5-YEAR EVALUATION OF THE CENTRAL EMERGENCY RESPONSE FUND

COUNTRY STUDY: LESOTHO

On Behalf of OCHA

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This document has been prepared by Channel Research as part of the 5-Year Evaluation of the CERF, commissioned by OCHA.

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UN General Assembly Resolution 60/124 sets the objective of the upgraded CERF “to ensure a more predictable and timely response to humanitarian emergencies, with the objectives of promoting early action and response to reduce loss of life, enhancing response to time-critical requirements and strengthening core elements of humanitarian response in underfunded crises, based on demonstrable needs and on priorities identified in consultation with the affected State as appropriate”
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# ACRONYMS

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<tbody>
<tr>
<td>CAP</td>
<td>Consolidated Appeals Process</td>
</tr>
<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
</tr>
<tr>
<td>CFSAM</td>
<td>Crop and Food Supply Assessment</td>
</tr>
<tr>
<td>CHF</td>
<td>Common Humanitarian Fund</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee (of the OECD)</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (of the UK)</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>ERC</td>
<td>Emergency Relief Coordinator (the head of OCHA)</td>
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<tr>
<td>ERF</td>
<td>Emergency Response Fund or Expanded Humanitarian Response Fund</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organisation</td>
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<tr>
<td>FMU</td>
<td>Fund Management Unit (UNDP)</td>
</tr>
<tr>
<td>FTS</td>
<td>Financial Tracking Service</td>
</tr>
<tr>
<td>GA</td>
<td>General Assembly (of the United Nations)</td>
</tr>
<tr>
<td>GHD</td>
<td>Good Humanitarian Donorship</td>
</tr>
<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HDPT</td>
<td>Humanitarian and Development Partnership Team</td>
</tr>
<tr>
<td>HQ</td>
<td>Head Quarters</td>
</tr>
<tr>
<td>HRF</td>
<td>Humanitarian Response Fund</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced People</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Governmental Organisations</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MDTF</td>
<td>Multi-Donor Trust Fund</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>NNGO</td>
<td>National Non-Governmental Organisations</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td><strong>Acronym</strong></td>
<td><strong>Details</strong></td>
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<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>OECD</strong></td>
<td>Organisation for Economic Cooperation and Development</td>
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<tr>
<td><strong>PAF</strong></td>
<td>Performance and Accountability Framework</td>
</tr>
<tr>
<td><strong>PBF</strong></td>
<td>Peace-Building Fund</td>
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<tr>
<td><strong>RC</strong></td>
<td>Resident Coordinator</td>
</tr>
<tr>
<td><strong>RR</strong></td>
<td>Rapid Response (CERF funding window)</td>
</tr>
<tr>
<td><strong>SGBV</strong></td>
<td>Sexual and Gender Based Violence</td>
</tr>
<tr>
<td><strong>ToR</strong></td>
<td>Terms of Reference</td>
</tr>
<tr>
<td><strong>UFE</strong></td>
<td>Under-Funded Emergency (CERF funding window)</td>
</tr>
<tr>
<td><strong>UK</strong></td>
<td>United Kingdom</td>
</tr>
<tr>
<td><strong>UN</strong></td>
<td>United Nations</td>
</tr>
<tr>
<td><strong>UNCT</strong></td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td><strong>UNDP</strong></td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td><strong>UNFPA</strong></td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td><strong>UNHCR</strong></td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td><strong>UNICEF</strong></td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td><strong>UNOPS</strong></td>
<td>United Nations Office for Project Services</td>
</tr>
<tr>
<td><strong>US$</strong></td>
<td>United States Dollar</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>Water Sanitation and Hygiene</td>
</tr>
<tr>
<td><strong>WFP</strong></td>
<td>United Nations World Food Programme</td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>World Health Organisation</td>
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</tbody>
</table>
MAP
INTRODUCTION

1. This country report examines the Central Emergency Response Fund (CERF)’s contribution in response to repeated rapid-onset emergencies between 2007 and 2010, such as large scale disease outbreaks and malnutrition. It is one of 16 case studies conducted to inform the 5-year Evaluation of the Central Emergency Response Fund (CERF). Mandated by the UN General Assembly, the 5-year Evaluation of the CERF is managed by OCHA’s evaluation section (ESG), and conducted by Channel Research.

The CERF

2. The Central Emergency Response Fund (CERF) is a US$500 million fund established to support rapid response and address critical humanitarian needs in underfunded emergencies. The CERF is managed by the UN Under Secretary General for Humanitarian Affairs and Emergency Relief Coordinator (ERC), and supported by a secretariat and other branches of the UN Office for the Coordination of Humanitarian Affairs (OCHA). CERF funding includes a US$450 million grant element and a US$50 million loan mechanism. The grant component is comprised of two windows: one for rapid response and one for underfunded crises. The loan facility is a revolving fund which serves as a cash-flow mechanism for eligible humanitarian organizations. Only UN agencies and the International Organisation for Migration (IOM) are eligible.

Methodology

Document review

3. For Lesotho, a document review was carried out. The findings are based on the analysis of 12 CERF funding proposals, four country specific CERF Annual reports (2008-2010)\(^1\), the 2010 Evaluation of FAO Interventions Funded by the CERF\(^2\) and online data. Numerical data from the CERF Secretariat, the CERF Website, and the UN Financial Tracking Service (FTS) was also analysed to establish the pattern for CERF use and the differences between CERF allocations for Lesotho and the other 78 CERF recipients\(^3\).

4. For the project review, the team examined 12 randomly selected proposals for funding submitted to the CERF from Lesotho since 2007 and the extent to which the proposals paid attention to gender, vulnerability, and cross cutting issues, using the gender and vulnerability markers\(^4\).

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\(^1\) The Lesotho CERF Annual Report from 2010 was only made available to the evaluation team on June 28 2010.

\(^2\) An evaluation carried out by FAOs Evaluation department which included a field visit to Lesotho.

\(^3\) Please note that the team defined the year of the grant based on the disbursement date rather than the approval date (which the CERF secretariat uses as reference). This was done to facilitate comparison with other funding.

\(^4\) The gender markers were piloted in 2010 and were not launched officially until 2011 after the CERF evaluation period was concluded. Even though the CERF application template was only revised in 2010 in order to obtain this type of information, the evaluation team has used the markers as a framework for analytical purpose. The
More details on the selection process and sampling can be found in the Synthesis report of this evaluation.

Interviews

5. One interview was carried out with a UN agency CERF focal point in Lesotho. The CERF Secretariat Desk Officer was not available due to travel and referred the consultant to the OCHA regional office in South Africa, who in turn referred the consultant to speak with the RC’s office in Lesotho who in the end was not reachable on the date and time agreed for the interview. Findings from the interview have been incorporated into this final version.

Analysis

6. The analysis for this study employed the CERF’s Performance and Accountability Framework (PAF), which defines a set of indicators at each level according to a logic model approach as a means of clarifying accountability and performance expectations around a core set of agreed CERF outputs, outcomes and impacts.5

Reporting

7. The drafting of this report benefitted from comments made by the steering and reference groups on the first country study, as well as more specific comments on this country report.

Key definitions

8. The case study is concerned with assessing the following:6:

• **Relevance/appropriateness**: Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.

• **Effectiveness**: Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.

• **Efficiency**: Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.

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5 OCHA, Performance and Accountability Framework for the Central Emergency Response Fund (OCHA, August 2010)

6 These criteria are defined by Beck, T. (2006); Evaluating humanitarian action using the OECD/DAC criteria for humanitarian agencies: An ALNAP guide for humanitarian agencies. (Overseas Development Institute: London, March 2006)
Overview

9. The report is structured as follows:

• **Context**: A description of the humanitarian context of the country, and how the CERF was used.

