Final Report

Prepared for
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Maseru, Lesotho

by

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Consultant

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Prof. Oladele O. Arowolo

Consultant
### List of abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>ART</td>
<td>Anti Retroviral Therapy</td>
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<td>AU</td>
<td>Africa Union</td>
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<tr>
<td>BOS</td>
<td>Bureau of Statistics</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all forms of Discrimination against Women</td>
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<tr>
<td>CMA</td>
<td>Common Monetary Area</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<tr>
<td>DMA</td>
<td>Disaster Management Authority</td>
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<td>DND</td>
<td>Dakar/NGOR Declaration</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ECA</td>
<td>Economic Commission for Africa</td>
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<tr>
<td>EmOC</td>
<td>Emergency Obstetric Care</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GNP</td>
<td>Gross National Product</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<tr>
<td>ICPD</td>
<td>International Conference on population and Development</td>
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<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<tr>
<td>KYS</td>
<td>Know Your Status</td>
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<tr>
<td>LAPCA</td>
<td>Lesotho AIDS Programme Coordinating Authority</td>
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<tr>
<td>LDHS</td>
<td>Lesotho Demographic and Health Survey</td>
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<td>LHWP</td>
<td>Lesotho Highlands Water Project</td>
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<td>LIRAC</td>
<td>Lesotho Inter-Religious AIDS Consortium</td>
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<td>LLRC</td>
<td>Lesotho Law Reform Commission</td>
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<td>LPPA</td>
<td>Lesotho Planned Parenthood Association</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MOET</td>
<td>Ministry of Education and Training</td>
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<td>MOFDP</td>
<td>Ministry of Finance and Development Planning</td>
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<td>MOGYSR</td>
<td>Ministry of Gender, Youth, Sports and Recreation</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MVA</td>
<td>Manual Vacuum Aspiration</td>
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<td>NAC</td>
<td>National AIDS Commission</td>
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<td>NCDC</td>
<td>National Curriculum Development Centre</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>OIC</td>
<td>Officer-in-Charge</td>
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<tr>
<td>OPD</td>
<td>Out Patient Department</td>
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<tr>
<td>PEP</td>
<td>Post-exposure Prophylaxis</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Treatment</td>
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<td>PNC</td>
<td>Postnatal Care</td>
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<td>PoA</td>
<td>Programme of Action</td>
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<td>PRS</td>
<td>Poverty Reduction Strategy</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHCS</td>
<td>Reproductive Health Commodity Security</td>
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<td>RSA</td>
<td>Republic of South Africa</td>
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<tr>
<td>SACU</td>
<td>Southern African Customs Union</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>SMMEs</td>
<td>Small Medium and Micro-Enterprises</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>TB</td>
<td>Pulmonary Tuberculosis</td>
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<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Executive Summary

1. Purpose, scope and clients of evaluation
This is an independent evaluation of the Government of Lesotho (GOL)/UNFPA 5th Country Programme (5th CP) of support to population activities in Lesotho covering the period 2008 – 2012. The purpose of this evaluation is to assess the achievement of the 5th Country Program, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the 6th Country program cycle. In terms of time, this evaluation covers the current country program cycle (2008 – 2012). It is a national evaluation and covers the three components of the programme: namely, Reproductive Health (RH), Population and Development P&D), and Gender. The audience for this evaluation consists of the implementers and the beneficiaries of the CP, including UNFPA, Government departments, and other relevant stakeholders who are expected to use the results for decision-making and to inform future planning, programming, and budgeting processes.

2. Objectives and Brief description of intervention
The 5th CP was approved in October 2007 by the Executive Board in the sum of $7 million: $3 million from regular resources and $4 million through co-financing modalities and/or other sources, including regular, resources. The overall goal of the country Programme is to improve the welfare of the Basotho people. The 5th CP was designed with focus on: (a) preventing HIV/AIDS; (b) improving reproductive health; (c) ensuring sustainable population growth and development; and (d) promoting gender equality and women’s empowerment. UNFPA supported, with other United Nations organizations and partners, joint programmes that focus on: (a) the prevention of gender-based violence; (b) data for development; and (c) life skills-based sexual and reproductive health programmes for young people. The country programme has three components: (a) reproductive health; (b) population and development; and (c) gender. The Reproductive (RH) component placed emphasis on capacity development for availability of sexual and reproductive health (SRH) services as well as creation of demand for these services; the Population and Development component focused on ensuring availability of disaggregated data for policy formulation and planning, and strengthening capacity for integration of population variables in development plans and frameworks; and the Gender component covered aspects of improving the policy environment for gender mainstreaming and building capacities for gender based violence prevention and management. The programme was also designed to address certain cross-cutting issues: the human rights based approach, gender mainstreaming, emergencies and humanitarian response.

3. Methodology
The evaluation was carried out by an international consultant hired by the CO, with TOR to guide the process from 15 December 2011 to 31 January 2012. The evaluation employed a combination of qualitative and quantitative methods to answer the questions related to progress achieved, factors in programme performance and relevance of the 5th GOl/UNFPA CP. Data and information for the evaluation were derived from both secondary and primary sources. Data from secondary sources derived from review of documents and materials (published and unpublished) from Government, UN and related sources as provide by the CO, Government and other official sources. In addition, the evaluation sourced materials for review from the UN internet sources. Data and information from primary sources were obtained from programme implementers who served as key informants during the field work, apart from the completing an interview schedule. Following the field work, the returned questionnaires were collated and data extracted and analysed using the relevant statistical techniques. UNDAF Annual Review, the CPAP and evaluation reports as well as Annual Work Plans were used as building blocks of this CP evaluation. There were two challenges faced by the review process: the timing of the exercise (off-season for most implementing agencies – late December 2011 and early January 2012), and the unusually heavy load of work (in which one expert covered the three thematic areas of the CP) within a relatively short period. Nevertheless, the evaluator ensured that work was carried out as defined in the TOR, and without compromising the quality and integrity of the report.
4. Main Conclusions

The 5th CP was formulated, to address national priorities in line with the Millennium Development Goals and the ICPD Programme of Action. The 5th CP is aligned with the 2004 common country assessment and the 2007 United Nations Development Assistance Framework (UNDAF), and takes into account challenges and opportunities identified in the 2004 progress report on the Millennium Development Goals and the UNFPA strategic plan. Therefore, the 5th CP is relevant to the development priorities of the Government of Lesotho. In general, the 5th CP was well designed; outcome and outputs are clearly defined, so also the output indicators. Target setting presented a challenge in several respects although CPAP has done a lot to resolve issues of operational definition; yet in some cases there are no baselines against which progress in implementation could be measure, and many of the baselines have no numerical targets that would have facilitated a rigorous analysis of progress achieved in implementation. Having regard to the activities carried out under the 5th CP, most of the targets are likely to be met by the end of 2012; including those involving ongoing activities which CO and partners are confident will be completed during the remaining months of the 5th CP cycle. The CP states clearly the coordinating mechanism for the programme, and the roles of CO and implementing partners are defined and agreed to in the CPAP. The evaluation found that the coordinating role of the MoFDP through the Population and Manpower Planning (PMP) was not exercised due largely to weak human and institutional capacity. The revision of the Population Policy and Action Plan is on course and should be concluded to provide an institutional focus for managing population programme activities in the country.

