Protection and Welfare Act and the work on reforming the administration of children’s estates. All of these were relevant and many had been identified in the NAP.

The second area was capacity building at different levels, national, district and community levels. Again there was a clear need for both building the capacity of staff already in position, and advocacy for the provision of additional staff, particularly at district level. There can be discussion on the effectiveness of these activities, but little on their relevance. Lack of capacity has been one of the most serious challenges faced in the implementation of the project.

The third area of activities is the direct provision of services to OVCs and their caregivers. The activities carried out in this area varied from new, innovative activities, such as peer-to-peer HIV prevention programmes and adolescent friendly health corners which addressed a gap in existing services, to support to programmes which were already in operation in a limited way, but which allowed them to reach greater numbers of beneficiaries. The project was always intended to be of limited duration, so it is questionable what was the relevance of including existing approaches as part of the overall project unless there was seen to be a need for evidence of the effectiveness of the approach. Keyhole gardens were already being promoted by the Ministry of Agriculture as part of their conservation agriculture approach. The Child Help Line was already in operation in Maseru, and had been reviewed by Child Line Bloemfontein in 2010. School uniforms were already being supplied by some NGOs, and also as part of support provided by DSW at district level. It would have been of value to include these activities if there had been an attempt to build a body of evidence for their inclusion in a more comprehensive social protection approach. The evaluation team feels that though outputs were delivered, and OVCs benefited from support for one or two

years, the value of the project would have been considerably greater if, at the end of the project, there was evidence to indicate which elements had more potential in supporting OVCs.

4.4 Flexibility of project

How flexible was the project in facilitating rapid responses to changes in circumstances? During the course of implementation of the project, there were both changes in external circumstances and also changes in the internal dynamics of the project itself.

The changes in external circumstances relate to the increasing number of OVCs affected by HIV/AIDS and to the global economic crisis. Realistically, it is difficult to see how the project could have responded to either of these changes. When the project began there were contradictory estimates of the number of OVCs, linked to the fact that there was no detailed and agreed definition of OVCs. Most analysts appear to agree that existing programmes have so far failed to stem the rise in HIV/AIDS incidence so it is to be expected that the number of OVCs will have risen over the project period. The global economic crisis has also affected the availability of employment both in South Africa and in Lesotho itself which would also be expected to increase the number of households affected by severe poverty. If there had been any analysis of the costs of scaling up the interventions to a national level, then both these factors would have had cost implications which might have led to greater focus in the interventions, but in the absence of this perspective, then it is not surprising that the project carried on without making any adjustments on this basis.

The internal dynamics of the project however did result in changes. The slow rate of implementation plus a realisation of the significant capacity gaps led to a redesign after year 2 of the project. The extent of the redesign was limited by two factors. Firstly, the redesign was undertaken in a participatory manner with significant consultation. This both slowed the pace at which the redesign took place and also mitigated against a really radical change. The project had a significant number of stakeholders all of whom had expectations of the project activities. The decision was made to retain the broad scope of the project.

The second factor was the time required to get approval of the project redesign from the funder, the EU. Although this was not a factor affecting the extent of the redesign in 2009, it did affect the ability of the project management to modify the budget allocation once the redesign took place. Any changes which involved more than a 10% variation from the agreed budget had to be approved by the EU Delegation. This meant that UNICEF made great efforts to keep within the budget allocations, even if in the last year it might have been more rational to have abandoned some of the activities which were extremely late in starting.

On a positive note, there was considerable flexibility in involving new implementing agencies when it became clear that government agencies were not going to be able to implement key elements in the project design. This occurred for specific service delivery elements, in particular the involvement of World Vision Lesotho in the targeting of certain interventions.

5 Effectiveness

5.1 Overview

Effectiveness is a measure of the extent to which an aid activity attains its objectives¹⁵. In line with the OECD DAC evaluation guidelines, effectiveness of this project is assessed through the following two broad questions:

- To what extent were the objectives of the project achieved?
- What were the major factors influencing the achievement or non-achievement of the objectives?

The evaluation questions within the ToR are answered within these broader questions.

Lack of baseline data, ill-defined indicators and absence of measured outcomes, severely limit the extent to which effectiveness of this project can be assessed. Nevertheless we will assess effectiveness based the outputs delivered and the process through which they were achieved.

5.2 Progress against objectives

The initial project design stated the main objective of the project as “to improve the present and future livelihoods of the people affected by HIV/AIDS throughout Lesotho”. The expected results of the project were provision of a package of services and support to OVCs, capacity building with the Government of Lesotho and strengthening of coordination and networking. These results were later developed into eight outcome areas which form the basis of the analysis in this section.

5.2.1 Social protection

Outcome 1 - Protected by existing social protection mechanisms; progress is achieved towards the development of a comprehensive, child-sensitive social protection system in Phase II.

Activities under this component were expected to improve birth registration for OVC enrolled in the CGP, across the country, enhance the capacity of the CGPU to be more effective in its role in protecting children against violence, exploitation & abuse, advocate for the speedy enactment of key legislations concerning OVC's (in particular the CPWA) and support the OMHC to improve the protection of orphans' estates.

The primary objective of the CGP according to the child grant operational manual “is to improve the living standards of Orphans and Vulnerable Children (OVC) so as to reduce malnutrition, improve health status, and increase school enrolment among OVCs”¹⁶.

The current state of evidence does not allow assessment of **CGP** against its stated objectives. However the project has designed a robust evaluation mechanism, with baseline data to allow for a full impact evaluation of the programme in 2013 or 2014. Nevertheless analysis of the targeting mechanism of the programme suggests that the resources of the CGP were focused on the poor

¹⁵ OECD (1991), The DAC Principles for the Evaluation of Development Assistance.

¹⁶ Manual of operations in use for round 1A of the CGP pilot. November 2008.

and comparable to other international programmes, although it also highlights significant room for improving the targeting design (OPM 2012).

The CGP pilot provides a positive step towards an OVC sensitive social protection mechanism that was not in place prior to the introduction of this programme. However there is little evidence to suggest that the remaining activities under this outcome area have been effective in meeting their intended objectives and enhance the support and protection given to OVCs.

The project was not effective in increasing **birth registration** in the country. The activities within the project were limited and primarily focused on increasing the demand for birth registrations. However one of the key constraints within birth registration arose from inadequate and inefficient supply of services which this project did not directly support. Moreover the project interventions are not expected to affect the nationwide birth registration given its scope and the nature of its interventions. This to some extent was affected by the shift in responsibility for vital registration from Ministry of Local Government and Chieftainship to Bureau of Statistics and then to Ministry of Home Affairs last year.

No significant project activities were undertaken under the **protection of children against violence, exploitation and abuse** and the project has not resulted in enhanced capacity of the CGPU with LMPS. The project has provided support to the Child Help Line services, however the end of project report highlights significant decline in the number of calls in 2011, compared to the volume of calls in 2010 and raises concerns over the CHL as an effective early response system for vulnerable children in future. There have been technical problems with the telephone service providers and it remains to be seen whether the number of calls will pick up again when these are resolved.

Under **OVC and justice for children** there is also little evidence to suggest project interventions within OMHC to significantly improve the process of managing the estates of orphans. The guardian fund database has not been operational and the inventory books for registration of orphans' properties are reportedly not being used. Interviews with staff within the OMHC reported limited budget allocations to the activities funded under this project.

The project has been effective in supporting the Social Protection Cluster for the development of the NSDP and ensuring the key objectives of the programme are reflected in this plan. To this end the draft plan sets the consolidation of social protection programmes and improving their efficiency and coverage together with assistance to vulnerable able-bodied persons to adopt sustainable livelihood strategies as its main priorities.

In summary, with the exception of CGP, activities within this outcome area have been very limited and not expected to have effectively changed the provisions of protection mechanisms for OVCs.

5.2.2 Provision of basic needs

Outcome 2 - Enable OVCs to meet their basic needs for food & nutritional support, healthcare and psycho-social support.

In relation to food security and nutrition the project expected to increase the coverage of emergency food assistance to destitute households caring for OVCs, provide skills, agriculture tools and inputs to develop home gardening and livestock production interventions and provide nutritional support to OVCs under the age of 5.

The emergency food aid was implemented by WFP and is therefore not considered as an intervention under this project. The main project activity under food security relates to the community-based food security intervention, providing training, seeds and other small agriculture inputs to selected households.

There is no robust evidence to assess the impact or effectiveness of this component, however we expect the significant delays in programme implementation and poor operational management of some elements of this component to limit the effectiveness of this intervention in enabling OVCs to meet their food requirements.

Significant delays in completion of the food security needs assessments conducted by MOAFSDM, incomplete training of targeted beneficiaries, delays and challenges associated with procurement and ineffective targeting are some of the factors affecting the implementation of the food support sub-component.

Support to nutritional needs of OVCs was limited to training of village health workers and referrals of severely malnourished children to health facilities. Although the training of VHWs may result in improved awareness and child nutrition within the targeted communities, its limited scope and once-off nature combined with lack of coordination and formal collaboration with health services, makes any systematic improvement in OVCs' ability to meet their nutritional requirements unlikely.

The continued expansion of outreach health interventions by BCMCF with support from project funds have increased paediatric HIV treatment and support across the country, as a result increasing access to and improving quality of services provided to children living with HIV and AIDS.

5.2.3 HIV prevention

Outcome 3 - Enable the OVCs to obtain, through adolescent-friendly services and enabling environments, comprehensive knowledge, risk reduction and avoidance skills to protect them from acquiring HIV; and barriers preventing HIV-positive OVCs from accessing treatment, care and support are removed.

HIV prevention activities were one of the few project activities to have been devised and implemented in the earlier stages of the project. Most of the interventions were implemented during 2009 and 2010 and selected interventions were guided by a small stakeholder mapping of HIV prevention activities targeting young people and based on stakeholder capacity assessment.

As a result, the project intended to reach adolescents through community-based peer-to-peer education campaigns and trainings, sensitisation of caregivers and strengthening of existing service providers, particularly the Adolescent Health Corners (AHC) and Youth Resource Centres (YRC).

In general the project used and supported the existing structures and programmes to implement this component of the project. Review of project documentation and interviews with stakeholders suggest that most of the resources were utilised on peer-to-peer education and training of youth and adolescents. Many of these activities were already in existence; however the project has resulted in their expansion in some areas.

There has been little monitoring and follow-up of the interventions to assess their effectiveness and therefore there is little evidence to ascertain whether the knowledge of the adolescents has increased and whether this has resulted in behaviour change.

Activities towards capacity building of service providers were very limited and predominately focused on the training of youth leaders at the YRCs. There is very little evidence to suggest that the YRCs are widely used by the youths in the communities and anecdotal evidence suggests that the condition and quality of the YRCs are often inadequate.

The project provided some support to teen clubs, caregiver days and 'Mamohato camps', however these activities were limited in scale and there is little information to assess whether these interventions have resulted in improved outcomes of participating children.

In summary while the project may have resulted in better sensitised adolescents and youth on risk reduction and communication skills there is little evidence to suggest that the limited activities targeting the services providers and HIV positive youth will result in the removal of barriers preventing the youth from accessing treatment, care and support services.

5.2.4 Access to education

Outcome 4 - Enable the OVCs to participate in educational and development programmes.

Two key factors limit the effectiveness of interventions under this component. Firstly, the project activities related to ECCD and primary school education targeted children already at school, in other words those already participating in educational and development programmes. Secondly, the intervention was implemented for one year only limiting its potential impact on sustained change.

Rapid assessment of the CGP (OPM 2011) showed that the cash transfers were often used to buy uniforms and toiletries for children. Moreover it found this together with greater food portions to have led to children feeling more confident at, and enthusiastic about, school (mainly primary school), although school attendance and enrolment were most likely not directly affected by the GCP.

Therefore we expect the provision of school and hygiene material to have increased the psycho-social well-being of the targeted children and perhaps better attendance. However, school enrolment and attendance will only be increased to the extent to which barriers to education are due to lack of schooling material. There is evidence from Kenya that provision of school uniforms can reduce absenteeism by between 44% and 62% and improve class performance¹⁷. This would suggest that the provision of uniforms would have a positive effect on OVCs in Lesotho.

