



Kingdom of Lesotho



United Nations Fund

**UNFPA 6TH COUNTRY PROGRAMME EVALUATION: KINGDOM OF LESOTHO
2013-2017**

FINAL REPORT

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Country Map of Mountain Kingdom of Lesotho



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Abbreviations and Acronyms

AIDS	Acquired immune-deficiency syndrome
ANC	Antenatal Care
AR	Annual Reports
AWP	Annual Work Plans
AWP	Annual Working Plans
BCC	Behaviour Change Communication
BoS	Bureau of Statistics
BPfA	Beijing Platform for Action
CARMMA	Campaign for Acceleration of Reduction of Maternal Mortality
CBC	Competency Based Curriculum
CBO	Community Based Organization
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CP	Country Programme
CPAP	Country Programme Action Plan
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexual Education
CSO	Civil Society Organization
DaO	Delivering as One
DEX	Direct Execution
DHMTs	District Health Management Teams
EMoNC	Emergency Obstetric and Neonatal Care
EmONC	Emergency Obstetric and Neonatal Care
ERG	Evaluation Reference Group
ESARO	Eastern & Southern African Regional Office
ET	Evaluation Team
FBOs	Faith-Based Organizations
FGDs	Focus Group Discussions
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GDP	Gross Domestic Product
GE	Gender Equality
GHRy	Gender Human Rights and Youth
GNI	Gross National Income
GoL	Government of Lesotho
GTWG	Gender and Technical Working Group
HDI	Human Development Index

HIV	Human Immunodeficiency Virus
HLMIS	Health Logistic Management Information System
HQ	Head Quarters
HTC	HIV Testing Office
ICPD	International Conference on Population and Development
IPs	Implementing Partners
IPV	Intimate Partner Violence
ITWG	Inter-agency Technical Working Group (ITWG)
IUCD	Intra-uterine contraceptive device
LCCEMD	Lesotho Committee for Confidential Enquiries into Maternal Deaths
LCMP	Legal Capacity of Married Persons
LDHS	Lesotho Demographic and Health Survey
LENEPHWA	Lesotho Network of People Living with HIV/AIDS
LORB	Lesotho Obstetric Records Book
LPG	Liquefied Petroleum Gas
LPPA	Lesotho Planned Parenthood Association
LUNDAP	Lesotho United Nations Development Assistance Plan
M&E	Monitoring and Evaluation
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MGYSR	Ministry of Gender and Youth, Sport and Recreation
MoDP	Ministry of Development Planning
MOE	Ministry of Education
MOET	Ministry of Education and Training
MOHSW	Ministry of Health and Social Welfare
MoN	Ministry of Health
MTE	Mid-Term Evaluation
NAC	National Aids Council
NCS	National Condom Strategy
NDSO	National Drug Services Organization
NGO	Non-Governmental Organization
NOP	National Operational Plan
NSDP	National Strategic Development Plan
NSP	National Strategic Plan
NSS	National Statistical System
ODA	Overseas Development Assistance
PDAAs	Personal Data Assistants
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PoA	Programme of Action
PSI	Population Service International
RH	Reproductive Health
RHCS	Reproductive Health Commodity Services
RO	Regional Office
S&BCC	Social and Behaviour Change Communication

SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRH/HIV	Sexual and Reproductive Health/HIV
SRHR	Sexual and Reproductive Health Rights
SRHS	Sexual and Reproductive Health Services
STI	Sexually Transmitted Infection
SYP	Safeguarding Young People
TB	Tuberculosis
TFR	Total Fertility Rate
ToC	Theory of Change
TORs	Terms of Reference
TOT	Training of Trainers
TV	Television
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific & Cultural Organization
UNFPA	United Nations Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
VAW	Violence Against Women
WHO	World Health Organization
YC	Youth Centre
YRC	Youth Resource Centre
YSDO	Youth Skills Development Officers

Key Facts: Mountain Kingdom of Lesotho

Total population (thousands) 2012	2,051.5
Population (thousands) 2012, under 18	905.2
Population (thousands) 2012, under 5	259.7
Population annual growth rate (%), 1990-2012	1.1
Crude birth rate, 2012	27.6
Total fertility rate, 2012	3.1
Child marriage (%) 2002-2012, married by 18	18.8
Births by age 18 (%) 2008-2012	13.2
Birth registration (%) 2005-2012, total	45.1
Crude Death rate, 2012	15.2
Life Expectancy, 2012	48.9
Maternal mortality ratio, 2008-2012, reported	1,200
Under-5 mortality rate (U5MR), 2012	100
U5MR by sex 2012, male	107
U5MR by sex 2012, female	92
Infant mortality rate (under 1), 2012	74
Neonatal mortality rate 2012	45
Underweight (%) 2008-2012, moderate & severe	13.2
Overweight (%) 2008-2012, moderate & severe	7.3
Stunting (%) 2008-2012, moderate & severe	39
Wasting (%) 2008-2012, moderate & severe	3.8
Annual no. of births (thousands) 2012	56.8
Annual no. of under-5 deaths (thousands) 2012	6
People of all ages living with HIV (thousands) 2012	360
Women living with HIV (thousands) 2012	190
Children living with HIV (thousands) 2012	38
Adult HIV prevalence (%) 2012	23.1
Orphans, Children orphaned by AIDS (thousands), 2012	150
Orphans, Children orphaned due to all causes (thousands) 2012	220
GNI per capita (US\$) 2012	1,380
Population below international poverty line of US1.25 per day (%) 2007-2011	43.4
Contraceptive prevalence (%) 2008-2012	47
Life expectancy at birth (years) 2012	48.9

	Skilled attendant at birth (%) 2008-2012	61.5
	Delivery care (%) 2008-2012, Institutional Delivery	58.7
	Antenatal care (%) 2008-2012, At least four visits	70.4
	Total adult literacy rate (%) 2008-2012*	75.8
	Primary school net enrolment ratio (%) 2008-2011*	75
	Enrolment ratios: females as a % of males 2008-2012*, Primary GER	96.7
	Enrolment ratios: females as a % of males 2008-2012*, Secondary GER	139.8

Structure of the country programme evaluation report

This report comprises an executive summary. Seven chapters and four annexes. Chapter 1 is the introductory chapter which provides the background to the evaluation, objectives, scope, methodology and limitations of the evaluations. Chapter two presents the development challenges faced by Kingdom of Lesotho in the four thematic areas as identified in the national strategic documents produced by the Government. The third chapter refers to the response of the UN system and then leads on to the specific response of the UNFPA country programme to the national challenges faced by the Mountain Kingdom of Lesotho in the identified four programme areas. The fourth chapter presents the findings of the evaluation for each of the focus areas, including the strategic positioning and added value of UNFPA in Lesotho, and the cross-cutting gender and human rights issues; Chapter five is the lessons learnt and challenges in the implementation of the Country Programme. Chapter six presents conclusions while Chapter seven presents the recommendations arranged according to strategic and programmatic levels.

The annexures include the CPE terms of reference, list of individuals interviewed; documents consulted, interview guides, evaluation matrix, fact table of the country, abbreviations and list of tables and figures.

Executive Summary

This report presents the results of the evaluation of the 6th UNFPA Country Programme of cooperation with the Government of the Kingdom of Lesotho for the period 2013 to 2017. The evaluation report presents progress that has been made by the Country Programme interventions in achieving the outcomes and outputs stated in the Country Programme Action Plan. The report identifies and analyses factors that may have facilitated or inhibited the achievement of the results. Lessons learnt in implementing the Country Programme are documented. Recommendations for the next country programme have been proposed.

The 6th CP has four components: (a) sexual and reproductive health; (b) Adolescents/Youth and HIV Prevention; (c) Gender Equality and Gender-Based violence, and (d) population dynamics.

1. Objectives and scope of the Evaluation

The objectives of the 6th Country Programme Evaluation (CPE) were to (i) provide an independent assessment of the progress of the 6th Country Programme towards the expected outputs and outcomes set out in the results framework of the Country Programme; (ii) identify challenges, lessons learnt and best practices for potential scale up and provide recommendations; (iii) provide an assessment of the UNFPA strategic positioning within the operational context, in view of its ability to respond to national needs and priorities; (iv) review the design of the 6th Country Programme including geographic focus, management, coordination, and partnership arrangements. The evaluation covered all interventions implemented from January 2013 to 2016 at central and district levels in the ten districts of the Kingdom, focusing on the four output programmatic areas of the 6th Country Programme Action Plan.

2. Methodology

The evaluation relied on the methodology for country programme evaluation as developed by the Evaluation Branch of the UNFPA HQ. It was based on a set of questions dealing with corresponding criteria such as: relevance, effectiveness, efficiency, and sustainability. The criteria for strategic position of UNFPA CO were coordination, strategic alignment and added value for the UNFPA Country Office.

The UNFPA Country Office and the Evaluation Reference Group guided, reviewed, commented and validated the evaluation questions, interview schedules for data collection, preliminary debriefing of results, revised and final report.

The evaluation methodology combined quantitative and qualitative data gathering and included a desk review, semi-structured interviews with UNFPA CO staff and management, representatives of other UN agencies, government officers at the national level, implementation partners; focus group discussions with selected beneficiaries, observations in district, and review of monitoring data of the programme and its components. Field site visits were undertaken to nine (9) districts in Lesotho where interventions were implemented.

The evaluation team systematically triangulated the data collected and information sources. The assessment matrix facilitated the consolidation of evidence-based findings. The matrix linked the assumptions and corresponding indicators to assessment questions. Some of the methodological challenges encountered by the evaluation team include: missing quarterly progress reports for some years leading to incomplete information; and unavailability of most stakeholders and beneficiaries for some interviews. These limitations were, however, mitigated by extensive document reviews and other information sources. Ethics and quality control requirements were adhered to by the assessment team.

The Programme has been guided by a results framework which proved adequate in terms of most of the outcome and output level changes, but with indicators which cannot be measured during the assessment, thereby limiting the use of the framework for programme management and decision-making.

3. Main Findings

The UNFPA 6th Country programme interventions were well aligned and relevant to the Kingdom of Lesotho's needs, national and international priorities/mandates as reflected in the National Strategic Development Plan: Vision 2020 to eliminate poverty and reduce inequality; United Nations Development Assistance Framework 2013-2017, ICPD PoA, Millennium Development Goals; UNFPA Strategic Plan 2014-2017, Convention on the Elimination of all forms of Discrimination against Women (CEDAW); 1995 Beijing Declaration and Platform for Action and regional protocols; SADC Protocol on Gender and Development.

In the programme area of sexual and reproductive health and rights, youth and HIV, the UNFPA Country Programme interventions contributed to improved quality of emergency obstetric care, family planning and HIV prevention services in health facilities and communities in the districts of intervention. This was done through dissemination of SRH information, knowledge, HIV testing behaviours, and the promotion of good health through behaviour change communication.

The gender equality and gender-based violence programme area contributed to strengthening the national capacity to implement multi-sectoral policies and programmes that prevent gender based violence and sexual violence. The outputs have been largely strategic including contribution to policies, and strategies. Interventions for GBV prevention were delivered to important stakeholders namely government departments, CBOs, traditional leaders and members of the community (men, women, boys and girls).

UNFPA CO support in the population dynamics programme component intended to contribute to strengthening the capacity of central and district departments and to integrate population dynamics issues of youth development, HIV/AIDS and environmental sustainability into development plans and programmes is abysmally low.

UNFPA support to strengthen government institutional capacity to generate, analyse and utilise data to inform, monitors and evaluates policy and programme implementation is not properly and carefully implementation. This aspect of the CP is not given the attention it deserves.

UNFPA CO made good use of technical, human and financial resources. However, one area of concern is the quality of the local consultants and their capacity to deliver quality consultancies. Most of the survey outputs assessed were badly written.

The UNFPA CO provided progress reports for the assessment of the 6th CP; these reports though useful in assessing the effectiveness and efficiency criteria were incomplete. Quarterly progress reports were not available for some quarters.

With respect to the Country Programme management and coordination, there were delays in implementation of activities in the first quarter of each year. Shortages of human resources/technical expertise for some interventions delayed implementation or led to postponement. Explicit sustainability mechanisms for interventions are not there.

In the area of strategic positioning and added value, the UNFPA Country Office is making important contribution to improving inter-agency coordination and its contribution has helped address issues arising from the UN Country team.

UNFPA is a signatory to the Lesotho UNDAF. UNFPA CO is a valuable partner in the UN Country Team, ready to coordinate and cooperate with other multilateral and bilateral agencies on shared interests. It participates regularly in inter-agency meetings and keeps other participants informed of its own, achievements, challenges and missions. UNFPA is a member of thematic groups such as HIV/AIDS, maternal health, monitoring and evaluation. At the national level, global coordination mechanism among UNCT exists within the UNSC framework. UNFPA has played a positive role in the UNCT joint activities. UNCT Technical groups provide platforms for exchange of information and sharing of good practices among agencies.

UNFPA CO has an added value over other agencies and has used its comparative strengths in addressing the four programme components of the 6th CP. Its technical competence allows it to act as a facilitator, playing an intermediary role between partners. It has ability in policy dialogue and on placing sensitive themes on the national agenda. The issue of reduction of maternal mortality, through the CARMMA initiative is the handiwork of UNFPA. UNFPA's support to collection, analysis and use of population data through census and surveys is an important added value. However the added value of UNFPA is often misconstrued by partners and beneficiaries and wrongly associated with material and financial support only.

UNFPA is a valuable partner in the UN Country Team, ready to coordinate and cooperate with other multilateral and bilateral agencies on shared interests. It participates regularly in inter-agency meetings and keeps other participants informed of any plans, achievements and missions.

4 Lessons learnt

Importance of strategic partnerships at all levels (international, central and district) as critical in implementation of programme interventions;

UNFPA CO can play a catalytic role in initiating interventions that would have otherwise taken longer with government procedures

A gap still exists in the capacity of the CO and central government to utilise research results for policy and programming.

Mobilisation of community based organisations and civil society organisations remain another veritable platform for effective, efficient and sustainable programme delivery

There is a noticeable slack in the capacity for M&E among implementing partners. Proper baselines and targets should be established at the beginning of the CP, and tracked for duration of the CP.

Strong leadership is required at the CO to drive the process of re-orientating the current staff and enhance their capacity to deliver on the mandate of the next CP. More importantly, their attitude and response to official matters/duties need to be changed.

1. Main Recommendations

Our recommendations focus on priorities that UNFPA CO and national stakeholders need to consider for the next 7th Country Programme, based on the lessons learnt and challenges encountered in the implementation of the 6th CP.

Recommendations to UNFPA CO

5a. Strategic Level

UNFPA CO to continue building and strengthening partnerships with other UN Agencies in the Country under the umbrella of 'Delivering as One', (DaO), so that resources can be pooled to support activities of the CP. Partnerships could also be built with other bilateral organisations in the country.

UNFPA should continue to align the Country Programme to Lesotho's national development priorities as well as international development agendas. As in the development of the previous Country Programmes, there is need for continued wide consultations and participation of government departments, civil society organisations and other relevant stakeholders for the next Country Programme to ensure that it is relevant and aligned to Government of Lesotho's national policies and international development agenda. This will ensure that the national needs and priorities of the country are addressed with consensus of the various stakeholders. This approach will promote government buy-in and enhance sustainability.

5b. Programme Level

UNFPA CO should review the scope of its programme areas and the geographical spread with a view to narrowing down the range of activities and partners to those most likely to lead to synergistic and strategic and sustainable results. The priority in the 7th Country Programme should be high level upstream activities (advocacy, policy and knowledge management), and providing high level technical assistance for the implementation of policies, guidelines and strategies that are in place. We propose the following core activities of the CO in the next programme cycle.

Technical assistance

UNFPA CO, in view of the current business model should focus on upstream activities. For instance, it should continue to provide technical assistance, focusing on emerging government priorities in SRH, and population and development. However its ability to deliver on this is doubtful because of the current technical capacity of the CO.

Advocacy

Continue to advocate and raise awareness for SRH broadly defined, and population and development, paying specific attention to adolescents' specific needs, and ensure that staff capacity is build and SRH commodities are available to support these services from a range of providers. To achieve this, the CO should build a public-private partnership to target public sector resources more effectively.

Knowledge Management

UNFPA CO should consider to support knowledge sharing and management events, like workshops, seminars and conferences, short course trainings and south-south cooperation. These events will provide platform for generating ideas and data that will help to assess programme impacts, policy formulation and share ideas of good practices.

Policy, Guidelines and Strategies

Continue to support the development and evaluation of relevant policies, guidelines and strategies in Lesotho and overseeing their full implementation.

Capacity-Building

UNFPA CO should focus on capacity development at the CO , central and district levels. Capacity building must be matched with the capacity needs. Capacity for data generation, use, and integration needs to be further strengthened at all the levels of the government. Data Revolution, Demographic Dividend and the SDGs need to be measured and evaluated.

5c. Programme design, Management and Partnership

UNFPA CO should review its decision to carry out interventions in 10 districts, but rather should focus on at most two districts with highest negative indicators. The same process of selecting the districts should be upheld. The position of the provincial staff, being supported by the CO should also be revisited. All these are attempts at reducing costs, in view of reduced funds due to the new business model of UNFPA.

There is need to have a strong coordinating mechanism in the CP. Currently the MoDP is expected to be leading this, but the ET did not see any evidence that this is happening. This observation has been made in the 5th Country Programme evaluation report.

Strengthen the UNFPA CO's monitoring and evaluation mechanism to ensure the availability of complete information. Step up M & E and quality assurance of IPs and to build their capacity for these activities. During the evaluation of the 6th CP gaps in information were noted. Quarterly reports were not available for some years. Some indicators were not specific to clearly follow which aspect is being measured in the numbers achieved. The definitions and measurement of the indicators were also not clear. There is need for the monitoring and evaluation component to be strengthened.

Reporting procedures should be streamlined and made less cumbersome, with training provided to those who are required to submit the reports in order to assure uninterrupted execution of implementation. Easy-to-follow reporting templates and procedural guidelines should be provided to all partners, together with a standard training given that many of the partners expected to complete the reports are not familiar with stringent monitoring and reporting procedures.

UNFPA CO should invest in resource mobilization, considering the dwindling resources available for its programmes. Available avenues should be explored to reach out to donor agencies. Various funding modalities for the new programme should be explored .For example funds from government can be used to certain SRHR and youth programmes while UNFPA could play as technical partner for those programmes,

Exit or hand-over strategies and activities must be included at the end of each output and activity. Exit or hand-over strategies and activities must be included at the end of each output and activity, in order to assure a higher likelihood that best practices are sustainable and continued even after UNFPA support.

5d. Government Partners

The government should facilitate the process of UNFPA Support to government priorities in order to add value to the implementation of the country's National Strategic Development Plan 2020.

National Statistical Systems in the country should identify the technical support required from UNFPA to implement capacity-building in data generation, analysis, use and integration in development planning.

Downstream activities in SRH, HIV and GBV prevention should be expanded to address the specific needs of vulnerable population groups in urban areas. This should be funded by the government since the line ministries are actively involved in service delivery in these areas.

Chapter 1: Introduction

1.1 Purpose and objectives of the country programme evaluation

This is the final report of the evaluation of the Lesotho 6th CP 2013-2017. The evaluation was undertaken within the contexts and provisions of UNFPA Evaluation Policy Framework, based on the Board decisions that all programmes to conduct independent and high quality end of programme evaluations. The 6th CP of Government of Lesotho is premised on the national needs and priorities identified and articulated in National Development Strategy Plan and Vision 2020 and relevant sectoral strategic programmes. The current Country Programme has four key outcome areas prioritized and identified in collaboration with the Government of Lesotho: (i) maternal and new-born health; (ii) Youth and HIV (iii) Population and Development; (iv) Gender Equality and Reproductive Rights

Broad Objectives

The overall objectives of the evaluation of the GoL/UNFP 6th Country Programme evaluation were:

1. To assess the relevance and contribution of the UNFPA 6th Country Program to national development results given the country context.
2. To generate a set of clear, forward-looking and actionable recommendations logically linked to the findings and conclusions.

Specifically, the CPE aimed to:

- a) Provide an independent evaluation of the progress of the 6th CP towards the expected outputs and outcomes set forth in the results framework of the country program;
- b) Provide an assessment of the country office positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results.
- c) to identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination and
- d) to provide a set of recommendations that will inform the development of the next country programme of support

The evaluation would enhance accountability of UNFPA and its CO for the relevance and performance of its country programme, and broaden evidence-based for the design of the next programme cycle.

1.2 Scope of the evaluation

The evaluation covered interventions implemented within the current country programme during the period 2013 – 2017 and cover all the ten districts of the Kingdom of Lesotho where UNFPA implemented interventions. It covered the four technical areas of the country programme (population and development, reproductive health, youth/HIV and gender). In terms of sexual and reproductive health component, emphasis was on the supply chain, availability of commodities at service delivery point's level; capacity development for provision of SRH services as well as creation of demand for these services with an emphasis on family planning services for adolescents girls.

For Gender equality and reproductive right issues, covering aspects of improving a policy environment and building capacities for gender-based violence prevention and management were examined while for population and development area, the evaluation looked at aspects of ensuring availability of

disaggregated data, availability and use of evidence for programming and status of population integration in key development policies, plans and frameworks developed during the period under review. In addition, the evaluation covered cross cutting issues of human rights, gender mainstreaming, coordination, monitoring and evaluation, and partnerships.

1.3 Methodology and process

The Evaluation utilised several data collection methods and undertook systematic triangulation to ensure robust analysis and understanding of the intervention logic underpinning the programme. The evaluation approach and its methods placed emphasis on participatory data collection to gain information on achievements, challenges and lessons learned in contributing to the different components of the 6TH CP.

The ET utilised four of the standard evaluation criteria drawn from the United Nations Evaluation Group/Organisation for Economic Cooperation and Development criteria of relevance, efficiency, effectiveness and sustainability. Additional criteria relevant to UNFPA with the view of addressing its strategic position within the United Nations Country Team, and its added value to the national development goals were used. Relevant also are the cross-cutting issues of human rights, gender mainstreaming within UNFPA's work and synergies between programme areas as well as south-south cooperation. For each of the evaluation criteria, a set of evaluation questions was developed.

These included **relevance** (the extent the country programme (i) adapted to the needs of the population (ii) aligned with government priorities (iii) as well as with the ICPD agenda and strategies of UNFPA); **effectiveness** (the extent the interventions supported by UNFPA in all programmatic areas contributed or are likely to contribute to the achievement of planned results; extent the programme integrated gender and rights-based approaches); **efficiency** (extent resources (financing instruments, administrative, staff, timing and procedures) were used efficiently to achieve the expected programme results; extent lessons learned were documented and used to inform programme implementation); **sustainability** (extent UNFPA supported interventions contributed or likely to contribute to the development of capacities of its partners; extent the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies); **Strategic Alignment** (extent the UNFPA CO is coordinating with other UN agencies in the country, particularly in the event of potential overlap); **Added Value** (the main comparative strengths of UNFPA in Lesotho, how are these perceived by national and international stakeholders) and cross-cutting issues (extent the CP included a human rights approach across all programme areas and gender mainstreaming).

The key evaluation questions around each of the criteria were identified from the UN Handbook on Monitoring and Evaluation by the evaluation team and evaluation management committee, and discussed at the Evaluation Reference Group meeting held on August 11, 2016.

The evaluation followed four main stages:

Inception phase

This involved development of the inception report which includes evaluation design matrices, which highlighted evaluation questions, data collection methods, data sources and analysis plan, all annexed

to this report. At the inception stage, the Evaluation Team met with UNFPA CO management and the Evaluation Reference Group to seek input, confirm and approve choice of methods and data collection tools and data analysis plan. The questions developed were based on the CPE ToRs, Country Programme Document (CPD), Country Programme Action Plan (CPAP), CPAP Monitoring and Evaluation Framework, which articulated the re-aligned CPAP indicators to the revised UNFPA Strategic Plan and in discussion with programme officers managing the 6th CP.

Field Phase

Field work involved data collection through stakeholder interviews using semi-structured interview schedules, focus group discussions, field visits and observation to provide primary data to supplement the extensive document review. The following methods for collecting data used are elaborated below:

Documents review: Extensive review of CP documents formed the basis of the CPE, informing evaluation design, including the evaluation matrix and data collection tools, and providing the most extensive data to triangulate the primary sources. The CO identified and provided the main documents for the evaluation team according to the guideline in the UNFPA Evaluation Handbook. The documents provided by the UNFPA CO are listed in Annex 3

Semi-structured interviews: This method of data collection was done to provide deeper insights into the issues that were unearthed from the desk review. Information gathered from this method provided clarity on observed trends and gaps for each component area of analysis. Key informant interviews were held with national stakeholders using semi-structured interview guides. Interviewees included policy makers, programme heads in government, the UN agencies, and civil society organisations. Interviews were held at national level and in each of the nine districts. We also interviewed CO staff and management.

Number of key informants interviewed was eleven (11); In-depth interviews were held with sixteen (16) selected implementation partners at focal facilities and heads of CBOs, FBOs and NGOs.

Group interviews: These helped in gathering information on the opinions and views of program beneficiaries about the 6th CP. A total of 3 group interviews were conducted, each group being made up of a group size of 5 – 10 people.

Site visits and Observations: The ET undertook site visits to 9 out of the ten districts in the country where intervention activities took place, to observe on-going activities.

The use of a variety of methods was to ensure validity of information collected. The ET also validated the data collected by internal team-based revisions and triangulation based on systematic cross-comparison of findings by data sources and by data collection methods. We compared findings from different data sources and data collection methods.

Methods for data analysis and validation

Data analysis was done based on the four thematic areas of the CP. Quantitative data were reviewed as secondary data from CP documents such as Strategic Programme Reports, Annual Reports, Quarterly Reports, among others.

The ET used content analysis approach based on the extensive document review, interviews and focus group discussions and field visits. The second approach was Contribution analysis used to assess the results chain logic in the CPD and the effectiveness of the UNFPA CP in achieving activities and outputs and their contribution to outcome results in the component areas. All the evaluation criteria were addressed and analysed for the component areas and also with respect to implementation modalities and efficiencies. The triangulated analysis allowed the drawing of conclusions and recommendations from different sources.

The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report. The presentation of the findings is follows: (i) text of the evaluation question; (ii) short summary of the answer within a box and (iii) detailed answer to the evaluation question. Conclusions are arranged in two-cluster sequence: strategic, programmatic levels (UNFPA Evaluation Handbook, 2013).

The draft report was prepared, reviewed by UNFPA CO, Evaluation Reference Group for quality assurance. Finalization of the report was done based on further information/comments received from the report review process. The draft final evaluation report was now presented after incorporating additional comments from inputs from all UNFPA CO, from a UN wide Validation meeting that was with UNDAF agencies. National dissemination was planned by the Evaluation Reference Group to national stakeholders (government officials, civil society organizations, UN agencies, main donors and UNFPA CO staff) in Lesotho.

Stakeholder Selection

Following the guidelines on comprehensive stakeholder selection from the UNFPA Evaluation Handbook, the ET Team worked with the evaluation manager and CO to identify a list of stakeholders after reviewing various programme documents and discussions with programme officers. They selected a number of people interviewed across the major stakeholder's categories of the 6th CP outputs and outcomes. These included national level stakeholders including UNFPA CO staff and implementing partners (national and district levels), strategic partners, and beneficiaries. Both UNFPA's direct partners as well as stakeholders at different levels who did not work directly with UNFPA, but played a key role in a relevant outcome or thematic area in a national context were also identified in the process of evaluation and were included for interviews. Relevant stakeholders were involved at the different stages of the CPE including design, data collection, data analysis, and reporting especially at the recommendation formulation process, debriefing, and dissemination stages, as were appropriate. Evaluation Reference Group members were consulted for identifying and confirming sites and stakeholders. A list of stakeholders selected and interviewed is included in Annex 2.

Evaluation Process Overview

The UNFPA Handbook for Evaluation of CP provides the guidelines for the evaluation process. As much as possible, the ET adhered to the Evaluation Quality assessment grid, the Norms and Standards of the UN Evaluation Group and the Ethical Code of Conduct for UNEG/UNFPA evaluations. The overall process had five phases including the preliminary preparation phase prior to the consultant recruitment, as follows:

Phase 1: The recruitment and establishment of the evaluation reference group (ERG) and development of terms of reference; recruitment of consultants. The consultants then conducted the subsequent phases with technical, logistics and administrative support from the CO, especially the evaluation manager.

Phase 2: Evaluation design phase by consultants that terminated in a presentation to the ERG and CO and the final design report that outlined the evaluation process, the evaluation matrix and tools for data collection, stakeholder selection and mapping.

Phase 3: Field phase consisting of extensive documentation review and conducting the actual interviews as determined in the design report.

Phase 4: Synthesis of data, triangulation and analysis, development of the draft report, debriefing and presentation to the CO and ERG for critique and validation. The CO, RO and ERG provided important information, consolidated feedback for the consultants to undertake further revision and to develop a presentation first for the CO and ERG, and then further feedback, to stakeholders. This iterative process allows for repeated clarification and validation of the findings, conclusions, recommendations and lessons learned.

Phase 5: Final review and incorporation of comments from the UNFPA RO and UNFPA HQ. The evaluation manager and the CO then prepared a management response to the recommendations of the evaluation for the UNFPA ESARO and HQ.

1.4 Limitations

The expected duration of this assignment did not allow for detailed quantitative measurement of the outcome. Most of the indicators have no baseline information thus hindering the team's ability to answer some of the quantitative evaluation questions. The scope of this exercise did not allow the team to collect quantitative data, and thus our analysis and conclusions are based on quantitative data collected from and by secondary sources. This is already a source of bias. However our use of triangulated methodology mitigated the bias that would have been introduced into the evaluation.

The timing of the evaluation has implication with regards to the observation of actual effects. Effects could not be measured. It requires time to see the effects of the interventions in the CP. Another limitation was the availability and quality of relevant documents and reports given to the evaluation team. Where these were not available, the ET struggled to get quality documents that have the required information.

Chapter 2: Country Context

2.1 Development Challenges and National Strategies

Lesotho is a small, lower-middle-income country that has made some development progress over the past decade, but remains vulnerable to internal and external shocks.¹ It ranks 158 out of 187 countries on the UN Human Development ranking, falling into the category of low human development.² Lesotho is completely landlocked by South Africa and has a land area of 30,300 square kilometres majority of which is mountainous. It is a parliamentary constitutional monarchy. Lesotho is a homogenous nation, in terms of the ethnic makeup of its population, language, religion and culture. Almost all of Lesotho's population are of the Sotho ethnic group, are Christians and speak Sesotho.

The country is divided into ten administrative districts namely Maseru which is the capital town, Berea, Leribe, Botha Bothe, Mokhotlong, Thaba , Qacha's Nek, Quthing, Mophale's Hoek and Mafeteng. It is also divided into four ecological zones namely, the Mountains, the Foothills, the Senqu River Valley and the Lowlands. Most of the country's land is mountainous and only 9 per cent of the land is suitable for arable cultivation. Majority (56.4 per cent) of the country's population live in the Lowlands, 11.8 per cent in the Foothills and the remaining 31.8 per cent in the Mountain and Senqu River Valley zones. The country's average population density is estimated at 62 per square kilometre.

Socio-economic Structure of the Kingdom

Lesotho has a limited natural resource base. It has abundance of water and other natural resources include agricultural and grazing land, diamonds, sand, clay and building stone. The country is highly vulnerable to extreme weather conditions in particular drought and late and early frost. These extreme weather conditions have over time adversely affected the performance of the country's agricultural sector.

Lesotho experienced a slowdown in real GDP growth between 2013 and 2014. The real GDP grew at 3.8 per cent in 2014 compared with 4.6 per cent in 2013 (Central Bank of Lesotho, 2014). This is attributed to poor performance across all the sectors of the economy. The country's real Gross National Income also expanded in a low rate in 2013 relative to 2014, 1.3 and 4 per cent, respectively.

Poverty, unemployment, inequality and HIV/AIDS are the major developmental challenges in Lesotho. In 2010, Lesotho ranked 141 out of 169 countries based on an HDI value of 0.427¹⁰. The index for Lesotho was 0.397 in 1980 but it rose in 1990 and stayed at 0.452 in 1995. It subsequently declined to 0.423 in 2000 and fell further to 0.404 on 2005 before recovering to 0.423 in 2009.

Although Lesotho has a per capita income of around \$1,000, the national poverty line recorded an average national poverty head count of 54% (58% in rural areas, 40% in urban areas) in the 2002/03 Household income Survey. The World Bank international \$1 a day poverty line figure produced a

¹ Lesotho United Nations Development Assistance Plan (2013-2017)

² MDG 2013 Lesotho report

significantly lower average national head count of 37% (41% in rural areas, 25% in urban areas)¹¹. It is estimated that 27.5 % of the population and 21.4% of households (117,309 out of 548,032) are at risk of multi-dimensional poverty. Larger households with many children, headed by older and less educated people, were worse off, while households headed by migrating males are better off. Households receiving remittance income from abroad have amongst the highest incomes and best outcomes in the rural economy. Unusually, the poorest households grow less of their own food than do higher-income households. The Government old-age pension, introduced in 2005 for all citizens aged 70 and above, has had a significant impact on poverty.

The most recent information (LDHS 2009) suggests that 76.7% of the population have access to improved water resources (although that includes 7.6% who rely on protected wells or springs) and that 72.2% are less than 30 minutes from water; in the area of sanitation, 25.1% have improved, non-shared facilities, 38.8% have non-improved, shared facilities and 36.0% have no facilities. In the case of energy, 16.1% of the population (17.0% of households) have electricity, although for cooking, 49.4% use wood, 20.5% use liquefied petroleum gas (LPG) and just 6.1% use electricity.

The 2008 Labour Force Survey indicated that Lesotho had a working-age population (15 years and above) of 1,237,000. A large proportion of this group was not considered economically active. Of the population that could have been economically active, 608,000 people were employed and 192,000 were unemployed, giving an unemployment rate of 24%. Only about 230,000 are believed to have formal wage employment, while substantial majority of the employed (71.7%) appear to be engaged informally, principally as family labour in household activities such as subsistence agriculture (often only in seasonal jobs) or as informal employees in formal enterprises. Many informal workers do not receive wages but are paid in kind. This high level of underemployment (low labour productivity) suggests ample flexibility in the labour market.

Household Income and Expenditure Surveys indicate that the national Gini coefficient has fallen from 0.57 in 1994/95 to 0.53 in 2002/03 and that there has been a significant reduction in headcount poverty from 66.6% to 56.6%. This still suggests significant inequality, with income distribution heavily skewed with the richest 20% securing 60% of income while poorest 20% receive only 2.8%¹² (*African Peer Review Mechanism, Country Report No.12, June 2010, page 183*). Inequality is high both in urban and rural areas, having been a structural feature of Lesotho for decades. Even though the top wealth quintile resides predominantly in the lowland areas with half of the poorest quintile living in the Mountains, the rural-urban divide can explain only 4% of overall inequality, with the remaining 96% being attributable to intra-urban and intra-rural *inequality*¹³ (*World Bank, Poverty Assessment, 2010, page 26*). Lesotho similarly has a higher level of consumption inequality than most countries in the region. With Gini coefficient of approximately 0.5, Lesotho can only expect to reduce the poverty head count by 1% in response to each 1% increase in growth rate.

Lesotho's Human Development Index (HDI) which places the country in the low human development category, increased from 0.436 in 1980 to 0.497 in 2014. However, the country's 2014 HDI is below the average of 0.505 for countries in the low human development group and below the average of 0.518 for countries in Sub-Saharan Africa (Human Development Report, 2014). Over half of the population live below the poverty line. Lesotho's income poverty which is measured by the percentage of the population living below US\$1.25 per day was 56.2 per cent in 2009 (Human Development Report, 2014). The 2008 Labour Force Survey estimated the national unemployment rate at 24 per cent.

Unemployment is higher among youth with the youth unemployment rate estimated at 30.5 per cent (Lesotho Youth Empowerment Survey, 2012).

National poverty figures indicate that 57.1% of the population lives below the national poverty line. The population is predominantly rural with approximately 77% residing in rural areas. The rural population depends to a large extent on subsistence agriculture for their livelihoods. However, owing to low agricultural productivity and with only 10% of its land surface available for arable agriculture, the country relies heavily upon imports from South Africa.³ Income distribution is unequal indicated by a Gini coefficient of 0.54.

2.1.1 Sexual and Reproductive Health Challenges

Sexual and reproductive health situation in Lesotho is as varied as in other countries in SADC region. In Lesotho 19 per cent of young women aged 20-24 were married by age 18. Early childbearing is moderately high with 6 per cent of female adolescents aged 15-19 giving birth each year. Ten per cent of married female adolescents use modern method of contraception. This rate increases to 37 per cent among young women aged 20 to 24. More efforts are needed to reach female adolescents with family planning information and services, especially since they face a higher risk of poor health outcomes due to early childbearing.

HIV prevalence in Lesotho is among the highest in the region with 4.2 per cent of young men and 13.6 per cent of young women aged 15 to 24 infected. Addressing certain risky behaviours can help reduce the risk of HIV infection. Seven per cent of women had multiple partners in the last year, while 34 per cent of men had multiple partners - the highest in the region. However, condom use at last high-risk sex is high among both young women and men at 64 per cent, representing progress in reducing the spread of HIV. Among those who have been sexually active in the last 12 months, HIV testing is low among men at 21 per cent but higher among women at 51 per cent.

The health-related MDG assessment in Lesotho indicated that the country was off-target in reducing child mortality, improving maternal health and combating HIV and tuberculosis. The 2014 Lesotho Demographic and Health Survey (LDHS) estimated the current under-5 mortality rate at 85 deaths per 1000 live birth and the infant mortality at 59 deaths per 1000 live births. The level of adult female mortality decreased from 13.7 deaths to 12.8 deaths per 1000 between 2009 and 2014 and that of adult male mortality declined from 16.6 deaths to 14 deaths per 1000 population in the same period. Maternal mortality ratio, which is a measure of magnitude of maternal mortality, increased from 762 per 100 000 live births in 2004 to 1, 155 in 2009 and slightly declined to 1026 in 2014.