a) Reproductive Health

In spite of institutional constraints, CP interventions have been quite effective in generating the desired outputs. In the RH component, human and institution capacity was strengthened through on-the-job training mostly at meetings and workshops, utilization of the services of Technical Advisors both full-time and on short contracts, formal training in higher institutions abroad, study tours and support to high-level Government officials to participate in international conferences and seminars. For illustration, in support of capacity strengthening of service providers to deliver high-quality sexual and reproductive health services, including increase in the contraceptive prevalence rate and HIV prevention, the CO’s interventions covered a wide range of training activities on management of reproductive health cancers, Family Planning, and HIV/STI infection prevention and control. Capacity building in RH in general was well managed and efficiently carried out and has proved sustainable. Following the hands-on training on EmOC with UNFPA support, referrals to the national referral hospital have reduced. Health workers have gained significant confidence in handling emergency obstetric cases; and for complicated obstetric cases that would require referral, district health workers now often remotely consult the UNFPA supported expert who guides them on requisite medical procedures. Also, as a result of sustained advocacy, government has continued to increase its budget towards Family Planning commodities. This commitment and increased vigilance has reduced stock-out of commodities; but the challenge of capacity shortages in the health sector should be addressed. Strengthened collaboration with UNICEF and UNESCO at global, regional and country level for comprehensive sexuality education has in turn led to improved joint programing at the country level. Collaboration with UNCT on designing and implementing joint programmes has been effective in addressing issues of HIV/AIDS and gender in the country; in addition, collaboration has been a good strategy for achieving reductions in transaction costs. That apart, the CO collaboration with NGOs, particularly PSI, has proved efficient and effective in forging ahead with male and female condom procurement and distribution; and the collaboration should lead to the design by Government of a national Condom Strategy to more effectively address the challenge of HIV prevention in Lesotho.

b) Population and Development

Capacity building was the major focus of the CO interventions in implementing the P&D component of the programme. The CO support to P&D component consisted mainly of technical and financial assistance to the implementing government ministry, the Ministry of Finance and Development Planning (MoFDP), particularly the Bureau of Statistics. In collaboration with the Regional Office, the CO facilitated training of two government staff responsible for population and development in MoFDP to enable acquire capacity for integration. A strategy was devised to revise the National Population Policy and Action Plan concurrently with the formulation of the National Strategic Development Plan; the process is still ongoing and will most likely be concluded before the end of 2012. With the support by the CO, population issues (including dynamics, SRH, HIV/AIDS, gender, and youth) were integrated into the recently completed
National Strategic Development Plan (2011/12 -2016/17). The technical support to the Bureau of Statistics through training and deployment of a UNFPA sponsored Technical Advisor facilitated the analysis of the results of the 2006 census and production of reports and monographs. Through transfer of skills by different international TAs to the Bureau of Statistics over the years, the Bureau now has built capacity to execute major surveys on its own. In 2011, the Bureau planned and executed the inter-censal demographic survey on its own without outside technical assistance. The major challenge faced by the P&D component in terms of implementation is the weak human and institutional capacity of MoFDP to effectively coordinate national population programme, including UNFPA supported programme.

c) Gender
The CO supported the Government, through training, to build the capacity of the MOGYSR to conduct and deliver gender mainstreaming in planning and programming processes. The support that was provided towards radio programs on GBV in 2009 yielded returns as programs that were aired with UNFPA support in 2009 continued without UNFPA’s support. The use of radio has turned out to be very effective in reaching out to the communities. It is through this approach that communities were mobilized to be actively involved in addressing GBV. Working in partnership with the Civil Society Organizations, the CO contributed towards enhanced capacity of government to respond to GBV by providing financial and technical support for the training of more than 200 health workers throughout the country. The involvement of principal and local chiefs in the recruitment of trainers enabled villages to take ownership and responsibility of implementation and monitoring of the project. With support by UNFPA, the first ever State Party CEDAW Report for Lesotho was validated and submitted; and this has added a body of knowledge on the existence of relevant legislation and application of CEDAW Articles. On gender based violence (GBV) the CO supported capacity building of national counterparts to manage Sexual and Gender Based Violence, in part by providing support to the placement of Gender Focal Points in all the districts in the country. The CO also supported the training of Health workers, PEP kits procured and IEC materials distributed, and more than 200,000 people were reached with GBV messages through television and radio programs. There are, however, the challenges of institutional and human capacity still to be addressed; the creation of the Apex Body that was attempted but yet to be concluded; the issue of the National Gender Commission now taken over by the substitute National Human Rights Commission; and the lack of national indicator on GBV so critical for designing an appropriate response strategy.

5. Recommendations
General
a) In view of the growing importance of the operationalization of the UN Delivering as One initiative, UNFPA should sharpen its Monitoring and Evaluation Strategy and design appropriate indicators to capture the Fund’s inputs into Joint Programmes under UNDAF.
b) In order to ensure a more efficient implementation of programme activities, CO should make provision for timely disbursement of project funds; and once the Annual Work Plans are signed, they should be implemented as such; but this also requires that IPs meet their obligations to request for funds in time and submit their financial reports as well.
c) While implementing AWPs as signed is desirable, programme management should also consider the possibility of reprioritizing of national needs that may arise from a review of the AWP of the previous year.

Reproductive Health
a) UNFPA should increase the support to Life Skills/POPFLE and, in collaboration with interested partners, assist the Government in clearly defining an appropriate approach to the delivery of the subject in schools; and support life skills training for marginalized groups including sex workers, school drop-out girls (18-22), and herd boys to enhance their capacity to access SRH services, including HIV prevention.
b) In view of the worsening trends in maternal and infant mortality rates in the country, UNFPA should intensify its support government in its efforts to increase access to and utilization of quality maternal and newborn health services in rural and urban areas of the country.
c) In order increase the supervision of deliveries by skilled health personnel, UNFPA should assist Government to urgently review the existing policy on deployment of nurses and mid-wives.
d) UNFPA should continue to maintain its leadership role in HIV prevention within UNDAF and intensify support government’s efforts to increase access to and utilization of quality HIV- and STI-prevention services especially for most vulnerable groups in the population.

e) In support of RH commodity security, UNFPA should support Government efforts to design a national Condom Strategy and its implementation in order to bring down the HIV prevalence rate to low levels.

Population and Development

a) Coordination of the CP activities was a challenge in part because of the weakness of the institutional structure, the Population and Manpower Planning in the Ministry of Finance and Development Planning, responsible for population and development activities; Government should make a deliberate effort to strengthen the Population component of the new Directorate of Sectoral Policy, Research and Analysis and establish a viable mechanism for the coordination of population activities in the country.

b) The Population Policy being reviewed should define the functions of concerned line Ministries in implementing the policy; the policy document should be accompanied by an Action Plan for its implementation, and both documents should be finalized and approved by Government.

c) The design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements.

d) UNFPA should intensify advocacy at high levels to address the challenge of policy review and coordination of its implementation.

e) UNFPA should continue to support the delivery of statistical services in the country through support to a) the 2014 demographic and health survey and the 2016 population and housing census; b) vital statistics; c) operational research; d) national and disaggregated GBV indicators; and e) capacity development for integration of population, RH and gender issues into development policies and plans.

