

**Evaluation of the Irish Aid Lesotho Country Strategy
2008-2012**

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Acronyms

ABC	All Basotho Convention Party
AGOA	African Growth and Opportunity Act
ART	Anti-Retroviral Therapy
BCP	Basutoland Congress Party
BNP	Basotho National Party
CDDG	Consolidation of Democracy and Good Governance
CEDAW	Committee on the Elimination of Discrimination Against Women
CHAI	Clinton Health Access Initiative
CIPFA	Chartered Institute of Public Finance and Accounting
CIPS	Chartered Institute of Purchasing and Supply
CSP	Country Strategy Paper
DC	Democratic Congress Party
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development
EU	European Union
FTI	Fast Track Initiative
GBS	General Budget Support
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GOL	Government of Lesotho
GPE	Global Partnership for Education
HDI	Human Development Index
HQ	Headquarters
HR	Human Resources
HRC	Human Rights Commission
ICCPR	International Convention on Civil and Political Rights
ICESCR	International Convention on Economic and Socio-Cultural Rights
ID	Identity Document
IDA	International Development Association
IFMIS	Integrated Financial Management Information System
JBCC	Joint Bilateral Cooperation Commission
LCD	Lesotho Congress for Democracy
LHWP	Lesotho Highlands Water Project
M&E	Monitoring and Evaluation
MfDR	Managing for Development Results
MOET	Ministry of Education and Technology
MOF	Ministry of Finance

MOHSW	Ministry of Health and Social Welfare
MOJCA	Ministry of Justice and Correctional Affairs
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
MTR	Mid Term Review
NGO	Non Governmental Organization
NSDP	National Strategic Development Plan
OECD-DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
OVC	Orphans and Vulnerable Children
PAEG	Projects Appraisal and Evaluation Group
PAF	Performance Assessment Framework
PFM	Public Financial Management
PFMA	Public Financial Management and Accountability Act
PM	Prime Minister
PMTCT	Prevention of Mother to Child Transmission
PSIP	Public Service Investment Programme
PSR	Public Service Reform
RBM	Results Based Management
RSA	Republic of South Africa
SACU	Southern African Customs Union
SADC	Southern African Development Community
SEZ	Special Economic Zones
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Program
VCT	Voluntary Counselling and Testing
VFM	Value for Money

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A detailed assessment of CSP results was carried out by a task team in Maseru comprising of Embassy Maseru staff and task team members representative of partner organisations. This piece of work was facilitated by Louise Knight (consultant).

The views expressed in this report are those of the evaluation team.

Executive Summary

Context and Background

1. Lesotho has received bilateral aid from Ireland since 1975, and is the longest running of Ireland's bilateral aid programmes. Initially funding was targeted at specific projects in education, healthcare and human rights, maintaining a strong focus on poverty reduction and with substantial technical input from Ireland. From 1999 Ireland shifted the way it provided aid to Lesotho, from funding Irish Aid managed stand-alone area-based projects to supporting Government programmes.
2. Weak systems and limited capacity across all areas of Government have affected the extent to which Government systems have been used in practice, and both reforms and progress have been slow. The 2008-2012 Lesotho CSP was the first of a generation of results based management programmes for Irish Aid. The CSP was approved on the basis that the Government of Lesotho and Irish Aid would jointly work together to improve and strengthen the public service (particularly human resources) and public financial management systems for service delivery through a results-based approach.
3. The 2008-2012 CSP was designed at a time when Irish Aid envisaged increasing budgets and resources. This was reflected in the design and ambition of the CSP. The economic downturn in late 2008 impacted on the budget with a reduction in budget from a planned €75 million to an actual of €43 over the 5 year period 2008-2012.
4. Lesotho's development prospects are inextricably linked to relations with its large neighbour South Africa. These relations have been mixed in the past and this has been an impediment to economic growth and diversification. However there is potential for positive change following the recent elections and strong public statements from the Prime Minister indicate a recognition of the need for closer co-operation. Several key sectors of potential growth in the Lesotho economy are areas where there is significant scope for exploring co-operation with South Africa.

Programme Design and Implementation

1. The 2008-2012 CSP sought to bring a sharper focus to Ireland's engagement in Lesotho with a move away from a broad objective of poverty reduction to attaining better and more sustainable social development outcomes. The assumption was that improved systems and capacity would have positive outcomes for service delivery in key sectors such as health, education and water. The CSP was designed as a joint CSP with the Government – this was seen as the most effective way of ensuring that CSP objectives and outcomes were achieved.
2. The evaluation finds that the **overall choices and strategies in the CSP were relevant to the country context and priorities of Irish Aid and the Government of Lesotho at the time** and correctly recognised that systems reform and strengthening is a fundamental to the long term development of the country. However, some of the problems of implementation could be traced back to under-elaboration of the practicalities of how to actually address systems reform in the Lesotho context, given the acknowledged lessons from previous CSPs particularly around government capacity. The evaluation also found that the CSP design

process was largely Irish Aid driven and insufficiently owned by the Government of Lesotho. There were tensions **between the need** to fit in with the international aid effectiveness agenda which has proven difficult to implement, the CSP guidelines and design process, and the legacy of inherited projects from the past.

3. As a result, the implementation of the CSP faced a number of challenges which emanated from a combination of design issues, assumptions around commitments and systems which did not materialize, as well as from challenges in implementation related to capacity constraints in both the Government of Lesotho and Irish Aid. Other challenges – such as those related to poor aid coordination, limited government ownership, and disparate projects – have characterised the context in Lesotho for many years now and also impacted on the programme.
4. The assessment of the Evaluation is that the programme has been **effective predominantly in the area of improving service delivery** (where Irish Aid has traditionally been strong) – in particular in remote rural areas - with some important lessons learnt which are being replicated, and can be used to inform programmes in other countries.
5. The Evaluation's conclusions on **efficiency and sustainability** are more conservative, with concerns about the challenges to scaling up interventions and for which the required systems and capacity – and in some cases commitment – may not be in place.
6. Overall the evaluation finds that the CSP did not achieve the intended objective of moving the relationship between Ireland and Lesotho to a more strategic level, in part due to different perceptions on both sides as to what level of engagement was envisaged. The pragmatic realignment of the programme at the mid-term review stage and the planning process for the evaluation has brought a closer level of understanding between Lesotho and Ireland, albeit with the programme focused on more modest objectives.

Summary of Results

1. Water

Irish Aid support to the water sector in the initial part of the CSP period contributed to expanding access to services. There was a substantial focus on strengthening key capacity areas and on developing standards and strengthening monitoring in the sector. The decision to exit the water sector was timely and made sense in light of the overall context (other donors took over the support) and the constraints on the implementation of the programme. The exit process itself was managed appropriately.

2. Health and HIV and AIDS

There has been encouraging progress in the area of HIV and AIDS under the CSP. This component of the CSP sought to improve access to and quality of HIV prevention and to services through interventions in the education and health sectors. This objective has been achieved through the mainstreaming of HIV and AIDS in education curricula and impressive improvements in access to VCT and treatment in particular in rural areas. However, in addition, the Irish Aid programme has had a broader spin-off in terms of the expansion of health services in rural areas, improved monitoring, strengthening of human resource capacity, and policy changes which have an impact on broader health provision. Innovative strategies – with potential for replication - have been developed to address capacity

constraints and to improve quality of service. Areas of innovation include the laboratory mentorship programme, the introduction of clinical mentoring, the development of innovative models of service delivery, and the use and recognition by the Ministry of Health and Social Work (MOHSW) of community volunteers in HIV and AIDS service delivery. The documentation of these practices has contributed to the CSP strategy of building a stronger evidence base for interventions.

3. Education

Service delivery in this sector is challenging due to the remoteness of many communities where education is often the only government service. Nonetheless, there has been continued progress in access to education and some, though slower, progress in areas of quality. However, the evaluation observed that as the GPE programme was still at concept stage at the CSP preparation, it was one of the new programmes not subjected to any detailed review process by Coherence or PAEG before approval. There have been challenges to the roll out of the education sector plan which reflect issues of technical and absorption capacity in the sector. The evaluation did not find evidence that the Irish Aid presence at country level – while appreciated by the GOL - during this CSP period in the education sector had added substantial value in terms of efficiency or effectiveness, over and above the option of providing support through the GPE programme.

4. Governance

This outcome area has seen mixed results in spite of the high priority which was accorded to governance through a sector and cross-cutting focus in the CSP design. Despite some notable results, including in terms of the recent elections, there is still insufficient ownership and support to this area in general by the Executive. Any future support would have to look carefully at modalities for implementation and at value-for-money issues.

The strengthening of civil society's advocacy work has proven to be particularly challenging. By the MTR it was clear that the objective to support civil society advocacy was not realistic and was subsequently dropped. Active citizen participation in Lesotho's development continues to be desirable, but further careful thought is needed as to what role a donor such as Irish Aid could or should play, what might be appropriate and what results might be achievable.

5. Public Finance Management

Overall results of Irish Aid involvement in PFM reflect an overly optimistic ambition, and limited capacity and expertise to manage the programme. The emerging findings from a Public Expenditure and Financial Accountability (PEFA) Assessment conducted in 2012 show only very modest improvements in some limited areas of the PFM system since the previous PEFA's in 2006 and 2009. It highlighted that fundamental weaknesses remain in areas such as procurement and the basic accounting, recording and reporting systems of GOL. Programmes supporting capacity building in accountancy training and procurement showed poor results mainly due to inadequate programme management.

6. Aid Effectiveness

Irish Aid has been pursuing the aid effectiveness agenda in Lesotho for many years, yet progress has been very slow. The lack of ownership and leadership by Government to

manage aid resources effectively remains an overarching concern. Without Government leadership donors can only play a marginal role in improving the impact of aid.

Lessons Learnt

1. Ireland is a long-standing partner to Lesotho. It is the only European mission of five bilateral missions that remain in Lesotho and as such the relationship is said to be highly valued from a GOL perspective. The current relationship works at the “business as usual level” where Ireland is seen as a long-term and loyal partner. This relationship has obvious limits in terms of achieving meaningful results and there continues to be a lack of clarity on the nature of the relationship by both sides. The fact that Ireland is the last remaining bilateral partner with country representation is significant and the presence of Ireland in Lesotho is considered important in this respect.
2. Moving the relationship between Ireland and Lesotho to a more strategic level requires clear identification of areas where strategic co-operation is possible and a more in-depth dialogue with the Government of Lesotho than was the case prior to the current CSP. The main bottlenecks at a system level, such as capacity, processes, incentives, etc., need to be clearly identified and addressed based on a realistic assessment and with strong commitment from the Government.
3. Interventions in areas such as institutional reform and capacity building require thorough and careful analysis. Addressing underlying issues such as motivation, leadership, culture, performance management and accountability is critical. Consideration across the board of whether there is genuine demand from the partner needs to be established before decisions to support capacity building are undertaken.
4. The Lesotho CSP (similar to the Ethiopia CSP) was a first generation programme using the results based management approach. Great efforts were made at the time to be clear on the results the programme was aiming to achieve. However in the period prior to the MTR there were limited (if any) discussions with partners on their results frameworks and how they linked to the Irish Aid programme. This was recognised at the MTR and since then a serious effort has been made to rectify this.
5. Agreeing a results framework for a CSP is the beginning, not the end, of a process of managing for results, and such an approach requires appropriate resources from HQ and country level. Working with partners to ensure they too have clear results frameworks is paramount if the CSP is to achieve its objectives. At the start of the CSP there was no clear national strategic development plan and M&E framework for Irish Aid to align with and hence the results framework was constructed from various sector plans.
6. An appraisal and approval process needs to be in place to assess modalities for significant programme components that are not fully designed or in place at the time of CSP approval. In the case of programmes in health, education and governance, arrangements were entered in to post CSP approval without adequate external appraisal. Risks and issues around resourcing could be addressed at this stage.

Looking Forward

1. Clear senior management direction and commitment on the parameters of any future engagement in Lesotho is essential and this **must** inform the next phase(s). There needs to be clarity on what Irish Aid expects, and what is achievable by the Government of Lesotho. A realistic timeframe for any expected fundamental system changes must also be provided.
2. It is unlikely that any meaningful work on a new CSP could commence before early / mid 2013 and even then work is likely to be of an exploratory nature. With this in mind the possibility of a 1-2 year “bridging” CSP should be considered. Such a CSP could continue some of the activities that have worked reasonably well in the current CSP.
3. The entry point for any next CSP in 2013/2014 should be a robust, implementable National Strategic Development Plan (NSDP). This will require evidence of a strong commitment by the new Government to implementing the current NSDP or producing a new and credible alternative. If there is not clear evidence of the Government of Lesotho’s absolute commitment to the NSDP (or some revised strategic development plan), it should be interpreted as an indication that the Government is not sufficiently committed to development. Irish Aid should therefore not continue to engage without clear evidence of commitment.
4. Any future programme should be slimmer and more streamlined and should: a) set out its aims taking on board the political realities of where government stands; b) augment and consolidate areas of achievement (e.g. HIV and AIDS); and c) engage Irish Aid in new areas only where it can have a clear added value. This should consider the capacity of Irish Aid to do so within the broader mandate of poverty alleviation and should target areas where clear results can be demonstrated with GOL leadership and resource contributions / commitments. Issues of efficiency and sustainability will also need prominent attention.
5. In line with the recommendations in paragraph 4 above, care should be taken to avoid unwittingly engaging in short term project style activities or responding to ad hoc requests or opportunistic interventions.
6. In line with the approach of the Africa Strategy of September 2011, Ireland’s official engagement in Lesotho should have a strong political and, to the extent possible, an economic dimension in addition to its development focus. These strands should be seen as mutually reinforcing and coherent.
7. Consideration of the broader regional dimension, including possible synergies and economies of scale by working across countries, should be considered in future programme planning. This would entail a broader study of regional issues and priorities, and a focus on more effective use of resources.
8. Opportunities for additional demand driven Technical Assistance (TA)¹ should be considered in any future programme, where the provision of TA has potential to enhance programme delivery or build relationships. Such TA does not have to be on the traditional lines and could be sourced regionally.

¹ TA has been an important element of Irish Aid’s support to the Health Sector through CHAI.

1. Background to the Evaluation

Irish Aid has been present in Lesotho for almost 40 years. This evaluation focused on assessing Irish Aid's Country Strategy Paper (CSP) for Lesotho from 2008 to 2012. This CSP built on earlier country strategy papers, the previous one being from 2005 to 2007. The evaluation took place towards the end of the CSP period, and was conducted as an internal exercise by the Evaluation and Audit Unit of the Department of Foreign Affairs and Trade with input from external consultants.

The evaluation focused on:

- Conducting a comprehensive assessment of the results of the CSP
- Assessing what contribution Irish Aid has made within the broader overall aid context and the priorities of the Government of Lesotho (GOL)
- Identifying lessons learned and formulating recommendations for any next phase of engagement in Lesotho.

This report is divided into eight chapters. The first two chapters provide information on the background to the evaluation and an overview of the evaluation methodology. This is followed by a context analysis of Lesotho in Chapter 3. Chapters 4 and 5 provide an overview of the Lesotho CSP and a summary of the key CSP results. Chapter 6 reflects the evaluation's findings with respect to the CSP design and implementation and discusses the detailed evaluation findings for each of the four CSP outcome areas, as well as overarching issues that impacted on the implementation of the CSP. Chapter 7 underscores the lessons learnt during the CSP implementation which should inform any future engagement with Lesotho. Finally Chapter 8 outlines the key recommendations from the evaluation. The report also comprises a bibliography and a number of annexes which provide details on the budget and expenditure as well as on the results assessment that was undertaken as part of this evaluation.

2. Methodology

The evaluation exercise commenced in October 2011 with a consultation workshop and the formation of a Joint Task Team comprising representatives from Irish Aid, the Government of Lesotho and civil society. The evaluation involved a participatory methodology through which local stakeholders contributed to the assessment of the results and to the validation of the main findings and conclusions of the evaluation. The Irish Aid Headquarters (HQ) evaluation team and the international consultant conducted two visits to Lesotho, and a number of internal and external studies in key areas of interest were produced to inform the analysis. These studies are listed in the bibliography.

The evaluation took place in two phases:

Phase 1 – Assessment of results: this encompassed a comprehensive assessment and verification of the results of the CSP – which was based on the results framework across the various sectors of interventions. It took into account the key assumptions on which the programme was based and the resources and structures that were in place for implementation. The assessment included interviews at HQ level. In Lesotho, a number of workshops for results assessment and verification took place. This was supplemented by a review of documentary sources, as well as a first evaluation field visit to conduct interviews with stakeholders in Lesotho and Irish Aid staff locally.

Phase 2 – Analysis of Irish Aid contribution and implications: this phase combined the results assessment from phase one with a looking back and forward exercise that focused on identifying the contribution of Irish Aid in each CSP area, and where it should be positioned in terms of any future engagement with Lesotho. Key issues included examining the approach that Irish Aid has had, and identifying what this means in terms of engagement and future direction within the political context of Lesotho and Southern Africa. A second field visit to Lesotho to carry out additional interviews was conducted as part of this phase.

3. Country Context

A small country of 1.8² million people, the Kingdom of Lesotho is land locked and bordered on all sides by South Africa. Two thirds of the land mass is highlands, with only 10% suitable for agricultural use³, yet subsistence farming is an unreliable but essential source of food and income for the majority of the population. Lesotho has the third highest adult HIV prevalence rate in the world at 23.6%, which contributes to a low annual population growth rate of 1%⁴, and life expectancy of just 48 years⁵. Approximately 43% of households in Lesotho live on less than \$1.25 a day, and worsening climatic conditions have contributed to a drastic deterioration in food security⁶. Approximately 514,000 people needed humanitarian assistance in 2011 and 725,000 are at risk in 2012, more than double the number that required assistance in 2010⁷.

3.1 Irish Aid in Lesotho

Lesotho has received bilateral aid from Ireland since 1975, and is the longest running Irish bilateral aid programme. Initially funding was targeted at specific projects in education, healthcare and human rights, maintaining a strong focus on poverty reduction. In 1999 Ireland shifted from funding stand-alone area-based projects to supporting Government programmes. Weak systems and limited capacity across all areas of Government have limited the possibility of using Government systems and necessary reforms have been slow.

The 2008-2012 Lesotho CSP was the first of a generation of results based management programmes for Irish Aid. The CSP was approved on the basis that the Government of Lesotho and Irish Aid would work together to improve and strengthen the public service (particularly human resources) and public financial management systems for service delivery through a results-based approach. In this regard, it was seen as a 'major departure for Irish Aid Lesotho'⁸ and a 'make or break' CSP, although there was no clear definition of what 'make or break' actually meant.⁹ The CSP recognised the continuing issue of weak capacity and sought to address this by prioritising systems strengthening and institution building in partnership with Government.

3.2 Political Overview

Lesotho is a constitutional monarchy currently ruled by King Letsie III. It is governed by an elected National Assembly and appointed Senate. Since independence in 1966 there has been considerable political and social instability which has impacted negatively on overall development. The political landscape had until recently been dominated by three major parties: the Basotho National Party (BNP), which ruled from 1965 until 1986, and the Basutoland Congress Party (BCP) which governed from 1993 (after seven years of military rule) until a breakaway faction, the Lesotho Congress for Democracy (LCD), came to power in the 1998 elections.

In the recent elections, the Democratic Congress party (Prime Minister Pakalitha Mosisili's newly established LCD splinter party) secured the largest number of seats - but not enough to form a

² Accurate data on population is not available.

³ Lesotho Country Profile, World Bank (2012)

⁴ World Bank, Lesotho Country Data (2011)

⁵ Africa Human Development Report, UNDP (2012)

⁶ The critical nature of the situation was highlighted in the 2012 SADC Annual Regional Vulnerability Assessment Committee report and in the "Declaration of an Emergency on Food Security" by the Prime Minister of Lesotho in July 2012

⁷ Lesotho Disaster Management Authority, Food Security and Vulnerability Monitoring Report (June 2011)

⁸ Lesotho CSP Mid-Term Review Report, Final Version approved by Coherence 21st June 2011, p3

⁹ Annex 1 to Main MTR Report: Final Version Lesotho CSP MTR Outcomes Progress Report: February 15th 2011.

majority. Unable to persuade any opposition parties to join DC to form a government, Mosisili stepped down after 14 years in power. A coalition was then formed by opposition parties, led by Thomas Thabane, leader of the All Basotho Convention (ABC) party. The coalition is still in its formative stages. As the first coalition in Lesotho there is some uncertainty as to how it will fare. However, early prospects appear positive - the new Prime Minister (PM) is sending encouraging signals on areas such as public sector reform, economic growth and improving relations with South Africa. He has also emphasised that Botswana, with its welcoming investment climate, would serve as a model for Lesotho.¹⁰

The country has however unfortunately seen its share of 'false dawns' in the past. In recent years, weaknesses in government systems and persistent inefficiencies in public service delivery have become increasingly evident. In addition, a major constraint of the previous Government administration was the apparent vested interests of some key stakeholders in maintaining the status quo, and the absence of real political motivation for significant reform. While there is a programme of public service reform in place, the politicisation of the civil service and other government institutions has made it difficult to implement reforms. For example, recruitment and promotional opportunities have often been dependent on political affiliations rather than on performance, experience or available skills. Nevertheless, prolonged political stability could provide the opportunity for Government to pursue reforms.

3.3 Economy and Development

Over the last decade, Lesotho has experienced moderate economic growth, but it remains among the poorest countries in the world. Lesotho's Human Development Index (HDI) is 0.450, placing it at a rank of 160 out of 187 countries, and below the regional average for sub Saharan Africa.

The economy is largely based on agriculture, particularly livestock (7.7%), as well as manufacturing (11.4%), and mining and quarrying (7%)¹¹. Lesotho has taken steps to diversify its economy away from heavy reliance on subsistence agriculture, worker's remittances, and receipts from the Southern African Customs Union (SACU) to a more competitive economy based on manufacturing, services, and export of its abundant water resources. The garment sector has also played a critical role in economic diversification. Diversification and transformation has, however, been slow and currently Lesotho is ranked 135 out of 142 economies in the 2011 Global Competitiveness Index.

Lesotho has not been spared the effects of the international economic crisis. In 2009 Gross Domestic Product (GDP) growth, which had been 3.7% on average since 2001, slowed to 2.9%. The high commodity prices combined with the phase out of the World Trade Organization Agreement on Textiles and Clothing also dealt the economy a significant blow, most notably a 40% job loss in the garment industry¹². There are some encouraging signs that the economy has begun to pick up, and real GDP growth for 2010/11 is estimated to be 5.7%¹³. The IMF estimates that if reforms continue in line with the NSDP, real GDP growth will average about 4.5% a year until 2016/17¹⁴. Much of the growth however is attributable to the mining sector and as the current food security crisis shows the economy remains fragile and vulnerable to shocks.

¹⁰ Economist Intelligence Unit Forecast, Lesotho Country Report, 3rd Quarter 2012

¹¹ Lesotho Bureau of Statistics, National Statistical Reports No.32:2011 (National Accounts of Lesotho 2001-2010), page 5.

¹² Lesotho Bureau of Statistics, National Statistics Report No.2:2011

¹³ IMF Country Report No.12/101 (May 2012), page 16

¹⁴ IMF Country Report No.12/101 (May 2012), page 17

Imminent challenges and external risks include the unpredictability of SACU revenues, natural disasters and the possible increase in commodity prices. With the economy becoming more reliant on the diamond industry (20% of GDP and 54% of total exports by 2016/17), Lesotho could be exposed to any unexpected declines in prices or demand¹⁵. Similarly, if the African Growth and Opportunity Act (AGOA) is not renewed in 2015, it could be a potential catastrophe for employment and the wider economy as the textile industry employs approximately 42,270 people in Lesotho¹⁶. On the positive side, construction on the Lesotho Highlands Water Project (LHWP) in 2014 is expected to provide significant short term employment¹⁷.

3.4 Poverty and Inequality

Poverty, which is closely linked to inequality and unemployment (especially among the youth), and to the high HIV and AIDS prevalence and incidence, remains a major challenge to the country's growth and development. A Gini coefficient of 0.66 that ranks Lesotho as one of the most unequal countries in the world, and high unemployment of 25.3% confirm that the benefits of growth have not yet reached the majority of the poor¹⁸. In recent years the Government has introduced positive policy changes in areas such as pensions, and guidelines on residential care of and scholarships for orphans and vulnerable children (OVC).