The country has the second highest HIV prevalence estimated at 25 per cent of adults aged 15-49 in 2014. Women bear the higher burden of the disease with 30 per cent of women aged 15-49 infected with HIV, compared with 19 per cent of men. According to the 2014 LDHS, the HIV incidence among the population aged 15 to 49 is 1.9 new infections per 100 person-years of exposure. The incidence of HIV is higher among men (2.1 new infections per 100 person-years of exposure) compared with women (1.7 new infections per 100 person-years of exposure)

³ MDG 2013 Lesotho report

About 314,000 adults and children are living with HIV in Lesotho, with 23% of adults aged 15-49 infected with HIV, the second highest rate in the world. Women bear the higher burden of the disease with 26.7% aged 15-49 infected, compared to 18% in men. HIV prevalence among key affected populations is significantly higher than the general population: sex workers (72%), factory workers (43%), men who have sex with men (33%) and inmates 31%, respectively.⁴ There was, however, a 17% decline in new HIV infections between 2001 and 2014, from approximately 23,000 (19,000 adults and 4,000 children) to 19,000 (Adults 17,000 and children 2,000) and AIDS- related deaths by 43% from approximately 14,000 to 8,000.⁵

The estimated maternal mortality ratio in 2014 (1,024) is lower than in the 2009 LDHS (1,243) and higher than in the 2004 LDHS (939) but the estimates for those years are not significantly different from one another.⁶ Most maternal deaths are preventable and caused by lack of access to health services, particularly in rural areas. Although there has been an increase in skilled personnel attending births since 2004, maternal deaths remain high.⁷

According to LDHS 2014 in Lesotho, maternal mortality ratio is reported to be at 1,024 per 100,000 live births, despite high level of attendance at antenatal care (95%) during pregnancy. Emergency Obstetric and Neonatal Care (EmONC 2015) study, Maternal deaths are mainly attributed to preventable or treatable conditions such as haemorrhage (38%), hypertension (11%), postpartum sepsis (22%), prolonged obstructed (16%), hypertension, other direct causes (10%) and indirect causes (24%). There is increase in the rate of immunization for children aged 20-23 months from 62% in 2009 to 68% in 2014 (LDHS 2009 and 2014). The most frequently cited childhood illnesses are respiratory infection, diarrhoea and gastroenteritis, trauma and malnutrition. The 2014 LDHS indicated decline in under-five mortality from 117 to 85 per 1000.

It is also shown that knowledge of family planning methods in Lesotho is universal, with the most commonly known methods as male condom (98% females, 97% males), injectable (92% females, 76%), pill (91, 89%) and female condom (98% females, males 88%) (LDHS 2014). The Contraceptive Prevalence Rate has increased from 46% to 60% of currently married or cohabiting women age 15-49 years who are using a contraceptive method. The unmet need for family planning in 2009 was 23% (LDHS 2009) and dropped to 18% in 2014 (LDHS 2014). Teen pregnancy accounts for 19% of all reported pregnancies. Unmet need for family planning among HIV positive women is high as 64% (MTE 2014).

While some progress has been recorded on SRH in Lesotho, much more still needs to be done as SRH indicators are not at desirable levels. According to the LDHS 2009, total fertility rate (TFR) stands at 3.3, modern contraceptive prevalence rate (CPR) is 45.6%, unmet need for FP is 23%, 92% of pregnant women receive antenatal care (ANC), but only 59% deliver in a health facility thereby losing the opportunity for key vaccinations and use of PMTCT of HIV. Maternal mortality ratio is estimated at 1,155 deaths per 100,000 live births. Only 9% of married women using modern contraception use the male condom, meaning the remaining 91% using other contraceptive methods remain at increased risk

⁴ UNAIDS updated situation analysis for adolescent and young people health 2015

⁵ Lesotho country report 2014.

⁶ Lesotho DHS 2014

⁷ MDG 2013 Lesotho report

of STL including HIV infections. Forty-two per cent (42%) of women in Lesotho do not receive a postpartum check-up (LDHS 2009), thus missing the opportunity to receive a range of healthcare services including family planning (FP). Warren et al.(2008) noted that one particularly neglected area during the postpartum period in Lesotho is FP.

National Strategies

Lesotho has several strategies and policies focusing on addressing reproductive health issues including strategies aimed at reducing maternal mortality. The National Strategic Development Plan 2012/13-2016/17 strategy 'Improve health, combat HIV and AIDS and reduce vulnerability'⁸ provides a framework for implementation of interventions related to sexual and reproductive health. There are other related policies and guidelines that include

- The National Health Policy and strategy which focus more on involving communities in the prevention and control of conditions that lead to ill health. The main objectives of the National Health Policy in 2014/15 include reducing infants and child morbidity and mortality, reducing maternal mortality rate, and reducing the burden of HIV and TB among all Basotho.
- 2011-2017 PHC Revitalization which seeks to promote utilization of primary health care services through partnership with communities including strengthening the operational effectiveness of the community health workers.
- Village Health Worker Policy facilitate community involvement in delivery of health services
- Road Map for Accelerating Reduction in maternal and new-born mortality 2007-2015 which aligned to the MDGs and outlines strategies and activities towards reduction of maternal and new-born deaths.
- The Campaign for Acceleration of Reduction of Maternal Mortality in Africa (CARMMA) which emphasised advocacy for reduction of maternal mortality.
- MDG Acceleration Framework that brings together all Maternal and Child Health related ministries and partners together to improve on maternal health.
- There are also policies that have been developed by individual departments within the Ministry of Health and these include the Quality Assurance Policy, the Adolescent Health Policy, Mental Health Policy, the EPI Policy and the National Medicines Policy.
- National HIV and AIDS Strategic Plan (NSP) 2011/12-2015/16 social and behaviour change communication (S&BCC) which aims to increase comprehensive knowledge about HIV and AIDS.

2.1.2 Adolescents and HIV Prevention Challenges

The HIV prevalence in Lesotho is estimated at 23%, the third highest in the World. HIV prevalence is higher among women at 26% and lower among men at 18%. Among women, HIV prevalence is highest among the 35-39 age group, standing at 42.3%, whereas among men, HIV prevalence is highest among the 30-34 age group at 40.2% (Table 2 shows the prevalence by age and sex). The prevalence differentials between women and men could be due to biological susceptibility, age of sexual debut,

⁸National Strategic Development Plan 2012/13-2016/17 page 117

and age-mixing patterns in sexual relationships (GOK 2009). Of Lesotho's population of approximately 1.9 million, 21,000 people become infected with HIV every year (GOK 2009).

The main drivers of the HIV/AIDS epidemic in Lesotho have been identified as multiple and concurrent sexual partnerships, inter-generational and transactional sex, low and inconsistent condom use, alcohol abuse, unemployment, and low and incomplete male circumcision (GOK 2009; LDHS 2009; NAC 2006; MOHSW 2010). Also, the presence of STIs has been identified as another key factor fuelling the spread of HIV (MOHSW 2010).

In 2000, the Lesotho government declared HIV/AIDS a national disaster (NAC 2006). The country's response to HIV/AIDS has prioritized four areas: prevention, treatment/management, impact mitigation, and coordination efforts (ibid.). On prevention, the country has focused on social and behaviour change, HIV counselling and testing, PMTCT services, STI treatment, condom distribution, blood safety, Post-Exposure Prophylaxis (PEP); and medical male circumcision (ibid.).

STIs, including HIV/AIDS, are a major public health concern in Lesotho and constitute the second most common cause of attendance at outpatient clinics (MOHSW 2008). The incidence and prevalence of STIs among sexually active people in Lesotho is a strong indicator of trends for HIV transmission (GOL 2009). The prevalence among people diagnosed with an STI in 2009 was 54.4% (GOL 2009.)

On adolescent SRH, the age of sexual debut is early, with 8% of girls and 22% of boys having sex by 15, and more than 50% of young people have had sex by age 18 (LDHS 2009). One in every five adolescent girls (15-19 years) are either pregnant or have already had one birth (ibid.). Adolescents and youths are reluctant to use condoms especially when they first start to become sexually active.

HIV infection among boys and girls aged 15-19 years is similar (5%) but almost four times higher in women (22%) than men (6%) for age group 20-24. LDHS (2014) reported incidence rate of 1.9%, with most new infection occurring among men (2.1) than women (1.7).

Major drivers of HIV infection in the country include such risky sexual practices as multiple and concurrent sexual partnership and commercial sex work, low condom use even with higher risk sex; early sexual intercourse and insufficient treatment of sexually transmitted infections. Drivers of HIV/AIDS vulnerability to the pandemic include mainly gender based violence, unsafe sexual practices combined with socio-cultural and economic factors including discrimination and women's lack of economic power which challenges her negotiation of condom use are some of the major drivers of the HIV.⁹

Sexually transmitted infections including HIV and AIDS are a major concern in the country¹⁰. According to LDHS 2014 3% reported they had an STI while 8% reported a bad smelling, abnormal discharge, and 5% reported a genital sore or ulcer. The country has made progress in the prevention of mother-to-child transmission of HIV since 2003, as 96% of facilities provide PMTCT services.

National and International Strategies addressing Adolescent and Youth

⁹ Gol Lesotho Beijing Platform for Action +20 Report. Ministry of Gender Sports and Recreation, July 2014

¹⁰ Ibid

Lesotho is a signatory to a number of international conventions and declarations. For example, the country signed the 2000 Millennium Declaration and the country has an obligation to report on the progress it is making in terms of achieving the MDG targets by 2015. For health related MDGs, it is evident that Lesotho is off track in achieving reduction of child mortality, improving maternal health and combating AIDS and tuberculosis. Other health related international agreements that Lesotho has signed include the Abuja Declaration, Libreville Declaration on Health and the Environment, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Aid Effectiveness and the Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems in Africa. The Ouagadougou Declaration calls for rededication of African countries to PHC as a strategy for delivering health services as promoted by the World Health Report of 2008. While Lesotho is committed to achieving the targets challenges remain as discussed in Chapter 3 of this strategic Plan. These commitments have been very important in providing directives to stakeholders at various levels to implement various interventions in addressing the needs of adolescent and young people's health in the country

National HIV and AIDS Strategic Plan (NSP) 2011/12-2015/16 social and behaviour change communication (S&BCC) is identified as an essential, crosscutting program for reducing HIV and achieving national targets. The goal of the strategy is to support the National Strategic Plan (NSP)'s aim to increase "comprehensive knowledge about HIV and AIDS ... by at least 50% by 2015/2016 and [that] the general population adopt safer sexual behaviour". The strategy provides a framework to guide the planning, coordination, implementation, and evaluation of social and behaviour change programs. Specific activities associated with the S&BCC strategy are covered in the National Operational Plan (NOP) (2014-2017).

2.1.3 Gender Equality and Gender-Based Violence Challenges

The gender situation in Lesotho is premised on patriarchal value system shape by culture and religion which emphasises male supremacy and privilege in leadership and decision making in both private and public spheres of Basotho lives. Decision-making on matters of sexuality, reproduction rights, rights to inheritance of family assets and property remain largely with men resulting in different though unequal positioning and relations of the sexes.

According to Gender Links (2014) eighty –six percent of women experienced some form of VAW at least once in their lifetime, including partner and non-partner violence. Forty percent of men perpetrated VAW at least once in their lifetime. VAW is predominantly perpetrated within intimate relationships. Sixty-two percent of women experienced, while 37% of men perpetrated, intimate partner violence (IPV).

The forms of violence experienced include physical, sexual, psychological and economical abuse. The predominant form of violence within intimate relationships is emotional violence, which includes insults, belittling and verbal abuse. More than half (52%) of women experienced, and 27% of men perpetrated, emotional IPV in their lifetime. Women also reported physical IPV (40%), economic IPV (30%) and sexual IPV (24%). For all forms of violence, a lower proportion of men admitted to perpetration: emotional IPV (27%), physical IPV (26%), economic IPV (13%) and sexual IPV (10%).

The findings also show that violence is highly prevalent in current relationships. Twenty-eight percent of women experienced, while 12% of men perpetrated, IPV in the 12 months prior to the survey. These findings confirm that violence in intimate relationships is rife in Lesotho.

Women also reported experience of other forms of GBV, including non-partner rape, sexual harassment and abuse during pregnancy. Eight percent of women were raped by a no-partner in their families. Sixty-three percent of women who had ever worked, had been sexually harassed in the workplace.

Lesotho operates a pluralistic legal system comprising customary law, common law and statutory law.¹¹ The former two function in parallel and are equal to each other while statutory law takes precedence over the two. Where the two are in conflict customary law takes precedence¹²

The national 1993 Constitution (Chapter II) provides for equality and non-discrimination between men and women. However there is a conditional positive discrimination clause in relation with customary practice. Section 18(4)(c) stipulates that any act done in line with custom regardless of its discriminatory nature shall not be deemed to be discriminatory.

National strategies to deal with gender issues Vision 2020, the National Strategic Development Plan (NSDP) 2012-2016 which identifies gender as a cross-cutting issue, Gender and Development policy 2003, Legal Capacity of Married Persons Act 2006 that repealed those provisions giving more powers to the male spouse over the wife and family, The penal code which criminalises sexual molestation, and Sexual Offences Act 2003, among others..

2.1.4 Population Dynamics in Kingdom of Lesotho

The total population of Lesotho for 2015, projected from the 2006 Census, is 1.9 million, with women constituting 52% with 36% of the population under 15 years of age.¹³ Due to the devastating impact of the HIV/AIDS epidemic, average life expectancy stands at 48.7 years.¹⁴ The sex ratio is 97. Lesotho has a predominately youthful population structure. The population aged below 15 years comprised 33.7 per cent of the population in 2011 and 6.1 per cent the total population was aged 65 years and above. Majority (76.3 per cent) of the population resides in the rural areas and 23.7 per cent resides in the urban areas. The total fertility rate of Lesotho has remained constant at a level of 3.3 children per woman between 2009 and 2014. Fertility is high in rural areas (TRF of 3.9) with rural women having on average 1.6 more children than women in the urban areas. Childbearing starts relatively early among Basotho women and the median age at first birth estimated at 20.9 years. Teenage childbearing has remained relatively constant between 2004 (20 per cent) and 2014 (19 per cent). Under-5 mortality rate was estimated at 117 deaths per 1000 live birth and the infant mortality at 91 deaths per 1000 live births.

The level of adult female mortality was 12.4 deaths per 1000 in 2009 and that of adult male mortality was 14.9 deaths per 1000 population in the same period. The 2011 LDS estimate the life expectancy at birth to be 41.8 years. The life expectancy at birth was higher for women at 45.3 years relative to 39.4 years for men. According to the 2009 LDHS, maternal mortality ratio, increased from 762 per 100 000 live births in 2004 to 1, 155 in 2009.

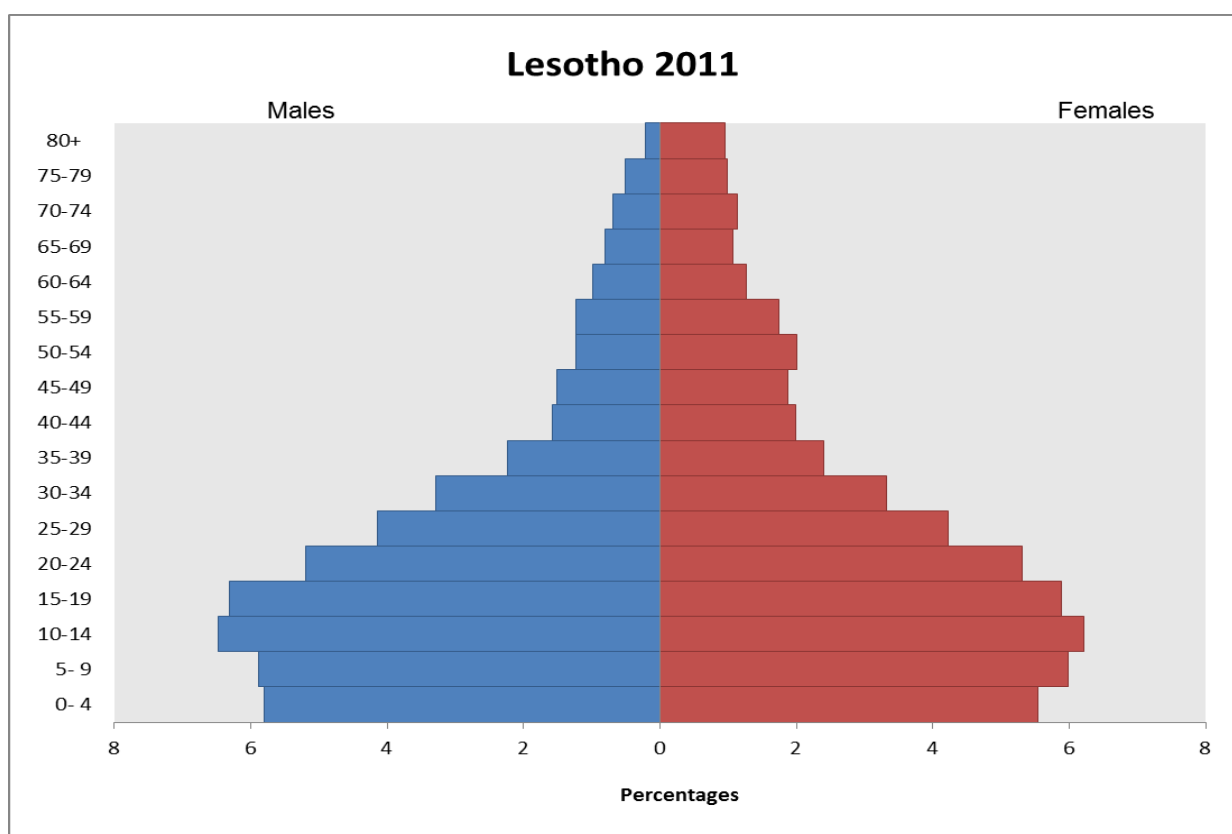
¹¹ M Mamashela Family Law through Cases in Lesotho (1991) 35.

¹² Ibid

¹³ Census 2006

¹⁴ MDG 2013 Lesotho report

Figure 1: Population Pyramid of Lesotho Population, 2011



National and International Strategies addressing Population and development

The National Population Policy which should provide the framework for addressing population and development issues is due for review. However Lesotho issues relating to collection and use of population data are prioritized in government strategies and plans. The strategy 'Build effective institutions and promote democratic governance' outlined in the NSDP 2012/13-2016/17 emphasises the need for relevant and accurate data to facilitate evidence-based decision making. The strategy highlights the importance of availability of data to facilitate monitoring the progress of implementation of policies and programmes. Population data collection is also the core of the National Strategy for Development of Statistics 2006/07-2015/16. The main objective of this strategy is to coordinate the National Statistical System (NSS) and produce accurate, timely, reliable, culturally relevant and internationally comparable statistical data for evidence-based planning, decision making, research, policy, program formulation and monitoring and evaluation to satisfy the needs of users and producers.

The LUNDAP outcome 'By 2017, national and lower-level institutions make evidence-based policy decisions' forms the framework for implementation of population and development issues, in particular, data collection for the UN agencies and their national partners. This outcome focuses on support to national statistical systems to produce timely, reliable and relevant data for evidence-based decision making.

At the international level, the transition from the Millennium Development Goals to the new post-2015 agenda with the Sustainable Development Goals calls for availability of relevant data for setting country specific targets and measuring the SDGs over time. The need for data at international level provides a

framework for the implementation of population development interventions on data collection and analysis at national level.

Progress towards attainment of MDGs and ICPD goals

Lesotho has made progress with regard to universal primary education, promoting gender equality and women empowerment, developing global partnership for development. Its progress in reducing child mortality and ensuring environmental sustainability is slow. The Kingdom is lagging behind in poverty reduction, in reducing maternal mortality by three-quarter and combating HIV/AIDS and other diseases. Gender inequality in terms of access to economic assets, participation and representation in private sector and public decision-making and environmental challenges remain the major challenges in the country.

Table 1: Government of Lesotho MDGs at a Glance

MDG	STATUS
MDG 1: Eradicate Extreme Poverty and Hunger	Very Slow Progress
MDG 2: Achieve Universal Primary Education	Substantial Progress
MDG 3: Promote Gender Equality and Empower Women	Substantial Progress
MDG 4: Reduce Child Mortality	Very Slow Progress
MDG 5: Improve Maternal Health	Very Slow Progress
MDG 6: Combat HIV and AIDS and TB	Very Slow Progress
MDG 7: Ensure Environmental Sustainability	Very Slow Progress
MDG 8: Develop a Global Partnership for Development	Substantial Progress

Source: GoL (2015): Kingdom of Lesotho MDG Status Report. Ministry of Development Planning, Lesotho, Maseru.

2.2 The role of external assistance

Overseas development assistance (ODA) has played a critical role in Lesotho's ability to address MDG challenges. This had the side effect of creating high aid dependency (15.4% of GNI in 2013). The largest share of ODA (78% in 2013) goes to the social sector to mitigate the persistently high impact of HIV /AIDS, amongst other diseases including Tuberculosis.

Given its small size and excessive dependence on South African Customs Union receipts, textile exports to the United States and miner's remittances, Lesotho is highly vulnerable to external economic shocks. Given the country's limited resources, there is a need for greater international donor support and engagement to support Lesotho in addressing its persistent socio-economic challenges.

Official Development Assistance (ODA) to Lesotho has increased steadily over the last decade to USD \$343 million in 2015, the highest on record. ODA to Lesotho grew as a result of several factors, such as increased funding for HIV/ AIDS, the Millennium Challenge Corporation (MCC) and direct budget support from a bilateral donor and multilateral institutions to ease the impact of the global economic

crisis. Lesotho has achieved remarkable growth with teledensity, owing to technology transfers under ODA. Teledensity is a critical form of infrastructure which is likely to promote and facilitate Lesotho's encouragement of Basotho entrepreneurs as well as the country's development as a tech hub and a participant in the 21st Century global information economy.

Chapter 3: UNFPA Strategic response and programme

3.1 UN/UNFPA Strategic response

UNFPA Strategic Plan defined three broad programmatic areas: population and development, reproductive health and rights, and gender equality. In 2011, following a Mid-term review of the Strategic Plan, UNFPA adopted a set of 7 interrelated outcomes which in turn supports a single overarching goal to wit: to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and MDG5. This review led to the placing of SRH and reproductive rights squarely at the centre of the work of UNFPA. The new UNFPA Strategic Plan for the period of 2014-2017, colloquially known as the “bull’s eye”, reaffirms its strategic direction organised under five outcomes. The bull’s eye is the goal of UNFPA: the achievement of universal access to sexual and reproductive health, the organisation of reproductive rights and the reduction in maternal mortality. Women, adolescents and youth are the key beneficiaries of UNFPA work globally. Overall, the CP contributes directly to achievement of the targets of MDG3 (gender equality); MDG5 (maternal health) and MDG6 (halt and reverse spread of HIV) in Lesotho.

Other sectoral policies and strategies that shaped selection of priorities and strategic interventions in the CP include HIV and AIDS Policy (2006); the Gender Policy (2009); the National Youth Policy (2006); the Sexual and Reproductive Health Policy (2009); and the National Health Policy (2007) and other related thematic and disease specific policies within the health sector.

Figure 2: The bulls’ eye

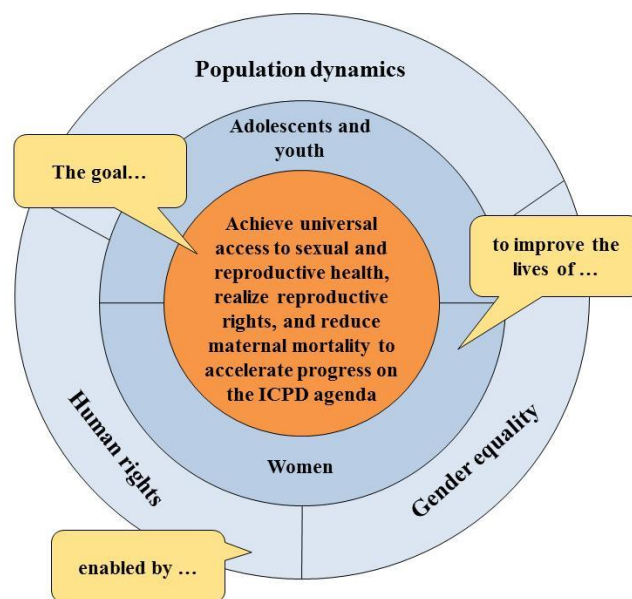
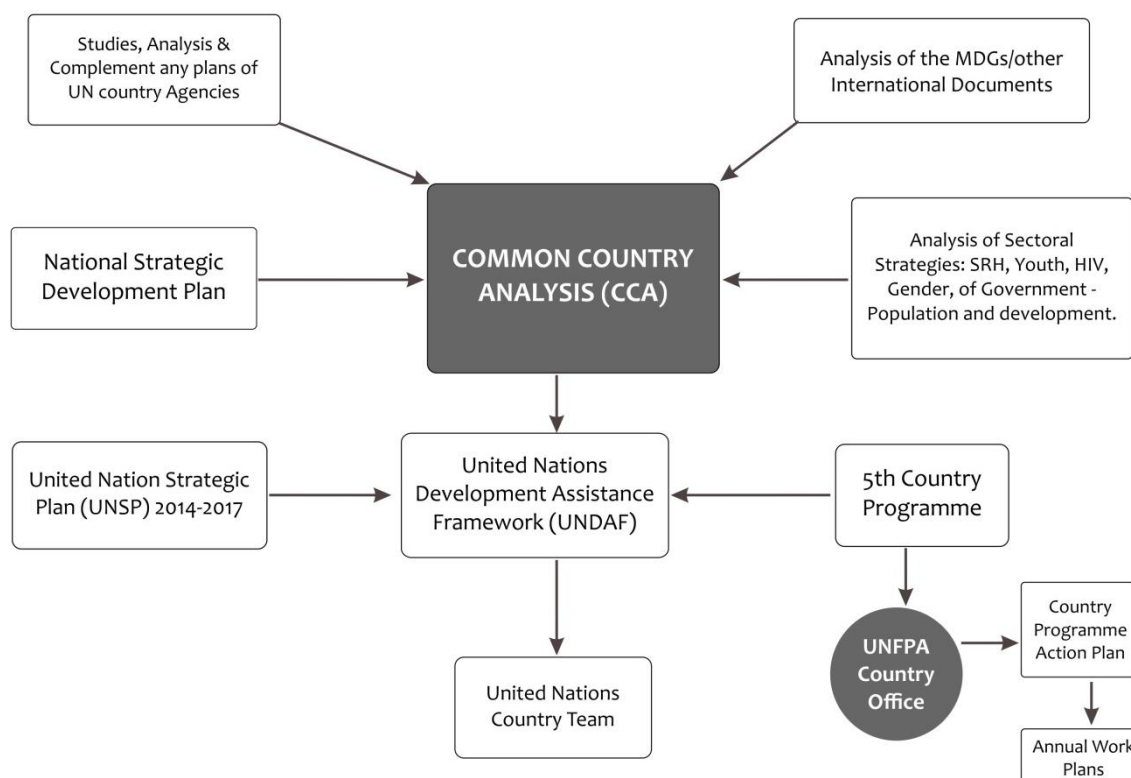


Figure 3: Diagrammatic flow of UNF/UNFPA Strategic Response



3.2 UNFPA response through the Country Programme

The UNFPA programmatic response to its strategic objective is presented in the Country Programme Document. The goal of the sixth country programme is to contribute to the improvement of the quality of life of the people of Lesotho, especially among women and young people, through promoting universal access to sexual and reproductive health and rights. In particular, the programme sought to reduce maternal mortality, the unmet need for family planning, new HIV infections and gender based violence, informed by a better understanding of population dynamics, and using rights-based and gender-sensitive approaches. The 6th Country Program aimed at scaling up advocacy efforts for an enabling policy and programming environment towards the achievement of MDG's in particular MDG 5 and the ICPD agenda

3.2.1 UNFPA Previous Country Programme

The 5th Country Programme of Government of Lesotho, 2008-2012, focused on three component areas: population and development, reproductive health and gender equality. The overall goal of the country programme was to improve the welfare of the Basotho people, with a focus on (i) preventing HIV/AIDS; (ii) improving reproductive health, (iii) ensuring sustainable population growth and development, and (iv) promoting gender equality and women's empowerment.

The reproductive health component outcome was increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV/AIDS. Emphasis of the programme was placed on prevention of HIV infection, emergency obstetric care, adolescent sexual and reproductive health, prevention and management of obstetric fistula using a rights-based, gender-sensitive and culturally sensitive approach. The programme adopted behaviour change strategies expected to increase access to and the utilization of services by young people, women and men.

The outcome of the population and development component was poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages. Two outputs were strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes; and improved capacity of institutions at national and district levels to collect, analyse and utilise planning and policy-making. The gender component had two outputs: enhanced institutional and technical capacity of government and civil organisations to advocate, plan, implement and monitor gender-responsive policies and programmes; and increased capacity of government and civil society organisations to prevent gender-based violence. These were addressed by a large number of outputs and activities that led to the achievements documented in the final report of the 5th Country Programme.

Table 2: Evolution of the CP Programme in the Mountain Kingdom of Lesotho

Programmatic areas	5th Country Programme	6th Country Programme
Reproductive Health and Rights	<p>Outcome 1: Increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS</p> <p>Output 1: Increased gender-and culturally sensitive behaviour change communication interventions for sexual and reproductive health with emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health.</p> <p>Output 2: Improved availability of comprehensive, high quality sexual and reproductive health services, including improved reproductive health commodity security.</p>	<p>Outcome 1: Maternal and new-born health and HIV and sexually transmitted infections prevention.</p> <p>Output 1: Increased capacity of health institutions in 10 districts to provide high quality, skilled delivery care, emergency obstetric care and family planning services.</p> <p>Output 2: Improved design and implementation of quality comprehensive sexuality education package for young people especially adolescent girls by line ministries and CSOs; Increased capacity of three line ministries (Health and Social Welfare, Education, Gender and Youth), the National AIDS Commission, and CSOs to prevent HIV with a focus on young people.</p> <p>SP Outcome: Safeguarding young people.</p>

Programmatic areas	5 th Country Programme	6 th Country Programme
Gender Equality/Gender Based Violence	<p>Output 1: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender-sensitive policies and programmers.</p> <p>Output 2: Increased capacity of government and civil society organizations to prevent gender-based violence.</p>	<p>Output 3: Prevention of gender-based violence and promotion of gender equality and SRH services including HIV through enhanced capacity of the Ministry of Gender and Youth, Civil Society Organisations to promote gender equality and address GBV.</p> <p>SP Outcome: Gender Equality and Reproductive Rights and reproductive health and reproductive rights, HIV and gender equality.</p>
Population and Development	<p>Outcome 1: Poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages</p> <p>Output 1: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral policies.</p> <p>Output 2: Improved capacity of institutions at national and district levels to collect analyse and utilize data for planning and policy making.</p>	<p>Output 4a: Strengthened capacity of provincial departments and district municipalities to integrate population dynamics, especially youth development, HIV/AIDS, and environmental sustainability into development plans and programmes</p> <p>Output 4b: Strengthened government institutional capacity to generate, analyse and utilize data to inform, monitor and evaluate policy and programme implementation</p>

3.2.2 The 6th Country Programme 2013 - 2017

Since 1985, UNFPA has supported the Government of Lesotho to implement five programme cycles. The 6th Country Programme (CP) currently underway covers the period 2013 – 2017. Formulation of the CP was based on the United Nations Development Assistance Framework (2013 – 2017), Lesotho National Strategic Development Plan (NSDP), Vision 2020 and such other sectoral policies and frameworks as national policies on reproductive health, adolescents, gender equality and UNFPA's Strategic Plan and MDGs. The 6th Country Programme was formulated through a consultative process involving various stakeholders.

The program was designed to support four components: sexual and reproductive Health, focussing on maternal and new-born health and HIV and sexually transmitted infections prevention; adolescents and HIV (safeguarding young people); Gender equality and reproductive rights, and population dynamics focusing on enhancing evidence-based analysis of population dynamics and their interlinkages with other areas).

With the realignment of the programme in 2014, the HIV prevention component become cross cutting and an adolescent and youth component was emphasized. Thus the 6th CP focuses on improving reproductive health, preventing HIV, promoting gender equality and women's empowerment, and improving the availability and utilization of data for development. A mixture of downstream and upstream activities characterise the CP in the following areas: service delivery, advocacy and policy formulation, knowledge management and capacity building.

The 6th CP is based on the Common Country Assessment and the United Nations Development Assistance Framework. It contributes to the poverty reduction strategy and action plan and covers UNDAF pillars: HIV/AIDS, poverty and sustainable livelihoods, human development and basic social services, and governance. The 6th CP strives to advance progress towards attaining the MDGs of eradicating extreme poverty and hunger; promoting gender equality and empowerment of women; improving maternal health; combating HIV/AIDS, malaria and other diseases, and ensuring environmental sustainability. It responds to ICPD, taking into account the UNFPA strategic plan 2008-2013 and other regional and international frameworks. It employs human-rights and culturally sensitive approach in addressing its focus areas.

The GoL/UNFPA 6th Country Programme was designed to contribute to national priorities through 4 outputs and outcomes:

Output 1: Increased capacity of health institutions in 10 districts to provide high quality, skilled delivery care, emergency obstetric care and family planning services.

SP Outcome: Maternal and new-born health and HIV and sexually transmitted infections prevention.

Key Intervention Activities: This will ensure high-quality, skilled delivery care, emergency obstetric care and family planning through (i) pre-service training of midwives; (ii) a curriculum review to enhance midwifery skills; (iii) hands-on training on emergency obstetric care; (iv) skills development on the family planning method mix and logistics management; (v) the formulation and review of training manuals, quality assurance tools and guidelines; (vi) advocacy and partnerships for maternity waiting homes and referral systems; (vii) maternal death reviews; (viii) emergency obstetric care assessments ; (ix) promotional campaigns on maternal health and family planning; and (x) the provision of minimum service packages in emergency situations.

The implementation partner is the Ministry of Health.

Output 2: Improved design and implementation of quality comprehensive sexuality education package for young people especially adolescent girls by line ministries and CSOs; Increased capacity of three line ministries (Health and Social Welfare, Education, Gender and Youth), the National AIDS Commission, and CSOs to prevent HIV with a focus on young people.

SP Outcome: Safeguarding young people.

Key activities: developing policies and institutional capacity to integrate reproductive health and HIV/AIDS; supporting community-based organisations and multimedia campaigns on HIV prevention; strengthening condom distribution and demand creation; revitalizing life skills-based sexuality education both in and out of school for young women as well as for sex workers and herd boys; and training health providers to deliver youth friendly services.

The implementation partners are National AID Commission; Ministries of Health and Social Welfare, Gender and Youth, Education and NGOs and CSOs.

Output 3: Prevention of gender-based violence and promotion of gender equality and SRH services including HIV through enhanced capacity of the Ministry of Gender and Youth, Civil Society Organisations to promote gender equality and address GBV.

SP Outcome: Gender Equality and Reproductive Rights

Key Activities: (i) Developing and reviewing gender policies and laws; (ii) supporting civil society institutions and networks to promote gender equality and prevent GBV in selected districts; (iii) developing skills on integrating gender issues into development frameworks; (iv) supporting awareness-raising campaigns on gender equality and gender-based violence, and (v) developing skills of health care workers and personnel of judiciary and local government structures to address GBV.

The implementation partners are Ministry of Health and Social Welfare; Ministry of Gender and Youth, CSOs and NGOs.

Output 3: Enhanced integration of evidence-based analysis of population dynamics and their inter-linkages with sexual and reproductive health, HIV and gender equality into policies and development processes at national and community levels.; The capacity of planners from eight sectors is enhanced for evidence-based decision-making and the integration of population variables into development policies and plans.

SP Outcome: Population Dynamics.

Key Activities: (i) supporting the 2014 DHS and 2016 Population and Housing Census; (ii) strengthening vital statistics; (iii) providing essential data for humanitarian preparedness and response; (iv) supporting operational research on health, gender and issues concerning young people; (v) developing skills to integrate population issues into development planning; (vi) developing and reviewing national development plans and frameworks to incorporate population, reproductive health, gender and youth concerns and (vii) institutionalizing governance structures for young people. The implementation partners are Bureau of Statistics; Ministry of Gender and Youth, and the National University of Lesotho.

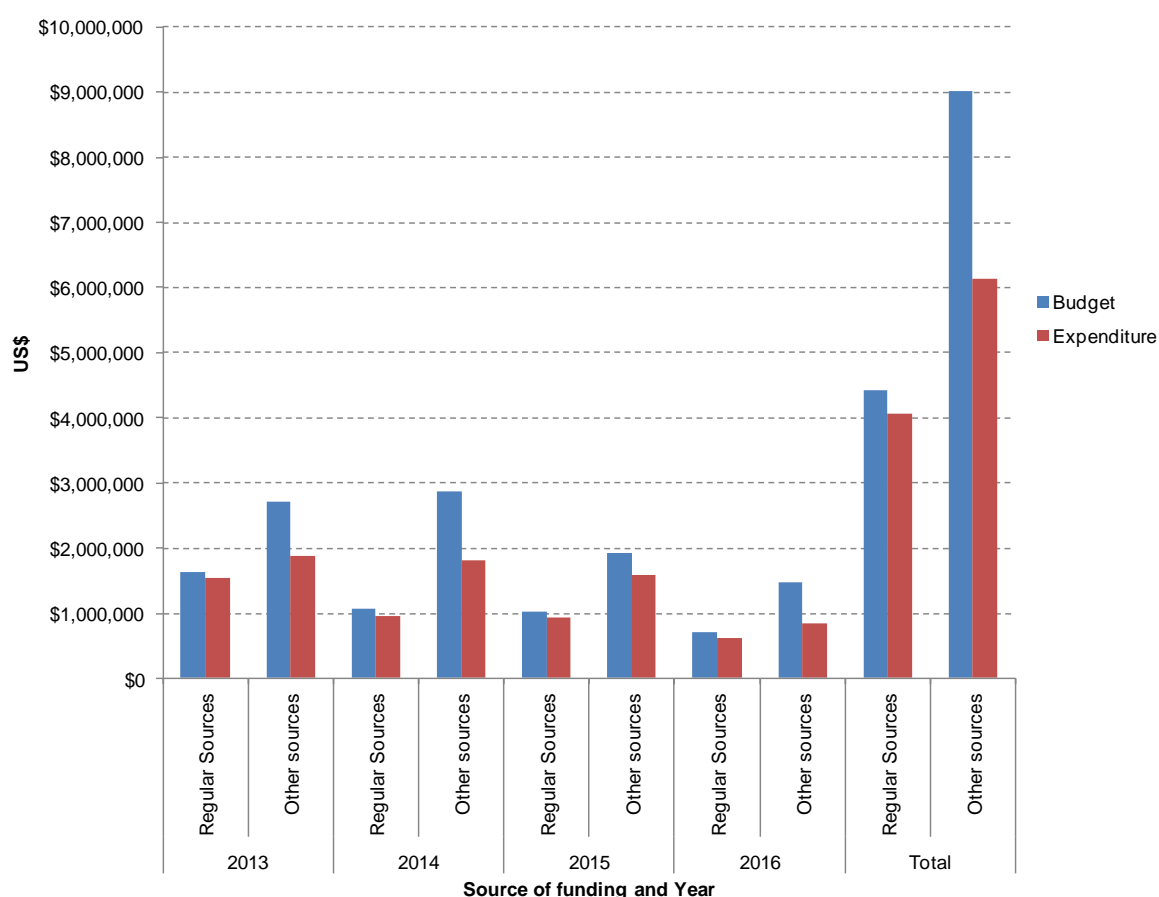
Thus the direct implementing partners for the 6th Country Programme are government ministries (Ministry of Gender, Youth, Sports and Recreation, Ministry of Health, Ministry of Development Planning, Bureau of Statistics, HELP Lesotho, Lesotho Planned Parenthood Association, Lesotho Chamber of Commerce and Industry, and Lesotho Network for People Living with HIV and AIDS.