Although the project supported 2,789 OVCs with bursaries to participate in ECCD centres, we do not expect this to have resulted in increased access to ECCD for OVCs. Targeted beneficiaries of this activity were children already at ECCD centres and for one year only. Most ECCD teachers interviewed indicated no change in the attendance of children but were grateful for the payments which often replaced in kind payments from families unable to afford the school fees.

Support to NFE began in 2010 for one year only. Project funds supported the training of teaching staff from LANFE and LDTC to improve the quality of teaching. Other support targeted the improvement of facilities within existing learning posts. The project support has to a large extent focused on improvements to the supply side of NFE and not demand side factors. The progress reports state the number of learners these institutions have reached but it is not clear how this

¹⁷ D. Evans, M. Kramer, M. Ngatia, 2009

http://www.poverty-action.org/sites/default/files/169_new_paper_november_2009.pdf ,

compares to the number of learners prior to the support from this project. As such there is insufficient evidence to determine whether there has been an increase in NFE OVC learners due to support from project.

5.2.5 Supportive environment

Outcome 5 - OVCs are nurtured and empowered within community environments that are enabling, supportive and able to protect them from violence, exploitation and abuse.

Social mobilisation in UNICEF is defined as “a process that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through face-to-face dialogue”¹⁸.

Social mobilisation strategies were indirectly implemented through other components of the project, in particular the CGP. Village Assistance Committees (VAC) were formed to assist the project with targeting, selection and enrolment activities of CGP.

The VAC resulted in a more effective targeting of CGP beneficiaries. However, the VACs were not always supported by the existing local traditional structures, namely the chieftainship. Moreover there was some reluctance by the VACs to cooperate with the selection of beneficiaries due to the nature of the targeting design.

Further sensitisation and public information campaigns are necessary for the VACs to become more effective. This includes further attention to its expected role and its relation to current community norms and expectations.

There is no evidence to suggest that improved and sustained participation at the community level will continue in the absence of external support and funding.

5.2.6 Institutional capacity development

Outcome 6 - Strengthen the capacity of governmental and non-governmental stakeholders to deliver effective interventions for OVCs.

As part of the project a number of temporary positions were created for the implementation of the CGP. However, wider institutional support to DSW was limited to development of an organisation development strategy. The strategy began to be implemented towards the end of the project, but not sufficiently to increase the institutional capacity at DSW.

The capacity of the CGP unit within the DSW has increased through project support, however the unit is to a large extent viewed as an external project unit without linkages and integration with DSW. The project has not led to significant changes to the capacity of DSW but this is the target of phase II of the project.

A necessary condition for increased capacity within DSW is the need for absorption of CGP skills and knowledge within DSW.

¹⁸ http://www.UNICEF.org/cbsc/index_42347.html

5.2.7 Improving evidence

Outcome 7 - Improve the evidence-base guiding the development of OVC interventions in the country.

While the project has increased the evidence base relating to OVCs, its contribution to improved evidence-based policy planning and decision making is less clear. This is in part due to delays in completion of the studies and lack of ownership by key Government stakeholders. Moreover the project has been less successful in improving the monitoring and evaluation capacity of DSW due to staff shortages in the DSW M&E Unit and over-reliance on GFATM support to implement M&E activities. The three positions of M&E officers that were established by the Public Service Commission in late 2008 are just being filled now in 2012.

5.2.8 Leadership & coordination

Outcome 8 - Strengthen the national, district and local level coordination mechanisms to achieve their purpose in directing and improving the effectiveness of the national OVC response.

Overall the project provided limited support to NOCC and DCPT, the coordination mechanisms at the national and district level respectively.

The effectiveness of NOCC has been hampered by lack of consensus on its nature and role. A revised draft ToR has been tabled to senior management of DSW in April 2011 but not yet formally approved. The DCPT, although functional in some districts, has also lost momentum with irregular meetings, attendance and coordination. This is partly due to lack of vertical accountability to NOCC.

The project has supported the mapping of local service providers through the Letsema network. The network convenes monthly and bi-monthly meetings in Maseru, Semonkong, Leribe and Mohale's Hoek and contribute towards knowledge sharing and coordination. The network intends to provide capacity building skills to its network members in the coming year.

The Letsema network has been effective in dissemination information to stakeholders both at national and district level and viewed positively by service providers and member in the districts.

5.3 Factors influencing achievement of objectives

5.3.1 Programme assumptions and risk assessment

The initial project design stated "weak inter and intra ministry communication and coordination throughout government is a pervasive problem and constitutes a risk when implementing complex actions that require different governmental bodies to work together."¹⁹

These risks were expected to be mitigated through high-level advocacy by UNICEF and DSW and through establishment of an effective coordination structure.

19

Moreover the project assumed the traditional features of Basotho society regarding the care of its unprivileged members and use of caregiver groups to help the sustainability and financial accountability of project activities.

The project noted the lack of capacity within DSW to manage the project and assigned the day-to-day operational running of the project to UNICEF. Moreover the steering and progress monitoring of the programme were assigned to a national OVC coordinating body.

The revised description of action assumed UNICEF as the fund manager and support partner to DSW, the main focal point within GoL. Moreover the project regarded the remaining period of project implementation as completion of phase I, setting the foundations for an expanded phased II project focusing on the design and implementation of a comprehensive, child-sensitive social protection system for Lesotho.

Perceived risks to the project were stated as significant changes to Government's national OVC response and changes to the fiscal and political environment, affecting government commitment and sustainability.

5.3.2 Key factors influencing the effectiveness of implementation

The initial project design paid little consideration to the capacity of UNICEF in managing this project. Moreover there was no detailed problem analysis guiding the design of the project and as a result the subsequent design was a broad set of objectives with limited detail on activity and roles and responsibility.

These constraints resulted in very few activities being implemented by the project up until 2009. As noted in the mid-term review of the project, the low level of project design affected the identification and ownership of responsibilities and roles by the stakeholders and resulted in conflicts and delays in implementation²⁰.

The revision of the description of action towards the end of 2009 highlighted a number of 'unforeseen challenges' delaying the full implementation of the project. These included difficulty in recruiting appropriately skilled professionals; challenges to development of systems and structures for design and implementation of the CGP; delays in staff recruitment by UNICEF; insufficient human and financial capacity and management constraints within GoL to lead and coordinate the national response; on-going challenges of coordination and collaboration amongst the different stakeholders engaged at all levels; change in the operating environment of project, especially increase in partners addressing similar issues and; some ambiguity in the strategic focus of project and insufficient clarity in the roles and responsibilities of the project stakeholders.

Whilst the revised description of action provided a more detailed set of activities and clearer roles and responsibilities, it did not take fully consideration of the capacity constraints of GoL. Rather than focusing its interventions on a narrower set of objectives in the remaining period of the project it decided to maintain the set of activities that already appeared to be beyond the capacity of the stakeholders involved. This resulted in project activities being implemented in haste and with insufficient attention to quality and process. In order to manage this, UNICEF procured the services of a number of NGOs to compensate for the lack of capacity and ownership of Government stakeholders. This resulted in an increase in the already large number of implementers.

²⁰ Cerritelli, W.E (2009), Mid Term-term review of the project: "Lesotho HIV/AIDS response: empowerment of orphans and vulnerable children, for UNICEF.

Despite the introduction of a Project Steering Committee (PSC) to coordinate the activities of the project through the chairmanship of MOFDP, coordination mechanisms showed little signs of improvement during the remaining period of the project. During its establishment PSC was meant to meet quarterly but in total only three meetings were convened, despite concerted efforts by UNICEF to ensure these meetings took place.

In summary the revised description of action did not pay sufficient attention to the key risks identified during the initial stages of the project nor lessons learned during the initial stages of implementation. The very fact that it took well over a year to revise the description of action, is indicative of the complexity of managing, coordination and building consensus amongst a large group of stakeholders with insufficient sense of ownership.

As such the project should have limited its focus in the remaining 18 months of the project and not implemented a number of activities it undertook under food security and education.

6 Efficiency

6.1 Efficient use of resources

6.1.1 Financial resources

It is difficult to assess the efficiency of use of financial resources given the rather limited amount of detail available in the published financial statements attached to the M&E reports. The Midmid-term review was very critical of the levels of efficiency achieved by 2009, though it attributes some of this to the poor level of implementation achieved at that stage.

It is clear that the initial project design clearly underestimated the level of resources needed to set up the systems necessary for delivering the CGP. The total disbursed by the third quarter of 2011 under the heading social protection was €4,636,546.99. This covers the CGP plus activities under birth registration, support to the CGPUs at district level, juvenile justice and the child helpline, but most of these activities received relatively small amounts of funding. By far and away the greatest part of this went towards the CGP, including investment costs, costs of staff working on the CGP, operational costs, and the costs of the benefit itself. A very rough calculation of the costs of the CGP benefits, i.e. the actual cash transferred, gives a figure of around €1.67 million. It is therefore reasonable to assume that the costs so far of setting up and operating the system for the cash transfer is in the order of 150% of the actual cash received by the beneficiaries²¹. It is difficult to compare these initial costs with those of other cash transfer programmes as so much depends on the context. It should also be noted that some of the investment costs, for example of operational manuals, will potentially be shared by other social safety net programmes. The more remote areas of Lesotho incur high logistical costs. However it is also worth noting that the overall budget for the second phase of the CGP estimates an overall cost of just over €15.5 million of which the cost of the actual transfer is estimated at €9.45 million, the operational costs are estimated at €2.56 million and the investment cost is €3.40 million. After three years there are still considerable costs anticipated before the CGP system could be said to be in a stable situation. It does, however, indicate that costs could be expected to fall considerably. The evaluation team accepts that this calculation includes both investment costs and operating costs, and that some of the investment costs are incurred in setting up a process which could be used for other social assistance programmes. However these investment costs are still being predicted over the next few years. Some of the costs, which are for capacity building, are likely to recur over time, though at a lower level, as staff move on.

Using the costs estimated for Lesotho over the next three years, this would mean that operational costs as a proportion of overall costs would average 41.14%. This compares to a figure of 46.07% for the Zimbabwe Emergency Food and Cash Transfer Programme, and 50.65% for the Kenya OVC cash transfer programme. However, the assumptions underlying the draft budget were not available to the team. The budget assumes an increase in the number of beneficiaries, and

²¹ This figure was estimated by calculating the number of beneficiaries receiving the cash grant at different times in the project, based on the information given in the M&E reports. Then the figure for total disbursements for Outcome 1, social protection, as of October 2011 was taken, and a figure of €200,000 was deducted for non-CGP activities. This was an estimate based on the budget for support to birth registration, and interviews with UNICEF staff and implementing agencies. The remaining figure, €4,436,546, was taken as an estimate of the costs of initial design and investment, operation and cash benefit costs of the CGP. This can only be a rough estimate, as exchange rate costs will have varied over time, and exact figures were not available for either the CGP itself, or the other activities funded under social protection, but the team is confident that the figure is in the right ballpark.

actual costs will depend on how this increase is distributed across districts. Calculations undertaken by Ayala, the company providing technical support, estimate an operational cost of 12-15% of total benefit delivered, excluding any investment costs.

It should be noted that CGP targeting process, a combination of proxy means testing and community validation, though quite resource intensive because of the two stages, gives an overall effectiveness rating in line with international benchmarks, indicating that the cash transfer is reasonably efficient in reaching its intended beneficiaries²².

6.1.2 Human Resources

It is difficult to say that the use of human resources has been inefficient. In many ways it could be argued that UNICEF managed to bring the project to completion with relatively few staff for such a wide ranging project. It is likely that had the project been put out to contract then the management costs would have been much higher. However, this came at a cost. There was heavy emphasis on the CGP and the other elements suffered by comparison.