Subsistence farming is an unreliable but essential source of food and income for the majority and the country's poor are particularly vulnerable to the destruction caused by natural disasters such as flooding and drought which have become increasingly recurrent in Lesotho. In early 2011, floods resulted in significant damage to infrastructure and crops. Conversely, 2012 began with a prolonged period of drought which devastated the already ailing agriculture sector. Climate change models indicate that higher temperatures and more erratic rainfall patterns will continue in the future. The Intergovernmental Panel on Climate Change estimates this could result in severe water shortages for Lesotho by 2045. Measures presently underway are not sufficient to reverse environmental degradation, according to the NSDP. The damage and loss of important habitats and vegetation coverage are reducing the capacity of catchments to capture and store water, and the main causes of environmental degradation - ploughing on steep slopes, overgrazing and overstocking of rangelands and the loss of agriculture land to human settlements - persist¹⁹.

Lesotho however has a number of comparative advantages that it could draw on to reverse environmental degradation and improve resilience to climate change. It has clear potential in the area of renewable energy. By tapping its wind, hydro, and solar potentials Lesotho could become a net exporter of clean energy, securing its energy security in the context of globally rising fuel and energy prices. By adopting conservation agriculture and other climate sensitive agricultural practices (including improved crop varieties and protection of rangelands, wetlands and forests) Lesotho could improve its food security and resilience to the effects of climate change. Exploring options for carbon trading is listed in the NSDP as one of many strategies for reversing environmental degradation and adapting to climate change. Lesotho could realistically set a target to become a carbon neutral economy (similar to Ethiopia) and be one of the first countries globally to achieve this status, which could enable Lesotho to promote itself as an eco-tourism destination.

¹⁵ IMF Country Report No.12/101 (May 2012), page 7

¹⁶ Lesotho Bureau of Statistics, Performance of Manufacturing Sector Report, No.10:2012

¹⁷ Government of Lesotho, NSDP 2012/13-2016/17, page iv

¹⁸ World Bank, Country Data (2011)

¹⁹ Government of Lesotho, NSDP 2012/13-2016/17, page 144

The NSDP affirms however that adaptation and conservation plans are not straightforward. There are major governance and institutional challenges with regards to land use planning, pollution and waste management, and weak enforcement of policies and legislation. Balancing the demands of improving the investment climate in Lesotho (as the 2010 Land Act has done by introducing security of tenure), alongside the needs of communities who have traditionally relied on communal land for their livelihoods will be a challenging and delicate process to manage. Incentivising communities to improve or protect arable land and communally grazed resources, finance for the purchase of inputs, in addition to finance for adaptation strategies will be necessary for the Government to realise its strategies for reversing environmental degradation and adapting to climate change.

3.5 Food Security

The issue of food security has again emerged as a serious issue for Lesotho. According to the UN, Lesotho's food security has declined alarmingly for the second year in a row.²⁰ It is estimated that approximately 725,000 people will be food insecure in the 2012-2013 season. This worsening situation is attributed to many factors including the impact of drought and late rains, persistent natural disasters, severe soil erosion, a decrease in the availability of cultivatable land and lack of inputs for agriculture.

Persistent low levels of cereal production is having a serious impact, and according to the Lesotho Bureau of Statistics the production of maize (the main staple food) declined by 77% in 2012 compared to figures for 2011. High food prices and increases in the cost of living are also intensifying the food insecurity and vulnerability of many Basotho, compounding the difficulties of poor households to meet their nutritional requirements. Persistent bad harvests and resulting food insecurity experienced consistently over the past 2 years has meant that many poor households have exhausted their coping mechanisms, and are now in a heightened vulnerability to future shocks.

On the 9th of August 2012 Prime Minister Thabane declared the food security situation in Lesotho an emergency, and called on development partners to assist. The Government outlined the following priorities in response: improving agricultural productivity through subsidised inputs and improved crop varieties, scaling up conservation farming and home kitchen gardens, and promoting nutrition services for expectant mothers and young children.

3.6 Health and HIV and AIDS

Poverty has also been exacerbated by the devastating impact of HIV/AIDS, which is a severe threat to the economic and social development of the country. Lesotho has the third highest adult HIV prevalence in the world, at 23.6%. Approximately 290,000 people are living with HIV of whom just under 10% are children. Children are also affected through the loss of their parents, the economic consequences of HIV and AIDS, and the breakup of families and social networks.

Progress has been made in extending HIV and AIDS treatment coverage - from 25% in 2006 to 51% at the end of 2010. There has also been a dramatic expansion in Prevention of Mother to Child Transmission (PMTCT) from 5% in 2005 to 80% in 2010/11²¹. At the end of 2009, 51% of the total estimated HIV positive population in need were receiving ART. However it is clear that Lesotho will continue to face considerable challenges in the coming decade as a result of HIV and AIDS. Further

²⁰ UN Office of the Resident Coordinator, Lesotho Food Insecurity Situation Report #1, 20th July 2012

²¹ Lesotho Global AIDS Response Country Report (2010 and 2011)

expanding access to treatment will require significant resources and the country will need to carefully plan for dealing with a growing population on ART, while scaling up its prevention efforts to ensure that fewer people become HIV positive. Addressing HIV and AIDS is therefore an important part of the NSDP.

While Lesotho is unlikely to achieve the health MDGs, trends in access to water and sanitation are moving in the right direction with 77% of households having access to improved water sources and 25% having improved sanitation facilities²²

3.7 Maternal and Child Mortality

Lesotho's maternal mortality ratio is among the highest in the region - at present, one out of 32 women dies of pregnancy and child birth related conditions. Decentralisation of health services - which has made key services more accessible - has contributed to a lowering of the maternal mortality to 620 per 100,000 live births but this is still far from the Government target of reducing maternal deaths to 300 deaths per 100,000 live births by 2015.

There has been an important decline in the under-five mortality rate which has decreased from 121 deaths per 1,000 live births in 2005 to 85 deaths per 1,000 in 2010. While this is still far from the target of 37 or less deaths per 1,000 live births by 2015, it is still an achievement. The infant mortality rate has declined to 65/1,000 live births, but is off-track for achieving the MDG target of 24 infant deaths per 1,000 live births. One of the major reasons is neonatal mortality including the impact of transmission of HIV from mother to child. Other causes are diarrhoea and pneumonia, poor sanitation and unsafe drinking water which most likely are linked to HIV and AIDS infection. The health system faces a number challenges, including the significant human resource shortage/crisis, in particular in rural areas.

3.8 Education and Gender Equality

Progress has been good on education and gender equality in recent years. Lesotho is well set to achieve the MDG for universal primary education and gender parity. Lesotho on the whole has a well educated workforce. The youth literacy rate for males is 86% and 98% for females. However challenges in education remain, in particular with respect to the quality of education.

According to the 2010 Global Gender Gap Report, Lesotho as a country ranks highly for women's equality, at number eight, placing it amongst countries such as Sweden and Denmark. The Report measures both the number of women in administrative positions in 134 countries, as well as improvements in the wage gap between men and women. However, Lesotho is traditionally a patriarchal society but the importance of the role of women is growing due to the HIV and AIDS pandemic and the amount of men migrating for work. Nonetheless, sexual violence is still prevalent, women remain more affected by HIV and AIDS, and women have weak civil rights.

3.9 Relations with South Africa

Lesotho's development prospects are inextricably linked to relations with its large neighbour. The stagnation of relations with South Africa has been an impediment to economic growth and

²² UNDP, MDG Progress Report for Lesotho (2011)

diversification. Lesotho's relations with South Africa have been mixed in the past but there is potential for positive change following the recent elections.

Several key sectors of potential growth in the Lesotho economy (as identified in the NSDP and elsewhere) are areas where there is significant scope for co-operation with South Africa. Energy and water are areas where development potential is inextricably linked with South Africa. In tourism much of the expertise and likely investment will come from South Africa. The key question is how this can be developed to the benefit of both countries without either seeing the other as a threat. If relations do improve, there could be extensive economic benefits. In particular, cross-border trade remains a challenge. Lesotho was ranked 147 out of 183 with regard to cross-border trade in the 2012 Doing Business Index.

Since Lesotho has only one neighbour, the harmonisation of border policies remains critical in the medium-term. The NSDP identifies poor transport infrastructure between Lesotho and South Africa as a major hindrance to growth, trade and tourism, and lists it as a major priority²³. Specific areas for co-operation that could be explored include tourism and agriculture. Links and relations need to be developed to mutually benefit each country and it will be imperative for relations to be stabilised and sustained, so that they are not susceptible to future political changes.

3.10 Aid to Lesotho and the Changing Aid Environment

ODA to Lesotho has increased in recent years from US\$128 million in 2007 to US\$ 256 million in 2010 – the equivalent of 10.1% of GNI. Irish Aid is the 5th highest donor to Lesotho after the European Union (EU), the United States of America (USA), International Development Association (IDA) funding from the World Bank, and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). The international donor community is comparatively small, and there is also a real scarcity of credible coalitions and networks within civil society. The Government of Lesotho has not pursued the aid effectiveness agenda in any meaningful way. Coordination of donors by the Government lacks coherence - there is no uniform system for donor coordination, particularly at the macro level where structures mandated to coordinate donors and their input are relatively weak or non-existent. The previous Government administration did not participate in the OECD-DAC assessment of progress on implementing the Paris Declaration and Accra Agenda for Action until 2010 – clearly signalling its lack of interest in the area. The lack of other international donors also contributes to a low level of development expertise present in the country.

²³ Government of Lesotho, NSDP 2012/13-2016/17, page 36

4. Overview of the CSP

The 2008-2012 CSP correctly sought to bring a sharper focus to Ireland’s engagement in Lesotho with a move away from a broad objective of poverty reduction to a clearer focus on attaining better social development outcomes. The CSP built on achievements and lessons learned from previous programmes but also correctly recognised that unless critical bottlenecks in the system were addressed then underperformance and poor results in terms of service delivery would continue. The CSP was therefore designed to focus on specific outcomes at sector level that would lead to an overall final outcome of “more effective delivery of quality basic services for citizens”.

The approved CSP outlined four intermediate outcomes in areas where Irish Aid had some experience and which were identified as important in terms of improving service delivery in key sectors. Education and health remained priority sectors, and it was also decided to continue working in the water sector albeit with a clear signal of intention to withdraw.

The broad assumption underpinning the CSP was that stronger “systems” were essential if improved service delivery was to be achieved. The challenges of improving capacity and ownership were also recognised and thus the CSP was designed as a joint CSP with the Government – this was seen as the most effective way of ensuring that CSP objectives and outcomes were achieved.

Table 1 - Description of Irish Aid Programme Components in Lesotho, 2008-2012 (as outlined in the original CSP design)

Programme Component	Description
Strengthening Government systems for resource allocation	<p>A cross-government approach to improving Government planning and prioritization with two areas of focus. A first prong targeting improved GOL planning, budgeting and Monitoring and Evaluation (M&E) in three social sectors. In education the focus was on the establishment of a sector programme with clear priorities. In health the target was to develop and implement a human resource strategy and to achieve further progress towards a Sector Wide Approach (SWAp). In water Irish Aid sought to work closely with donors on continued expansion of rural water but also to develop an exit strategy for its own engagement.</p> <p>The second prong targeted improved financial management and accountability by focussing on the main Public Financial Management (PFM) weaknesses including the legislative environment, internal control, medium term expenditure planning, financial management & procurement, and financial management systems.</p>
Strengthening Human Resources in the Public Sector	<p>A crosscutting approach to the coordination and management of Human Resources (HR) by the GOL through the development and implementation of HR strategic plans in the three priority Irish Aid sectors and their alignment with the public sector reform strategy.</p> <p>Irish Aid input focused on both financial support to priority areas of public sector reform and selected technical inputs/oversight into key areas. Indicators on HR (linked to the Public Service Reform (PSR) process) would be included in sector M&E frameworks and advocacy conducted for attention to HR in sector plans and budgets. Across all three sectors Irish Aid would support the development and budgeting of HIV and AIDS workplace policies, and seek to establish linkages between learning institutions in Ireland and those in Lesotho.</p>
Expanding access to quality HIV and AIDS services	<p>A focus on HIV prevention and access to quality care for vulnerable communities across the Irish Aid country strategy, in particular in health and education. Irish Aid actions would include improving the HIV National Response through consolidated funding, learning from good practice, capacity development and lobbying of partners for an integrated five-year country and regional vision.</p>

Programme Component	Description
	<p>In the health sector Irish Aid would similarly focus on good practice, strengthening HIV, Tuberculosis (TB) and sexual reproductive health programmes and their linkages, and prioritizing the extension of services to remote mountain areas. In education the emphasis would be on integrating prevention approaches into curricula. In water Irish Aid would assess identify and maximize opportunities for messaging around health, hygiene and HIV and AIDS</p> <p>This would be complemented by support to selected civil society partners – in particular those with capacity in research and good practice documentation</p>
Improving Government Accountability to Citizens	<p>Another cross-sectoral approach focussing on three key areas: a) increasing capacity of governance institutions; b) enhancing advocacy capacity of CSO (in particular networks and coalitions); and c) increasing transparency in the provision and use of development assistance. The establishment of a joint donor programme on Democracy and Governance to strengthen Parliament, the Independent Electoral Commission, and Human Rights was an important component of this approach.</p>

As can be seen from Table 1 above, the CSP envisaged outcomes in four areas. The first area was around broad strengthening of Government planning, budgeting and financial management systems. This had been identified as a key factor inhibiting efficient delivery of services and implementation of Government programmes. Irish Aid had worked in this area during the previous CSP with some success. It was felt that working at a central level on budgetary and PFM reform would have a positive impact on the key sectors where Irish Aid was active (health, education and water) and that this would improve resource allocation and unblock bottlenecks. It was also envisaged that engagement in this area would lead to a more programmatic approach across Government with proper sector plans and the development of Medium Term Expenditure Frameworks (MTEF).

The second outcome area envisaged a strengthened human resource base that would address the well-recognised problem of a lack of qualified staff across the public sector. The underlying causes for this (brain drain to the Republic of South Africa (RSA), absence of a Government retention strategy etc) were recognised at the time of CSP formulation and the CSP sought to link funding to the health and education sectors with the development of strengthened HR development and retention policies.

The third outcome area targeted improved quality of and access to comprehensive HIV and AIDS services, including development of appropriate prevention strategies. This is an area where Irish Aid had been working in Lesotho for some years and where Government and donor policies and plans were quite well developed.

The fourth area of intervention focussed on the issue of enhanced Government accountability to citizens. This would entail a number of activities from strengthening key governance institutions such as the Independent Electoral Commission to strengthening advocacy capacity of CSOs.

With respect to cross cutting issues the CSP promised that it would “strengthen its mainstreaming approach in the Country Strategy, particularly in relation to HIV and AIDS and governance which are thoroughly integrated into the four outcomes”. The CSP also identified gender equality and environmental sustainability as critical issues for Lesotho and highlighted that efforts would be made to incorporate these two issues in planning, budgeting and M&E. The CSP acknowledged that efforts would need to be made to enhance Irish Aid’s own knowledge of these issues during the course of the CSP and that this was the main rationale for an initial focus on HIV and AIDS and Governance where Irish Aid was thought to have good knowledge and comparative advantage.

The CSP was modified at the Mid-Term Review (MTR) stage. The MTR, which took place in early 2011, identified a number of limitations to the approach and to the feasibility of achieving the set targets and also identified and reported that the planned Memorandum of Understanding (MOU) was never signed between the GOL and Irish Aid, and that this had oversight and management consequences. As a result of these limitations the MTR recommended re-focusing and refining the CSP. Key changes which were made, and which were endorsed by the GOL, included:

- Reviewing the CSP emphasis on systems strengthening in light of the Government's slow pace of reform in procurement, financial and human resource management.
- Exiting from the water sector (this was already foreseen in the CSP but took place somewhat earlier in light of the need to streamline the CSP and in view of the assessment that other donors could take over the role that Irish Aid had been playing in this sector).
- Reducing the emphasis on the poorly performing public service reform components and refocusing on service delivery in education and health as well as governance.
- Engaging in new exploratory work related to the pressing imperatives of hunger, vulnerability and climate change during the remainder of the CSP period.

At a design level, a number of changes were also made to streamline and simplify the CSP objectives, outcomes and strategies and to ensure that these were coherent and complementary, and that they were aligned with the Lesotho Vision 2020.

In summary: This Chapter has highlighted the background and methodology for the evaluation, and provided an overview of the context and priorities of the Irish Aid engagement in Lesotho under the current CSP. The prolonged engagement in Lesotho was underscored as well as the changes that were made to the CSP at the MTR stage. The next Chapter will provide a summary of the results that were achieved during CSP implementation.

5. Summary of CSP Results

This Chapter provides an overview of the main results of the CSP and serves as a background to the analysis in Chapter 6 of the evaluation's findings regarding the CSP design, CSP implementation and the more detailed discussion of the findings and conclusions of the evaluation at sector level.

The Embassy team in Lesotho, with the support of a consultant from the region, undertook a rigorous process with its partners to assess results for each objective and outcome area of the CSP. Clear evidence was documented to support findings regarding the progress made towards achieving intended results, and information gaps were also highlighted. A comprehensive report was produced, which documented the overall assessment of results for each of the three outcome areas of the CSP and the rationale for changes made at the MTR, and included commentary concerning the conclusions and implications for the remainder of the current CSP and future engagement. This report can be found in Annex III.

The original CSP had an ambitious four intermediate outcome areas, eight immediate outcomes and nine objectives. These were substantially reviewed at the MTR of the CSP, which took place in February 2011. As noted above, as a result of the findings and implications of the MTR the CSP was rationalised. The resulting logic model was simplified to three outcomes and four objectives, together with corresponding performance indicators. These changes were approved by Coherence in June 2011.

A summary of the results under each of these revised objective areas is set out below, with the details in Annexes II and III.

5.1 Objective A

Objective A: To strengthen provision, expansion and maintenance of quality pro-poor basic education services.

Outcome One: Development of a productive, quality human resource base through delivery of equitable, quality basic education.

1. In education, Irish Aid moved from the previous bilateral project with the Ministry of Education and Training (MOET) to providing more programmatic support by contributing to a pool fund with the Global Partnership on Education (GPE)²⁴, with the World Bank as Supervising Entity. Irish Aid played a major leadership role in developing the proposal and securing the Fast Track Initiative (FTI III) approved \$20 million for 2010-2012. A key factor in this was MOET's enhanced planning and budgeting capacity to which Irish Aid had contributed via support to introducing the MTEF, as well as previous support to the Ministry.
2. There was some notable progress in service delivery outputs over the CSP period, such as set out in the table below:

Targeted Service Delivery Outputs	Baseline	Result	Target
Number of pupils enrolled in reception classes	6,714 (2009)	5,523 (2011)	-
Textbooks purchased and distributed to relevant schools	0	6,600	3,300

²⁴ The Global Partnership on Education is the former Education for All (EFA) Fast Track Initiative (FTI). The new designation of GPE will be used in the remainder of this document.

Repetition rate of students in grade 1	26%	24.2%	23%
	Outputs		
Maths/Science Kits distributed	400 kits (for 40,000 students)		
Grade 5 textbooks distributed	6,600		
Classrooms constructed	88		
Reception classes constructed	100		
Teachers trained	449		
Education personnel trained in counselling & HIV	3,210		

- Textbook dissemination: 400 maths/science kits for 40,000 students in remote schools were distributed, and 6,600 grade 5 textbooks were procured and delivered to schools
 - Classroom construction: 88 classrooms constructed and 100 reception classes attached
 - Teacher training: 449 teachers trained, contributing to a decreased pupil teacher ratio
 - Some HIV integration: training of 3,210 education personnel on counselling and managing HIV in the school setting; 8% increase in enrolment of orphans and vulnerable students; support to local NGO for training of students on life skills, HIV and AIDS prevention.
3. Progress has been made on the prevention angle of HIV and AIDS by integrating life skills in the primary school curriculum as part of a pilot which was launched in 2011, and which has included the involvement of a non-governmental organization (NGO) in the delivery of HIV prevention at school level.
 4. However, low absorptive capacity remained a challenge (especially with capital budget) with slow and limited GPE III project expenditure to date which resulted in GOL/MOET losing part of the funding allocated by the GPE and €1.5 million of Irish Aid funding, though there are signs that some of these challenges are beginning to be overcome.
 5. There was also limited progress on aid effectiveness. Weak leadership by Government and the paucity of donors in the sectors resulted in a very challenging environment to advance aid effectiveness commitments. This may not have been fully appreciated at the time of CSP design. At the output level, progress towards sector budget support in the education sector has remained slow throughout the life of the CSP, and the MOET has not provided any clear direction with regards to sector budget support despite Irish Aid efforts to lead other donors and partners to engage with the Ministry. Progress towards the SWAp modality has been very slow. There has also been limited implementation of Managing for Development Results (MfDR), though with some progress in budgeting and planning through MTEF.
 6. There has been progress on key access indicators and on some quality indicators (e.g. repetition rates and cohort survival). Fluctuating and, more recently, declining trends in some education performance indicators at the outcome level indicate inconsistencies in the reliability of monitoring data and/or potential causal links to the ongoing low absorptive capacity within the MOET. Ongoing support to the Ministry would need to focus on capacity building to engage with the technical demands of aid effectiveness, and to improve the absorptive and monitoring capacities, in addition to meaningfully clarifying roles and responsibilities through concretising oversight and management agreements for programme implementation.

5.2 Objective B

Objective B: To strengthen provision, expansion and maintenance of quality HIV and AIDS services in the remote areas.

Outcome Two: Improved health and livelihoods for people affected and infected by HIV and AIDS and TB

Selected results under this outcome and objective are set out in the tables below:

Outcome 2: Improved health and livelihoods for people affected and infected by HIV and AIDS and TB			
	Baseline	Result	Difference
% of births attended by a skilled professional	38 %	61%	23%
% decrease in TB and HIV co-infection rate	76%	66.8%	9.2%
% of patients alive 12 months after initiation of ART	80.07%	74%	-6.07%
% reduction in number of new HIV infections (adults)	21,000	18,000	3,000 (14.3%)
% of HIV clients in need of treatment receiving antiretroviral treatment	52%	58%	6%

Objective B: Service Delivery Outputs	
New ART sites opened	34
No. of people accessing health services	21,500
No. of people tested and counselled for HIV	65,123
No. of people enrolled in ART	6,373
No. of sites offering ART services	101
No. of nurses recruited and placed	150
New nursing positions established	207
Objective B: Targeted Capacity Building Outputs	
No. of health care workers provided with Clinical mentoring	601
MOHSW and NDSO staff trained in forecasting & quantification	6
No. of graduates completed SLMTA training	9
No. of Lab supervisors/quality officers completed SLMTA training	15

1. In the area of health, Irish Aid support has contributed to improving the provision, expansion and maintenance of quality HIV and AIDS services in remote areas in Lesotho. The programme has contributed to MDG 6 (combating HIV and AIDS and other diseases) which has begun to show slow progress.
2. Irish Aid support to the expansion of HIV testing and treatment has contributed to an important scaling up of services with increased access to Voluntary Counselling and Testing (VCT) and Anti-Retroviral Treatment (ART). This included the opening of 34 new ART sites, a 6% national increase in HIV clients receiving ARV treatment and 10% increase in PMTCT. In addition, seven out of nine targeted remote rural clinics were refurbished and equipped under the programme and are now offering HIV services. Critical inputs into this were:

- The laboratory mentorship programme which has improved access to ART by ensuring rapid access to test results. The programme is the first globally to achieve WHO accreditation²⁵, and is now being implemented in other countries in the region.
 - The strengthening of systems for procurement and supply chain management of ART drugs, as well as improved reporting, documentation, monitoring and evaluation of programme work.
 - Financial support by Irish Aid for the recruitment of over 150 expatriate nurses in rural health clinics. Over 250 nursing positions have been established as part of a transition plan through which these posts will become formally part of the civil service system and the payment of these nurses will be gradually taken over by the Ministry of Health and Social Welfare (MOHSW). This has been effected through an inter-ministerial agreement between the MOHSW, Ministry of Public Service and the Ministry of Finance (MOFDP) which Irish Aid was instrumental in developing (see 4 below).
 - A focus on clinical mentoring which has improved the quality of services and access to HIV services and which covered over 600 health care workers. The experience has resulted in the production of Clinical Mentoring Guidelines which are awaiting approval.
3. The programme also saw a number of unforeseen positive results including experimentation with and adoption of innovative models for service delivery; impact on other areas of health service provision through establishment of facilities in remote rural areas which provide broader health care beyond just access to ART; the formal recognition and integration by the Government of Lesotho of a community volunteer model which is likely to become part of the official structures of the MOHSW; and the development of the aforementioned laboratory mentoring model which was the first to be WHO accredited and is being replicated internationally.
 4. There have also been important contributions to HR in health due to an approach that has focussed on system strengthening. This includes the aforementioned systematic mentorship, the recruitment initiative (which has been supported by the MOHSW as a new model), and the introduction of community volunteers. Areas where there has been somewhat less success were with regard to Human Resource policies on recruitment, posting and retention, which have been drafted but not yet implemented. While there is commitment by the Government to gradually take over the salaries of health staff, budget cuts and a recruitment freeze have meant that the plans cannot be implemented integrally for some time. Currently Irish Aid is funding nurses through the system – establishing 257 nursing posts through an Inter Ministerial Agreement (post MTR) signed between three ministries stating that they will be assuming responsibility for the payment of foreign nurses from April 2013 (the start of the financial year 2013/14).
 5. A major setback has been the closing by the GOL of the National AIDS Commission in 2011. No alternative coordination structure has yet been established. This threatens the sustainability of a nationally coordinated response which had begun to show important promise.