• **Processes**: A description and analysis of the submission process for the CERF, and the prioritisation and selection of projects.

• **Outputs**: An analysis of the CERF’s overall contribution to the country programme, its timeliness (timeframes), level of donor support, and interaction with other funds.

• **Outcomes**: An analysis of the outcomes of the CERF process, including the extent to which CERF projects addressed gender, vulnerability, and cross-cutting issues.

• **Contribution**: An analysis of the CERF’s contribution to meeting time-critical life-saving needs, including evidence for the extent to which the CERF contributed to this objective set by the General Assembly.

• **Conclusions**: An outline of conclusions reached by the evaluation team.
1. CONTEXT

Humanitarian context

10. **Drought:** In 2006/2007, Lesotho, a small southern African country, faced the worst drought in 30 years. In this country, where over 80 percent of the people depend on agriculture for food as well as money to buy food, most people failed to harvest anything from their fields. This drought caused irreversible damage to many fields and the effects of it can still be felt four years later. On 09 July 2007, the Lesotho Ministry of Foreign Affairs declared a crisis resulting from a severe drought and a consequent shortage of food and water for both human and animal consumption. The 2007 Lesotho Flash Appeal attracted funding from 13 donors including the CERF which contributed 27.3 percent of the total US$17,340,318 received. This was the first CERF allocation to Lesotho.

11. **Malnutrition:** In 2008, Lesotho, like much of the rest of the developing world, was hard hit by soaring global food prices. The effect of this was half a million people at risk of malnutrition due to food insecurity.

12. In 2009, soaring food prices still presented an acute emergency. Emergency interventions were carried out both years to address the malnutrition and food insecurity caused.

13. **Diseases:** Lesotho has a high prevalence of HIV/AIDS with an estimated 23 percent of the population affected (420,000). The country knows malnutrition both as chronic stunting (approximately 20 percent of children under five) and acute wasting. Common childhood diseases such as diarrhoea and acute respiratory infections are prevalent in rural areas and opportunistic infections affecting people living with AIDS pose a considerable burden on routine health care. Shortages of water and socio-economic distress also contribute to an increased risk of outbreak, especially of diarrhoeal diseases.7

14. Access to health facilities by pregnant women in rural areas is low, with about 45 percent being delivered outside health facilities by traditional birth attendants (TBAs -13 percent) or by family and friends assisting the delivery (32 percent).

15. In 2008, an outbreak of anthrax affected livestock in the Maseru district of the country, necessitating a large scale vaccination campaign in order to curb the spreading of the disease to both further livestock and humans.

16. In 2010, Lesotho was affected by a severe measles outbreak affecting most of the population, but specifically children between 6 months and 16 years old.

17. **Hazards:** Lesotho is also a disaster-prone country due to variable weather conditions such as drought, snowfall, hailstorms, strong winds and localized floods. Drought has caused overgrazing in marginal areas, resulting in severe soil exhaustion and erosion, with desertification in some areas, all of which undermine food security. The 2007 drought slashed the staple maize crop harvest by more than 40 percent. As a result, more than 500,000 people were in need of emergency food aid. While the latest reports indicate that, in spite of a reduced 2010 cropped area, favourable rainfall and improved access to inputs contributed to an increase in yields and production of maize, given the expected low harvest

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7 OCHA Lesotho Country Profile
of the 2011 crop, import requirements for the current 2011/12 (April/March) marketing year are anticipated to increase and the number of people requiring food assistance is anticipated to increase above the 200 000 estimated last year. Furthermore, rising cereal prices - which were 2 percent higher in February 2011 compared to the same month last year - will further aggravate the situation faced by vulnerable and low-income households.

18. Other hazards include:
   - Strong winds and hailstorms;
   - Pest infestations such as locusts and termites;
   - Increase in industrial waste and fires, and
   - Anthrax outbreaks affecting livestock and humans.

Requests to CERF

19. Lesotho has received CERF funding for 12 projects in total since the fund’s inception in 2006. All the projects have been funded through the Rapid Response (RR) window, totalling US$7,858,804 between 2007 and 2010. All the RR allocations have been used for life-saving emergency interventions in response to floods, drought or disease. Lesotho has not qualified for any CERF under-funded allocations.

Table 1 Allocations per type and per year

<table>
<thead>
<tr>
<th>Sum of Amount Approved</th>
<th>Year</th>
<th></th>
<th></th>
<th></th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window</td>
<td>Agency</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>RR</td>
<td>FAO</td>
<td>1.668.067</td>
<td>1.653.518</td>
<td></td>
<td>3.321.585</td>
</tr>
<tr>
<td>RR</td>
<td>WFP</td>
<td>1.455.200</td>
<td></td>
<td>393.055</td>
<td>1.848.255</td>
</tr>
<tr>
<td>RR</td>
<td>WHO</td>
<td>472.565</td>
<td>167.402</td>
<td></td>
<td>645.959</td>
</tr>
<tr>
<td>RR</td>
<td>UNICEF</td>
<td>710.748</td>
<td></td>
<td></td>
<td>710.748</td>
</tr>
<tr>
<td>RR</td>
<td>UNFPA</td>
<td>435.490</td>
<td>74.900</td>
<td>181.900</td>
<td>692.290</td>
</tr>
<tr>
<td>RR Total</td>
<td></td>
<td>4.742.070</td>
<td>1.895.820</td>
<td>574.955</td>
<td>645.959</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>4.742.070</td>
<td>1.895.820</td>
<td>574.955</td>
<td>645.959</td>
</tr>
</tbody>
</table>

20. The reports indicate that the Resident Coordinator in Lesotho has used CERF funds both as a tool to strengthen humanitarian response overall by encouraging joint assessments and joint projects, and has used the CERF funding as a leverage to complement other funds available, such as from ECHO or USAID.

21. In 2007, a Flash Appeal was launched for Lesotho in response to the severe drought. It was through this Flash Appeal that Lesotho received its first CERF rapid response grant – a total

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of US$4,742,070. This represented 27.3 percent of the entire Flash Appeal, making CERF the largest donor\(^9\).

22. CERF launched a special envelope globally for the 2008 global rise in food prices. Lesotho received US$1,895,82 through the CERF rapid response window to tackle the ensuing food crisis which represented 52.1 percent of total humanitarian funding to Lesotho that year. Other donors were Switzerland, the UK, Italy and Germany, who together contributed US$1,744,466.\(^{10}\) In 2009 Lesotho was still suffering the aftermath of the food security crisis that arose from the hike in global food prices. Humanitarian funding in the country totalled US$870,23 with 66 percent coming from the CERF rapid response window.

23. In 2010, CERF contributed US$645,959 to the WHO’s response to the measles outbreak, with the Financial Tracking Services listing it as the only donor to Lesotho that year.\(^{11}\) These figures are represented in table 2 below.

### Table 2 CERF contribution to humanitarian funding per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Appeal</th>
<th>Total contributions</th>
<th>CERF contribution</th>
<th>Percentage of CERF contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Flash Appeal</td>
<td>17,430,318(^{12}) (76% of total appeal)</td>
<td>4,742,070</td>
<td>27.3%</td>
</tr>
<tr>
<td>2008</td>
<td>No Appeal</td>
<td>3,640,286</td>
<td>1,895,82</td>
<td>52.1%</td>
</tr>
<tr>
<td>2009</td>
<td>No Appeal</td>
<td>870,231</td>
<td>574,95</td>
<td>66.1%</td>
</tr>
<tr>
<td>2010</td>
<td>No Appeal</td>
<td>645,95</td>
<td>645,95</td>
<td>100%</td>
</tr>
</tbody>
</table>

24. The sectors that have most benefitted from CERF in Lesotho are Health and Food Security (including Agriculture) reflecting the nature of the disasters that have affected Lesotho from 2006-2010, namely drought, floods and the outbreak of disease.