6.1.3 Technical Assistance

Much of the technical design and operational activities of the CGP have been supported by a consultancy company and by two NGOs. This has implications for both the building of capacity in the DSW and amongst district level staff, but also for the cost of implementation, as the contracts cover not only the operational costs of the implementing agencies but also their overheads²³. Bringing in external support was necessary not only for their technical capacity but also to compensate for lack of capacity on the part of government. However many of the external consultants were brought in at quite a late stage. Over \$1.2 million worth of contract were issued by UNICEF in the last two years of the project. There are no obvious signs of inappropriate contracts being issued, or work being undertaken externally that could have been undertaken by government staff. The continuing lack of human resources in DSW has limited the opportunities for effective skills transfer from the consultants employed in the project, and it is to be hoped that there will be more opportunities under Phase II of the project.

6.2 Quality of Monitoring

M&E systems in a project should perform at least two important functions, that of accountability to funders and also of provision of information that will improve the management of the project. The M&E system of this project has focused on the first. M&E reports are written for the EU at intervals determined by levels of disbursement. An external consultant is employed to write the actual report based on information provided by UNICEF staff and project implementers. However, a good monitoring system, linked with an appropriate work plan can be a useful tool in monitoring specific activities as well as ensuring that those activities are contributing as expected to the overall objectives of the project or programme.

In this instance, there was insufficient attention paid to the quality and use of the monitoring system, both for the project and also for the overall monitoring system for OVCs, located in the DSW. Although there were regular monitoring reports for the project these were not generated by a “system” but were compiled as required. Work plans were generated, but the evaluation team

²² OPM (2012) CGP Impact Evaluation, Targeting and Baseline Evaluation Report

²³ Though it should be noted that at least one NGO brought in significant matching funds to meet the costs of its activities in implementing the project.

could find no evidence of these being used within UNICEF to assess performance of the project against expectations. If M&E were taken seriously as a management tool, then there would have been a regular process of collecting information on a quarterly or six monthly basis written up simply into a pre-set template and circulated to staff and implementers on a regular basis to allow a better understanding of the achievements within the project. As far as the evaluators could see, the emphasis was rather on vertical reporting.

Many of the activities in the last two years of the project were contracted out. CSOs and GoL were required to submit three monthly reports against the disbursement of funds. However, there was no prescribed format for these, and they varied considerably in quality. In some cases informal efforts were made to assess not only outputs but impact. However, in almost all cases there were no baselines against which to assess outcomes and impact, so even the best of the reports did little more than report on expenditures and outputs, and provide some anecdotal evidence as to impact.

For the most important activity in terms of financial expenditure and time spent, the CGP, steps have been taken to ensure that there will be a measure of impact in the future. A baseline survey was undertaken in 2011, and there are plans to repeat this by mid or late 2013 to provide evidence on the impact of the cash transfer, which will be important evidence in the debate as to the best way to take the cash transfer scheme forward.

The log frame, which should have formed the basis for the monitoring of the project was revised on more than one occasion, and the current version still suffers from a lack of baseline information and targets. For the high level indicators this is, at least in part, a result of the delay and time over runs in the production of the Situation Analysis for OVCs, which was intended to provide quantitative information on the categories and numbers of OVCs. This has now been produced, and should be used both for the second phase of the CGP and for the DSW M&E system.

The DSW M&E system was also slow to start, but once staff were employed by the Global Fund in late 2008, and additional funding was provided by the project, a system of reporting, based on templates filled in at district level, was implemented and quarterly reports have been produced since 2009. However these are still at a fairly basic level, and the unit appears to have lost momentum since the departure of the external advisor. This is one area of the project budget which was underspent, though in the absence of any detailed initial budgeting it is difficult to assess what activities were envisaged. The organisational strategy notes that M&E is seen in the DSW as an activity for a dedicated unit, rather than as an integral part of the duties of all staff.

6.3 Networking opportunities and Synergies

The project involved a large number of stakeholders and activities. There should have been opportunities for considerable networking, information exchange and realisation of synergies amongst activities, amongst NGOs, and amongst government ministries and NGOs. All stakeholders agreed that a multi-sectoral approach was necessary and the project set out to operate on this basis. However, the practical opportunities for networking proved to be limited. The main forum for networking at a central level was the NOCC, which still seems to be struggling to find its proper role. There has been a certain amount of information sharing, and technical working groups have been in operation, but some of the participants feel that it has become a rather passive vehicle for the receipt of information rather than a pro-active instrument for advocacy.

The DCPTs have also had limited success in creating local networks for professionals and NGOs in needs of OVCs, though there does in some cases appear to be potential there. In some of the districts visited some DCPT members felt that they had benefited from a greater knowledge of their colleagues activities, and a better understanding of how to get assistance for referrals. However in

some cases, we found that very junior or inappropriate staff were sent to DCPT meetings, a reflection of lack of interest on the part of the organisation.

Letsema, the NGO network for organisations with a focus on OVCs, has benefited from support from the project over its duration. It has developed an on-line directory of relevant organisations and holds monthly forums. However the organisation has suffered from high staff turnover and taken time to clarify its vision for the network. The monthly forums are starting to focus on capacity building, and now hold outreach meetings in Leribe, Mohale's Hoek and Semonkong where the numbers of participants are smaller and the meetings are run more democratically with greater active participation.

As has been remarked earlier in this report, the project itself has been managed as though it were a number of smaller projects with weak coordination amongst the different activities, despite efforts to ensure that the various elements were implemented in the same districts. Some coordination was established with PSS training for those involved with CGP, but an opportunity was lost here to really examine any possible synergies between the different service delivery elements of the approach to OVC welfare.

7 Impact

7.1 Overview

With the exception of the CGP, the initial design of the project does not allow for any potential impact of the project to be assessed. This is due to a lack of baseline data, inadequate intervention logic with limited availability of objectively verifiable indicators and limited data collection and systematic monitoring during the implementation of the project.

For the CGP a robust evaluation strategy was developed. A baseline report presenting the situation of CGP eligible and non-eligible households prior to receiving any payments is also available. A follow up survey by mid or late 2013, on the same households will allow for the full impact of the CGP to be measured.

In the absence of information on impact of the project, this section briefly summarises the findings from the Rapid Assessment Report (RAR) of CGP that provides some indication of the likely impact of the programme. A brief commentary of potential impact of the project components is also provided under this section.

7.2 The Child Grants Programme

The current state of evidence on impact and effectiveness of the CGP comes from the RAR conducted in 2010. The RAR represented findings from round 1A of the pilot. Under that round, targeted households received M360 per quarter for around 18 months (at the time of assessment). In addition households were provided with a three-quarters ($\frac{3}{4}$) food aid ration per child by WFP. The total value of this transfer (cash and food), represented around 35% of rural household expenditure, with cash comprising 14% of expenditure on average for a family of five.

The overall finding of the RAR was that the CGP cash and WFP food had a positive impact on recipients' well-being. Although the project did not result in significant impact in any single dimension of well-being, the combined support improved some households ease in purchasing maize or hygiene products, accessing credit and increased the portion quantities of food consumed. The overwhelming majority of households spent the cash on the prioritised needs of the households including basic household goods and educational needs. The additional resources enabled some children to work less for money and improved the psycho-social well-being of targeted children (OPM 2010).

As noted by the report, the RAR did not constitute a full impact evaluation of the CGP and provided an 'indicative impression' of the impact of the CGP. Moreover since this round of the programme was implemented and tested for the first time and improved and modified in subsequent rounds and since it operated along with WFP food aid, it restricts the inference that can be drawn from it in terms of likely impact of CGP in rounds 1b and 2.

7.3 Other project components

Other components of the project were limited in scope and were mostly implemented during the last 12-18 months of the project and are not expected to have any long lasting impact on outcomes pertaining to OVCs.

Although the revised DOA recognised the need for more upstream activities targeting the legislation, policy, systems and capacity of ministries dealing with OVCs, it was less successful in achieving these.

While many of the activities were meant to have been implemented through relevant Government ministries, they were often implemented through non-governmental organisations. This, to a large extent, was due to limited ownership and capacity constraints within the Government.

Much of the support to Government was in the form of material support, procurement of consultants to complete relevant studies or guidelines and in some instances once-off trainings or study tours. Where support was directed at improving service delivery within the Government through introduction of new processes or systems, they were never fully completed. Examples include interventions at OHMC for establishment of the database for comprehensive reporting on children's estates in the care of OHMC and new estate inventory forms for chiefs to name a few. Others that were operational during the lifespan of the project have ceased to function now that the project has closed. Moreover there was little evidence to suggest that the Government ministries had budgeted for or were planning to implement the activities introduced by the project.

Many of the material and non-material support provided directly to the beneficiaries have been once off activities with no follow up support or intervention. Activities under food security were costly and poorly implemented with limited training to beneficiaries and education support was mostly targeted at children already at school and ECCD centres for one year only. Such activities are unlikely to have a significant long term impact on education and nutritional outcomes of the OVCs.

The project may have contributed to better sensitised adolescent youth on issues of HIV/AIDS and targeted communities may have better understanding of the issues around child protection and psycho-social support, although these are difficult to measure. But these positive steps will only be sustained and impact the communities if mainstreamed and continuously supported by key Government institutions and other service providers.

8 Sustainability

The first phase of the project has come to an end. Follow on support for the CGP has been agreed for a limited period of time. Is there both the ownership and the institutional capacity in government at both central and district levels to take over implementation?

The GoL has agreed to take over financial responsibility for implementing the CGP in stages, with complete responsibility by 2015. Given the current financial position in Lesotho, what are the implications of this commitment?

8.1 Ownership and Institutional Capacity

Ownership of the project as a whole has been slow to develop, despite the participatory approach adopted. This is in part due to the large number of stakeholders, but also because it has been seen as quite strongly supply driven. At central level it has been seen as a project rather than as an integral part of an approach to social protection. The individual elements of the project have not been linked together in either implementation or in management. Throughout the interviews with stakeholders, the evaluation team was made aware that many implementers were aware of only their own small piece of the project. This was also true of the various Government ministries involved and, to a lesser extent, some of the staff of the different units of UNICEF. As the DSW moves towards a stand-alone ministry and takes over the operation of the CGP, a deeper sense of ownership may develop, and a greater understanding of the place of a cash transfer programme in the overall approach to social protection.

At district and community levels, the CGP has gained considerable acceptance. The use of village assistance committees to validate the list of beneficiaries has helped achieve a sense of equity in the choice of households. The involvement of chiefs in the training in psycho-social support has also meant that local power structures have been included in the overall process.

At present, there is very limited involvement of DSW staff at district level in the implementation of the CGP. It is seen as a project with systems set up by central government with assistance from World Vision in facilitating targeting. However, if it is to move away from a pilot project to become a national programme, then it is unlikely that it will depend on an NGO for support in targeting and monitoring the implementation of the grant. This means there will have to be a significant increase over the next few years in staff at district and community levels to assume these responsibilities. In phase I of the project, funding was provided for ten auxiliary social workers to help implement the CGP in five districts, but these positions have not been established by government. There will have to be a major increase in staff if the CGP is to be rolled out on a national level.

The organisational development plan for the DSW²⁴ recommends a major increase in staffing levels. However these will have to happen sooner rather than later to ensure a smooth take-over of the responsibilities of the CGP.

There are concerns that the transfer of skill that might have been expected during the final stages of the project did not occur to the extent expected, in part because of insufficient staff in place. Although government positions have been created, project staff have not been absorbed into the

²⁴ Report on Institutional and Organisational Arrangements for Strengthening the Department of Social Welfare, L.Chisepo et al, June 2011.

permanent establishment to the extent anticipated. In some units, such as the M&E unit, momentum seems to have been lost as donor funds for international experts have run out.