²⁵ Evaluation of Tripartite Partnership in Health 2012

5.3 Objective C

Objective C: To enhance communities' capacity for climate change adaptation and undertake sustainable agricultural practices.

This was a new objective of the CSP that has an exploratory focus on livelihoods, food security and nutrition related activities. In light of the fact that these activities only began after the MTR Objective C was not assessed by the evaluation.

5.4 Objective D

Objective D: To strengthen the capacity of governance institutions.

Outcome Three: Enhanced Government accountability to citizens

1. Under the previous 2005-2008 CSP, Irish Aid had mixed success in supporting governance institutions. In order to strengthen governance institutions the CSP proposed a joint programme with the United Nations Development Programme (UNDP) and the United Kingdom (UK) Department for International Development (DFID)²⁶. The programme, the Consolidation of Democracy and Good Governance (CDGG), was formulated by high level officials in Irish Aid and UNDP in late 2008, and endorsed by the Ministry of Finance. The implementing partners were not included in the design phase. The programme got off to a slow start in 2009 but became more active following the recruitment by UNDP of a programme manager in 2010.
2. The programme provides institutional support to five organisations: the Upper and Lower Houses of Parliament, the Independent Electoral Commission, the Ombudsman and the Human Rights Unit of the Ministry of Justice and Correctional Affairs. UNDP manages the programme and allocates resources to partners based on requests.

Irish Aid's support has contributed to a number of specific achievements:

- Diplomatic engagement with MOF and UNDP led to a focus on a common programme to support the governance institutions.
- Results Based Management (RBM) has been embedded across all five institutions.
- Strategic plans are in place in most institutions. Parliament adopted strategic plans (National Assembly and Senate) and the 2012-13 budgets are in line with plans.
- A Media Code of Ethics and Media Monitoring Committee are in place at the Independent Electoral Commission.
- A constitutional amendment advanced the drafting of a Human Rights Bill; a Committee on the Elimination of Discrimination Against Women (CEDAW) report was submitted to the International Human Rights Commission (HRC); and the International Convention on Civil and Political Rights (ICCPR) and the International Convention on Economic and Socio-Cultural Rights (ICESCR) were validated. Finally, the Child Protection and Welfare Act 2011 was passed.

²⁶ DFID subsequently withdrew from Lesotho leaving Irish Aid and UNDP to finance the programme.

- From the Office of the Ombudsman 85% of recommendations were addressed by Government; 75% of complaints reported to the Ombudsman were resolved within six months, representing an increase of 15% since baseline. An investigation manual was drafted and will be used for training investigators. Case work management software has been introduced and is in use.
3. On PFM, Irish Aid supported a number of discrete projects, the main one being professional qualification training for accountants and procurement staff, but a Value for Money (VFM) study of this project carried out in 2011 revealed disappointing results in that a low number of those enrolled actually completed their training and passed the exams to qualify. Training on audit and the Integrated Financial Management Information System (IFMIS) was also supported, however it is too early to be conclusive about the impact of this activity.
 4. Some steps towards strengthening the PFM system took place over the period of the CSP including the approval of a new Public Financial Management & Accountability Act (PFMA) in 2011, which provides an updated legislative framework for PFM reforms. An audit bill has been drafted, as has an internal audit charter, but these have yet to be finally approved and implemented. Work has begun on a new PFM reform strategy and plan.

6. Summary of Evaluation Findings

The Evaluation's main findings and conclusions with respect to the CSP design and implementation, including at sector specific level, are provided in this Chapter. Key implementation and contextual challenges in both phases are highlighted and the impact on the programme reviewed. These findings inform the lessons and way forward that will be presented in the subsequent chapters.

6.1 CSP Design

In looking at CSP design it is important to appreciate that it was designed at a time that envisaged expanding budgets and where resource limitations were not a major factor. The evaluation finds that the CSP design followed the principles of a good design process in that it was participatory and consultative (including different levels of government), and was based on studies and in-depth analysis. The level of engagement with partners (including Government) was substantial but the design process was driven by Irish Aid and not sufficiently owned by the GOL. There were also significant changes in staff on both sides following approval of the CSP, adding further demands to implementing what was acknowledged to be an ambitious CSP.

The overall choices and strategies in the CSP were relevant to the country context and priorities of Irish Aid and the Government of Lesotho at the time and correctly recognised that systems reform and strengthening is a fundamental to the long term development of the country. However, the evaluation finds that some of the problems of implementation could be traced back to under-elaboration and underestimation of the practicalities of how to actually address systems reform in the Lesotho context, and that the lessons from previous CSPs particularly around government capacity should have been taken into account in the approach.

The CSP was proposed as a "make or break CSP" based on key assumptions around strong government commitment, staffing and resourcing. However there was no clear definition of what "make or break" actually meant - although on the Irish Aid side it clearly reflected a desire to have a different kind of impact that would address the key structural weaknesses in Government which had affected outcomes and impact in the past. The CSP also envisaged a changed and more strategic level of engagement and moving away from project type interventions. PFM and institutional reform were to be the cornerstones of the CSP. However this decision was taken in the absence of a structured reform agenda and plans and a clear commitment by the Government of Lesotho. By the MTR the areas where the CSP had made most progress were those that Irish Aid had traditionally been good at, in particular service delivery in the social sectors (health and education).

Challenges

While the CSP design was solid and relevant to the country context there were some shortcomings, including:

1. The fact that the joint CSP, and what was envisaged by this, was not understood by Government. The failure to sign a MOU that would have set out what "joint" entailed was to have a significant impact on programme delivery. There was no results framework agreed upon when the CSP was approved, leaving insufficient clarity on the results that the GOL would be held accountable for²⁷.

²⁷ At the start of the CSP there was no clear national strategic development plan M&E framework for Irish Aid to align with and hence the results framework was subsequently constructed from various sector plans.

2. The CSP did not capture or address the political economy realities, especially the incentives that exist in the Lesotho context, in particular within Government. This included assumptions around the relevance of and commitment to an aid effectiveness agenda which were probably not realistic at the time and which were not borne out during implementation. The same applied to assumptions about public sector reform.
3. The “joint” nature of the CSP - which was key to the systems strengthening objective - was overly optimistic and in reality Government participation was never at the level envisaged. Even had the Government been more committed and participative, the level of ambition around systems and institutional strengthening was over optimistic. There was no proper diagnosis of the problem or a clear plan for institutional and systems reform. The expected results could never have materialised given such a short time frame. Although, had Government been more committed, it is probable that a clear reform path could have been established. However it is also a fact that Irish Aid - both on the ground in Lesotho and at HQ - lacked the expertise to engage properly in the PFM and in the broader institutional reform area, and that the assumptions around resources in this area at the time of CSP preparation were overly optimistic.
4. The CSP was based on strategies/policies that in some instances were underdeveloped and/or not sufficiently robust (HR, PFM and Public Sector Reform – the latter had not been elaborated at that time) and to which commitment was to have been manifested through the MOU.
5. The Public Service Reform agenda was a very ambitious agenda for a five year period. Developing an approach and a plan in a five year period would have been an achievement, let alone implementation.
6. A number of projects were continued under the new CSP, such as the Clinton Health Access Initiative (CHAI), that were based on ways of working that reflected the earlier CSP approaches (parallel project approaches led by external implementation partners) and therefore did not ‘fit’ very well with the focus on systems strengthening of government institutions. Rather than acknowledge these as an “emergency response”, they were moulded into the broad parameters of the programme in spite of the tension between their implementation modalities (as parallel donor led projects) and the system strengthening objectives of the CSP.
7. There was a perceived need on the part of the programme team to try to fit the CSP in more with the international aid effectiveness agenda. While this was justifiable it may have been more challenging in Lesotho given the donor context and the lack of leadership by Government in aid management.

Conclusion

The **CSP design was largely relevant, logical and built on the lessons and successes** of previous programmes but the practicalities of actually moving the programme to “a more strategic level” were not so well elaborated and planned for. While engagement with Government prior to the CSP was substantial there was not a common understanding of what new level of engagement was envisaged and what was required to deliver this. There were also tensions between the need to fit in with the international aid effectiveness agenda which has proven difficult to implement, the CSP guidelines and design process, and the legacy of inherited projects from the past.

6.2 CSP Implementation

This section of the report provides an overview of the evaluation's main conclusions on implementation. This is followed by a section of key issues for each of the implementation areas of the programme.

The evaluation drew the following main conclusions about CSP implementation:

1. **The areas where the CSP has produced results are those that Irish Aid has traditionally engaged in - and where it has also traditionally been most successful - namely service delivery.** The CSP has had only limited and marginal success in the newer areas that it has tried to engage in such as system strengthening and public sector reform, largely because the approach was overly ambitious, was not based on credible reform plans, did not sufficiently take account of the political economy realities, and was mostly externally [Irish Aid] driven.
2. In the area of service delivery, CSP implementation has resulted in important progress in particular in health and HIV and AIDS where a **real impact has been made on access to services** in remote rural areas, and to a somewhat more limited extent in education, as well as in selected areas of governance.
3. **A number of elements of the Irish Aid programme have been innovative**, in particular in the area of health and HIV and AIDS. Areas of innovation, mentioned in the results description in Chapter 5 of this report, include the laboratory mentorship programme, the introduction of clinical mentoring, the development of innovative models of service delivery, and the use and recognition by the MOHSW of community volunteers in the service delivery around HIV and AIDS. This is also an area where there has been important and significant lesson learning and a number of worthwhile unforeseen results. The documentation of these practices has contributed to the CSP strategy of building a stronger evidence base for interventions.
4. **The CSP assumed that a MOU would be signed** between senior level Government of Lesotho and Irish Aid and that this would form the basis for a strong commitment to the implementation of the CSP. It would also develop the objective of moving engagement to a more strategic level. The risk of failure by the Government of Lesotho to honour commitments was flagged in the CSP risk matrix and the MOU was seen as the risk mitigation strategy. Nonetheless, the MOU was not signed – according to Irish Aid management at the time this was because of the budget cuts to the programme shortly after the CSP approval²⁸. The absence of a clear MOU affected the understanding, commitment and level of clarity on expected outcomes during the implementation phase.
5. The CSP design was ambitious and was also a pilot for the introduction of Managing for Development Results. Appropriate and adequate HR on the Irish Aid side was essential to implementation and the CSP was based on the assumption that the implementation would be managed by a team with a skill set which matched these ambitions²⁹.

²⁸ An MOU was signed in 2011 post-MTR

²⁹ This included, in addition to the experienced local team that was in place at the time, the following: a development specialist with expertise and experience to provide support to the civil society component of the programme, as well as a second development specialist. The issue of risk of inadequate human resources was one raised by PAEG consultants.

In reality the composition of the team changed substantially within a very short time. The development specialist most closely involved in the CSP design did not get placed back in Lesotho after promotion, and within a year most of the local staff had taken on other positions. **Staff changes continued throughout the CSP – both in terms of local and international staff - and this has affected delivery.** There was also turnover of key staff on the government side following the approval of the CSP, leading to a loss of understanding and knowledge of the new Irish Aid programme as designed.

6. Substantive changes were made to the programme at the MTR. Given that the expected HR commitment/configuration did not materialise and that there were Irish Aid budget cuts, some of these decisions were motivated by the need to cut the ambitious programme down to a manageable and clear size and align it better with the conditions on the ground. In addition the evaluation team is of the opinion that in certain areas (such as governance and public service reform) it was unrealistic given the country context and situation to expect results within a short period of time. However **the overarching reason for the substantial redesign at the MTR was that the expected results had not been well formulated or agreed upon at the CSP design stage.** In the absence of an MOU the government lacked adequate understanding and clarity on what they were expected to deliver. The MTR resulted in the decision to introduce a Steering Committee³⁰ (comprised of sector Principal Secretaries and Directors that are directly engaged with the priority areas of the Irish Aid programme) to structure the relationship and bring about clarity. **The RBM process that was put in place post-MTR was a necessary exercise that created the clarity on expected results and that should have been in place at the CSP design phase.**
7. **The lack of specialization in public sector reform by Irish Aid was identified as a gap in the CSP but not addressed.** More broadly, the public sector reform programme was designed according to a model that was likely more applicable to a high income country and less applicable to the Lesotho context than was initially thought. Also, it did not fully take on board issues such as the politicisation of the public service. Opportunities to use appropriate Technical Assistance in this area would not seem to have been explored.
8. **The strengthening of civil society’s advocacy work, which was a key focus in the original CSP design, was not successful.** A scoping study conducted in the early stages of the CSP implementation highlighted the challenges of working in this area. The MTR reported that the objective to support civil society advocacy was not realistic due to the scarcity of credible coalitions and that it would therefore not be feasible to continue this approach. The evaluation found however, that this was known to Irish Aid, and was in fact one of the rationales for supporting and strengthening this area. It was more likely that the demands of an ambitious CSP overall and the lack of expertise and dedicated staff in the Embassy after various staff changes motivated the decision to drop the focus on this area in the post-MTR phase. Nonetheless, active citizen participation in Lesotho’s development continues to be recognized as desirable and should be encouraged and supported.

³⁰ Jointly chaired by the Irish Ambassador and the PS of MOFDP

9. **The evaluation finds that CSP implementation has adequately addressed mainstreaming of the key cross-cutting priorities which were outlined in the CSP.** The CSP had prioritized governance and HIV and AIDS mainstreaming, and both have been in evidence in the programme. The mainstreaming of governance issues has focussed on accountability, in terms of management of resources and systems strengthening (which as noted elsewhere in the report, has seen mixed progress). HIV and AIDS has been mainstreamed in the education (see box on this page) and water sectors, and to a somewhat

Mainstreaming HIV/AIDS in Education

HIV/AIDS has been prominently mainstreamed in education in an approach that continued the work that had been initiated under the previous CSP. In this sector HIV/AIDS content and approaches have been integrated into the curriculum using a life skills-based approach, school club leaders have been trained in HIV awareness, prevention and support, and education personnel have benefitted from courses on lay-counselling and principles of psycho-social support and management of HIV/AIDS in the school setting. HIV and AIDS have also been mainstreamed in the Education Sector's HIV and AIDS Policy (2012) and in the approved GPE plans. It is worth noting that an important impetus to mainstreaming in the curriculum came from the collaboration between the MOET and two NGOs – Phela Health and Lesotho Durnham Link. The NGOs provided key technical assistance and have supported the delivery in schools, making the practical rollout of the curricula a reality and allowing the MOET to reach a large number of pupils, teachers and other education professionals.

less prominent extent in the other priority areas. There has also been attention to the other cross-cutting issues of gender and environment, for example through the focus on gender issues in education and HIV and AIDS, and the more recent post-MTR work around hunger and environment. However, with gender and environmental issues, while there were some training sessions for staff, there was little follow up to utilise this training, contrary to plans in the CSP.

10. **In terms of effectiveness the CSP results have been mixed.** Results have been promising in health and HIV and AIDS. In education, while progress has been made, the evaluation did not find evidence that the Irish Aid presence at country level during this CSP period in the education sector had added substantial value, given that Irish Aid could have provided its support to the GPE through the global programme. The additional input at country level, while appreciated by the GOL, did not in the opinion of the evaluation team produce substantive gains in terms of effectiveness or efficiency during this CSP period, though it did build on previous Irish Aid support to the MOET. Irish Aid support to governance, particularly to the Independent Electoral Commission over a period of time, likely contributed to the successful elections in May 2012 and to the continued stability of the country. However achievements in the overarching public service reform area have been disappointing. It is also the view of the evaluation that the Irish Aid programme could have been more effective if it had taken on a less ambitious approach.
11. **Conclusions on efficiency are mixed. Important results in** health and HIV and AIDS have been obtained in areas which, because of geography and other contextual factors, required approaches and possibly investments that were different and possibly beyond what might normally be expected. Modalities for implementation are still largely externally led and there were some issues around initial design and planning. In this context the VFM study of the Tripartite Agreement in Health concluded that: “better value for money could have been achieved economically, efficiently and effectively if there had been clear base line information, precise definition of objectives, better budgeting and planning, and clear

output activities". However, a more detailed study would be necessary to establish whether in a next phase of support efficiency could be enhanced – without prejudice to the effective means of intervention that have been developed for the remote mountainous areas - and what this would require.

12. **Efficiency was affected by the weak government capacity** (and commitment in some cases) which has produced delays in implementation, with corresponding efficiency losses. This point was also noted in the aforementioned VFM study (and in VFM studies on support to Ministry of Finance) which underscored the impact of inadequate HR capacity and the lack of functional data collection systems in the health sector and the absence of clear guidance by Irish Aid in terms of planning and procedures. Although VFM studies were not conducted in the other sectors it is plausible to assume that these systems issues – which are Government wide - would also have affected the VFM in these areas.
13. **On-going poor absorptive capacity of the main GOL spending ministries is a major contextual challenge**, and has also had implications for the effectiveness of the programmes supported by Irish Aid. This has been an issue throughout the CSP implementation and continues to be a major stumbling block³¹.
14. The **public service reform interventions** have taken up a substantial portion of the budget but have **been too scattered and insufficiently supported** by the Government to add up to an efficient agenda and to produce the desired impact.
15. **The focus on Results Based Management** in the post MTR phase – and which led into the current evaluation process - **has been critically important** in securing understanding of the programme and its approach, and in getting commitment from the Government on the expected results and outcomes. It has also provided a strong basis for the design of the next CSP. However this is a process that **should have taken place earlier, at the start of the CSP process**.
16. **Sustainability of the programme remains a concern** and the evaluation was not able to draw the conclusion – in spite of the prolonged presence of Irish Aid in Lesotho - that conditions have been created for sustainability of the interventions supported by Irish Aid beyond the programme period. This conclusion applies to both the technical and financial capacity to sustain the progress and systems that have been prioritized by the CSP. There have, however, been efforts in selected areas – such as in the above mentioned integration of expatriate nurses onto the payroll - that are commendable and relevant.

Conclusion

The evaluation finds that roll-out of the CSP faced a number of challenges which emanated from a combination of design issues, assumptions around commitments and systems which did not materialise, as well as from challenges in implementation related to capacity constraints on the GOL and Irish Aid side. Other challenges – such as those related to poor aid coordination, limited government ownership, and disparate projects – have characterised the context in Lesotho for many years now and have also affected the programme. The resulting assessment of the evaluation is that the programme has been **effective predominantly in the area of service delivery** (where Irish Aid has traditionally been strong) with some important lessons learnt which are being replicated, and

³¹ Absorptive capacity was highlighted in the 2012 Budget Speech to Parliament as a major issue to be addressed.

can be used to inform programmes in other countries. The evaluation's conclusions on **efficiency and sustainability** are more conservative with concerns about the challenges to scaling up interventions and for which the required systems and capacity – and in some case commitment – may not be in place.

The next section of the report builds on this assessment of design and implementation issues, and discusses in detail the findings for each of the key areas of engagement by Irish Aid.

6.3 Sector Findings

6.3.1 Water

1. Irish Aid successfully exited from the water sector during the period of the CSP. The final decision for Irish Aid to withdraw from the sector was made at the MTR in February 2011, slightly earlier than planned. It was agreed with the GOL that as part of good division of labour practice, including adequate finances for the sector³², Irish Aid would phase out of rural water projects over the year. The findings of the MTR were endorsed by the Government, including the Ministry of Finance, the Ministry of Natural Resources and the Prime Minister. It was also agreed that individually supported projects would be completed in 2011. At the request of the Government a final grant of €500,000 was provided for this purpose. An end of project report has now been provided on this grant.
2. While the Ministry of Natural Resources suggested that Irish Aid's exit from the sector happened prematurely, for the reasons outlined in paragraph 1 above, the evaluation concludes that the decision was appropriate in the circumstances. The issue of Irish Aid's continued role in the sector was highlighted both in the previous CSP and in the current one. Although it had been envisaged that the implementation of the exit strategy would take place in the next CSP, the decision at the mid-term review was endorsed by the Government and Irish Aid was not requested to remain on in the sector. A number of key donors remain committed to the sector, and this will ensure a continued focus on this important development area for Lesotho.
3. In total, Irish Aid provided €6.4m to water and sanitation during the period of the current CSP. Irish Aid contributed to the establishment of a Monitoring and Evaluation Unit in the Ministry of Natural Resources and to the development of guidelines based on national standards. Targets were established for rural water household access to increase from 63.6% in 2010 to 70.5% in 2012 (though not yet achieved nationally). Irish Aid support resulted in water systems being installed in 113 rural communities, benefitting over 48,000 people, as well as 3,393 sanitation facilities installed, benefitting 17,000 people.

In summary: Irish Aid support to the water sector in the initial part of the CSP period contributed to expanding access to services and to strengthening key capacity areas including standards and monitoring in the sector. The decision to exit the water sector was timely and made sense in light of the constraints on the implementation of the CSP and the process itself was managed appropriately.

6.3.2 Health and HIV and AIDS

As noted above there was good progress at the output and outcome levels in this programme component.

³² The EU moved to provision of sector budget support to the water sector

1. Interventions in the area of HIV and AIDS have resulted in a dramatic increase in access to services in rural and remote areas. This is evidenced by an upward trend in the coverage of ART in general, in the extension of ART to children (paediatric ART), and an increase in the number of sites offering ART and TB treatment.
2. The establishment of these services has had an impact beyond the direct provision of HIV and AIDS related services and is contributing to the quality and access of health services and to the broader health status of the population.
3. The Irish Aid engagement in the area of HIV and AIDS has contributed to building a stronger evidence base around effective approaches and practices, a number of which are being integrated in government policy and practice (e.g. the lessons from the work around laboratory mentorship that are being scaled up and are having an impact beyond the direct scope of the CSP on the HIV and AIDS response in other countries.)
4. The programme overall has been very effective. This was highlighted by the evaluation of the Tripartite Agreement³³ - through which the interventions in HIV and AIDS were implemented - which concluded that: “The documented results for the Tripartite Partnership in Health HIV and AIDS present a picture of a programme that has met or is exceeding most expectations for its rural initiative, clinical and laboratory mentoring, supporting procurement and building capacity in the health sector”. However, the lack of a clear monitoring mechanism and agreement on expected outcomes in the first part of the programme has made it difficult to draw conclusions on efficiency and VFM as highlighted in the text box on this page.
5. There have been challenges in terms of design and management arrangements which affected the programme. By using the MOHSW as a conduit for funds to CHAI and PIH³⁴ during the first part of the CSP³⁵, with negligible involvement by the Government in the management and monitoring of the programme, Irish Aid missed the opportunity to encourage Government ownership of the

Lesson Learning: Efficiency and Value for Money in a Challenging Context

The aim of the rural initiative Tripartite Partnership in Health was to increase ART coverage in rural areas and improve the quality of primary health care provided. The initiative targeted nine rural clinics and expenditure under this component of the programme accounted for approximately 55% of disbursements.

The 2012 evaluation of the Tripartite Partnership highlighted important achievements in terms of the main objective of the component i.e. increasing ART access. However, it noted that the construction and renovation of facilities had been costly - in part because of the methods used to transport materials and equipment to the sites which are remote and often only accessible by small planes, and also because of the use of a doctor-based model. However, closer investigation highlighted that the x-ray equipment has contributed substantially to the capacity of diagnosis and treatment of diseases, in particular for TB infection control, which is a critical issue given the high HIV prevalence; and that the costs were unavoidable given the remoteness and accessibility issues.