Gender

a) The 2003 Gender and Development Policy being reviewed should be concluded together with a revised Action Plan.

b) The structures for implementing the national Gender Policy, particularly at District level should be strengthened by the Government; and at national level, Gender Focal Points should be strengthened.

c) UNFPA should support the capacity strengthening officials in the Ministry of Gender through formal training in monitoring and evaluation and reporting, management, and gender mainstreaming.

d) The proposed Apex Body is important for coordination of women’s groups; both Government and UNFPA should give this a renewed focus, finalize the process and support its sustained functioning.

e) UNFPA should intensify support to Government and partner efforts in awareness campaigns on gender equality and GBV, and skills development for health workers, judiciary, Police and local government structures for management of gender based violence at community level. The lack of national and disaggregated data on gender based violence is a notable gap in the delivery of the country programme output and should be addressed.

f) UNFPA in collaboration with interested UN partners should intensify advocacy at high level on gender and development in the country, specifically to address gender based violence and gender discrimination and implications for maternal mortality and poverty.

g) UNFPA in partnership with other UN Agencies should support the implementation of the CEDAW Concluding Observations from the CEDAW Committee.
1. Introduction

1.1 Purpose and objectives of the evaluation

Purpose
This is an independent evaluation of the Government of Lesotho (GOL)/UNFPA 5th Country Programme (5th CP) of support covering the period 2008 – 2012. As a matter of policy, UNFPA requires that a summative evaluation is conducted at the end of each programme cycle in order to determine the impact of the interventions. The purpose of this evaluation is to assess the achievement of the 5th Country Program, the factors that facilitated/hindered achievement, and to compile lessons learned and make appropriate recommendations that will inform the development of the 6th Country programme.

Objectives
The stated objectives of the evaluation are as follows:

a) Assess the role and relevance of the 5th CP in relation to the issues and their underlying causes, and challenges
b) Assess the design and focus of the CP, i.e. the quality of the formulation of results at different levels, i.e. the results chain
c) Assess the effectiveness of the CP in terms of progress towards agreed CP outcomes
d) Assess to the extent possible, the efficiency of the CP as a mechanism to minimize transaction costs of UNFPA support for the government and for the UN agencies
e) To the extent possible, assess the impact of CP on the target communities
f) Analyse to what extent results achieved and strategies used by the CP and projects/work plans are sustainable
g) Identify strengths, good practices, weaknesses and gaps that can be addressed in the 6th Country Program

1.2 Scope of evaluation

In terms of time, this evaluation covers the current country program cycle (2008 – 2012). The evaluation includes the three components of the programme as follows:

a) Reproductive health, with emphasis on capacity development for availability of sexual and reproductive health (SRH) services as well as creation of demand for these services;
b) Population and Development, with focus on ensuring availability of disaggregated data for policy formulation and planning, and strengthening capacity for integration of population variables in development plans and frameworks; and
c) Gender, which covers aspects of improving the policy environment for gender mainstreaming and building capacities for gender based violence prevention and management.
2. Evaluation Methodology and Approach
2.1 Data collection
The evaluation employed a combination of qualitative and quantitative methods to answer the questions related to progress achieved, factors in programme performance and relevance of the 5th GoL/UNFPA CP. Data and information for the evaluation were derived from both secondary and primary sources. Data from secondary sources derived from review of documents and materials (published and unpublished) from Government, UN and related sources as provide by the CO, Government and other official sources. In addition, the evaluation sourced materials for review from the UN internet sources (See Annex 3 for the list of documents reviewed).

Data and information from primary sources were obtained from programme implementers who served as key informants during the field work. Prior to the commencement of field work, the evaluator prepared an inception report which included the proposed methodology and research instrument for validation by the evaluation process management. Following their approval, the CO sent the interview schedule to all programme implementers (Government Ministries and NGOs) and were given ample time to complete. Thereafter, the evaluator visited the implementing agencies and held discussions with them, mostly in groups, to validate their responses to the completed questionnaire and seek additional information of a non-quantitative nature relevant to their involvement with the CO and the beneficiaries since the start of the programme in 2008. (see Annex 5 of this report for the interview schedule; and Annex 3 for List of persons).

In order to ascertain the validity of data from both primary and secondary sources, the evaluator met on one-to-one basis with each of the programme officers and their assistants where applicable. The essence was to reconcile official published data with data from commissioned research reports and related data from UN sources. Invariably, some of the data were already outdated and the views of the experts on ground were needed to make cautious projections where necessary. In terms of national indicators, the evaluation placed reliance upon data and information from the Bureau of Statistics, which also supported national surveys in generating sector (health, education, labour, etc) data. The valuation, in the end, was based on information from credible sources and data of good quality. In cases where reliability could not be ascertained with confidence, the report draws a note of caution to guide the reader.

Following the field work, the returned questionnaires were collated and data extracted and analysed using the conventional statistical techniques (mostly means and proportions) to derive relevant measures of central tendency, dispersion and association for report preparation. The evaluation maximized use of existing quantitative data and triangulation to increase credibility of the evidence. UNDAF Annual Review, the CPAP and evaluation reports as well as Annual Work Plans were used as building blocks of this CP evaluation. The analysis of results identified challenges and strategies for future interventions. A set of core set of criteria, determined by the CO, were applied in
assessing the results. The evaluation criteria included relevance, adequacy of programme design, effectiveness, efficiency, programme impact and sustainability.

This process of compiling evaluation material based on multi-methods (referred to triangulation in Social Research) has proved useful whether there is convergence or not. Findings are no longer attributable to a method artifact. However, where divergent results emerge, alternative, and likely more complex, explanations are generated from discussion groups and interview results. In this evaluation, triangulation allowed for more confident interpretations of data from official sources and those derived from programme reports, against those generated from field investigation. Triangulation has heightened qualitative methods used to their deserved prominence and demonstrated that quantitative methods could be utilized in a complementary fashion.

**Limitations**
There were two challenges faced by the review process; the timing of the exercise, and the unusually heavy load of work. The evaluation was contracted to start 15 December 2011 and end 31 January 2012, a period that encompassed the lowest activity rates in Government ministries and the CO. It was not possible to conduct interviews between 15 December and 10 January any year in most of the countries, obviously because of holiday commitments. Therefore, the field mission had to be delayed till 18 January; even then, the questionnaires sent three weeks before field work were completed only by a few implementing agencies. The evaluator had to work with implementers to obtain needed information.

The second limitation was that the evaluation was done by one evaluator, rather than the conventional approach of one international expert serving as team leader and working, for example, with two or more local experts in Reproductive Health and Gender, if the team leader is a P&D expert. In this instance only one person served as expert consultant to the CO in the three component areas of the programme within 25 days. Nevertheless, the evaluator ensured that work was carried out as defined in the TOR, and without compromising the quality and integrity of the report.

**2.2. Evaluation process**
The evaluation was carried out from 15 December 2011 to 31 January 2012. The Annex Table 1 presents details of the approved work plan that guided the evaluation process. The UNFPA Country Representative provided the overall guidance of this evaluation. The process was supported by the International Programme Specialist and the Assistant Representative. The NPOs (RH, HIV, P&D, and Gender) facilitated meetings with all the implementers: Ministry of Health and Social Welfare; Ministry of Gender, Youth, Sports and Recreation; Ministry of Finance and Development Planning and Bureau of Statistics and Population Services International/Lesotho (PSI). Following the preparation of the draft evaluation report, a debriefing meeting was held, at which the evaluator presented the preliminary findings for validation (see Annex 3). Thereafter, the evaluator revised the draft report, incorporating comments from the stakeholders’ meeting, and sent the Final Evaluation Report of the 5th CP Lesotho to the UNFPA Representative.
Products and Reporting
The following products and reporting constitute the deliverable of this exercise:

i. An inception report (showing the proposed design, methodology, data collection tools, work plan, deliverables, and deadlines)
ii. A debrief at the completion of desk review before fieldwork
iii. A debrief at the end of field work (covering summary of resources spent and work covered in the field, and preliminary findings)
iv. Draft Evaluation report
v. A final evaluation report