There is a great deal of work to be done at central, district and community levels in the next few years if the CGP is to continue to operate in an effective manner. The DSW organisation development strategy proposes considerable strengthening of the department / ministry to enable it to take on its multiple responsibilities, of which the CGP is only one. There needs to be better integration of the child grant approach into the general activities undertaken by DSW, and for the CGP to be seen as a major element in the Government's overall approach to social protection. The CGP is only operational on a pilot basis, but now that there have been several rounds of payments to households, ownership could be enhanced by more general advocacy within the department which focuses on the potential benefits and costs of the approach. This is also true at district level. In the team's field visits, there was a prevalent feeling that the CGP was a pilot managed from Maseru which the district social workers had little input into and was not strongly linked to their normal activities. It is a huge challenge for the DSW to move from its current position to assume complete responsibility for the CGP in a period of four years and will require considerable commitment at all levels.

8.2 Fiscal Sustainability

8.2.1 Macroeconomic environment

The current macroeconomic environment in Lesotho is characterised by a high fiscal deficit, low international reserves and a current account deficit. The GoL registered fiscal deficits of 6.4% and 6.6% of GDP in 2009/10 and 2010/11 respectively. Moreover the current account balance was reversed from a surplus in 2008/09 to large deficits in both 2009/10 and 2010/11 on the back of increasing imports and declining international receipts. The fiscal balance for 2011/12 is expected to register a deficit of 12.3%, although indications are that the actual fiscal outturn may be more favourable due to higher revenues and lower than expected expenditures (MOFDP 2012).

In response to its deteriorating fiscal position and significant decline in its revenue from the Southern African Customs Union (SACU), GoL requested a three-year Extended Credit Facility (ECF) with the International Monetary Fund (IMF) in 2010. Under this programme of support GoL has committed to a series of reform to restore a more sustainable fiscal position and restore macroeconomic stability.

These commitments are translated into a number of quantitative performance indicators and structural benchmarks that GoL is expected to meet. The selected performance indicators set limits on how much the Government can spend and borrow both internationally and domestically. In response to these commitments the GoL reduced its expenditures in 2010/11 whilst maintaining commitments to social spending in particular old age pensions, school feeding programme and expenditures on HIV/AIDS (IMF 2010).

In the 2012/13 budget speech the Government has committed to deficits no larger than 3% of GDP and recurrent costs are to be kept constant in real terms and any increases to be associated with productive investment. As a result of these policy commitments, the medium term fiscal outlook is projected to improve with smaller fiscal deficits of 0.9% and 1.5% in 2012/13 and 2013/14 and a budget surplus of 0.5% of GDP in 2014/15.

The above indicators suggest little scope for an expansionary fiscal policy in the medium term horizon.

8.2.2 Child Grants Programme and Fiscal Sustainability

The GoL has committed to a complete takeover of the CGP programme by 2014/15. To this end MOFDP has made provisions in the Medium Term Expenditure Framework, under its Public Sector Investment Programme. As shown in Table 8.1 the Government has allocated M2 million in 2012/13, increasing to M47.1 million in 2014/15. As shown in the same table contributions from the European Development Fund is expected to decline from 92% of total expenditure in 2012/13 to 11% in 2014/15. These costs are based on the assumption that households are given M450 per quarter. This suggests that by 2014/15 around 22,500 households are reached.

Table 8.1 Public Sector Investment Programme (2012/13-2014/15): Funding for OVCs

Source of Funding	2012/13	2013/14	2014/15
GoL	2,000,000	36,785,123	47,141,250
Global Fund (Grant)	1,820,566	2,363,525	
European Development Fund (Grant)	45,400,000	25,395,123	5,713,750
Total	49,220,566	64,543,771	52,855,000
Total as % of GDP	0.2%	0.3%	0.2%
Total as % of total GoL expenditure	0.4%	0.5%	0.4%

Source: MOFD (2012) Capital Budget.

Despite provisional allocations of budgets to the Child Grants Programme in the Medium Term Expenditure Framework (MTEF), its affordability and fiscal sustainability is uncertain. This is due to a number of reasons. Firstly, the outer years of the MTEF are not aligned to the Medium Term Fiscal Framework (MTFF) which in turn forms the basis of Government's commitments under the ECF programme. Currently the PSIP projections for the year 2013/14 exceed the ceilings under the MTFF by around M1 billion, thus requiring further cuts.

Secondly the budgeted figures suggest coverage that excludes a large portion of the target populations and therefore a move towards a national programme will call for proper costing and fiscal sustainability analysis to be undertaken. The GoL needs to have a very clear idea on the purpose, design and structure of the CGP it intends to take over. What is the targeted population of the CGP? How many households or children does the programme intend to reach? How much does the programme intend to give? How often? And how? These are some of the questions that have significant bearings on the fiscal costs of the programme that need to be discussed by the Government prior to any takeover. It will be important that these are discussed and appropriate analysis undertaken at the beginning of Phase II of the project.

Once the costs of the programme are determined, fiscal sustainability analysis should be undertaken to determine whether there is adequate fiscal space for its introduction. Indicators in the previous section point to limited scope for further increasing Government expenditures in the medium term, however if the figures within the MTEF sufficiently cover the real costs of the CGP expansion and if the need for reduction in the PSIP do not result in cuts under this programme, then the programme may be within the overall parameters of fiscal sustainability it has set.

It should also be noted that the Poverty Reduction General Budget Support Performance Assessment Framework for 2011–2013 contains a section on Strengthened Social Protection with indicators on numbers of OVCs reached by both the Public Assistance programme and the CGP, and a target of incorporating the CGP in law, either through an amendment of the CPWA or through a separate bill to be presented in Parliament in 2012.

8.3 The Way Forward

The GoL has committed to a second phase of the project focusing on the CGP, institutional strengthening of the DSW and strengthening coordination and networking. The GoL has committed itself to taking over the cost of the grant to beneficiaries from FY 2013/14, and the full cost of operating the CGP by FY 2015/16. The support from the EU for the CGP will fall from €4.1 million in 2012 to less than €1 million in 2014. At the same time the GoL will receive GBS from the EU the amount of which is conditional upon a number of performance indicators, including increased coverage of the CGP.

The analysis above indicates the concerns that the evaluators have about the sustainability of the CGP, both from an institutional perspective and from a fiscal point of view.

The other elements of the first phase of the project will not continue to receive support through Phase II. In some cases, there are other partners active in providing similar support. The Global Fund has funded projects addressing barriers to education which are similar to those funded by the EU project though in different districts. It is also preparing to support sensitisation activities for the CPWA. The psycho-social support training provided by TRA has been much appreciated by those who have benefited from the training. However this has been a once-off activity focused on the districts where the CGP has been implemented. It needs follow-up and reinforcement, an area where the DSW should be taking the lead. As yet there are no indications that this will happen.

Similarly with the health and nutrition interventions, there are no indications that other partners will fill the gap left by the project, and because of the delay in implementing these activities this means that some communities will have benefited for one year only. To quote the end of project report, the project has replicated a “hit and run” intervention pattern.

The EU ROM report from 2010 recommended that UNICEF and the GoL start preparing an exit strategy. There is no evidence that this has been done. There is still time for the CGP, indeed Phase II is designed as an exit strategy, but many of the other activities have come to an end. Although this has been made clear to partners and ministries, this has not always been communicated well to communities.

9 Conclusions and Recommendations

9.1 Conclusions

9.1.1 Project overall

Overall, the project achieved many of its targets by the end of the last year, and in some cases, such as the number of overall beneficiaries, overachieved. Considerable progress was made in the last two years of implementation, as a result of sustained effort by UNICEF, and in particular by the two staff members at UNICEF who were tasked with managing the project. Few people would have predicted in early 2009 that the project would have reached so many of its targets and the effort that has been put in to achieve these results must be commended.

However the pressure to achieve targets in so many different areas over such a short period meant that results were sometimes at the expense of quality. Implementation did not always go according to plan for activities such as the food security intervention, ECCD bursaries were not allocated in a way that increased overall enrolment²⁵, training was not always undertaken in a timely manner. There was little systematic monitoring for outcomes or impact. The project's flagship programme, the CGP, faced a number of shortcomings in particular in its mobilisation, targeting, monitoring and case management.

The evaluation team acknowledges that it is sometimes difficult to achieve an appropriate balance between a results-focus and ensuring quality. It is likely that if there had not been a push in the last year, some elements of the project would not have been implemented at all, but the strong focus on results has meant that there is likely to have been very little lasting value over time from some of these activities. This is particularly true for the food security components. The absence of a theory of change underpinning the project meant that the rationale for including these components was never made clear. Were these supposed to be innovative pilots or was their value to derive from their synergies with other activities? In either case there is little evidence from this project to guide either the GoL or other funders as to their value in future approaches to supporting OVCs.

Initially, there was a major underestimation of the extent of the capacity gap to implement the project in Lesotho. This capacity gap existed at all levels: in the Department of Social Welfare, where the project had to employ staff specifically to implement the Child Grants programme, and where the GoL also brought in staff at district level; in UNICEF, where a social policy specialist and a child protection specialist were brought in in mid-2008 to provide support and management to the project; and in other line ministries where NGOs were brought in to implement some of the key project activities. It took time to identify and address this capacity gap, as the GoL initially felt that they could implement the project themselves. This was one of the factors responsible for the initial slow pace of implementation.

Another factor was the poor initial project design. The holistic approach taken was too ambitious for the capacity on the ground. There would have been an opportunity to trim the project down in 2009-2010, but the appeal of the holistic approach, combined with the number of stakeholders already involved and with expectations, meant that, although the redesign spelled out, in more detail, the elements of the various activities, the overall scale of the project remained very broad.

²⁵ Though it could be argued that the targeting strategy for these activities was not very clearly set out in the beginning.

This broadness came at the cost of reduced quality of the implementation for all activities and programmes including the CGP.

Much of the focus in the earlier years of the project was on the implementation of the CGP. It appears the complexity of implementing the CGP was not fully understood until after the project had begun. Work was undertaken on establishing coordination structures at an early stage, but it was not until 2009 that some of the other activities, such as psycho-social support, were started. Some activities were not started until 2011, and had to be implemented under considerable time pressure. As these activities did not have to be implemented in conjunction with one another, there appears to be no reason, other than limited management time, why many of these could not have been started earlier. The strategy of contracting NGOs to compensate for lack of capacity in government could have been implemented at an earlier stage, had there been greater recognition by GoL of their limited capacity.

One factor which could have contributed to this was the lack of systematic project monitoring. Reports were compiled by UNICEF for the EU at intervals determined by the level of disbursement of funds, but there were no regular quarterly or six monthly reports which could have been used as part of the management process. UNICEF required regular reports from its subcontractors, but the format in which this was done was standardised and not always appropriate to monitoring the project as a whole.

9.1.2 Capacity and coordination

As indicated above, capacity has been a major issue in the implementation of the project from the beginning. It has been addressed during Phase I by bringing in outside consultants and NGOs to carry out key tasks within the project, while internal capacity is developed. However this process has been slow. Certain key positions have been established but are not yet filled. The organisational development analysis of the DSW was not started until 2010, and this work will continue into Phase II of the project. In the view of the evaluation team, the DSW is not yet in a position to take over management of the CGP and will need considerable support in the first years of Phase II to keep the CGP on track.

Coordination of the various efforts to address OVCs is still a significant problem. The NOCC has never been fully functional and there is need to agree a final ToR and to get recognition of its status. After a promising start in some districts, the DCPTs have become less active as funds to enable activities have dried up. Their role needs to be revisited. Sentebale has made a promising start with the Letsema network, particularly in the recent district-level activities, and this should be encouraged. The number of active stakeholders supporting OVCs changes fairly frequently, their capacity needs to be developed and their activities monitored.

9.1.3 Addressing needs of OVCs in future

The GoL National Policy on OVCs emphasises the importance of a multi-sectoral response to the care and protection of children affected by the triple threat of HIV/AIDS, poverty and food insecurity. A holistic integrated approach is important, but this does not necessarily have to come from one integrated project. The EU-funded project has shown how difficult it is, in the context of Lesotho, to overcome both funding and human resource gaps.

The project has taken a lead in establishing a better evidence base which can inform future decision-making. The recently completed Situation Analysis of OVCs provides an important analysis of the factors affecting vulnerability, and the numbers affected, which should be a useful starting point for identifying those areas of service provision which need to be strengthened, and

areas where the needs of the most vulnerable are still unmet. However, this cannot be seen as a one-off exercise. It needs to be updated regularly.