The evaluation also noted PIH data that despite high investment costs the overall per capita cost of the rural initiative (at \$10 per person) was still well below that of comparable global averages (\$833 per capita) and compared to the Lesotho health per capita cost of \$133. In light of this evidence the model may therefore well represent a relatively efficient approach.

³³ JIMAT Development Consultants, April 2012

³⁴ Clinton Health Access Initiative and Partners in Health – two international health implementing organisations

³⁵ During the first part of the CSP funds from Irish Aid were channeled through the MOHSW to the implementing partners – CHAI and PIH. The MOHSW had little involvement in the actual planning and implementation of the project. This changed after the MTR when a coordination committee was put in place and more clarity was created on the roles and responsibilities of each of the parties.

programme, to contribute to system strengthening, and to set an example for other donors who operate parallel programmes. This arrangement was in fact counter to the CSP focus on strengthening government systems and also not in line with the UNAIDS 'Three Ones' and the Paris principles. The decision at the MTR to create mechanisms for greater involvement and ownership of the MOHSW was in this context very pertinent. The MOHSW is currently more engaged and showing commitment to the programme and there is greater clarity on expected results and outcomes and how these will be monitored. However this involvement should have occurred earlier in the implementation of the CSP.

6. The intervention in HIV and AIDS has been based on an emergency approach and there are issues around the cost of the model (especially HR) and continued fragmentation of the sector due to the use of vertical approaches. Addressing MDGs 4 and 5 (maternal and neo-natal mortality) will require broader strengthening of health delivery and services.
7. The Irish Aid withdrawal from the lead donor role in the health sector was based on the poor performance of the SWAp and on recommendations from an external study³⁶. However, the assumption that an Irish Aid withdrawal from the overall coordination of the sector would lead to stronger engagement and commitment by other donors in the SWAp was likely unrealistic given the fragmented nature of the sector. Irish Aid could have stayed engaged for a somewhat longer period in the sector, and used its lead position to work closely with one or more key partners to support them in taking on the lead role. The withdrawal of Irish Aid was perceived by a number of partners in the sector as having weakened the sector coordination.
8. The Tripartite Partnership Programme contributed sustainable solutions to the crisis in human resources in the health sector through the recruitment and retention of both expatriate and local staff and absorption of some of the staff into the MOHSW structures. The adoption of a retention strategy, which was put in place by the MOHSW, and good collaboration with the Ministry of Public Service, were critical to establishment of more posts for the health sector. Challenges remain, however, in finding ways to reduce mobility within the sector so that critical staff remain in their positions.
9. The design of this CSP component did not adequately consider issues of sustainability. This is a critical gap, particularly in light of the recent findings of the UNAIDS sustainable funding study which drew worrying conclusions with respect to the future financial sustainability of the HIV and AIDS response in Lesotho, but also highlighted how efficiencies might be achieved. This may reverse the fragile recent gains that have been made and to which Irish Aid contributed.

In summary: This component of the CSP sought to improve access to and quality of HIV prevention and to services through interventions in the education and health sectors. This objective has been achieved through the mainstreaming of HIV and AIDS in education curricula and impressive improvements in access to VCT and treatment in particular in rural areas. In addition, the Irish Aid programme has had a broader spin off in terms of the expansion of health services in rural areas, improved monitoring, strengthening of human resource capacity, and policy changes which have an impact on broader health provision. Innovative strategies – with potential for replication - have been developed to address capacity constraints and to improve

³⁶ Health Sector Review Report 2007

quality of service. The documentation of these practices has contributed to the CSP strategy of building a stronger evidence base for interventions.

There has been encouraging progress in some areas of health and HIV and AIDS under the CSP with evidence of impact on access to HIV and AIDS services and with a broader spin-off in terms of the expansion of health services in rural areas. The evaluation agrees that the withdrawal of Irish Aid from the lead donor role was a logical decision given the ineffectiveness of the SWAp arrangements. Issues of efficiency and sustainability would need to be comprehensively addressed in any future phase of support.

6.3.3. Education

1. A Medium Term Sector Programme has been developed, with clear priorities. While there has been slow progress to the planned full sector budget support and pool fund, some elements are in place, such as the sector plan, a single report on this plan, and a process of annual joint reviews. However, these are undermined by the lack of harmonisation and coordination on the part of the few donors that remain in this sector.
2. The Ministry successfully secured additional resources through GPE, with strong technical support from Irish Aid in the process, but there have been challenges in implementation because of weak government systems and poor absorptive capacity, combined with requirements to adopt complex World Bank procurement and reporting procedures³⁷. However there are indications that the Ministry is making efforts to overcome these, with early signs of some success. The next joint review mission in late 2012 should validate this. The sector also faces practical challenges of a contextual nature, in particular that of delivering services (infrastructure as well as HR) to areas that are often very remote and difficult to access (mountainous regions) and where education is often the only government service. The evaluation considers that Irish Aid's move from parallel bilateral projects with the Ministry to pooling support with GPE was a logical step towards a more programmatic sector wide support mechanism but weak management and absorption capacity in the government systems has hampered progress³⁸.
3. There was no formal Irish Aid appraisal³⁹ and approval by the Programme Appraisal and Evaluation Group (PAEG) or Coherence of the decision to pool support for education with the GPE; the structure was still at concept stage when the CSP was approved. In practice in the Irish Aid CSP process, CSPs may be approved even if additional work still needs to be done on certain elements of the programme. However, in this case the fact that the GPE programme route did then not go through any formal HQ approval process constituted a missed opportunity to have a wider discussion on how the approach would be managed and lead to better results, and which in the opinion of the evaluation had implications for the implementation of the programme in this sector.

³⁷ The World Bank is the supervising entity for the GPE programme in Lesotho

³⁸ The fact that absorption capacity is an issue across sectors was highlighted in the January 2012 budget speech to Parliament by the Minister of Finance which reported on a shrinking budget deficit due to the fact that ministries had not spent the budgets accorded to them: "The reduction in budget deficit is also due to the absorptive capacity of line Ministries". A similar point is also made in the 2012 Public Expenditure Review for Lesotho.

³⁹ There was however substantial technical engagement from HQ on the design of the programme and supporting Lesotho's application for funding to the GPE.

- There is continued but modest progress on important access indicators and on some quality indicators (repetition rates, cohort survival), as set out in the table below, and mainstreaming of HIV and AIDS, but issues around quality persist. Insufficient attention has been given to the overall management of the education system to ensure that the focus on key inputs is supported by a strong management and support structure.

Education Access Results	Baseline	Result	Target	Difference
Net enrolment rate (NER) at primary level	80.90%	81.60%	83.40%	0.70%
Cohort survival rate at primary education	61.20%	66.70%	63.20%	5.50%
1st Class passes	16.10%	17%		0.90%
2nd Class passes 26%.	26%	27.30%		1.30%
Transition rate from Std 7 to Form A (males)	71.70%	75.30%		3.60%
Transition rate from Std 7 to Form A (females)	74.10%	75.60%		1.50%
Transition rate from Form C to Form D (males)	71.70%	78.60%		6.90%
Transition rate from Form C to Form D (females)	78.20%	76.20%		-2.00%

- Fluctuating and, more recently, declining trends in some education performance indicators at the outcome level indicate inconsistencies in the reliability of monitoring data and/or potential causal links to the ongoing low absorptive capacity within MOET. Any ongoing support to the MOET will need to focus on capacity building to manage a coherent national sector programme which includes donor support, as well as on meaningfully clarifying roles and responsibilities through concretising oversight and management agreements for programme implementation.

In summary: There has been continued but slow progress in access to education and in selected areas of quality. However the CSP preparation missed the opportunity to carefully review and negotiate Irish Aid support with the GPE and there have been challenges to the roll out of the education sector plan which reflect issues of technical and absorption capacity in the sector.

6.3.4 Governance

- Results under this outcome area have been very mixed. Governance was accorded a high priority in the CSP, as both as an outcome and a cross-cutting issue. Some results have been achieved, including the running of the recent successful elections by the Electoral Commission. However, there is little evidence of broader ownership and support by the Executive to strengthen the other four institutions (the Upper and Lower Houses of Parliament, the Ombudsman, and the Human Rights Unit of the Ministry of Justice and Correctional Affairs (MOJCA)) in the Consolidation of Democracy and Good Governance (CDGG) programme.
- There are also a number of limitations in the current funding modality, the CDGG. The five institutions have differing capacities in terms of managing external resources. Problems which occurred when providing direct funding to Parliament under the previous CSP underscore the value of having a management agent, such as UNDP, to work closely with a partner in the development of work plans and monitoring activities. On the other hand, the Ombudsman's office, which had previously successfully implemented projects directly from Irish Aid, now does not have autonomy over the management of resources, undermining the

ownership and capacity which had been strengthened under the previous CSP. The evaluation also noted with concern issues around the high management charge by UNDP and questions around VFM, which would need to be further reviewed.

3. There was no formal Irish Aid appraisal and approval of the new mechanism of support via UNDP by PAEG or coherence - the structure was still at concept stage when the CSP was approved. As with health and education, this was a missed opportunity for some external or HQ validation of the programme mechanism. Significant and important programmes such as these that comprised a large share of the CSP budget should have been subjected to external appraisal and approval.
4. On ownership, Government resources to the institutions cover salaries only, with the CDGG programme funding activities. A contribution from the national budget to the programme would strengthen broader ownership and support for the objectives the programme is aiming to achieve. In addition, the programme should provide the Ministry of Finance with information on funding provided to the implementing partners to ensure that all funding to the implementing partners is transparent.
5. Irish Aid has supported the establishment of a National Human Rights Commission outside of the MOJCA since the 2005 CSP. Progress has been limited to date, and consideration should be made as to whether it is appropriate for Irish Aid to continue supporting this, or the Human Rights Unit in MOJCA, given the obvious lack of interest by Government.
6. There is a difficult relationship between some of the partners (such as the Ombudsman and the Human Rights Unit) who have similar mandates. **In effect, the CDGG is five individual projects managed by UNDP.** If Irish Aid is to continue with a programme in this area it is recommended that the programme is overhauled and reformulated.

In summary: This outcome area has seen mixed results in spite of the high priority which was accorded to governance through a sector and cross-cutting focus in the CSP design. In spite of some notable results, including in terms of the recent elections, there is still insufficient ownership and support to this area in general by the Executive. Any future support would have to look carefully at modalities for implementation and VFM issues.

6.3.5 Public Financial Management

1. On the public financial management side, while the Ministry of Finance and Development Planning has demonstrated some political will and commitment to respond to the recommendations of the VFM audit on the training programme, progress has remained slow. In addition, although the enactment of the new PFMA Act in 2011 and implementation of some actions towards PFM reform are positive, coordination towards one coherent and robust PFM plan and one funding modality has been limited.
2. The CSP made the assumption that improvements in PFM would result in better service delivery. While this assumption has validity in the longer term it was unlikely that there would be a noticeable improvement in service delivery as a result of PFM improvement over the relatively short CSP period or even in the medium term. In any event PFM reform, including IFMIS becoming fully functional, has been slower than envisaged and there is no evidence yet that the reforms have impacted on service delivery.

3. There was no coherent PFM strategy in place that the CSP could base interventions on. Attempts to address identified issues around poor procurement capacity in Government (and bottlenecks caused by this) were not appropriate. Irish Aid supported a training programme costing €2.2m whereby selected personnel would undertake the CIPS and CIPFA⁴⁰ qualifications. A VFM audit of this programme showed very poor results.

In summary: Overall results of the Irish Aid involvement in PFM reflect an overly optimistic ambition, and limited capacity and expertise to manage the programme. The emerging findings from a Public Expenditure and Financial Accountability (PEFA) Assessment conducted in 2012 show only very modest improvements in some limited areas of the PFM system since the last PEFA's conducted in 2006 and 2009. Fundamental weaknesses remain in areas such as procurement and the basic accounting, recording and reporting systems of GOL.

6.3.6 Managing for Development Results

1. The Lesotho CSP (with Ethiopia) was a pilot for Irish Aid in developing results based management following OECD-DAC principles. The approach envisaged that identifiable results would be achievable and verifiable. An elaborate logic model was developed as part of the CSP process as was a very detailed CSP Performance Measurement Framework. The results that were achieved through the programme have been commented on elsewhere in this report and this section comments on the MfDR process and lessons learned.
2. While the MfDR approach did serve a purpose in providing a focus on results, the detailed matrix elaborated in the CSP⁴¹ proved much too ambitious given the practicalities of working in Lesotho, the level of Government buy-in to the approach and the available resources and skills mix. Consequently there was considerable revision at the MTR stage with a much more modest level of ambition consistent with resources, skills and realities on the ground.
3. While considerable support and input from HQ was available during the CSP preparation process there would seem to have been less in the implementation stage particularly in the challenging areas of developing appropriate indicators and around risk assumptions. The challenge of inducing a change in approach and culture and in getting a full understanding of what MfDR meant and entailed were likely to have been underestimated. This is particularly so in Lesotho where a joint programme was envisaged and the success of the MfDR process depended on the full participation of the Government as a partner.
4. The importance of appropriate skills within in the team in introducing and most importantly managing MfDR through the pilot phase was accorded insufficient priority. This was accentuated by a high level of staff turnover which meant that until the MTR a full rigorous appraisal of how the MfDR approach was being implemented in practice was not undertaken. Opportunities to use Technical Assistance in the absence of available resources were not sufficiently explored.
5. Post-MTR the MfDR process has worked reasonably well with improved Government buy-in and understanding of the process. The Embassy in Lesotho has worked hard and with success in promoting the necessary dialogue with the GOL and between sectors, and has provided technical support to the process. This has been strengthened during the

⁴⁰ Chartered Institute of Purchasing and Supply (CIPS) and Chartered Institute of Public Finance and Accounting (CIPFA)

⁴¹ Results matrix was prepared subsequent to CSP approval

preparation for this evaluation and a by-product of the evaluation process has been improved understanding of what MfDR involves for all sides and the adoption in a modest way by Government of the MfDR approach for the management of the NSDP.

6. Both Irish Aid and its GOL partners examined results based management approaches in Government at the MTR point and concluded that they were at a very early stage using the OECD-DAC approved MfDR Policy and Capacity Scan tools. The Ministry of Finance and Development Planning undertook a more comprehensive study as part of the joint evaluation with the conclusion that there must be results based readiness assessments carried out at programme design stage. The incentives to manage for results need to be clearly mapped out, understood and commitment obtained.
7. There have been some significant lessons learned from the process especially up to the MTR stage including:
 - A detailed assessment of the political economic context is important for validating the assumptions on which a CSP is premised and expected results. A much more critical approach to risks and lessons learned from previous programmes needs to be adopted. This is very relevant to any future engagement in Lesotho.
 - Outcomes and indicators must be drawn from national and sectoral plans (when available) and clearly referenced to avoid making additional monitoring demands on partners and Irish Aid. The Performance Measurement Framework is the main monitoring tool for the programme. Ideally this framework should be aligned to the NSDP M&E framework, or the General Budget Support (GBS) Performance Assessment Framework (PAF) for Lesotho in the absence of a national framework. If national level frameworks are not available then there will be serious challenges to adopting a results based approach.
 - The original CSP focussed on systems strengthening objectives in collaboration with Government of Lesotho but there was no target-oriented agreement. Detailed, accurate, evidence based problem areas and baselines must be in place in order to develop rigorous target oriented results chains / frameworks that can be jointly agreed.
 - The Lesotho CSP Performance Measurement Framework was only developed after PAEG approval. This meant that many of the immediate and intermediate outcome indicators were not formally appraised. If a CSP component is not fully designed / completed by PAEG approval time then it should be clearly signalled so that the component can be formally technically appraised, perhaps by the Coherence group, at a later stage.
 - There was a significant investment in MfDR in the planning stage but this was not followed through into implementation at least until the MTR stage. Post MTR, the emphasis was again put on implementation of the approach. For MfDR to work especially when the concept is new there must be follow through on approach from planning to implementation with appropriate skills available.
 - Irish Aid financial resources and inputs need to be clearly aligned behind the set of agreed objectives. The performance matrix should be adjusted in the light of any significant changes in available resources.

In summary: The Lesotho CSP (along with Ethiopia) was a first generation programme using the results based management approach and great efforts were made at the time to be clear on the

results the programme was aiming to achieve. However, in the period up to the MTR, there were limited (if any) discussions with partners on their results frameworks and how they linked to the Irish Aid programme. This was recognised at the MTR and since then a serious effort has been made to rectify this.

7. Lessons Learned

1. Ireland is said to be a valued partner to Lesotho, but the nature of and expectations from this relationship remains to be clearly defined by both sides. Nonetheless, the fact that Ireland is the last remaining bilateral partner with country representation is significant and the presence of Ireland in Lesotho is considered important in this respect. This implies that for the future, in terms of engagement with Lesotho, the respective roles of the aid programme and diplomatic relations, and the coherence between the two needs to be clearly defined.
2. Moving the relationship between Ireland and Lesotho to a more strategic level requires clear identification of areas where strategic co-operation is possible and a more in-depth dialogue with the GOL than was the case prior to the current CSP. The main development bottlenecks at a system level – capacity, processes, incentives, etc. - need to be clearly identified and be subjected to a realistic assessment as to how these could be addressed.
3. The current relationship works at the “business as usual level” where Ireland is seen as a loyal partner. This relationship has obvious limits in terms of achieving longer term meaningful results.
4. Interventions in areas such as institutional reform and capacity building require significant analysis. Addressing underlying issues such as motivation, leadership, culture, performance management and accountability is critical. Consideration across the board needs to be made of whether there is genuine demand from the partner before decisions to support capacity are undertaken.
5. Opportunities for additional Technical Assistance (TA)⁴² should be considered in any future programme, where the provision of TA has potential to enhance programme delivery or build relationships. Such TA does not have to be on the traditional lines and could be sourced regionally.
6. Agreeing a results framework for a CSP is the beginning, not the end, of a process of managing for results, and such an approach requires appropriate resources from HQ and country level. Working with partners to ensure they too have a clear results framework is paramount if the CSP is to achieve its objectives.

⁴² TA has been an important element of Irish Aid’s support to the Health Sector through CHAI.

8. Main Conclusions and Implications for Future Programming

8.1 Relationship and Level of Engagement

1. The 2008-2012 CSP sought to move the relationship between Ireland and Lesotho to a new level. This CSP was “a make or break” CSP fundamental to the inter-Governmental relationship and was intended to have a major impact. The CSP stated unambiguously “that business as usual” was not an option. The CSP sought a “whole of Government approach” in order to address issues of capacity, structure, absorption, and inertia that were affecting implementation across sectors. As the evaluation report highlights the envisaged change in approach and level of engagement did not materialise in any significant way and the 2008-2012 period has seen the continuation of the “business as usual” approach.
2. Within this standard (“business as usual”) context some significant results have been achieved particularly in the health sector and to a somewhat more modest extent in the education sector. Ireland remains a highly respected partner in Lesotho both from the perspective of the Lesotho Government and other development partners. While Irish Aid has thus played an important role in these selected sectors, this does not in itself reflect any meaningful strategic engagement that addresses broader system strengthening, beyond the modalities of the aid programme.
3. At the strategic level the CSP sought to engage with institutional reform and HR development as entry points into strengthening government capacity. However, results are disappointing. The evaluation report discusses reasons for the lack of success but one overriding reason was that the more strategic level of engagement, envisaged in the CSP, that could have led to an agreed reform programme did not materialise. There is a clear lesson arising from this in terms of setting out any ambition around strategic engagement in the next CSP and the level of preparatory work required. The need for a strong commitment by the Government to any such agenda will also necessitate consideration. There are also lessons for Irish Aid in terms of the extent to which follow up is needed after CSP approval on elements of the programme yet to be fully designed and/ or on commitments that are pending.
4. Given the results achieved and the positive perception of Ireland in Lesotho, as well as the on-going challenges that the GOL faces in the economic and development domains, there remains a case for a more strategic relationship. There is no clear evidence to date of commitment by the Lesotho Government to such a strategic engagement. This could be further explored given that a new Government has only recently been put in place following the May 2012 elections. The alternative is to remain engaged at an operational level where some results may continue to be achieved, but overall impact on systems and structures will be limited. Such an engagement would have to be cognisant of the fact that future sustainability will be constricted.
5. In terms of planning for the next CSP, the issue of the nature of the relationship between Ireland and Lesotho needs to be defined **and agreed** at the outset. There would seem to be greater possibility now to revisit this given the new political situation in Lesotho and the lessons learned from the current CSP. This must be based on a realistic appraisal of Lesotho’s level of ambition, commitment and priorities and what sort of relationship it envisages. It also needs to explicitly take into account the incentives that exist in the local context and

build on those. In particular future focus must be on Lesotho's own efforts to help itself. Lesotho needs to grow its economy in a more determined and imaginative way and not be dependent on donors. External aid should assist this process not substitute for it. In this context, the NSDP is central and any interventions by Ireland should be clearly aligned with its objectives.

6. A realistic period of reflection is needed to develop these options particularly to assess the priorities and commitment of the new Government in Lesotho. If there is not clear evidence of Government of Lesotho's absolute commitment to the NSDP, it should be interpreted as an indication that the Government is not sufficiently committed to development. Irish Aid should therefore not continue to engage without clear evidence of commitment.
7. It is unlikely that any meaningful work on a new CSP could commence before early / mid 2013 and even then work is likely to be of an exploratory nature. With this in mind the possibility of a 1-2 year "bridging" CSP should be considered. Such a CSP could continue some of the activities that have worked reasonably well in the current CSP.
8. Irish Aid has been pursuing the aid effectiveness agenda in Lesotho for many years, yet progress has been very slow. The lack of ownership and leadership to manage aid resources effectively remains an overarching concern. In addition, further commitment in this area would need to take into account the realities on the ground and the implications for engaging with this agenda, including the reducing number of donors, the smaller overall aid envelope, and the growing dominance of emerging economies/partners such as China. It is also clear that without Government leadership donors can only play a marginal role in improving the impact of aid. This is a reality that has to be borne in mind in any future programmes in Lesotho. At a minimum there needs to be written commitments e.g. a cabinet approved partnership policy and MOUs with individual donors.

8.2 Next Steps

1. Clear senior management direction and commitment on the parameters of future engagement for Lesotho is essential and this **must** inform the next phase(s). There needs to be clarity on what Irish Aid expects, and what is achievable, of the Government of Lesotho. A realistic time frame for any expected fundamental system changes must also be provided.
2. Any future programme should be slimmer and more streamlined and should: a) set out its aims taking on board the political realities of where government stands; b) augment and consolidate areas of achievement (e.g. HIV and AIDS); and c) engage Irish Aid in new areas only where it can have a clear added value. This should consider the capacity of Irish Aid to do so within the broader mandate of poverty alleviation and should target areas where clear results can be demonstrated with GOL leadership and resource contributions / commitments.
3. The temptation to respond to ad hoc requests or to make opportunistic interventions should be avoided in planning for any future programme in Lesotho.
4. The entry point for any next CSP in 2013/2014 should be a robust implementable NSDP. This will require evidence of a strong commitment by the new Government to implementing the current NSDP or producing a new and credible alternative. If there is not clear evidence of Government of Lesotho's absolute commitment to the NSDP (or some revised strategic development plan), it should be interpreted as an indication that the Government is not

sufficiently committed to development, and Irish Aid should therefore not feel obliged to continue to engage.