2.3 Structure of the evaluation report
The report is structured in five sections as follows. The introductory section opens the report with a summary of the purpose of the evaluation, the key issues addressed and the methodology employed to conduct the evaluation, with a description of the structure of the evaluation report and the aims and strategies of the 5th CP. This is followed in section 2 by Findings and conclusions. The findings are analyzed according to the three programme components (Reproductive Health, Population and Development, and Gender), and based on the evidence derived from the information collected. It provides critical assessment of performance (including factors affecting performance), and the results achieved, using the approved evaluation criteria. The conclusions include a discussion of the reasons for successes and failures, especially the constraining and enabling factors. Section 3 focuses on Lessons learned; based on the evaluation findings and drawing from the evaluator’s overall experience in other contexts, valuable lessons learned are identified, including both positive and negative lessons. The last section (section 4) is on Recommendations, derived from the conclusions and lessons learned; followed by a discussion of their anticipated implications. The recommendations consist of a list proposals for action to be taken (short- and long-term) by the person(s), unit or organization responsible for follow-up, and suggestions for implementation. The last section of the report consists of Annexes, including: evaluation terms of reference; list persons interviewed, sites visited; list of documents reviewed (reports, publications); and the data collection instrument.

3. Context
3.1 Development challenges
There were population and related socio-economic challenges facing Lesotho by 2007 when the 5th CP was being formulated, and the 5th CP was designed to support Government and other partner efforts in resolving them. A brief analysis of these past challenges is presented next. The 1996 census indicated a total (de jure) population of 1,862,275 for the Kingdom of Lesotho, made up of 49% males and 51% females. The 2006 census recorded a total (de jure) population of 1,880,661, out of which males constitute 916,282 (or 51.3%) and females represent 964,379 (or 51.3%). Comparison with previous data indicates that the rate of national population growth has been fluctuating: from an annual rate of 2.3% (1966 -1976) to 2.6% during the inter-censal period 1976 to 1986; thereafter, a declining trend from 1.5% per annum during the period 1986 and 1996, down to 0.99% between 1996 and 2006.
At the time the 5th CP was being formulated the national RH indicators showed that Lesotho had poor reproductive health status, although the total fertility rate declined from 5.3 children per woman in 1986, and to 3.5 children per woman in 2004. The contraceptive prevalence rate, instead of increasing, declined from 41 per cent in 2001 to 37 per cent in 2004. Also, the number of deliveries conducted by skilled attendants dropped from 60 per cent in 2000 to 55 per cent in 2004. The maternal mortality ratio was quite high, estimated at 762 deaths per 100,000 live births in 2004.

One distinctive characteristic of the population of Lesotho is its youthfulness. In 2004, close to 36 per cent of the population was less than 15 years of age. The other socio-economic indicators showed that the youth are particularly vulnerable to SRH issues and poverty. Among the challenges facing youth are unintended pregnancies and sexually transmitted infections, including HIV, with the HIV prevalence rate reaching 18.4 per cent among male youth and 25.8 per cent among female youth. The vulnerability of youth is compounded by inadequate access to life skills-based sexual and reproductive health information and services.

Issues of gender and development in Lesotho when the 5th CP was being formulated revolved around rising gender-based violence, intergenerational sex, multiple concurrent sexual partners, and low condom use. The result is the high prevalence of HIV and AIDS among women and girls, and the unequal participation of women in the decision-making process; only 23% of parliamentarians and 36% of government ministers were women in 2007. Although Basotho women have a relatively high literacy rate (90.3 per cent) compared to their male counterparts (73.7 per cent), gender imbalances persist, due discriminatory practices which are entrenched in the customs, beliefs and traditions of the country, and these limit women’s rights in many areas. About one-third of households are officially headed by women who are single, divorced, widowed or abandoned by their husbands, a proportion higher than in most other sub-Saharan African countries. Such female-headed households have the highest incidence of poverty (about two-thirds), well above the national average. Female-headed households are particularly vulnerable because they are typically headed by ageing widows, who may have lost the capital they once possessed, are less likely to own agricultural assets, such as livestock (35 percent, compared to 55 percent of male-headed households), and have difficulty securing cash incomes (FAO, 2007).

Despite relatively strong economic growth performance in recent years, the incidence of poverty remains high. The leading cause of poverty in Lesotho is rising unemployment (estimated at 23% in 2008) and underemployment resulting from a series of structural changes which began in the early 1990s, with the decline of mining activity in South Africa, and aggravated by the HIV/AIDS pandemic (FAO, 2007). From all accounts, it seemed that only the education-related Millennium Development Goal target is likely to be achieved by 2015.

The national report on ICPD at 15 (2009) indicates that Lesotho is committed to reducing poverty and to achieving the Millennium Development Goals and the ICPD goal.
Formulation of the 5th CP was informed by 2004 Common Country Assessment (CCA) and was based on the United Nations Development Assistance Framework (2008 – 2012), Lesotho Poverty Reduction Strategy (2004/05 – 2007/08) and Vision 2020; sectoral policies and frameworks; UNFPA’s Strategic Plan (2008 – 2011) and MDGs. The program was designed to support three components: Reproductive Health; Population and Development; and Gender.

3.2 Aims and strategies of the programme
The 5th CP was approved in October 2007 by the Executive Board in the sum of $7 million: $3 million from regular resources and $4 million through co-financing modalities and/or other sources, including regular resources (see Table 1 for details). The overall goal of the country Programme is to improve the welfare of the Basotho people. The 5th CP was designed with focus on: (a) preventing HIV/AIDS; (b) improving reproductive health; (c) ensuring sustainable population growth and development; and (d) promoting gender equality and women’s empowerment. UNFPA planned to support, with other United Nations organizations and partners, joint programmes that focus on: (a) the prevention of gender-based violence; (b) HIV Prevention and (c) life skills-based sexual and reproductive health programmes for young people; and d) maternal and neonatal health. The country programme has three components: (a) reproductive health; (b) population and development; and (c) gender.

<table>
<thead>
<tr>
<th>Component</th>
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<tbody>
<tr>
<td>Reproductive health</td>
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<tr>
<td>Population and development</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Programme coordination and assistance</td>
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<td><strong>Total</strong></td>
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Table 1: Lesotho 5th CP Indicative assistance by core programme area (2008-2012)

<table>
<thead>
<tr>
<th>Component</th>
<th>US$ Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Reproductive health</td>
<td>1.3</td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Population and development</td>
<td>0.7</td>
<td>1.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Gender</td>
<td>0.5</td>
<td>0.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.5</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.0</td>
<td>4.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Reproductive health
The RH outcome is: increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS. Emphasis of the programme is placed on HIV prevention, emergency obstetric care, adolescent sexual and reproductive health, and the 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, especially in the fight against HIV and AIDS.

The RH component has two defined outputs. Output 1 is: Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health. Output 2 is: Improved availability of
comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security.

**Population and development**
The outcome of this component is: poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages. There are two outputs of the P&D component. Output 1 is: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes. Output 2 is: Improved capacity of institutions at national and district levels to collect analyze and utilize data for planning and policy making.

**Gender**
There are two outputs in the gender component. Output 1 is: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender-responsive policies and programmes. Output 2 is: Increased capacity of government and civil society organizations to prevent gender-based violence.