3.2.3 The 6th Country Programme financial structure

The total budget for the Lesotho/UNFPA 6th Country Programme is about USD 11 million. The amount of USD 5 million was raised from UNFPA core resources while the balance of USD 6 million was mobilised through co-financing modalities. The reproductive health and rights programme area has the largest resource allocation of USD 7.2 million; followed by population and development programme area (USD 2.0 million); gender equality (USD 1.1 million) and programme coordination and assistance (USD 700,000.00).

The Country Programme's budget of US\$ 13,430,863 was sourced from regular resources as well as other sources; 37% of the budget was from regular resources and 67% from other sources. Figure 4 shows the evolution of the budget and expenditure by year for the period 2013-2017. It is evident that more financial resources were obtained from other sources. A comparison of the budget and expenditure yields an overall implementation rate of 76%, and for regular resources, 91.8% and 68% for other resources.

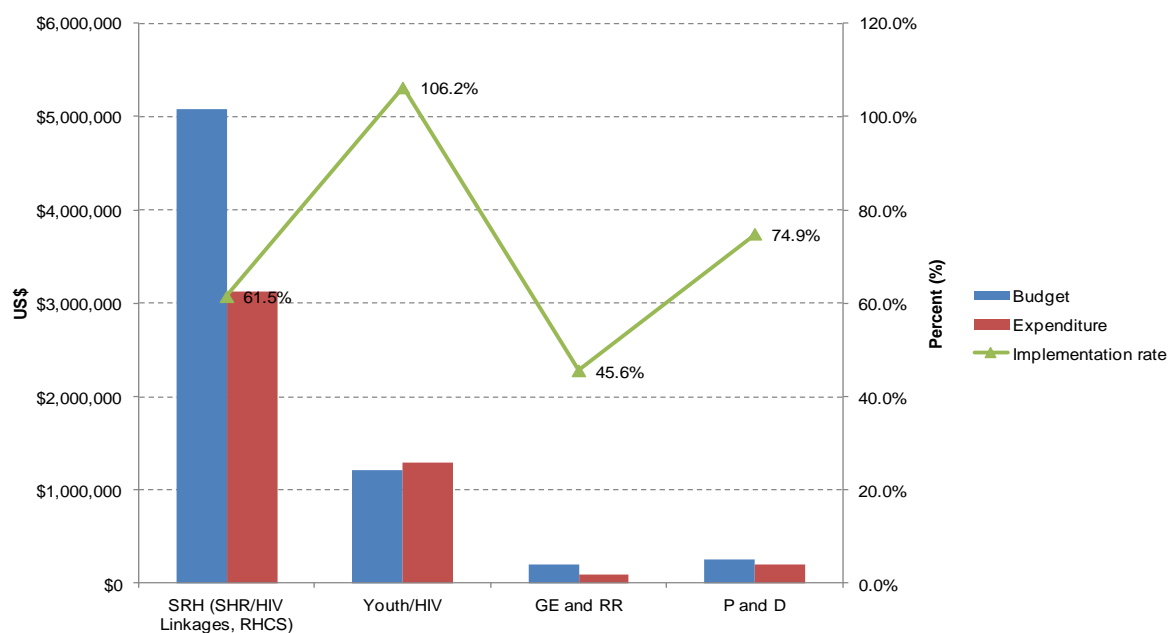
Figure 4: Evolution of Budget and Expenditure by Source of Funding and Year, 2013-2017



Source: UNFPA Lesotho Country Programme 2013-2017 Atlas

The sexual and reproductive health and rights programme area is the largest and was allocated more financial resources compared to the other programme areas as shown in Figure 2. The gender equality component received the least resources. It also had the lowest implementation rate of 45.6%. The youth/HIV component recorded an implementation rate above 100%.

Figure 5: Budget, Expenditure and Implementation Rate by Programme Area, 2013-2017



Source: UNFPA Lesotho Country Programme 2013-2017 Atlas

Table 8 shows the budget and expenditure of financial resources of the Country Programme for the period 2013-2017. It is evident from the Table that generally the budget allocation and expenditure of regular financial resources declined progressively with each additional year across all the programme areas. There is no consistent pattern that can be observed in implementation rates by programme area. Implementation rates fluctuate from year to year for each component of the Country Programme. The highest implementation rate was recorded for the youth/HIV programme area of 168.8% in 2013. The lowest implementation rates were recorded for gender equality, 16.2%, in 2013 and for population dynamics, 16.2%, in 2015. The 2016 implementation rates are incomplete with respect to information on expenditure. The implementation rates for the other resources also varied across years.

Table 3: UNFPA Country Programme Budget and Expenditure (US\$) by Programme Area and Year, 2013-2017

Year	SRH/HIV Linkages	SRH (RHCS)	SRH (COMBINED)	Youth/HIV	GE and RR	P and D
2013						
	FPA90, ZT05, UQA54, UDB15, 3FPAM	FPA90, UDF15, ZT05, UHA95		5, UDB15, EUA60, UQA54	3FPAM+FPA90	FPA90
Budget	164590	1440033	1902507	442437	123906	183700
Expenditure	102794.85	1005197	1261685.28	746613	20109	160579
Implementation rate	62.5%	69.8%	66.3%	168.8%	16.2%	87.4%
Fund: EUA60						
Budget	297884					
Expenditure	153693.43					
Implementation rate	51.6%					
2014						
	Fund: UQA64	Fund: ZT05		CHA20, 3FPAM, FPA90	3FPAM	FPA90
Budget	555927	671,751.00	1,496,835.00	252752	43114	40162
Exp	262502	463,897.00	845,708.00	89939	40826	30773
Implementation rate	47.2%	69.1%	56.5%	35.6%	94.7%	76.6%
Fund: EUA60						
Budget	269157					
Expenditure	119309					
Implementation rate	44.3%					
2015						
	Fund: UQA64	Fund: ZT05		CHA20, FPA90	3FPBF	FPA90
Budget	77814.27	794,070.00	1,001,817.27	349700	23412	26313
Expenditure	75688.59	573,168.00	768,546.59	338475	22656	4273
Implementation rate	97.3%	72.2%	76.7%	96.8%	96.8%	16.2%
Fund: EUA60						
Budget	129933					
Expenditure	119690					
Implementation rate	92.1%					
2016						
	Fund: UQA64	Fund: ZT05		CHA20	3FPBF	FPA90
Budget	148240	531,414.00	679,654.00	166223	6400	11050
Expenditure	56221	193,095.00	249,316.00	111568	6210	29
Implementation rate	37.9%	36.3%	36.7%	67.1%	97.0%	0.3%

Source: UNFPA Lesotho Country Programme 2013-2017 Atlas

Theory of Change Reconstruction Process

The intervention logic of UNFPA support and an approximation to the theory of change as reconstructed from UNFPA planning documents and frameworks is represented in a diagram (see Figure 6). The documents used for reconstructing the ToC are CPAP (2013-2017), Strategic Plan, UN Strategic Cooperation Framework (2013-2017). The documents reveal the potential cause-effect linkages and between outputs and outcomes. The logic is linked to the outcomes of the UNFPA Global Strategic Plan and UN Strategic Cooperation Framework.

The ingredients used in the construction of this theory are: the types of intervention strategies or modes of engagement in the CP, the principles guiding UNFPA interventions, the elements of the intervention logic, the type and level of expected changes and the external factors that influence and determine the causal links depicted in the theory of change diagram.

The intervention strategies of the 6th CP include Capacity development including technical assistance and training; Service delivery, commodity security, behavior change communication, health systems strengthening, advocacy and policy, dialogue/advice (e.g. National Strategies, media campaigns etc.), Knowledge development and management; design and dissemination of guidance and tools;

Facilitation of partnerships and coordination, including South-South collaboration. These strategies are guided by the principles of human rights and gender equality.

The elements of the intervention logic were inputs (human and financial resources, administrative arrangements, systems, implementing partners, agreements and contracts with IPs and consultants); intervention activities (different modes of engagement); outputs (the immediate or short-term improvements generated once the activities have been completed); outcomes (short and medium-term changes in conditions or effect; corresponding to tangible improvements compared to the baseline situation of target beneficiaries. They imply an improvement in the quality of life of beneficiaries) and lastly impact (long-term changes on the population in terms of improvements in their conditions). This evaluation did not cover the second level of outcomes and the impact level as the scope and focus of the assessment is at the level of output and outcomes which are short and medium-term changes.

For a full picture of the theory of change, assumptions or hypotheses and contextual factors are discussed in the UNFPA Strategic Plan 2014-2017. Assumptions or hypotheses are key events or conditions that must occur for the causal link to happen. Between each link in the logical model, there are a number of assumptions including conditions, key events, risks, and mechanisms that enable or hinder the causal

The ToC was used as an analytical tool during the evaluation, representing the expected processes of change. Specifically, effectiveness and sustainability were assessed within the change pathways from inputs (modes of engagement) to outcomes, with consideration of external factors that may affect the capacity of the program to achieve its objectives. Efficiency and management of UNFPA's inputs were also assessed and considered in other key evaluation questions. Relevance, Partnership and Cooperation were assessed, as appropriate, within the context of the change pathways, again with consideration of external factors.

Figure 6: Reconstructed Intervention Logic of the 6th Country Programme of Support to the Government of the Kingdom of Lesotho 2013-2017



Chapter 4: Findings: Country Programme Focus Areas Analysis

This chapter presents the analysis of the levels of achievements of results within each of the key programme areas of the 6th CP. The evaluation was organised around a set of evaluation questions based on the relevant evaluation criteria.

4.1 Sexual and Reproductive Health

Of the 4 programme components, sexual and reproductive health is the largest.

4.1.1 Relevance:

Evaluation Question 1: To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government priorities as well as with ICPD agenda and UNFPA Strategies? (ii) To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?

Summary

The 6th CP of support is aligned to priorities and needs of Kingdom of Lesotho as reflected in the National Strategic Development Strategy: Vision 2020, and other national development strategies and policies. The SRH component was aligned and relevant to the National development priorities; was in line with the International Conference on Population and Development (ICPD); LUNDAP and; MDGs in particular Goals 5 and 6; Vision 2020; Health Draft Policy; HIV and AIDS Policy; HIV Strategic Plan; National Sexual and Reproductive Health Strategic plan; National Youth Policy; UNFPA Strategic Plan. The relevance is shown by emphasis on increased availability and use of integrated sexual and reproductive health services that are gender-responsive and meet human rights standards for quality of care and equity in access.

In 2014 the International Conference on Population and Development (ICPD) after noting the progress that had been made called for redoubling of effort to promote development through strengthened reproductive health and human rights. The 6th CP with its outcome of “increased availability and use of integrated sexual and reproductive health service (including family planning, maternal health and HIV) that are gender-responsive and meets human rights standards for quality of care and equity in access” is aligned to ICPD; the Program of Action which seeks to sustain economic growth in the context of sustainable development, education especially for girls, gender equity and equality; infant, child and maternal mortality reduction and provision of universal access to reproductive health services, including family planning and sexual health¹⁵.

It is also aligned to the National Strategic Development priority to build effective institutions and promote democratic governance. It is also aligned to the LUNDAP 2013-2017¹⁶ whose outcome seeks to support national and lower-level institutions to make evidence-based policy issues. The CP is also

¹⁵ UNFPA.org. mix/publications/POA_en.pdf

¹⁶ Lesotho United Nations Development Assistance Plan (LUNDAP)2013 – 2017

aligned to the MDGs Goal 5 for improvement of maternal health and 6 to hold and reverse the spread of HIV. It is aligned to Vision 2020¹⁷ which aims at a good quality health system with facilities and infrastructure accessible and affordable to Basotho with quality health service and patient care; National Development Plan which seeks to improve health of Basotho. It is in full agreement with the Health policy¹⁸ which prioritizes Reproductive and maternal health issues as well as access to and utilization of quality family planning services. The policy also prioritizes prevention of Sexually Transmitted Infection including HIV and AIDS. It is aligned to HIV and AIDS Policy¹⁹ which intends to prevent HIV transmission to significantly impact on the HIV and AIDS epidemic through the reduction in new cases, using a variety of methods that include advocacy, behaviour change communications and use of protective implements; HIV and AIDS Strategic Plan which purposes to reduce new HIV infections; the National Condom strategy²⁰ and the SBCC strategy²¹; Sexual and Reproductive Health Strategic Plan²² The Country Program Action Plan activities were intended to realise both national and global goals.

SRH CPAP Outcome aims at providing different kinds of SRH and HIV Services together to ensure maximization of collective outcomes which includes referral. The component is aligned to the needs of the country which is challenged by access due to difficult mountainous terrain where in some parts of the country travel is difficult, this is coupled with challenging socio-economic status that may deny Basotho access to SRH-FP services. Lesotho's needs in relation SRH include reduction of high maternal mortality; reduction of teenage pregnancy, about 15% young people 15-19 years are already mothers and 4% pregnant with their first child; improve contraceptive prevalence, 2014 LDHS showed contraceptive prevalence of 60% and a high HIV prevalence²³. The overall aim of the 6TH CP is to promote effective and efficient linkages between HIV and SRHR policies and services as part of strengthening health systems and to increase access to and use of quality services to achieve the goal of universal access to reproductive health HIV prevention, treatment care and support²⁴.

Integration of services intensified efforts to increase access to and utilization of quality maternal and newborn health services throughout the country. Training of SRH mentors and strengthening of production of skilled health personnel through support of the development and implementation of competency based midwifery curriculum enhanced deployment of skilled personnel²⁵.

According to the implementing partners and beneficiaries of the CP activities, UNFPA support proved to have responded to a service and financial requisite that changed access to SRH and HIV services²⁶.

¹⁷ Lesotho's Vision 2020: National Strategic Development Plan

¹⁸ National Health Policy 2011

¹⁹ HIV and AIDS Policy 2006

²⁰ Lesotho National Condom Strategy 2012

²¹ Behaviour Change Communication in Lesotho: *National Behaviour Change Communication Strategy 2008 - 2013*

²² National Sexual and Reproductive Health Strategic Plan 2015- 2020

²³ Lesotho Demographic and Health Survey 2014

²⁴ Mapping and Reviewing of National Health Policies and Other Related Tools to Ascertain Bidirectional SRH and HIV Linkages Status 2013

²⁵ Key Informants (Midwifery Tutors) Interviews September 2016

²⁶ Key Informants (ANC Beneficiaries) Interviews August 2016

4.1.2 Effectiveness

Evaluation Question 2: To what extent the interventions supported by UNFPA CO helped to ensure that SRH needs are appropriately integrated and likely to contribute to the achievement of planned results; and extent the programme integrated gender and rights-based approaches?

Summary

The stipulated milestones related to increasing availability of quality integrated sexual and reproductive health services (including family planning, maternal health and HIV) was reasonable effectively realized. The initiative purposed to support provision of integrated SRH services in 10 health facilities in 10 districts of Mafeteng, Leribe, Berea, Butha-Buthe, Mohale's Hoek, Thaba-Tseka, Qacha'sNek, Mokhotlong, Maseru and Quthing. At the time of evaluation, with the support from UNFPA, SRH and HIV integration of services had effectively been implemented in half of the envisaged number of facilities. The facilities provide integrated services that include sexual and reproductive health and FP, HIV and AIDS as well as TB and TB/HIV services. The SRH/HIV/FP integration supported reproductive health commodity security which included advocacy for government investment in FP commodities, capacity building through training of services point personnel on FP method mix and; forecasting and procurement of FP commodities. UNFPA also responded to the plight of government to support in the reduction of the high maternal mortality ratio through implementation of maternal death surveillance system - an initiative which included community maternal death verbal autopsy. UNFPA also supported government with training of personnel on hands on emergency obstetric care. Support was also provided for government to review midwifery curriculum to a Competency Based Curriculum. UNFPA also supported government to evaluate SRH and HIV linkages project in the five facilities in which it was implemented; Conducting of FP Service Delivery Point survey and; implementation of Emergency Obstetric Neonatal Care Survey (EmONC).

The 6th Country Programme, to some extent has been effective at policy, strategic and programme levels. The implementation has been at the 10 districts. The following activities have been implemented or reinforced, with attendant results:

Linkages SRH/HIV-Integration of Sexual and Reproductive Health with HIV: The project was supported by European Union and Governments of Sweden and Norway for seven countries in Southern Africa Lesotho included. The aim of the project was to promote efficient and effective linkages between HIV and SRHR policies and services as part of strengthening health system and to increase access to and use of quality services to achieve the goals of universal access reproductive health and HIV prevention, treatment care and support²⁷. MOH supported by UNFPA and UNAIDS is responsible for project coordination through National steering and technical SRH and HIV committee ²⁸Integration of SRH and HIV services joined the services together to maximize collective outcomes. Linkages meant inclusion of SRH services in HIV related programs and inclusion of SRH in HIV program targeting

²⁷ UNFPA Annual Report 2015

²⁸ Mapping and Reviewing of National Health Policies and Other Related Tools to Ascertain Bidirectional SRH and HIV Linkages Status 2013

young people. The UNFPA 6th CP has to great extent been effective at implementation of integration of SRH-FP and HIV services which at the time of evaluation had covered 5 of the targeted 10 facilities. The Interim annual Report²⁹ showed that Lesotho was one of the countries that had integration placed within health and development plans, policies and strategies. Linkages led to improved service delivery and uptake³⁰; Country profile³¹ (2016) showed an improvement of clients waiting time from an average of 4 hrs 40 min to 3hrs 40 min and client satisfaction improved from an average of 54% to 86%. Linkages evaluation (2016)³² noted that the government's stakeholder's coordination and advocacy or policy level efforts have improved the effectiveness of SRHR/HIV integration efforts. The project also supported training of 155 health service providers on SRH/HIV services, 114 nurse midwives on family planning method mix and 310 sex workers on SRH and life skills in Maseru and Leribe districts³³. An interview³⁴ with service delivery integrated SRH/HIV service providing staff revealed that the program is challenged by high staff shortage of staff. There is also compromised communication among partners and organization. While the other 5 targeted facilities have not yet reached, potential is present to reaching the targeted of 10 facilities³⁵.

With UNFPA support LPPA conducted integrated SRH/HIV outreach services in 5 districts of Maseru, Botha-Bothe, Mafeteng, Mohale's Hoek and Quthing where 8 176 clients were reached with family planning, STIs and HTC services. Commodity security has been challenged by declining government funding support as well as insufficient funding for outreaches³⁶.

Family Planning Commodity security: The system of provision of commodities is jointly supported by MOH and UNFPA. UNFPA is responsible for ordering both MOH and UNFPA supported commodities. The commodities are warehoused and distributed from the National Drug Services Organization. The FP services are provided by all health facilities except facilities whose proprietor is the Roman Catholic Church. There are Community Distributors Based in the communities to provide the services³⁷.

The UNFPA 6th CP support to implementing FP commodity security has been effectively accomplished through efforts such as advocacy to Government to improve its commitment to funding FP commodities which led improved government commitment with an additional 100 000USD in the first year of the 6th CP; UNFPA has over the years provided FP support ranging from 155 000USD in 2014 to 700 000 in 2016 while government support ranged from 78 000USD in 2014/15 to 52 000 2016/17³⁸. The UNFPA support facilitated delivery of FP services through outreach services. Integrated campaigns on maternal health and FP reached about 1000 men and 1740 females in the remote areas of Butha-Buthe, Berea,

²⁹Interim annual report: UNAIDS/UNFPA joint project on "Linkages HIV and Sexual and Reproductive Health and Rights in Southern Africa" (DCI-SANTE/2010/248-682) 2015.

³⁰ UNFPA-Lesotho Integrated Sexual and Reproductive Health and HIV/AIDS Country profile (2016)

³¹ UNFPA Country Profile 2016

³²Evaluation of United Nations Population Fund (UNFPA) and the Joint United Nations Programme on Sexual and Reproductive Health and Rights and HIV Linkages in 7 Countries in Southern Africa: Country Report-Lesotho 2016

³³ UNFPA Annual Report 2015

³⁴ Key Informants (MCH, ART) interviews August, 2016.

³⁵ Country Office programs' Manager Interviews August, 2016

³⁶ Lesotho Annual Joint Reporting Health Thematic Funds 2013

³⁷ Country Office programs' Manager Interviews August, 2016

³⁸ UNFPA Commodities data 2016

Qacha'sNek, Maseru, Quthing and Thaba-Tseka districts³⁹. One pick-up van was procured for a local implementing agent to support outreach services. UNFPA also supported provision of integrated services to factory workers in Maputsoe, the greater number of which being young women, with a mobile clinic⁴⁰.

Support for FP service proved to have been effective as shown by SDP (2015)⁴¹; almost all facilities expected to provide FP were providing. The findings also showed that the providers are more likely (70%) to provide clients with FP commodities of their choice, put the client's wishes into consideration, teach them how to use the method and inform them of the return dates. The study also showed that a major gap was that commodities had largely been out of stock in the last three months, this was associated with stock outs in the national warehouse. At national level UNFPA supported Government with forecasting and procurement of FP commodities. CHANNELS software was upgraded and modified to be Web based and be able to interface with HL MIS to strengthen procurement of contraceptives. Its full implementation is challenged by the software programs currently being implemented by MOH⁴².

The CP under review showed that UNFPA provided training for health staff in the provision on FP method mix where 67 nurses were trained nation-wide on FP guidelines with particular focus on provision of long term methods. The community Based Distributors (292) were trained on FP guidelines⁴³. The program supported family planning data validation in 7 districts. SDP 2014 and 2015 showed low performance of only 19% and 8% of facilities which experienced no stock out of modern contraceptive methods in last six months in the respective years.

Maternal Death Audit: The UNFPA support to the government for reduction of the high maternal mortality in Lesotho resulted in the implementation of maternal mortality surveillance through confidential enquiries into maternal deaths. This was led by Lesotho Committee for Confidential Enquiries into Maternal Death (LCCEMD) since 2010. In period under review capacity development was followed-up with a refresher training of 22 staff from hospitals and health centres across the countries; training of 15 nurses from all the ten 10 districts to capacitate them with maternal death review skills and community verbal autopsy. There were 6000 copies of Verbal Autopsy tools were produced for MOH, as well as 5000 Lesotho Obstetric Records Books (LORB). Due to lack of a system for reporting of maternal deaths that occur at community level, in 2013 MOH and Ministry of Home Affairs embarked on maternal death verbal autopsy⁴⁴. There was support provided for hands on training on emergency obstetric care conducted for nurses from MCH, Maternity, operating theatre and laboratory personnel dealing with blood products; the training involved staff from all hospitals in the country to improve their emergency obstetric care skills⁴⁵. UNFPA, UNICEF and WHO jointly supported training of 15 nurses who were later deployed to the ten districts to provide SRH and FP and HIV/AIDS mentorship to all district facilities⁴⁶. UNFPA supported the salary of MDR desk officer to enter maternal

³⁹ UNFPA Supplies Brief October 2015

⁴⁰ Country Office program Manager Interviews August, 2016

⁴¹ Services Delivery Point Survey 2015

⁴² Country Office program Managers' Interviews September, 2016

⁴³ UNFPA Annual Report 2013

⁴⁴ Lesotho Annual Joint Reporting Health Thematic Funds 2013

⁴⁵ Key Informant Interviews (MOH) August, 2016

⁴⁶ UNFPA Annual Report 2013

death information into MAMMAS software. UNFPA support for surveillance of maternal death has been effective, in 2013 a total of 51 maternal deaths were reported from all health facilities and 71% of them were confidentially reviewed; in 2014, 36 were reported and 63% were reviewed and in 2015 there were 24 maternal deaths reported only 33% were reviewed. The effectiveness of the initiatives may also be noted in the steady increase ⁴⁷of deliveries in the facilities which in 2013/14 were 22505 and increased to 28766 in 2014/15. On the other hand while effectiveness may be noted through improvement in the reported maternal death cases which seems to be declining; the concern is the declining of proportion of deaths reviewed in relation to the total number of maternal deaths reported⁴⁸.

Competency Based Midwifery Curriculum: Current content based curriculum was last reviewed in 2009, and therefore outdated and no longer responds to the current societal needs. The Competency Based Curriculum is intended to produce a Midwife who has professional knowledge, skills and attitudes appropriate in conducting safe deliveries with mothers in an effort to reduce maternal and newborn morbidity and mortality in all settings. The curriculum is used as a standard to regulate midwifery training and practice in all nursing training colleges including the National University of Lesotho⁴⁹.

Emergency Obstetric Care Survey: UNFPA, UNICEF and WHO jointly supported bench marking of the maternal and child health services through conducting Emergency Obstetric and Child Care⁵⁰ (EmONC) survey in 2015. The study revealed good progress, viz , the proportion of birth in the facilities was 74% similar to what was found in LDHS 2014 (77%). This shows an improving figure compared to the previous 2009 LDHS (59%)..

Lesotho Chamber of Commerce and Industry and UNFPA Nation-wide HIV/AIDS, Sexual Reproductive Health and Maternal Mortality Awareness Campaign: UNFPA supported the Lesotho Chamber of Commerce for a country-wide SRH, HIV/AIDS and maternal mortality campaign among local business communities. The purpose of the campaign is to promote SHR, HIV/AIDS and maternal mortality awareness and to reach adolescents, especially adolescent girls, youth and women among the members. In the period under review a Coordination desk was established and office equipment was procured, communication material secured and provision of technical assistance. The campaign launch reached 74 people (32 males, 42 females). Four districts which conducted the campaigns were: Mafeteng (49 (males 18, females 31)), Quthing and Mohale's hoek (40 (males 19 females 21)) and Thaba-Tseka (35(males 16, females 19)). This was the first time for most members to be exposed to open talks about SR, HIV/AIDS and maternal health issues⁵¹.

Integration of services is poised to achieve all the 10 planned facilities before the end of the 6th CP period. The source 80% baseline with regard to Percentage of health facilities with no stock outs of modern family planning and lifesaving commodities in the last 6 months could be found.

⁴⁷ Health Sector Annual Joint Review 2014/15

⁴⁸ Key Informants Interviews (MOH) August, 2016

⁴⁹ Midwifery Tutors Key Informants interviews September, 2016

⁵⁰ Emergency Obstetric Care 2015

⁵¹ LCCI-UNFPA 1st Quarter Campaign Report 2016

Table 4: Sexual and Reproductive Health Component Achievements

Sexual and Reproductive Health				
Output: Increase availability of quality integrated sexual and reproductive health services (including family planning, maternal health and HIV)				
Indicators as in the approved CPD	Baseline	Target	Achieved as at 2016	Comment
100% pilot sites providing integrated SRH in health facilities in 10 districts (Mafeteng, Leribe, Berea, Butha-Buthe, Mohale's Hoek , Mokhotlong and Quthing	0	10	5	Integrated services were provide in 5 sites-Mafeteng Hospital, Maseru-LPPA Clinic, Leribe-SDA HC, Berea Hospital, Mohale's Hoek hospital; processed are underway to complete the rest-work plan is available for Qrt-4 2016
Percentage of health facilities with no stock outs of modern family planning and lifesaving commodities in the last 6 months	80%	100%	8%	The source for 80% baseline could not be identified. Between 2014 and 2015 progress regressed by almost half from 19% to 8%

4.1.3 Efficiency

Evaluation Question 3: To what extent were resources (financing instruments, administrative, staff, timing and procedures) efficiently used to achieve the expected programme results; extent lessons learned were documented and used to inform programme implementation?

Summary

The UNFPA CO has responded sufficiently to provide funds and support to national implementation partners to implement agreed programme. For efficient implementation of the 6th CP UNFPA followed a stipulated plan for selection of IPs; required timely development of the Annual Work Plans which were precursor to commencement of annual implementation and quarterly release of funds to IPs. The CP administration required IPs to submit annual work plans. No funding was released for the IP without approved work plan. Check mechanism were in place which included quarterly reports accounting for the provided resources. There was continuous supportive supervision, monitoring and technical support to the IPs during the implementation of the work plan. Accountability was ensured through Fraud Risk Assessment; Strategic Information System and; Internal Control Framework. NEX Audit (2016) report of financial procedure is available with an outcome statement of unqualified audit opinion. Programmatic performance and financial burn rate of SRH averages about 70%. There were some factors which led to delays in the implementation of the program which were attributed to delays in the release of funding.

UNFPA Country Office followed administrative and financial procedures in disbursing funds to implementing partners using NEX and DEX Modalities. UNFPA country office followed stipulated

policies for selection, registration, and assessment of the IPs. All IPs signed Implementation Partner Agreement. The work plans provided clear activities, results linkage and detailed budget. On quarterly basis the IP managers and UNFPA program officers reviewed quarterly reports submitted by IPs for completeness, quality of reporting of results and fund utilization rates. Efficiency measures that ensure smooth implementation of country program and accountability procedures of UNFPA as Fraud Risk Assessment determines chances of fraud through regular assessment which was conducted in 2014, the finding revealed probability of 4⁵²(considerable probability of risk occurring within 12 months) from program implementation, this was a high probability only second to the highest which is 5; Strategic Information System which is used for planning, monitoring and reporting, the system is for entering annual plans and subsequently achievements enters over the year, it generates a report at end of the year; and Internal Control Framework providing procedures and guidelines⁵³. Implementation of SRH and HIV/AIDS Linkages which provided an array of services for clients was value for money. During FGDs⁵⁴ clients expressed satisfaction for queuing for many services in one visit rather than queuing for different services in different visits. Provision of integrated services is challenged by limited human resources because service integration led to increased services demand and subsequent increase in health care provider workload. ⁵⁵ According to NEPI Assessment (2011) Lesotho is undergoing a human resources crisis in every cadre of health care worker. The shortage of nurses and midwives is especially dire. Lesotho has less than 43% of the nurses and midwives that the World Health Organisation (WHO) recommends as a minimum staffing pattern in order to achieve the Millennium Development Goals (MDGs).

During the 6th CP there was a high staff turnover at the CO which resulted in loss of memory about the 6th CP and affected implementation of programs. The program lost one population and development program officer, SRH program specialist, two SRH consultants, Assistant UNFPA representative who was also SRH program officer, one HIV program officer, knowledge management program officer, one gender program officer, SRH linkages program officer and, HIV prevention specialist. There was a challenge in the financial and human resources at the district level where the SRH and HIV mentors trained through UNFPA support could perform effectively because of shortage of transport and financial resources to support their stay at facilities⁵⁶.

There were delays in the release of funds which led to delays in implementation of activities and at times disruption of implementation schedule which resulted in dropping of previously agreed upon key priorities⁵⁷.

Outreach services conducted in hard to reach and underserved areas reached high number of people where in some areas 48% of clients were young people. The efficiency of these services was undermined by limited resources leading to cancellation of some activities because of shortage of fund. There was a decline in government part-contribution. While SDP survey (2015) showed that almost all services delivery points provide FP services, commodity security has been challenged by shortage of commodities from the warehouse; weak forecasting and sometimes delays in ordering of commodities.

⁵² UNFPA Country Office Fraud Risk Assessment August 2014

⁵³ Country Office program Managers' Interviews August, 2016

⁵⁴ FGD beneficiaries (Mafeteng Hospital and Maputsoe SDA HC) FGDs, August 2016

⁵⁵ Lesotho NEPI Assessment 2011

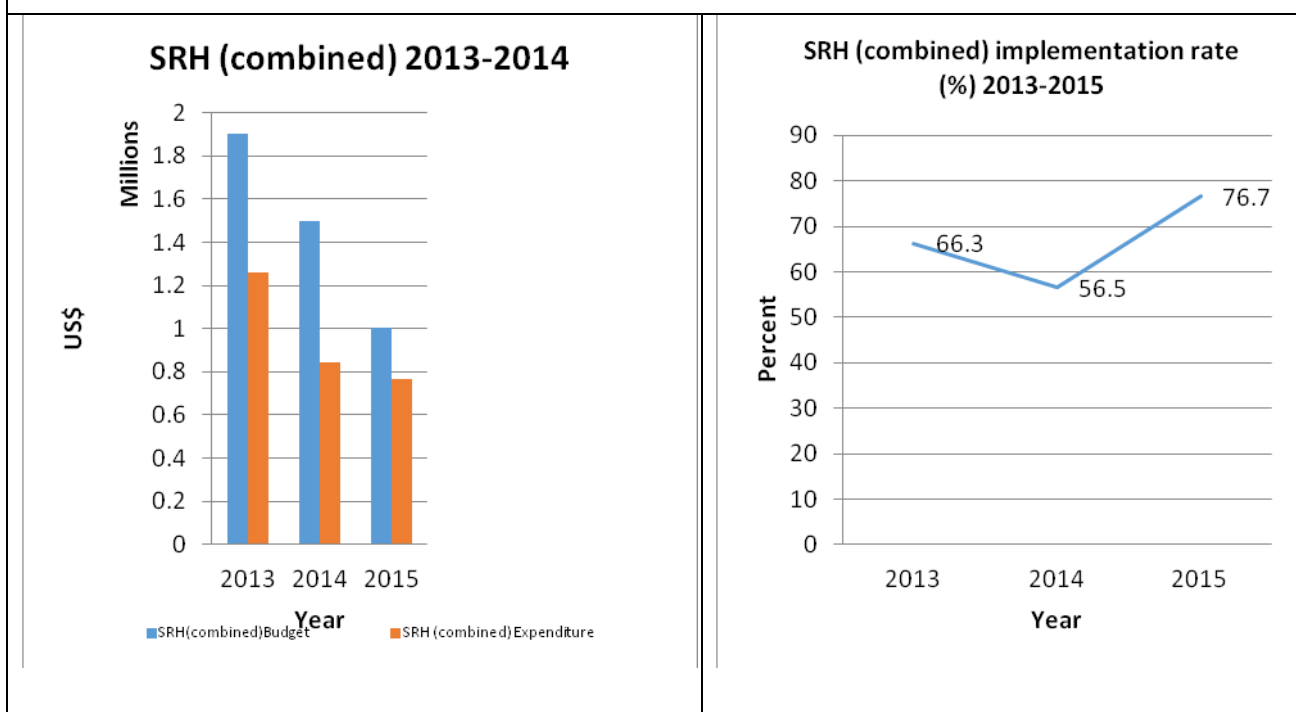
⁵⁶ KIIs interview SRH mentors August 2016

⁵⁷ IPs interviews (MOH and LPPA) August, 2016

From the FGDs⁵⁸ with FP beneficiaries it was clearly demonstrated that sometimes they were not able to find preferred FP method.⁵⁹

Sufficient analysis of efficiency was challenged by the fact that subsequent to alignment of the CP to LUNDAP, the Monitoring and Evaluation Matrix was not updated and populated with necessary targets to determine milestones towards addressing outputs. Some major activities around maternal death surveillance were not tracked with indicators to monitor performance. There was generally a weak monitoring and evaluation system where achievements were not documented to track performance. The implementation rate for SRH has been adulating with the best performance (76.7) noted in 2015. The average implementation rate for this component is 67%.

Figure 7: Total budget, Expenditure and implementation rate for SRH/Linkages combined with SRH(RHCS)



4.1.4 Sustainability

Evaluation Question 4: To what extent did UNFPA supported interventions contribute or likely to contribute to the development of capacities of its partners; extent the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Summary

The integration project was implemented to bring together fragmented services in the 5 facilities. It was implemented within the existing MOH system. It has a high potential of sustainability because of

⁵⁸ FGDs with FP beneficiaries (Mafeteng hospital) August, 2016

⁵⁹ Country Office program Managers' Interviews September, 2016

a strong-buy in at MOH Central and facility level. In the beginning of the CP (2013) government increased funding for FP commodities but the present decline from government funding threatens FP sustainability. The maternal death surveillance has improved capacity of maternal death reviews at hospital level thus providing routine hospital based maternal death review.

The approach that was used in ensuring sustainability included: establishment of the national structures to oversee the implementation such as: The National Maternal Death Review Committee which coordinated maternal death review throughout the country and also participated in maternal death; Midwifery Competency Based Curriculum Task Team which was identified from among members of the National Nursing and Midwifery Education Committee participated in the review of the curriculum; the National Interagency Technical Committee which over saw implementation of the curriculum. There was also system strengthening which was provided through capacity building training of midwife tutors.