8.3 Regional Dimension

1. In line with the approach of the Africa Strategy of September 2011, Ireland's official engagement in Lesotho should have a strong political and, to the extent possible, economic dimension, in addition to its development focus. These strands should be seen as mutually reinforcing and coherent. The reality that Irish Aid is in Lesotho because of the aid programme is accepted but broader opportunities presented by the presence of an Embassy should not be overlooked.
2. Consideration of the broader regional dimension, including possible synergies and economies of scale should be considered in future programme planning. This could entail a broader study of regional issues, priorities and effective use of resources.
3. The relationship between Lesotho and South Africa continues to be a major issue for Lesotho's future. A next CSP could consider some form of triangular engagement between South Africa, the Government of Lesotho and Ireland. Close tracking by the Embassies in Maseru and Pretoria of regional developments that have implications for Lesotho needs to be strengthened. If relations improve after the recent elections there should be benefits for Lesotho. It will be important for relations to be stabilised and sustained, so that they are not vulnerable to future political changes. Key tests could include the revival of the Joint Bilateral Cooperation Commission [or possible replacement with a new and more dynamic mechanism], high-level visits and evidence of practical cooperation. A major area to monitor will be any real progress towards resolution of the passport/identity document issue (important to South Africa and third countries including the United Kingdom from a border security and illegal migration perspective). It should be expected that a commitment on the part of the Government of Lesotho to address South Africa's concerns in these areas would lead to an improvement for Lesotho in the customs / border-crossing situation.
4. South Africa's policies, national and regional, are hugely important and influential for Lesotho and for the region as a whole. Embassy Pretoria could play a role in monitoring developments, including changes in policy/approach of the GOSA (and possibly to engage with the Government of South Africa if and as appropriate). Also important are the opportunities that Embassy Pretoria has for monitoring and interacting with SADC and other regional actors, including United Nations and World Bank regional offices etc. Pretoria may also be able to assist in assessing the role of the Lesotho diaspora in SA and/or assisting cross-learning from SA policy experience (e.g. social transfers, safety nets programmes, service delivery etc).
5. Against this background, strategic exchange/cooperation between Embassies Pretoria and Lesotho could be explored, including coherent CSPs and increased information-sharing and exchange (also with Maputo and maybe Lilongwe and others). Assignment of some 'regional responsibilities' to some staff in one or more mission, if not a 'regional programme' per se could also be explored.

Annex I: Summary of Original PAEG-Approved Budgets and Actual Expenditure

Programme Area	2008 Budget	2008 Actual Exp'd	2009 Budget	2009 Actual Exp'd	2010 Budget	2010 Actual Exp'd	2011 Budget	2011 Actual Exp'd	2012 Budget	2012 Actual Exp'd	Total Original Budget	Total Actual Exp'd (2008-11)
Education	2.55	2.550	3.05	2.389	3.45	2.300	4.0	1.700	4.5		15.305	8.939
Health	5.40	5.100	5.75	4.563	5.90	4.200	6.0	4.850	6.0		24.700	18.713
Water	2.70	2.600	2.50	1.800	2.50	1.900	2.5	0.500	2.5		10.900	6.800
PFM/PSR	1.15	1.650	1.70	1.157	2.00	1.000	2.0	1.100	2.0		7.900	4.907
Political and Governance	0.75	0.148	0.80	0.700	1.00	0.550	1.5	0.950	1.5		5.200	2.348
HIV	1.20	0.914									1.200	0.914
Programme Support	0.25		1.40		1.80		2.0		2.5		7.790	
Emerging Needs			0.30	0.313	0.35	0.206	0.5	0.800	1.0		2.150	1.319
Total	14.0*	12.962	15.5	10.922	17.0	10.156	18.5	9.900	20.0		75.145	43.940

Annex II: Lesotho 2008 – 2012 CSP evaluation assessment matrix

LESOTHO 2008-2012 CSP EVALUATION: RESULTS ASSESSMENT AGAINST OUTCOMES & OBJECTIVES INDICATORS

OUTCOME ONE: Development of a productive, quality human resource base through delivery of equitable, quality basic education. (aligning with Lesotho Vision 2020)					
Performance Indicators	Baseline	Evidence of Results	Sources of Evidence	Other Sources of Evidence	Comments
83.4% net enrolment rate at primary level.	80.9% net enrolment rate at primary level.	81.6%	MOET ECCD and Primary Education Annual Joint Review 2011 MOET Trends Analysis Study 2012	Lesotho Poverty Reduction Budget Support Performance Review 2011	Only 50% Achieved towards target (Between 2008 and 2011, NER fluctuated from 82% in 2008 to 80.9% in 2009 to 81.8% in 2010 and to 81.6% in 2011) (declining trend last 2 years)
63.2% cohort survival rate at primary (PAF).	61.2% Cohort survival rate at primary education.	66.7%	MOET Annual Joint Review 2011		Cohort survival rate increase (5.5%)
% increase in the number of 1st and 2nd Classes at PSLE.	1st Class passes 16.1% and 2nd Class passes 26%.	1st Class: 17% 2nd Class: 27.3%	MOET Annual Joint Review 2011	MOET Trends Analysis Study – contradicts JAR report	Overall PSLE: 87.2% - Not disaggregated by class (Fluctuating trend 2008-2011 showing recent decline)
Transition rate from standard 7 to form A (% of males and females).	Transition rate from standard 7 to Form A 73.1% (males 71.7% and females 74.1%).	74% 2011 2010: 75.5% (males 75.3%, females 75.6%)	MOET Trends Analysis Study (not disaggregated by gender for 2011)	Education Statistics Bulletin 2010 (for 2010 disag.)	Increase of 0.9% since baseline; increasing trend 2008-2010, decline for 2011
Transition rate from Form C to Form D (% of males and females).	Transition rate from Form C to Form D 75.3% (males 71.7% and females 78.2%).	74.6% 2011 2010: 77.2% (males: 78.6%, females 76.2%)	MOET Trends Analysis Study (not disag. for 2011)	Education Statistics Bulletin 2010 (for 2010 disag.)	Decrease 0.7% (and decrease from 77.2% in 2010 to 74.6% in 2011)

Improved HIV prevention knowledge and skills, attitudes and practices of youth in primary and secondary schools.	Limited knowledge on HIV prevention and lack of appropriate life skills among youth.	721 club leaders (prim & sec schools) and 28 juvenile inmates completed life skills training programme	PHELA Life Skills Report December 2010-November 2011.	Education Sector HIV & AIDS Policy 2012	PHELA reported improved KAPs based on before & after training assessments.
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Objective A: To strengthen provision, expansion and maintenance of quality pro-poor basic education services

Performance Indicators	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
% increase in enrolment in reception classes.	71% increase in enrolment in reception classes (2009) - 6,714 enrolled.	3% decline in net enrolment in reception classes (from 2010 to 2011). Reception class enrolment; 2010 enrolment at 5,697 (15% decline from 2009) and 2011 enrolment at 5,523 (3% decline from 2010). Total enrolment: 11,290. Period 2008-2010 reported at MTR: 70% increase in enrolment nationally due to construction of classrooms (refer to service delivery outputs)	MOET Annual Joint Review 2011 MOET Trends Analysis Study Lesotho Basic Education Project (FTI III) Second Supervision Mission, November 28-December 6 2011 - Aide Memoire: Annex 1	Targets set for enrolment in reception classes for both years (2010-2011) not met and enrolment decline. (Though still a trend, decline lessened from 2010 to 2011). Delays in classroom construction could be a contributing factor, indicating procurement and management capacity assumptions/critical success factor misaligned (see service delivery outputs results). However no construction can contribute to understanding why no increase in enrolment, but does not explain decrease. MOET Trends analysis: Since baseline at CSP: 3,930 enrolled in 2008 and 5,520 enrolled in 2011 - representing increase of 1,590 = 71% increase. Inconsistent data with Joint Annual review of 2011 – 71% increase stands in any case as slightly higher number (of 3 children) in joint annual review.
Increase in the number of male and female youth provided with	84 851 male & 115 026 female youth (cumulative) provided with	721 club leaders completed life skills training programme (9+ years, males 334 and 9+ years, females 387) (Primary Schools: 9+ years, males 182 and 9+ years, females 228) (Secondary Schools: 9+ years, males 148 and	PHELA Life Skills Report December 2010-November 2011, p6 report not	While increase in number trained, not possible to measure % increase due to baseline being cumulative figure (not disaggregated by year). However, PHELA reports improved KAPs (before and after training

life skills training in schools.	life skills training and exposure.	9+ years, females 16). And 28 Juvenile Inmates completed life skills training programme (9+ years, males 14 and 9+ years, females 14).	page numbered)	assessments).
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Performance Indicators	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
% decline in shortfall of qualified teachers at primary level.	42% of primary level teachers unqualified, 58% qualified.	49% teachers unqualified, 51% qualified 449 teachers trained through distance learning, contributing to a decreased pupil teacher ratio at the primary level from 37:1 in 2007 to 34: 1 in 2011 (exceeding the ESSP target of 40:1 by 2015). Irish Aid support to teacher training also contributed to reducing the ratio of pupil to <u>qualified</u> teachers from 66:1 in 2007 to 56:1 in 2011.	Education Statistics Bulletin 2011 (Draft) MOET Education Trends Analysis	Decline in qualified teachers of 7%. However, results unreliable due to incoherence of criteria in defining 'qualified'. Some qualifications being phased out and it is not clear which qualifications were recognized at baseline compared with those recognized currently. In addition, qualified teachers reported to be unwilling to be placed in remote areas, and gaps are filled by an increasing number of unqualified teachers. <i>Requires further exploration to identify why decline despite training– eg other socio-economic etc factors?</i> Decline not included in summary results due to unreliability of data at this stage.
Repetition rate in grade 1 reduced to 23%.	26% repetition rate in grade 1.	24.2% (2011)	Education Statistics Bulletin 2011 (Draft) MOET Education Trends Analysis for trend overview (not disaggregated by grade) And: Medium Term	Decline in repetition rate by 1.8% (reduced to 24.2%). Suggests causal link to increase in reception classes (pre-MTR). However, incongruence in findings when compared with un(der)qualified teacher placements reported above which indicates expected increase in repetition rates (particularly as reported majority of unqualified teachers placed in Grades 1-3). This incongruence is exacerbated by reports that pupils enrolling in Grade 1 are below the age grade norm of 6 years old due to lack of reception classes in some schools and they are not assessed yet and are recorded as having failed (this suggests expected increase in repetition rate). Additional report that assessment undertaken in Grade 1 not

			ESSP (qualifications narrative)	appropriate and needs to be reviewed (why is assessment not considered appropriate?)
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Objective A Targeted Service Delivery Outputs				
Performance Indicators (2011)	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
33 classrooms constructed and furnished and 10 Toilets at primary level built.	Less than 48% of the classrooms (5 040 of 10 500 classrooms) in use meet expected standards and 341 primary classes conducted in the open air and in tents.	Construction of classrooms and toilets not undertaken in 2011. Contracts awarded in December 2011 for construction in 3 schools only. Furniture not procured in 2011. MTR report: 88 classrooms constructed in 23 schools and 100 reception classes attached to 120 schools, increasing enrolment by 70% nationally.	Lesotho Basic Education Project (FTI III) Second Supervision Mission, November 28-December 6 2011 - Aide Memoire: Annex 1	Slow implementation and civil works 8 months behind schedule (2010). Only 5% expenditure – increase in number of schools meeting conducive learning environment standards not (yet) realised. Indicates misalignment of capacity assumptions and MOET realities.
2,400 pupils enrolled in reception classes (2011).	6,720 enrolled (National).	2,760 pupils enrolled in reception classes. (<i>120 reception class caregivers engaged and payments for caregivers began in October</i>).	Lesotho Basic Education Project (FTI III) Second Supervision Mission, November 28 – December 6 2011 – Aide Memoire: Annex 1	Decline in enrolment reported above – reversing gains since decline in Grade 1 repetition rate suggests positive correlation with enrolment in reception classes, however incongruences with unqualified teachers and age grade norms at Grade 1 to be further explored (in Stage 2).
3,300 textbooks purchased and distributed to relevant schools.	0 baseline for FTI Project.	6,600 grade 5 textbooks procured and delivered to schools. MTR report: 400 maths/science kits for 40 000 learners in remote schools	Lesotho Basic Education Project (FTI III) Second Supervision Mission, November 28 –	Positive result – indicating procurement and delivery procedures less challenging than those required for classroom and toilet construction.

		distributed.	December 6 2011 – Aide Memoire: Annex 1	
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Performance Indicators	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
<p>Increased knowledge of 240 students, 60 teachers, 18 juvenile inmates in HIV prevention and life skills based practices.</p> <p>Wider dissemination of HIV prevention and life skills messages by trained participants in their respective institutions and communities.</p> <p>Wider dissemination of HIV prevention and life skills messages through various media channels – 50 000 booklets and parental guides, 10 000 youth newsletters distributed and 3 radio and TV PSAs broadcast.</p>	Limited knowledge on HIV prevention and lack of appropriate life skills among youth.	<p><u>PHELA (2010/11)</u></p> <p>721 club leaders completed life skills training programme 50 schools, 10 districts: (9+ years, males 334 and females 387) (Primary Schools: 9+ years, males 182 and females 228) (Secondary Schools: 9+ years, males 148 and females 16).</p> <p>And 28 Juvenile Inmates completed life skills training programme (9+ years, males 14 and females 14).</p> <p>576 club leaders in 48 schools across 8 districts, 100 peer educators in 10 schools trained at MTR</p> <p>35 teachers trained. (Males 16 and Females 19). 110 teachers reached in follow up sessions (Primary Schools: Males 26 and Females 38 & Secondary Schools: Males 20 and Females 26).</p> <p><u>MOET (2011)</u></p> <p>3,210 education personnel trained (1,473 ECCD caregivers/teachers trained in lay-counselling, 1,737 principals in psycho-social support & management of HIV and AIDS in school</p>	<p>PHELA Life Skills Report, December 2010 to November 2011 (not page numbered).</p> <p>Implementation schedule for the HIV and AIDS Coordination Unit for August 2011-Jan2012 (one page doc).</p>	<p>Positive output result – how is increased knowledge (access to knowledge) impacting onto changed behaviour beyond anecdotal and limited (self) assessment evidence? To what extent, and in what ways, are youth (disaggregated) able to act on knowledge – what factors are enabling and what are not/ disempowering and why? Evidence of reduced HIV infection and STI rates, teenage pregnancy etc required to measure outcomes/impact.</p> <p>Topics covered in training include: Facts on HIV and AIDS, ART Education, Defining life skills and its categories, Peer pressure, human trafficking etc.</p> <p>SBCC messaging: 2,000 school bags printed and distributed to Phela Friends leaders 4 PSAs produced and aired on 2 radio stations (Radio Lesotho and People’s Choice radio) - could be contributing to increased social capital/cohesion.</p> <p>Positive output result – how is increased knowledge (and skills) being applied/integrated into daily teaching and school management practices and what is the evidence-based outcome?</p>

		setting). MTR: Ministry targeted programme increased OVC enrolment from 113,335 in 2007 to 121, 155 in 2009, an increase of 8%.	Report to the Minister HIV & AIDS Coordination Unit_2012 (2 pages) Education Sector HIV & AIDS Policy Feb 2012.	
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Objective A Targeted Capacity Building Outputs				
Performance Indicators 2011	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
Enhanced skills of 450 grade 1 - 3 teachers in numeracy and literacy teaching	Qualified teacher pupil ratio: 1:52. 42% of primary level teachers unqualified, 58% qualified.	210 teachers from 70 schools identified for training to take place in April 2012 when the consultancies on curriculum development are complete and validated.	Lesotho Basic Education Project (FTI III) Second Supervision Mission, November 28 – December 6 2011 – Aide Memoire: Annex 1	Pupil teacher ratio registered in 2010 was 34:1 (below both 2007 and 2015 ESSP targets). Ratio remained high in some districts such as Thaba-Tseka and Mokhotlong which registered 39:1 in 2010 however, this ratio was still above the ESSP target. Reflects MOET's efforts to reduce pupil teacher ratio in primary schools. More work is needed to increase the number of <u>qualified</u> primary teachers: 2010 the ratio of pupil qualified teacher was at 56:1.
293 teachers trained in providing counseling services for students.	149 Principals and 70 teachers trained as lay counselors from 2009 to 2012 (MTR summary findings Annex 1B)	249 teachers trained (2011) - Care-givers from ECCD Centers, Principals and Teachers. Teachers from Special Schools and Technical and Vocational Education and Training Schools (TVET) included. Training concentrated in the Thaba – Tseka district. 134 teachers trained in the Berea District up to end of January 2012.	Implementation schedule for the HIV and AIDS Coordination Unit for August 2011-Jan2012 (the year 2011-2012) 'Irish Aid Support to the Education Sector' – MOET Trends Analysis Report.	Stage 2 follow-up: How has the training been applied and what change has this influenced (for who, how and why)?

Objective A Targeted Systems Strengthening Outputs			
Performance indicators (2011)	Baseline (Problem statement)	Sources of evidence	Evidence of Results
<p>1. Feasibility assessment for sector budget support in the education sector - roadmap towards sector budget support developed and agreed jointly between DPs, MOET and MOFDP and improved sector coordination (DPs and MOET). Decision on use of country systems made. (IA will co - lead donors towards a SWAP arrangement in the Education sector and advocate for the elimination of use of non - GOL systems by donors in the sector.)</p>	<p>Sector Pool funding arrangement in place with parallel systems hindering progress towards harmonization and alignment. IFMIS not used for financial management by donors in the sector, parallel financial management system used.</p>	<p>FTI Project appraisal document and FTI supervision missions.</p> <p>Statement of Intent.</p> <p>MOET Trends analysis study.</p> <p>MOET Joint Annual Review 2011 - JAR Aide Memoire.</p>	<p>1. No roadmap for Sector Budget Support in Education Sector. MOET has not provided any clear signals or direction as to where SBS is at or heading. FINPRO financial management system being used for FTI project as well as World Bank Procurement Procedures. PIU disbanded and MOET structures being utilized for FTI project implementation, including District Tender Panels for civil works procurement. Progress towards SWAP modality very slow – statement of intent by donors & partners not being implemented.</p>
<p>2. Education Management Information System (EMIS) producing data on time and Education Statistical Bulletin published on schedule for effective planning, budgeting and monitoring.</p>	<p>Data is considered reliable but often out of date due to logistical issues</p>		<p>2. Use of EMIS but implementation progress very slow and delays (eg with release of Stats Bulletin). - indicating ongoing limited management capacities within MOET.</p>
<p>3. MTESP 2012-2015 developed through consultation with all education sector stakeholders.</p>	<p>Medium Term Education Sector Plan 2009 – 2012 being implemented and up for review.</p>		<p>3. MTESP 2012-2015 not yet developed. Process for review and development planned to commence in second half of 2012.</p>

<p>4. IA will engage in the NSDP process to ensure alignment between sector and national priorities and promote effective use of MfDR principles and tools in planning, implementation, monitoring and evaluation.</p> <p>5. IA will negotiate for formal partnerships between CSOs and MOET for service delivery initiatives undertaken by the CSOs in the sector.</p>			<p>4. Irish Aid engaged in the development of the Skills and Innovation component of the National Strategic Development Plan. The strategic objectives under this component are addressing both sector priorities and national priorities e.g. expansion of Technical and Vocational Education institutions to support growth sectors, improving foundation for skills development through improvement of access and quality of education etc. Support to Ministry of Finance and Development Planning to provide for training on MfDR/results based M&E for Planners across Ministries has lead to the development of the draft NSDP M&E framework.</p> <p>5. Formal partnership between MOET and PHELA agreed. Memorandum of Understanding not yet signed.</p>
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OUTCOME TWO: Improved health and livelihoods for people affected and infected by HIV and AIDS and TB. (aligning with Lesotho Vision 2020)					
Performance Indicators	Baseline	Evidence of Results	Sources of Evidence	Other Sources of Evidence	Comments
% of births attended by a skilled professional	38 % (19,323 births out of 55,852)	61%	Lesotho Demographic and Health Survey 2009	Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011	Increase of 23% births attended by skilled professional
% decrease in TB and HIV co-infection rate	76%	66.8%	Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011		9.2% decrease in TB and HIV co-infection rate
% of patients still alive 12 months after initiation of ART	39,246 patients still alive after 12 months on ART – 80.07%	74%	MOHSW Annual Joint Review 2011		Decrease of 6.07%, however data reflected up to Sept 2011 - complete data for 2011/12 not available at point of assessment (was due for April 2012).
% reduction in number of new HIV infections	Annual new infections – 21,000 adults and 1,300 children	18, 000 (adults)	MOHSW Annual Joint Review 2011		Reduction of 14.3% (no data on children)
% of HIV+ pregnant women receiving a complete package of prophylaxis treatment to reduce risk of MTCT	71% of HIV+ pregnant women receiving a complete package of prophylaxis treatment to reduce risk of MTCT	81% PMTCT coverage	MOHSW Annual Joint Review 2011	Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011	Increase of 10%
% of children under 5 who are underweight	13% of children under 5 who are underweight	Data not yet available	Lesotho Demographic and Health Survey 2009		MOHSW developed tools to gather annual nutrition data and data collection to commence April 2012.
% of children under 5 who are stunted	39% of children under 5 who are stunted	Data not yet available	Lesotho Demographic and Health Survey 2009		

Objective B: To strengthen provision, expansion and maintenance of quality HIV and AIDS services in remote areas.				
Performance Indicators	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
% increase in number of people receiving HIV and AIDS and TB services in the 2 targeted clinics	No baseline yet established	HTC/VCT: Kuebunyane - 91 Semenanyane-121 PHC: Kuebunyane-1,055 Semenanyane-4,189 (data up to October 2011). TB info not reported	Annual Report 2011 Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011	Lack of baseline for the 2 clinics, making % increase not measurable. No data or information reported regarding TB in the 2 clinics.
65% of HIV clients in need of treatment receiving antiretroviral treatment (PAF)	52 % of HIV clients in need of treatment receiving antiretroviral treatment. (PAF)	58% of clients in need of treatment receiving ART. 21,500 people accessing health services in the 9 clinic catchment areas; 65,123 people tested and counseled for HIV, 6,373 enrolled on ART; 101 sites offering ART.	MOHSW Annual Joint Review Report 2011 Lesotho Poverty Reduction General Budget Support Performance Review Report 2011	Increase of 6% (though 7% below target)
% of health facilities staffed with standard number and type of qualified staff at primary health care level.	100% health centres do not meet the minimum staffing requirements (1 nurse clinician, 2 nursing sisters, and 2 nursing assistants).	150 expatriate nurses recruited and placed in rural health centres. 207 new nursing positions established	Annual Report 2011 Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011	Lack of RBM implementation at inception - limited M&E systems, resulting in limited data for quantifying results.