**Programme coordination and collaboration**
Implementation of the 5th CP was within the context of the UNDAF and the poverty reduction strategy, jointly by UNFPA and the Government of Lesotho. The Ministry of Finance and Development Planning was responsible for coordinating the programme, and also coordinating the population and development component. The lead agency for the RH component was the Ministry of Health and Social Welfare MoHSW) while the Ministry of Gender, Youth, Sports and Recreation (MGYSR) was the lead agency for the gender component, including the coordination of related activities implemented by civil society organizations. The programme employed results-based management techniques, building on the existing UNDAF and on UNFPA and government monitoring and evaluation mechanisms. The Government and the country office developed a resource mobilization plan to mobilize additional resources. The UNFPA country office (supported the implementation of the programme, drawing additional support from the UNFPA country technical services team; the regional office in Johannesburg, South Africa; national and international consultants; and UNFPA headquarters.

4. **Findings/analysis**
A summary of evaluation findings is presented in the Annex 2 of this report, indicating for each programme component the outputs, and for each output, their baselines and targets, achievements made and comments on progress.

4.1 **Relevance**
As already noted above, the Kingdom of Lesotho faced population and related socio-economic challenges which informed the design of the 5th CP in 2007. The 5th CP was designed to support Government and other partner efforts in resolving them. Despite relatively strong economic growth performance in recent years, the incidence of poverty remains high. The leading cause of poverty in Lesotho is rising unemployment (estimated
at 23% in 2008) and underemployment resulting from a series of structural changes which began in the early 1990s, with the decline of mining activity in South Africa, and aggravated by the HIV/AIDS pandemic (FAO, 2007). From all accounts, it seemed that only the education-related Millennium Development Goal target is likely to be achieved by 2015.

The national report on ICPD at 15 (2009) indicates that Lesotho is committed to reducing poverty and to achieving the Millennium Development Goals and the ICPD goal. Formulation of the 5th CP was informed by 2004 Common Country Assessment (CCA) and was based on the United Nations Development Assistance Framework (2008 – 2012), Lesotho Poverty Reduction Strategy (2004/05 – 2007/08) and Vision 2020; sectoral policies and frameworks; UNFPA’s Strategic Plan (2008 – 2011) and MDGs. The program was designed to support three components: Reproductive Health; Population and Development; and Gender.

It was against this background that the 5th CP was formulated, to address national priorities in line with the Millennium Development Goals and the ICPD Programme of Action. The 5th CP is aligned with the 2004 common country assessment and the 2007 United Nations Development Assistance Framework (UNDAF), and takes into account challenges and opportunities identified in the 2004 progress report on the Millennium Development Goals and the UNFPA strategic plan. Therefore, the 5th CP is relevant to the development priorities of the Government of Lesotho.

4.2 Adequacy of Programme Design

As already mentioned above, the 5th CP was designed with three interrelated programme components; namely, Reproductive Health; Population and Development and; Gender, within the framework of the road map for maternal and neonatal health and the Maputo Plan of Action.

a) Programme management/risks

Implementation of the 5th CP has been within the context of the UNDAF and the poverty reduction strategy, jointly by UNFPA and the Government of Lesotho, and in collaboration with some UN partners. The CPAP clarified and elaborated the implementation arrangements. In accordance with CPAP, the programme has been implemented through the line ministries and other national institutions including non-governmental organizations. Responsibility for programme management has also resided in respective government ministries and their assigned focal staff. The Reproductive Health component was designed to be implemented within the district decentralization framework; the Population and Development component and the Gender component to be implemented nationally by the Ministry of Finance and the Ministry Gender, Sports and Recreation respectively. The Ministry of Finance and Development Planning has been responsible for coordinating the programme, as well as coordination of the population and development (P&D) component. The lead agency for the RH component is the Ministry of Health and Social Welfare MoHSW) while the Ministry of Gender, Youth, Sports and Recreation (MGYSR) will be the lead agency for the gender
component, including the coordination of related activities implemented by civil society organizations.

As a planning and monitoring tool, it was planned that Annual Work Plans would be developed with UNFPA assistance by implementing partners within the framework of CPAP, and that within the year, quarterly and annual meetings would be called for implementers by UNFPA in collaboration with the coordinating institutions to review status of implementation, achievements and results. The evaluation found that while Annual Work Plans were developed jointly with the implementing partners, for two years, they were not done at a common forum where all implementing partners met; rather, AWP was developed by UNFPA with the individual partner. Such a strategy did not provide space for interaction and the sharing of experiences among the partners and could have supported coordination of the programme by the Ministry of Finance and Development Planning (MoFDP), which has the role of coordinating population activities as well as all international grants to Lesotho Government, including UNFPA funds.

CPAP states that coordination of the Programme will be done at three levels: at National level, component level and district level. At the national level, the MoFDP as the coordinating body of development assistance in the country would be responsible for overall coordination of the programme. The coordinating role of the MoFDP was hardly exercised; capacity at MoFDP has been weak and the recent restructuring exercise, which appeared to have downsized the Population Unit did not help the situation. The Population and Manpower Planning Division, now reduced to a Unit within the Directorate of Sectoral Policy, Research and Analysis has also been charged with the responsibility of coordinating the development of National Strategic Development Plan; hence, the role of coordination of population activities has been given little attention. There is therefore the need to support fast tracking approval of the population policy by Cabinet and development of the National Population Policy Implementation Plan that will clearly address the institutional issues including the human resources capacity of the department responsible for population and development.

The programme design also urged collaboration within the context of UNDAF and the UN DaO initiative. It urged that in the areas of common interest among UN agencies such as strengthening capacities for data collection and analysis, HIV/AIDS, Emergency Obstetric Care (EmOC), programming for Gender, young people and draught affected areas, joint programming, monitoring and annual reviews should be held to assess progress within the M&E context of the UNDAF. Responsibility for programme management, as agreed in CPAP has rested with respective government ministries and their assigned focal staff, using the Annual Work plans (AWPs) modality, developed with UNFPA assistance by implementing partners within the framework of CPAP, as a means of coordinating and monitoring programme implementation. In this regard, quarterly and annual meetings were held by each individual implementing agency and the CO; but the evaluation found that these meetings were not as regular as envisaged. The annual review meeting for 2011 was scheduled to be held early 2012. The notion of regular field monitoring visits in the project sites did not quite play out in the context of the Lesotho CP because most of the programme efforts, by design, have been at national level.
The 5th CP was designed to employ results-based management techniques, building on the existing UNDAF and on UNFPA and government monitoring and evaluation mechanisms. Following the approval of the CP the UNFPA CO developed CPAP, which further clarified and elaborated the programme output indicators and their targets. In accordance with its design, the 5th CP has used existing data collection and management systems such as DevInfo, household surveys, the census, demographic and health surveys, management information systems and service statistics to generate disaggregated data to monitor programme performance, and supported baseline and end-of-programme surveys.

Lesotho’s PRSP expired in 2008 and in the interim, a National Development Framework was developed as a stop gap until the five-year National Development Plan was finalized. This National Development Framework acts as the Government’s strategic plan for the two intervening fiscal years to guide resource allocation and planning activities. The National Development Framework has recently been finalized; it has four goals addressing human development; Accelerating shared and sustainable economic growth; Good governance; and Protecting and enabling the disadvantaged and vulnerable groups. Given UNFPA and other inputs, the Plan has benefited from DevInfo and the use of population and gender disaggregated data and indicators to address the challenges of SRH, HIV/AIDS, gender equity and equality, including the girls’ and women’s rights and empowerment.

The Government and the country office developed a resource mobilization plan to mobilize additional resources, particularly for the data capture and analysis phase of the 2006 national Census of Population and Housing, the 2010 DHS and gender issues within the context of HIV/AIDS and SRH (see Table 4).