Linkages project implemented in five facilities was embraced within MOH health delivery systems and is therefore implemented as routine. There is ownership of the project at Central level, by staff at facility level who during implementers' interview⁶⁰ expressed satisfaction with the approach and clients also appreciated it as time saving for them⁶¹. Supportive supervision, Monitoring and Evaluation have been conducted jointly by UNFPA and Ministry of Health. There is high potential for sustainability because the initiative received recognition from Government who are set to effect policy on it⁶². MOH and UNFPA have been forecasting and jointly planning for commodities. Funding for FP commodities has been increasing from UNFPA and declining from government; there is no stipulated exit strategy or funding commitment between the two parties therefore. Maternal death surveillance system is integrated into the hospital mortality review system, shortage professional skills such as obstetrician to oversee skill development among health professionals is a setback.

Verbal autopsy although not yet spread across communities is implemented within established community structures as an integrated component. The verbal autopsy guideline has not yet been integrated into village health worker manual. The Competency Based Curriculum (CBC) developed for midwives is in the custody of the nursing schools. It has been implemented by all schools of nursing at least about two intakes of graduates of student went through the training. Implementation is challenged by shortage of clinical preceptors in the health facilities. The support from UNFPA for training SRH mentors was embraced by MOH where the already employed senior nurses were identified for training on SRH and FP mentoring and deployed to the DHMTs for support of facilities as result opportunity for sustainability is high⁶³.

⁶⁰ Implementing Partners (MOH) interviews August, 2016

⁶¹ Beneficiary FGDs (Mafeteng, Maputsoe SDA HC) August, 2016

⁶² Country Office program Managers' Interviews August, 2016

⁶³ Implementing Partners (MOH) interviews August, 2016

4.2 Adolescents, Young People and HIV Prevention Component

4.2.1 Relevance:

Evaluation Question 1: To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government ICPD agenda and UNFPA Strategies?

Summary

The UNFPA 6th CP component for Young People and HIV which seeks to improve health and combat HIV and AIDS and reduce youth vulnerability is aligned to UNGASS Political Declaration 10 targets; ICPD PoA; National Strategic Development Plan: Vision 2020, National Health Policy; National Sexual and Reproductive Health Strategic plan; National Youth Policy; HIV and AIDS Policy; HIV and AIDS Strategic Plan; UNFPA Strategic Plan; LUNDAP and MDGs in particular Goals 5 and 6.

Development of the Young People and HIV Component of the 6th CP was a collaborative effort of planning and consultative process among implementing partners. Young People and HIV component is aligned to the International Conference on Population and Development (ICPD) which called for redoubling of effort to promote development through strengthened reproductive health and human rights; Declaration of Commitment on HIV/AIDS during the General Assembly Special Session on HIV/AIDS (UNGASS) with declaration which reflects global consensus on a comprehensive framework to achieve Millennium Development Goal Six-: halting and beginning to reverse the HIV epidemic by 2015; the 2006 Political Declaration on HIV/AIDS which among others emphasizes the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies and; 2011 UN Political Declaration on HIV and AIDS set 10 targets related to the global AIDS response to be achieved by 2015 and; the ambitious target of 2020 where 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

It is also aligned to MDG 5 and 6. The CP is aligned to Lesotho National Vision 2020 which seeks to reverse the erosion of positive trends in the survival indicators particularly as a result of, among others, HIV and AIDS, poverty and other socio-economic difficulties the country faces; National Development Plan⁶⁴ which prioritizes HIV and AIDS response; It is also aligned to the HIV and AIDS Policy⁶⁵ with the overarching policy objective to facilitate the reduction of HIV transmission among all populations especially among the vulnerable groups.

It explores a number of prevention strategies that include, behaviour change communication strategy, HIV Testing and Counselling, Diagnostic Testing, Beneficial Disclosure, Condom use, Prevention of Mother to Child Transmission, Management of Sexually Transmitted Infections, and Post-Exposure

⁶⁴ National Strategic Development Plan 2012/13 – 2016/17

⁶⁵ HIV and AIDS Policy 2006

Prophylaxis; as well as Revised HIV and AIDS Strategic Plan⁶⁶ and the National SBCC strategy which seek to reduce of new HIV infections by 50% by 2015; reduction of AIDS related deaths particular among PLHIV with TB/HIV co-infection; Elimination of mother to child transmission while keeping mothers alive; Improve efficiency and effectiveness of the national response planning, coordination and service delivery. accelerate prevention of new infections and treatment for those who are infected; National Youth Policy⁶⁷; Adolescent Health strategy; The National Condom strategy; it is in harmony with issues addressed by ICPD such as: access to and utilization of quality family planning services and STI prevention services including HIV and AIDS; the Young people and HIV component is aligned to the National Sexual and Reproductive Health Strategy which prioritises Sexually Transmitted Infections including HIV and AIDS which are increasingly recognised to be a major public health concern and constitutes the second most common cause of morbidity for outpatients. It is aligned to the Adolescent Health Policy⁶⁸ which purposes to promote responsible behaviours among adolescents regarding contraception, safe sex and prevention of STIs, HIV and AIDS. It is in line with LUNDAP⁶⁹ particularly to Outcome 8 which commits that vulnerable groups shall have access to adequate and effectively managed (HIV-AIDS, Child and Gender sensitive) social protection system.

The CP implemented a nationwide component focusing mainly on Comprehensive Sexuality Education (CSE). The program was implemented in a collaborative partnership through Safe Guard Young People (SYP) program.

4.2.2 Effectiveness:

Evaluation Question 2: To what extent the interventions supported by UNFPA in all programmatic areas contributed or are likely to contribute to the achievement of planned results; extent the programme integrated gender and rights-based approaches?

Summary

In this component the CP set to improve design and implement quality CSE (life skills) package for young people especially adolescent girls by line ministries and CSOs through implementation of Safeguarding Young People (SYP). UNFPA supported development of policies such as National Youth Policy, Adolescent Sexual and Reproductive Health strategy; in collaboration with UNESCO Lesotho CSE curriculum was reviewed and implemented in primary and secondary schools. Supported MGYSR in capacitating Youth Resource Centers. In an effort to strengthen coordination of youth services by MGYSR, UNFPA supported strengthening of youth leadership and participation of Youth Resource centers through human resources. Condom promotion marketing was successfully strengthened through development of condom branding for young people (VIBE). There has been a major achievement in supporting out of school young people, young women and girls and, sex workers.

Development of Policies: UNFPA supported MOH in the development of Adolescent Health Strategic Plan whose objective was particularly to focus on the role that the health sector plays in addressing the problem and needs of young people. The areas of focus include strengthening the role of parents/guardians; empowering communities, implementing national policies in creating a supportive

⁶⁶ The National Strategic Plan (NSP) – 2011/12 to 2015/16

⁶⁷ National Youth Policy 1999

⁶⁸ Adolescent Health Policy 2006

⁶⁹ Lesotho United Nations Development Assistance Plan (LUNDAP) 2013 – 2017

environment; and scaling up interventions that increase adolescents' knowledge, skills and utilization of health services; gender equality and equity, participatory decision making, respect to human rights, efficiency and effectiveness of the health system were among the attributes that are imbedded in these strategic objectives⁷⁰. Through UNFPA, technical support review of National Youth Policy has been secured and the review is in progress.

Safeguarding Young People Project through Comprehensive Sexuality Education: Safeguarding Young People (SYP) is a program launched in 2014 intended to scale up services for young people. The program supported interventions that facilitated access to CSE⁷¹. CSE was developed to fulfil the requirements of the Lesotho Education Sector HIV and AIDS Policy whose goal is for the education sector to prevent the further spread of the HIV epidemic; ensuring access to treatment, care and support services; and reducing impact of HIV and AIDS on education through the development, implementation, monitoring, evaluation and reporting for comprehensive response at all levels of the education system⁷². School setting provides an important opportunity to reach large number of young people with sexuality education before they become sexually active, as well as offering an appropriate structures within which to do so⁷³. CSE implementation is carried through three government line ministries namely, MGYSR, MOET, and MOH. Implementation is also conducted by HELP Lesotho and Lesotho Planned Parenthood Association for out of school young people. UNFPA and UNESCO have jointly supported review of the CSE curriculum to a standard package that meets an international standard for both in and out of school youth. The curriculum was subsequently implemented in all 1407 primary schools (grade 4 and 5 (age groups 9-11)) and in 100 secondary schools (grade 8 (age group (13-15 years))); capacity development for MOET was accomplished through conducting training on E-course on CSE for 15 facilitators and 97 teachers.

The online course Module which includes seven core sessions which are individually assessed with a minimum pass rate of 80% was developed. The CSE curriculum for people out of school was implemented in the districts of Mokhotlong, Butha-Buthe, Leribe, Berea, Maseru, and Mafeteng; MOET was jointly supported by UNFPA and UNESCO for development of teachers' guides and learners' book for CSE⁷⁴. In 2014 and 2015 Help Lesotho reached 4545 and 6620 young people respectively with HIV prevention messages, life skills and gender equity capacity building information. There were also 1143 and 750 Young people in 2014 and 2015 respectively who were offered services of HIV testing, STI cervical cancer screening and contraceptives.

Condom Programming: Condom needs of the country are estimated to be 33 015 606 condoms. UNFPA supported 100 000 pieces of female condoms which were distributed nationally through National Drug Services Organization (NDSO). With regards to condom promotion among young people UNFPA in collaboration with Population Service International (PSI) supported condom branding for young people called "VIBE"⁷⁵ and associated promotion of the condom⁷⁶. This is resulted from the

⁷⁰ National Health Strategy for Adolescent and Young People, 2015-2020

⁷¹ UNFPA Annual Report 2015

⁷² Lesotho Education Sector HIV and AIDS Policy 2011.

⁷³ Report of teacher Training on-line course in comprehensive sexuality education (CSE) for 100 Post-Primary Teachers October, 2015

⁷⁴ UNFPA Annual Report, 2015

⁷⁵ "VIBE" Name given to the branded condom after consultation with young people.

⁷⁶ UNFPA Annual Report, 2015

“Total Market Approach” initiative which pursued to maximize market efficiency, equity, and sustainability through the coordination of the public, social marketing, and commercial sectors⁷⁷. On interview youth expressed like for the branded condom⁷⁸.

Cross boarder sex workers campaign which distributed 79 200 pieces of male condoms, 10 000 female condoms and 70 condom dispensers was supported by UNFPA and in collaboration with Global Fund, UNFPA procured 14 072 688 pieces of male condoms in 2013⁷⁹. The National warehouse indicated that there is a challenge with condoms distributed through health facilities because the distributed condoms are mostly accessed by people who come to the facility and delay to be passed over to communities⁸⁰.

HIV Prevention Including Implementation Related to the Agenda on Women and Girls, HIV and Sex Work, Comprehensive Sexuality Education for Young People: On addressing the plight of vulnerable young people, about 4545 and 6620 young people in 2014 and 2015 respectively were equipped with HIV prevention messages, life skills and gender equity capacity building information. Capacity building was also done when 20 sex workers attended a training of trainers’(TOT) workshop. During this period, 422 sex workers from the most industrialized places of Maseru and Maputsoe were reached with HIV prevention, SRH and FP messages. In 2014 HELP Lesotho reached 219 young mother of 10-19 (20), 20-24 (144) and 25+ (55) and 103 herd boys 10-19 (23), 20-24 (74) and 25+ (6). Through 2015 HELP Lesotho 11086 young people (adolescent girls, herd boys, young mothers and disabled) were reached with life skills package (219 young mothers 10-19 (30), 20-24 (74) and 25+ (59) and 258 herd boys 10-19 (77), 20-24 (166) and 25+ (15).)

HELP Lesotho targeted young women in the districts of Leribe, Butha-Buthe and Thaba-Tseka; this special program tracked young women for 6 months to capacitate them with SRH-FP, GVB, computer literacy skills among others-UNFPA supported the program with 10 computers. MoH and LPPA conducted outreaches in Maseru-Semonkong, Leribe, Botha-Bothe, Thaba-Tseka and Mafeteng and reached 3282 adolescents girls with HIV /AIDS prevention messages and SRH services including HTC. The Network of people living with HIV and AIDS (LENEPWA) was supported to train 30 peer educators for 10 districts who are spearheading demand creation and increase uptake of SRH and HIV services targeting 1500 people⁸¹. In an interview with IPs⁸² it surfaced that outreach services were an effective method of reaching hard to reach and underserved areas.

Youth Resources Centres: The YRCs were founded in 1986. There are 11 YRCs found in 8 districts. They are guided by the Management Structures of Multipurpose Youth Resource Centre (2006) document. According to the Situation Analysis Draft Report of Youth Resource Centres in Lesotho⁸³ (2016) there is paucity of guiding information on the management, activities and services in the YRCs. Processes are underway to develop guidelines for YRCs. The Youth Resource Centres are situated in

⁷⁷ Pallin,S.C., D. Meekers, O. Lupu, K. Long Lesotho Total Market Approach for Male Condoms November, 2013

⁷⁸ Youth (YRC Qacha’Neck) interviews September 2016

⁷⁹ Lesotho Annual Joint Reporting for Reproductive Health Thematic Funds 2013

⁸⁰ Interviews IPs in NDSO

⁸¹ UNFP Annual Report 2015

⁸² IPs Interviews (Help Lesotho, LENE PWA) August 2016

⁸³ Situation Analysis Draft Report of Youth Resource Centres in Lesotho (2016)

towns of Lesotho district. They have buildings that have: office space, training facilities, some have computer laboratories, recreational ground and indoor games; YRCs are managed by the Ministry of Gender and Youth, Sports and Recreation. When UNFPA initiated support for YRC partnership with UNV 2015, the YRC were dormant and under no care. The support was based on their potential to reach young people.

A field visit to 8 YRCs were conducted in 8 districts with the purpose of information validation, determine best practices and challenges. Regarding strengthening of participation and engagement of YRCs; coordination structures were improved through formation of National YRC Steering Committee at Central MoGYSR. Capacity was provided to the Youth Resource Centres through deployment of 8 UN volunteers who were deployed to the districts of Leribe, Berea, Mokhotlong, Thaba-Tseka, Qacha's Nek, Mohale's hoek and Maseru-Semonkong; one was deployed at the CO to coordinate YRC programming⁸⁴. About 300 adolescent girls and boys participated in dialogue to address intergenerational sexual partners in addressing teenage pregnancy⁸⁵. The role of the UNVs was to popularise Youth Resource Centres as a hub for CSE and HIV messages.

Further capacitation was through deployment of 5 youth leaders in each YRC whose role was mobilization of young people, conducted outreach services to reach young people in hard to reach and underserved communities, they also distributed condoms. While some YRCs were functioning, FGD⁸⁶s among young people in YRCs visited expressed that they were experiencing challenges of limited resources such as those used for entertainment, the equipment was also noted be inclined for boys than girls. In Butha-Buthe District only building structures were available with no equipment. There were no stipulated guidelines on the expected performance; therefore, their performance did not follow any standard.

Adolescent Health Corners: Adolescent health corners were established through Adolescent Health Policy of 2006. Their purpose is to provide adolescent with requisite knowledge, life skills and enabling environment for decision making about their own health; provide age appropriate gender sensitive information and; provide access to quality adolescent health services appropriate for adolescents⁸⁷.

UNFPA supported strengthening of Adolescent Health Corners in five districts hospitals where teenage girls accessed health services. Mokhotlong Hospital Adolescent Health Corner was supported with a television set. During the review adolescent health corners of Berea Hospital, Mokhotlong Hospital, Mohale's Hoek Hospital, Qacha's Nek Hospital and, Maseru-LPPA were visited. In Qacha's Neck the facility was not staffed with a health professional, the public health nurse offered a hand when she was available. In FGDs⁸⁸ with the beneficiaries it surfaced that where health services were integrated, the adolescent health services were also integrated. Most of them were effectively functioning; however, they are challenged by compromised space within which to provide all required services. As a result of weak monitoring and evaluation⁸⁹ data is not reliable.

⁸⁴ UNFPA Annual Report 2014

⁸⁵ UNFPA Annual Report 2015

⁸⁶ FGDs among Young People in the YRCs

⁸⁷ National Adolescent Health Policy November 2006

⁸⁸ FGDs Adolescents in the Health Corners (Mohale'shoek and Berea) September, 2016

⁸⁹ Data sources were not reliable, different figures were reported in different reports on the same activity.

The indicator of vulnerable young people, especially young women and girls who are reached with capacity building, integrated FP/SRHR/HIV initiatives, consisted of many sub-population that were not subsequently disaggregated to determine target for each one of them.

Table 5: Adolescents, Youth and HIV Prevention Programme Achievements

Adolescent and Youth				
Output: Improved design and implementation of quality CSE for young people especially adolescent girls by line ministries				
Indicators as in the approved CPD	Baseline	Target	Achieved as at 2016	Comment
# of CSE (life skills) packages available that meet international standard	0	2	2	The packages were defined as CSE curriculum for both in and out of school
# of vulnerable young people, especially young women and girls who are reached with capacity building, integrated FP/SRHR/HIV initiatives including SBCC/CSE	2700	10 000	No data	Was difficult to measure because of the many sub-populations included and an elusive term “reached”
# of institutions strengthened to plan and implement effective sexual education	0	4		This was planned for CBOS and NGOs, difficult to measure. No relevant activity found.

4.2.3 Efficiency:

Evaluation Question 3: To what extent were resources (financing instruments, administrative, staff, timing and procedures) efficiently used to achieve the expected programme results; extent lessons learned were documented and used to inform programme implementation?

Summary

For efficient implementation of the 6th CP UNFPA followed a stipulated plan for selection of IPs; required timely development of the Annual Work Plans which were precursor to commencement of annual implementation and quarterly release of funds to IPs. The CP administration required IPs to submit annual work plans. No funding was released for the IP without approved work plan. Check mechanism were in place which included quarterly reports accounting for the provided resources. There was continuous supportive supervision, monitoring and technical support to the IPs during the implementation of the work plan. Accountability was ensured through Fraud Risk Assessment; Strategic Information System and; Internal Control Framework. NEX Audit (2016) report of financial procedure is available with an outcome statement of unqualified audit opinion. Programmatic performance and financial burn rate of SRH averages about 112%. There were some factors which led to delays in the implementation of the program which were attributed to delays in the release of funding.

UNFPA Country Office followed administrative and financial procedures in disbursing funds to implementing partners using NEX and DEX Modalities. UNFPA country office followed stipulated policies for selection, registration, and assessment of the IPs. All IPs signed Implementation Partner Agreement. The work plans provided clear activities, results linkage and detailed budget. On quarterly basis the IP managers and UNFPA program officers reviewed quarterly reports submitted by IPs for completeness, quality of reporting of results and fund utilization rates.

Efficiency measures that ensure smooth implementation of country program and accountability procedures of UNFPA were put in place. Fraud Risk Assessment, involving regular assessment of the IPs, was conducted in 2014, the finding revealed probability of 4⁹⁰. This was a high probability only second to the highest which is 5. Another measure was the Strategic Information System which is used for planning, monitoring and reporting. The system is used for entering annual plans and subsequently achievements are entered over the year. It generates an annual report at end of the year. The Internal Control Framework provides procedures and guidelines⁹¹.

Implementation of examinable CSE Curriculum which covered children in the ages of 9 to 11 years in grade 4 and 5 as well as 13 to 15 in grade 8 provided profound opportunity to reach young people in and out of school for HIV prevention. The efficiency gain was of ripple effect as MOET demands coverage in other grades. There was value for money in UNFPA support to YRCs which led to revitalization of these institutions which were hitherto non-functional. Subsequently this brought about revival of youth clubs which work with YRC in the districts. The centres became a vehicle to reach young people with integrated SRH/FP, HIV prevention initiatives including SBCC/CSE.

During the 6th CP there was a high staff turnover at the CO which resulted in loss of institutional memory and affected implementation of programs. The program lost one population and development program officer, SRH program specialist, two SRH consultants, Assistant UNFPA representative who was also SRH program officer, one HIV program officer, knowledge management program officer, one gender program officer, SRH linkages program officer and, HIV prevention specialist. These ex-staff would have provided rich information about the CP.

There were delays in the release of funds which led to delays in implementation of activities and at times disruption of implementation schedule which resulted in dropping of previously agreed upon key priorities⁹². The services were undermined by limited resources where some outreaches were cancelled because of funding challenges.

The average expenditure in the period was 100%, it is influenced by 168⁹³% expenditure in 2013 which resulted from utilization of funds from other programmes consequently the component budget was exceeded.

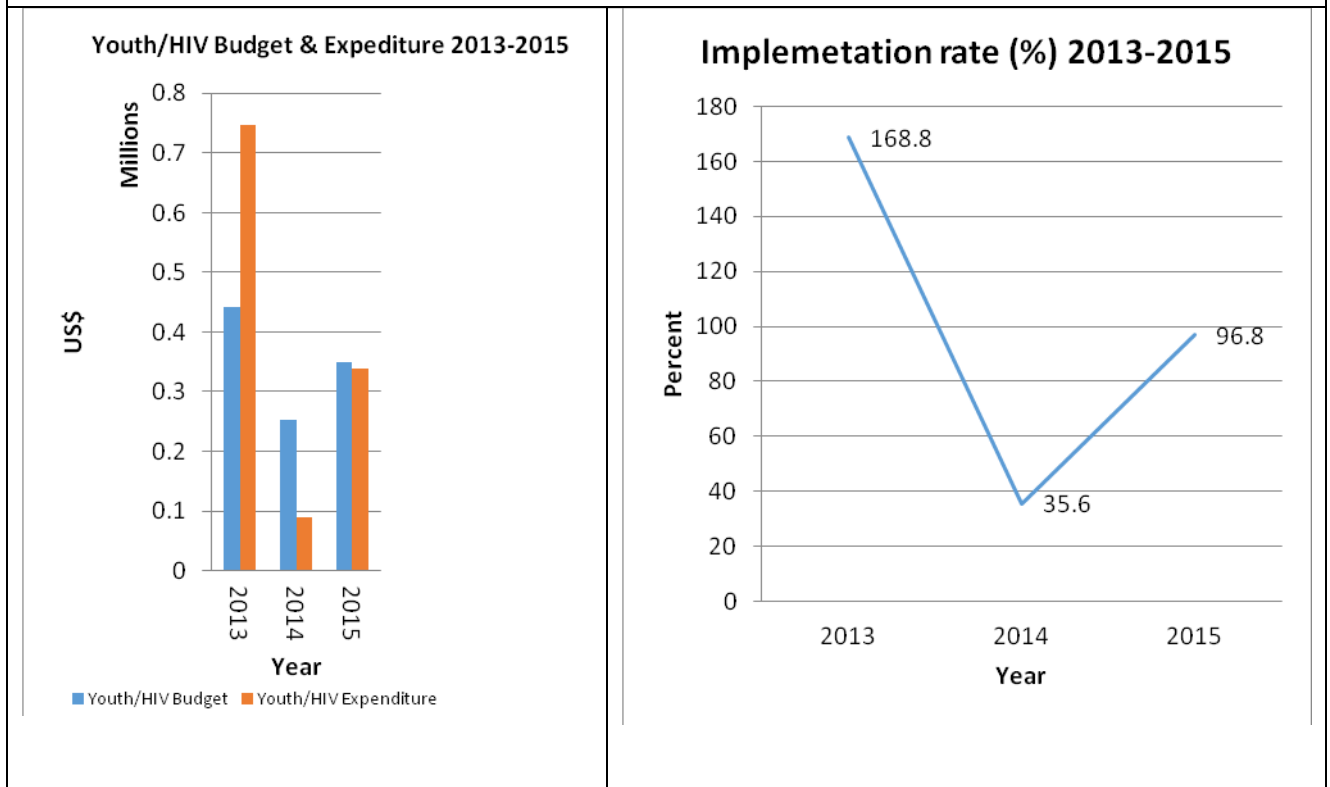
⁹⁰ UNFPA Country Office Fraud Risk Assessment August 2014

⁹¹ Country Office program Managers' Interviews September, 2016

⁹² IPs interviews (MOH and LPPA) August, 2016

⁹³ There was limited funding for young people program in 2013. Funds that were used were sourced from other programs

Figure 8: Total budget and implementation rate for Young people and HIV programmatic area



4.2.4 Sustainability:

Evaluation Question 4: To what extent did UNFPA supported interventions contribute or likely to contribute to the development of capacities of its partners; extent the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Summary

The adolescents/youth/HIV programme component has a high potential of sustainability because of a strong buy-in of MOET. While UNFPA'S support to YRC was implemented within systems of MoGYSR, necessary guidance by the Ministry has been inadequate to ensure sustainability. Support for outreaches to hard reach and underserved areas does not have a clear exit strategy. Vertical programs such as those conducted for vulnerable population require integration into relevant existing system with defined exit strategies. Thus its sustainability is a mixed-bag.

UNFPA in partnership with UNESCO worked together with Ministry of Education and Training through the National Curriculum Development Centre to develop the CSE curriculum and teachers' guide and learners' books for CSE. The MOET led piloting of the curriculum. Planning supportive supervision was

a concerted effort between UNFPA, UNESCO and MOET. It has a high potential for sustainability because of a strong buy-in of MOET.

While UNFPA support for YRC was implemented within systems of MGYSR, according to UNVs⁹⁴ the undertaking lacked adequate supportive supervision as well as monitoring and evaluation from MGYSR. Exit strategy when the UNV support comes to the end is not in place. UNFPA supported outreaches to hard reach and underserved areas for some programs such young mothers' program and other vertical programs such those conducted for other vulnerable population require integration into relevant existing system with defined exit strategies.

Challenges

Although the UNFPA support to revitalise YRCs was towards catalysing MGYSR effort, the ministry has not provided adequate supportive supervision, monitoring and evaluation of the YRCs to facilitate evidence based programming.

During the implementation of a program supported by UNFPA supportive supervision becomes a joint effort between UNFPA and the particular Ministry. The CO does not have adequate resources to adequately provide supportive supervision for the activity that are implemented throughout the country.

Lack of guidelines to homogenise performance in the institutions remains a challenge resulting none standardised ways of running of the institutions.

4.3 Gender Equality and Reproductive Rights Component

Gender is a crosscutting issue in the UNFPA programmes. However, in the 6th CP it is addressed separately for greater attention. The component of the 6th Country Programme on gender equality focuses on promotion of gender equality and reproductive rights through advocacy and implementation of laws and policies, and prevention of gender-based violence. This is expressed in outcome 3 of the UNFPA Strategic Plan: advanced gender equality women's and girls' empowerment and reproductive rights including for the most vulnerable and marginalised women adolescents and youth.

4.3.1 Relevance

Evaluation Question 1: To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government priorities as well as with ICPD agenda and UNFPA Strategies? (ii) To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?

Summary

The 6th CP Gender Equality and Gender Based Violence focus area evidently well aligned with global priorities expressed by CEDAW, ICPD, MDGs (2&3) succeeded by SDGs commitments and by multiple UNFPA policies and programme frameworks. The programme is also consistently aligned with the

⁹⁴ UNVs interviews September, 2016

national gender and development needs and priorities adopted in the country's policies and plans developed in consultation with multi-sectoral stakeholders towards implementation of the national gender agenda.

Documents review on the current context of the status of women in Lesotho, and gender related frameworks as well as interviews with programme stakeholders at the national and district levels indicated the 6th CP focus area on gender equality and GBV is consistently aligned with international and national gender equality instruments, the needs of beneficiaries and other development partner programs. Output 3 on "prevention of GBV and promotion of gender equality and SRH services including HIV through enhancing capacity of the Ministry of Gender and Youth, CSOs to promote gender equality and address GBV" is in line with UNDAF (2013-2017) focus on ensuring gender equality (Pillar 4: Governance) and responding against gender-based violence; and with LUNDAF Governance and Institutional cluster outcomes 3 & 4.⁹⁵

The gender component directly responds to international commitments and to national development priority to build effective institutions and promote democratic governance (which is non-discriminatory, rights-based and equally inclusive of all social groups). This is implied in the international instruments including: the Convention on the Elimination of all forms of Discrimination (CEDAW), the 1995 Beijing Platform for Action (BPfA), 1994 International Conference on Population and Development (ICPD)⁹⁶, and Millennium Development Goals (MDGs 3) on promoting gender equality and women's empowerment, which is succeeded by 2015 SDGs (10 & 11). The UNFPA Strategic Plan (2014-2017) recognises that achieving of universal access to SRH and realisation of importance of reproductive rights as important to full attainment of gender equality in addition to the benefits of girls' education.⁹⁷

UNFPA 6th CP gender intervention as is explicitly expressed in the output indicators to develop gender just laws, policies and strategies; and to promote community networks engaged in promotion of SRH/HIV services, gender equality and prevention of GBV, supports implementation of national gender development priorities and needs embraced in the national policies: National Vision 2020; the Poverty Reduction Strategy Paper (2002-2007) which identified HIV/AIDS, gender inequalities and issues related children and youth as high ranking challenges to be addressed in line with development outcomes; and the NSDP 2012-2017 dealing with gender and youth issues as cross cutting. Further, the component's relevance is its contribution to the implementation of related strategic priority area 5.6 of the Gender Development Policy, specifically, committing the Government to providing direction for

⁹⁵ LUNDAP Mid-year Review Report 2014, October states: "By 2017, national and local government structures deliver quality and accessible services to all citizens respecting the protection of Human rights & access to justice, and peaceful resolution of conflict; By 2017, national and lower level institutions make evidence-based policy decisions"

⁹⁶ Focuses on meeting the needs of individual men and women & linking population and development to empower women and emphasises that meeting people's needs for reproductive health are essential for both individual advancement and balanced development.

<http://www.unfpa.org/public/home/sitemap/icpd/international-conference-on-population-and-development>

⁹⁷ UNFPA Strategic Plan, 2014-2017

developing effective programme on GBV awareness and how to eliminate it.⁹⁸ It also advances the SADC Gender Protocol, Articles 20-25 on GBV⁹⁹.

The 6th CP is timely and relevant to the country's needs of mainly, promoting gender equality, justice and women's empowerment; eradication of gender based violence, HIV/AIDS and supporting knowledge of Sexual reproductive health among young boys and girls. The prevalence of GBV in the country is high with an indication of 86% women having experienced sexual violence within their lifetime, while 41% men admit to perpetrating it in their lifetime and, only 30% of these women reported to police and health services¹⁰⁰provides sufficient reason for the CP's priority on GBV¹⁰¹. The number of reported cases of GBV from stakeholders, including community authorities and survivors of GBV themselves, indicates a need for a legal framework in which such cases can be addressed.

4.3.2 Effectiveness

Evaluation Question 2: To what extent were the intended outputs produced? If so, to what degree? 2. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? 2. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary

UNFPA 6th CP provides financial support to IPs by giving out financial support to implement activities to achieve two outputs: 1) strengthening of CSOs and GBV networks; and 2) reviewing/developing laws and policies on gender. The CP has supported awareness raising, forming networks, training, skills development, SRH information and services by the Ministry of Gender and Youth, Sport and Recreation. UNFPA support to the Lapeng One-Stop Centre has been instrumental in ensuring that the centre remains open and continues to provide the required services to survivors of gender-based violence. The Ministry has benefited from strengthened capacity to implement the CP as well as its own plans and policies. The engagement of non-governmental implementing partners has proved an effective measure to complement capacity deficits within the Ministry and to widen the reach of the effectiveness of the CP.

Degree of completion of outputs planned in the CP

Gender related outputs and targets not yet fully achieved because of ongoing activities¹⁰². Progress has been made in some areas and not in others towards achieving the 6th CP *Output 3 on Prevention of*

⁹⁸ Gender and Development Policy 2003 p.21

⁹⁹ Provides for member states to reduce levels of GBV and enact and enforce legislation prohibiting all forms of GBV and trafficking by providing response and support.

¹⁰⁰ Gender Links 2012 Study on Indicators of Gender-based violence in Lesotho.

¹⁰¹ LHDS, 2011

¹⁰² It was not feasible to fully assess the extent of UNFPA contribution due to a lack of both quantitative and qualitative benchmarks in the annual plans. For output 2, the target set in the newly aligned document (2015) cannot be considered as measure for purposes of this evaluation because there has not been any activity since the departure of the responsible implementing partner. The initial target was establishment of 150 networks

gender-based violence and promotion of gender equality and SRH services including HIV through enhanced capacity of the Ministry of Gender and Youth, Civil Society Organizations to promote gender equality and address GBV. Generally the expected outputs of the CP were partially achieved. Output 1, to strengthen CSOs and GBV networks. 32 community networks achieved in first two years of CP. UNFPA support contributes to some planned results of the Gender and GBV component output against indicators 1 & 2. These are mainly advocacy activities that are more eventful in nature and do not require long time planning. However, UNFPA through direct implementation has undertaken more involving activities such as research which limits capacity of implementing partners.

Generally the targeted groups of beneficiaries were reached through the six institutions supported by UNFPA in the 6th CP to implement and institutionalize initiatives to engage varied groups of boys, men and girls in the district communities on GBV prevention and SRHR. The targeted groups of beneficiaries were reached through UNFPA CO support in most districts/communities targeted by gender intervention activities in many forms of advocacy and implementation including: GBV campaigns awareness raising, forming networks, training, skills development, SRH information and services.

However, some were excluded in situations of differences due to language, remoteness and gender. For example spoken and/or sign language diversity exists but was not considered in the design of the CP and its implementation strategies. Evidence from Quthing district shows Xhosa speakers and remote youth miss out on UNFPA funded activities, because those that deliver the programme are not equipped with the skills.

Key achievements

Output 1 ***to review and develop laws and policies on gender has been*** partly achieved.

a) *Advocate for the development and review of gender policies, laws and strategies.*

UNFPA 6th CP has between 2013 and 2016 effectively contributed to development and review of and advocacy for policies, legislation and strategies for gender mainstreaming. This included public consultations on the said policies and legislation. It has provided both financial and technical support to the Ministry of Gender and Youth, Sport and Recreation to undertake those activities conducting public meetings and consultations with 5000 people, lobbying decision-makers. The results of these activities are achievement of Gender and Development Policy review and public consultations and has since 2014 been delayed awaiting approval by Cabinet. Work to harmonise the Laws of Lerotoli with the Legal Capacity of Married Persons Act and the Child Protection and Welfare Act has reached the office of the Parliamentary Counsel for consideration. New legislation on domestic violence has since 2013 been drafted and the bill is pending enactment in Parliament. The development of the Bill is moving at a very slow pace. The 6th CP also produced five key strategic documents for the Ministry, namely a draft ministerial strategic plan which has been in circulation since 2013, an HIV, women and girls Action and

by 2017 and is considered for evaluation of the first two years. No is significant but it is not feasible to assess the extent of this contribution due to a lack of representative national data. Where clear baselines and targets are not stated in the AWP and progress reports it has been challenging to measure degree of effectiveness of the gender component of the programme. Some of the figures obtained from the field, do not match those in the reports. It was also challenging during fieldwork to get the qualitative success of the programme from the beneficiaries. This is a serious gap in the IP and CO reporting which has limited the results of effectiveness of the programme.

HIV 2012-2017 an HIV, women and girls Action and HIV 2012-2017; the HIV and AIDS strategy for adolescent girls developed in 2014, a coordination framework for GBV actors and a GBV secondary data tool developed. The National Youth Policy and the Youth Resource Centres Guidelines also underwent review in 2016. Underlying this work was extensive public consultations across the entire ten districts in the country discussing polygamy and inheritance rights in 2015.

Of the planned activities, the process to draft the Gender Equality Act has not commenced; the Domestic Violence Bill is yet to be passed and the harmonization of Laws of Lerotholi and LCMP Act has not been achieved but . The process to develop national guidelines on response and management of GBV and a common tool to collect data for the GBV database have not been done.

b) Supporting Institutions and skills development on integrating gender issues into development frameworks.

In 2016 UNFPA CO provided financial support to Ministry of Gender to engage Reform Commission to undertake research on Domestic Violence Bill -Research report available. It funded and developed a GBV secondary data Management tool in 2015. Financed and engaged consultants to undertake cultural study 2015-2016. Report is available. Provided MGYSR with financial support to engage Law Reform Commission to undertake research on Domestic Violence Bill and the research report available; and provided funds and technical support on development of the Gender and Development. Policy, and GBV Technical support to UNAIDS on the assessment of the National Response to TB and HIV in Lesotho in 2016.

UNFPA CO contribution to MGYSR has been significant in provision of advocacy for gender equality and GBV and institution development. Through support to establish the Lapeng One-Stop Center, a temporary refuge centre for GBV survivors and provided equipment, drugs and other logistics for comprehensive support and care to GBV survivors and raising awareness on GBV and individual rights; on referral provision of psychosocial support, establishment of survivors networks, income generation and skills development and access to relevant services at health centres. In 2015 500 survivors and 20 staff members were trained.

The CP was designed to reach all ten districts of the country and thus facilitated for the hiring of YDSO's in each district on gender parity basis (5 girls and 5 boys) to staff the Ministry's Youth Centres and execute the programme activities. The officers were to have received training in CPE to equip them for the job. It is reported however that with their advanced university education YDSO's lack appropriate skills to carry out their work in gender and GBV competently. The fieldwork indicates limited understanding of gender equality issues and therefore focus is seems low in this area. The CP experienced high staff turnover, with eight members of staff leaving in 2015¹⁰³. Despite this intervention to engage staff, the Ministry's continued lack of capacity (human resources) to coordinate gender mainstreaming and to lead the government's efforts in gender equality reduced the effectiveness of the CP. The UNFPA engaged a coordinator and streamlined its procurement processes to manage the CP. Staff were offered online training to and received technical support from the UNFPA regional office.

c) Support national reporting on international conventions and frameworks

The 6th CP planned to support implementation of CEDAW committee remarks on reviewing discriminatory legislation and reporting back to the committee on progress. The 3rd-5th CEDAW State

¹⁰³ UNFPA, Office

Party Report was submitted in October 2015. The CO provided technical support for the national process in preparation of the report. The CO also provided supported the processes towards the amendment of discriminatory legislative provisions in the country's Constitution, as recommended by the CEDAW committee in 2014.

Output 2 Community networks engaged in promotion of SRH/HIV services, gender equality and prevention of GBV.

The 6th CP supported the creation of GBV networks to promote gender equality and prevent gender-based violence in selected districts, and carry out community mobilisation on GBV prevention and response and SRHR. An initial resource mapping was conducted in 2013 in 16 community councils in the districts of Mokhotlong, Maseru, Mafeteng and Mohale's Hoek. This resulted in the formation of 32 networks in the first two years of the programme cycle. Two radio and one TV programmes aired. According to interviews with the Implementing partners in 2014 the programme has recorded high rates of implementation and the levels of knowledge on gender issues improved because "more and more people come to report Gender Based Violence" (For example, Lapeng Centre records showed that 14 people compared to about five the previous year came to the centre for help).