Table 3 below illustrates the CERF allocations per sector per year in Lesotho.

### Table 3 CERF allocations per sector per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Agriculture</th>
<th>%</th>
<th>Health</th>
<th>%</th>
<th>Food</th>
<th>%</th>
<th>Nutrition</th>
<th>%</th>
<th>Protection</th>
<th>%</th>
<th>Total</th>
<th>% (2007 to 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>$1,668,067</td>
<td>35%</td>
<td>$1,618,803</td>
<td>34%</td>
<td>$1,455,200</td>
<td>31%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$4,742,071</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>$1,653,518</td>
<td>87%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$167,402</td>
<td>9%</td>
<td>$74,900</td>
<td>$1,895,821</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>-</td>
<td>-</td>
<td>$393,055</td>
<td>68%</td>
<td>-</td>
<td>-</td>
<td>$181,900</td>
<td>32%</td>
<td>-</td>
<td>$574,956</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
<td>$645,959</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$645,960</td>
<td>$645,960</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$3,321,585</td>
<td>42%</td>
<td>$2,264,762</td>
<td>29%</td>
<td>$1,848,255</td>
<td>24%</td>
<td>$167,402</td>
<td>2%</td>
<td>$256,800</td>
<td>$7,858,808</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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\(^9\) Figures from FTS, accessed on 20.05.2011

\(^{10}\) Figures from FTS, accessed on 20.05.2011

\(^{11}\) Figures from FTS, accessed on 20.05.2011

\(^{12}\) FTS, as per ‘Total Funding per Donor (to projects listed in the Appeal)’, accessed 11.06.2011
Similarly, reflecting the division per sector, the largest recipient of CERF funding in Lesotho is FAO in agriculture. While the FAO’s mandate is not to carry out life-saving interventions per se but is more early recovery focused, in a country like Lesotho, where 80 percent of the population rely on agricultural activities for subsistence and income, the provision of time-critical agricultural inputs after crises such as droughts or flooding is life-saving. The WFP and the WHO are the second largest recipients. UNFPA is also a significant humanitarian actor in Lesotho due to extensive SGBV problems, further exacerbated by food insecurity as well as the high prevalence of HIV/AIDS. This distribution of funds per actor is illustrated in table 4.

Table 4 CERF allocations by agency per year

While some agencies may have been more prominent in terms of funds received, reports indicate that a multi-agency and multi-partnership approach prevailed for the emergency response in Lesotho, which meant that often agencies implemented CERF-funded projects jointly, despite the CERF funding being allocated to one specific agency. This was, for example, the case for the FAO and the UNFPA working closely together on beneficiary selection, and the WHO and UNICEF working together during the measles outbreak in 2010.

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13 Interview with FAO Lesotho CERF focal point
14 Comment received from WHO
2. PROCESSES

2.1 Appropriateness and Relevance

27. The Annual reports indicate that assessments were carried out consistently by agencies in Lesotho. The projects responding to the drought in 2007 and to the soaring food prices in 2008-2010 were designed based on food security assessments conducted and/or supported jointly by WFP, FAO and the Government.15

28. The Resident Coordinator (RC) led an interagency regional mission in July 2007 to assist the Country Team in developing a common humanitarian strategy for responding to the crisis following the severe drought. The results of the mission were: a Flash Appeal to respond to the consequences of the drought emergency, and a joint CERF proposal for responding rapidly to the four lifesaving prioritised areas of the response. Information was obtained from the FAO-WFP Government of Lesotho Crop and Food Supply Assessment (CFSAM) undertaken in June 2007.16

29. Meetings were held in various forums supported by the respective UN agencies and resident stakeholders in the health sector, including the Ministry of Health, Sanitation and Water, the Christian Health Association of Lesotho (CHAL), the Red Cross, World Vision International, Catholic Relief Services (CRS) and CARE. Some meetings were coordinated by the Health and Nutrition Group within the national Disaster Management Authority (DMA). The purpose of the consultations was to reach a common understanding on the nature and gravity of the crisis caused by the drought, and thus agree on priority areas, funding allocations and plans of action.

30. The documentation highlights that consultative meetings were held before and during the implementation of the various responses, in order to coordinate and monitor the emergency response. The Government has played a leading role throughout this coordination process. For example, the DMA acts as chair of the national level emergency coordination activities. In addition, WFP regularly takes the lead and convenes and chairs five to six meetings with other implementing organisations involved in food relief, with a view to: (1) coordinating the food distribution aspect of the response, (2) avoiding duplication, and (3) optimising use of the resources.17

2.2 Effectiveness

31. In Lesotho, UN agencies could rely on a valuable source of information due to the existence of a developed food security early warning system. This significantly impacted on the quality of needs assessments and allowed for CERF projects to be better targeted to the most

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15 Inter-agency food-security assessment mission, Nov 2008

16 CERF Annual Report Lesotho 2008

17 Ibid
vulnerable geographic areas and to more precise elements of the livelihood strategies of beneficiaries than tended to be the case in other countries.18

32. Effectiveness of the response was also increased by collaborative approaches. The WFP has collaborated on each CERF-funded project with local and international NGOs for the distribution and monitoring of emergency food relief. Likewise, working in close partnership with the DMA and other humanitarian actors has facilitated timely targeting of beneficiaries. These collaborative approaches not only resulted in effective implementation of the targeting and food distribution programmes, but also helped prevent the continuation of a major humanitarian crisis.19

33. UNICEF collaborated with the national Food and Nutrition Coordination Office (FNCO) to ensure that the response to emergency nutrition requirements was developed within a joint interagency plan. This partnership resulted in an equitable, coordinated and integrated response to the nutritional effects of the drought.

34. With UNICEF support, coordination was reinforced at the national and district levels through the existing FNCO mechanism. For the 2008 FAO project on trade fairs to address soaring food prices, the agency worked in partnership with Catholic Relief Services (CRS), who had implemented Input Trade Fairs (ITFs) on behalf of the FAO in the past. CRS provided key training for the Ministry of Agriculture and Food Security Staff (MoAFS), who had little or no previous experience with ITFs prior to this project. The training was critical for the success of the ITFs. MoAFS played an active technical role during implementation of the fairs.20

35. WHO’s main implementing partners in Lesotho are the Ministry of Health, Sanitation and Water (MoHSW), the Christian Health Association of Lesotho (CHAL) and UNICEF. The Ministry is responsible for facilitating project implementation, while the District Health Management Teams and hospitals (government of Lesotho and CHAL) were responsible for training. WHO and UNICEF worked together on the CERF-funded measles response in 2010, which allowed for both breadth and depth of the response in a short space of time. UNFPA works in close collaboration with the MoHSW.21

2.3 Efficiency

36. In Lesotho as in many other countries, CERF frequently contributes to a programme also funded by other donors, meaning that attributing results to a particular source of funding is almost impossible. However, this should not be viewed as a reason not to carry out an evaluation. While joint projects should ideally be evaluated jointly by their different donors, this rarely happens and in practice each donor is entitled to evaluate the entire project as if it were funded by them alone. As the CERF is itself a pooled fund, attribution to particular donors is impossible anyway.