Improved coordination will also be key. The Situation Analysis recommends that the NOCC take a role of advocacy in the response to OVCs, to alleviate the capacity issues in DSW, and that the emphasis should be on cooperation, rather than leadership.

9.1.4 Child Grants Programme

This is the activity which has received most attention in the implementation of the EU project and where most progress has been made. A system has been developed for identifying appropriate beneficiaries through a combination of proxy means testing and community validation, and grants have been paid on a quarterly basis to almost 10,000 households, as of the end of 2011.

There has been recognition of the need for proper assessment of the programme. An initial baseline survey was undertaken in 2011, which was designed to provide the basis for a comprehensive impact evaluation that will be completed with a follow-up survey by mid or late 2013, and. This will provide robust evidence on which to plan for the roll-out of the CGP on a national scale.

The efforts to generate rigorous evaluation evidence to inform the design of the programme are encouraging, however, from a broader perspective, the evaluation team feel that the timetable for the GoL to take over the funding and management of the CGP is unrealistic. Although the programme shows promise as an approach to supporting households looking after OVCs, we are concerned about the implications for GoL of taking over what is at present a pilot project for which many aspects have not been fully worked through, either financially or in terms of the detailed design of systems for implementation. Questions remain about how a scaled-up CGP would fit into the overall national social protection policy. The evaluation team understand that these will be addressed at the beginning of Phase II and that social protection issues will be incorporated within the National Social Development Policy currently under formulation. It is extremely important that a clear policy framework is provided in a timely manner.

9.2 Recommendations

9.2.1 National OVC policy and policy response implementation

1. Given the importance placed on a multi-sectoral response to the care and protection of OVCs, it is imperative that the coordinating structures are in place and effective. We recommend that the NOCC be given a statutory recognition as soon as possible to guide the coordination of activities within this sector.

Significant delays in the finalisation and approval of the Terms of Reference for NOCC suggests deeper concerns by the Government (particularly the DSW) on the role and mandate of NOCC. As the primary stakeholder and coordination agency, we recommend DSW senior management take the necessary steps to address these and have the NOCC formally recognised.

2. Support DSW in the completion of the National Strategic Plan on Vulnerable Children, taking into consideration the full state of evidence generated by the project including the Situational Analysis of OVC and the Child Poverty Study.

3. The NSPVC should form the basis of any future intervention and any support to the sector by donor agencies should be fully aligned with this strategy. This requires a more proactive role by DSW in owning and guiding the national agenda on OVCs.
4. Any future intervention programme should be supported by a strong monitoring and evaluation framework that includes on-going assessment of relevance and effectiveness. If existing programmes or projects are supported it is imperative to assess how relevant and effective they have been in the past prior to continuation of support.

9.2.2 Phase II OVC Support²⁶

5. The CGP is seen as the conduit for wider child sensitive social protection systems in the country. To ensure that the CGP is fully integrated within DSW, there is a need for full ownership of the programme by the Government.
6. To do so, the Government will need to have a clear idea on the objective of the CGP in lieu of other existing social assistance programmes and wider social protection policy. In doing so the Government needs to determine who it wants to target, how it intends to reach them, how much it intends to provide, how often and through what mechanism. The answers to these questions must then in turn determine the detailed design parameters of a fully scaled-up CGP, and should be informed by the forthcoming CGP impact evaluation.
7. These questions have significant fiscal implications to the Government. We therefore recommend the establishment of a working group comprising of DSW, MOFDP and UNICEF to address these issues immediately. This working group should develop a jointly agreed implementation plan containing detailed design and costing of the programme together with its human resource requirements
8. The implementation plan should include a transition strategy for full handover of the project to the Government. This includes human resource and operational requirements, the process of integration into DSW organisational structures and regular management meetings. The transition strategy should have a realistic timetable based on the capacity of Government. The implementation plan should be reviewed on a monthly basis to identify problems and blockages as they occur.

²⁶ The evaluation team understands that steps are being taken under Phase II of the project to address these issues, including the staffing requirements for a handover of the CGP to government. These recommendations are intended to emphasise the importance of certain key aspects for the smooth implementation of Phase II.

References / Bibliography

Baylor College of Medicine Children's Foundation - Lesotho (2009), 'Proposal for Continued Scale-Up of Paediatric HIV/AIDS Care and Treatment in Lesotho 2009/10, 2010/11, 2011/12'.

Baylor College of Medicine Children's Foundation – Lesotho, Annual Report (July 2009 – June 2010).

Bulwani. G (2010), 'Organisation Development Strategy for Addressing Capacity Development Needs', MOHSW, November.

Cerritelli, W.E (2009), Mid-Term review of the project: "Lesotho HIV/AIDS response: empowerment of Orphans and Vulnerable children, for UNICEF.

CGP, Manual of operation in use for round 1A of the CGP pilot, November 2008.

Child Helpline (2010), 'programme document for December 2010-December 2011'.

Chisepo et. al. (2011). 'Report on Institutional and Organisational Arrangements for Strengthening the Department of Social Welfare', prepared for the Department of Social Welfare by L. Chisepo, G. Bulwani, L. Mahololi, M. Mphalane, S. Asiimwe, M. Raphuthing, and T. Thamae, Maseru.

DSW (2006a), 'National Policy on Orphans and Vulnerable Children', Department of Social Welfare, Ministry of Health and Social Welfare, Maseru.

DSW (2006b), 'National OVC Strategic Plan 2006-2010', Department of Social Welfare, Ministry of Health and Social Welfare, Maseru.

DSW (2009a), 'Report of the Review of the OVC National Action Plan 2006 and the OVC Strategic Plan 2006-2010', prepared by the Centre for Management Development and Professional Studies (CMDPS) for the Department of Social Welfare, Maseru.

EC (2005), 'A Situation Analysis of the National HIV/AIDS Response, and Options for an Investment by the EC in the HIV/AIDS Response', Final Report, October.

EC (2011), 'Support to Lesotho HIV and AIDS response; empowerment of orphans and vulnerable children, Monitoring Report, November.

EC (2010), 'Support to Lesotho HIV and AIDS response; empowerment of orphans and vulnerable children', Monitoring Report, October.

EC (2008), 'Support to Lesotho HIV and AIDS response; empowerment of orphans and vulnerable children', Monitoring Report, October.

EPRI (2007), 'Technical support design the delivery mechanism for Cash Transfers under the EC Funded OVC programme of the Government of Lesotho', December.

European Delegation (2012).), 'Enhancing Social Protection for Orphans and Vulnerable Children', phase II agreement, January.

Evans, D., M. Kremer, M. Ngatia (2009), "The Impact of Distributing School Uniforms on Children's Education in Kenya, Innovations for Poverty Action, http://www.poverty-action.org/sites/default/files/169_new_paper_november_2009.pdf

GoL/UNICEF (2010), Project Steering Committee Meeting Minutes, August.

GoL/UNICEF (2010), Project Steering Committee Meeting Minutes, May.

GoL/UNICEF (2011), Project Steering Committee Meeting Minutes, March.

Government of Lesotho (2006a). National HIV&AIDS Strategic Plan (2006-2011), National AIDS Council, Maseru.

Government of Lesotho (2012), 'Draft National Strategic Development Plan 2012/13-2016/17 - Part I: Growth and Development Strategic Framework', February.

Heller, P. (2005) Understanding Fiscal Space, IMF Policy Discussion Paper, IMF.

IMF (2010), 'Joint World Bank/IMF Debt Sustainability Analysis', May.

IMF (2010), 'Kingdom of Lesotho: Request for a three-year Arrangement under the Extended Credit Facility', May.

Kick4Life (2011), 'Strengthening promising practice in HIV prevention among young people', partnership between UNICEF and Kick4Life.

Kimane et al (2009), 'OVC Rapid Assessment Report', November.

Lesotho Planned Parenthood Association (2009), 'Adolescent HIV prevention Programme, ASRH training package', A proposal to UNICEF Lesotho.

Ministry of Finance and Development Planning (2012), 'Background to the 2012/13 budget', Government of Lesotho, January.

Ministry of Finance and Development Planning (2012), 'Budget speech to parliament for the 2012/2013 fiscal year', Government of Lesotho, January 2012.

MOHSW (2008). National OVC Monitoring and Evaluation Plan (2008-2011), Ministry of Health and Social Welfare, Maseru.

MOHSW (2011), 'Situation Analysis of Orphans and Other Vulnerable Children in Lesotho', December.

OECD (1991), 'The DAC Principles for the Evaluation of Development Assistance'.

OPM (2011), 'A Rapid Assessment of the Child Grants Programme', April.

OPM (2012), 'CGP Impact Evaluation: Targeting and baseline evaluation report', January.

Sentebale (2011), 'Proposal to UNICEF for the Mamohato Network And Camps Programme', February-December 2011.

UNICEF/EC (2010), Support to Lesotho HIV and AIDS response: Empowerment of Orphans and Other Vulnerable Children, Revised description of action, January 2010.

UNICEF/EC (2008). 'Support to Lesotho HIV and AIDS response: empowerment of Orphans and Vulnerable Children', Interim Progress Report, May.

UNICEF/EC (2009). 'Support to Lesotho HIV and AIDS response: empowerment of Orphans and Vulnerable Children, Progress Report', March.

UNICEF/EC (2011). Support to Lesotho HIV and AIDS response: empowerment of Orphans and Vulnerable Children, Interim Narrative Report', February.

UNICEF/EC (2011). 'Support to Lesotho HIV and AIDS response: empowerment of Orphans and Vulnerable Children, Interim Narrative Report', November.

UNICEF/EC (2011). 'Support to Lesotho HIV and AIDS response: empowerment of Orphans and Vulnerable Children, Interim Narrative Report', July.

Web sites:

http://www.UNICEF.org/cbsc/index_42347.html

Annex A Terms of reference

1. DESCRIPTION OF THE ASSIGNMENT

➤ Overall objective

The overall objective of the evaluation is to assess whether the project has been able to deliver on its objectives as well as to assess its impact both on the beneficiaries and on the national policy context, and whether the outcomes / outputs / targets envisaged after the project revision have been realised.

➤ Specific objective

The final evaluation will provide decision makers in the GoL and the EC, as well as other concerned stakeholders with sufficient information:

1. To make an overall independent assessment of the past performance of the project, paying particular attention to its impact on beneficiaries;
2. To identify key lessons learned and to provide practical recommendations for follow-up actions (especially in relation to Phase 2 of the project for the period 2012-2014).

The final evaluation will focus on the five evaluation criteria endorsed by the OECD-DAC²⁷ (i.e. relevance, effectiveness, efficiency, sustainability and impact).

Relevance

The final evaluation will assess the extent to which the project goal and outcomes are consistent with beneficiaries' requirements, Lesotho needs, global priorities and partners' and EC's policies.

The analysis of relevance will focus on the following questions in relation to the design of the project:

- The extent to which the project has been consistent with, and supportive of, the policy and programme framework within which the project is placed, in particular the EC's Strategy Paper for Lesotho (EDF 9), and Lesotho development policy and sector policies;
- The quality of the analyses of lessons learnt from past experience, and of sustainability issues;
- The project's coherence with current/on-going initiatives;
- The quality of the problem analysis and the project's intervention logic and logical framework matrix, appropriateness of the objectively verifiable indicators of achievement;
- The extent to which stated objectives correctly address the identified problems and social needs, clarity and internal consistency of the stated objectives;
- The extent to which the nature of the problems originally identified have changed;
- The extent to which objectives have been updated in order to adapt to changes in the context;
- The degree of flexibility and adaptability to facilitate rapid responses to changes in circumstances;

²⁷ Organisation for Economic Co-operation and Development's Development Assistance Committee.