Objective B Targeted Service Delivery Integration Outputs				
Performance Indicators (2011)	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
<p>2 targeted clinics of Kuebunyane and Semenanyane operational and accredited to provide HIV & AIDS, TB and PHC services for people living in the 2 catchment areas</p> <p>Mentoring guidelines adopted by MOHSW – standardized mentoring practices improved drug forecasting and quantification in health facilities</p> <p>7 Laboratories accredited with WHO AFRO accreditation scheme</p> <p>Increase in number of sites providing pediatric ART services to 133 sites.</p> <p>Health care workers in 7 new ART sites start providing the services with support from clinical mentor. ART and TB services expanded to 7 health facilities.</p> <p>Well planned transition of skills and capacities result in MOHSW ownership of and effective implementation of sustainable quality services through the Lesotho Flying Doctor Services.</p>	<p>Kuebunyane and Semenanyane clinics serve catchment population of 49,000, neither clinic provide ART, limited PMTCT, OPD services. Malnourishment assumed to be a problem in the 2 areas.</p>	<p>Standard National Mentoring Guidelines developed and being utilised by all implementing partners</p> <p>7 labs completed assessment for WHO accreditation – Lesotho first country to undergo process.</p>	<p>MOHSW Annual Joint Review Report 2011</p> <p>Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011</p> <p>Lesotho Poverty Reduction General Budget Support Performance Review Report 2011</p> <p>Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011</p>	<p>Limited correlation between IA PMF and later developed programme results framework resulting in limited comparable measurable components. Limitations identified in Tripartite partnership evaluation.</p>
	No national mentoring guidelines.			
	Poor management of health supply chains.			
	No laboratories accredited			
	199 (92%) health facilities providing ART services and 101 (51%) sites provide pediatric ART.			
No baseline				

Objective B Targeted Systems Strengthening and Management Integration Outputs				
Performance Indicators (2011)	Baseline (Problem statements)	Evidence of Results	Sources of Evidence	Comments
<p>Tripartite Programmes ' results framework developed and used for monitoring and reporting of the programme</p> <p>HRH financing agreement signed with both MOHSW and MOFDP reflecting commitment by GoL to absorb 257 health workers once IA funding is finished</p> <p>Trend analysis of use of IA funds demonstrating shift from CHAI to MOHSW provides evidence of improved ownership and sustainability</p> <p>Mapping of stakeholders in HIV and AIDS sub-sector for improved coordination</p>	<ol style="list-style-type: none"> 1. CHAI performing some financial management functions on behalf of MOHSW 2. No programme document, transition plan and M&E framework for CHAI/IA/MOHSW partnership programme 3. Weaknesses in budgeting – key priority area not being adequately budgeted for. Huge inefficiencies in relation to HIV and AIDS management in Lesotho (UNAIDS study). Duplication and parallel systems – 15 DPs, 30 implementing partners and PAU managing over 35 accounts 4. Integrated planning, budgeting and M&E: process of developing the national Development Plan commenced – need to ensure the sector and national priorities are aligned. 	<p>Results based framework developed and used for monitoring and reporting</p> <p>Nurse-driven model adopted.</p> <p>Tripartite MoU signed by IA, CHAI and MOHSW. Roles of each partner clearly articulated.</p> <p>Sub-grantees added by CHAI; clinical, administrative and management aspects of the 7 renovated clinics under oversight of PIH.</p> <p>WFP provide nutrition component in health facilities.</p> <p>Partnership with CRS for livelihoods/food security initiatives in health facilities catchment areas (Objective C).</p>	<p>CHAI, MOHSW, IA Programme Documents 2011-2012.</p> <p>MOHSW quarterly and annual reports</p> <p>Agreement between Embassy of Ireland, MOFDP, MOHSW & Ministry of Public Service: Strategy for establishment, recruitment, retention and financing of nurses.</p> <p>MOHSW Annual Joint Review Report 2011</p>	<p>Policy anomalies regarding establishment and recruitment of HRH posts; GoL HRH priorities versus austerity measures hampering creation and recruitment of new posts.</p> <p>Partnership transparency limited at set up; duplication of some functions/gaps with others – particularly for MOHSW.</p> <p>Unclear division of labour between Ministries at district level: decentralisation launched in 2011.</p> <p>Bilateral agreements between PIH and CHAI and MOHSW complicated relationships and undermined transparency and accountability.</p> <p>Fragmentation due to many partners and limited MOHSW coordination (and NAC dissolved).</p>

Objective B Targeted Capacity Building Outputs				
Performance Indicators (2011)	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
<p>Strengthened LFDS management in procurement and supply chain management, financial management, administration and communication</p> <p>141 health care workers mentored according to the national guidelines</p> <p>Supportive supervision undertaken in 26 health facilities</p> <p>Increased knowledge and confidence level of 48 nurses in providing pediatric care and treatment</p> <p>Health care workers in 10 new ART sites start providing the services with support from clinical mentor. ART and TB services expanded to 10 health facilities</p> <p>Drug/supplies stock outs reduced, bills paid in timelier manner, improved communication system between sites and central level</p> <p>1 quality team at reference laboratory established and trained.</p>	<p>1. 36 laboratory personnel trained as Laboratory Supervisors.</p> <p>2. No training linked to quality management improvement and accreditation; 0 local laboratory mentors and 0 quality teams in laboratories.</p> <p>3. Diverse clinical mentoring practices – 177 health care workers mentored in 2010.</p>	<p>6 MOHSW and NDSO staff trained in forecasting and quantification</p> <p>Clinical mentoring for 601 health care workers</p> <p>9 SLMTA graduates & 15 Lab supervisors and quality officers completed SLMTA training.</p> <p>Routine supervision of facilities by programme managers</p>	<p>MOHSW Annual Joint Review Report 2011</p> <p>MOHSW quarterly and annual reports</p> <p>Evaluation of the Tripartite Partnership in Health, HIV and AIDS 2006-2011</p>	<p>Refer to systems strengthening above.</p> <p>DHMTs not yet sufficiently resourced (against standards).</p> <p>Programme management and M&E capacity within MOHSW remains limited.</p>

OUTCOME THREE: Enhanced Government Accountability to Citizens					
Performance Indicators	Baseline	Evidence of Results	Sources of Evidence	Other Sources of Evidence	Comments
Number of voters in local and national elections and number of women in Council and National Assembly seats (proxy)	<ul style="list-style-type: none"> • 2005 local government elections women who won seats were 58%. • 2005 local government elections turnout was 33%. • 2007 National elections 29 women elected in National Assembly and 12 in Senate. • 2007: 52% voter turnout 	<p>2011 Local Elections: 932 000 registered (81%)</p> <p>National Assembly elections scheduled for May 2012. Lesotho ranks among the top 15 countries for women's equality, ranking at number 9 in 2011⁴³.</p> <p>1.3 million <i>provisional</i> registered voters for 2012 national elections (increase of 384 000 people since 2007).</p>	<p>IEC election reports 2005, 2007 & 2011</p> <p>APRM report 2010</p> <p>IEC report on the Local Gov Elections (2011)</p> <p>Global Gender Gap Report 2011</p> <p>IEC voters roll (data supplied by IEC)</p>	<p>EISA Election mission observation report 2007</p> <p>Lesotho Bureau of Statistics www.bos.gov.ls (2006 census)</p> <p>www.indexmundi.com</p>	<p>IEC report suggests population total of 1,150,000 (indicating 81% local elections registration). Other sources indicate population is between 1,876,633 and 2.5m. IA annual report indicates 31% local gov elections voter <u>turnout</u>.</p> <p>National Assembly elections scheduled for end May 2012.</p>
Government of Lesotho compliance to Ombudsman's recommendations. (%/number of recommendations implemented by GoL) - proxy	2009/10: 83.3% of recommendations implemented by GOL	85% recommendations addressed by GoL	<p>CDGG Annual Report 2011</p> <p>Ombudsman's reports 2010 and 2011</p>		Delays in tabling Ombudsman's report in Parliament and delays in implementation of Ombudsman's recommendations by Ministries.
Number of Auditor General's reports deliberated, reviewed and number of investigations	Only the 2007 auditor report has been reviewed, deliberated	2008-2011 Special Report on corruption produced by Public Accounts	Report of Auditor General on the Public Accounts in		Special report expected to be tabled in next Parliament sitting after June 2012.

⁴³ The report measures both the number of women in administrative positions in 134 countries, as well as improvements in the wage gap between men and women.

undertaken by the Public Accounts Committee - proxy	and tabled in Parliament.	Committee	Lesotho for year ended March 2007. PAC reports.		
Quality and timeliness of annual financial statements	Delays in submission of financial statements > 6 months.	Backlog of annual audited accounts reduced to 2 years	Lesotho Poverty Reduction General Budget Support Performance Review Report 2011		

Objective D: To strengthen the capacity of governance institutions (Parliament, IEC, Ombudsman and Human Rights Unit)				
Performance Indicators	Baseline 2009/10	Evidence of Results	Sources of Evidence	Comments
2012/2013 financial year allocation for Parliament based on goals and objectives of the Strategic Plan	No strategic plan for parliament, allocations on ad hoc and reactive basis.	<p>Strategic plans for both Senate and National Assembly adopted and 2012-13 budget in line with budget framework papers.</p> <p>An amount of + M119, 232, 992.00 was allocated to the CDGG implementing partners and the DCEO, with the exception of the Human Rights Unit because it is still a unit under the Ministry of Justice.</p> <ul style="list-style-type: none"> ➤ Senate, M18, 538, 291.00 ➤ National Assembly, M 66, 320, 398.00 ➤ Auditor General, M22, 157, 090.00 ➤ Ombudsman, M5, 371, 776. 00 ➤ Independent Electoral Commission, M 79, 845, 406.00 ➤ DCEO, M9, 409, 565.00 <p>Total Recurrent Budget M8, 771, 264, 254.00. Amounts to 1.36 % of the National Recurrent Budget.</p>	<p>Lesotho Senate Strategic Plan 2012</p> <p>Lesotho National Assembly Strategic Plan 2012</p> <p>BFP 2012 – 2013</p> <p>GOL budget estimates</p>	<p>Allocation for Ombudsman , Human Rights unit, APRM and DCEO for 2012-13 limited, indicating limited commitment to ownership and governance reform.</p> <p>Funding modality (UNDP) in question by some implementing partners – concerns of transparency and inconsistency/incoherence of procedures – undermining partner relations, accountability and ownership.</p>
National Human Rights Commission established and operational by December 2012.	No Human Rights Commission in Lesotho.	<p>6th constitutional amendment and Human Rights Bill.</p> <p>Committee on the Elimination of Discrimination Against Women (CEDAW) report submitted to the International HRC; and International Convention on Civil and Political Rights (ICCPR), International Convention on Economic and Socio-Cultural Rights (ICESCR) validated. Child Protection and Welfare Act 2011 passed.</p>	<p>6th Constitutional amendment</p> <p>CDGG annual reports 2011</p> <p>Initial policy review (Ministry of Justice)</p> <p>APRM report</p>	<p>Human Rights Commission expected to be established in 2013 – Bill remains in (2nd) draft and waiting Cabinet consideration.</p>

80% resolution of complaints within 6 months of receipt by the Ombudsman	On average the Office disposes of 60% of received complaints in a year with 40% being carried forward to the following year. Cases are not resolved with the set standards of 6 months	85% recommendations were addressed by Government; 75% of complaints reported to Ombudsman resolved within 6 months (representing an increase of 15%) since baseline. Investigation manual drafted and to be used for training investigators. Case work management software introduced and in use.	Ombudsman's reports 2010 and 2011	
Number of registered voters in Local Government and National Assembly Elections.	2007: 916, 230 voters for national elections. 2005: 719, 048 voters registered for local government elections ⁴⁴	As per outcome level indicator. Media Code of Ethics and media monitoring committee in place at the IEC; signed MOU with CSOs who have conducted civic education, and a logistics plan for managing National elections drafted. 1.3m provisionally registered voters for the upcoming 2012 national elections (increase of 384 000 people since 2007). National Electoral Act 2011 intended to contribute to the running of free and fair elections passed.	Ombudsman's reports 2010 and 2011 IEC report on the Local Gov Elections (2011) CDGG quarterly and annual reports 2011	
Number of accountants qualified in public financial	171 accountants qualified in public financial management (CIPFA).	437 qualified accountants (increase of 266) trained, though only 266 students passed (between 2007 to 2011)	2011 GBS review Aide memoir Draft PFM plan	Some positive progress on recognition of training – incorporated into the PFM plan and allocated a budget of M4.5m towards the programmes for 2012-13.

⁴⁴ 2007 National Assembly Elections data not officially provided by IEC.

management		35 auditors trained on Financial Audit and Performance Audit as well as Government Accounting and Regularity Auditing ⁴⁵ .	CIPS AND CIPFA Audit report	
Number of qualified procurement professionals in the public service.	210 qualified procurement professional in the public service.	655 procurement professional (increase of 445) trained though only 210 CIPS students passed (2011).		Recognition of the CIPS and CIPFA-incorporated in the draft (costed) PFM plan. IA reached end of unilateral commitment to support CIPS and CIPFA programmes.

Objective D Targeted Institutionalisation Outputs				
Performance Indicators (2011)	Baseline (Problem statements)	Evidence of Results	Sources of Evidence	Comments
Parliament Strategic Plan developed and used to inform planning and budgeting and implementation decisions of the National Assembly and Senate.	No Strategic Plan	Strategic plans for both Senate and National Assembly adopted	Lesotho Senate Strategic Plan 2012 Lesotho National Assembly Strategic Plan 2012	75% achievement of plans (strategic plans and budget allocation). Ombudsman and Human Rights Unit only receive salary budgets while Parliament and IEC have programme allocation.
Logistics Plan for the 2012 National Assembly elections; uniform civic and voter education by IEC and CSOs; and fair reporting and publications	Unfair and biased media coverage of election processes and fragmented voter and civic education activities by IEC and CSOs	Local government elections conducted, preparation of national elections. Implementation of National Electoral Act.	Logistics and Operations Draft work plan	The final registered voters figure to be announced end of April 2012. Synergies emerging (though communication challenges) Parliament and IEC, Ombudsman and Ministry of Justice. Project board meetings not being

⁴⁵ Although 40 auditors were registered for the trainings, there was some irregular attendance with about 35 auditors consistently attending the training programmes.

on the electoral campaigns and processes by the Media.				held.
Key legislation for establishment of the Human Rights Commission passed by Parliament AND a National Human Rights Strategy and Human Rights Action Plan developed and endorsed.	No Human Rights Commission	6 th constitutional amendment led to Human Rights Bill.	6 th Constitutional amendment CDGG annual reports 2011 Initial policy review (Ministry of Justice)	Refer to objective level results
Uniform approach to conducting investigations and enhanced monitoring and follow-up of complaints by the Ombudsman.	Weak monitoring and follow-up on investigations and compliance with recommendations of the Office of the Ombudsman.	Ombudsman's office receiving Human Rights complaints. Improved number of complaints from citizens resolved by Ombudsman. Software for case management in use.		
Objective D Targeted Capacity Building Outputs				
Performance Indicators (2011)	Baseline (Problem statements)	Evidence of Results	Sources of Evidence	Comments
Increased capacity of Parliamentary Portfolio Committees in areas such as tabling Committee reports to the House, budget analysis, investigation and public outreach. Enhanced capacity of Office of the Ombudsman Investigators to investigate complaints promptly and provide quality	Parliamentary staff and some Members of Parliament lack skills in areas such as budget analysis, research, investigation and public outreach; and interpretation of Standing Orders. Inadequate investigative skills and investigations undertaken on an ad hoc basis by the Office of the Ombudsman.	Universal Periodic Review Mechanism released for 2009/10. Annual update & reviews of the MDGs APRM country assessment report published for 2009/10 Adoption of new Standing Orders 2010. National Assembly Committees functioning.	UPR 2010 CDGG Annual report 2011 National Electoral Act 2011	As above

reports for resolution of complaints.	Weak capacity of the Human Rights Unit to deal effectively with international obligations and principles	Local Government Elections held 2011		
Backlog on international reporting obligations decreased.				

Performance indicator (2011)	Comments
<p>IA will monitor PFM implementation in particularly IFMIS implementation and its robustness to financial reporting and budget execution in order to inform decisions on future use of SBS funding modality in the sector.</p>	<p>IFMIS not producing reliable reports due to challenges with Bank reconciliation interface between IFMIS and Central Bank of Lesotho, Tax revenue interface between IFMIS and Lesotho Revenue Authority, Information from projects operating outside IFMIS not yet captured in the system and Revenue receipting system (RRS) delayed to take off, as a result Treasury and Ministries are still capturing the revenue into the system which causes more delays.</p>
<p>As a member of the PFM Steering Committee, IA will negotiate and advocate for the development, funding and implementation of one single PFM Plan by the MOFDP and donors. IA will also monitor implementation of PFM Plan with a particular focus on roll out of MTEFs; budget outturn and implementation in accordance with fiscal policy and rules. IA will participate in the 2012 GOL PEFA exercise as part of monitoring progress in PFM reforms.</p> <p>IA will lead in the strengthening of the CDGG programme by exposing CDGG partners to effective use of MFDR principles and tools in planning, implementation, monitoring and evaluation. IA will undertake a scoping assessment of the Governance sector's demand for donor support in order to inform IA's future medium to long term programming and funding modalities for this sector.</p>	<p>Inclusion of CIPS and CIPFA into the (draft) PFM action plan; and IA maintained its oversight role to influence progress on recommendations which emerged from the VFM (however the MoFDP has not yet fully implemented VFM audit recommendations on CIPS and CIPFA training programmes – accreditation, staff placement and retention concerns remain outstanding).</p> <p>Some positive institutionalisation of systems as a result of MfDR capacity building efforts (Parliament Strategic Plans, Office of the Ombudsman's utilisation of soft-ware for database, progress towards final costed PFM plan, restructuring of accounting and procurement cadres).</p> <p>CIPS and CIPFA programme board functional - low pass rates for CIPS and CIPFA (indicates limited selection criteria).</p> <p>CDGG programme: Implementing partners' board has not yet met since October 2011 (ownership and sustainability implications); fund management modality raised challenges (inconsistency and incoherence in disbursement processes, transparency of reallocation of underspent line items) contributing to limited harmony across partners; perceived mismatch between the relevance of MfDR and priority needs of partner 'client' constituencies/direct stakeholders.</p> <p>General Budget Support: creation of World Bank proposed Trust Fund not implemented (GoL maintains preference for parallel structures due to perceived capacity constraints in Public Sector to engage with external pool fund systems).</p>

Annex III: Summary of CSP 2008 – 2012 Results Assessment and Main Findings/implications

PART ONE: CSP OUTCOME AREAS SUMMARY ASSESSMENT

1. Introductory Remarks

This summary gives the overall assessment for each of the three outcome areas for the 2008-2012 Lesotho Country Strategy Programme (CSP), and in terms of the main conclusions and implications for the remaining implementation period (2012) as well as for the development of the next CSP.

A traffic light score aligned with the OECD-DAC criteria of relevance, efficiency, effectiveness, sustainability and contribution towards impact has been used by the assessment team and systematically applied at output, objective and outcome levels (*red = completely off track in all areas, orange minus = some progress but requires major restructuring, orange plus = some progress recorded and adjustment required, and green = on track in all areas*). Information at the objective and output level is contained in Part Two of this report. Annex One contains all the detailed information on the results assessment at outcome, objective and output levels.

2. Changes to the CSP Logic Model since the Mid-Term Review of 2011

The Lesotho CSP is the first of a generation of results based management programmes for Irish Aid. The Project Appraisal Evaluation Group (PAEG) approved the 2008-2012 CSP on the basis that the Government of Lesotho (GoL) and Irish Aid would jointly work together to improve and strengthen the public service (human resources) and public financial management systems for service delivery through a results-based approach. In this regard, it was seen as a “major departure for IA Lesotho”⁴⁶ and a ‘make or break’ type CSP⁴⁷.

The CSP originally set out to achieve an ambitious four (4) intermediate outcome areas, eight (8) immediate outcomes and nine (9) objectives, each measured by a set of corresponding performance indicators as shown in Table 1 on pages 2 to 4 of this report⁴⁸:

However, while the outcomes and objectives as detailed in Table 1 remained constant for the CSP and their achievement continued to be pursued between 2008 and 2010, the Mid-Term Review (MTR) identified a number of limitations to these originally established targets. In addition, it was identified and reported that a MoU was never signed between GoL and Irish Aid, and this had oversight and management consequences which was recognised and responded to during the Mid-Term Review. As part of the MTR process, consultations with the Government Secretary and relevant Principal Secretaries created the necessary space to adjust and refine programming, including agreement on results based approaches and improved dialogue. It was also acknowledged that data management across Government remained a major weakness.

⁴⁶ Lesotho CSP Mid-Term Review Report, Final Version approved by Coherence 21st June 2011, p3.

⁴⁷ Annex 1 to Main MTR Report: Final Version Lesotho CSP MTR Outcomes Progress Report: February 15th 2011.

⁴⁸ CSP 2008-2012 Annex 2: Results and Monitoring Framework (footnotes explaining how indicators would be measured have not been included).

As a result of the findings and their implications during the MTR, the outcomes, objectives and corresponding performance indicators were rationalised to three (3) outcomes and four (4) objectives for the following key reasons⁴⁹:

- Although progress had been evidenced in the service delivery aspects of the original CSP, particularly school and water infrastructure development as well as delivery of HIV and AIDS services across remote areas (discussed further in this report), MTR evidence identified that GoL systems strengthening and public sector / financial management reforms were off track, and;
- Many CSP targets were not achievable in a context where most GoL partners did not have results, monitoring and evaluation frameworks in place. Thus, consultations were undertaken during the MTR process and this led to partners developing results frameworks which could be used as joint management and monitoring tools for the remainder of the CSP period.

Table 2: CSP Outcomes, Objectives & Performance Indicators Pre-MTR

Original Outcomes/Objectives	Original Performance Indicators
<p>Intermediate Outcome 1: Improved efficiency in GOL systems for allocation and use of resources.</p>	<p>1.1 Resource allocation based on national priorities as defined in sector programmes. 1.2 Budget absorption increased in line with approved annual operational plans. 1.3 Improved transparency in use of resources.</p>
<p>Immediate Outcome 1: Improved government planning, budgeting and M&E processes.</p>	<p>1.4 Effective use of MTEF budgeting approach across GOL. 1.5 Sector MTEF's based on evidence generated through sector M&E processes, evaluations and civil society engagement.</p>
<p>Objective A : To improve capacity for planning, budgeting and M&E in the three social sectors.</p>	<p>1.6 Costed sector programmes based on sector reviews and jointly agreed by GOL and DP's in Education and Water Sectors, used as basis for annual operational plans. 1.7 GOL and development partners (including IA) coordinating better in the provision of three year budget projections linked to sector programmes. 1.8 Three social sectors operating with functional M&E frameworks used as basis for sector reviews and reflect considerations of cross cutting issues (equity, gender, HIV /AIDS and environment). 1.9 Sector reviews report against agreed targets in the M&E frameworks and bottlenecks being addressed in plans for subsequent year. 1.10 National M&E indicators/systems fully based on sector M&E frameworks and vice versa.</p>
<p>Immediate Outcome 2: Improved financial management and accountability.</p>	<p>1.11 Consolidated and accurate national accounts prepared on a timely basis, in line with Lesotho legislation and presented to Parliament. 1.12 Increased proportion of donor support provided via GBS and SBS.</p>
<p>Objective B: To address critical Public Financial Management weaknesses identified through fiduciary assessments (audit,</p>	<p>1.13 Backlog of audited accounts reduced from three to one year. 1.14 IFMIS rolled out and across the public sector. 1.15 Sector budget execution reports (linked to review reports) produced quarterly.</p>

⁴⁹ For a schematic overview, refer to: MTR Report Annex 2: MTR Changes to Logic Model.

financial management, MTEF, procurement).	1.16 IA able to provide increased % of its funding through GOL systems due to critical weaknesses being addressed.
Original Outcomes/Objectives	Original Performance Indicators
Intermediate Outcome 2: Strengthened HR base, with increased numbers of public service workers with appropriate skills, in line with public service reform processes.	2.1 Sector M&E indicators reflect improvement in human resources base in terms of numbers (disaggregated by gender) and skills required. 2.2 Student per qualified teacher ratio improved (Irish Aid will pay particular attention to primary education). 2.3 Percentage of health facilities staffed with standard number and type of qualified staff for the level (Irish Aid to focus at primary health care level). 2.4 Increased number of trained technicians/engineers working in Water sector (Irish Aid will focus on numbers attached to DRWS). 2.5 Reduced vacancy rate in the three social sectors for service delivery positions.
Immediate Outcome 3: Improved coordination of human resources development and management in GOL.	2.6 Increased proportion of government and donor financing for implementation of human resources plans. 2.7 Senior people at Central Ministries (MOFDP and MPS) participating in sector planning and review processes where human resource issues are being discussed.
Objective C: To support the development and implementation of prioritised Human Resources plans at sector level and their alignment to public service reform.	2.8 Human resource plans incorporated into social sector MTEFs. 2.9 HIV and AIDS workplace policies developed and implementation underway in the three sectors of health, education and water. 2.10 Sector HR strategies aligned to macro level HR and financial management reforms.
Intermediate Outcome 3: Improved quality of and access to comprehensive HIV and AIDS services.	3.1 % of the general population who received a HIV test in the past 12 months and were informed of the results from 8.5% in 2007 to 80% by 2012. 3.2 % of people with advanced HIV infection receiving antiretroviral treatment (ART) from 25% in 2007 to 80% by 2012.
Immediate Outcome 4: Increased access to quality HIV and AIDS services by Vulnerable Communities.	3.3 Increased number of PMTCT sites providing quality service across all health centres. 3.4 ART services rolled out to 150 health facilities (baseline 104 – 2007).
Objective D : To strengthen the role of MOHSW in expanding HIV and AIDS services and maintaining existing support in the most remote areas.	3.5 Lessons learnt from the Nine Lesotho Flying Doctor Service Clinics (LFDS) funded by IA in remote mountainous replicated in MoHSW response. 3.6 ART within the nine functioning clinics accessible to communities within the Lesotho Flying Doctors Service constituency in remote areas. 3.7 HIV and AIDS Strategic Plan revised and reflecting positive and sustainable aspects of CF partnership. 3.8 Coordinated MOHSW-led approach in response to the HIV and AIDS pandemic in place, with a stronger emphasis on prevention.
Immediate Outcome 5: Appropriate prevention strategies informed by good practice adopted.	3.9 Quality data available and disseminated through working groups in MOHSW and NAC. 3.10 Evidence from research and good practice for behaviour change strategies reflected in HIV and AIDS related plans. 3.11 Prevention strategies identified and implemented within the health,

	<p>education and water sector with a focus on youth and rural communities.</p> <p>3.12 Development partners and civil society organisations working together in each sector and in line with the National HIV and AIDS Strategic Plan and Monitoring and Evaluation framework.</p>
Original Outcomes/Objectives	Original Performance Indicators
<p>Objective E: To use quality data to inform HIV and AIDS programming and Planning.</p>	<p>3.13 Studies carried out to inform planning and fill information void for more appropriate programming.</p> <p>3.14 Research priorities identified for HIV and AIDS and supporting system for management in place within the National Aids Commission.</p>
<p>Objective F: To improve the education sector response to HIV and AIDS with emphasis on curricular and extra-curricular initiatives.</p>	<p>3.15 Implementation of the revised life skills curriculum rolled out to all schools by 2010.</p> <p>3.16 Improved coordination of DPs support for HIV and AIDS in the education sector.</p> <p>3.17 Coordinated approach to the development and roll-out of complimentary HIV and AIDS prevention strategies for youth by the Ministry and CSOs by 2010.</p>
<p>Intermediate Outcome 4: Enhanced government accountability to citizens.</p>	<p>4.1 Increased participation of citizens in development and implementation of national plans and budgets.</p> <p>4.2 Government accounts and financial reports being discussed in parliament by PAC and PAC reports published.</p>
<p>Immediate Outcome 6: Increased capacity of governance institutions.</p>	<p>4.3 Parliamentary committees functioning and performing their oversight role in social sectors.</p> <p>4.4 IEC proactive in forward planning and prepared for elections including systematic voter registration.</p> <p>4.5 Increased proportion of cases on social and gender issues investigated and completed from rural areas.</p>
<p>Objective G: To develop and implement a joint governance and democracy programme to strengthen capacity of governance institutions.</p>	<p>4.6 Management arrangements in place for the effective implementation of the Consolidation of Democracy and Good Governance Programme (Joint Governance and Democracy Programme (JDGP)).</p> <p>4.7 CDGG (JDGP) effectively delivers outputs in three areas (Parliamentary reform, IEC and human rights) of support.</p>
<p>Immediate Outcome 7: Civil society engaging in policy dialogue and demanding pro-poor services.</p>	<p>4.8 CSOs actively monitoring social sector budget allocations and utilisation.</p> <p>4.9 CSO views taken into account and reflected in sector reviews to influence pro-poor change.</p>
<p>Objective H: To strengthen the advocacy capacity of CSOs.</p>	<p>4.10 Issue papers on budget analysis and social service delivery prepared and published by CSO partners.</p> <p>4.11 IA CSO partners compiling evidence for presentation in Parliament, Sector and PAF reviews.</p>
<p>Immediate Outcome 8: Increased transparency in provision of development assistance.</p>	<p>4.12 Lesotho targets with regard to Paris Declaration are met (clearly identified in the donor matrix and agreed amongst all parties in advance).</p> <p>4.13 Increased predictability and transparency of donor funding.</p>
<p>Objective I: To lead on the use of the PAF and</p>	<p>4.14 Donor performance matrix developed in line with Paris Declaration and signed by Development partners.</p>

donor matrix as a framework for delivering assistance.	4.15 Irish Aid has met the 2010 targets on the donor matrix in Lesotho.
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In addition to the CSP changes outlined previously, it was highlighted that a set of assumptions and critical success factors should have been made more explicit at the outset for CSP success. This could have avoided the MTR finding that some of the original targets were unrealistic to achieve from conception. Relevant assumptions and critical success factors were highlighted, subsequently articulated and are embodied in the narrative that follows and which provides more detail regarding the limitations identified at objective and outcome levels during the Mid-Term Review⁵⁰.