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18 FAO CERF Evaluation 2008
19 CERF Annual Report Lesotho 2007
20 FAO CERF Evaluation 2008
21 CERF Annual Report Lesotho, press release on Measles outbreak 2010
37. In Lesotho, monitoring and evaluation of the emergency projects that had a CERF-funded component was carried out by the relevant government ministries at central and field levels, with support from the UN agencies. This was deemed both efficient and appropriate by respondents as the Government was present in most field locations and could therefore carry out monitoring visits as part of their routine work.22

38. UN agencies carried out their own monitoring and evaluation of projects with CERF-funded components. Below are some examples of the activities undertaken to monitor project implementation in various agencies:

- Periodic joint monitoring visits by the UN agencies and cooperating partners’ representatives to assess the level and quality of programme implementation. These included Ambassadors from the USA, Japan, France and the EU.
- Output/results indicators measured through monthly reports of cooperating partners and UN field staff where applicable;
- Individual activity reports for all the training sessions conducted;
- Reports on the epidemic response operations;
- Rapid assessment exercise on the performance of the surveillance system following training given to health staff;
- Supervision of district teams.23

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23 CERF Lesotho Annual Report 2008
3. OUTPUTS

3.1 Appropriateness and Relevance

39. All the CERF projects in Lesotho have been submitted through the Rapid Response window, triggered each time by an acute need to respond quickly while waiting for regular donor funding to come through. All the projects submitted were selected from a set of projects contained in either the CAP or the Consolidated Flash Appeal (CFA). The projects proposed were prioritised with a view to triggering an emergency response in a country where governance systems, especially at district level, are weak. The CERF funds were used to kick-start activities and as a leverage to complement other funds available, such as ECHO or USAID funding.

40. A Joint UN Task Force on Food Security and Nutrition was established in 2007. From the documentation it seems that for the drought response in 2007 and the crises stemming from rising food prices in 2008 and 2009, the task force held discussions on priority areas of response where emergency activities would be rolled out: (1) Emergency food aid; (2) Provision of agricultural inputs; (3) Prevention and improved management of acute malnutrition; and, (4) Procurement and delivery of Emergency Obstetric Care kits. The various UN agencies implemented these interventions based on their thematic mandates and in liaison with their most appropriate partners.

3.2 Effectiveness

41. The CERF Annual Report for Lesotho 2008 highlights the effectiveness of CERF funding in launching emergency response activities. One example is the anthrax vaccination in Western Lesotho which, due to CERF RR funding for FAO, came at the right time and seemed to have contained the outbreak, though delays in delivery of the vaccines from the Government of Lesotho’s own resources resulted in only partial coverage as some of the pastoralists had already moved their animals to the mountains for the summer season before they could be vaccinated. The disease – transmittable to humans – is endemic in the project area and regularly vaccinated against. One could raise the question here about the use of CERF funds for a recurring activity. Chronic vulnerability or seasonal phenomena often become emergency situations (e.g. malnutrition or epidemics) as states do not have the capacities to prepare for them or manage them properly when they occur. If an emergency situation occurs (as identified on the basis of emergency threshold indicators, e.g. Global Acute Malnutrition rates or mortality/morbidity) and is identified as a priority by the UNCT or HCT, there is no reason why CERF should not contribute to the response. However, UN agencies should work with the government in parallel to reinforce their capacities in disaster mitigation, preparedness and response. In some other countries, such as Kenya for instance, quite a few CERF projects contribute to this through a combination of in-kind assistance and training, technical and logistic support, etc.

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24 CERF Annual Report Lesotho 2008
25 FAO CERF Evaluation 2010
26 CERF 5 year Evaluation Kenya report.
42. The pre-crisis *modus operandi* seems to work better for, for example, locust control, than for livestock disease control, mainly on account of pesticides having a long shelf-life and hence being available faster than some vaccines. FAO’s locust control project in Southern Africa could rapidly mobilise pesticides from aging stocks in Mali using the FAO “pesticide triangulation” programme. In contrast, the vaccines for Anthrax in Lesotho had to be tendered and in some cases produced by the supplier on demand from FAO. As a result, these vaccinations tended to arrive fairly late in the development of the outbreak, sometimes too late to be effective.\(^\text{27}\)

43. One of FAO’s implemented CERF-funded projects in 2008 suffered somewhat as there was limited time between receiving the grant and the onset of the rainy season.\(^\text{28}\) FAO stated in their evaluation that farming inputs came on time for the plains but were delayed vis-à-vis the cropping calendar in mountainous areas.\(^\text{29}\) While this delay was largely due to the fact that this CERF allocation was part of a special global allocation to respond to rising food prices, it highlights the difficulty for a fund like CERF to respond to agricultural needs, as seasonality is key and pre-stocking of seeds and other inputs are crucial for a timely response.

44. The duration of the approval process for CERF funding in Lesotho has varied, as can be seen from the two tables below.

**Table 5**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Percentage of Approved Applications</th>
<th>Duration between Initial and Final Approved Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>0%</td>
<td>Less than one week</td>
</tr>
<tr>
<td>WFP</td>
<td>20%</td>
<td>One to two weeks</td>
</tr>
<tr>
<td>UNICEF</td>
<td>40%</td>
<td>Three weeks to one month</td>
</tr>
<tr>
<td>UNFPA</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>FAO</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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\(^\text{27}\) Ibid.

\(^\text{28}\) Comment from CERF Secretariat: The CERF responded via email the day the original submission was received to advise the RC/HC that all submissions had been put on hold as agreed by an inter-agency meeting an overview of the agreed upon inter-agency process to determine countries and amounts. On July 31 the ERC sent a letter to the RC/HC confirming his approval of a 1.7 million allocation for Lesotho based on the aforementioned process. The CERF then received a revised request on August 7 and revisions were requested.

\(^\text{29}\) Ibid.
Table 6

Average CERF timings (2006-2010) in calendar days from submission to disbursement for Lesotho

<table>
<thead>
<tr>
<th></th>
<th>Rapid response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td></td>
</tr>
<tr>
<td>11-20</td>
<td></td>
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<tr>
<td>21-30</td>
<td></td>
</tr>
<tr>
<td>31-35</td>
<td></td>
</tr>
</tbody>
</table>

First to final submission ■ Final submission to approval ■ Approval to Disbursement

3.3 Efficiency

45. During the 2007 drought emergency, the UN Resident Coordinator’s office presided over meetings of the UN Country Team and helped the team to reach a common understanding of the crisis, the priorities and the way forward. Lesotho has a thematic group on Food Security and Nutrition, led by WFP and that held similar discussions.

46. On the request of the UN Country Team, a regional mission arrived in the third week of July to assist the Resident Coordinator with the development of a common humanitarian strategy in the form of a flash appeal to respond to the consequences of the drought, as well as to support an application to the rapid response window of the CERF for the three prioritised areas of response that currently lack funding to start up activities.30

47. Generally, in Lesotho the UNCT and the inter-agency Disaster Response Management Team, made up of technical experts from all the UN agencies, work together to plan emergency responses and CERF bids. While annual reports indicate that the presence of CERF in Lesotho has reinforced a multi-agency and multi-partnership approach to both assessment and implementation and therefore improved the coordination of humanitarian activities resulting in more efficiency in the processes, it was mentioned by a UN agency staff member and long-timer in Lesotho that these processes would have occurred in any case.31
4. OUTCOMES

4.1 Appropriateness and Relevance

48. Due to rapidly released CERF RR funding, the HCT in Lesotho as a whole has been able to start timely implementation of emergency response projects, thereby averting further deterioration of food insecurity, health conditions and the nutritional status of women, children and other population groups that were most at risk. These funds seem to have kept implementation in motion while funding was mobilised from donors.

49. According to a statement with the RC, CERF funding was complementary to other funding sources: In 2007 and 2008 the funds were used to respond to a livelihood crisis rather than a traditional food security crisis. They came in at the right time, when the country needed to launch a strong emergency response to save lives and alleviate immediate suffering among vulnerable populations affected by the crisis. With funding from ECHO, FAO provided agriculture inputs to small-scale farmers affected by the drought to complement food relief and ensure that farmers could cultivate during the next planting season.