The UNFPA country office (CO) has supported the implementation of the programme, but has been unable to draw additional support from the UNFPA country technical services team (CST) based in Harare, Zimbabwe because the Team has been disbanded. However, the CO received support from the UNFPA Africa regional office in Johannesburg, South Africa, and through national and international consultants, and staff from UNFPA headquarters.

**Risks and Assumptions**

The programme design identified the following risks/assumptions; namely, timely availability of funds for programme implementation; staff turnover; availability of staff for programme implementation for the whole period; major draught; political instability. In the light of the social, economic and political situation in Lesotho at the time of the 5th CP formulation, these risks/assumptions were quite justifiable. As programme implementation progressed, it transpired that timely availability of funds for programme implementation, poor staff capacity and high staff turnover in sector ministries responsible for implementation were factors that constrained smooth implementation to some extent. The country also experienced draught in 2007/2008; the CO responded to the humanitarian emergency through a Joint Programme described in another section of
In this report, in which CO provided gender and SRH interventions. The programme has been implemented under conditions of political stability and availability of Government counterparts to work with CO officers.

b) Reproductive health (RH) component

Emphasis of the RH component of the programme is placed on HIV prevention, emergency obstetric care, adolescent sexual and reproductive health, and family planning, 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, especially in the fight against HIV and AIDS. Outcome Indicators are: i) Contraceptive prevalence rate; ii) Percentage of young men and women aged 15-24 not reporting more than one sexual partner in last 12 months and; iii) Proportion of deliveries attended by skilled personnel. In view of the RH status of the country, this outcome adequately addresses the RH challenges faced by Lesotho; so also are the indicators which are measurable and for which national disaggregated data are available.

In order to achieve the program outputs, 5th CP identifies a number of capacity building and advocacy strategies including: (a) conduct ethnographic research on gender and sexuality, to inform behaviour change strategies for HIV prevention and the promotion of reproductive health; (b) strengthen the institutional and technical capacity of stakeholders to develop and manage behaviour change communication interventions; (c) advocate the integration of sexual and reproductive health strategies (including those focusing on HIV prevention and human rights) into community programmes through cultural and religious institutions and the media; (d) harmonize and expand population and family-life education and life-skills education for in- and out-of-school youth, including people with disabilities; and (e) strengthen linkages between health, education and social support services. In addition, there are strategies to advocate the implementation of existing sexual and reproductive health services policies, plans and strategies; strengthen the management and financial capacity of health-service providers and implementing partners; strengthen community-based provision and distribution of family planning services, HIV prevention information and services, and programmes to increase male participation in reproductive health; support the establishment of a logistics management system to ensure a reliable supply of reproductive health commodities; and strengthen the reproductive health services referral system.

For each of the two RH outputs, the programme defined output indicators, and their respective baselines and targets for programme management purposes. These are specified as follows:

Output 1: Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health

Output indicators:
1.1 Percentage of schools and non-formal settings with teachers trained in life skills education, sexual and reproductive health, and HIV prevention that used their training during the last academic year

1.2 Percentage of stakeholders with enhanced capacity to advocate, plan, implement and evaluate evidence-based behaviour change interventions

1.3 Percentage of young people aged 15-24 with correct knowledge of and skills to prevent HIV.

Following the approval of the CP, the CO developed the Country Programme Action Plan (CPAP) to guide CP implementation. Based on a critical assessment of the Results Matrix of the CP, it was decided that the second indicator of output 1 (Percentage of stakeholders with enhanced capacity to advocate, plan, implement and evaluate evidence-based behaviour change interventions) should be dropped, leaving implementation efforts with two indicators. It was a good idea to have dropped this indicator, given the inherent problem of measurement; it is not clear how the capacity of ‘stakeholders’ are to be measured. At any rate, the two indicators retained seem to adequately address the achievement of output 1.

**Baselines:** The CP defines baselines as: 120 schools and non-formal settings with teachers trained in life-skills education, sexual and reproductive health, and HIV prevention who used their training during the last academic year; number of stakeholders trained; 26% female, 18% male. These were revised in CPAP as: 7% of schools, 0% informal education settings.

**Targets:** The CPAP revised target is 100% schools and informal education. This is more ambitious than the CP initial target stated as: 50% of schools and non-formal settings with teachers trained in life-skills education, sexual and reproductive health, and HIV prevention education who used their training during the last academic year; percentage increase in number of stakeholders trained; 80% female and male.

**Output 2: Improved availability of comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security**

Output indicators:

2.1 Number of facilities providing youth-friendly services. This has been revised in CPAP as: Percentage of facilities providing youth-friendly SRH and HIV services.

2.2 Number of service providers with the capacity to deliver high-quality sexual and reproductive health services; revised and better defined in CPAP as: Percentage of service providers who deliver quality comprehensive sexual and reproductive health services including for STIs and HIV.

2.3 Percentage of facilities providing emergency obstetric care. This better elaborated in CPAP as: Percentage of facilities providing comprehensive and basic emergency obstetric care.

**Baselines:** For indicator 1: 17 hospitals and 4 health centres; re-defined in CPAP as: 55.4% mothers received delivery care from doctors/nurses/midwives/NA.

For indicator 2: number of providers with capacity; re-defined in CPAP as number of male and female condoms distributed through public sector facilities;
For indicator 3: 25% facilities providing emergency obstetric care. CPAP defines the baselines as: Percentage of government contribution allocated for RHCS. Targets: The CP targets are: 80% of facilities; number of providers with capacity; 50% of facilities providing emergency obstetric care. The CPAP is silent on targets, making it difficult to relate target 2 to its baseline.

In general, the RH component has been generally well defined and made even better by modifications provided by CPAP.

c) Population and development (P&D) component

Again, emphasis is on capacity building strategies to achieve the two outputs of P&D. These include (a) institutional and technical capacity-building for the staff of the Ministry of Finance and Development Planning, in collaboration with the National University of Lesotho; (b) research on the linkages between population dynamics and poverty reduction; and (c) support for finalizing and disseminating the revised population policy. In addition, the programme was designed to support statistical services through analyzing, publishing and disseminating the results of the 2006 population and housing census; building institutional and technical capacity; supporting the inter-censal demographic survey and the Lesotho demographic and health survey; and developing user-friendly tools (such as the DevInfo database of development indicators and the integrated management information system) for programme implementation and for monitoring and evaluating the poverty reduction strategy, the UNDAF and the Millennium Development Goals.

The CPAP specified for each P&D output, their indicators, baselines and targets as follows:

**Output 1: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes**

Output indicators:
1.1 Number of staff at national and district levels capable of integrating population, gender and HIV/AIDS issues in plans and programmes

Baseline:
- To be determined

Target:
- By 2012 two staff members from each of the sector ministries and two from each district trained and capable to undertake integration
- Availability of empirical evidence on the linkages between population dynamics and poverty

Baseline: 0

Target:
- Linkages between population dynamics and poverty established on the basis of research
Output 2: Improved capacity of institutions at national and district levels to collect, analyse and utilize data for planning and policymaking

Output indicators:
2.1 Number of BoS and sector ministry staff trained in data collection and analysis
2.2 Number of survey and censuses results disseminated

Baselines and Target:
- 100% of Bureau of Statistics staff at national and district levels and one staff member from each of the sectoral ministries;
- Available census and survey results disseminated at national and district levels

The design of the P&D component is deficient in addressing institutional capacity for population policy formulation and coordination of Action Plan for policy implementation. To be sure, CO actually made inputs into the population policy review process during the 5th CP. Major interventions in 2009 involved preparations for revision of the National Population Policy. A Task Force for revision of the policy was formed and inducted while the work plan for the revision process formulated. A consultant was hired to assist the Task Force in this process. The point is that the formulation of outputs and their indicators has left out this vital aspect of P&D.