In 2013 and 2014, 260 community members (133 females and 127 males) were given basic skills on gender and human rights issues. The different networks were also trained on GBV and maternal health. 388 adolescent girls capacitated in GBV and emerging issues. Business and income generating skills: Business community participants were trained on HIV and maternal health and skills on networking. 500 GBV survivors were trained and equipped for income generating initiatives. Mofale'shoek, Leribe and Berea held 3 trainings each for both men and women on linkages between GBV and HIV and AIDS.

2014 Conduct public awareness campaigns on GBV 30 community sensation meetings on GBV prevention & response and SRHR in 3 areas in Maseru.

The set target is of networks to be engaged is 4 (2017)¹⁰⁴ which will be achieved. UNFPA is contribution is on partnering with Help Lesotho since 2015 sponsor their gender-based networks namely, Grandmother's network, herd-boys network; young mothers' and adolescent girls network and youth out of school network. UNFPA intervention covers comprehensive services and training in of CSE and SRH information for adolescent girls, life and interpersonal skills, HIV/AIDS prevention, gender equity, maternal health, leadership skills as well as psychosocial support to improve coping strategies of these vulnerable groups¹⁰⁵. FGDs with beneficiaries who are young mothers indicated that the services were effective in changing their lives as they can now confidently cope with motherhood and sex related challenges.

UNFPA 6th Contribution has achieved promoting male involvement in gender equality and reproductive issues, through provision of technical support to the establishment of a national men's group *Khotla Lesotho*, through MGYSR though currently not active.

Supporting awareness-raising campaigns on gender equality and gender-based violence

¹⁰⁴ Initial target was 13 a year and 150 by 2017. This was changed with alignment to target of 4. My interview with UNFPA it is not clear which partner is responsible for this. Initially was informed there was no replacement, but lately been informed that HopeLesotho networks also serve this purpose. However, looking at the focus work of the Organisation GBV is by the way.

¹⁰⁵ UNFPA CO Annual Report 2015

Public campaigns to raise awareness were conducted on radio and on television in 2013 and 2014. International campaigns against GBV, the 16 Days of Activism against GBV was marked in Lesotho, particularly targeting men. In collaboration with the Lesotho Dense Force, Lesotho Mounted Police Service, National Security and Lesotho Correctional Service men and boys were mobilised to actively support women empowerment agenda and to take responsibility to stop gender based violence. Outreach activities and door-to-door campaigns were conducted in Qacha's Nek, Mafeteng, Maseru and Leribe districts; and 30 communities across all 10 districts were sensitised in GBV prevention and response and SRHR.

Resultantly, narrative reports by stakeholders indicate that the level of knowledge on gender issues has improved¹⁰⁶, women are able to stand for themselves and the levels of youth participation on issues that affect young people has also improved. Skilled Youth Development Officers were engaged in the Youth Resource Centres to lead and provide SRH services Support one stop centre Resuscitation of the Youth Resource Centres in almost all districts and more young people have been equipped with SRH education.

Promoting gender equality and SRH services including HIV to address GBV. The 6th CP has effectively contributed to the MGYSR and Help Lesotho ability to focus on the needs of young girls especially of adolescent age, in 2015 achieving its target of 1000, by reaching 627 adolescent girls and 299 boys with life skills packages (CSE/BCC & FP/SRHS services); 350 Girls issued with dignity kits ¹⁰⁷ during 2015 commemorated International Youth Day with MGYSR and including diverse groups of boys and girls. Through the adolescent sexual reproductive health programme Help Lesotho provided young people especially adolescent girls with CSE and SRH information services. UNFPA procured and distributed nationally. However, there's an obvious gender gap in condom accessibility and use girls' access to these commodities is limited by cultural inhibitions, which calls for review of methods of approaching SRH services to a gender balanced approach in service delivery. Also interviews with some youth in Mokhotlong indicated that Girls did not use the Adolescents corner facility because they feared to be seen by adult relatives visiting the place lest they are taken to be sexually active. They said due to the small size of the district is too small such that "everybody knows everybody." Suggestion was that the facility be transferred to the Youth Centres where nurses could be invited to. At the same time it was learnt in also in the field that the YRC which are accessed more by boys than girls due to lack of pulling facilities. Hence they girls do not fully access the SRH services provided there. These are consideration for the next Programme.

Advocacy sessions supported to strengthen national coordination and develop the skills of health workers and personnel in the judiciary and local government structures to address gender-based violence.

UNFPA financial and technical contribution has been effective in strengthening national coordination. It facilitated sessions including meetings and public events, not easy to quantify. In 2014 and 2015 Consultative meetings on Gender policy for 5000 people in 18 Community Councils were conducted in the 10 districts the meetings were with traditional leaders on issues of right to succession to chieftaincy by women and girls. The Gender Technical Committee was re-established in MGYSR for gender

¹⁰⁶ There is no evidence available to back these statements up.

¹⁰⁷ UNFPA CO Annual Report 2015

stakeholder's improved coordination and gender mainstreaming. But the Committee is not as active as was planned. UNFPA has taken leadership and provides technical assistance on gender issues in the UN Gender Human Rights and Youth Technical Working Group for gender mainstreaming their programmes

There is no evidence indicating that within the gender component of 6th CP, CO support was granted to develop skills of health workers but appears under the SRH programme. But local Government structures have evidently been skilled to address GBV. In 2015 Consultative meetings on Gender policy for 5000 people in 18 Community Councils were conducted by MGYSR; and consultative meetings had been supported in all the 10 districts with traditional leaders on issues of right to succession to chieftaincy by women and girls in 2014.

4.3.3 Efficiency

Evaluation Question 3: To what extent has UNFPA made good use of its resources (human, financial, technical, and operational) to pursue the achievement of the results defined in the Country Programme? (ii) To what extent were lessons documented and used to inform programme implementation?

Summary

The UNFPA Country Office has sound administrative and financial procedures in place as per the UN system. The financial management is centralised and allocation of budgetary resources is through DEX modality according to the priorities of the 6th CP. The procedures are considered relatively more stringent¹⁰⁸ and appropriate for accountability purposes but not for effective project implementation. Efficiency in running the 6th CP programme was challenged by internal and external factors. UNFPA CO is reportedly not been very efficient in the timely disbursement of programme budgets to support AWP through DEX modality¹⁰⁹, while the IPs have a low absorptive capacity and return funds before completing activities. But programmatic performance and financial burn rate was at a low of 44% at the start of the programme cycle in 2013 but has improved to an average 95% in the last three years. Government contributes to UNFPA efforts to implement 6th CP albeit with challenges that have affected efficient implementation of some activities.

UNFPA Gender component activities are funded from a combination of a regular and other sources of funds to the tune of \$1.1m¹¹⁰, disbursed to the implementing partners mainly through the DEX modality. Implementing partners admit that that administrative and financial procedures of UNFPA are appropriate for running 6th CP as per UN and Government procedures, and for guaranteeing accountability of funds albeit presenting challenges in the smooth accountable and responsive management of financial and human resources.

The use of DEX modality has had both advantages and disadvantage for efficiency. It facilitates timely and cost effective implementation of projects and in the 6th CP it allowed CO to ensure that interventions of the programme are being implemented properly and in an efficient manner in the situation where in the past two years MGYSR returned unused funds before completing planned

¹⁰⁸ MGYSR 2013 End of Year Report.

¹⁰⁹ Interview with the IPs

¹¹⁰ UNFPA Draft Country Programme Document for Lesotho, DP/FPA/DCP, 2012, P.1

activities .For example, In some cases where efficiency was compromised UNFPA has intervened to directly execute procurement of supplies in the place of IP to the functionality the Lapeng One-Stop Center resulting in more (14 in 2015 and 16 in August 2016) GBV survivors were accommodated compared to only five in 2014 to temporarily seek refuge and use available facilities ¹¹¹. Also, UNFPA CO deviated in 2015 to directly engage a study on culture initiations of girls into adulthood not originally in the work plan.

But IPs felt the “Direct implementation” by UNFPA confuses the procedures and protocols of the CP as the UNFPA does not provide government with financial report on the use of allocated money where it has acted on the latter’s behalf and these are unable to account to UNFPA CO auditors. Also the modality reduces national ownership of UNFPA 6th CP projects and the opportunity to build institutional capacity of the national partners as well as increasing workload for UNFPA staff for basic financial and operational procedures¹¹². This anomaly has arisen as MGSYR has, in the past, not adhered to the procurement procedures as the government procurement process takes long and delays implementation of the programme¹¹³.

UNFPA CO strives to maintain appropriate administrative and financial procedures, but interviews with IPs indicate that resources are not always efficiently received in a timely manner because of operational limitations both within and outside the UNFPA office. Factors responsible for untimely receipt of funds include: UNFPA reliance on non-core donor funds which constrain its ability to regulate its own budget and funds; delays in closure and opening of accounts by GoL between 5th and 6th CP programme periods; late signing of work plans and poor communication sometimes even coordination between UNFPA and the programme partners where UNFPA has arbitrarily made decisions affecting IPs without engaging them. For example, an agreed budget for the GBV Resource Mapping was M15, 000 but only M6, 000 was disbursed¹¹⁴.

The system of transfer of funds is not totally efficient as the disbursements of project funds were not always timely. Delayed disbursements affect efficient planning and implementation of activities¹¹⁵. Stakeholders’ perspective is that UNFPA sets back the implementation of programme activities¹¹⁶ and the beneficiaries of UNFPA support do not always receive it the foreseen level of AWP’s ¹¹⁷ The 6th CP has since the start of the cycle in 2013 experienced delays in disbursements of funds which have adversely affected implementation and in some instances activities have had to be cancelled or postponed even to the next quarter¹¹⁸. For example, three projects have been carried over to subsequent years - Resource Mapping for GBV activity planned for 2013 was postponed to 2014 and is only being implemented in September 2016 –two years later; public consultations on Gender Policy

¹¹¹ One-Stop Centre Statistical record

¹¹² Interviews with Stakeholders

¹¹³ Key informant interviews

¹¹⁴ MGSYR documentation

¹¹⁵ 2015 IP Annual Report; Key Informant interviews.

¹¹⁶ MGSYR 2015 Annual Report; MGSYR, Key Informant interviews.

¹¹⁷ Because not all disbursed funds were utilized as planned Initially support reached beneficiaries but, the support was drastically reduced from 1.5 million allocated in 2014 to M+- M300, 000 in 2015 to M45, 000 in 2016 which seriously affected implementation of the programme area over the years. Interview UNFPA Programme Analyst but never got documentation to this effect as she promised.

¹¹⁸ 2013 MGSYR End of Year Report.

were postponed from 2014 to 2015 so was Domestic violence Bill. This indicates the discrepancy between AWP activities and their actual execution which has implications for efficient planning and resource management, more so because UNFPA CO does not have a clear policy on the frequency of such carry overs. Findings further indicate that some project activities have also been suspended due to other factors like the unanticipated departure of CARE Lesotho which caused suspension of their planned activities and related funds in 2014¹¹⁹.

Annual Work Plans for implementing partners took long to sign. They were normally signed towards in January every year but this has not been the case in the 6th CP. For example, in 2014 AWP took long to sign because of the reviewing of the UNFPA strategic plan; and in 2013 the delay was because it was the start of the new programme cycle. The first trench was transferred to the implementing partners in August instead of January and therefore UNFPA realized inefficient use of funds resulting in 44% implementation rate in that year¹²⁰

Efficiency is evidenced in the level of expenditure and implementation rate. The Table below indicates a high programmatic implementation and the financial burn rate by both UNFPA and IPs of more than 90% from 2014 to 2016 rising from 44% in 2013 and has stayed within the budget ¹²¹ This evidence indicates that generally some of the activities outlined in the AWP have been implemented to support IPs, CSOs and Networks and achieve eradication of GBV, gender equality and women’s empowerment and others which are either carried over from previous years and/or expended directly by UNFA CO for unplanned works e.g. conducting the study on Culture, and engaging YSDO in the last year in response to capacity challenges that faced the MGYSR where Government was not in a position to financially engage more staff for the programmes¹²².

Table 6: Gender Equality & Reproductive Rights: Budget and Expenditure (FPA90-Gender) by year

FPA90-Gender	2013 (in US\$)	2014	2015	2016
Budget	45475	43114	23412	6400
Expenditure	20109	40826	22656	6210
Variance	25366	2288	756	190
Implementation Rate	44%	94%	96%	97%

The resources provided by UNFPA 6th CP have had a leverage effect in many ways that they were intended. UNFPA CO has engaged its human resources efficiently. The staff responsible for the gender and GBV component are university degree holders in varied specialties mostly relevant to the programme area focus, and have some relevant skills making them a good team providing technical assistance to UNFPA partners. But the staff in the CO require capacity in gender mainstreaming skills while the Youth Skills Development Officers require skills in gender, gender mainstreaming and Comprehensive Sexuality Education for efficient and effective achievement of 6TH CP activity results. The support for campaigns on gender equality and GBV have become annual events which are

¹¹⁹ Interview with Programme Analyst, UNFPA

¹²⁰ .UNFPA, interviews

¹²¹ MGYSR Standard Progress Report, December, 2015

¹²² UNFPA CO Annual report 2015, Interview with UNFPA staff

established enough that Government departments, NGO stakeholders provide support and/or are taken up by CSOs and district communities on their own to complement efforts of UNFPPA. For example, campaign of Sixteen days of Activism of Violence against Women, and commemoration of Women's Day events

4.3.4 Sustainability

Evaluation Question 4: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of the effects?

Summary

There is no evidence of measures for ownership and sustainability upon exit of UNFPA. But stakeholders' views indicate a likelihood that some of the UNFPA gender equality and gender based violence component initiatives are likely to be continued beyond the 6th CP termination but others will not be sustained. Interviews with key informants and beneficiaries cited as a strong basis for continued programmes activities, UNFPA's contribution to the institutional support, sense of ownership of priorities and AWP by the IPs, and endured capacity and working relations with and among government agencies, NGOs and UN team on gender and human rights have potential to carry on. This will be determined by level of commitment and funding availability. Therefore potential to generate sustainability of CP activities for this component will involve mainstreaming gender and GBV in all sectors of development and local leadership inclusive of community council networks and political will for gender equality rights and inclusiveness.

There is no obvious evidence of the CPAP inbuilt exit and sustainability mechanisms in the CP design documents or in the mid-term review report (2014) to provide for continuity of its interventions beyond the current funding cycle. Based on stakeholder interviews there was a mixed response to this issue of sustainability. One view based on available evidence of achievements was that it is likely that some of the UNFPA CO supported interventions on issues of gender equality, SRH reproduction health and GBV networks and sensitization will be sustained beyond the programme completion. Another view was that there are other initiatives likely to phase out if no longer a national priority, or challenged by lack supporting financial, human and technical resources as well as retention of implementing agencies¹²³. There is acknowledgement by some interviewed stakeholders of indicative mechanisms for CP sustainability at the national and local levels resultant from the 6th programme interventions.

First, UNFPA CO support through technical assistance and financing training at national and local level structures is evidence for capacity to sustain CP work. Second, sustainability is implied in government's adoption in its Gender policy and plans a gender and GBV mainstreaming approach considered by other government Ministries and CSOs. Third, with acquisition of a sustainable capacity from the 6th CP respondents expressed optimism to find other sources of funding to continue with some activity interventions of the current programme cycle. In this regard was Government's counterpart contribution to support the programme. It is believed the Government of Lesotho continued support of collaborative efforts with UN and other international organisations and CSOs for many years likely to guarantee

¹²³ Interviews with Key Informants, UNFPA, MGYSR and Beneficiaries' F DGs

sustainability depending on their level of cooperation and funding commitment. There is evidence of counterpart contribution to the programme from its annual budget estimates¹²⁴ to match resources provided by UNFPA as a matter of policy is proof of sustaining operational support to gender related priorities carried out by the 6th CP. Therefore some programmes funded by UNFPA eventually become activities directly budgeted for by Government. For example, the Lapeng One-Stop Centre, annual campaigns like 16 days of activism against GBV, Life Skills Education programmes, HIV/AIDS campaigns etc.¹²⁵. Fourth, ownership of AWP is based on country's priorities and aligned with identified needs of Basotho, so that the plans belong to the nation.

Finally, the achievements of the CO to date have created constituencies to support its continuation. For example, the Ministry of Gender has built facilities, human resources and partnerships with other stakeholders for advocacy and information dissemination and prevention and eradication of GBV to continue beyond the 6th CP. There is a feeling among interviewed stakeholders that the training and advocacy activities on gender and GBV are a basis for capacity for continued work by the local networks. The 6th CP integrated in institutional government. Also the knowledge, capacity and sensitivity created through the 6th CP activities is potential mechanism to contribute to development of partnerships and local capacity to drive the gender agenda and prevent GBV. The continuity of UNFPA commemoration of international events- 16 days of Activism against Gender Based Violence, Youth International Day and International Day of the Girl Child, are likely to go beyond the 6th CP funding cycle because they were undertaken by UNFPA in collaboration with other UN organisations under the gender and human rights theme group, Government and NGO gender networks and these are still interested to continue with the activities.

The sustainability of UNFPA 6th CP has been threatened by: First, Changes in political leadership whereby the whole process of sensitization of leaders has to be continuously undertaken.¹²⁶ This has delayed approval of reviewed policies and enactment of laws supported by UNFPA¹²⁷. Second, evidence has shown that government did not always honour its counterpart obligations¹²⁸ which adversely affected the efforts of UNFPA 6th CP activities and led to poorly resourced Youth and GBV activity Centres as was observed heard from stakeholders country-wide ¹²⁹. Third, a strong view from the interviews is that the Government budget is limited, and therefore inadequate financial and technical capacity for the MGYSR to continue the program since UNFPA is its main donor of capital funding for the operationalization of their policies and plans on their own, though it can continue networking and communicating between participating partners.

Therefore implementation of some plans beyond the 6th CP cycle will be highly affected. For example, Lapeng One-Stop Centre for GBV victims is cited as one project that is not financially and technically capacitated to continue beyond UNFPA assistance. It will continuously depend on sponsors to cover

¹²⁴ Government of Lesotho Budget Estimates, 2013/2014, 2014/2015, 2015/2016 and 2016/2017

¹²⁵ Ibid.

¹²⁶ Ibid

¹²⁷ For example the reviewed draft Gender and Development Policy has since 2014 awaiting endorsement of the Cabinet appointed after the snap elections in 2015. The last 8th Parliament was dissolved before the Domestic Violence Bill was enacted into law, and the Bill has been pending for four years now.

¹²⁸ UNFPA Mid-Term Review Report, 2014

¹²⁹ CPE Fieldwork notes

running operational costs which seemingly the government's budget cannot presently sustain¹³⁰. Also termination of the positions of YSDO in the MGYSR with UNFPA funding are likely to discontinue (probably the Youth Centres will close again) as there is no evidence of measures to absorb the YSDO into the government establishment. Finally, there is lack of active gender mainstreaming without a functional Gender Technical Committee as coordinating body and no clear gender responsive budgeting processes.

4.4 Population Dynamics Component

4.4.1 Relevance

Evaluation Question 1: (i) To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government priorities as well as with ICPD agenda and UNFPA Strategies? (ii) To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?

Summary

The Population and Development component of the 6th CP is aligned and relevant to national needs and priorities as outlined in both the Vision 2020 and the National Strategic Development Plan. This component is also aligned and relevant to Lesotho United Nations Development Assistance Plan (LUNDAP) as well as the UNFPA's global strategic plan 2014-2017. The 6th CP was developed in consultation with national partners thus ensuring its relevance and alignment to national priorities and needs.

At the international level, the population and development component is relevant to the Millennium Development Goals and the Sustainable Development Goal that built on them, which both emphasise the need for data for setting national targets and for monitoring progress of development programmes and plans.

The Population and Development component of the 6th CP focussed on one outcome 1) Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning) gender equality and poverty reduction addressed in national and sectoral development plans and strategies. The output was i) Enhanced integration of evidence-based analysis of population dynamics and their inter-linkages with sexual and reproductive health, HIV and gender equality into policies and development processes at national and community levels.

The development of the 6th CP followed the development of the Lesotho United Nations Development Assistance Plan (LUNDAP) which focussed on the needs identified in the National Strategic Development Plan (NSDP) 2012/13-2016/17. The national partners including government ministries participated in the development of LUNDAP. The 6th CP objectives were then derived from LUNDAP where the UNFPA together with its national partners identified needs that were relevant to the UNFPA mandate to form the basis for the 6th CP. The relevance and alignment of the population and development was guaranteed through this participatory and consultative process.

¹³⁰ Interviews

The Population and Development component of the 6th CP is aligned and relevant to national needs and priorities as outlined in both the Vision 2020 and the National Strategic Development Plan. The component is linked to the National priority: Build effective institutions and promote democratic governance outlined in the NSDP 2012/13-2016/17¹³¹. This component is also aligned and relevant to LUNDAP Outcome 4: By 2017, national and lower-level institutions make evidence-based policy decisions¹³². The Population and Development Component is also relevant and aligned to the UNFPA's global strategic plan 2014-2017 Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. These outcomes point to the need for quality disaggregated data on population and development, sexual and reproductive health and rights, HIV and gender equality issues. At the international level, the Millennium Development Goals and the Sustainable Development Goal that built on them, emphasise the need for data for setting national targets and for monitoring progress of development programmes and plans.

The Population and Development Component of the 6th CP is relevant in that it responds to the need of providing data for achieving the goal of evidence-based policy making.

4.4.2 Effectiveness

Evaluation Question 2: To what extent have the 6th Country Programme interventions contributed to the achievement of planned results? (ii) To what extent has the CP integrated gender and rights-based approaches?

Summary

The 6th CP population and development has mainly been in effective in contributing to the availability of the DHS data and the census data. It has also been effective in strengthening the capacity of the Bureau of Statistics to undertake data collection using PDAs. UNFPA also contributed to the strengthening of the vital statistics through training officers in the Ministries of Home Affairs and Local Government and the Bureau of Statistics in vital registration systems.

Although training on integration of population issues in development is yet to be undertaken, the UNFPA supported the development of the Adolescent Sexual and Reproductive Health Strategy and the National Sexual and Reproductive Health Strategy. These strategies facilitate integration of SRH and Adolescent issues into plans and programmes.

Support data generation and strengthen vital registration

The 6th CP was effective in the area of population and development in that it contributed to the undertaking of the 2016 Census and the 2014 DHS. The UNFPA together with other development partners supported the Ministry of Health to conduct the 2014 Lesotho Demographic and Health Survey which provides key information on health, sexual and reproductive health and on HIV/AIDS. The UNFPA supported the development of Census Project Document and the 2016 Census Cartography

¹³¹ Final Country Programme for Lesotho, 2012, Page 6

¹³² Ibid

which were both necessary for successful undertaking of the 2016 Population Census. This ensured availability of data to inform policy as well as the integration of population dynamics in plans and programmes.

The 6th CP built the capacity of the Bureau of Statistics in development of PDA applications and use of PDAs for the collection of census and survey data. It also supported the use of technology in collecting census through procurement of the Personal Data Assistants (PDAs) and met the need for capacity building of BOS staff through supporting training in the use of PDAs for data collection and the development of PDA applications for data collection. The training included a team of experts from the IT and Population Departments and the BOS now have a pool of experts in development of applications for use of PDAs in data collection. The BOS staff that benefited from this training developed the applications for the census pilot, for the census and for the post enumeration survey with guidance from the consultant who conducted the training. The use of PDAs facilitates timely availability of data since it eliminates the need for data entry which is time consuming. In order to facilitate use of existing data through computerisation and online publication of surveys UNFPA supported training of BOS staff in electronic archiving.¹³³

The Population and development component also effectively contributed to the strengthening of the vital statistics through training of 10 officers in the Ministries of Home Affairs and Local Government and the Bureau of Statistics in vital registration systems¹³⁴.

The UNFPA supported 6 statisticians from BOS to visit Uganda to learn about decentralisation of structures and overall management of population statistics. It also supported 13 statisticians from central and district offices to study planning and implementation of population census¹³⁵. The acquired knowledge was used during planning and implementation of the 2016 population and housing census.

Advocacy for population and development

The 6th CP Population and Development Component supported annual advocacy activities of the MoDP. It supported the MoDP to produce policy briefs and other population promotion materials which are shared at the national events and commemoration of the international days such as the World Population day, the International Day of the Girl Child, International Midwifery Day, Youth Day and the launch of the State of the World Population Report. These activities were used for advocacy for the integration of population issues in development policies and plans. UNFPA supported consultations and sensitisation sessions with different stakeholders as part of the ICPD Agenda Beyond 2014. UNFPA also supported Government of Lesotho participate in high level ICPD meeting, Parliamentary Conference and General Assembly side session on ICPD.¹³⁶ This increased appreciation of population issues among policy makers.

Integration of population issues in development plans and policies

Although the integration of the population issues into development policies and plans was a key strategy for the population and development component, outputs in the CP in relation to integration of

¹³³ Interview with BOS and Population and Development Annual Reports

¹³⁴ UNFPA CO Annual Report 2013

¹³⁵ Standard Progress Report June 2013

¹³⁶ CO Annual Report 2014

population issues in development are yet to be achieved as the training of planners in MoDP, sector ministries and district staff on integration of population issues is yet to take place. This activity had to be postponed because by the time the consultant who could do the training was identified the UNFPA financial year was coming to an end and utilisation of funds for this activity was not possible¹³⁷. Notwithstanding, the UNFPA provided technical and financial support for the development of the Adolescent Sexual and Reproductive Health Strategy and the National Sexual and Reproductive Health Strategy. These strategies facilitate integration of SRH and Adolescent issues into plans and programmes. However, these strategies were not included as indicators in the 6th CP.

Population Policy

The review of the population policy which will serve as the framework for implementation of population programmes is also still pending. In 2015 the MoDP planned to start consultations on the population policy however this activity could not be implemented because its timing was close to the end of the UNFPA financial year. MoDP later decided to delay the review of the population until the 2006 census data are available in order for the data to be used in setting targets for the policy¹³⁸. Interviews with some key informants highlighted limited human resource capacity of the MoDP department that is responsible for implementation of UNFPA activities as one of the factors impeding achievement of planned activities¹³⁹.

One of the objectives of population and development component was to conduct in-depth analysis of disaggregated data to increase priority attention to key populations. However, in-depth analysis of the 2014 DHS was delayed because the data were only released in June 2016. In place of this activity, the UNFPA supported BOS staff to attend conferences and present papers based on existing census and survey data.¹⁴⁰ The need for capacity building for in-depth analysis of survey and census data in order to inform policy development still needs to be met.

Ministry of Development Planning was to provide overall oversight and coordination of the 6th CP.¹⁴¹ In the past CPs this was done through a steering committee comprising of the Government, representatives of the implementing partners and the UNFPA, no coordination structure was set up for the 6th CP¹⁴². Progress was monitored through meetings between CO national programme officers and implementing partners¹⁴³.

The 6th CP did not include some indicators and targets and this impedes progress monitoring¹⁴⁴. This was because the surveys that could provide some of the data were on-going at the time of the development of the CPAP.

¹³⁷ Interview with MoDP

¹³⁸ Interview with MoDP

¹³⁹ Interview with MoDP

¹⁴⁰ Interview with BOS and CO Country Report 2013

¹⁴¹ Final Country Programme for Lesotho, 2012, Page 5

¹⁴² Interview with MoDP and UNFPA CO

¹⁴³ Interviews with CO staff

¹⁴⁴ Ibid

Table 7: Population and Development Achievements

Outputs and Outputs Indicators	Baseline	Target	6th CP achievements
CP Output: Enhanced integration of evidence-based analysis of population dynamics and their inter-linkages with sexual and reproductive health, HIV and gender equality into policies and development processes at national and community levels			
Number of planners with skills on integrating population policies	4	20	Planners have not yet been trained, the training will take place in the current year
Number of new or revised policies and plans that have integrated population issues	0	4	The Adolescent Sexual and Reproductive Health Strategy and the National Sexual and Reproductive Health Strategy are in place. The population policy is still to be reviewed
Number of in-depth analyses of existing census and survey data	0	4	None in place. However BOS staff supported to present papers based on the data in the Population Association of Southern Africa Conference
Number of population dynamics monographs/policy briefs/investment case or maternal death, produced using disaggregated data to increase priority attention to key population (marginalised adolescent, maternal health, gender) and youth policy dialogues	5	2	No new monographs. The data for the 2014 DHS was only released in June and the Census data is yet to be processed. The activity will be implemented in the current year

4.4.3 Efficiency

Evaluation Question 3: To what extent has UNFPA made good use of its resources (human, financial, technical and operational) to pursue the achievement of the results defined in the Country Programme? (ii) To what extent were lessons documented and used to inform programme implementation?

Summary

The UNFPA allocated funds to the implementing partners of the Population and Development of the 6th CP through the Direct Execution (DEX) modality. Direct execution worked well for BOS and MoDP as funds were generally released in a timely manner. The implementation rate of the Population and Development Component was on average 70 per cent suggesting that 70 per cent of budgeted funds were utilised. There was under spending at MoDP due to under staffing which also affected the pace of implementation. There was high staff turnover at the CO during the implementation of the 6th CP and the population and development component and this adversely affected programme implementation. The 6th CP recruited consultants to assist in the implementation of some of the activities.

The UNFPA allocated funds to the implementing partners of the Population and Development of the 6th CP through the Direct Execution (DEX) modality. The funds are allocated and kept by UNFPA and the

implementing partners BOS and MoDP placed requests for funds from the CO following UNFPA procurement procedures and CO then paid the suppliers directly. The adoption of DEX modality for implementing the 6th CP followed the arrival of the new Country Representative where Implementing Partners were required to close bank accounts at the end of the UNFPA financial year in line with the UNFPA financial procedures. The implementing partners MoDP and BOS could not open bank accounts in time for the implementation of activities owing to the lengthy government procedures for opening a bank account.¹⁴⁵

The 6th CP implementing partners developed annual work plans itemising all activities and indicating the related costs and this annual work plans formed the basis for the release of funds. Upon payment of suppliers and implementation of activities, implementing partners are expected to produce quarterly expenditure reports. The CO provided Implementing Partners (IPs) with technical support on financial procedures through regular meetings with CO National Program Officers. Some activities were implemented by the UNFPA, in particular advocacy related activities.

Direct execution worked well in the BOS as funds were released in a timely manner. However, the UNFPA procedures for procurement of equipment are lengthy and this affected timely implementation of some activities.¹⁴⁶ There was under spending at MoDP due to under staffing which affects the pace of implementation. In addition the implementation period for UNFPA supported activities is short, practically March to November because Annual Work plans are signed way into the first quarter and the financial procedures usually mean that utilisation of funds ends in October/November to allow for financial reporting at the end of the UNFPA financial year¹⁴⁷. The postponement of activities in particular in-depth analysis of census and survey was not related to financial issues but was due to the delays in the release of data.

The Ministry of Development Planning was restructured during the implementation of the 6th CP. The focus of the department that is responsible for implementation of population programs shifted to economic policy and the department lost a lot of demographers during this time. This has affected the capacity of MoDP to implement some of the activities as well as the pace of implementation of the population and development activities.¹⁴⁸ There was high staff turnover at the CO during the implementation of the 6th CP and the population and development component was managed by different people over the CP implementation period and this adversely affected programme implementation. The 6th CP relied on consultants for implementing some of the activities in BOS work plans. The quality of the consultants was good and they were international consultants¹⁴⁹.

Although the staff at the MoDP had the appropriate qualifications the department was short staffed and this affected the implementation of the 6th CP. There is still need to capacitate the staff in integration of population issues into development policies and plans. The staff members of the BOS department that is responsible for the implementation of UNFPA funded activities are qualified to ensure successful implementation of the 6th CP. The department was adequately staffed to implement the 6th CP and it

¹⁴⁵ Interviews with BOS, MoDP, UNFPA Assistant Rep and CO Annual Reports

¹⁴⁶ Interview with BOS

¹⁴⁷ Ibid

¹⁴⁸ Interview with MoDP

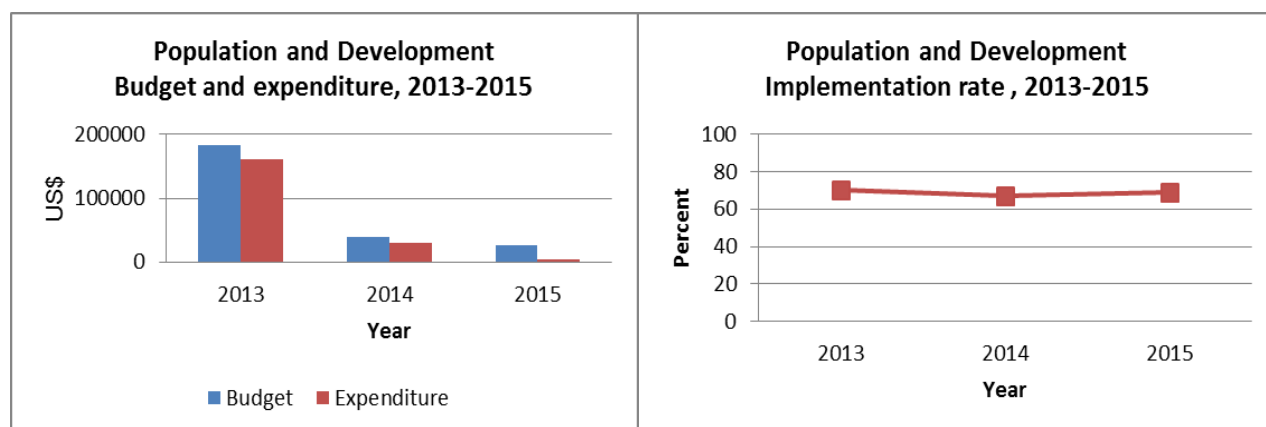
¹⁴⁹ Interview with BOS beneficiaries (trained staff)

sometimes works with members from other departments like the IT department and at district level to implement some activities, in particular activities related to data collection.

The UNFPA CO administrative and financial procedures were appropriate for the implementation of the CP in that they facilitated timely release of funds. Delays in the release of funds mainly affected the first quarter as in most cases the Annual Work plans were signed towards the middle of the first quarter. In some cases the delays were due to the procedures for recruitment of consultants which are lengthy and the MoDP activities had to be postponed¹⁵⁰. IPs provided quarterly expenditure reports as required.

In both the MoDP and the BOS Government budgeted for and provided funding for some activities. The BOS also secured funding from other development partners in particular support for consultants for training in the use of PDAs and development of applications for their use in data collection was a joint effort of the UNFPA and other development partners¹⁵¹.

Figure 9: Budget and Expenditure and Implementation Rate, Population and Development



4.4.4 Sustainability

Evaluation Question 4: To what extent have the programme interventions contributed to the development of capacities of its partners? (ii) To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Summary

The Population and Development Component interventions are not likely to be sustainable as the 6th document and the Annual Work Plans did not include exit strategies. Although some of the population and development component interventions have been integrated in government plans and Government budgets for some the interventions, the BOS and MoDP do not have the capacity to continue with the interventions without any donor support.

The Population and Development Component interventions are not likely to be sustainable as the 6th document and the Annual Work Plans did not include exit strategies.

¹⁵⁰ Interview with MoDP

¹⁵¹ Ibid

The main contribution of the Population and development component of the 6th CP was capacitating the Bureau of Statistics to collect and archive data. The training of BOS in the use of PDAs and development of applications for use of PDAs in data collection involved skills transfer to the BOS staff, the training included practical application where the staff were guided to develop the application for pre-testing. The training also included staff from other departments at BOS and the number of people trained guarantees sustainability. The trained staff members managed to monitor data collection using PDAs and address challenges during the census data collection. This suggests that BOS can continue use of PDAs for data collection without donor support.¹⁵²

The Population and Development component interventions are in line with national priorities and therefore form part of the institutional government plans. Both the BOS and MoDP budget for the activities and can therefore continue to implement some of the activities. However, the BOS and MoDP do not have the capacity to continue with the interventions without any donor support as some activities like the census have huge cost implications which the Government cannot meet without donor assistance¹⁵³. Similarly, sustainability of advocacy activities implemented by MoDP is unlikely beyond UNFPA support. These activities are implemented annually and are costly and although the Government can provide funds for these activities sustaining annual commemorations can be a challenge. In addition, the limited capacity of MoDP in terms of staff poses a challenge for the sustainability of the activities.

Conclusions

The Population and Development Component of the 6th CP is well-aligned to the national needs and priorities as well as to the UNFPA Strategy Plan of 2011. The Country Programme has facilitated availability of data thus making it possible for Lesotho to reach the goal of evidence-based decision making. As observed in the AWP with the implementing partners, namely Bureau of Statistics and Ministry of Development Planning capacity building was a major part of the 6th CP. This has strengthened national capacity especially in the area of data collection and processing. However, sustainability remains a challenge as the AWP did to include clear exit strategies. In addition Government capacity to finance these interventions is limited. To this end Population interventions remain largely donor dependent.

The Coordination of the 6th CP was not well structured and this coupled with the absence of a clear monitoring and evaluation strategy for the CP adversely affected monitoring of the implementation of the CP. The lack of capacity both at the UNFPA CO and among the implementing partners also contributed to delays in implementation of planned activities. On the part of the UNFPA CO there was high staff turnover during the implementation of the 6th CP and the population and development component was managed by different people over the implementation period and this slowed implementation. The MoDP department which is responsible for implementation of population and development component went through restructuring and lost a number of demographers.

The review of the population policy and the training of sectoral planners on integration of population issues in development policies and plans form the core of the population and development component

¹⁵² Interview with BOS training beneficiaries

¹⁵³ Interview with BOS

but have been postponed since 2013. These activities should be implemented in order to avoid undermining the gains realised in this area.

Recommendations

- UNFPA and Government should continue with the review of the population policy and the training of sectoral planners on integration of population issues in development policies and plans as this are critical to successful implementation of the 6th CP.
- CP coordination mechanism should be clearly defined and adhered to if the remaining activities of the 6th CP are to be achieved. The coordination role of government facilitates ownership of the CP which is currently limited. In addition the UNFPA needs to develop a monitoring and evaluation plan for the 6th CP and put in place personnel to oversee it.
- UNFPA should continue to support population and development interventions and mobilise addition support for these interventions as the Government of Lesotho does not have the capacity of continue with these interventions on its own. In addition, there is need for AWP to include exit strategies.