50. The CERF-funded 2009 UNFPA emergency intervention on the prevention and management of sexual and gender-based violence resulting from the food crisis in Lesotho highlighted the severity of SGBV in the country, which up until then had not attracted funding from donors. This generated important momentum regarding SGBV and more general appreciation of GBV by policy makers. This is an excellent example of the CERF’s relevance and appropriateness in different contexts.

51. The response to the 2010 measles outbreak during the first three months of February, March and April was supported with limited funds from the WHO Country Office Regular budget and some funding from the Ministry of Health and Social Welfare (Recurrent Budget). However, as the outbreak spread, neither source of funds could cope with the demand for this outbreak. CERF was therefore approached for an RR grant in May, which was then used to facilitate the timely dispatch of both staff and supplies to all sites of intervention, reducing the case fatality rate from the initial 1.6% in mid-April to 0.9% by the end of the operation. In addition, the planned supplementary immunisation activities, for which there was already funding and were planned for later during the year, were brought forward in order to capitalise on the momentum.

4.2 Effectiveness

52. It appears that some of the soaring food prices projects were slow to be approved due to the large number of such projects received by the CERF from FAO and WFP. The volume of

32 CERF Annual Report Lesotho 2008
33 CERF Annual Report Lesotho 2008
34 CERF Annual Report Lesotho 2009
35 Response to CERF Secretariat Queries, WHO, 19 May, 2010
36 See footnote 25 for a more detailed explanation
submissions in response to the food crisis far exceeded the resources made available by the ERC (US$100 million overall, US$20 million for FAO). The issue was discussed at an inter-agency meeting on 26 June 2008, and it was agreed that a process similar to the one used in deciding on allocations for the underfunded emergencies window would be followed to select priority countries prior to reviewing the submissions. This delayed approval for some soaring food prices projects by approximately one month – a delay that was not perceived as a problem since the crisis was a slow-onset one that had been building up since 2007. However, in Lesotho this delayed approval led to projects starting just weeks away from the next sowing season, as noted above. FAO and its partners raced to organise the input fairs, with success at lower elevations but apparently too late in more mountainous areas.\textsuperscript{37}

53. Disease control operations, such as the anthrax vaccination campaign in Lesotho, present a particular challenge as unlike cropping seasons, epidemics are not entirely predictable.\textsuperscript{38}

54. The 12 CERF project proposals analysed for this desk study show that the majority of the CERF-funded projects on nutrition and food security sufficiently emphasise the gender aspect of the funds, as the majority of the beneficiaries for these programmes are children and pregnant and lactating mothers, who are those most exposed to malnutrition. It is not appropriate to use the gender marker for scoring the proposals, as the gender marker was only introduced in Lesotho in 2010.

55. It is also noted that HIV/AIDS is well addressed as a cross cutting issue by the main UN agencies in Lesotho, specifically targeting persons living with HIV/AIDS for many of the food security interventions.

4.3 Efficiency

56. The strengths of the CERF-funded projects in responding to emergencies in Lesotho were described by the RC as follows:

- Timely arrangements and effective implementation of the targeting exercise and distribution of food;
- Ability to deliver services to beneficiaries in time, thanks to the availability of human resources at district level;
- Materials made available by the agencies were used to support activities implemented by other agencies at district level;
- Facilitation of smooth joint response by the Ministries of Health and Agriculture to drought-induced epidemics.

57. The weaknesses were:

- Slow planning due to different mandates of the actors involved in the humanitarian response;
- Weak information-sharing between UN agencies during implementation of the humanitarian response;

\textsuperscript{37} FAO CERF Evaluation 2010
\textsuperscript{38} Ibid
- Slow involvement of the district authorities, especially the District Administrators during the response to the anthrax epidemic.
5. CONTRIBUTION

58. As already noted above, all CERF funding in Lesotho was through the rapid response window, addressing acute emergency needs such as the outbreak of disease (anthrax, measles), acute food insecurity and malnutrition (due to drought or soaring food prices) and the consequences of these (GBV and further spreading of HIV/AIDS). Given the context of Lesotho, there is little question about the life-saving aspects of these projects. A few examples follow below.

59. Given the marked seasonality of agriculture in Lesotho, it is critical that inputs are availed in time for the coming agricultural season, i.e. August/September for the mountain areas and by end of October for the lowlands. Furthermore, without assistance it is highly likely that a lot more land than normal will be left fallow with a resultant loss of production, thus resulting in food insecurity. As 80 percent of Lesotho’s population resides in rural areas and are dependent to varying degrees on agriculture, either directly or through casual employment opportunities, it is critical that farming households are supported in order to be able to produce from their land. FAO projects in Lesotho can therefore be classified as life-saving, in the sense that their food-security interventions are time-critical.

60. Although FAO was the largest recipient, CERF funds also made a difference in other sectors, such as health. The WHO report for grant 10-WHO-035 on a measles outbreak indicates the timeliness of CERF funds and the high number of lives saved and cases detected.

61. GBV interventions might not be seen as life-saving in a vacuum, but in Lesotho UNFPA’s and WHO’s interventions in this sector are life-saving. The high food prices in 2008 and 2009 had a real potential to increase sexual violence and exploitation against women and girl-children. Both are on a spiral increase in Lesotho. Sex for food and sex for cash favours is also a common feature. It was therefore imperative to address this phenomenon through an emergency intervention within the context of the high food prices. Advocacy activities were conducted to prevent, manage and reduce the incidence of sexual violence and exploitation within the most affected and targeted population groups. This may in turn have helped to prevent the further spread of HIV in a country where 23 percent of the population is already infected.

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6. CONCLUSIONS

62. The evidence reviewed indicated that the CERF worked well in Lesotho, responding to a very acute funding need in a context of repeated rapid onset emergencies such as large scale outbreaks of disease and chronic food insecurity leading to large scale malnutrition. The timeliness of the CERF RR grants in responding both to epidemics and natural disasters such as flooding and drought has been the most important factor when considering impact.

63. The main UN agencies implementing the projects (WHO, WFP, FAO and UNFPA) all coordinate and implement actively in partnership with the Government of Lesotho and the NGOs present in the country. All projects were funded through the RRW and implemented under the coordination of the Government.

64. While coordination amongst the various UN agencies and the government would no doubt take place without the CERF, the documentation presents anecdotal evidence of the presence of the CERF in Lesotho having systematised a multi-agency and multi-partnership approach to both assessment and implementation, and thereby improving coordination of humanitarian activities, resulting in better and more targeted coverage.

65. While there is clear evidence on intended gender-based approaches in most of the projects funded (only project proposals were available, but no end-of-project documents), there seems to be no awareness of the cross-cutting issue of disaster risk reduction (DRR), which would seem very relevant in the case of Lesotho, which suffers from rapid onset disasters such as floods on an almost annual basis. DRR principles could be introduced as a cross cutting issue in the CERF application in disaster prone countries.
ANNEX I. LINKS TO THE TERMS OF REFERENCE AND THE INCEPTION REPORT.

The Terms of Reference and the Inception Report are not annexed here due to their length. They can be found at:

Terms of reference:
http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_07.11.2010.pdf
http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_Appendix_V_07.11.pdf

Inception report:
ANNEX II. CERF PROCESS DESCRIPTION

RAPID RESPONSE GRANT PROCESS

B1. Although there is a preference for applications from a country team, a UN agency can make a request for CERF rapid response window funding at any time (e.g. WFP did so in December 2009 in Kenya). The only requirement, checked by the CERF Secretariat, is that the request be endorsed by the Humanitarian Coordinator (HC) or the Resident Coordinator (RC) in the absence of an HC. Such one-off requests are relatively rare, and the bulk of CERF rapid response funding goes to joint requests by several UN agencies.