- The quality of the identification of key stakeholders and target groups (including gender analysis and analysis of vulnerable groups) and of institutional capacity issues;
- The stakeholder participation in the design and in the management/implementation of the project, the level of local ownership, absorption and implementation capacity;
- The quality of the analysis of strategic options, of the justification of the recommended implementation strategy, and of management and coordination arrangements;
- The realism in the choice and quantity of inputs (financial, human and administrative resources);
- The analysis of assumptions and risks;
- The appropriateness of the recommended monitoring and evaluation arrangements.

Effectiveness

The final evaluation will assess the extent to which the project expected outcomes were attained, and the project specific outputs achieved or are expected to be achieved. The analysis of the project effectiveness will therefore focus on such issues as:

- Whether the planned benefits have been delivered and received, as perceived by all key stakeholders (including women, men, and children and specific vulnerable groups);
- Whether intended beneficiaries participated in the project;
- If the assumptions and risk assessments at outcome level turned out to be inadequate or invalid, or unforeseen external factors intervened, how flexibly management has adapted to ensure that the outcomes would still achieve the goal; and how well has it been supported in this by key stakeholders including Government, EU delegation, etc.;
- Whether the balance of responsibilities between the various stakeholders was appropriate, which accompanying measures have been taken by the partner authorities;
- How unintended results have affected the benefits received positively or negatively and how well these could have been foreseen and managed;
- Whether any shortcomings were due to a failure to take into account cross-cutting or overarching issues such as gender, environment and poverty during implementation.

Efficiency

The final evaluation will assess whether the project management was sound, as well as the “value for money” of the project. In particular, it will review:

- The extent to which the costs of the project have been justified by the benefits accrued whether or not expressed in monetary terms in comparison with similar projects or known alternative approaches, taking into account the contextual differences and eliminating market distortions;
- Contributions from GoL and local institutions (e.g. offices, staff, experts, and logistics), target beneficiaries and other local parties: have they been provided as planned?
- Technical assistance: how well did it help to provide appropriate solutions and develop local capacities to define and produce results?

- Quality of monitoring: its existence (or not), accuracy and flexibility, and the use made of it; adequacy of baseline information;
- Whether any unplanned outputs have arisen from the activities so far;
- The networking opportunities created through the project amongst government agencies, communities and other stakeholders.

Impact

The final evaluation will review the following aspects:

- The extent to which the project outcomes have been achieved as intended in particular the project planned goal;
- Whether the effects of the project:
 - a) Have been facilitated/constrained by external factors;
 - b) Have produced any unintended or unexpected impacts, and if so how have these affected the overall impact;
 - c) Have been facilitated/constrained by the project management, by co-ordination arrangements, by the participation of relevant stakeholders;
 - d) Have contributed to economic and social development;
 - e) Have contributed to poverty reduction;
 - f) Have made a difference in terms of cross-cutting issues like gender equality, environment, good governance, conflict prevention, etc.

Sustainability

The final evaluation will make an assessment of the prospects for the sustainability of benefits on the basis of the following issues:

- The ownership of objectives and achievements, e.g. how far all stakeholders were consulted on the objectives from the outset, and whether they agreed to them and continue to remain in agreement;
- Institutional capacity of the Government (e.g. through policy and budgetary support) and counterpart institutions; the extent to which the project is embedded in local institutional structures; whether counterparts have been properly prepared for taking over, technically, financially and managerially;
- The adequacy of the project budget for its purpose, particularly phasing out prospects;
- Socio-cultural factors, e.g. whether the project is in tune with local perceptions of needs and of ways of producing and sharing benefits; whether it respects local power structures, status systems and beliefs, and if it sought to change any of those, how well accepted are the changes both by the target groups and by others; how well it is based on an analysis of such factors, including target groups / beneficiary participation in design and implementation; and the quality of relations between the external project staff and local communities;
- Financial sustainability, e.g. whether the services being provided are affordable for the intended beneficiaries and are likely to remain so after funding will end; whether enough funds are available to cover all costs (including recurrent costs), and continue to do so after

funding will end; and economic sustainability, i.e. how well do the benefits (returns) compare to those on similar undertakings once market distortions are eliminated;

- Technical (technology) issues, e.g. whether (i) the technology, knowledge, process or service introduced or provided fits in with existing needs, culture, traditions, skills or knowledge; (ii) alternative technologies are being considered, where possible; and (iii) the degree in which the beneficiaries have been able to adapt to and maintain the technology acquired without further assistance;
- Wherever relevant, cross-cutting issues such as gender equity, environmental impact and good governance were appropriately accounted for and managed from the outset of the project.

Annex B Evaluation Matrix

Evaluation Question	Indicator/ Analysis	Data Collection Method	External factors/ Assumptions
Relevance			
To what extent has the project been consistent with and supportive of the policy and programme framework, both of the EC strategy paper and GoL development and sector policies?	Analysis of relevant policy documents, and the project document	Existing documentation Interview with relevant GOL and EC officers	
How well have lessons learnt from past experience been addressed in the project?	Analysis of past reviews and previous projects	Documentation Interviews with relevant UNICEF officers	
Is the project coherent with current HIV/AIDS and other initiatives?	Analysis of other HIV/AIDS and poverty focused programmes	Interviews with relevant donors, Min of Finance data on ODA?	ODA data available
Does the project's intervention logic and log frame reflect the initial problem analysis and are the OVIs appropriate and measurable?	Analysis of project documentation	Project documents, interview with officer responsible for M&E	
Do the stated objectives correctly address the identified problems and social needs and are they clear and internally consistent?	Analysis of project documentation	Project documents, interview with officer responsible for M&E	
Have the nature of the problems originally identified changed?	Changes in project objectives, analysis of OVC situational analysis and Child Poverty study, Situation Analysis of Orphans and	Interviews with key stakeholders, UNICEF staff	

	other Vulnerable Children (2011)		
To what extent have the objectives been updated in order to adapt to changes in context?	Changes in project objectives	Interviews with key stakeholders, UNICEF staff	
How flexible has the project been to facilitate rapid changes in circumstances?	Changes in project objectives	Interviews with key stakeholders, UNICEF staff	
How well were key stakeholders and target groups identified (including gender) and were institutional capacity issues identified?	Analysis of initial design documentation	Documentation of project and other relevant projects. Interviews with stakeholders, including CSO	Access to relevant project documentation
Did stakeholders participate in the design and in the management of the project, was there local ownership?		Stakeholder interviews, including at local level	
Was the project realistic in the choice and quantity of inputs?	Analysis of project design	Project documentation	
Were assumptions and risks analysed appropriately?	Ex post risk analysis	Project documentation	
Effectiveness			
Were the planned benefits delivered and received, as perceived by all key stakeholders (including women, men and children and specific vulnerable groups)?	Outcome indicators in log frame	Project reports, M&E Key Informant Interviews	M&E system up and running
Did intended beneficiaries participate in the project?	% of intended beneficiaries participating in project. % of beneficiaries not initially targeted	Use of secondary data (CGP Rapid Assessment) Key Informant Interviews	

If and where assumptions and risk assessments were inadequate has management adapted flexibly to ensure that outcomes would achieve the goal? Has it been supported in this by key stakeholders?	Analysis of operational changes	Interviews with UNICEF staff Stakeholder interviews	
Have unintended results affected the benefits received positively or negatively? How well could these have been foreseen and managed?	CGP Rapid assessment	Project documentation, particularly progress reports, CGP rapid assessment report Stakeholder interviews	
Were any shortcomings due to a failure to take into account cross-cutting or overarching issues during implementation?	Project progress report	Stakeholder consultation	
Efficiency			
To what extent have the costs of the project been justified by the benefits accrued in comparison with similar projects?	Cost analysis Value for Money (VFM) analysis	Financial data, outcome indicators	Similar projects can be identified
Have contributions from GOLGoL and local institutions been provided as planned?	Comparison of annual planned budgets with outcomes	Financial reports	
How well did technical assistance help to provide appropriate solutions and develop local capacities?	Analysis of use of TA	Project documentation, interviews with key stakeholders	TA has been used in project, and there have been reports on its use
How adequate was the quality of monitoring and what use was made of it?	Identification of follow-up mechanisms for	M&E staff at MOHSW and examination of produced reports	

	M&E		
Have any unplanned outputs arisen from the activities so far?	Rapid Assessment and baseline data for CGP impact evaluation	CGP Rapid assessment, focus group discussions, stakeholder interviews	
What if any networking opportunities have been created through the project amongst government agencies, communities and other stakeholders?	Analysis of interactions between government agencies, communities and others, e.g. Project Steering Committee (PSC), workshops	Project reports, PSC reports, Stakeholder interviews	
Impact			
To what extent have project outcomes been achieved as intended in particular the project planned goal?	Achievement of outcome indicators	M&E reports, Stakeholder interviews	
Have the effects of the project been : Facilitated or constrained by external factors? Produced any unexpected or unintended impacts and if so how have these affected the overall impact? Facilitated or constrained by project management, by co-ordination arrangements, by participation of relevant	Rapid Assessment and Baseline Data for CGP impact evaluation Analysis of operational effectiveness Analysis of ability of participants to participate in economic and social activities Poverty indicators relative to national or district levels Analysis of inclusion/	Project documentation, beneficiary interviews, Other stakeholder interviews, including GoL	Poverty data available in comparable measures for beneficiaries and country

stakeholders? Contributed to economic and social development? Contributed to poverty reduction? Made a difference in terms of cross-cutting issues?	participation of women, children and vulnerable groups in running of project		
Sustainability			
Is there continued ownership of project objectives and achievements by stakeholders?		Interviews with Government officials at MoHSW, MOFDP and other relevant ministries.	
Is there appropriate institutional capacity in GoL and counterpart institutions? Is the project embedded in local institutional structures? Are counterparts properly prepared for taking over?	Analysis of institutional capacity at national and local levels	Reports on capacity development Interviews with counterparts at national and local level	
Is the project budget adequate, particularly phasing out prospects?	Budget analysis	Financial reports Interviews with relevant GoL officials, project staff	
Is the project in tune with local perceptions of needs and of ways of producing and sharing benefits?		Interviews with community leaders and service providers at local level, interviews with cultural and social experts	
Are the services being provided affordable for the Government and other service providers and are they likely to	Assessment of affordability in context of local and household budgets	Interviews with local officials and Min of Finance and other GoL officials	That costs are identified which accrue to

remain so after funding will end? Are funds available to cover all costs, and will they be after the project ends?			households
Have technologies introduced been appropriate for existing needs, culture and traditions and to what degree have the key stakeholders been able to adapt to and maintain technologies without further assistance?		MOHSW staff, implementing agencies and discussions, interviews with local leaders.	New technologies have been introduced

Annex C List of Officials Met

Number	Position	Name	Organisation/Location
1	Consultant	Russell Armstrong	Armstrong Associates Consulting
2	Nurse	Ntate Motlatsi	Baylor Clinic - Leribe
3	Director	Edith Q. Mohapi	Baylor College of Medicine
4	Medical Practitioner	Rajni	Baylor College of Medicine
5	Medical Practitioner	Iyiola Faturiyele	Baylor College of Medicine
6	Senior Nutrition Officer	Tsonoane Mpota	Berea district
7	District Community Secretary	Mathabang Trali	Berea district
8	Public Health Nurse	M'e Maliboea Tau	Berea district
9	Executive Secretary	Ntate Booi Mohapi	Catholic Relief Commission for Justice and Peace
10	DCPT member	M'e Mampo Moyane	CBO - Young Masekha against AIDS - Berea
11	Inspector	Ntate Matona	CGPU Leribe
12	Police Officers	Group of 6 Police Officers	CGPU Leribe
13	Police Inspector	Lehlabathe	CGPU Mafeteng
14	Constable	Maile	CGPU Mafeteng
15	Sergeant	Thomas Mote Chaotsane	CGPU, Berea
16	DCPT member	Samuel Rajuili	Community Development and Peace Promotion, Mafeteng
17	Chief	Fako Leshobore Sewso	DCPT member, Mafeteng
18	Programme manager (operations)	Mariam Homayoun	Delegation of the European Union
19	Former programme officer	Dr Amaury Hoste	Delegation of the European Union (by skype)
20	Bursaries Officer	Nikiwe Lechesa	Department of Education and Training - Leribe
21	ECCD Officer	Mamohau Hlapho	Department of Education and Training - Leribe
22	Special Education Officer	Lihelong Tjokosele	Department of Education and Training - Mafeteng
23	ECCD Officer	Blossom Ramakatane	Department of Education and Training - Mafeteng
24	LTDC Officer	Kekeletso Mohanyane	Department of Education and Training - Mafeteng
25	LTDC Officer	Mopa Makheta	Department of Education and Training - Mafeteng
26	Director of Field Services	Mrs L.V.	Department of Field Services, Ministry of