d) Gender component

Strategies to achieve the two outputs of Gender component are also focused on capacity building and advocacy. These include establishing and strengthening strategic, gender-related mechanisms (including the national gender commission and the network of women ministers and parliamentarians); conducting awareness-creation and advocacy campaigns on national, regional and sub-regional policies, protocols and declarations on gender parity; supporting technical and institutional capacity-building of government and civil society organizations to formulate, design, implement, monitor and evaluate gender-responsive policies, plans and programmes; supporting the institutionalization of gender parity in selected higher education learning institutions; training local women leaders on gender and other development issues; strengthening the gender directorate of the Ministry for Gender, Youth, Sports and Recreation to coordinate the response of stakeholders to gender-based violence; providing support to adapt, disseminate and apply guidelines to prevent and manage cases of gender-based violence; support for awareness campaigns on gender-based violence and South-South cooperation study tours on gender-based violence; and support for establishing a database on gender-based violence.

The Gender output indicators, their baselines and targets are defined by CPAP as follows:

Output 1: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender responsive policies and programmes

Output indicators:
1.1 Number of strategic, gender-related mechanisms established and strengthened
1.2 Number of institutions with staff skilled in developing gender responsive policies, plans and programmes

Baselines and Targets
- Gender commission: baseline zero; APEX Body for Women in Lesotho: 0;
- Institutions with skilled staff: baseline 2

Output 2: Increased capacity of government and civil society organizations to prevent gender-based violence

Output indicators:
2.1 No. of institutions with systems in place for prevention and management of GBV
2.2 Institutions with relevant data and information on GBV available
2.3 Coordination mechanism for GBV prevention strengthened
2.4 No of organizations strengthened to promote and implement GBV prevention interventions
2.5 CEDAW Country report prepared and available

Baselines and Targets
- Institutions with systems in place for prevention and management of GBV: 6
- Institutions with relevant data and information on GBV available: 1
- MoGYSR, Organizations with well coordinated programme interventions on GBV: 3
- CEDAW report: zero

From the above it is clear that the baselines and targets are not systematically defined; apart from the CEDAW indicator, it is not clear whether the figures shown against the other indicators are the baselines or targets.

In general, the following observations have been made regarding programme design:
- Clear definition of UNDAF and CP Outcomes
- CP Outputs are clearly defined, generally
- Output indicators – some read like outcome indicators
- Difficulty in relating output measures to their indicators
- Most outputs are without baselines or targets
- Rigorous assessment of progress achieved is difficult

In general, the indicators have been further broken down into specific activities in the series of Annual Work Plans (AWPs); as such it is easy to determine whether those activities will lead to the achievement of output targets. Having regard to the activities carried out under the 5th CP, most of the targets are likely to be met by the end of 2012, including those involving ongoing activities which the CO and partners are confident will be completed during the remaining months of the 5th CP cycle.

Apart from the CP outputs, the Country Office (CO) supported human cross-border human trafficking campaign, which alerted the governments of Lesotho and Republic of South Africa to the magnitude of human trafficking especially young girls. In addition, the CO finalized plans to support government and IOM to conduct a comprehensive survey on migration. A monograph on aging based on the 2006 Census was also completed in 2011 coinciding with the formulation of the National Strategic Development Plan.
4.3 Effectiveness
The evaluation examined the extent of progress that has been made towards the realization of CP outcomes as a contribution to the achievement of MDGs and in terms of indicators as reflected in the CP Results Matrix. Focus is on the extent and in what ways special emphasis has been placed on strengthening of national capacities, building partnerships, promoting innovations and the realization of human rights and promoting gender equity and equality in the course of implementing the CP. The evaluation also examined the main factors that contributed to the realization or non-realization of the outcomes; how were risks and assumptions addressed during the implementation of programmes and projects; and the extent and in what ways UN support has contributed to the promotion of national execution of programmes and / or the use of national expertise and technologies.

i) Reproductive Health
In order to achieve the CP outcome targets for RH, programme efforts relied upon UNFPA interventions and the works of the Ministries of: Education and Training; Gender, Youth, Sports and Recreation; Health and Social Welfare; National AIDS Commission; Joint United Nations Programme on HIV/AIDS; United Nations Children’s Fund (UNICEF); World Health Organization; Christian Health Association of Lesotho.

In terms of effectiveness of UNFPA intervention, the evaluations found that, in spite of institutional constraints, CP intervention have been quite effective in generating the desired outputs.

a) Health promotion and HIV prevention
In order to increase the proportion of young people aged 15-24 with correct knowledge of and skills to prevent HIV, in 2008, the CO provided technical support towards the finalization of the national BCC strategy for HIV/AIDS; development of the adolescent social and behaviour change strategy; development of an advocacy tool for male circumcision; finalization of PMTCT guidelines and job aides; finalization of the Modes of Transmission of HIV Study; finalization of the youth situation analysis; finalization of commercial sex work study; and multiple concurrent partnership study. The CO provided technical support to development of Essential Services Package in which issues of young people in relation to young people were integrated. Preliminary activities towards ratification of the Africa Youth Charter were also initiated. The CO provided technical support in the development of IEC messages disseminated through both primary and secondary school materials. The CO worked towards the revival of the Life Skills/POP/FLE Steering Committee. As part of events towards the launch of the State of the World Population Report 2008, 2009, 2010 and 2011, the CO supported primary school debates and general dialogue on population issues.

Institutional capacity building was also used by the CO as a strategy to promote RH and HIV prevention. The CO provided technical support for the revision of a national HIV/AIDS Strategic plan and finalization of the Joint UN Programme of Support on HIV/AIDS (JUPSA). Support was also extended towards a Condom Programming Situation Analysis, and the programme witnessed significant increase in the procurement
and distribution of female condoms and male condoms were procured by the CO, while a third party procurement male condom was made on behalf of Global Fund. The major challenge relates to the low uptake of free-issue generic male condoms as most of the population prefers branded condoms. The CO improved its capacity for programming for young people through deployment of an international UNV who was dedicated to programming for young people. UNFPA also supported revision of the HIV National Strategic Plan and development of the Comprehensive HIV Prevention Strategy for the health sector.

In support of demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, the CO, provided support to the development of IEC materials on adolescent reproductive health and on utilization of health services by expectant mothers. Government was also supported to develop short messages on maternal health and HIV/AIDS and these have been shared with media houses for their dissemination. In terms of national capacity development, CO supported a rapid assessment on inter-linkages between HIV/AIDS and SRH; development and launch of the Strategic Plan for elimination of Mother to Child Transmission of HIV and paediatric care and treatment; review of National Action Plan on women, girls and HIV/AIDS; Revision of PMTCT guidelines to include prongs 1 and 2; development and launch national HIV prevention strategy and operational plan; development of a national BCC operational plan; development of Lesotho Male Circumcision policy and its translated into local language; printing of 2000 Advocacy tool kit and social mobilization took kit for Male Circumcision; and training of religious leaders and 22 Principal chiefs on BCC for HIV prevention.