B2. The Emergency Relief Coordinator may also take the initiative of suggesting to the HC or RC the possibility of requesting CERF rapid response funding (OCHA 2006; 2011). This happens only rarely, for example after the 2010 earthquake in Haiti when many UN staff, including top ranking ones, died and most UN buildings were destroyed, in Pakistan at the onset of the 2010 floods, and in DRC for Equateur Province in 2010.

B3. If requested by the UN country team, an informal indication may be given by the CERF Secretariat as to the likely scale of the CERF envelope for the particular crisis. There is normally a maximum limit of US$30 million for any one emergency or crisis (United Nations Secretariat, Secretary-General’s bulletin, 2006, 2010) but it is extremely rare that the full amount is allocated. The 2010 Pakistan floods are an example. Three RR allocations were made, the first two of which at the initiative of the ERC in August 2010. The initial allocation, at the onset of the floods, was revised up from an initial US$10 million to US$16.6 million in consultation with the HC and rapidly followed by a second one of US$13.4 million (i.e. a total of US$30 million). The CERF finally provided close to US$42 million for the response to the floods.

B4. The CERF Secretariat prefers to see a draft request prior to agreeing informally on an envelope. At a minimum, the CERF Secretariat has to be aware of the beneficiary numbers, justification, funding levels, and types of projects, before discussing the size of a submission. The CERF Secretariat often consults with the ERC on potential envelopes.

B5. Joint applications are prepared by the country team with the UN agencies discussing the amount to be allocated to each cluster (or agencies where clusters do not exist), and each cluster lead agency preparing proposals in consultation with cluster members. The level of formality of this process varies a lot, depending on how the HC manages the prioritisation process.

B6. The CERF Secretariat reviews the proposals, frequently leading to adjustments relating to budget issues. The CERF can make substantive comments, but it is assumed that the HC and HCT/clusters have the technical expertise to determine what the urgent needs are as well as the capacities of the agencies on the ground. Once the Secretariat signs off, the grants are reviewed and authorised by the Emergency Relief Coordinator and the agency in question signs a Letter of Understanding40 with the UN Secretariat for the release of the funds.

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40 From second quarter of 2011 an umbrella LoU has been introduced and agencies will counter-sign an approval letter from the ERC, instead of signing a LoU for each grant.
UNDERFUNDED EMERGENCY GRANT PROCESS

B7. Allocations from the CERF underfunded emergencies window (UFE) are made twice a year, and the two rounds coincide with the global Consolidated Appeal Process (CAP) launch and the CAP mid-year review. Allocations are made to both CAP and non-CAP countries with no predefined division between these. The criteria for selection of countries for UFE funding are the degree of funding shortfall, the severity of humanitarian needs, and type of activities and the implementation capacity. The ERC selects between 17 and 24 countries a year for underfunded emergency support with the bulk of funds (typically two thirds) allocated during the first round.

B8. For CAP countries, the CERF Secretariat undertakes an analysis of humanitarian indicators combined with an analysis of the level of funding support for the CAP (analysis at sector level for each CAP). For the first underfunded round the previous year’s CAP funding data is used for the analysis whereas the funding levels at the CAP mid-year review serve as reference for the second allocation.

B9. For non-CAP countries, UN agencies’ headquarters are invited to vote on which non-CAP emergencies they regard as the most underfunded. The voting process is supplemented with details from each agency on their ongoing humanitarian programmes in the proposed countries and the funding levels of these.

B10. The CERF Secretariat combines analysis of CAP and non-CAP countries and, based on the UFE criteria, prepares a ranked list of country candidates for the ERCs consideration and decision. The ERC decides of the list of countries for inclusions and on the funding envelope for each. The selected countries and proposed allocation envelopes are discussed with agency headquarter focal points.

B11. The amount decided by the ERC is notified to the RC/HC in a letter in which the ERC may direct the allocation, or parts of it, to particular underfunded sectors or regions in order to facilitate prioritisation and speed up the process. The RC/HC will have to confirm that the funds are needed and can be implemented according to the stipulated timeline and against the proposed activities.

B12. At the country level, the allocation process is similar for the preparation of a rapid response allocation. The only other differences for underfunded emergencies is that the grants for the first annual round must be implemented by 31 December of the same calendar year and for the second annual round by 30 June of the next calendar year (OCHA 2010). Again, agencies can ask for a no-cost extension.
ANNEX III. BIOGRAPHICAL NOTICE OF THE MAIN WRITERS

**John Cosgrave** is an independent evaluator based in Ireland. He has more than 30 years of experience of humanitarian action and development in nearly 60 countries. His initial academic training was in engineering, and he holds three masters level degrees (in engineering, management, and social science).

After two decades managing projects and programmes for NGOs in the aftermath of natural disasters and complex political emergencies John became a freelance consultant specialising in the evaluation of humanitarian action in 1997. Since 1997 John has led a great many evaluations, mostly of humanitarian action, and including many joint evaluations of humanitarian action and several funding studies, for a wide variety of clients including the UN, Donors, and NGOs.

John was the Evaluation Advisor and Coordinator for the Tsunami Evaluation Coalition and is used to working on politically complex evaluations. He has well developed evaluation skills and trains on humanitarian evaluation both for ALNAP and for the World Bank supported International Program for Development Evaluation Training (IPDET). John combines training with evaluation and brings examples from evaluation practice into the classroom, including for ALNAP and the IPDET. John’s writing includes the ALNAP pilot guide for Real-Time Evaluation.

Recent writing by John include: *Responding to earthquakes: Learning from earthquake relief and recovery operations*. (ALNAP and Provention, 2008) and the ALNAP Real-Time Evaluation pilot guide.

**Mrs Marie Spaak** is an independent consultant since 2008 who has worked in the humanitarian field since 1992, mostly with DG ECHO and OCHA. She has been based in the field (former Yugoslavia, Great Lakes emergency, Bangladesh, Indonesia, Russian Federation, Haiti in 2009 notably) and worked in both Brussels (ECHO) and Geneva (OCHA). She has in-depth knowledge of the UN humanitarian reform process, disaster preparedness and response, field coordination mechanisms and inter-agency processes, and direct experience of different types of pooled funding mechanisms (Indonesia, Indian Ocean tsunami, Somalia, Haiti). She is also familiar with donor perspectives due to her experience with DG ECHO and more recently, an independent mapping of humanitarian donor coordination at the field level carried out with Channel Research in 2009, for which DRC and Sudan were a case study.

She is a Belgian national and fluently speaks and writes French, English and Spanish. She holds a B.A. in Anthropology from Bryn Mawr College, USA, and subsequently studied international development cooperation (Belgium) and project cycle management (Spain).
M. Jock Baker began working as an independent consultant in 1999 following a career of over fifteen years in a series of field-based assignments with the United Nations, including the United Nations Development Program (UNDP), United Nations High Commission for Refugees (UNHCR), World Food Program (WFP), and the Office for Coordination of Humanitarian Assistance (OCHA). Mr. Baker works part-time as CARE International’s Programme Quality & Accountability Coordinator at the CARE International Secretariat in Geneva, Switzerland where he is the focal point for CARE’s accountability, program quality, disaster risk reduction and transition programming. Mr. Baker has led a number of thematic reviews of organizational policy in addition to participating in and leading a number of assessments, appraisals, participatory reviews and evaluations and he is skilled in workshop design and facilitation.

He holds a BSc in Biological Sciences from the University of Edinburgh and a MSc degree in Economics from the London School of Economics & Political Science.


Mr. Baker has also managed or led a number of humanitarian evaluations for CARE International, including an interagency evaluation for INGO tsunami responses, an interagency evaluation following hurricane Stan in Guatemala in 2005 and an evaluation of CARE Bangladesh’s response following Cyclone Sidr. Mr. Baker is also CARE International’s representative to ALNAP and was a member of the OECD-DAC team which peer reviewed WFP’s evaluation function in 2007.