4.5 Strategic Positioning and Added Value of UNFPA CO

Evaluation Question 5: (i) To what extent is the UNFPA Country Office coordinating with other UN Agencies in the country, particularly where there is overlap?(ii) To what extent has UNFPA successfully taken advantage of opportunities for South-South Cooperation across all of its programmatic areas to facilitate the exchange of knowledge and lessons learned?

Summary

UNFPA is strategically positioned for its work within the UN. Based on stakeholder interviews it is evident that the UNFPA CO has taken good advantage of the UN “Delivery as one” strategy and is actively participating in supporting efforts to ensure synergy on gender related issues in the programmes of all agencies in Lesotho for improved coordination mechanisms, efficiency of resource use, accountability and knowledge sharing among in the UNCT.

Senior UNFPA CO staff have been actively participating of UNCT efforts to ensure common approach to development issues. In the UNCT UNFPA has the role to lead on GBV prevention and ensure a coordinated UN response and with the government and partners. It also chairs two result groups, GHRY and M&E, of which it accounts to the UNCT monthly on progress. Both work plans are aligned to the broader UNCT work plan to achieve results. Challenges are inadequate support of M&E to the programme and inadequate funding. UNFPA Programme Analyst for Gender and GBV UNFPA coordinates and chairs the Gender Human Rights and Youth Technical Working Group (ITWG) on this 6th CP, involving other UN agencies and invited stakeholders. She contributes special competencies in this area given her legal background and knowledge in gender issues.

UNFPA is a member of the Inter-agency Technical Working Group (ITWG) on Gender Human Rights and Youth.¹⁵⁴ The leadership role in ITWG is strategic enough to UNFPA for sharing on developments,

¹⁵⁴ The Inter-agency Technical Working Group (ITWG) on Gender Human Rights and Youth involves other UN agencies and invited stakeholders. UNFPA Programme Analyst for Gender and GBV is coordinator and chairs

and lobbying for and mobilising technical and financial of support from other UN teams. It gives leverage to contribute to mainstream gender in all UN organizations' programmes being aware that not everyone among them has the capacity to meet the requirement of mainstreaming gender in their work¹⁵⁵. It also contributes to prioritized strategic intervention UNFPA targeting the most vulnerable, disadvantages, marginalized and excluded population groups in line with the stipulations of the UNFPA Strategic Plan. Additionally ITWG provides coordinated and harmonised assistance of the UN organisations to the Government of Lesotho to ensure promotion of Gender equality and empowerment of women with men's involvement, through development and implementation of gender responsive laws, policies and programmes. This objective of UNFPA contributed to MDG3 and is responsive to provisions of SDGs 8, 10 and 11. This also builds on key national development policies including the National Gender and Development Policy; Sexual Reproduction Health, Vision 20020, RSDP as well as aligning to the UNDAF outcomes. The operations of the Group have challenges¹⁵⁶ of funding which could be overcome by exploration of new donor funding sources for the GBV programmes and further investment in partnership consultations to explore wider strategies in the prevention of GBV.

The Lesotho UNFPA CO is also a member of the UN Theme Group on HIV/AIDS and the lead agency for HIV Prevention and has partnered with UNAIDS and UNICEF to support the reestablishment of the National HIV and AIDS Commission which shall coordinate the country prevention mechanism¹⁵⁷s. Of relevance for the Gender component is ensuring incorporation of gender-transformative comprehensive sexuality education to increase the knowledge of HIV prevention for young women and men from the current 30% and 31% respectively.¹⁵⁸

.UNFPA has supported coordination at different levels to strengthen capacity and interventions in addressing GBV. At national level it has supported the Ministry of Gender and Youth, sport and Recreation in ensuring the convening of the Gender Technical Committee quarterly and the Research Committee. UNFPA contributes to Gender Technical Working Group (GTWG)¹⁵⁹ whose objectives are to improve implementation of CEDAW; developing uniform work plan; share activities and identify areas of collaboration. But this is lost to problems that have rendered it inactive in the last two years. Among the challenges are: poor attendance; high turnover of Focal points resulting in lack of continuity. At community level it has supported the resuscitation of community networks working of GBV and their capacity building. UNFPA has recently launched a GBV Response Team Network of CSOs in Lesotho initiative.

UNFPA added value is the strategic positioning within the UN system to contribute to national priorities on GBV and working closely with the government to sponsor policy, strategy and legal development on gender equality and GBV as well as capacity strengthening and coordination. UNFPA CO added value is partnerships and linkages with civil society organizations (HelpLesotho. LPPA, CareLesotho¹⁶⁰ and Monna Khotla) active in Gender SHR and GBV issues. It is able to effectively reach the communities to

the Group and therefore she contributes special competencies in this area given her legal background and knowledge of gender issues.

¹⁵⁵ Interview with Key Informant

¹⁵⁶ITWG is challenged by irregular attendance of institution members, inadequate support of M&E to the programme and inadequate funding.

¹⁵⁷ UNFPA 2015 Annual Report

¹⁵⁸ Ibid

¹⁵⁹ Comprising government line ministries, development partners and civil society representatives/focal points. Intended to meet quarterly.

¹⁶⁰ Until 2014

raise awareness, influence social and behavioural change and generate demand. UNFPA is positively perceived and its main comparative strength as perceived by stakeholders is facilitating and complementing some of their work while also responding to the needs of special social groups. ”

UNFPA is responsive to government needs and priorities with a human rights focus throughout the cross cutting gender mainstreaming. While UNFPA has stood out among UN agencies as a team player in support of issues related to gender equality, population, reproductive rights and GBV, some informants expressed concern that it lacks visibility compared to other UN agencies. Also it is perceived at the national stakeholder level as being “aloof”¹⁶¹ since last few years of the 6th CP; presenting leadership style and operational system that have affected programme outcomes. Change management is what UNFPA has to practice in the future for maintenance of effective implementation of projects and partnerships. Since the loss of its strategic partner in 2014 interviews and available documentation show that it has not succeeded in their replacement which this evaluation reveals from CO Annual reporting protracted inactivity regarding the gender component outcome 2.

The leadership role in ITWG is strategic enough to for UNFPA for sharing one developments, and lobbying for/mobilising technical and financial of support from other UN teams. It gives leverage to contribute to mainstream gender in all UN Agencies’ programmes being aware that not everyone among them has the capacity to meet the requirement of mainstreaming gender in their work¹⁶². It also contributes to prioritized strategic intervention strategies UNFPA targeting the most vulnerable, disadvantages, marginalized and excluded population groups in line with the stipulations of the UNFPA Strategic Plan. ITWG also provides coordinated and harmonised assistance of the UN to the Government of Lesotho to ensure promotion of Gender equality and empowerment of women with men’s involvement, through development and implementation of gender responsive laws, policies and programmes. This objective of UNFPA contributed to MDG3 and is responsive to provisions of SDGs 8, 10 and 11. This builds on key national development *policies including the National Gender and Development Policy; Sexual Reproduction Health, Vision 20020, RSDP as well as aligning to the UNDAF outcomes.*

UNFPA has supported coordination at different levels to strengthen capacity and interventions in addressing GBV. At national level it has supported the Ministry of Gender and Youth, sport and Recreation in ensuring the convening of the Gender Technical Committee quarterly and the Research Committee. UNFPA contributes to Gender Technical Working Group comprising government line ministries, development partners and civil society representatives/focal points. Intended to meet quarterly to: improve implementation of CEDAW; developing uniform work plan; share activities and identify areas of collaboration. But this is lost to problems that have rendered it inactive in the last two years. Among the challenges are: poor attendance; high turnover of Focal points resulting in lack of continuity.

¹⁶¹ Key informant Interview

¹⁶² Interview with Key Informant

At community level it has supported the resuscitation of community networks working of GBV and their capacity building ITWG is challenged by irregular attendance by institution members, re inadequate support of M&E to the programme and inadequate funding, Allocation Agency funds to the work plan remains a challenge. Attendance from some agencies is a challenge. These challenges could be overcome by exploring new funding sources from donors that fund GBV programmes, further invest in partnership consultations to explore wider strategies in the prevention of GBV.

Added Value

UNFPA added value is the strategic positioning within the UN system to contribute to national priorities on GBV and working closely with the government to sponsor policy, strategy and legal development on gender equality and GBV as well as capacity strengthening and coordination. *UNFPA CO added value is partnerships and linkages with civil society organizations (HelpLesotho, LPPA, CareLesotho¹⁶³ and Monna Khotla) active in Gender SHR and GBV issue. Therefore it is able to effectively reach the communities to raise awareness, influence social and behavioural change and generate demand. Therefore UNFPA is perceived positively and its main comparative strength as perceived by stakeholders is facilitating and complementing some of their work while also responding to the needs of special social groups. ” The strength [of UNFPA] is moving to events that are engaging from speech making e.g. on World Population Day” a young beneficiary in Thaba-Tseka.*

UNFPA is responsive to government needs and priorities with a human rights focus throughout the cross cutting gender mainstreaming. While UNFPA has stood out among UN agencies as a team player in support of issues related to gender equality, population, reproductive rights and GBV, some informants expressed concern that it lacks visibility compared to other UN agencies. Also it is perceived at the national stakeholder level as being “aloof”¹⁶⁴ since last few years of the 6th CP; presenting leadership style and operational system that have affected programme outcomes. Change management is what UNFPA has to practice in the future for maintenance of effective implementation of projects and partnerships. Since the loss of its strategic partner in 2014 interviews and available documentation show that it has not succeeded in their replacement which this evaluation reveals from CO Annual reporting lack of activity regarding the gender component outcome 2.

4.6 Gender Mainstreaming and Human Rights as Cross Cutting

Evaluation Question 6: To what extent has the Country Programme mainstreamed gender into its programming and included a human rights focus across all the programme areas?

The 6th UNFPA CP has adopted a Gender cross cutting and rights based approach in the implementation of its programmes, while it also have gender specific programme whose main output focus also cuts across over other areas including SRHS, HIV/AIDS. The mandate of the UNFPA includes taking a human rights approach to all it programming and also gender mainstreaming, defined as the process of assessing the implications of women and men of any planned action, including

¹⁶³ Until 2014

¹⁶⁴ Key informant Interview

legislation, policies or programmes in all areas and at all levels. It is a strategy for making women's and men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality (ECOSOC, 2002). The 6th CP has supported the rights of adolescents and young people in line with the priorities of the UNFPA Strategic Plan. The Safeguarding of Youth Programme has supported and advocated the establishment of Youth Resource Centres and Adolescents Health Corners , you advocacy and leadership training and the comprehensive sexuality education.

UNFPA CO has also played an active role through support to the Ministry of Gender to promote reforms within the legal system.

Gender as a cross cutting issues has been implemented effectively, guided by a coherent and comprehensive CP advocacy strategy across the different components to promote UNFPA's development mandates of RH, HIV, GE, and Youth). These have been addressed with focus on gender needs of the beneficiaries. They have been implemented in partnership with Government Ministries, civil society organisations and other donor agencies. The activities have been delivered training sessions, public events, provision of information/advocacy materials, and peer education approach in the YC etc.

Achievements

Gender in HIV Prevention Programme. In response to available data showing that only 38% of young women and 31% men have knowledge of HIV prevention¹⁶⁵ UNFPA under the in 6th CP has partnered with Ministry of Education and UNESCO and is supporting an HIV Prevention programme with a gender transformative comprehensive sexuality education that is scientifically accurate among 9-15 year olds – MoE and UNESCO.

The CO has endeavoured to gender sensitive in its support of condoms. In 2015 UNFPA re-established with UNICEF and UNAIDS the National HIV/AIDS Commission procured female condoms. It further it procured 100,000 female condoms which it distributed nationally, and supported distribution of 70 male condom models and 40 dispensers in seven YRCs as part of efforts aimed at promoting condom use. However, findings from the field indicate an obvious gender gap is obvious in condom accessibility and use¹⁶⁶ which are easier for boys even from business outlets than girls limited by cultural inhibitions to pick and/or negotiate condom use despite sensitization on their rights¹⁶⁷.

The Ministry of Gender is responsible for creating an enabling policy and planning environment to facilitate work on the UNFPA supported programmes. Therefore in connection with the HIV Prevention programme and as part of the gender component of CP the MGYSR in 2014 developed a national strategy on HIV, women and girls Action Plan 2012-2017.

Gender and Reproductive Health and Rights Programme. Because teenage pregnancy in Lesotho is high with 195 between the age of 15-19 having already commenced child bearing and the number rises to 40 % by the age of 19¹⁶⁸ UNFPA has supported participation of 300 adolescent girls and boys in a policy dialogue and awareness creation to address intergenerational sexual partners in fighting

¹⁶⁵ LHDS 2014

¹⁶⁶ Field interviews with Key informants and beneficiaries.

¹⁶⁷ Interviews with beneficiaries

¹⁶⁸ LHDS 2014

teenage pregnancy¹⁶⁹. Young girls were advised to avoid teenage pregnancy by making informed decisions.

In 2015, 225 females and 341 males were reached with SRHR and HIV and AIDs messages under UNAIDS/UNFPA SRHR-HIV Linkages project in which UNFPA provided coordination and technical and financial support for the project implementation. As part of Maternal health Death Surveillance and Response UNFPA supported an advocacy meeting for women leaders to accelerate reduction in maternal mortality and HIV especially among adolescent girls. The Ministry of Health trained 310 sex workers on SRH and life skills in Maseru and Leribe districts and 114 midwives on family planning method mix.

Adolescent Sexual Reproductive Health Programme is implemented by UNFPA partners, Help Lesotho and Ministries of Gender and of Education to provide young people especially adolescent girls with CSE and SRH information services. In 2015, 627 adolescent girls and 299 boys were reached with life skills packages (CSE/BCC & FP/SRHS services) by the MGYSR, and in the same year 1100 adolescent girls were among 6620 young people out of school who were reached with CSE, by LPPA, Help Lesotho and YRCs.

Also 758 adolescent girls reached with SRH information services including HTC. The MYGS has with UNFPA assistance developed Youth Resources Centre which during the evaluation field work were found to be accessed more by boys than girls due to lack of “pulling” facilities and activities for girls. Hence they denying the girls full access to SRH services provided there.

These findings from the evaluation demonstrated that through gender cross cutting approach UNFPA had achieved a significant level of coverage among young boys and girls. Most of boys and girls in the FGDs in Mafeteng, Mohale’s Hoek, Qacha’s Nek and Quthing Youth Centers and Leribe Help Lesotho acknowledged that their awareness levels and knowledge of issues related to gender, SHR, GBV and HIV/AIDs had increased and favoured UNFPA continued assistance. Therefore the strategy has effectively addressed the needs of youth. Based on interview findings, UNFPA-supported SRH commodities were well received and more educational material on SRH (CSE) in demand and more activities might help increase visibility for UNFPA in this important area (Thaba-Tseka).

Factors that Facilitated the Implementation of the 6th CP

Coordination

The CP was a result of joint planning by both the MGYSR and the UNFPA. Despite this, communication on UNFPA’s change in focus from gender to youth was not communicated clearly, particularly to junior officers responsible for implementing the programme. The plans were also subject to change without having been communicated to officer. Lack of political will and decision-making on the part of government has delayed progress.

Forming partnerships with stakeholders with similar implementation programmes contributed TO the success of the CP.

Resources

- i. UNFPA provided financial resources to the MGYSR and IPs to implement the CP. However delays in the signing of agreements and making disbursements resulted in delayed

¹⁶⁹ UNFPA CO Annual Report, 2015

implementation and the allocations for subsequent years of the CP being reduced as the MGSYR was perceived as not having the absorptive capacity to make use of all funds. The internal processes of both the MGYSR and UNFPA have led to the delays.

- ii. Most programmers that were funded by UNFPA get counterpart contribution from Government and eventually become activities directly budgeted for by Government. This is done to ensure continuity of those activities when the CP ends. The UNFPA support has been instrumental in ensuring the initiation of much-needed initiatives such as the Lapeng Centre. Respondents were unequivocal that without the funding injection, the Lapeng Centre would not have managed to sustain its operations.

Data

- iii. The UNFPA CP3 has faced important constraints on access to data as well as permission to collect pertinent data at the national level. Shortcomings in both the UNFPA and its partners, where gender-disaggregated data was not available affected the development and subsequent monitoring of CP activities. Partners were then trained in M&E to enable them to collect up-to-date data on their activities and to measure their effectiveness. The need for coordinated data collection and management as priority was reflected in the updated version of the CPAP.

District-level implementation

- iv. Allocating resources towards the implementation of the CP at district level has ensured that some measure of success is achieved. Xx number of youth have been reached through outreach educational campaigns on SRHR. Some districts report increased distribution of male condoms. While commendable, this does not address the glaring gender imbalance, highlighted by figures from Thaba-Tseka indicating that 6,900 male condoms and 200 female condoms been distributed between January and August (2016?). This discrepancy is reflective of the national picture as distribution points for male condoms are more accessible and conveniently placed. Male condom dispensers are widely available, even in commercial centres, whereas female condom distribution tends to be limited to outreach activities conducted by the Ministry. Further to that, cultural inhibitions play a role whereby teenage girls are still coy to buy or even negotiate condom use (except for a few married ones that were interviewed) despite being sensitized on their rights.
- v. The outreaches conducted were partially effective as some remote areas were hard to reach and some youth centres are not located where they easily accessible to all. Some YDSOs struggled with transport; there were not adequate resources available to ensure that the outreaches reached a wider population. The YDSOs also suggested to adopt a different strategy in mobilisation, to change from Lipitso's adopting an informal approach where they follow the youth to their places of entertainment where they are relaxed. Technology and social media such as Facebook and Whatsapp were cited as effective platforms to catch the attention of youth. Though this would exclude those who do not have access to such facilities, especially youth in remote areas. It was also suggested that the centres provide recreational activities that would attract youth and to hold informative sessions that they would useful and interesting.

Chapter 5: Lessons learnt and Challenges

5.1 Lessons learnt

A number of lessons are learnt from the implementation of the 6th CP of support to the government of the Kingdom of Lesotho. Some of the lessons are specific to each programme area while others are general in scope.

5.1.1 Sexual and Reproductive Health and Youth/ HIV

Promotion of behavioral change leading to positive sexual and reproductive health behavior is more important than condom distribution. Use of social media platform to promote knowledge sharing among adolescents and increase access to sexual and reproductive health services is an important lesson learnt from the CP implementation.

The materials developed for young people aimed at preventing HIV and increasing the uptake of contraceptives among young people really focused on them. The youth liked it and reported that they could understand and relate to the messages well.

The condom perception study has revolutionized acceptance of free condoms by the general public that should hopefully feed back positively into preventing HIV and decreasing the incidence thereof.

However, duplication of programme activities across different programme areas in the face of dwindling resources occasioned by the new business model does not provide a framework for scaling up activities.

5.1.2 Gender Equality and Gender Based Violence

At planning stage of any programme cycle, it is important to document all processes in sufficient detail and referred to in annual work plans and reviews to avoid institutional memory loss especially in the event of huge staff turnover. Given that GBV also emanates from values and belief systems, it is important for monitoring and evaluation purposes, future programmes include qualitative output indicators to address the complexity of measuring systems strengthening.

When targeting communities, use of local CBOs to assist with programme rollout is a sound strategy because it enables a high level of intervention relevance, local buy-in and contributes towards capacity development for programme sustainability¹⁷⁰.

Moreover, the use of local CBOs helps to improve programme coverage particularly in remote rural communities that are not readily accessible¹⁷¹. Including traditional authorities is a sound programme strategy given their standing in local communities and position as community-based mediators and

¹⁷⁰ Final report for the Evaluation of the Implementation of the Safer South Africa Programme on Violence against Women and Children

¹⁷¹ Ibid

gatekeepers. Their involvement also improves buy-in of key stakeholders which contributes to programme sustainability¹⁷². Community dialogues and community safety plans are innovations for mobilising social change and facilitating social cohesion and collective decision making in dealing with issues of gender-based violence.

5.1.3 Population Dynamics

The integration of population dynamics, sexual and reproductive health and rights, HIV and gender equality issues in integrated development plans (IDPs) requires broad participation of stakeholders from government, private sector and civil society to ensure a successful and consultative process of commonly agreed up on issues.

Provision of technical support critical in reaching results. Government was adequately prepared for the 2016 Population and Housing Census as a result of technical assistance on development of 2016 Population and Housing Census document¹⁷³

Involvement of high authorities in critical activities strengthens advocacy for population and development programmes e.g. involvement of government Ministers, Deputy Ministers, Senior government officials, Members of Parliament in the High Level Advocacy Forum for Women Leaders on Maternal Health and HIV prevention- Safeguarding Adolescent Mothers¹⁷⁴.

In some instances UNFPA implemented activities without involving the Government through MoDP and the implementing partners e.g. The Test and Treat campaign in Qacha's Nek and this results in lack of ownership of such interventions. The Coordination role of government should not be underplayed.¹⁷⁵

5.1.4 General Lessons Learnt

- Coordination of the different partners and stakeholders are important in order to strengthen integrated approaches to supporting health priorities of government, advocacy efforts, and activities and programmes. Such efforts are also important to assure buy-in, accountability and ownership of the programme at a national, provincial and district level. Furthermore, the unintended consequence of the integrated AWP and PCF which has brought key sector departments together. This was not in place prior to UNFPA support.
- Data collection, monitoring and evaluation of policies and programmes are important in checking progress, programme implementation, and future planning. This must be carried out well; otherwise it affects the programme implementation.
- Post-training and mentoring is important to ensure that learning is reinforced, that new capacities and skills are consolidated, and that supportive relationships can be set in place.
- There is need for clarity in definitions and measurement for output level indicators in the CPAP to facilitate tracking of progress in achieving results.

¹⁷² Ibid

¹⁷³ CO Annual Report 2014

¹⁷⁴ Report On The High Level Advocacy Forum For Women Leaders On Maternal Health And HIV Prevention- Safeguarding Adolescent Mothers

¹⁷⁵ Interview with MoDP

- High-level government involvement and participation in CP activities facilitates expedited implementation.
- Sustainability of some interventions and scale-up plans by government should be built in the design of the programmes and agreed with government partners at the beginning of a programme cycle.
- Strategic prioritization of key interventions leading to outputs based on expected modes of engagement is a key for success as programme strategies have been shifted and financial resources have been reduced.

5.2 Challenges

5.2.1 Sexual and Reproductive Health

It is often difficult to delineate activities and outputs into thematic areas, such as SRH, at district and community level. In fact most programmes are interlinked and cut across more than one UNFPA thematic area. As such, it often involves more than one department and / or partner to be involved in the implementation of the activity. This presents a challenge in that often an activity may not be accomplished in the planned time, given that approvals and buy-in are required from multiple partners and stakeholders.

5.2.2 Youth/ HIV

Policies are multiple and need numerous programs to ensure their full effectiveness among the general public. Also having to scale up implementation to focus on policy and higher functions has been particularly challenging for the UNFPA CO. This has resulted in a different mode of engagement resulting in the level of working being disjointed and at times the absence of adequately skilled personnel that are more competent in these areas. Finally, the repetition of similar activities across departments, while providing activities, also caused confusion and competition among the departments.

5.2.3 Gender Equality and Gender Based Violence Prevention

The implementation of activities under the gender component faced some challenges.

5.2.4 Population Dynamics

The shortage of highly skilled technical advisers/consultants/service providers in the area of population and development led to some delays and postponement of activities. Secondly, the best practice model in integration of population dynamics into integrated development plans (IDPs) could not be rolled out to other districts because the materials developed to guide the process were not comprehensive in scope and content.

ICPD outreach programme could not be extended to parliament and senate owing to political instability which led to prorogation of parliament for several months¹⁷⁶

¹⁷⁶ CO Annual Report 2014

The Country Program does not have some indicators and targets and this impedes progress monitoring. Surveys that could provide some of the data were still on-going

Health Management Information System is very weak hence there were challenges in reporting service data relating to the Bull's eye.

5.2.5 Most of the recommendations in the 5th Country Programme evaluation report were not taken into consideration in planning and hence not implemented.

Chapter 6: Conclusions

Conclusions and recommendations are organised in three clusters: strategic, programmatic and programme design and management levels.

6.1 Strategic level:

UNFPA's support to Mountain Kingdom of Lesotho is well aligned to the UNFPA Strategic Plan. Its ability to forge strategic partnerships with multinational, bilateral development agencies and national government departments is impressive. Through this UNFPA is contributing to the improvement of the coordination of the UNCT. Its contribution is useful when the Fund takes the lead of the coordination process. The response capacity of UNFPA CO is highly appreciated by other development partners and its national stakeholders. The two provincial offices with their district outposts have proved useful in UNFPA's flexibility and quick capacity to respond to issues that emerged at the local levels. UNFPA's added value in the 4 programme areas has been demonstrated by the results of their effectiveness. However this added value is often misunderstood by its national partners and beneficiaries who most often see UNFPA as a funding, rather than, a technical agency.

UNFPA is described as an "important and valued" member of the UNCT in Lesotho, although its visibility is in doubt; open to coordination of its activities with other UN agencies and willing to cooperate where it adds value. Specifically, UNFPA is a leader in data issues, monitoring and evaluation. It has chaired UNCT Joint team on M&E Theme Group, which is tasked with the responsibility of tracking progress in UNSCF.

6.2 Programmatic Level

Relevance

The 6th CP is in line with the country's National Strategic Development Plan: Vision 2020; UNFPA's Strategic Plan, the MDGs and ICPD PoA and CEDAW and Bpfa. It responds to existing needs in the Kingdom in terms of reproductive health, HIV, GBV, poverty and inequality. The needs for population data are still high with few disaggregated data sets available and accessible to the UNFPA, UNCT and development partners. Alignment of the programme with national policies and strategies remain clear.

Effectiveness

Assessment of indicators in the 6th CP Results Framework at output and outcomes levels has shown that as at 2016, significant progress is recorded to have been made. There have been important achievements in policy, guidelines and advocacies and service delivery especially among the youths. However expected changes or effects of the various interventions remain unclear or difficult to infer, as surveys at measuring the indicators have not been conducted.

Efficiency

There is efficient use of human, financial, logistics and technical resources. UNFPA CO follows the laid down guidelines in procurement of services and materials. Financial resources are well managed,

guided by UNFPA checks and balances. No reported qualified audit has been documented. The structure of human resources is aligned to Strategic Plan process, though some posts are frozen due to financial constraints and tasks relocated. The present business model of UNFPA CO aligns with the recently developed classification of UNFPA HQ as part of the implementation of the global UNFPA Strategy 2014-2017.

Financial resources management: Regular follow-up is made with IPs for financial tracking and no evidence of qualified audits was reported to the Assessment Team. Fund disbursements are made on the basis of standard quarterly reporting. Despite reported challenges in preparing reports by IPs, there is a high implementation rate across all programme areas. Given the limited resources of the UNFPA programme, review of the geographical focus of the various components will need to take efficiency issues into account.

Human Resource Management. The organogram of the CO has been revised as part of the SP alignment process to ensure that the staff structure matches the results. Some posts have been frozen due to financial constraints and tasks reallocated. The UNFPA CO office systems are optimal for the changing roles of the agency in the middle income country categorisation and in delivering as one (DaO). There is a country representative, a deputy country representative and an assistant representative and specialists covering the various programme components.

Every UNFPA CO has staff capacity development plan. This involves drawing up a staff training plan based on annual staff assessments. In view of further changing mandate, there is need for further training of staff to operate optimally for high level technical and political advocacy, forging partnerships, strong monitoring and evaluation and resource mobilisation as required in the new Business Model.

Monitoring and Evaluation is in place, with clear regular reporting mechanisms but actual implementation is weak. Thus limited quality assurance is in place. Overall M & E needs to be strengthened to document sustainability results, good practice and lessons learnt. The need to strengthen the M&E is stressed. The monitoring of the CP is by the use of the Results and Resources Framework. However there are limitations in terms of the indicators at outcome and output levels, and baseline data are missing in most cases. Monitoring, thus, has been on activity and output and hence has not been possible to document changes in all the CP indicators.

Given the limited resources of the UNFPA programme due to its classification as middle income country, with reduced funding, review of the programme components and geographical focus will need to be considered. Under the new business model, supporting activities in 10 districts is not sustainable.

Operational Resource mobilization remains a critical issue for continuation of the 6th CP. With core funding from HQ decreasing due to the new business model, the CO should explore alternative means of resource mobilization.

Sustainability

Sustainability of the 6th CP activities can only be expected from those activities that address longer term development requirements. However the changing business model of UNFPA implies diminishing resources. This requires strategic way to achieve sustainable results. In the face of shortage of skilled and competent labour, the high turnover of employees of IPs means that technical support for capacity-building does not always build the capacity of the organisation in the long-run. It is doubtful if current

programmes can be scaled up without proper UNFPA support. However directions and priorities of the next country programme will be decided in partnership with government and other partners. Alternative funding models can be explored, for example, since the issues of SRHR and youths are at the forefront of government policies, UNFPA CO may concentrate only on technical assistance for those programmes while governmental partners should focus on downstream activities of service delivery at district levels.

The 6th CP has contributed to key policy and strategic documents, guidelines and strategic information. Most of these documents are in draft forms. To be able to contribute to sustainability, they need to be finalised and actual implementation started.

Monitoring and Evaluation

IPs submit quarterly financial and narrative reports to report on activities and expenditure against the planned activities for that quarter. Each programme staff member is responsible for one or more of the Annual Work plans, and they submit a quarterly report on activities in the work plan. In addition, progress is reported at the fortnightly Programme and Finance meetings to monitor whether activities are on track and whether intervention is required to solve bottlenecks. An annual report is compiled to report on progress for the year. Periodic evaluations are planned for particular activities. CO provided training on Results-based management for its staff and counterparts including IPs.

Chapter 7: Recommendations

7.1 Strategic level

Following the classification of Mountain Kingdom of Lesotho as a middle income country, this means decreased core resources for the UNFPA CO. There is need therefore for the UNFPA CO to continue building and strengthening partnerships with other UN Agencies under the umbrella of Delivering as One (DaO) so that resources can be sourced and pooled together to support activities of the CP. Partnerships with bilateral development partners, local charity Foundations and national departments should be explored.

Priority: High

Target level: UNFPA CO, MoDP

Operational Implications

Document reviews and interviews revealed that the UNFPA CO has collaborated with other partners in implementing some of the CP activities. These strategic partnerships have worked well and should continue in the next Country Programme in view of the decreasing core resources. The UNFPA CO should therefore engage more with potential strategic partners for the next CP.

7.2 Programmatic level

7.2.1 Continue to align the CP to national and international goals and objectives with regards to SRH, with greater emphasis on the needs to the community that UNFPA supports

Priority: High

Target level: UNFPA CO

Operational Implications

Although it is important to ensure that the next CP is in line with the SDGs and the international SRH and development agenda, it is even more important to ensure that the support provided to communities and beneficiaries on the ground addresses the specific SRH needs of that community. As stated previously, interviewees often mentioned that the activities and priority areas that are supported are in fact not always the key social ills within particular communities where UNFPA provide support.

There is need for continued wide consultations and participation of government departments, civil society organisations and other relevant stakeholders for the next Country Programme to ensure that it is relevant and aligned to Lesotho's national policies and international development agenda. This will ensure that the national needs and priorities of the country are addressed with consensus of the various stakeholders.

7.2.2 Continue to increase the effectiveness of the Country Programme outputs, the scope and geographical spread of the interventions need to be thinned down.

Priority: High

Target level: CO and MoDP

Operational Implications

This can be done by first doing a situational analysis/baseline of the intended beneficiaries, to align the activities and outputs that are needed. This can also serve as baseline figures, which will be measurable throughout the CP. This would require a more targeted approach – both in terms of the scope of the programme as well as the geographical focus. Focus on a particular community in which activities and support provided are continuously focused within the area will increase the effectiveness of the support UNFPA is currently providing. Furthermore, support and seed funding should be spent on few thematic areas, and more concentrated outputs and outcomes that are in line with the social ills of the community. This may be facilitated through negotiations and discussions first from the community and district, and then followed with discussions at provincial and national levels – together with representation from the community and district in which UNFPA would be providing support. Furthermore, as part of the end of programme evaluation, a separate study of beneficiaries in particular, to assess whether beneficiaries do in fact implement what they have been taught, should be conducted. Lessons learned in a smaller geographical area, could then inform scaling up in other districts in the country.

7.2.3 Streamline the four programmatic components for effectiveness and efficiency in the 7th CP in the face of dwindling resources and for sustained maximum impact.

Priority: High

Target level: UNFPA CO and MoDP

Operational Implications

In the 6th Country Programme, the ET observed overlaps in these programmatic components namely SRH, Youth/HIV and Gender. It is proposed that these three programme areas be merged into one as SRH, broadly defined. The 7th CP could have two components, SRH and Population Dynamics while the issue of human right and gender mainstreaming will be cross-cutting. This will help reduce cost and enhance effectiveness and efficiency.

7.2.4 Exit or hand-over strategies and activities must be included at the end of each output and activity in a programme cycle.

Priority: Medium

Target level: UNFPA CO

Based on Conclusions: 6.1.2, 6.2.5

Operational Implications

Exit or hand-over strategies and activities must be included at the end of each output and activity, in order to ensure a higher likelihood that best practices are sustainable and continued even after UNFPA support. This would be facilitated in government assuring that there is consistency in government representation and a key focal person from government at all meetings in order to increase institutional memory and champion scale-up and advocacy.

7.2.5 There is need for continued strengthening of national capacity to integrate population dynamics issues into development plans and programmes

Priority: High

Target level: UNFPA CO, MoDP, Bureau of Statistics

7.2.6 Continue supporting the capacity to generate, analyse and utilize data to inform, monitor and evaluate policy and programme implementation

Priority: High

Target level: UNFPA CO, MoDP and BOS

Operational Implications

Despite the support that has been provided in the previous Country Programmes in ensuring that there is information available for evidence-based policy making as well as decision-making, there is still need to continue supporting this activity because of the ever changing data needs. In the current climate of Big Data and Demographic Dividend, skills to respond to the emerging needs and be able to monitor and evaluate the SDGs are needed. However, an assessment is needed on what areas to focus on that will be beneficial to all stakeholders. One area to consider is practical utilization of the acquired skills in various government departments.

7.3 Country Office

7.3.1 There is need to strengthen the UNFPA CO' monitoring and evaluation mechanism to ensure the availability of complete information on programme outcomes, lessons learnt and challenges.

Priority: High

Target level: UNFPA CO

Operational Implications

During the assessment of the 6th CP gaps in information were noted, that is, quarterly reports were not available for some years. There were missing baselines. Some indicators were not specific to clearly follow which aspect is being measured in the numbers achieved. The definitions and measurement of the indicators were also not clear. There is need for the monitoring and evaluation component to be strengthened.

7.4 Further Recommendations

7.4.1 Considering the new business model with its attendant declined in core funding to the CO and emphasis on upstream activities, the 7th CP should focus on high level advocacy and provide high level technical assistance for the implementation of policies, guidelines and strategies.

7.4.2 Reduce the range of activities and implementing partners to only those that will provide quality strategic and sustainable results to the CO. This select group of partners should be carefully selected and trained on how to provide quality services to the agency.

7.4.3 In order to promote efficiency in the use of resources, the following actions are recommended:

7.4.3.1 Provide forum for staff interaction for more synergistic and strategic thinking, sharing ideas and skills and provide in-house capacity development across the reduced programme areas.

7.4.3.2 Reduce the number of programme areas by merging SRH, Youth/HIV and Gender equality as one programme, while population and development interlinkages which is the core mandate of UNFPA remains as one.

7.4.3.3 Joint resource mobilization with other agencies and government partners for upstream activities, while government counterpart funding will be used for those specific downstream activities at the district level.

7.4.3.4 To promote sustainability, more resources should be accessed so that successful programmes can be continued and scaled up in other districts.

7.4.3.5 Strengthen strategic support for CBOs and CSOs and government partners to build and operational capacity for gender mainstreaming and around GBV prevention, building on current programming and achieving greater synergies, partnerships and monitoring and evaluation of results.

7.4.3.6 The CO should continue to provide strategic technical assistance to all the programme activities, working with national counterparts (e.g. MoH, MGYSR) to support country-wide roll-out of impactful activities to other districts. It should also support government to provide quality services to the community in the different areas.

7.4.3.7 With dwindling resources, government partners should explore mechanisms to ensure that successful capacity-building activities continue.: continue training to sustain the development of skills among staff of institutions that generate data for national planning and development and operationalization and utilization of skills acquired for integration of population issues in national development.; continued advocacy for the relevance of population in national development agenda and continued support for advocacy and effective implementation of existing policies and strategies.

7.4.3.8 Conduct specific impact surveys to assess the effects or impact of the various programme initiatives at the end of the programme cycle. The studies will use triangulation methodologies to assess the impact of all the relevant intervention activities on the individuals, society with a view to documenting the extent of their contribution to the CP goals.

Annexures

Annex 1: Terms of Reference



TERMS OF REFERENCE

COUNTRY PROGRAMME EVALUATION OF UNFPA 6TH COUNTRY PROGRAMME (2013-2017)

1. Introduction

The UNFPA Lesotho Country Office is planning to conduct an evaluation of its 6th (2013- 2017) Country Programme of Assistance to the Government of Lesotho in 2016 in accordance with UNFPA 2013 Evaluation Policy.

The evaluation will serve three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the International Conference on Population and Development Beyond 2015 (ICPDb2015) and the Sustainable Development Goals.

The evaluation will be conducted by a team of independent evaluators and will be managed by the UNFPA Lesotho Country Office, with support provided by ESARO M&E Adviser in the various stages of the evaluation process.