- ***In terms of the original objective A and its' immediate and intermediate expected outcomes logic chain:***
 - It was found that Public Financial Management (PFM) reforms at the macro level had not trickled down to the sectors as expected (or rather assumed) and therefore little progress was achieved in terms of systems strengthening as initially envisaged.
 - The service delivery component was not explicit in this objective despite a large proportion of IA funding for this objective having been invested in expansion of services in the Education and Water Sectors.
 - Given the volume of investment from different donors in the Water Sector (€190,510,995 at the point of MTR) and with the move to Sector Budget Support, GoL and IA agreed that IA could exit the water sector project funding.

- ***In terms of the original objective B and its' immediate and intermediate expected outcomes logic chain:***
 - It was found that Irish Aid support towards an Integrated Financial Management Information System (IFMIS) had influenced minimal impact in terms of making reform effective particularly in the 3 social sectors IA was engaged in. For example in health and education, Project Accounting Units (PAUs) continued to manage donor funds and IFMIS was not used. A Value For Money (VFM) audit provided evidence that there had been little or no value for money derived from Irish Aid support to the Chartered Institute of Purchasing and Supply (CIPS) and Chartered Institute of Public Financial Accounting (CIPFA) training programmes and their linkage to PFM reform.
 - General Budget Support (GBS) donors had the comparative advantage for supporting macro level reforms with more harmonised work required on PFM.

- ***In terms of the original objective C and its' immediate and intermediate expected outcomes logic chain:***
 - Health sector Human Resources (HR) support was the main focus of this objective, however a lack of GoL cross-government coordination remained a challenge; donors self-selected components for support; and HR priorities had not been effectively prioritised and, as a

⁵⁰ For more explicit details, refer to: Zero draft Annex Two, Feb 9th: CSP MTR Review of Critical Success Factors and Assumptions.

result, requests were often ad hoc and not strategic (fragmented) and resulting in limited impact.

- Support to public service reform had been fragmented and not based on a strategic vision - as a result it was considered that a lot had been done but little had been achieved; IA had supported the development of many policies in the Ministry of Public Service and, at the point of MTR, none had been implemented because of insufficient resources (attributed to the prevailing Southern African Customs Union crisis)⁵¹.
- ***In terms of the original objective D and its' immediate and intermediate expected outcomes logic chain:***
 - This objective was focused on a MOHSW-led approach to HIV & AIDS services. Thus, the objective was revised to explicitly reflect the service provision component which is the main focus of the CHAI/MOHSW/IA HIV&AIDS initiative⁵². In addition the objective was revised to reflect transition of the services from the project to MOHSW management and systems.
- ***In terms of the original objective E and its' immediate and intermediate expected outcomes logic chain:***
 - This objective was concerned with the use of quality HIV and AIDS data, and this was considered to be more of a strategy than an objective. The decision was accordingly made to incorporate all issues under this area into the CSP strategy of Managing for Development Results (MfDR).
- ***In terms of the original objective F and its' immediate and intermediate expected outcomes logic chain:***
 - This objective focused on CSO service delivery to complement the Education sector's response to the HIV&AIDS pandemic. It was therefore considered better placed as part of overall service delivery in the Education sector.
- ***In terms of the original objective G and its' immediate and intermediate expected outcomes logic chain:***
 - This objective remained unchanged insofar as wording of this objective was amended to remove 'to develop joint governance programme' as this had been achieved at the point of MTR. The Consolidation of Good Governance and Democracy (CDGG) Programme is jointly funded by Irish Aid and the UNDP.
- ***In terms of the original objective H and its' immediate and intermediate expected outcomes logic chain:***

⁵¹ The downturn in the economy resulted in a more than 50% decrease in SACU revenues in 2009 (37% of GDP): Lesotho CSP Mid-Term Review Report, Final Version approved by Coherence 21st June 2011, p7.

⁵² The tripartite partnership in health between the Clinton Health Access Initiative (CHAI), the Ministry of Health and Social Welfare (MOHSW) and Irish Aid was the primary mechanism to achieve immediate outcome 4 (Increased access to quality HIV and AIDS services by Vulnerable Communities).

- MTR reported that the envisaged joint CSO support programme had failed to take off and Irish Aid was prompted to resort to a pilot CSO support programme implemented for 1 year. Results achieved by the CSOs under that programme were found to be limited and it was considered difficult to attribute Irish Aid support to them.
- Based on previous experience and through the pilot CSO support programme, Irish Aid concluded that there were no strong CSO advocacy networks or coalitions to work with in Lesotho, instead the majority of CSOs were understood to be strong on service delivery and focussed less on advocacy. The MTR reported that Irish Aid’s conclusions reflected those expressed in a Civil Society Scoping Study commissioned by Irish Aid and DFID in 2008 and that therefore the decision was taken not to directly pursue the achievement of this objective any more.
- ***In terms of the original objective 1 and its’ immediate and intermediate expected outcomes logic chain:***
 - Irish Aid considered this objective - which was focused on the use of the PAF and donor matrix as a framework for delivering assistance - as a strategy on aid effectiveness and not an objective. Irish Aid was (and is) also not a GBS donor and therefore could not perform the actions as set out in the original objective.

As a result of the MTR findings and observations outlined above, the MTR recommended re-focusing and refinement of the Country Strategy Programme and the following changes were made and endorsed by the Prime Minister, as well as Government and Principal Secretaries⁵³:

- The emphasis on systems strengthening was revised in response to Government’s slow pace of reform in procurement, financial and human resource management.
- IA exited the water sector and public service reform and ***the programme was refocused on service delivery in education and health, as well as governance.***
- New exploratory work related to the pressing imperative of hunger, vulnerability and climate change was brought into the remainder of the CSP period.
- The intermediate outcome tier was removed due to repetitions / duplications between the objective, intermediate and outcome levels and because most were actually objectives or strategies instead of outcomes.
- Changes to the outcome levels were thus effected due to the changes made to the objective level in terms of the focus on service delivery instead of systems strengthening.
- Changes were also made to reflect the national level sources of the outcome and to align with the Lesotho Vision 2020.
- Baseline information and corresponding indicators developed in 2008 needed to be more specifically, measurably, reliably and coherently articulated for effective results and evidenced-based monitoring and evaluation, particularly in light of all the changes described above.

A schematic overview of the changes made to the original CSP can be seen in Table 2 on the following pages.

⁵³ Lesotho CSP Mid-Term Review Report, Final Version approved by Coherence 21st June 2011, p4.

Table 3: Overview of Changes made to the CSP at MTR⁵⁴

Original CSP Outcomes (4) and Objectives (9) [as re-aligned]	New CSP Outcomes (3) and Objectives (4) - as agreed at MTR	Overview of changes
<p>Intermediate Outcome 1: Improved efficiency in GOL systems for allocation and use of resources.</p> <p>Immediate Outcome 1: Improved government planning, budgeting and M&E processes.</p> <p>Immediate Outcome 2: Improved financial management and accountability.</p>	<p>Outcome 1: Development of a productive, quality human resource base through delivery of equitable, quality basic education.</p>	<p>New outcome area aligned with the Lesotho Vision 2020.</p>
<p>Objective A: To improve capacity for planning, budgeting & M&E in the three social sectors.</p> <p>Objective B: To address critical Public Financial Management weaknesses identified through fiduciary assessments.</p> <p>Objective F: To improve the education sector response to HIV and AIDS with emphasis on curricular and extra-curricular initiatives.</p>	<p>Objective A: To strengthen provision, expansion and maintenance of quality pro-poor basic education services.</p>	<p><i>Original Objective A:</i> Objective refocused on expansion of services in the Education Sector under the auspices of the Lesotho Basic Education Project jointly funded by IA and EFA – Fast Track Initiative (FTI) in a sector pool.</p> <p><i>Original Objective B:</i> The systems strengthening and PFM Reforms to be pursued under the IA CSP <i>strategies</i> of Aid Effectiveness and Managing for Development Results. IA to monitor progress in PFM Reforms in the Education sector and through participation in forums such as PFM steering Committee; GBS reviews and in structured high level Principal Secretaries’ forums led by the Government Secretary.</p> <p>Irish Aid discussed and agreed with the Ministry of Finance that further IA PFM funding should be linked to ONE approved and implemented plan with a coherent / harmonised funding modality rather than the prevailing donor ‘cherry picking’ trend.</p>
<p>Intermediate Outcome 2: Strengthened Human Resource base, with increased numbers of public service workers with appropriate skills, in line with public service reform processes.</p> <p>Immediate Outcome 3: Improved coordination of human</p>	<p>Outcome 2: Improved health and livelihoods for people affected and infected by HIV&AIDS.</p>	<p>One outcome area level retained and aligned with the Lesotho Vision 2020.</p>

⁵⁴ Extracted and adapted from MTR Report Annex 2 MTR Changes to Logic Model (revised logic model attached as Annex 2A).

resources development and management in Government.		
Original CSP Outcomes (4) and Objectives (9) [as re-aligned]	New CSP Outcomes (3) and Objectives (4) - as agreed at MTR	Overview of changes
<p>Intermediate Outcome 3: Improved quality of and access to comprehensive HIV and AIDS services.</p> <p>Immediate Outcome 4: Increased access to quality HIV and AIDS services by Vulnerable Communities.</p> <p>Immediate Outcome 5: Appropriate prevention strategies informed by good practice adopted.</p>	<p>Incorporated into Outcome 2 above: Improved health and livelihoods for people affected and infected by HIV&AIDS.</p>	<p>As above: One outcome area level retained and aligned with the Lesotho Vision 2020.</p>
<p>Objective D: To strengthen the role of MOHSW in expanding HIV and AIDS services and maintaining existing support to the most remote areas.</p> <p>Objective E: To use quality information to inform HIV and AIDS programming and planning.</p>	<p>Objective B: To strengthen provision, expansion and maintenance of quality HIV and AIDS services in the remote areas.</p>	<p><i>Original Objective D:</i> Provision of HIV&AIDS treatment and care services in the rural areas to continue, however a lot of emphasis would be placed on transition of the project services to MOHSW management and systems.</p> <p><i>Original Objective E:</i> All issues incorporated within and pursued under the overarching <u>strategy</u> of Managing for Development Results.</p> <p><i>(Original Objective F: Incorporated under new <u>Objective A.</u>)</i></p>
<p>Objective C: To support the development and implementation of prioritised Human Resources plans at sector level and their alignment to public service reform.</p>	<p>Objective C: To enhance communities capacity to climate change adaptation and undertake sustainable agricultural practices.</p>	<p>Irish Aid, Ministry of Health and CHAI agreed to realign the IA health sector HR support into the CHAI/MOHSW/IA HIV&AIDS programme as a strategy for supporting the integration of the HIV/AIDS programme in MOHSW.</p> <p>Irish Aid and Ministry of Public Service agreed to Irish Aid's exit from support to Public Service Reform at the macro level as this was in the form of individually supported projects. Work at the policy level was being completed by MTR point. However, Irish Aid would continue to engage with the Ministry of Public Service at a strategic level to ensure that key HR bottlenecks in the MOH are addressed. Anticipated that the Ministry of Public Service would engage and approve proposed HR decisions taken by the Ministry of Health and CHAI.</p>

Original CSP Outcomes (4) and Objectives (9) [as re-aligned]	New CSP Outcomes (3) and Objectives (4) - as agreed at MTR	Overview of changes
<p>Intermediate Outcome 4: Enhanced Government accountability to citizens.</p> <p>Immediate Outcome 6: Increased capacity of Governance institutions.</p> <p>Immediate Outcome 7: Civil society engaging in policy dialogue demanding pro poor services.</p> <p>Immediate Outcome 8: Increased transparency in provision of development assistance.</p>	<p>Outcome 3: Enhanced Government accountability to citizens. (unchanged from original)</p>	<p>One outcome area level retained and aligned with the Lesotho Vision 2020.</p>
<p>Objective G: To develop joint Governance programme to strengthen capacity of governance institutions.</p> <p>Objective H: To strengthen the advocacy capacity of CSOs, with a focus on networks and coalitions.</p> <p>Objective I: To lead on the use of PAF and Donor Matrix by all GBS Development Partners.</p>	<p>Objective D: To strengthen the capacity of Governance institutions.</p>	<p><i>Original objective G:</i> No substantive changes in this objective.</p> <p><i>Original objective H:</i> CSO support and engagement integrated into the new objectives A, B, and C which were re-focused and targeted towards service delivery. Irish Aid to fund PHELA to provide extra – curricular life skills education in primary and secondary schools and to engage Action Aid, Pelum Lesotho and Catholic Relief Services on service delivery in the areas of food security and climate change adaptation.</p> <p><i>Original objective I:</i> Irish Aid to pursue actions in this area through continued participation in the PFM Reform steering committee, GBS reviews and the Development Partners Consultative Forum.</p>

3. Assessment of Objectives no longer pursued post MTR

As detailed earlier, many of the immediate and intermediate outcomes and their corresponding objectives were realigned into the newly formulated three outcomes and four objectives. The results of these have thus been assessed for the entire CSP period to date as reported in section 4 and Part Two of this report. However, two specific areas of work at the objective level were not carried forward after the Mid-Term Review. These were i) *support to the water sector* (a contributing action towards the original objective A); and ii) *support to strengthen the advocacy capacity of CSOs* (original objective H). Assessment on these 2 specific actions was captured at MTR and is reported below⁵⁵:

3.1 Objective A: To improve capacity for planning, budgeting and M&E processes in the water sector (the other two sectors included in the original objective A are reported elsewhere). *(Embassy Team rating 3 for the service delivery aspect and 2 for the systems strengthening in planning, budgeting and M/E [the original objective]- where 3 was rated as 'satisfactory')*⁵⁶.

3.1.1 Baseline:

No sector programme in the water sector; National coverage for rural water and sanitation: 50%.

3.1.2 Inputs:

Irish Aid invested €6.4 in water and sanitation over the period 2008-2011.

3.1.3 Strategies:

Irish Aid contributed to the establishment of an M & E Unit in the Ministry and the development of guidelines based on national standards. Targets were established for rural water household access, e.g. from 63.6% in 2010 to 70.5% in 2012.

3.1.4 Main achievements:

- Interim Water Sector Strategy developed and approved by Cabinet, allowing for EU sector budget support approval of € 38 million for 2011 - 2013 with performance based targets.
- Irish Aid support resulted in water systems installed in 113 rural communities; 48 138 people have been reached, and 3,393 sanitation facilities (latrines) installed reaching 17 000 people.

3.2 Objective H: To strengthen the advocacy capacity of CSO's with a focus on networks and coalitions *(Embassy Team rating 1 - reporting that the focus on advocacy capacity strengthening could not and did not take place)*

3.2.1 Baseline:

Poor understanding of advocacy and fragmented CSO networks / coalitions with little capacity within organisations. Weak internal governance arrangements within CSOs. The enabling political environment weak. Multi donor support required.

3.2.2 Inputs:

€ 0.41 m invested

⁵⁵ Annex 1 to Main MTR Report: Final Version Lesotho CSP MTR Outcomes Progress Report: February 15th 2011.

⁵⁶ Results in relation to 3.1 – support to the water sector - have been updated since MTR, based on evidence from the Ministry of Natural Resources Department of Rural Water Supply's 'Final Report on Irish Aid Assistance to Rural Water Supply and Sanitation in Lesotho 2008-2011'.

3.2.3 Strategies:

Initial joint programming efforts with DFID were delayed and did not progress. Piloting work took place only.

3.2.4 Main Achievements:

- Communities residing in two constituencies sensitised on public service delivery and budgetary processes at national and district levels.
- Awareness campaigns on Education Act conducted with school governing bodies, MPs and communities.
- Teachers trained in Braille and sign language, training manuals developed and lessons offered to the visually impaired in 5 high schools.
- Facilitators trained to teach out of school learners with 174 pupils enrolled and accessing primary and secondary education.
- CSO's participation in the water and education sector reviews led to the Ministry of Education reviewing policy for disabled learners and the Ministry of Natural Resources improving its free basic water service.

3.2.5 Comment:

Irish Aid considered that the Civil Society environment was not yet ready for advocacy networks and coalitions and that the advocacy dimension may have been too donor driven to succeed as demonstrated by the Civil Society Scoping exercise⁵⁷. In addition, DFID pulled out of the intended joint programme. A focus on governance aspects of service delivery was considered to be more pragmatic. The objective was redesigned and, where relevant, information on progress is reported under other objectives in Part Two of this report.

4. Outcome Areas Assessment

This section provides the summary results assessment at the outcome level for the three reformulated outcomes.

4.1 Outcome One: Development of a productive, quality human resource base through delivery of equitable, quality basic education (Lesotho Vision 2020) (Orange Minus)

Progress towards SBS and SWAP has remained slow throughout the life of the CSP – implementation of the signed Statement of Intent remains outstanding and, at the implementation level, MOET perceive the responsibility for driving and supporting implementation of the Statement of Intent to equally lie with Irish Aid. IFMIS training and operationalization assisted to a limited degree with some improvement in adhering to budget allocations. Limited implementation of MfDR, though with some progress in budgeting and planning through MTEF. PIU disbanded and some MOET progress in managing FTI project, though targeted actions remain behind schedule and project is reportedly at high risk of missed

⁵⁷ Although explored, the Civil Society Scoping Study report could not be sourced for review or referencing at the point of results assessment as part of the CSP evaluation.

opportunity to secure additional funding (a provision within the FTI project funding agreement linked to project success)⁵⁸.

Fluctuating and, more recently, declining trends in some education performance indicators at the outcome level indicate inconsistencies in the reliability of monitoring data and/or potential causal links to the ongoing low absorptive capacity within MOET, as well as signal potential shortfalls in education quality and relevance. Ongoing support to the MOET will need to focus on capacity building to engage with the technical demands of aid effectiveness, a review of education quality and relevance at the primary level in particular, and on meaningfully clarifying roles and responsibilities through concretising – at the level of implementation - oversight and management agreements such as the Statement of Intent and the MOU between the ministry and PHELA.

4.2 Outcome Two: Improved health and livelihoods for people affected and infected by HIV and AIDS and TB (Lesotho Vision 2020) (Orange Minus) *It should be noted that, due to implementation of improved livelihoods related actions being in the early phase, assessment has not been undertaken of Objective C which was established as a complementary component towards achieving outcome two).*

ART, PMTCT and VCT services and coverage improved in the remote rural areas. Decentralisation of health services was launched in 2011 but there remains an unclear division of labour between the Ministries at district level and sufficient resourcing of District Health Management Teams remains a challenge. While programme components have been mainstreamed into the MOHSW's plans and management systems, programme management and monitoring supervisory capacity within the Ministry remains limited. In addition, at the outcome level, the UNDP's draft 2012 MDG report indicates that MDG 4 (reduce child mortality) and MDG 5 (improve maternal health) are both off-track for Lesotho, with MDG 6 (combat HIV and AIDS and other diseases) observing slow progress and these trends have implications for future MOHSW support initiatives.

In addition, GoL closed the National AIDS Commission in 2011 and no alternative coordination structure has yet been determined, and this raises questions regarding the potential to address the imperative of establishing and sustaining a nationally coordinated response to the challenges HIV and AIDS impresses on the country and its people.

4.3 Outcome Three: Enhanced Government accountability to citizens (Orange Minus)

Parliamentary adoption of Strategic Plans coupled with the recent introduction and progress towards implementing MfDR demonstrates some improved ownership by national stakeholders of the CDGG programme. However limitations in the current funding modality as well as limited GoL budget allocations to the Office of the Ombudsman and the Human Rights Unit oversight bodies will need to be addressed if ownership and demonstrated commitment to governance reform is to be enhanced and sustained.

⁵⁸ Lesotho basic Education Project (FTI III) Second Supervision Mission Aide Memoire, November 28 – December 6 2011.

While the MoFDP has demonstrated some political will and commitment to respond to the recommendations of the VFM audit, progress has remained slow. In addition, although Parliament enactment of the Public Financial Management & Accountability Act (PFMA) and some implementation of the Public Expenditure and Financial Assessment (PEFA) recommendations signal positive shifts in PFM reform, coordination towards one PFM plan and one funding modality has been limited.

PART TWO: SUMMARY OF ASSESSMENT AT THE OBJECTIVE LEVEL

5. Outcome One: Development of a productive, quality human resource base through delivery of equitable, quality basic education (Lesotho Vision 2020)

5.1 Objective A: To strengthen provision, expansion and maintenance of quality pro-poor basic education services. (Orange minus moving towards orange plus – slow pace of implementation and limited progress on aid effectiveness. Although some notable progress in service delivery outputs – textbook dissemination, classroom construction and in process, recruitment of pre-primary teachers and some HIV integration)

5.2 Baseline:

- Access to quality pre (ECCD) and primary education for boys and girls (in the remote areas particularly) a persistent challenge: high repetition rates in Grade 1 (at 26% in 2009) and poor quality of learning environments including low pupil qualified teacher ratio (52:1 at primary level in 2009) and an 80.9% primary net enrolment rate (NER) in 2009.
- Shortage and low retention of qualified teachers at primary school level, particularly in the rural areas: 42% of teachers unqualified at the primary level in 2009.
- Weak education sector HIV integration – limited HIV prevention and life skills curriculum.
- Weak planning and budgeting capacity at all levels. Parallel systems hindering progress towards systems harmonisation and alignment. Budget allocation and expenditure not based on agreed national priorities - therefore impact and aid effectiveness difficult to access.