Angela Berry-Koch brings 34 years of humanitarian experience to this evaluation. She has worked as a staff member for over twenty years with UNHCR, UNICEF and OCHA. This consultant brings a wealth of experience in nutrition, food security and child protection issues, and has authored numerous important guidelines and manuals for the UN system at large. She has also provided consultancy services in reproductive health and HIV/AIDS to UNDP, UNFPA and UNIFEM in various country offices, primarily in Latin America. With a Masters in Science in Human Nutrition from London School of Hygiene and Tropical Medicine, she is an expert in areas of food security and food aid as well as nutrition in humanitarian situations, having forged the first consultations on human dietary requirements and standards of food aid in emergencies in the 1980’s. In the past years she has revised various guidelines for the UN system, including the UNHCR/WFP food assessment guidelines in emergencies. Ms. Berry-Koch has authored many publications, including those related to use of famine foods used in the Horn of Africa, deficiency
disease syndromes in refugee populations, and human rights of displaced populations in Latin America.

Mrs Cécile Collin is a permanent area manager of Channel Research for 5,5 years in charge of Francophone clients and the UN. She is experienced in undertaking complex consultancies missions, evaluations, mid term review and impact assessments related to international assistance, emergencies and post disaster support. She has been a consultant in more than 16 missions, most of them in Africa, notably the Democratic Republic of Congo and Central African Republic including governance, interventions in unstable context, peace building, protection and human rights. She has practical experience of developing and implementing policies and strategies in the areas of multi-sectoral initiatives.

In 2006, she created Channel Research Burundi, subsidiary of Channel Research Belgium in the Great Lakes with the aim to promote African expertise and local capacity building. She took part notably to the CHF evaluation in Central African republic, evaluation of Conflict Prevention and Peace Building Programme for 11 donors, bilateral and multilateral in Eastern DRC, evaluation of post-disaster programmes of the AFD (Agence Française de Développement), a fact finding mission in Central African Republic and evaluation of rapid humanitarian assistance using Norwegian 6x6 military trucks for NORAD.

As a consultant, Mrs Collin benefits from a good knowledge of different evaluation and impact assessment methodologies as well as of general skills in organizational and financial analysis, economics, communication and management, as a graduated in Social sciences and economics (BA) and business administration, performance monitoring (MA). Mrs Cécile Collin is a French national and speaks English, French, Italian and German.

Mrs Annina Mattsson is a full-time area manager and evaluator at Channel Research. She has experience in the evaluation of humanitarian aid, peace building and development programmes in the Middle East, Africa, and South Asia. Working for Channel Research, Mrs Mattsson has gained experience of large multi-donor, multi-sector and multi-country evaluations. She was a key team member in the Sida commissioned follow-up evaluation of the linkages between relief, rehabilitation and development in the response to the Indian Ocean tsunami, the joint donor evaluation of conflict prevention and peace building initiatives in Southern Sudan and has just finished managing and working on the OCHA funded evaluation of the CHF. A part from being an evaluator, she is also advising organizations on their monitoring and evaluation systems.

Mrs Mattsson has carried out short- and longer term missions to Bangladesh, Indonesia, Jordan, Kenya, Kosovo, Liberia, Maldives, Palestinian Territories, Sierra Leone, Sri Lanka, Sudan, Thailand, Uganda and the United Arab Emirates. She is a Finnish citizen, based in Dubai, and speaks fluent Finnish, Swedish, English, Spanish and French, while she is conversational in colloquial Arabic.
ANNEX IV. LIST OF PERSONS INTERVIEWED

UN Agency CERF Focal Point in Lesotho
ANNEX V. COUNTRY PROJECT SUMMARIES

Lesotho

UNICEF - RR - Health - US$113,740 (07-UNICEF-046) - 2007 433 improves the management and prevention of malnutrition

UNICEF will undertake the following activities for the proposed intervention: set up and support therapeutic feeding centres and ensure that a comprehensive package of activities are available in the centres; support the action analysis, early warning, nutritional vulnerability assessment and a nutrition status assessment at both national and district level; improve the nutrition status of children and women; mobilisation of community participation; establishment of a support network at the national and district level; support to the PMoH in coordinating the Joint Action Plan; training and awareness raising in the communities concerned; conduct the Input Trade Fairs in collaboration with Government extension and Seed Quality Services and implementing partner Catholic Relief Services; monitor the Input Trade Fairs and the use made of inputs procured by the beneficiaries; reporting

Lesotho

FAO - RR - Agriculture - US$1,685,367 (07-FAO-027) - 2007 434 Assured access to quality agricultural inputs

FAO will implement the following activities: development of criteria and tools; preparation of vouchers for the Input Trade Fairs in appropriate denominations; based on previous experience; targeting and awareness raising in the communities concerned; conduct the Input Trade Fairs in collaboration with Government extension and Seed Quality Services and implementing partner Catholic Relief Services; monitor the Input Trade Fairs and the use made of inputs procured by the beneficiaries; reporting

Lesotho

UNFPA - RR - Health - US$415,490 (07-FPA-016) - 2007 435 Emergency/Response to support the Lesotho Ministry of Health in mitigating the health effects of the severe food shortage crisis on the most vulnerable populations

Crash training in emergency obstetrics care; Distribution of referral kits and delivery kits

Lesotho

WFP - RR - Food - US$1,414,080 (08-WFP-FQ-001) - 2008 436 Provision of emergency food assistance

Targeting of beneficiaries; procurement and delivery of food commodities; food distribution to targeted beneficiaries; monitoring and reporting; consultations and meetings with relevant stakeholders

Lesotho

WHO - RR - Health - US$1,668,067 (08-WHO-002) - 2007 437 Emergency/Response to support the Lesotho Ministry of Health in mitigating the health effects of the severe food shortage crisis on the most vulnerable populations

Training of hospital staff in therapeutic feeding; staff training in primary health care, case management, and reporting of communicable diseases; Provision of emergency emergency health kits and drug box for severe diseases kits

Lesotho

FAO - RR - Agriculture - US$645,959 (07-FAO-010) - 2008 438 Emergency control of anthrax in Lesotho

- All livestock in the endemic focus for anthrax in Lesotho protected against anthrax - People residing in the two districts as well as other areas of Lesotho aware of the dangers of anthrax and able to respond accordingly to protect themselves and their livestock

Lesotho

FAO - RR - Agriculture - US$393,055 (09-FAO-012) - 2008 439 Mitigating the impact of scarce food prices on vulnerable farming households in Lesotho

- At the end of the intervention: 22,000 vulnerable households having adequate inputs to plant up to 0.5 ha each during the 2008/2009 agricultural season; Up to 11,000 hectares under crops which have the potential to produce 8,000 to 11,000 tonnes of food, which would be enough to feed the beneficiary households for an estimated 5.6 months; Indicators: Number of households having access to inputs of choice through ITFs; Number of ITFs organised successfully; Amount of seeds, tools and fertilizers purchased through ITFs; Area planted to crops using inputs purchased through ITFs; Estimate of likely crop production from inputs purchased through ITFs

Lesotho

UNFPA - RR - Protection/H Rights - US$710,748 (08-FPA-002) - 2008 440 Management of Gender Based Violence caused by the vulnerability of food crisis in Lesotho

-Reduction in the incidence of GBV - Availability and accessibility of IEC materials on GBV at Input trade fairs; -Post rape and PEP kits available and distributed to GBV survivors

Lesotho

WHO - RR - Health - Nutrition - US$674,402 (08-WHO-003) - 2008 441 Emergency response to support the Lesotho Ministry of Health in managing severe malnutrition due to increasing food prices in Lesotho