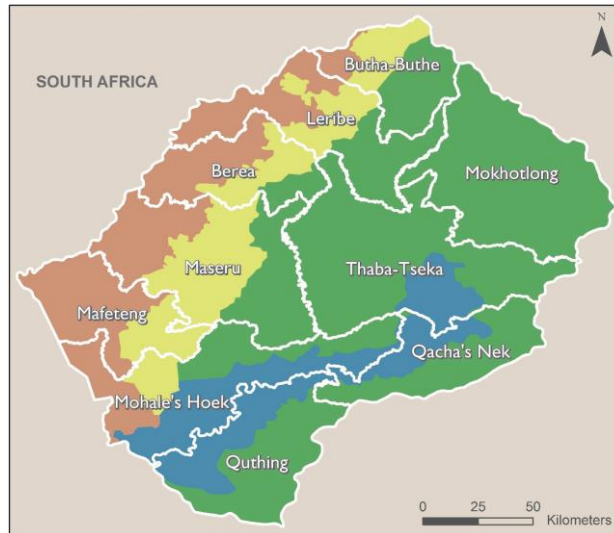
The primary users of the report of this evaluation are the programme managers within UNFPA, the Executive Board, Government counterparts in Lesotho and other development partners.

2. Country context

Lesotho is a small, lower-middle-income country that has made some development progress over the past decade, but remains vulnerable to internal and external shocks.¹⁷⁷ It ranks 158 out of 187 countries on the UN Human Development ranking, falling into the Category of low human development.¹⁷⁸

¹⁷⁷ Lesotho United Nations Development Assistance Plan (2013-2017)

¹⁷⁸ MDG 2013 Lesotho report



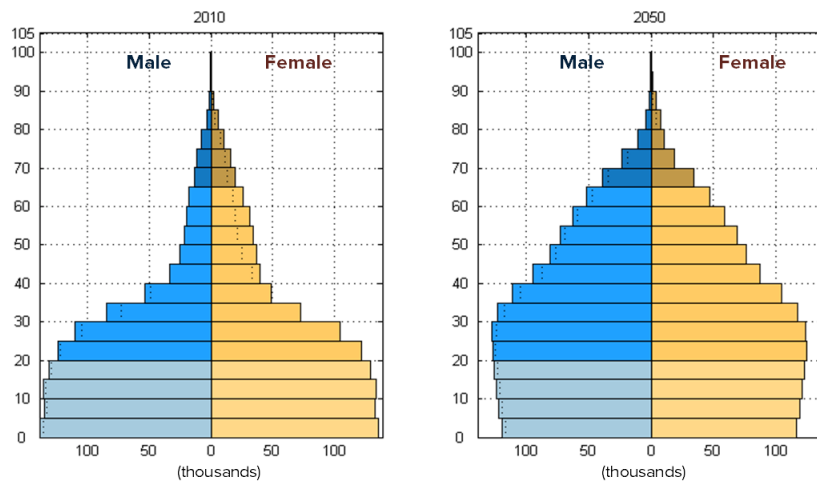
Ecological Zones

- Foothills
- Lowlands
- Mountains
- Senqu River Valley

Source: Lesotho DHS 2014

The total population of Lesotho for 2015, projected from the 2006 Census, is 1.9 million, with women constituting 52% with 36% of the population under 15 years of age.¹⁷⁹ Due to the devastating impact of the HIV/AIDS epidemic, average life expectancy stands at 48.7 years.¹⁸⁰

Total population by age group and sex, 2010 and 2050



Source: Population pyramids are based on medium variant of the 2010 revision of the World Population Projections (WPP) by UN Population Division.

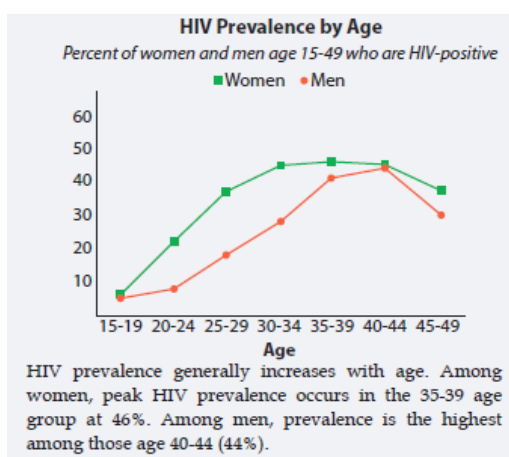
¹⁷⁹ Census 2006

¹⁸⁰ MDG 2013 Lesotho report

National poverty figures indicate that 57.1% of the population lives below the national poverty line. The population is predominantly rural with approximately 77% residing in rural areas. The rural population depends to a large extent on subsistence agriculture for their livelihoods. However, owing to low agricultural productivity and with only 10% of its land surface available for arable agriculture, the country relies heavily upon imports from South Africa.¹⁸¹ Income distribution is unequal indicated by a Gini coefficient of 0.54.

The health MDG assessment in Lesotho showed the country as being off-target in reducing child mortality, improving maternal health and combating HIV and tuberculosis, with a slow reduction in stunting.¹⁸² These issues have been carried over into the post-2015 agenda.

About 314,000 adults and children are living with HIV in Lesotho, with 23% of adults aged 15-49 infected with HIV, the second highest rate in the world. Women bear the higher burden of the disease with 26.7% aged 15-49 infected, compared to 18% in men. HIV prevalence among key affected populations is significantly higher than the general population: sex workers (72%), factory workers (43%), men who have sex with men (33%) and inmates 31%, respectively.¹⁸³ There was, however, a 17% decline in new HIV infections between 2001 and 2014, from approximately 23,000 (19,000 adults and 4,000 children) to 19,000 (Adults 17,000 and children 2,000) and AIDS-related deaths by 43% from approximately 14,000 to 8,000.¹⁸⁴



Source: 2014 Lesotho Demographic and Health Survey

Only about one third of those needing ART have access (adults 35% and children 30%), which is far below the 80% 2015 target. ART coverage for pregnant women showed a downward trend from over 95% in 2011 to 74% in 2014, resulting in an estimated 1600 new infections in children in 2014 (Lesotho Country Report. 2014).

The Demographic and Health Surveys of 2004, 2009 and 2014 produced data of the Maternal Mortality Ratio (MMR) as reflected in the graph below. The estimated maternal mortality ratio in 2014 (1,024) is lower than in the 2009 LDHS (1,243) and higher than in the 2004 LDHS (939) but the estimates for those years are not significantly different from one another.¹⁸⁵ Most maternal deaths are preventable and caused by lack of access to health services, particularly in rural areas. Although

¹⁸¹ MDG 2013 Lesotho report

¹⁸² MDG 2013 Lesotho report

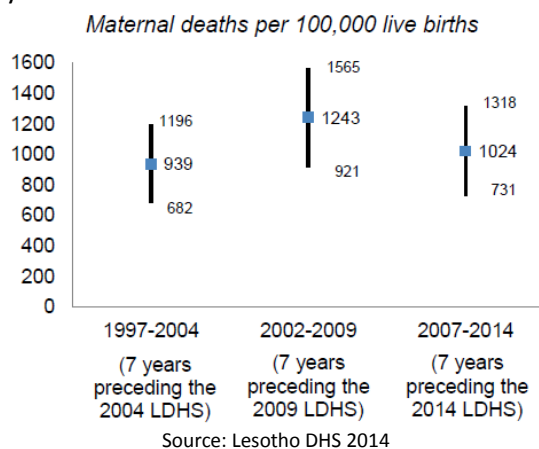
¹⁸³ UNAIDS updated situation analysis for adolescent and young people health 2015

¹⁸⁴ Lesotho country report 2014.

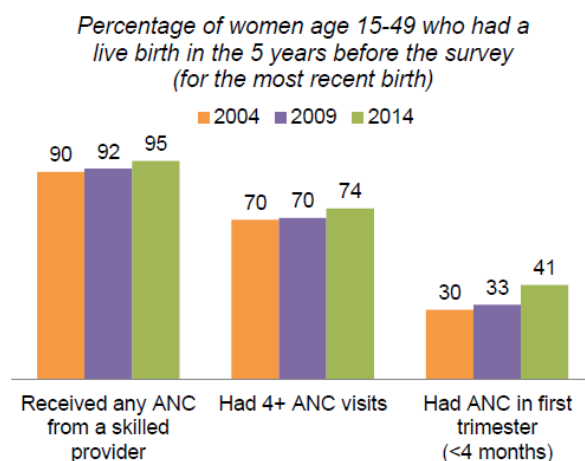
¹⁸⁵ Lesotho DHS 2014

there has been an increase in skilled personnel attending births since 2004, maternal deaths remain high.¹⁸⁶

Trends in Maternal Mortality ratio with Confidence Intervals



In terms of antenatal care coverage, ninety-five percent of women who gave birth in the 5 years before the survey received antenatal care from a skilled provider for their most recent birth. However, only 41% had their first antenatal visit during the first trimester, and only 74% had the recommended four or more visits. All indicators have improved since the 2004 and 2009 surveys.¹⁸⁷



Source: Lesotho DHS 2014

3. UNFPA programmatic support to Lesotho

Since 1985, UNFPA has supported the Government of Lesotho to implement five programmes cycles. The 6th Country Programme (CP) currently underway covers the period 2013 – 2017. Formulation of the CP was based on the United Nations Development Assistance Framework (2013 – 2017), Lesotho National Strategic Development Plan (NSDP) and Vision 2020; sectoral policies and frameworks; UNFPA's Strategic Plan and MDGs.

The program was designed to support three components: Reproductive Health; Population and Development; HIV prevention and Gender. With the realignment of the programme in 2014, the HIV

¹⁸⁶ MDG 2013 Lesotho report

¹⁸⁷ Lesotho DHS 2014

prevention component become cross cutting and an adolescent and youth component was emphasized.

The Government of Lesotho (GoL)/the United Nations Population Fund's 6th Country Programme Document (CPD) focuses on improving reproductive health, preventing HIV, promoting gender equality and women's empowerment, and improving the availability and utilization of data for development.

The goal of the sixth country programme is to contribute to the improvement of the quality of life of the people of Lesotho, especially among women and young people, through promoting universal access to sexual and reproductive health and rights. In particular, the programme sought to reduce maternal mortality, the unmet need for family planning, new HIV infections and gender based violence, informed by a better understanding of population dynamics, and using rights-based and gender-sensitive approaches. The 6th country program aimed at scaling up advocacy efforts for an enabling policy and programming environment towards the achievement of MDG's in particular MDG 5 and the ICPD agenda.

In the 6th country program, UNFPA Lesotho worked with the following partners; Ministry of Gender, Youth, Sports and Recreation, Bureau of Statistics, Ministry of Health, Ministry of Development Planning, HELP Lesotho, Lesotho Planned Parenthood Association, Lesotho Chamber of Commerce and Industry, and Lesotho Network of People Living with HIV and AIDS.

Under UNFPA's new Business Model (linked to UNFPA's new Strategic Plan 2014-2017), Lesotho has been characterized as having a high level of need and a low national ability to finance their own interventions – and given the colour code “red”. As a “red coloured country”, UNFPA Lesotho expected modes of engagement are: i) service delivery; ii) capacity development; iii) advocacy and policy dialogue/advice; and (iv) knowledge management.¹⁸⁸

The 6th country programme was formulated through a consultative process involving various stakeholders, drawn from the National Strategic Development Plan (2012/13-2016/17) and the United Nations development assistance framework (2013-2017). The GOL/ UNFPA 6th Country programme was designed to contribute to national priorities through 4 outcomes of the UNFPA strategic plan 2013-2017:

1 Maternal and new-born health and HIV and sexually transmitted infections prevention (strategic plan outcome 1)

Output 1: Increased availability of sexual and reproductive health services including family planning, maternal health and HIV

2. Safeguarding young people (strategic plan outcome 2)

Output 2: Improved design and implementation of quality Comprehensive Sexuality Education (CSE) package for young people especially adolescent girls by line ministries and CSOs

3. Gender equality and GBV (strategic plan outcome 3)

Output 3: Prevention of gender based violence and promotion of gender equality and SRH services including HIV strengthened by the Ministry of Gender Youth Sport and Recreation (MGYSR) and CSOs at the district and community levels

4. Population dynamics (strategic plan outcome 4)

¹⁸⁸ UNFPA Strategic Plan 2014-2017

Output 4: Enhanced integration of evidence-based analysis of population dynamics and their inter-linkages with sexual and reproductive health, HIV and gender equality into policies and development processes at national and community levels.

3. Objectives and Scope of Evaluation

The overall objectives of the CPE are:

- 2 To assess the relevance and contribution of the UNFPA 6th Country Program to national development results given the country context.
- 3 To generate a set of clear, forward-looking and actionable recommendations logically linked to the findings and conclusions. These recommendations will include specific guidance on the development of the new country program.

Specifically, the CPE aims to:

- e) Provide an independent assessment of the progress of the program towards the expected outputs and outcomes set forth in the results framework of the country program;
- f) Provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

4. Scope of the evaluation

The evaluation will cover interventions implemented within the current country programme during the period 2013 – 2016.

The evaluation will cover all the districts and provinces where UNFPA implemented interventions (including the central and the 10 districts).

The evaluation will cover the three technical areas of the country programme (population and development, reproductive health and gender). In addition, the evaluation will cover cross cutting aspects such as human rights based approach, gender mainstreaming, coordination, monitoring and evaluation, and partnerships.

- a. Reproductive health with emphasis on:
 - ❖ the supply chain, availability of commodities at service delivery points level,
 - ❖ capacity development for provision of SRH services as well as creation of demand for these services with an emphasis on Family planning services for adolescents girls,
- b. Safeguarding young people including adolescents sexual and reproductive health
- c. Gender, covering aspects of improving a policy environment and building capacities for gender based violence prevention and management
- d. Population and Development, looking at aspects of ensuring availability of disaggregated data, availability and use of evidence for programming and status of population dimension integration in key development policies, plans and frameworks develop during the period under review

5. Evaluation Criteria and Evaluation Questions

In accordance with the methodology for CPEs as set out in the UNFPA Evaluation Office Handbook on How to Design and Conduct Country Programme Evaluations (2013), the evaluation will be based

on a number of questions. The evaluators will assess the **relevance** of the UNFPA country programme including the capacity of the CO to respond to the country needs and challenges. The evaluators will also assess progress in the achievement of outputs and outcomes against what was planned (**effectiveness**) in the country programme action plan (CPAP) as well as **efficiency** of interventions in terms of human as well as financial resources and timing concerned and **sustainability** of results. The indicative questions based on the above four main components are given below:

Relevance

- To what extent was the country programme (i) adapted to the needs of the population (ii) aligned with government priorities (iii) as well as with the ICPD agenda and strategies of UNFPA?
- To what extent has the country office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?

Effectiveness

- To what extent have the interventions supported by UNFPA in all programmatic areas contributed to the achievement of planned results?
- To what extent has the programme integrated gender and rights-based approaches?

Efficiency

- To what extent were the resources (financing instruments, administrative, staff, timing and procedures) used efficiently to achieve the expected programme results?
- To what extent were lessons learned documented and used to inform programme implementation?

Sustainability

- To what extent have UNFPA supported interventions contributed to the development of capacities of its partners?
- To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Besides the above standard evaluation criteria, the programme will also be assessed against the following specific criteria, with a view to characterizing the strategic positioning of UNFPA within the UN system and other development partners in India:

Strategic Alignment

UNCT and other Coordination Mechanisms

- To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly in the event of potential overlap?

Added Value

- What are the main comparative strengths of UNFPA in Lesotho, how are these perceived by national and international stakeholders?

The final evaluation questions and the evaluation matrix will be finalized by the Evaluation Team in the design report.

6. Methodology and Approach

6.1 Approach

The evaluation will be transparent, inclusive, participatory, and will integrate both gender and human rights perspectives. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

- a) responds to the needs of users and their intended use of the evaluation results;
- b) integrates gender and human rights principles throughout the evaluation process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;
- c) utilizes both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

The evaluation will utilize a theory-based approach. The evaluation team will be expected to reconstruct and understand the logic behind the country program interventions for the period under evaluation from planning documents and represent it in a diagram to be presented in the inception report. The theory of change (ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation, including the most important implicit assumptions underlying the change pathway. The ToC will include the types of intervention strategies or modes of engagement used in program delivery, the principles/guiding interventions, the elements of the intervention logic, the type and level of expected changes and the external factors that influence and determine the causal links depicted in the theory of change diagram. The ToC will be tested during the field and data collection phase.

The evaluation will utilize a mixed methods approach. Quantitative methods will encompass compiling and analysing quantitative secondary data through relevant reports, financial data, and indicator data. Quantitative data will be used to assess trends in programming, investment and outcomes. This information will be complemented by qualitative methods for data collection consisting of document review, interviews, focus group discussions, and observations through field visits.

Qualitative methods for the analysis of the data will include content analysis, validation techniques and testing the causal assumptions. Data will be disaggregated by relevant criteria (wherever possible): age, gender, marginalized and vulnerable groups, etc. Contribution analysis will be used to assess causal links and triangulation will be applied in order to guarantee the reliability and robustness of findings and will consist in cross-referring different sources of data and data collection methods.

The Country Program Evaluation will be carried out in accordance with the revised UNFPA Evaluation Policy. The evaluation will follow the guidance on the integration of gender equality and

human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (Annex 1).

Stakeholders' participation

The evaluation will adopt an inclusive and participatory approach, involving a broad range of partners and stakeholders at both national and sub-national levels. The evaluation will ensure the participation of women, girls and youth, in particular those from vulnerable groups of targeted populations.

The evaluation team will undertake a stakeholder mapping exercise in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the program. A list of stakeholders will be provided to the evaluation team by the evaluation manager during the design phase.

6.2 Methodology

During the design/inception stage, the evaluation team will conduct a comprehensive desk review to define the evaluation design, including data collection and analysis methods and required tools. The proposed methodology is to be outlined in the Design Report prepared by the evaluation team with inputs from the Evaluation Reference Group (ERG).

Data Collection

Data will be collected via multiple approaches including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will consider both secondary and primary sources for data collection. Secondary sources are used in the desk review which will focus primarily on programme reviews, progress reports, monitoring data gathered by the country office in each of the programme components, evaluation and research studies conducted and large scale and other relevant data systems in - country. Primary data collection will include semi-structured interviews at national and subnational level with government officials, representatives of implementing partners and civil society organizations and other key informants. Field visits will be conducted on sample basis during which focus group discussions will be conducted with beneficiaries and observations will provide additional primary data. Data is to be disaggregated by sex, age and location, where possible.

Data collection methods must be linked to the evaluation criteria, evaluation questions and assumptions that are included within the scope of the evaluation. The evaluation matrix¹⁸⁹ will be utilized to link these elements together.

¹⁸⁹ The evaluation matrix specifies the evaluation; the particular assumptions to be assessed under each question; the indicators, the "sources of information" (where to look for information) that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data. The evaluation matrix must be included in the design report as an annex. During the field phase, the matrix will be used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase, evaluators will use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The evaluation matrix must be included in the final report as an annex.

The evaluation team is expected to spend 3 weeks in Lesotho meeting with stakeholders at national and sub-national levels. The proposed field visit sites and stakeholders to be engaged should be outlined in the inception report together with interview protocols to be submitted by the evaluation team. When choosing sites to visit, the evaluation team should make explicit the reasons for selection. The choice of the locations to visit at sub-national level needs to take into consideration the implementation of UNFPA's program components in those areas and be taken in consultation with the evaluation manager and ERG.

Data Analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be made at the level of programme outputs and corresponding components and their contribution to outcome level changes.

Evaluation questions set within the change pathway of the ToC will be tested to assess where change has taken place. In the process, the evaluation will assess UNFPA's contribution to the change observed over the years. The reconstructed ToC and the assumptions therein will be tested during the conduct of the evaluation. Judgment will be based on data responding to the indicators set forward in the evaluation matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA's contribution to the change observed.

Validation mechanisms

All findings of the evaluation need to be supported with evidence. The evaluation team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the Country Office (CO) program managers and other key program stakeholders. Data validation will, moreover, include a validation workshop at the end of the field phase with members of the ERG and other key stakeholders.

Limitations to the methodology

The evaluation team will identify possible limitations and constraints during the data collection phase and present mitigating measures to address them in the inception report.

7. Evaluation Process

The evaluation will be conducted in five phases:

1) Preparatory Phase

This phase will include:

- Preparation and approval of the Terms of Reference (TOR);
- Constitution of the reference group for the evaluation (Evaluation Reference Group); Selection, pre-qualification and hiring of the evaluation team;
- Collection of relevant documents regarding the country program for the period being examined;
- A stakeholder map – the Evaluation Manager will prepare a preliminary mapping of stakeholders relevant to the evaluation (to be provided to the evaluation team).

2) Design Phase

During this phase, the evaluation team will complete:

- Documentary review by the evaluation team of all relevant documents available regarding the country programme for the period under assessment;
- Stakeholder mapping – The evaluation team will develop a mapping of stakeholders relevant to the evaluation making use of an initial overview provided by the country office. The mapping exercise will include national, state, civil-society and other relevant stakeholders and will indicate the relationships between different sets of stakeholders;
- Assess limitations to the data collection process and provide mitigation measures.
- Review of UNFPA specific results matrix and the intervention logic of the programme that leads from planned activities to the intended results of the programme;
- Reconstruction of the ToC for the programme;
- Finalization of the list of evaluation questions and related assumptions;
- Preparation of the evaluation matrix,
- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team will produce a **Design Report**, displaying the results of the above-listed steps and tasks. The Design Report Template is outlined in the annexes.

The evaluation team is expected to prepare an **Evaluation Matrix** (see Annexes) to accompany the Design Report. The Evaluation Matrix displays the core elements of the evaluation: (a) *what* will be evaluated (evaluation criteria, evaluation questions and related issues to be examined – “*assumptions to be assessed*”); (b) *how* to evaluate - the sources of information and methods and tools for data collection.

The evaluation team must use the Evaluation Matrix as a:

- communication tool to inform (in a snapshot) the relevant stakeholders on the core aspects of the evaluation.
- reference document for developing the agenda (field and analysis stages) and for preparing the structure of interviews, group discussions and focus groups.
- tool to check the feasibility of the evaluation questions.
- control tool to verify the extent to which evaluation questions have been answered and to check whether enough evidence has been collected.

3) Field Phase

After the design phase, the evaluation team will undertake a 3 week in-country mission to collect and analyze the data required in order to answer the evaluation questions, and to get a grounded understanding of the issues at both national and sub-national level. Field work will start with a briefing to CO staff on the evaluation to be followed by the roll-out of data collection methods.

At the end of the field phase, the evaluation team will provide the CO with a **debriefing presentation** on the preliminary results of the evaluation and will hold a **validation meeting**, with a view to present the findings, preliminary conclusions and recommendation and validating preliminary findings and testing tentative conclusions and recommendations.

4) Reporting Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the validation meeting. This **draft country program evaluation report** will be submitted to the Evaluation Reference Group for written comment (on factual mistakes, omissions, misrepresentations, contextual factors) while respecting the independence of the evaluation team in expressing its judgement). The evaluation report template is outlined in the annexes. The Evaluation Manager in coordination with the Regional M&E Adviser will use the Evaluation Quality Assessment Grid (annexes) to assess the quality of the draft evaluation report.

Comments made by the reference group and consolidated by the Evaluation Manager will then allow the evaluation team to revise the Evaluation Report and submit a final draft.

5) Dissemination, management response and follow-up

The revised or second draft evaluation report will form the basis for an **in-country dissemination meeting/presentation**, which will be attended by the CO as well as all the key program stakeholders (including key national counterparts). The CO will support the evaluation team with the logistics for this dissemination meeting (e.g. venue booking, catering and invitations).

The **final evaluation report** will be drafted shortly after the seminar, taking into account comments made by the participants.

The Reporting Phase closes with the three-stage evaluation quality assessment (EQA) of the final evaluation report. The EQA process involves: (a) a quality assessment of the final evaluation report by the CO evaluation manager; (b) a quality assessment by the regional monitoring and evaluation adviser; (c) a final independent quality assessment by the Evaluation Office.

During this phase, the country office will prepare a management response (annexes) to the evaluation.

The final evaluation report, along with the management response, and EQA of the report will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

10. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- A design report including (as a minimum):
 - a) a stakeholder map
 - b) the evaluation matrix (including the final list of evaluation questions, criteria, assumptions, and indicators)
 - c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase
- A briefing presentation to the CO (Power Point) synthesizing the evaluation design
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- A draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);
- A Power point presentation of the results of the evaluation for the dissemination seminar to be held in Maseru

- A final report, based on comments expressed during the dissemination seminar.

All deliverables including the Power point presentation for the dissemination seminar and the final report will be drafted and presented in English. All deliverables will be provided to the evaluation manager in its original format (word – powerpoint – excel).

11. Composition of the evaluation team

It is proposed to constitute a four member team of external experts to undertake the Country Programme Evaluation. The evaluation team will consist of a team leader with expertise in one thematic area of the programme with overall responsibility for the evaluation process. She/he will lead and coordinate the work of the evaluation team during all phases of the evaluation and will be responsible for the quality assurance of all evaluation deliverables. She/he will liaise with Evaluation Manager of the country office on various issues related to successful completion of the evaluation exercise

The other members of the team provide expertise in (at least) one programming areas of the evaluation. Each evaluator will take part in the data collection and analysis work during the design and field phases. Each evaluator will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.

The Evaluation Team Leader will have the requisite expertise in the development field and be experienced in conducting complex type of evaluations, like country programme evaluations, partnership evaluations, strategic evaluations, thematic multi-country evaluations. S/he will have overall responsibility for providing guidance and leadership in: development of the evaluation design including approach, methodology and workplan; drafting the design, draft and final reports, as well as brief summary for presentation at a dissemination workshop. The team leader will lead the CPE process and will provide guidance to the other team members.

The team of four should have expertise in the following areas; sexual and reproductive health, HIV and AIDS, Gender and Population and Development. The consultant of each thematic area will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to reproductive health and rights, HIV and AIDS, Gender and Population and Development as applicable.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

12. Qualifications of the evaluation team

Team leader

- Post graduate degree in social sciences, public health, economics or any other related field to UNFPA's mandate
- 10 years' experience in evaluation in the international development field and aid environment including experience in leading evaluations, including complex evaluations

- Substantive knowledge of reproductive health/maternal health, including knowledge of themes/issues relevant to: Family planning, human resources in the health sector, emergency obstetric and newborn care, adolescent reproductive health, HIV and AIDS;
- Familiarity with UNFPA or UN operations;
- Experience working in the SADC region and in Lesotho will be considered an asset
- In-depth knowledge of evaluation methods, data collection and analysis
- Experience in carrying out Country Program evaluations
- Excellent analytical, writing and communication skills
- Proven evaluation team leader experience
- Experience working with a multi-disciplinary team of experts
- Excellent written and spoken English Language skills.

Other Team members in the evaluation team

- At least a Master degree in one of the following areas: Population studies/Demography, Public Health, Gender, Development Studies or any other related field to UNFPA's mandate
- Knowledge of area of specialty: SRH, Gender, HIV and AIDS, P&D
- Experience working in the SADC region and in Lesotho will be considered an asset
- knowledge of evaluation methods, data collection and analysis
- Experience in carrying out similar evaluations
- Knowledge of UNFPA mandate and programmes will be considered an asset
- Excellent team player and good communication and reporting skills in English
- Ability to work within strict deadlines

13. Management and Conduct of the Evaluation

The evaluation manager

The CPE will be conducted by the evaluation team and will be managed overall by the Evaluation Manager (EM) of the UNFPA Lesotho Country Office. The evaluation manager oversees the entire process of the evaluation, from its preparation to the dissemination of the final evaluation report and manages the interaction between the team of evaluators and the reference group. He serves as an interlocutor between evaluation team and ERG and facilitates and provides general and logistical support as needed for the evaluation. The evaluation manager ensures the quality control of deliverables submitted by the evaluation team throughout the evaluation process and communicates this through the EQA process in collaboration with the APRO M&E advisor and prevents any attempts to compromise the independence of the team of evaluators during the evaluation process.

The Evaluation Reference Group (ERG)

As per the UNFPA's evaluation handbook (October 2013), an ERG will be put in place and tasked to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Throughout the process of the evaluation, the ERG will be invited to discuss and comment in particular at the design and reporting stages of the evaluation on deliverables produced by the evaluation team.

The group will be composed of the evaluation manager, CO Assistant representative, the CO M&E analysts, representatives from Ministry of Gender, Youth, Sports and Recreation, Bureau of Statistics, Ministry of Health, Ministry of Development Planning, HELP Lesotho, Lesotho Planned

Parenthood Association, Lesotho Chamber of Commerce and Industry, and Lesotho Network of People Living with HIV and AIDS, and the UN M&E TWG.

Members of the ERG are expected to facilitate the evaluation team's access to information sources and documentation on the activities under evaluation. They will specifically:

- discuss the terms of reference drawn up by the evaluation manager;
- provide the evaluation team with relevant information and documentation on the programme;
- facilitate the access of the evaluation team to key informants during the field phase;
- discuss the reports produced by the evaluation team;
- advise on the quality of the work done by the evaluation team;
- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Annex 2: The Evaluation Matrix

EQ1: (i) To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government priorities as well as with ICPD agenda and UNFPA Strategies? (ii) To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?				
COMPONENT 1: ANALYSIS BY FOCUS AREAS				
Criteria/Focus Area	Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
RELEVANCE				
Sexual and Reproductive Health	<p>Objectives of the sexual and reproductive health focus area of the 2013-2017 CPAP are adapted to the needs of the population</p> <p>Objectives of the sexual and reproductive health focus area component are aligned with the priorities of the national policies and programmes</p>	<p>Extent to which reproductive and maternal health services for women and young people are incorporated in UNFPA supported/funded activities, plans, and programmes; and the geographical consistency of the programme vis-à-vis the needs and problems of the target groups.</p> <p>The UNFPA programme is in line with the national reproductive health strategy and programmes</p> <p>Extent to which the current UNFPA strategy on maternal health, family planning and HIV prevention efforts is appropriate</p>	<p>Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing Partners) District health authorities' staff Ministry of Health CPAP Country Office Annual Reports Annual Work Plans Standard Progress Reports Target beneficiary groups. Programme Officers (UNFPA, National Partners, Implementing Partners) District health authorities' staff Personnel at the Ministry of Health Laws and by-laws Sector programme documents</p>	<p>Study of relevant documentation Comparative analysis of programming documents (Desk review) Key informant interviews and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>				
Youth/HIV	Objectives of the Youth and HIV focus area of the 2013-2017	Extent to which Youth and HIV services for women and	Target beneficiary groups. Programme Officers (UNFPA,	Study of relevant documentation

	<p>CPAP are adapted to the needs of the population</p> <p>Objectives of the Youth and HIV focus area component are aligned with the priorities of the national policies and programmes</p>	<p>young people are incorporated in UNFPA supported/funded activities, plans, and programmes; and the geographical consistency of the programme vis-à-vis the needs and problems of the target groups.</p> <p>Extent to which the UNFPA programme is in line with the national reproductive health strategy and programmes;</p> <p>Extent to which the current UNFPA strategy On Youth and HIV prevention efforts is appropriate</p>	<p>National Partners, Implementing Partners)</p> <p>District health authorities' staff</p> <p>Ministry of Health</p> <p>CPAP</p> <p>Country Office Annual Reports</p> <p>Annual Work Plans</p> <p>Standard Progress Reports</p> <p>Target beneficiary groups.</p> <p>Programme Officers (UNFPA, National Partners, Implementing Partners)</p> <p>District health authorities' staff</p> <p>Laws and by-laws</p> <p>Sector programme documents</p>	<p>Comparative analysis of programming documents (Desk review)</p> <p>Key informant interviews and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>				
Gender Equality/GBV	<p>The intervention strategies of the gender equality and reproductive rights focus area of the 2013-2017 CPAP are adapted to the country's ethnic and cultural diversity</p> <p>Objectives of the gender equality and reproductive rights focus area component are aligned with the priorities of the national and international policy frameworks</p>	<p>Extent to which gender equality objectives and approaches of the current CPAP account for regional diversity in terms of ethnicity and culture</p> <p>Extent to which objectives of International Conference on Women, CEDAW, UNDAF and the Strategic Plan of UNFPA are reflected in UNFPA programming documents</p>	<p>Target beneficiary groups.</p> <p>Programme Officers (UNFPA, National Partners, Implementing Partners)</p> <p>Local authority personnel.</p> <p>Sector programme documents</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>ICPD and CEDAW progress reports</p> <p>UN agencies locally involved in reproductive health issues (UNFPA, WHO, UN Women, UNDP).</p> <p>Laws and by-laws</p>	<p>Study of relevant documentation</p> <p>Comparative analysis of programming documents (Desk review)</p> <p>Key informant interviews and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>				

<p>Population and Development</p>	<p>The objectives of the CPAP are aligned to the objectives in the National Development Plan: Vision 2030 document and responding to the national priorities</p> <p>The CPAP planned interventions are appropriately designed to reach the goals of the National Development Plan in terms of better service provision to citizens through evidence based planning of policies</p>	<p>Extent to which the priority areas of the National Development Plan: Vision 2030 have been included in CPAP objectives and interventions.</p> <p>Balance between policy-level and project-level initiatives</p> <p>Extent to which interventions in the CPAP have been appropriately designed</p>	<p>National Strategic Development Plan: Vision 2020 Sectoral Policies and Strategies CPAP Annual Work Plans Civil society organizations Laws and by-laws</p>	<p>Study of relevant documentation Comparative analysis between policy and programming documents Key informant interviews and Group discussions with programme officer and civil society organisations</p>
<p><i>Data and information collected</i></p>	<p>The Population and Development Component of the 6th Government of Lesotho and the United Nations Population Fund (UNFPA) Country program has two outputs: a) Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning) gender equality and poverty reduction addressed in national and sectoral development plans and strategies b) Strengthened national capacity for production, dissemination and utilisation of quality disaggregated data on population and development, Sexual and Reproductive health, HIV and gender issues. The first output is implemented by the Ministry of Development Planning (MoDP). Under this output MoDP is responsible for advocacy for population issues among policy makers, other key stakeholders and the public. This is done through commemoration of the World Population Day and other international days. MoDP is also responsible for integration of population issues in development and sectoral plans and this is to be achieved through training of MoDP, sector ministries and district staff on integration of population issues into policies and plans. This was to be undertaken in 2013 but has been postponed several times and will be implemented in the current year (2016). The 6th CP also included the revision of the National Population Policy and this is the responsibility of MoDP. The revision of the population policy is yet to be done as the Ministry was awaiting the release of up to date data. The Bureau of Statistics (BOS) is responsible for the implementation of the second output and the main activities include strengthening the BOS to collect and disseminate data through training and undertaking detailed analysis of survey and census data. In addition, BOS is to do in-depth analysis of existing census and survey data in order to inform policy development and decision making.</p> <p>The Population and Development component of the 6th CP is linked to the National priority: Build effective institutions and promote democratic governance outlined in the National Strategic Development Plan (NSDP) 2012/13-2016/17¹⁹⁰. This component is also directly linked to LUNDAP Outcome 4: By 2017, national and lower-level institutions make evidence-based policy decisions¹⁹¹. The</p>			

¹⁹⁰ Final Country Programme for Lesotho, 2012, Page 6

¹⁹¹ Ibid

Population and Development Component is also aligned to the UNFPA’s global strategic plan 2014-2017 Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

The Population and Development Component of the 6th CP is relevant in that it responds to the need of providing data for achieving the goal of evidence-based policy making. The UNFPA together with other development partners supported the Ministry of Health to conduct the 2014 Lesotho Demographic and Health Survey which provides key information on health, sexual and reproductive health and on HIV/AIDS. The UNFPA supported the development of Census Project Document and the 2016 Census Cartography which were both necessary for successful undertaking of the 2016 Population Census. It also supported the use of technology in collecting census through procurement of the Personal Data Assistants (PDAs) and met the need for capacity building of BOS staff through supporting training in the use of PDAs for data collection and the development of PDA applications for data collection. The use of PDAs facilitates timely availability of data since it eliminates the need for data entry which is time consuming. UNFPA also supported the need for capacity building for implementation of vital registration process for officers in the Ministries of Home Affairs and Local Government and the Bureau of Statistics. In order to facilitate use of existing data through computerisation and online publication of surveys UNFPA supported training of BOS staff in electronic archiving.¹⁹²

The UNFPA addressed the need to create awareness through supporting development of materials on promotion of population and development issues and commemoration of the World Population Day. The UNFPA also supported consultations and sensation sessions with different stakeholders as part of advocacy for the ICPD Agenda beyond 2014¹⁹³.

The objectives of the 6th CP were discussed and agreed with national partners. The development of the 6th CP coincided with the development of the Lesotho United Nations Development Assistance Plan (LUNDAP) which focussed on the needs identified in the NSDP. The national partners including government ministries participated in the development of LUNDAP. The 6th CP objectives were then derived from LUNDAP where the UNFPA together with its national partners identified needs that were relevant to the UNFPA mandate to form the basis for the 6th CP.

There have not been many changes in Population and Development related needs during the implementation of the 6th CP. The main change was as a result of the new UNFPA global strategic plan in 2014 and the CP which was developed in 2013 was aligned to the new UNFPA strategic plan.

EQ2: To what extent have the 6th Country Programme interventions contributed to the achievement of planned results? (ii) to what extent has the CP integrated gender and rights-based approaches?