27	M&E Officer	Hanyane Setlaba Phalatsi	Agriculture and Food Security Department of Social Welfare
28	Dorcas International	representative from Dorcas	Dorcas International - Semonkong CC
29	Principal Secretary	Selloane M. Qhobela	DSW
30	Teacher	Marethabile Masela	ECCD, Mathula
31	Senior Technical Advisor	Dr Appolinaire Tiam	Elizabeth Glaser Pediatric AIDS Foundation
32	Director	Mr Matijane	Juvenile Training Centre
33	Bursaries Officer	Sylvia Marite	LAPT - Mafeteng
34	District Nutrition Officer	Ntsoaki Mokhshoe	Leribe
35	Child Help Line coordinator	Kananelo Moholi	Lesotho Save the Children
36	Master trainers	Thatsiu	LPPA
37	Master trainers	Maoria Tsehlur	LPPA
38	Master trainers	Teboho Kikine	LPPA
39	Master trainers	Soai Rafutho	LPPA
40	Master trainers	Likeleli Mokhethi	LPPA
41	Community support workers	Mrs Mamakhotle Tsolo	Mafeteng
42	Community support workers	Matomase Bohloko	Mafeteng
43	Community support workers	Makamohelo Mofo	Mafeteng
44	Senior Child Welfare Officer	M'e Mantoa	Mafeteng
45	DCPT member/teacher/play therapy	Masabebel Lephoana	Mafeteng
46	Chief right hand man	Ntate Haseiso	Mathula Community Council
47	Support Group	Support Group member	Mathula Community Council
48	Youth	Youth	Mathula Community Council
49	Youth Volunteer	Youth	Mathula Community Council
50	Secondary School Teacher	teacher	Mathula Community Council
51	Chief of Hasaiso	Chief	Mathula Community Council
52	University Lecturer	Dr Kimane	Member of NOCC
53	Chief nutrition officer - Department of field services	M.L.Bereng	Ministry of Agriculture, Food Security and Disaster Management
54	Principal nutrition officer - Department of field services	Puseletso Thobileng	Ministry of Agriculture, Food Security and Disaster Management
55	Principal nutrition officer - Department of field services	Mpakie Makara	Ministry of Agriculture, Food Security and Disaster Management
56	Chief Inspector - Field services	Thuto Ntsekhe- Mokhehle	Ministry of Education and Training
57	Honourable Minister	Hon Timothy.T Thahane	Ministry of Finance and Development Planning
58	Principal Secretary	Mosito Khetisa	Ministry of Finance and Development

				Planning
59	Coordinator of NSDP	Nthoateng lebona	Ministry of Finance and Development	Planning
60	Global Fund - National Coordinator	Nkhala Sefako	Ministry of Finance and Development	Planning
61	Aid Coordination	M'e Jaase	Ministry of Finance and Development	Planning
62	Aid Coordination	M'e Mankesi	Ministry of Finance and Development	Planning
63	M&E Officer	Ntate Puluma	Ministry of Finance and Development	Planning
64	Aid Coordination	M'e Puseletso	Ministry of Finance and Development	Planning
65	Child Grant Manager	Rapelang J.Ramoea	Ministry of Health and Social Welfare	
66	Director Planning	Masasa Malefetsane	Ministry of Health and Social Welfare	
67	Director Social Welfare	M'e Limakatso Chisepo	Ministry of Health and Social Welfare	
68	Child welfare officer	M'e Mantsenki Mphalane	Ministry of Health and Social Welfare	
69	Manager National Identity & Civil Registry	Ntate Keketsi	Ministry of Home Affairs	
70	Principal Secretary	Mr Masenyetse	Ministry of Justice, Human Rights and Correctional Service	
71	Deputy director probation services	Mokho Motheo	MJHRCS	
72	Director probation services	Moliehi Mokoteli	MJHRCS	
73	Principal probation officer	Lehlohoalo Marsoso	MJHRCS	
74	Probation officer	Seithati Motsamai	MJHRCS	
75	NAO Advisor	Jackie Koning	Office of the National Authorising Officer (NAO)	
76	Deputy NAO	Molise Koto	Office of the National Authorising Officer (NAO)	
77	Child Inheritance	M'e Vilakazi	OMHC	
78	OVC and community-based care specialist	Brenda Yamba	PEPFAR	
79	DCPT member	Pule Motthibi	Red Cross, Mafeteng	
80	Council Secretary	Ntate Mokhali	Semonkong Community Council	
81	Former Council Secretary	?	Semonkong Community Council	
82	Food Security beneficiary	Household beneficiary	Semonkong Community Council	
83	Food Security beneficiary		Semonkong Community Council	
84	ECCD teacher	M'e Makou	Semonkong Community Council	
85	ECCD teachers	Group of 5 ECCD teachers	Semonkong Community Council	
86	Support Group	Lerato Mahomo	Semonkong Community Council	

87	Area chiefs	2 Chiefs	Semonkong Community Council
88	Village health worker	M'e Manneheng Liau	Semonkong Community Council
89	Youth Leader	Molieli	Semonkong Community Council
90	International Programmes Advisor	Carmel Gaillard	Sentebale
91	Senior District Child Welfare Officer	Mabatang Mokhathali	Social Welfare - Berea
92	Auxiliary Social Worker	Mateboho Lillo	Social Welfare - Berea
93	Social Welfare Officer	M'e Thato Masupha	Social Welfare - Berea
94	Senior District Child Welfare Officer	Mohai Nteboheneg	Social Welfare - Leribe
95	Child Welfare Officer	Not written down	Social Welfare - Leribe
96	Programme Director	Palesa Mphole	Touch Roots Africa
97	M&E Officer	Molopo Mokorosi	Touch Roots Africa
98	Primary School Teacher	Mateboho Abrahams	Tsoelang Primary School
99	Social Policy Chief	Mohammad Farooq	UNICEF
100	Youth and Adolescent development officer	Yuki Sakurai	UNICEF
101	Child protection specialist	Farida Noureddine	UNICEF
102	Specialist, Adolescent development & HIV prevention	Naseem Awl	UNICEF
103	Specialist, Adolescent development & HIV prevention	Ntate Makhetha	UNICEF
104	Young Child Survival, Care and Development, chief,	Victor Ankrah	UNICEF
105		Blandinah Motaung	UNICEF
106	Education Officer	Ms Lati Makara Letšela	UNICEF
107	Nutrition Officer	M'e Lineo	UNICEF
108	PMTCT	M'e Blandinah	UNICEF
109	Programme Officer	Mr Napo	World Food Programme
110	Country Director	Martin Silutongwe	World Vision
111	Director Finance	Mafupu Mokoena	World Vision
112	Assistant team leader	Miriam Knight	World Vision
113	Health and HIV	Mduoane Ramakhwla	World Vision
114	Field Officer for Social protection	Manapo Makhele	World Vision
115	Development Officer	Bolaonne	World Vision - Leribe

116	Programme officer	Mpakanyane Me Matlameng	World Vision - Leribe
-----	-------------------	----------------------------	-----------------------

Annex D PROJECT LOGICAL FRAMEWORK

(Revised April 2011)

1.5 Complete the design for a long-term impact evaluation of the programme and undertake a rapid assessment of programme accomplishment by the end of this phase of the project.	Impact study designed; rapid assessment completed.	Consultancy report of impact evaluation design; rapid assessment report.	DSW, UNICEF	Resources (technical, human & financial) are available to support the assessment and the design of the impact study.
1.6 Prepare a way-forward plan to guide the GoL and other stakeholders towards full implementation and institutionalization of the CGP during a proposed Phase II of the project.	Way-forward plan in place.	Planning report.	DSW, MOFDP, UNICEF	Stakeholders are committed to the long-term implementation and sustainability of the CGP programme.
<i>Protection from violence, exploitation and abuse</i>				
1.7 Enhance support for capacity development (including data collection & analysis) for CGPUs in collaboration with other stakeholders.	Effectiveness of CGPU improved.	# of cases of child abuse reported to CGPU disaggregated by age and sex.	MOHA (LMPS)	LMPS management continues to support the critical importance of the CGPUs at district level.
1.8 Support LMPS to continue training and sensitization programmes for police officers on the needs of OVCs.	Duty officers have skills to support and protect OVCs in communities.	# of officers trained.	MOHA (LMPS)	LMPS leadership is committed to improving its support for OVC at community level.
1.9 Collaborate with stakeholders to provide support for the expansion of Child Help Line services.	Child Help Line services available in all three regions.	#of calls regarding child exploitation and abuse received by CHL by district disaggregated by age and sex. % change in # and type of	Lesotho Save the Children, DSW, MOFDP (GFCU), UNICEF	Enough support is mobilized to expand and sustain the CHL. Families, children and communities are aware of and use the service.

		reported cases year over year.		
OVCs & justice for children				
1.10 Complete a situational assessment of children in conflict with the law.	Assessment completed and shared with stakeholders.	Assessment report.	MOJRH (LCS), Sentebale, UNICEF	LCS mobilizes support for the study within its institutions and amongst its stakeholders. Children are enabled to participate.
1.11 Work with stakeholders to develop and implement a national action plan to improve justice systems and rehabilitation programmes for children, either as victims of crimes or as children in conflict with the law.	Action plan created and shared with stakeholders.	# of programmes # of children participating in programmes disaggregated by age and sex # of children released from Juvenile Training Centre disaggregated by age and sex	MOJHR (LCS), Sentebale, UNICEF	LCS and its partners are committed to acting on the recommendations of the assessment. MOJHR is committed to supporting changes across the justice system.
1.12 Work with stakeholders, including the Office of the Master of the High Court and the Lesotho Law Reform Commission, to review and propose reforms to laws, policies and cultural practices governing the safeguarding and administration of estates on behalf of orphaned children who are minors.	Report and action plan completed and circulated.	Report with action plan.	MOLCA, LLRC, MOJRH	The GoL is committed to improving the administration of children's estates.
1.13 Continue to build the capacity of the Office of the Master of the High Court to ensure that its roles and responsibilities are carried out effectively at national, district and local levels.	Children's estates protected and administered with accountability and efficiency.	# of children's estates registered and administered	MOLCA	The Registrar General and the MOLGC are committed to supporting the O MHC to become more effective at protecting children's inheritance.
Legislation & Policy				
1.14 Work with	Child Protection & Welfare	Meeting minutes.	MOLCA, MOJHR, CSOs,	The GoL is committed to

stakeholders to encourage swift enactment of the Child Protection & Welfare Bill.	Bill enacted.		UNICEF	swift passage of the bill.
1.15 Work with stakeholders to support and participate in the national social protection task force led by the MOFDP; the goal of the task force will be the design of a child-sensitive social protection system.	MOFDP social protection task force revived. Economic and operational assessment of selected social safety nets conducted	Meeting minutes, economic and operational assessment report.	MOFDP	The GoL is committed to designing and ultimately implementing a comprehensive social protection system.
Expected Outcome 2: OVCs are able to meet their basic needs for food security, healthcare, and psycho-social support (including peer support).				
Indicator 2a: # of OVCs in target districts who have access to health services disaggregated by age and sex. Target 2a 5,000 OVCs receive paediatric HIV/AIDS; and 10,000 OVCs receive IMCI and IMAM services, disaggregated by age and sex.				
Indicator 2b: # of OVCs in target districts receiving psycho-social support, disaggregated by age and sex. Target 2b: No baseline.				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
Food security and nutrition				
2.1 Work with stakeholders, including WFP, to continue and increase the coverage of emergency food assistance to destitute households caring for OVC.	Food assistance is available to OVCs in the five phase-one target districts for the project.	# of OVCs receiving assistance disaggregated by age and sex.	MOAFSDM, WFP, UNICEF	Children in need are able to be identified and support directed toward them. Existing procurement and distribution mechanism can support additional volumes.
2.2 Work with developmental, governmental and non-governmental stakeholders to provide skills, seeds and tools to develop home gardening and livestock production interventions.	Food security in beneficiary OVC households is improved.	# of households and OVCs receiving assistance disaggregated by age and sex.	MOAFSDM, UNICEF, World Vision Lesotho (WVL)	Stakeholders are committed to collaborating and to improving the effectiveness of food security interventions.