- Supplies for the management of severe malnutrition procured and distributed to 100% of the Government of Lesotho (GoL) and Christian Health Association of Lesotho (CHAL) hospitals in the country; - Severely malnourished children treated according to the Lesotho Protocols for the Management of Severe Malnutrition in 100% of the GoL and CHAL hospitals in Lesotho; - Lodging fee for at least 30% of mothers or caregivers of children admitted to hospital because of severe malnutrition paid for

Lesotho


Expected outcomes: Institutional mechanisms of the government and civil society promote GBV prevention and management; - Increased knowledge in gender and GBV prevention and management

Lesotho

WFP - RR - Food - US$393,055 (09- WFP-002) - 2009 443 Social Protection and Food Assistance to Vulnerable Groups affected by high food prices in Lesotho

Expected Outcomes and Indicators: At the end of the intervention: 4,000 food insecure ART/HIV patients and 18,000 household members have access to nutritionally adequate food and a foundation for recovery; BENEFICIARIES engaged in sustainable livelihood recovery activities; Indicators - Changes in Coping Strategies Index (CSI) - Changes in Food Consumption Score (FCS) + 24

Lesotho

WHO - RR - Health - Nutrition - US$845,958 (07-WHO-003) - 2010 444 Response to measles outbreak in Lesotho

- 1,036,881 children vaccinated against measles; i) Vaccines administered to 202,854 children aged between 5-58 months; ii) Suspected cases investigated and managed in accordance with the national guidelines; iii) All cases meeting the case definition of measles properly managed at all levels; iv) At least three monthly reports generated and disseminated by health facilities, districts and national level

Country Report: Lesotho
ANNEX VI. SELECTED PROJECTS

Projects were randomly selected for analysis. Please see the methodology section for a description of the random selection process and rating process.

<table>
<thead>
<tr>
<th>Project</th>
<th>Activity</th>
<th>Documents available</th>
<th>Gender Marker</th>
<th>Reasons for score</th>
<th>Vulnerability Marker</th>
<th>Reasons for score</th>
<th>Cross-cutting marker</th>
<th>Reasons for score</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS: 08-FPA-002-RR. UNFPA: Protection/Human Rights/Rule of Law - $181,900</td>
<td>Expected outcomes - i. Institutional mechanisms of the government and civil promote GBV prevention and management - ii. Increased knowledge in gender and GBV prevention and management</td>
<td>Project proposal</td>
<td>2b</td>
<td>Project focused entirely on gendered consequence of the food crisis</td>
<td>1</td>
<td>Targets women as those most vulnerable</td>
<td>1</td>
<td>Component on HIV/AIDS</td>
</tr>
<tr>
<td>LS: 08-FPA-027-RR. UNFPA: Protection/Human Rights/Rule of Law - $74,900</td>
<td>-Reduction in incidence of GBV - Availability and accessibility of IEC materials on GBV at input trade fairs - Post rape and PEP kits available and distributed to GBV survivors</td>
<td>Project proposal</td>
<td>2b</td>
<td>This project specifically targets gender based violence caused by the context of the deepening food crisis in Lesotho</td>
<td>1</td>
<td>Targets women as those most vulnerable</td>
<td>0</td>
<td>No mention of cross cutting issues</td>
</tr>
<tr>
<td>LS: 07-FPA-018-RR. UNFPA: Health - $435,490</td>
<td>Crash training in emergency obstetrics care; - Distribution of referral kits and delivery kits</td>
<td>Project proposal. Joint proposal with 07-WHO-035.</td>
<td>1</td>
<td>Pregnant and lactating mothers are identified as key beneficiaries</td>
<td>2a</td>
<td>The direct beneficiaries are the population of the rural areas and vulnerable groups who are affected by food shortage and malnutrition in rural areas, pregnant and lactating mothers, children, PLWHA</td>
<td>1</td>
<td>Specific focus on people living with HIV/AIDS</td>
</tr>
<tr>
<td>LS: 07-CEF-048-RR. UNICEF: Health - $710,748</td>
<td>UNICEF will undertake the following activities for the proposed intervention: - set up and support therapeutic feeding centres and ensure that a comprehensive package of activities are available in the centres; - support the situation analysis, early warning, nutritional vulnerability assessment and nutrition status assessment at central and district level; - improvement of water supply, sanitation and hygiene in the therapeutic feeding centres; - support to the FNCO to coordinate a joint inter agency action plan in response to the negative nutritional effects of the drought.</td>
<td>No document available</td>
<td>i/i</td>
<td>Insufficient information available to score</td>
<td>i/i</td>
<td>Insufficient information available to score</td>
<td>i/i</td>
<td>Insufficient information available to score</td>
</tr>
<tr>
<td>Project</td>
<td>Activity</td>
<td>Expected Outcomes and Indicators</td>
<td>Gender Marker</td>
<td>Vulnerability Marker</td>
<td>Cross-cutting Marker</td>
<td>Reasons for score</td>
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<tr>
<td>LS: 08-WFP-006-RR, WFP: Food - $393,055</td>
<td>targeting of beneficiaries; - - - - procurement and delivery of food commodities; - - - - changes in coping strategies index (CSI) - - - - changes in food consumption score (FCS) &gt; 25</td>
<td>0</td>
<td>2b</td>
<td>2b</td>
<td>No mention of gender despite the gendered nature of HIV/AIDS in this context.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LS: 07-WFP-042-RR, WFP: Food - $1,455,200</td>
<td>i. 636,881 children vaccinated against measles - ii. Vitamin A administered to 202,854 children aged between 5-59 months - iii. Suspected cases investigated and managed in accordance with the national guidelines - iv. All cases meeting the case definition of measles properly managed at all levels - v. At least three monthly reports generated and disseminated by health facilities, districts and national level</td>
<td>1</td>
<td>2a</td>
<td>1</td>
<td>Targets HIV/AIDS patients</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LS: 10-WHO-035-RR, WHO: Health - $645,959</td>
<td>i. Supplies for the management of severe malnutrition procured and distributed to 100% of the Government of Lesotho (GoL) and Christian Health Association of Lesotho (CHAL) hospitals in the country. - ii. Severely malnourished children treated according to the Lesotho Protocols for the Management of Severe Malnutrition in 100% of the GoL and CHAL hospitals in Lesotho. - iii. Lodging fee for at least 30% of mothers or caregivers of children admitted in hospital because of severe malnutrition paid for.</td>
<td>0</td>
<td>2a</td>
<td>0</td>
<td>No mention of cross cutting issues</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LS: 08-WHO-044-RR, WHO: Health - Nutrition - $167,402</td>
<td>i. Training of hospital staff in therapeutic feeding; - ii. Staff training in primary health care, case management, and reporting of communicable diseases; - iii. Provision and delivery of interagency emergency health kits and diarrhoeal disease kits</td>
<td>1</td>
<td>2a</td>
<td>0</td>
<td>No mention of cross cutting issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LS: 07-WHO-035-RR, WHO: Health - $472,565</td>
<td>ii. Severely malnourished children treated according to the Lesotho Protocols for the Management of Severe Malnutrition in 100% of the GoL and CHAL hospitals in Lesotho. - iii. Lodging fee for at least 30% of mothers or caregivers of children admitted in hospital because of severe malnutrition paid for.</td>
<td>0</td>
<td>2b</td>
<td>1</td>
<td>Specific focus on people living with HIV/AIDS</td>
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</tr>
</tbody>
</table>
ANNEX VII. BIBLIOGRAPHY

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CERF Secretariat, CERF Annual Report of the Humanitarian/Resident Coordinator on the use of CERF Grants, draft January 2010-December 2010
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