5.3 Critical success factors:

- Functional procurement capacity within MOET (FTI III project: civil works).
- Policies in place (project management and financial management capacity across MOET).

5.4 Inputs:

- IA has invested € 6.5 m since 2008 towards the achievement of this outcome area.
(World Bank invested €13.3 in FTI project).
- IA invested € 650,000 towards the work of the MOET's HIV and AIDS coordination unit and € 200,000 towards the HIV in education mainstreaming work of PHELA.

5.5 Outputs results:

- Improved infrastructure for 88 classrooms in 23 schools and 9 weather-damaged primary schools refurbished.
- 100 reception classes attached to 120 primary schools, contributing to increased enrolment at the pre-primary level by 71% nationally (comparing 2008 with 2011 enrolment). However a marked decline of 15% in reception class enrolment was experienced between 2009 and 2010, reducing to a 3% decline between 2010 and 2011.
- 449 teachers trained through Distance Teacher Education Programme (DTEP), contributing to a decreased pupil teacher ratio at the primary level from 37:1 in 2007 to 34:1 in 2011 (exceeding the ESSP target of 40:1 by 2015). Irish Aid support to teacher training also contributed to reducing the ratio of pupil to *qualified* teachers from 66:1 in 2007 to 56:1 in 2011.
- Primary level NER increased only half way towards the target of 83.4% – NER *fluctuated* between 2008 – 2011 (82% in 2008 to 80.9% in 2009 to 81.8% in 2010 and to 81.6% in 2011).

- Decline in repetition rate in Grade 1 by 1.8% (reduced to 24.2% in 2011 from 26% at 2009 baseline). Suggests causal link to previous year-on-year enrolment increase at pre-primary level with some limited attribution to classroom construction.
- Increase in cohort survival rate at primary level (5.5% increase from 61.2% in 2009 to 66.7% in 2011), signalling some potential causal link to learning experiences at the reception level.
- The transition rate from standard 7 to Form A *slightly increased by 0.9%*, though a fluctuating trend was observed between 2009 and 2011 (73.1% in 2009, 75.5% in 2010 and 74% in 2011).
- Whereas, the transition rate from Form C to Form D *decreased marginally by 0.7%* from 75.3% in 2009 to 74.6% in 2011, though the rate fluctuated to 77.2% in 2010.
- While there was an increase in Primary School Leaving Examination (PSLE) pass rates between 2009 (86%) and 2010 (87.5%), pass rates declined slightly in 2011 to 87.2% - with a rate of 17% in first class passes (up by 0.9% since 2008) and 27.3% in second class passes (up by 1.3% since 2008).
- 400 maths/science kits for 40 000 learners in remote schools distributed and 6,600 grade 5 textbooks procured and delivered to schools.
- Education sector response to HIV and AIDS:
 - 3,210 education personnel trained: 1,473 ECCD caregivers and teachers trained in lay counselling and 1,737 principals trained in psycho-social support & management of HIV & AIDS in the school setting.
 - 1,867 first aid kits procured and delivered to schools.
 - Ministry targeted programme increased OVC enrolment from 113,335 in 2007 to 121,155 in 2009, an increase of 8% - no updated data available at the point of final results assessment.
 - Through MOET's partnership with PHELA, which was influenced by Irish Aid:
 - 1,297 club leaders completed life skills training programme in 98 schools across all 10 districts; training included confidence building skills and HIV prevention learning components.
 - 28 juvenile inmates aged 16-24 years also trained in HIV prevention and life skills.
 - 35 teachers trained in collaboration with MOET and 110 additional teachers reached in follow up sessions on HIV prevention and life skills integration in the classroom setting.
 - 4 PSAs produced and aired on 2 radio stations and 2,000 school bags – all with social and behaviour change communication messaging.
 - Formative study on perceptions of life skills knowledge conducted in 2010 and prevention package developed, including radio and TV programmes for school children.

5.6 Strategies:

- Medium Term Education Sector Plan 2009-2012 developed and approved by Cabinet.
- Education Act (2010) developed and approved by Cabinet.
- Policy on Free and Compulsory Education launched June 2011 and in Cabinet approved Education Act 2010.
- MOET implemented a strategy to provide capitation grants for ECCD centres and training of ECCD caregivers and teachers.
- IA partnered with Cyprus Aid to provide direct assistance to Polytechnic to develop a maths and science course to enhance the supply of teachers and HR priorities included in the Education Plan with an emphasis on remote rural deployment and retention, particularly the supply of maths and science teachers (target 200 per annum).
- Irish Aid engaged in the development of the Skills and Innovation component of the National Strategic Development Plan (NSDP). The strategic objectives under this component are addressing both sector priorities and national priorities e.g. expansion of Technical and

Vocational Education institutions to support growth sectors, improving foundation for skills development through improvement of access and quality of education.

- Donor support for MTESP includes IA, WB, UNICEF, WFP and ADB.
- Irish Aid played a major leadership role in developing the proposal and securing the Fast Track Initiative (FTI III) approved \$20 million for 2010-2012.
- PIU disbanded and MOET structures being utilized for FTI project implementation, including District tender panels for civil works procurement. However, FINPRO financial management system being used for FTI project as well as World Bank Procurement Procedures rather than Integrated Financial Management Information System (IFMIS), with FTI information not captured in IFMIS – hampering progress towards Public Financial Management (PFM) initiative and aid effectiveness.
- Slow progress towards Sector Budget Support (SBS) in Education Sector. MOET has not provided any clear direction with regards to SBS, despite IA efforts to lead other donors and partners to engage with MOET to improve implementation of the Statement of Intent. Progress towards SWAP modality has been very slow particularly in terms of pool funding.
- Education Management Information System (EMIS) introduced and in use for improved monitoring and evaluation but slow data release.
- MOET's HIV and AIDS Coordination Unit and the engagement with PHELA to conduct counselling training indicates MOET progress towards education sector HIV integration, and evident in finalisation of sector policy on HIV and AIDS (2010).

5.7 Relevance/Effectiveness/Efficiency/Sustainability:

- Support to education sector in line with Education Sector Strategic Plan (ESSP) 2005, Medium Term Education Sector Strategic Plan 2009-2012, access to UPE through free primary education policy to meet MDG 2, Education Sector Policy on HIV and AIDS (2011), Education Act 2010, Vision 2020 and alignment/harmonisation with (draft) NSDP for primary and secondary level indicators.
- Efforts towards HIV mainstreaming in the education sector progressed including through public/private partnership, although a MoU has not yet been signed between the Ministry and its CSO partner PHELA.
- Enhanced planning and budgeting capacity within MOET through IA's support to introduce MTEF. However low absorptive capacity prevails with slow and limited FTI III project expenditure (only 7% expenditure) and with commensurate extended delays (8 months) in civil works schedule.
- Irish Aid support to Ministry of Finance and Development Planning to provide for training on MfDR/results-based M&E for planners across Ministries has contributed to the development of the draft NSDP M&E framework, though slow progress towards implementation of MfDR (progress in planning and budgeting).

5.8 Comment

- Fluctuating trends in transition rates at the primary level and declining trends in reception class enrolment rates indicate inconsistent expansion, quality and relevance of basic education services, potentially undermining earlier gains reflected in 2009/10 PSLE pass rates and the 2005-11 cohort survival rate at primary level. However, delays in and some inconsistencies with data over time suggest some limitations in the reliability of data accuracy. Nevertheless recent fluctuating and declining trends signal shortfalls in education quality at the primary and pre-primary levels and/or additional factors causing barriers to pre and primary education – factors which the education sector could benefit from better understanding through comprehensive research efforts.
- Procurement/absorptive capacity limitations the MOET has experienced with the FTI project suggests the Ministry has tended to concede too much space (slack) for donor driven modalities and this has ownership and sustainability implications – evidenced in the alarming high potential

for MOET to miss the opportunity for additional funding support. This, in turn, has human rights ramifications and requires urgent attention and a multi-sectoral approach to improved coordination across ministries (particularly Ministry of Works, MOFDP and MOET).

- The above results and observations indicate a pressing need for more intensive and extensive dialogue across development partners, particularly with regards to why and *how* SWAP can strengthen provision, expansion and maintenance of quality pro-poor basic education. Such dialogue should be vertically and horizontally targeted simultaneously and collaboratively (including implementers and decision makers), and development effectiveness - particularly the rights of the learner - should be at the forefront of such discourse and forward decision making processes.

6. Outcome Two: Improved health and livelihoods for people affected and infected by HIV and AIDS and TB (Lesotho Vision 2020)

6.1 Objective B: To strengthen provision, expansion and maintenance of quality HIV and AIDS services in the remote areas. *(Orange plus - positive expansion and provision of services in remote rural areas with WHO quality standards implemented. Effective coordination in the implementation of health policies and strategies remains a challenge)*

6.2 Baseline:

- Limited access to comprehensive HIV and AIDS services and TB treatment in rural areas:
 - Nationally, 52% of PLWHA in need of treatment receiving ART and 51% coverage of children;
 - Only 5 out of 9 remote rural clinics operational.
 - Nationally, 199 (92%) health facilities providing ART services and 101(51%) providing paediatric ART.
 - Proportion of births attended by skilled professional had decreased from 55% to 38% (year to year: 19,323 births out of 55, 852).
 - Only 177 health care workers mentored: no national mentoring guidelines.
- Shortage of skilled health professionals in the rural health centres - 100% centres not meeting minimum staffing requirements:
 - Less than 20% of the health sector work force providing 60% of health care needs at Primary Health Care level.
 - Only 125 health workers trained on infection control, occupational hazards and life skills.
 - Inadequate lab management skills, non-utilisation of standard operating procedures, and lack of laboratory accreditation process (9 labs: 3 received lab mentoring, 0 labs accredited, and no local laboratory mentors).
 - Poor management of health supply chains: lack of skills in forecasting, quantification, procurement and supply chain management practices.
 - 18 hospitals staffed with pharmacists. 10 District Health Management Teams staffed with pharmacists.
- Parallel systems hindering harmonisation and alignment, and fragmented management of funds – extensive inefficiencies in HIV and AIDS planning, budgeting, managing and monitoring.

6.3 Critical success factors:

- Capacity (human resources and financial) for MOHSW to take over project management.
- LFDS capacity to manage rural clinics (Director in place in timely manner).
- Commitment of GOL to absorb the nursing initiative.
- No exit strategy, including MOHSW taking over programme management, at the inception phase (exit strategy currently being developed).

6.4 Inputs:

- IA investment of € 20, 469, 337 (*Partners in Health* €5.2 m).

6.5 Outputs results:

- Expansion of HIV&AIDS, TB and Primary Health services in remote rural areas within the 9 rural initiative clinic catchment areas; 21 5000 people accessing health services; 65 123 people tested and counselled for HIV; 6 373 enrolled on ART.
- 7 of the 9 remote rural clinics fully refurbished and equipped and offering HIV services.
- Expansion in the number of sites offering ART. Nationally 201 (93%) health facilities providing ART services and 127 providing paediatric ART.
- 6% increase in HIV clients receiving ARV treatment (from 52% at baseline to 58%).
- Standard National Clinical Mentoring Guidelines finalised and awaiting approval.
- Clinical mentoring for 601 health care workers.
- 7 laboratories completed assessment for WHO accreditation. Lesotho is reportedly the first country to undergo this process (9 Strengthening Lab Management Towards Accreditation [SLMTA] graduates-first SLMTA graduates globally,15 Lab Supervisors and Quality Officers completed SLMTA training). 1 local mentor identified and trained.
- 6 MOHSW and NDSO staff trained in forecasting and quantification.
- 150 expatriate nurses recruited and placed in rural health centres. 207 new nursing positions established as part of the transition plan to MOHSW.
- Integration of livelihoods into the programme: Complementary partnership established with Catholic Relief Services for food security initiatives in the health facilities' catchment areas. (The nutrition aspect was incorporated into Objective C).

6.6 Strategies:

- National HIV and AIDS Strategic Plan 20011/12 - 2015/16 developed and approved.
- Alignment and harmonisation of the Tripartite programme (CHAI/IA/MOHSW) with MOHSW plans and systems:
 - MOHSW commenced an indicator-based approach to track performance.
 - Some integration into MTEF (nurse and District Health Management Team salaries, training of health professionals, drug procurement);
 - Human Resources for Health component fully integrated and managed by MOHSW.
 - Procurement, clinical and laboratory mentoring partially transferred from CHAI and integrated into MOHSW.
 - MOHSW has adopted the nurse-driven model for the two clinics which are directly managed by LFDS (Kuebunyane and Semenanyane)
 - GOL commitment to continue funding nurses' positions (inter-ministerial agreement signed).
- Progress towards transition from CHAI to MOHSW:
 - MOHSW gradually increasing management role in programme implementation with clinical, procurement and laboratory mentoring strategy gradually being implemented, as well as joint monitoring visits and technical working group meetings being conducted.
 - Clinical mentoring has been streamlined into the MOHSW and implemented according to the guidelines (mentoring previously through volunteer International HIV&AIDS healthcare providers and, since 2008, through District Health Management Teams).
- Strengthened service delivery:
 - Prioritised HR Plan approved and in the process of being costed.
 - Human Resource Management Information System (HRMIS) launched and functional at MOHSW HQ level.

6.7 Relevance/Effectiveness/Efficiency/Sustainability:

- Support to the partnership is in line with GoL finalised National HIV and AIDS Strategic Plan 20011/12 - 2015/16, as well as GoL National HIV and AIDS Strategic Plan 2006 - 2011(Revised April 2009), Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment, care and support in Africa by 2010, Human Resources in Health Operational Plan and IA White Paper.
- Main achievements indicate expanded provision of rural HIV and AIDS and TB services and primary health care services in remote areas; Rural Initiative, Clinical and Lab Mentoring Procurement and Supply Chain Management components achieved most set targets within timeframes; Human Resources for Health achieved more than 50% set targets (delays against target timeframes for HRH).
- Two rural initiative clinics have experienced construction delays and are currently scheduled to be constructed in 2012.
- Variance of less than 25% in financial management identified in VFM audit, 60% programme components achieved within timeframes (some delays in HRH components partly due to cumbersome GOL recruitment processes).
- Progress towards integration into MTEF (salaries, training, drug procurement) and procurement transfer from CHAI (clinical and laboratory mentoring), coupled with GoL commitment to continue funding nurses' positions (inter-ministerial agreement) signal some potential for maintained health service provision in remote areas.
- The National AIDS Commission (NAC) was closed by GoL in 2011 following an organisational assessment and audit of the Commission, and no new coordination structure has been proposed - indicating limited commitment by GoL to ensure coordination of the national response to the pressing challenges posed by HIV and AIDS.

6.8 Comment

- Evidence reported for objective B has been drawn down heavily from review of the reportedly validated Tripartite Partnership in Health evaluation report (finalised April 2012), as well as the 2011 MOHSW and CHAI value for money audit report, coupled with programme and joint annual review reports of 2011.
- It is noteworthy that the MOHSW was not meaningfully involved at programme inception, and this resulted in limitations and relevance of baseline data as well as shortfalls in coordinated monitoring and evaluation processes and data quantification in the early years of the tripartite partnership in health programme (prior to MTR). This in turn signals limitations to the way in which partnership roles, responsibilities and expectations were articulated and/or understood, suggesting that coordination efforts require further means-ends strengthening, particularly in the conceptualisation and planning phases of development partnership building. This could enhance the potential for improved management for development results (and aid effectiveness) as opposed to a skewed focus on result frameworks development.

7. Objective C: To enhance communities' capacity to climate change and undertake sustainable agricultural practices (Exploratory work on hunger and climate change adaptation)

(Embassy Maseru Team considered progress towards the achievement of this objective to be in early stages and therefore premature to assess results)⁵⁹.

⁵⁹ A progress report on initial efforts towards the achievement of objective C is provided in Embassy Maseru's *CSP Lesotho Annual Report 2011*, pp10-12.

8. Outcome Three: Enhanced Government accountability to citizens

8.1 Objective D: To strengthen the capacity of governance institutions (*Orange minus moving towards orange plus – CDGG partners progress towards MfDR slow but some positive indications of embedding, MoFDP responding to recommendations of the VFM study though results have yet to be fully achieved*).

Limited support for PFM training as a final exit phase continued after MTR. The assessment of Objective D includes both the CDGG programme as well as the training support for CIPS and CIPFA through the two institutions IDM and CAS.

8.2 Baseline:

- No Strategic Plan in place for Parliament - ad hoc and reactive functioning with limited participation and debate within Parliamentary Committees.
- Election processes and media coverage biased – fragmented voter and civic education activities (IEC and CSOs) – 916 230 registered voters and 50.2% voter turnout in 2007.
- No Human Rights Commission.
- Weak monitoring and resolution of complaints by the Office of the Ombudsman (only 60% of cases dealt with in the year and cases not resolved within the 6 months set standard).
- Low women representation in Parliament (29 women, representing 23% in 2007 national elections).
- Public Financial Management (PFM): Lack of linkages between monitoring, planning and budgeting across GoL – budgets not outcome based (activity based), no Budget Framework Papers (BFPs) across most Ministries and absence of coherent PFM action plan; 3-4 year audit backlogs, limited procurement capacity (171 accountants and 2010 procurement professional qualified at 2008 baseline), and Integrated Financial Management Information System not providing sufficient outputs.

8.3 Critical success factors:

- Completion of National Assembly and Senate Strategic Plans and clear action plan on how plans will be used.
- Incorporation of the CIPS and CIPFA training programme into the overall Public Financial Management Plan, and implementation of the VFM audit recommendations prior to further disbursements.

8.4 Inputs:

- Irish Aid has invested € 7.3 m (€ 5.4 m to PFM and € 1.9 m to CDGG).

Government contribution €450,000 for CIPS and CIPFA and €1.7m for CDGG (2012-13). UNDP invested €0.51 to CDGG.

8.5 Outputs results:

- Parliament adopted Strategic Plans (National Assembly and Senate) and the 2012-13 budget is in line with plans.

- Public Accounts Committee (PAC) has progressed in responding to the 2007-2008 audit report; conducted some corruption investigations and prepared a report that is expected to be tabled in the next Parliament sitting after June 2012.
- A Media Code of Ethics and media monitoring committee is in place at the IEC; signed MOU with CSOs who have conducted civic education, and a logistics plan for managing National elections drafted. 1.3m provisionally registered voters for the upcoming 2012 national elections (increase of 384 000 people since 2007). National Electoral Act 2011 intended to contribute to the running of free and fair elections passed.
- 6th Constitutional amendment advanced the drafting of a Human Rights Bill; Committee on the Elimination of Discrimination Against Women (CEDAW) report submitted to the International HRC; and International Convention on Civil and Political Rights (ICCPR), International Convention on Economic and Socio-Cultural Rights (ICESCR) validated. Child Protection and Welfare Act 2011 passed.
- From the Office of the Ombudsman 85% recommendations were addressed by Government; 75% of complaints reported to Ombudsman within 6 months (representing an increase of 15%) since baseline. Investigation manual drafted and to be used for training investigators. Case work management software introduced and is in use.
- Public Financial Management & Accountability Act (PFMA) approved by Cabinet. Implementation of Public Expenditure and Financial Assessment (PEFA) recommendations commenced and further evidence will be gathered during the 2012 assessments.
- Audit Bill remains in draft form, and internal audit function partially rolled out – auditors deployed in only 14 of the line Ministries. Some progress with backlog of annual audited accounts undertaken by the Office of the Auditor General - reduced to 2 years (improved from 3-4 years at baseline); all Ministries using Budget Framework Papers.
- PFM training courses: 437 qualified accountants (increase of 266) and 655 procurement professional (increase of 445) trained, though only 266 CIPFA students passed (between 2007 to 2011) and 210 CIPS students passed (2011). Some positive progress on recognition of training – incorporated into the PFM plan and allocated a budget of M4.5m towards the programmes for 2012-13.
- 35 auditors trained on Financial Audit and Performance Audit as well as Government Accounting and Regularity Auditing⁶⁰.
- IFMIS operationalised across all Ministries though the system is not yet producing reliable reports due to challenges with the Bank reconciliation interface between IFMIS and the Central Bank of Lesotho, Tax revenue interface between IFMIS and the Lesotho Revenue Authority, information from projects operating outside IFMIS are not yet captured in the system and the Revenue Receipting System (RRS) has been delayed to take off, as a result Treasury and Ministries are still capturing the revenue into the system causing more delays.
- Draft PFM action plan (costed) has now been formulated, though Revenue and Capacity building concerns (e.g. PAC training) not reflected in the plan. General Budget Support donors have proposed creation of World Bank proposed Trust Fund, but not implemented (GoL maintains preference for parallel structures due to perceived capacity constraints in Public Sector to engage with external pool fund systems).

8.6 Strategies:

- As part of efforts to advance improved harmonisation, alignment, coordination and mutual accountability, Irish Aid exposed CDGG, CIPS and CIPFA to MfDR results-based training, resulting in development of 2 year results-based frameworks, and IA influenced Boards to be established amongst partners (though the CDGG implementing partners' Board has experienced limited functionality).
- Linkages between national and local development have been enhanced: the IEC promoted gender integration by incorporating the quota system in the electoral laws, and conducted civic

⁶⁰ Although 40 auditors were registered for the trainings, there was some irregular attendance with about 35 auditors consistently attending the training programmes.

education meetings to women political party leagues and local women's groups. The IEC also undertook civic education to influence public participation.

- As a result of the VFM exercise, Irish Aid used its position on the PFM Steering Committee to advocate for the inclusion of CIPS and CIPFA into the (draft) PFM action plan. IA maintained its oversight role to influence progress on recommendations which emerged from the VFM (however the MoFDP has not yet fully implemented VFM audit recommendations on CIPS and CIPFA training programmes – (accreditation, staff placement and retention concerns remain outstanding). Restructuring of accounting cadre awaiting Cabinet approval and procurement cadre has been finalised.
- Irish Aid encouraged Government ownership through contributing to programme support (as evidenced in Parliament and CIPS and CIPFA budgets for 2012-13).

8.7 Relevance/Effectiveness/Efficiency/Sustainability:

- Support to the CDGG programme is in line with the Constitution, 6th constitutional amendment, Vision 2020, Child Protection and Welfare Act 2011, National Electoral Act 2011, APRM and the MDGs (Goal 5 gender equality) and the NSDP.
- PFM reform relevant to Public Expenditure Framework and approved Public Financial Management & Accountability Act (PFMA), 2011.
- Some positive institutionalisation of systems as a result of capacity building efforts (Parliament Strategic Plans, Office of the Ombudsman's utilisation of soft-ware for database, progress towards final costed PFM plan, restructuring of accounting and procurement cadres). In addition, CIPS and CIPFA programme board functional, however low pass rates for CIPS and CIPFA (indicating limited selection criteria).
- CDGG programme: Implementing partners' board has not yet met since October 2011 (having implications for ownership and sustainability); the fund management modality has raised challenges (in terms of inconsistency and incoherence in disbursement processes, transparency of reallocation of underspent line items) contributing to limited harmony across partners; and in 2011 there was a perceived mismatch between the relevance of MfDR and priority needs of partner 'client' constituencies/direct stakeholders.
- Exit strategy for the CDGG programme unclear. While GOL has indicated some commitment to the programme through budget and NSDP mechanisms, commitments remain limited.

8.8 Comment

- The strategic decision taken by Irish Aid at MTR to withdraw support to strengthen the advocacy capacity of CSO coalitions/networks is questioned for two key reasons and a review of this decision is recommended. First, it is unclear how efforts to enhance government accountability to citizens can be meaningfully sustained without complementary efforts to enhance the voice (capacity) of civil society to hold government to account from the bottom up. Second, while a review of the Civil Society Scoping study on which the decision was partly based could not be undertaken for reasons already cited, there appears to be contradictory evidence in the potential for civil society to support the achievement of outcome three located in the MTR finding that "CSO's participation in the water and education sector reviews led to the Ministry of Education reviewing policy for disabled learners and the Ministry of Natural Resources improving its free basic water service"⁶¹.

⁶¹ Annex 1 to Main MTR Report: Final Version Lesotho CSP MTR Outcomes Progress Report: February 15th 2011, section 6.2.4.