EFFECTIVENESS

Sexual and Reproductive	Expected outputs of the CPAP were achieved (both in terms of quantity)	Degree of completion of outputs planned in the CPAP against	CPAP Results Framework indicators CPAP Results Plan progress reports	Study of documentation Comparative analyses of the
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¹⁹² Interviews and Population and Development Annual Reports

¹⁹³ Interviews with MoDP

<p>Health</p>	<p>and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>indicators</p> <p>Evidence that completed outputs contributed to planned outcomes</p> <p>Significant changes in marginalised populations i.e. poor women in both rural and urban settings, women affected by HIV/AIDS, young girls.</p> <p>Number of tools with evidence produced to inform maternal health, family planning and HIV policy and programming at national and sub-national levels.</p> <p>Number of health care workers trained on the new FP guidelines in the UNFPA supported districts</p> <p>Number of UNFPA supported districts with functional Logistics Management Information Systems (LMIS) for forecasting and monitoring reproductive health commodities.</p>	<p>BoS figures Relevant Health Survey data . SCF progress reports / mid-term review Implementing partners Quarterly and annual implementation progress reports UNICEF annual reports and evaluations UNFPA country office staff Country Office Annual Reports Previous evaluations</p>	<p>value of CPAP indicators (targets versus actual values) Key informant interviews Group discussions to assess the quality of the outputs CO Annual Reports</p>
<p><i>Data and information collected</i></p>				
<p>Youth/HIV</p>	<p>Expected outputs of the CPAP were achieved (both in terms of quantity</p>	<p>Degree of completion of outputs planned in the CPAP against</p>	<p>CPAP Results Framework indicators CPAP Results Plan progress reports</p>	<p>Study of documentation Comparative analyses of the</p>

	<p>and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>indicators</p> <p>Evidence that completed outputs contributed to planned outcomes</p> <p>Significant changes in marginalised populations i.e. poor youth in both rural and urban settings, young girls affected by HIV/AIDS</p> <p>No. of institutions/ organisations supported to promote integrated SRH and HIV prevention education and services to youth and key populations</p> <p>Number of young people reached through media platforms created and managed by trained youth</p> <p>Number of participatory advocacy platforms that advocate for increased investments in marginalized adolescents and youth</p>	<p>Statistics South Africa figures</p> <p>Relevant Health Survey data</p> <p>Personnel at the Ministries</p> <p>Beneficiary groups / communities</p> <p>SCF progress reports / mid-term review</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports</p> <p>UNICEF annual reports and evaluations</p> <p>UNFPA country office staff</p> <p>Country Office Annual Reports</p> <p>Previous evaluations</p>	<p>value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p>
<i>Data and information collected</i>				
Gender Equality/GBV	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Extent to which geographical and demographic coverage of gender activities in Eastern Cape and KwaZulu Natal provinces and districts targeted by the</p>	<p>CPAP Results Framework indicators</p> <p>CPAP Results Plan progress reports</p> <p>Bureau of Statistics figures</p> <p>Beneficiary groups / communities</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports.</p> <p>United Nations Women reports and evaluations</p>	<p>Study of documentation</p> <p>Comparative analyses of the value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p>

	<p>benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>interventions have effectively and equally benefitted from the interventions</p> <p>Number of advocacy sessions supported to strengthen national coordination mechanisms for implementation of multi-sectoral policies and programmes on GBV prevention and response and improve SRH/GBV linkages</p> <p>Number of UNFPA supported districts that integrate GBV and SRH into their planning processes</p> <p>Number of institutions supported to implement and institutionalize initiatives to engage men and boys, and communities on GBV prevention and SRHR</p>	<p>UNFPA country office staff Country Office Annual Reports Previous evaluations</p>	
<i>Data and information collected</i>				
Population and Development	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Extent to which achievement of outputs at national level is followed by an effective use at provincial level</p>	<p>CPAP Results Framework indicators CPAP Results Plan progress reports Implementing partners Quarterly and annual implementation progress reports. Personnel at the MoDP. UNFPA Country Office staff Country Office Annual Reports Previous evaluations</p>	<p>Study of documentation Comparative analyses of the value of CPAP indicators (targets versus actual values) Key informant interviews Group discussions to assess the quality of the outputs</p>

	<p>benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>Number of districts with strengthened capacity to integrate SRH, youth, gender, population and development into plans and programmes</p> <p>Number of reports with evidence produced at provincial and/or district level to promote integration of SHR, gender, youth and population dynamics into plans and programmes</p> <p>Number of individuals trained to integrate population dynamics and its interlinkages into development planning and programming</p> <p>Number of target institutions with the capacity to integrate youth issues into development programmes</p> <p>Number of tools, survey reports and instruments reflecting analysis of population variables at national level</p> <p>Number of institutions that produce and utilize high-quality data to monitor, evaluate and inform youth development, gender, sexual and reproductive health and HIV-prevention policies and programmes</p>		
<i>Data and</i>	The 6 th CP was effective in the area of population and development in that it contributed to the undertaking of the 2016 Census and the 2014 DHS.			

<p><i>information collected</i></p>	<p>This ensures availability of data to inform policy as well as the integration of population dynamics in plans and programmes. The 6th CP has built the capacity of the Bureau of Statistics in development of PDA applications and use of PDAs for the collection of census and survey data. BOS developed the application for the census pilot, for the census and for the post enumeration survey. Outputs in the CP in relation to integration of population issues in development are yet to be achieved as the training of planners in MoDP, sector ministries and district staff on integration of population issues is yet to take place. This activity had to be postponed because by the time the consultant who could do the training was identified the UNFPA financial year was coming to an end and utilisation of funds for this activity was not possible¹⁹⁴.</p> <p>The review of the population policy which will serve as the framework for implementation of population programmes was postponed. In 2015 the MoDP planned to start consultations on the population policy however this activity could not be implemented because its timing was close to the end of the UNFPA financial year. MoDP later decided to delay the review of the population until the 2006 census data are available in order for the data to be used in setting targets for the policy.</p> <p>The Population and development component effectively contributed to the strengthening of the vital statistics through training of 10 officers in the Ministries of Home Affairs and Local Government and the Bureau of Statistics in vital registration systems.</p> <p>The UNFPA supported the development of the Adolescent Sexual and Reproductive Health Strategy and the National Sexual and Reproductive Health Strategy. These strategies facilitate integration of SRH and Adolescent issues into plans and programmes. However, these strategies were not included as indicators in the 6th CP.</p> <p>In-depth analysis of the 2014 DHS was delayed because the data were only released in June 2016. However UNFPA supported BOS staff to attend conferences and present papers based on existing census and survey data.¹⁹⁵ The need for capacity building for in-depth analysis of survey and census data in order to inform policy development still needs to be met.</p> <p>The 6th CP has supported annual advocacy activities of the MoDP. MoDP produces policy briefs and other population promotion materials which are shared at the national events and commemoration of the international days such as the World Population day, the International Day of the Girl Child, International Midwifery Day, Youth Day and the launch of the State of the World Population Report. UNFPA supported consultations and sensitisation sessions with different stakeholders as part of the ICPD Agenda Beyond 2014. UNFPA also supported Government of Lesotho participate in high level ICPD meeting, Parliamentary Conference and General Assembly side session on ICPD.¹⁹⁶</p> <p>The 6th CP population and development has mainly been in effective in contributing to the availability of the DHS data and the census data. It has also been effective in strengthening the capacity of the Bureau of Statistics to undertake data collection using PDAs.</p> <p>The 6th CP did not include some indicators and targets and this impedes progress monitoring¹⁹⁷. This was because the surveys that could provide some of the data were still on-going.</p>
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EQ3: To what extent has UNFPA made good use of its resources (human, financial, technical, operational) to pursue the achievement of the

¹⁹⁴ Interview with MoDP

¹⁹⁵ Interview with BOS and CO Country Report 2013

¹⁹⁶ CO Annual Report 2014

¹⁹⁷ Ibid

results defined in the Country Programme? (ii) To what extent were lessons documented and used to inform programme implementation?

EFFICIENCY

<p>Sexual and Reproductive Health</p>	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>	<p>Atlas Records Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR) Implementing partner quarterly and annual progress reports Donors (providing funding to UNFPA Country Office) Implementing partners Beneficiary groups/communities UNFPA Country Office staff</p>	<p>Study of documentation Comparative analyses of planned and actual expenditure and activities Key informant interviews</p>
<p><i>Data and information collected</i></p>				
<p>Youth/HIV</p>	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p>	<p>Atlas Records Audit Reports Country Office information management systems Annual Work Plans Country Office Standard Progress Reports (SPR)</p>	<p>Study of documentation Comparative analyses of planned and actual expenditure and activities Key informant interviews</p>

	<p>implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>	<p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	
<i>Data and information collected</i>				
Gender Equality/GBV	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p> <p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>

		<p>quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>		
<i>Data and information collected</i>				
Population and Development	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p> <p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>

	other partners		
<i>Data and information collected</i>	<p>The efficiency in implementing the 6th CP was ensured through the Direct Execution (DEX) modality where the funds are allocated and kept by UNFPA. The implementing partners request funds from the CO following UNFPA procurement procedures and CO then pays the supplier directly. Upon the arrival of the new Country Representative Implementing Partners were required to close bank accounts at the end of the UNFPA financial year in line with the UNFPA financial procedures. The implementing partners MoDP and BOS could not open bank accounts in time for the implementation of activities owing to the lengthy government procedures for opening a bank account.¹⁹⁸ This led to adoption of DEX modality for implementing the 6th CP.</p> <p>The 6th CP implementing partners developed annual work plans itemising all activities and indicating the related costs and this annual work plans formed the basis for the release of funds. Upon payment of suppliers and implementation of activities, implementing partners are expected to produce quarterly expenditure reports. The CO provided Implementing Partners (IPs) with technical support on financial procedures through regular meetings with CO National Program Officers. Some activities were implemented by the UNFPA, in particular advocacy related activities.</p> <p>The Ministry of Development Planning was restructured during the implementation of the 6th CP. The focus of the department that is responsible for implementation of population programs shifted to economic policy and the department lost a lot of demographers during this time. This has affected the capacity of MoDP to implement some of the activities as well as the pace of implementation.¹⁹⁹ There was high staff turnover at the CO during the implementation of the 6th CP and the population and development component was managed by different people over the CP implementation period and this affected programme implementation. The 6th CP relied on consultants for implementing some of the activities in BOS work plans. The quality of the consultants was good and they were international consultants²⁰⁰.</p> <p>Although the staff at the MoDP had the appropriate qualifications the department was short staffed and this affected the implementation of the 6th CP. There is still need to capacitate the staff in integration of population issues into development policies and plans.</p> <p>The staff of the BOS department that is responsible for the implementation of UNFPA funded activities are qualified to ensure successful implementation of the 6th CP. The department is adequately staffed to implement the 6th CP and it sometimes works with members from other departments like the IT department and at district level to implement some activities, in particular activities related to data collection.</p> <p>The UNFPA CO administrative and financial procedures were appropriate for the implementation of the CP in that they facilitated timely release of funds. Delays in the release of funds mainly affected the first quarter as in most cases the Annual Work plans were</p>		

¹⁹⁸ Interviews with BOS, MoDP, UNFPA Assistant Rep and CO Annual Reports

¹⁹⁹ Interview with MoDP

²⁰⁰ Interview with BOS beneficiaries (trained staff)

signed towards the middle of the first quarter. In some cases the delays were due to the procedures for recruitment of consultants which are lengthy and the MoDP activities had to be postponed²⁰¹. IPs provided quarterly expenditure reports as required. There was under spending at MoDP due to under staffing which affects the pace of implementation. In addition the implementation period for UNFPA supported activities is short, practically March to November because Annual Work plans are signed way into the first quarter and the financial procedures usually mean that utilisation of funds ends in October/November to allow for financial reporting at the end of the UNFPA financial year²⁰².

Direct execution worked well in the BOS as funds were released in a timely manner. However, the UNFPA procedures for procurement of equipment are lengthy and this affected timely implementation of some activities.²⁰³ The postponement of activities in particular in-depth analysis of census and survey was not related to financial issues but was due to the delays in the release of data. In both the MoDP and the BOS Government budgeted for and provided funding for some activities. The BOS also secured funding from other development partners in particular support for consultants for training in the use of PDAs and development of applications for their use in data collection was a joint effort of the UNFPA and other development partners²⁰⁴.

EQ 4: To what extent have the programme interventions contributed to the development of capacities of its partners? (ii) To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

SUSTAINABILITY

<p>Sexual and Reproductive Health</p>	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p> <p>Interventions in the focus area incorporate exit strategies</p> <p>UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p> <p>Extent of ownership of each project by implementing partners</p> <p>Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of</p>	<p>Beneficiary groups / communities</p> <p>Line Ministries personnel</p> <p>Central and District authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>
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²⁰¹ Interview with MoDP

²⁰² Ibid

²⁰³ Interview with BOS

²⁰⁴ Ibid

		<p>medicines, information management and reproductive health commodities security, and conducting follow-through refresher training sessions.</p> <p>Extent to which UNFPA has taken any mitigating steps if there are problems in this regard</p>		
<i>Data and information collected</i>				
Youth/HIV	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p> <p>Interventions in the focus area incorporate exit strategies</p> <p>UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p> <p>Extent of ownership of each project by implementing partners</p> <p>Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of medicines, information management and reproductive health commodities security, and conducting follow-through refresher training sessions.</p> <p>Extent to which UNFPA has taken any mitigating steps if there are problems in this regard</p>	<p>Beneficiary groups / communities</p> <p>Line Ministries'' personnel</p> <p>District authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>

<i>Data and information collected</i>				
Gender Equality/GBV	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p> <p>Interventions in the focus area incorporate exit strategies</p> <p>UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p> <p>Extent of ownership of each project by implementing partners</p> <p>Extent to which National Policy Framework for Women Empowerment and Gender Equality has any implications in terms of sustainability</p> <p>Extent to which UNFPA is offsetting potential adverse consequences in this regard</p> <p>Extent to which factors ensuring ownership were factored in the design of interventions in the context of the country's vast ethnic diversity</p>	<p>Beneficiary groups / communities</p> <p>Line ministries' personnel</p> <p>district authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>
<i>Data and information collected</i>				
Population and Development	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p> <p>Interventions in the focus area</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p> <p>Extent of ownership of each</p>	<p>Beneficiary groups / communities</p> <p>Line Ministries' personnel</p> <p>District authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>

	incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes	project by implementing partners Extent to which measures and coping strategies have been taken to minimise the adverse effects of the country's staff turnover in the Department of Social Development and provincial authorities.		
<i>Data and information collected</i>	<p>The 6th CP Population and development component did not include exit strategies. Sustainability of advocacy activities implemented by MoDP is unlikely beyond UNFPA support. These activities are implemented annually and are costly and although the Government can provide funds for these activities sustaining annual commemorations can be a challenge. In addition, the limited capacity of MoDP in terms of staff poses a challenge for the sustainability of the activities.</p> <p>The main contribution of the Population and development component of the 6th CP was capacitating the Bureau of Statistics to collect and archive data. The training of BOS in the use of PDAs and development of applications for use of PDAs in data collection involved skills transfer to the BOS staff, the training included practical application where the staff were guided to develop the application for pre-testing. The training also included staff from other departments at BOS and the number of people trained guarantees sustainability. The trained staff members managed to monitor data collection using PDAs and address challenges during the census data collection. This suggests that BOS can continue use of PDAs for data collection without donor support.²⁰⁵ BOS budgets for the activities and can continue to implement some of the activities however some activities like the census have huge cost implications which the Government cannot meet without donor assistance²⁰⁶.</p>			
COMPONENT 2: ANALYSIS OF THE STRATEGIC POSITIONING				
<i>EQ5: (i) To what extent is the UNFPA Country Office coordinating with other UN Agencies in the country, particularly where there is overlap?(ii) To what extent has UNFPA successfully taken advantage of opportunities for South-South Cooperation across all of its programmatic areas to facilitate the exchange of knowledge and lessons learned?</i>				
	The implementation of the country	Extent to which the country	CPAP	Study of documentation

²⁰⁵ Interview with BOS training beneficiaries

²⁰⁶ Interview with BOS

COORDINATION AND PARTNERSHIP	<p>programme is aligned with UNFPA Strategic Plan dimensions (And in particular with special attention to disadvantaged and vulnerable groups and the promotion of South-South cooperation</p>	<p>office prioritised intervention strategies targeted at the most <i>vulnerable, disadvantages, marginalised and excluded</i> population groups in line with the stipulations of the UNFPA Strategic Plan</p> <p>Extent to which support of South-South cooperation is done in a rather ad-hoc manner or through the enhanced use of local capacities and as a means to share best practices</p> <p>Extent to which South-South cooperation related indicators are included in the CPAP results’ framework or any other management tool.</p> <p>Number of south-south interactions supported in the areas of sexual reproductive health and rights (SRHR), youth, gender and population and development</p> <p>Number of country delegations supported to promote the ICPD agenda and inclusion of SRHR in discussions on SDGs beyond 2015 at regional and global forums</p>	<p>CPD UNFPA Strategic Plan All the information collected when assessing the effectiveness criterion</p>	<p>Key informant interviews</p>
	<p>The country programme, as currently implemented, is aligned with the United Nations Strategic</p>	<p>The CPAP is aligned with the SCF and the SCF fully reflect the interests, priorities and mandate</p>	<p>SCF, SCF mid-term review CPD, CPAP AWP</p>	<p>Study of documentation Key informant interviews Focus group discussion with</p>

	<p>Cooperation Framework (SCF).</p> <p>The UNFPA CO is coordinating with other UN agencies in the country, particularly in the event of potential overlaps</p>	<p>of the UNFPA in the country and all aspects have been included.</p> <p>Evidence of UNFPA coordination mechanisms and their quality</p> <p>Evidence of any inadequate coordination mechanisms and implications for UNFPA strategic positioning.</p>	<p>Resident Coordinator</p> <p>Resident Coordinator Annual Report</p> <p>UN organisations: UNICEF, UN Women, WHO, UNAIDS and UNDP.</p> <p>Donors</p> <p>Line Departments</p>	<p>representatives of UNICEF, UN Women, WHO, UNAIDS and UNDP.</p>
<i>Data and information collected</i>	<p>The CP objectives and strategies (both initial and revised) and components are consistent with the UNFPA corporate mandate and Strategic Plan.</p> <p>UNFPA country office has actively contributed to UNCT working groups and joint initiatives. For instance, the Country Representative chairs the UNCT Monitoring and evaluation committee of the UNCT²⁰⁷ The UNFPA collaborates with other partners in implementation of some of its activities. For example, UNFPA support to the Lesotho DHS was limited to subsistence allowances for field workers during data collection and other partners supported the other DHS related activities.</p>			
<p>EQ6: (i) What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies and development partners?(ii) How are these perceived by national and international stakeholders?</p>				
ADDED VALUE	<p>There is added value of UNFPA in the development partners’ country context as perceived by national stakeholders</p> <p>UNFPA has comparative strengths in the country – particularly in comparison to other UN agencies</p> <p>UNFPA corporate features or are explained by the specific features of the CO</p> <p>UNFPA has had no intended substitution or displacement effects</p>	<p>Evidence of added value</p> <p>Extent of contribution to added value by UNFPA comparative strengths in the country – particularly in comparison to other United Nations organisations</p> <p>Uniqueness of UNFPA corporate features explained by specific aptitudes of the country office</p> <p>Evidence of possible substitution or displacements effects on the</p>	<p>Beneficiary groups/communities</p> <p>Senior management in line departments and national government counterparts</p> <p>Implementing partners</p> <p>Donors</p> <p>Other United Nations organisations</p>	<p>Key informant interviews</p> <p>Focus group discussions</p>

²⁰⁷ Interview with Assistant Representative

	at national, provincial or local level and that If there is any the magnitude of such effect and what are their repercussions are minimal	private sector, civil society organisations, academia, specific government bodies and other development partners in the country, including other United Nations organisations.		
<i>Data and information collected</i>	National counterparts and beneficiaries regard the programme as necessary and effective. Although it may not come with fully sufficient recourses but its importance is acknowledged and appreciated by the counterparts and beneficiaries countrywide. ²⁰⁸ UNFPA has been effective in advocacy for population issues in that it reaches high level people such as the Queen, the First Lady and Government Ministers. ²⁰⁹			

²⁰⁸ Interview with Assistant Representative

²⁰⁹ Interview with MoDP

Annex 3: Documents reviewed

1. 6th Country Programme Document (CPD) and Country Programme Action Plan (CPAP)
2. Country Office Annual Report (COAR)
3. Lesotho Population and housing census 2006.
4. Lesotho HIV/AIDS Progress Report. Country Report. 2014
5. GOL/UNFPA 6th Country Programme Document
6. GOL/UNFPA Annual Review of the 6th Country Programme Report
7. UNFPA Strategic Plan (2014-2017)
8. Re-aligned 6th Country Programme Results and Resources Framework
9. Lesotho United Nations Development Assistance Framework (2013-2017)
10. National Development Strategic Plan 2012/13-2016/17
11. Vision 2020 Report
12. Annual Work Plans for Implementing Partners (2013, 2014, 2015,2016)
13. Quarterly and Annual Progress and Financial Reports from Implementing Partners (2013, 2014,2015, 2016)
14. Audit Reports for all Implementing Partners
15. Minutes of Joint Programmes, Working Groups, etc.
16. Field Monitoring Reports
17. Final country programme evaluation report of the 5th Country programme
18. Country Office Annual Reports
19. Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA"
20. SRH/HIV Linkages Evaluation Report and Log frame
21. Standard progress reports
22. AWP progress reports
23. Donor reports such as the ISP Report
24. Project evaluations conducted during the 6th CP

Annex 4: List of Persons and Institutions met or consulted.

S/No	Name of Agency	Name	Function & Title
1.	Ministry of Health (Maseru)	Ms. Motsoanku Mefane	SRH Manager
2.	Ministry of Health (Maseru)	Ms. Mathato Nkuatsana	Adolescent Health Manager
3.	Ministry of Health (Maseru)	Ms. Mangose Sithole	Family Planning Officer
4.	Min. of Gender Youth, Sports and Rec. & Lapeng Centre	Ms. Nthabiseng Mofube	Youth Development Officer
5.	Min. of Gender Youth, Sports and Rec. & Lapeng Centre	Ntsieleng Moorosi	Principal Gender Officer
6.	MoDP	Mr. Mokone Mokokoane	Program Officer
7.	MoDP	'Mamonaheng Nkaiseng	Director
8.	BOS	Ms. Ivy Makoa	
9.	BOS	Mr. Pelesane Moerane	
10.	NDSO	Ms. Mafoto Khobotle	
11.	LPPA	Ms. Makatleho Mphana	Programmes Manager
12.	LCCI	Mr. Fako Hakane	Business Development Unit Manager
13.	LENEPWHA	Mr. Boshepha Ranthithi	Programmes Director
14.	HELP Lesotho	Mr. Shadrack Mutembei	Country Director
15.	Lapeng Centre	Ms. Teboho Nthakana	Coordinator
16.	CSE and other Youth Services	Ms. Tjantjello Moholo-Holo	Youth Skills Development Officer
17.	CSE and other Youth Services	Ms. Moleboheng Makhetha	Youth Skills Development Officer
18.	CSE and other Youth Services	Mr. Makents'i Thamae	Youth Skills Development Officer
19.	Maputsoe SDA Clinic CHAL	Mrs. Polane	Facility Nursing Manager
20.	Butha-Buthe	Ms. Mathabo Nyepetsi	Youth Skills Development Officer
21.	Thaba –Tseka	Mr. Masitise Makhotla	Youth Skills Development Officer
22.	Semonkong	Mr. Keketso Chigando	Youth Skills Development Officer
23.	Qacha's Nek	Ms. Irene Seme	Youth Skills Development Officer
24.	Quthing	Ms. Likenkeng Ts'ita	Youth Skills Development Officer

Group Discussion Participants

1. Clinic Clients at LPPA Clinic for SRH/HIV/FP Services at Maseru
2. GBV Survivors at Lapeng Center
3. Youth Attending YRC services at Berea YRC
4. Clients receiving integrated SRH/HIV/FP Services at Berea
5. Youth Attending YRC services at Mafeteng YRC
6. Clients receiving integrated SRH/HIV/FP Services at Mafeteng YRC
7. Youth Attending YRC services at Mhales Hoek District
8. Clients receiving integrated SRH/HIV/FP Services at Mhales Hoek Hospital

9. Youth Attending YRC services at Leribe District
10. Clients receiving integrated SRH/HIV/FP Services at Leribe Hospital
11. Youth Attending YRC services at Butha-Buthe
12. Clients receiving integrated SRH/HIV/FP Services at Butha-Buthe Hospital
13. Youth Attending YRC services at Mokhotlong YRC
14. Clients receiving integrated SRH/HIV/FP Services at Mokhotlong Adolescents Health Corner and Waiting Mothers Homes
15. Youth Attending YRC services at Semonkong
16. Clients receiving integrated SRH/HIV/FP Services at Semonkong Hospital
17. Youth Attending YRC services at Qacha's Nek
18. Clients receiving integrated SRH/HIV/FP Services at Qacha's Nek
19. Youth Attending YRC services at Mafeteng YRC

Annex 5: List of Atlas Projects

Fund Type	IA Group	Implementing Agency	Project	Activity Description	Geographic Location	Atlas Budget (USD)	Expense	Implementation Rate
GENDER EQUALITY								
Strategic Plan outcome:								
<i>By 2017, national and local governance structures deliver high-quality, accessible services to all citizens, while respecting the protection of human rights, access to justice, and the peaceful resolution of conflict. Indicators: (a) number and type of institutions promoting gender equality and human rights; and (b) the percentage of women who participate in making household decisions.</i>								
CPAP output:								
<i>Prevention of gender based violence and promotion of gender equality and SRH services including HIV strengthened by MGYSR and CSOs at the district and community levels.</i>								
Annual Work Plan (code and name)								
IP AWP	PGLSo1	Ministry of Gender, Youth, Sports and Recreation	LES6U504	(LES06MGYSR05) Integrating HIV into GBV progr	Maseru District (Ministry of Gender)	300.00	278.63	93%
			LES6U504	(LES06MGYSR06) Support Lapeng One Stop Centre	Maseru District (Ministry of Gender)	6,400.00	6210.13	97%
			LES6U504	(LE06MGYSR07) Training and outreach on GBV	Maseru District (Ministry of Gender)	1,250.00	1,250.00	0%
			LES6U504	(LES06MGYSR08) Review Laws and policies	Maseru District (Ministry of Gender)	750.00	-2,033.62	
			LES6U504	(LES06MGYSR09) Gender Mainstreaming Coordinat	Maseru District (Ministry of Gender)	1,200.00	2,460.25	
POPULATION AND DEVELOPMENT								
Strategic Plan outcome:								
<i>Strengthened national policies and international development agendas through integration of evidence-based analysis on population</i>								

<i>dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.</i>								
CPAP output:								
<i>Enhanced integration of evidence-based analysis of population dynamics and their inter-linkages with sexual and reproductive health, HIV and gender equality into policies and development processes at national and community levels.</i>								
Annual Work Plan (code and name)								
IP AWP	PGLSo4	Ministry of Development Planning	LES6U101	COORDINATION/ME (Coordination & RBM&E)		3,437.50	3,437.50	100%
			LES6U101	CPPROCESS (CP EVALUATION & DEVELOPMENT)		2,500.00	2,500.00	100%
IP AWP	PU0074	UNFPA	LES6A100	ICPDADV (ICPD Advocacy)		8,000.00	3,920.64	49%
IP AWP	PU0074	BOS	LES6U101	LES06BOS03 (Capacity Building for PHC 2016)		8,750.00	7323.16	84%
			LES6U101	LES06BOS09 (Cap Building and Research)		11,000.00	0	0%
			LES6U101	LES06BOS10 (Studies and Strategies)		8,937.50	0	0%
REPRODUCTIVE HEALTH								
Strategic Plan outcome:								
<i>By 2017, equitable access to and utilization of high-impact, cost-effective health and nutrition interventions achieved for vulnerable populations. Indicator: skilled attendance at birth.</i>								
CPAP output:								
<i>Increased availability of quality integrated sexual and reproductive health services (including family planning, maternal health and HIV).</i>								
Annual Work Plan (code and name)								
IP AWP	PN6032	LPPA	FPRHCLES	LES06PPA01 (Outreach for	Moteng, Khukhune, Ha Mapape, Malefiloane,	18,780.00	18,229.54	97%

				SRH/HIV services)	Likhutlong in Botha - Bothe district. Roma, Nazareth, Joel, Ha Mojela Ramabanta, Tsoeneng, Semonkong, Rapo le Boea in Maseru district, Ha Mphasa, Ha Rakhoboso in Mafeteng district. Ha Nkhetheleng, Mocupa, Ha Mokoroane in MohalesHoek district and Mount Moorosi in Quthing diistrict.			
			FPRHCLES	LES06PPA02 (Training SW Peer Educators)	Maseru	3,800.00	-221.56	105%
			FPRHCLES	LES06PPA03 (Support Family Health Day)	Mafeteng	5,362.00	4952.09	92%
			CHA20LES	LES06PPA (Advocacy and Policy Dialogue)	Botha-Bothe	400.00	0	0%
			CHA20LES	LES06PPA05 (Strengthen Data collection)	LPPA (Maseru)	350.00	-2,200.31	
			CHA20LES	LES06PPA06 (Outreach services for youth)	Semonkong YRC	7,000.00	293.7	4%
			CHA20LES	LES06PPA07(COORDINATION, MONITORING AND EV)	LPPA sites	4,000.00	141.26	4%

			UQA64LES	LES06PPA01 (SUPPORT SRH/FP/HIV OUTREACH)	Moteng, Khukhune, Ha Mapape, Malefiloane, Likhutlong in Botha - Bothe district. Roma, Nazareth, Joel, Ha Mojela Ramabanta, Tsoeneng, Semonkong, Rapo le Boea in Maseru district, Ha Mphasa, Ha Rakhoboso in Mafeteng district. Ha Nkhetheleng, Mocupa, Ha Mokoroane in MohalesHoek district and Mount Moorosi in Quthing diistrict.	20,000.00	0	0%
			UQA64LES	LES06PPA08 (Promoting integrated SRH/HIV)	TV and Radio	6,000.00	0	0%
			UQA64LES	SC-PN6032 (Support Costs)	LPPA	8,000.00	0	0%
IP AWP	PU007	MOH	UQA64LES	BASELINE (Conduct Baseline Ass)	SRH/HIV Linkages sites	18,000.00	0	0%
			UQA64LES	IECMATERI ALS (Support Printing of IEC)	UNFPA/MOH	16,274.51	0	0%
			UQA64LES	PROGPOSTS (HIV Linkages TA)	UNFPA	56,465.00	30725.33	54%
			UQA64LES	PROMEETIN GS(Conduct Project meetings)	MOH	5,000.00	0	0%
			UQA64LES	REGIONALM				

				EET(Participate in Regional Consul)	Southern Africa	5,000.00	0	0%
			UQA64LES	SUPTSUPERVISION (Joint Supportive supervision)	SRH/HIV Linkages sites	10,000.00	0	0%
			UQA64LES	TOOLSDEVELOPMENT (Support Devp SRH/HIV Model)	MOH	2,000.00	0	0%
IP AWP	PGLS03	Ministry of Health	FPRHCLES	LES06MOH02 (Reproductive Health Commodity)	Government Health Centres	66,000.00	65826.84	98%
			FPRHCLES	LES06MOH04 (Capacity development - FP/RHCS)	Government Health Centres	37,000.00	36415.1	98%
			UBRAFLES	LES06MOH05(HIV Prevention Services)	Government Health Centres	13,000.00	0	0%
			LES6U403	LES06MOH08 (Youth Friendly Services)	Government Health Centres	8,400.00	8214.77	98%
			LES6U202	LES06MOH07(Project Coordination and Mgt)	MOH	1,500.00	32.83	2%
IP AWP	PN6529	LCCI	LES6U101	ADVO (advocacy, access & visibility)	All Districts	6,312.77	4152.32	66%

			LES6U101	COORDINAT ION (Coord)	LCCI	6,000.00	5558.9	93%
			LES6U101	MONITORIN G (M&E)	Districts	1,437.23	703.23	49%
			LES6U101	RESMOB (RESOURCE MOBILIZATI ON)	LCCI	4,000.00	-1,274.26	
ADOLESCENTS AND YOUTH								
Strategic Plan outcome:								
<i>By 2017, the Government and key stakeholders increase their contribution to the reduction of new annual HIV infections, especially among youth, children and adults. Indicators: (a) percentage of young women and men aged 15-24 with comprehensive knowledge about AIDS; (b) percentage of young people aged 15-24 who had two or more partners in the last 12 months and who reported using a condom during their last sexual intercourse; and (c) the percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission</i>								
CPAP output:								
<i>Improved design and implementation of quality CSE (life skills) package for young people especially adolescent girls by line ministries and CS</i>								
Annual Work Plan (code and name)								
IP	PGLS01	Ministry of Gender, Youth, Sports and Recreation	LES06U60	(LES06MGYSR01) Review YRC guidelines	Maseru District (Ministry of Gender)	10,000.00	9993.16	100%
			CHA20LES	(LES06MGYSR01) National Youth Policy Review	Maseru District (Ministry of Gender)	0,00	0,00	
			LES06U60	(LES06MGYSR02) Youth participation	Maseru District (Ministry of Gender)	8,000.00	7529.09	94%
			LES06U60	(LES06MGYSR04) Youth leaders engagement		7,500.00	7321.83	98%

			FPRHCLES	(LES06MGYSR04) RH Services for young people	Maseru District (Ministry of Gender) 10 YRCs	40,000.00	39972.62	100%
			CHA20LES	(LES06MGYSR05) CSE Promotion	Maseru District (Ministry of Gender)	0,00	0,00	100%
IP AWP	PN6001	Help Lesotho	LES6U504	LESHLP01 Strengthen community networks	Leribe	3500	124.47	94%
			LES06U60	LES06HLP01 Capacity building on CSE	Leribe, Butha-Buthe, Thaba-Tseka	9700	9700	100
			LES06U60	LES06HLP03 admin support costs	UNFPA	10500	8015.18	76%
			LES6U504	Les06HLP04 M&E Coordination		0	0	0
			LES6U403	LES06HLP01 Capacity building on CSE	Leribe, Butha-Buthe and Thaba-Tseka	10700	10700	100%
			LES6U403	LES06HLP03 Administration costs	UNFPA	7300	1051	14%
			FPRHCLES	LES06HLP01 Capacity building and BCC	Leribe, Butha-Buthe and Thaba-Tseka	0.00	-2311.95	-
			FPRHCLES	LES06HLP02 Outreach services for youth	Leribe, Butha-Buthe, Thaba-Tseka	13000	9265.53	71%
IP AWP	PN6379	LENEPHWA						
			CHA20LES	LESPWHA01 (TRAIN CSE CHAMPIONS)	Mafeteng	4,700.00	4688.75	100%
			CHA20LES	LES06PWHA02 (COMMUNITY	Mafeteng	3,000.00	2995.78	100%

				ADVOCACY)				
			CHA20LES	LES06PWHA03 (CAMPAIN FOR ADOLESCENT	Mafeteng	4,500.00	2995.78	67%
			UBRAFLES	LES06PWHA02 (COMMUNITY ADVOCACY)	Mafeteng	4,000.00	3998.1	100%

Annex 6: Interview Guides

Key informant Interview Guide for UNFPA Country Office Staff (SRH/P&D/GE)/HIV/AIDS

NB: Use these questions for all the Programme officers in-charge of each component area in the Country Office. Thus

Programme Officer: SRH

Programme officer: HIV/AIDS

Programme Officer: GE/GBV

Programme Officer: Population and Development

Introduction: Describe the UNFPA 6th Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in the Mountain Kingdom of Lesotho in terms of the development agenda? Does the 6th Country Programme (CP) address these needs and priorities of the Lesotho population what aspects of the national and sectoral policies are covered in the 6th CP?
- Tweek the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- To what extent has UNFPA support in your Program area reached the intended beneficiaries?
- Are outputs specified in the area achieved? Explain
- Overall, how effective is the 6th CP in Lesotho in terms of achieving the stated objectives?
- Are there factors affecting successful implementation of the 6th CP?
- What factors have facilitated effective implementation of the 6th CP?

Efficiency

- Explain the resources management process of your programme area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 6th CP implementation and achievement of results?
- How many consultants have worked on the 6th CP since inception in 2013?
 - International consultants?
 - National consultants?What was/is their output?
How useful is the output in the implementation of the 6th CP?
- Describe UNFPA CO administrative and financial procedures in the 6th CP?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6th CP implementation?
- How timely were resources for interventions disbursed for implementation?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Have the programme finances been audited?
- Any funding deficit?
- Any additional funding from the Government of Lesotho (GoL) and other partners?
- What lessons has your Unit learnt in implementing the 6th CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Have programmes been integrated in institutional government plans?

Coordination and Partnership

- Is there any Inter-Agency Technical Working Group on this 6th CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in Lesotho? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

Impact

- Overall, what are the achievements of the 6th CP in respect of your component area: SRH, Youth/HIV, Population and Development, Gender Equality and Reproductive Rights? [evidence]
- What challenges were encountered during implementation of the 6th CP as far as your programme area is concerned?
- What do you consider to be the best practices from the 6th CP?
- What lessons have been learnt from the 6th CP?

Key Informant Interview Guide for Implementing Partners (SRH/P&D/GE/HIV/AIDS)

National Stakeholders: Government Departments, CSO and NGOs

Introduction: Describe the UNFPA Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in Lesotho in terms of the development agenda? Does the 6th Country Programme (CP) address these needs and priorities of the Lesotho population at central and district levels? What aspects of the national and sectoral policies are covered in the 6th CP?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), HIV/AIDS, Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 6th CP reached the intended beneficiaries?
- Are outputs/targets achieved?
- Overall, how effective is the 6th CP in Lesotho?
- Are there factors affecting successful implementation of the 6th CP?
- What factors have facilitated effective implementation of the 6th CP?

Efficiency

- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 6th CP implementation and achievement of results?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6th CP implementation?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Any additional funding from the Government of Lesotho (GoL) and other partners?

Sustainability

- What are the benefits of the programme interventions?

- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Have programmes been integrated in institutional government plans?
- Does your institution have the capacity to continue the programme interventions without any donor support?

Coordination and Partnership

- What is the role of UNFPA CO in the United Nations Country Team coordination? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

Impact

- Overall, what are the achievements of the 6th CP?
- What challenges were encountered during implementation of the 6th CP?
- What are the best practices from the 6th CP?
- What lessons have been learnt from the 6th CP?

Lesotho/UNFPA 6th Country Programme Assessment

Interview Guide for Beneficiaries (SRH/P&D/GE/HIV/AIDS)

Relevance

- What are the national needs and priorities in Lesotho in terms of the development agenda? How important is the 6th Country Programme (CP) to these needs and priorities at district, provincial and national levels?
- Does the 6th CP address the needs in: Sexual and Reproductive Health (SRH), HIV/AIDS, Population and Development (P&D), and Gender Equality (GE) including GBV?

Effectiveness

- To what extent has UNFPA support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example?
- Overall, how effective is the 6th CP in Lesotho?
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO ensure ownership and durability of its programmes?