2.3 Develop an operational strategy to address the nutritional needs of under 5 year-old OVCs and deliver IMAM interventions in the five target districts.	Malnutrition amongst under 5 year-old OVCs is reduced in the selected communities.	Operational strategy developed and implemented. # of under 5-year-old OVCs treated for malnutrition disaggregated by sex.	MOHSW, UNICEF	Technical and financial resources are available.
Access to health services				
2.4 Contribute to universal access of OVCs to a minimum package of integrated health interventions (PMTCT, HIV prevention, IMCI, etc.) through appropriate delivery strategies (clinics, outreach, Child Health Days) in the five target districts.	OVCs in the selected communities are reached with a minimum package of integrated health interventions.	# OVCs reached/served disaggregated by age and sex.	MOHSW, CHAL, UNICEF	Appropriately trained health professionals are available. Adequate distribution systems are in place. Children are able to attend clinics or be reached by health staff.
Psycho-social support				
2.5 Continue and expand training programmes for service providers and caregivers on the psycho-social needs of OVCs.	Psycho-social support is available to OVCs, caregivers and families in target districts.	# of individuals trained disaggregated by sex.	DSW, MOLGC, Touch Roots Africa (TRA)	Service providers and caregivers are willing to learn about psycho-social needs and improve their support to OVCs.
Expected Outcome 3: OVCs can obtain, through adolescent-friendly services and enabling environments, comprehensive knowledge, risk reduction and avoidance skills to protect them from acquiring HIV; and barriers preventing HIV positive OVCs from accessing care and support are removed.				
Indicator 3a: # of adolescents reached with prevention interventions in target districts disaggregated by sex. Target 3a: 36,000 adolescents are reached through peer-to-peer HIV prevention interventions.				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
HIV Prevention				
3.1 Provide technical and financial support to governmental and non-	Knowledge of HIV preventions strategies is increased amongst adolescents.	# of adolescents reached with prevention interventions disaggregated by sex.	MOHSW, MOGYSR, NGOs, UNICEF	Adolescent and youth-led organisations have the capacity to develop and implement effective HIV

governmental stakeholders to implement community-based peer-to-peer HIV prevention programmes with adolescents, including OVCs.				prevention interventions.
3.2 Provide technical and financial support to governmental and non-governmental stakeholders to sensitize parents & caregivers about the sexual and reproductive health of adolescents, including HIV prevention.	Adolescents, including OVCs, can learn about HIV and reproductive health within a supportive home environment.	# of parents participating in sensitization sessions.	MOHSW, MOGYSR, NGOs, UNICEF	Stakeholders have capacity to develop and implement sensitization interventions.
3.3 Work with governmental and non-governmental stakeholders to develop and implement a range of behaviour change communication strategies for adolescents.	Knowledge of HIV preventions strategies is increased amongst adolescents.	Behaviour Change Communication strategy documents available and implemented.	MOHSW, MOGYSR, NGOs, UNICEF	Stakeholders have capacity to develop and implement adolescent-oriented BCC strategies.
3.4 Work with governmental and non-governmental stakeholders to build capacity of HIV service providers to provide adolescent-friendly interventions.	Adolescents, including OVCs, can learn about HIV and reproductive health within a supportive environment.	# of service providers trained disaggregated by sex.	MOHSW, MOGYSR, NGOs, UNICEF	Stakeholders have capacity to develop and implement training programmes.
3.5 Work with governmental and non-governmental stakeholders to strengthen the effectiveness of Adolescent Health Corners and Youth Resource Centres	Adolescents, including OVCs, can learn about HIV and reproductive health within a supportive environment.	# of adolescents reached through AHCs and YRCs, disaggregated by sex.	MOHSW, MOGYSR, NGOs, UNICEF	Financial and technical capacity exists to support training of staff at AHCs and YRCs.

to engage adolescents in sexual and reproductive health programmes, including HIV prevention interventions.				
Access to HIV care & support				
3.6 Mobilize Youth Resource Centres, Adolescent Health Corners, youth organisations, support groups and other community stakeholders to provide support to HIV-positive adolescents, including OVCs, receiving treatment.	HIV+ OVCs receive care and support at community level.	# of HIV + OVCs receiving support, disaggregated by age and sex.	MOHSW, MOGYSR, NGOs	Resources and capacity are available to assist stakeholders to expand their programmes for OVC.
Expect Outcome 4: OVCs are able to participate in educational and development programmes.				
Indicator 4a: # of preschool age OVCs in target districts participating in pre-school education programmes, disaggregated by age and sex. Target 4a: 2,690 OVCs in five districts benefit from ECCD services.				
Indicator 4b: # of OVCs in target districts who receive formal and non-formal basic education, disaggregated by age and sex. Target 4b: 7,400 OVCs in five districts attend formal and non-formal education.				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
Early childhood care & development (ECCD)				
4.1 Work with the MOET and NGOs to scale-up the provision of bursaries for OVCs to enrol in early childhood care and development programmes at community level.	OVCs of pre-school age participate in ECCD programmes.	2,690 OVCs accessing ECCD services disaggregated by sex.	Bursary Unit (MOET), UNICEF, NGOs, community based kindergartens, home-based centres	MOET is committed to supporting the efforts to strengthen and improve the national bursary system in pre-school education.
Barriers to school attendance				

4.2 Work with the MOET and other stakeholders to scale-up provision of school uniforms and school supplies for OVCs where the lack of these items is a barrier to school attendance.	OVCs attend and stay in school.	4,400 OVCs receiving school uniforms and school supplies to continue primary education, disaggregated by age and sex.	Community councils, MOET, MOFDP (GFCU), NGOs, UNICEF	Children in need are able to be identified by community councils and support directed towards them. Existing procurement and distribution mechanisms can support additional volumes.
Non-formal education for out-of-school OVCs				
4.3 Support LDTC and LANFE to increase coverage of distance teaching programmes to OVCs, including herd boys, young domestic workers, and other children not able to participate in formal education programmes.	Out-of-school children have access to non-formal education programmes.	3,000 children participating in basic literacy/numeracy programme, disaggregated by age and sex.	LDTC, NGOs, JTC, HAE Learning centre, LANFE, UNICEF	Children in need are able to be identified by community councils and support directed towards them.
Expected Outcome 5: OVCs are nurtured and empowered within community environments that are enabling, supportive and able to protect them from violence, exploitation and abuse.				
Indicator: NA Target: NA				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
<i>Social mobilization</i>				
5.1 Develop and implement social mobilization strategies to support and strengthen the implementation of community level interventions for OVCs, including the CGP.	Chiefs, councillors, families and communities participate in the implementation of the CGP at community level.	# of Village Assistance Committees established and functioning.	UNICEF, DSW, MOLGC, MOFDP	Local leadership is committed to community mobilization.
Expected Outcome 6: The capacity of governmental and non-governmental stakeholders to deliver effective interventions for OVCs is strengthened.				

Indicator 6a: # of DSW senior staff receiving training and / or coaching as per the Organisation Development Strategy recommendations. Target 6a: At least 5 DSW senior staff in head office receive leadership and management coaching.				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
Department of Social Welfare				
6.1 Provide technical and financial support to strengthen the social welfare system through organisational development and capacity-building at national, district and local levels.	DSW staff are able to fulfil their roles for the protection and welfare of children at national, district and local level.	Job descriptions, staff development plans, organisational development plan.	DSW, UNICEF, USAID, GFATM	DSW is supported with appropriate technical expertise to design and deliver an effective capacity building programme.
Expected Outcome 7: The evidence base guiding the development of effective interventions for OVCs, families and communities is improved.				
Indicator: NA Target: NA				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
7.1 Participate in the completion of a new, comprehensive situational analysis of OVCs in Lesotho.	Up-to-date situational analysis is completed and distributed to stakeholders.	Situational analysis report.	DSW, USAID, EU, GFATM, UNICEF	Appropriate technical expertise is available to design and carry out the analysis. Stakeholders committed to participating in the assessment. Caregivers and OVCs at community level are enabled to fully participate in the assessment.
7.2 Participate in the review of the National OVC Strategic Plan and the National OVC Action Plan and provide additional technical assistance as required.	Revised National OVC Strategic Plan 2011-2015 guiding OVC programming.	Revised National OVC Strategic Plan 2011-2015.	All stakeholders under DSW leadership	Stakeholders committed to participating in the revision. Appropriate technical expertise is available to design and lead the process.

7.3 Conduct a child poverty study and, upon completion, develop and implement a comprehensive communications plan to disseminate results.	Study is completed and distributed to all stakeholders.	Child Poverty Study report.	MOFDP, MOET, MOHSW, UNICEF	Appropriate technical expertise is available to design and lead the process.
7.4 Provide additional support for the implementation of the national OVC M & E plan.	Reports created and shared by DSW on a routine basis.	M&E reports.	DSW, MOFDP (GFCU), UNICEF	Stakeholders are committed to the essential importance of monitoring and evaluation. Sufficient technical and financial resources are available to build and sustain an effective M&E system.
7.5 Continue to obtain and distribute best practice information on child-centred, family-oriented OVC interventions to governmental and non-governmental stakeholders.	National OVC response is informed and strengthened by emerging evidence.	Best practice documentation is available.	All stakeholders	Stakeholders are committed to reviewing and absorbing lessons learnt and best practices.
Expected Outcome 8: National, district and local level coordination mechanisms are strengthened and achieve their purpose in directing and improving the effectiveness of the national OVC response.				
Indicator 8: Annual report on implementation of the National OVC Strategic Plan is produced by NOCC and presented to Cabinet. Target 8: # of annual reports produced.				
Activity	Output	Output Indicators	Lead Stakeholders	Assumptions
National OVC coordination mechanism				
8.1 Continue to support the review of NOCC and the creation of an action plan to strengthen its ability to lead and coordinate all stakeholders participating in the national OVC response.	NOCC is capacitated to fulfil its leadership role in coordinating all stakeholders in the national OVC response.	Action plan, meeting minutes.	DSW, UNICEF	NOCC members are committed to improving the effectiveness of the committee. The GoL positions the NOCC at the appropriate level of authority to carry out its role.
8.2 Expand the NOCC Secretariat through	Secretariat is capable of supporting a fully	# of additional staff working for the NOCC	DSW, UNICEF	DSW is committed to supporting the expansion

additional support to the office of the National OVC Coordinator.	functional NOCC	Secretariat		of the secretariat.
<i>District Child Protection Teams</i>				
8.3 Provide on-going training and support to DCPTs to improve the effectiveness of their coordination role at district level.	DCPTs are effective in their coordination role at district and local levels.	# of DCPT members receiving training	DSW, MOLGC, UNICEF	District and local level authorities support the importance of DCPTs. DCPT members are able and willing to improve their effectiveness.
<i>Non-governmental sector</i>				
8.4 Continue support for networking activities of OVC-oriented governmental and non-governmental service providers in order to improve referral systems and the coordination of service delivery at community level.	Existing networking forum for collaboration and information sharing is sustained.	# of Letsema forum meetings held. # of Letsema network members who received training.	UNICEF, Sentebale	Stakeholders understand and commit to the importance of sharing data and improving evidence of the effectiveness of OVC interventions.