The focus of the CO was also on the minority group: the CO supported Ministry of Gender and Youth, Sports and Recreation to implement Herd Boys Empowerment Project. More than 1,500 herd boys in 2 districts were provided with non-formal educational opportunities and equipped with life skills and SRH information. Also, hundreds of local chiefs and principal chiefs were sensitized on the issues surrounding herd boys and importance of gender-sensitive life skills based SRH education. The CO worked in collaboration with WHO and UNICEF in 2011 to support youth capacity strengthening initiatives. In collaboration with UNICEF and WHO, 2 MOHSW staff members and 2 NGO members were capacitated through the regional training on youth friendly health services with special focus on adolescents living with HIV; also, in collaboration with UNICEF, selected young people participated in the training on HIV prevention in all 10 districts. Support was also provided for 10 district youth representatives from all 10 districts to participate in the National HIV Prevention Symposium and make their voice heard at higher level.

b) Contraceptive prevalence and Family Planning

Also in support of capacity strengthening of service providers to deliver high-quality sexual and reproductive health services, including increase in the contraceptive prevalence rate in the country, the CO’s interventions included a wide range of training activities on management of reproductive health cancers, Family Planning, and infection prevention and control. Specifically, the CO provided financial and technical support to
MoH for the finalization and dissemination of SRH policy as well as the obstetric fistula needs assessment; supported the adaptation of SADC SRH Strategy; development and finalization of Family Planning guidelines. In addition, the CO supported the establishment of a multi-sectoral Reproductive Health Commodity Security and Condom Programming Coordinating Committee. The committee members were trained and supported to conduct regular field monitoring visits to all hospitals and medical stores in the country. This committee conducted regular field monitoring visits to all the 18 hospitals and the National Warehouse using an updated and standardized field monitoring visit format. Support was also extended towards a Condom Programming Situation Analysis, expected to be completed in 2010. Results of this analysis has facilitated the development of a Comprehensive Condom Programming Strategy, being jointly promoted by UNFPA and Population Services International/Lesotho (PSI); The Comprehensive Condom Strategy that was being formulated during this evaluation will identify actions to improve access to male and female condoms throughout Lesotho, and make free-issue condoms more easily available at community level, as well as stimulate individual demands. The CO also supported the establishment of district RHCS Committees, undertaking of two joint RHCS supervisory visits (comprised of UN partners, Government and NGOs) and quarterly RHCS coordination meeting; skills development for health workers on FP method mix; orientation of selected officers on Logistics Management Information System and CHANNEL software.

c) SRH and Maternal health

In order to increase proportion of deliveries attended by skilled personnel and thereby reduce infant and maternal mortality rates, the CO supported the development of PMTCT guidelines; and maternal death review guidelines. CO provided TA for the development of the RH Commodity Security Plan and review and printing of the midwives pre-service curriculum. The CO supported training of nurses on management of reproductive health cancers; and facilitated the employment of a national Technical Adviser on Reproductive Health. The CO provided technical support for the development of social and behaviour change communication strategy. Support was extended towards training of media professionals, to equip them with skills for reporting on SRH issues. The Country Office also supported establishment and training of a confidential enquiry into maternal deaths at the national level. The committee finalized the MDR tools and selected 19 assessors of notified maternal deaths from 14 institutions. The CO also supported a study tour of the confidential enquiry committee to observe the proceedings of the MDR committee of South Africa; the updating of the Lesotho Obstetric Record (LOR); development of obstetric record self-assessment tool on ante natal and intra partum care; development of an integrated Reproductive Health supervisory tool and sensitization of 52 midwives on the use of this tool. The CO supported training of selected Midwives and doctors in 7 hospitals on EmOC and doctors on MVA and selected health workers on infection prevention and control. In addition, the CO supported EmOC assessment in seven hospitals and HPV vaccination campaign of girls aged 9-18yrs in two districts. Some of the challenges experienced include shortage of staff, high attrition rates of trained staff, and competing priorities as most of the health workers at the central level were involved in DHS data collection. To address limited capacities at the national level, the CO
supported services of two technical advisors to assist the Ministry in SRH management with an emphasis on EmOC.

The launch of the CARMMA in Parliament increased the legislators' understanding of maternal health issues in the country and enlisted their support to lead CARMMA roll out at district level. Support towards dissemination of DHS provided an opportunity for policy makers to gain knowledge on the declining SRH indicators. With CO support, nurses and village health workers were trained in two districts on identification of danger signs of pregnancy; the Road map on Maternal and Neonatal Mortality and Morbidity was revised to incorporate new areas identified in the revised RH policy; 30,000 copies Lesotho Obstetric Record booklets; 5000 copies of village health worker manuals; and 1000 copies of MDR tools were printed; quarterly supervisory visits were undertaken; Lesotho Private Midwifery Association was established and five members of the association supported to attend the global conference on midwifery in Durban; a MAMMAS software for MDR data analysis was installed and the first ever Maternal Death Review report compiled. MDR Committee remained functional and led to the establishment of district maternal death committees; all midwives and doctors in the ten districts received hands on training on EmOC; and three technical Advisors continued to provide support to the Ministry of Health. As a result of cell phones procured earlier for health facilities and village health workers in four districts, the number of women presenting with emergency obstetrics increased in the four districts. There has also been a significant improvement in timeliness in the referral of these mothers.

ii) Population and Development (P&D)
The CO has made interventions in collaboration with implementing partners, mainly the Ministry of Finance and Development Planning and other sectoral ministries in achieving the P&D outcome targets.

Integration
Regarding Population and Development, one of focus areas for UNFPA interventions has been on integration of population issues into development policies and plans. Availability of population and related socioeconomic data is critical to achieving integrated population and development planning. In 2008, focus of the CO support was on capacity building for improved statistical services and integration. The approach CO was to support capacity building for improved statistical services for integration through short-term training on population and environment inter-linkages; training of staff of the Department of Population and Manpower Development, higher degree (Masters) in Population. In support of integration, training was conducted with UNFPA support in 2011 for the National Population Policy Task Force on integration of population issues into policies to enable them to participate effectively and monitor the revision of population policy. The CO also provided support towards two international and two national experts that coordinated revision of the National Population Policy currently in its final stages. The CO in collaboration with the Regional Office facilitated training of two government staff responsible for population and development (Ministry of Finance and Development Planning) to enable them to ensure integration of population issues into National Strategic Development Plan (2011/12 -2016/17), revision of the population
policy and other policies and plans, as well as coordination of population policy revision. The CO in collaboration with other UN Agencies supported preparation of eleven issues papers including ones on Population and Development; Gender equality; Health and HIV/AIDS that fed into the preparation of the National Strategic Development Plan

Data collection and utilization
In support of improved statistical services, UNFPA fielded a full time technical advisor that was able to assist with population data collection and analysis and support the Bureau of Statistics to finalize the 2006 population and housing data entry, cleaning and editing. The CO also supported two missions of an international expert in census data editing. In preparation for census data analysis, UNFPA supported additional technical assistance that trained staff of the Bureau of Statistics and other sectoral ministries in data analysis using CsPro software. Thematic analysis was undertaken resulting in the production of reports and monographs, the most recent one being on Aging. Census data dissemination was undertaken during the World Population Day and International Statistics day. Line ministries, research institutions and the private sector were sensitized and oriented on census data utilization. In collaboration with the UNFPA Census Coordinator's office, the CO organized a regional training meeting on population projections. The training attracted four countries and each of these countries completed their own projection reports. Orientation sessions were conducted for census data analysis teams that had been constituted to develop monographs. Advocacy campaign for census data utilization was conducted through the national radio, and local newspapers. The World Population Day and International Statistics Days also provided a forum for advocacy.

Research
Support to population research was another effective strategy used by the CO to build capacity and facilitate integration. The CO supported studies on commercial sex work; youth situation analysis; obstetric fistula; gender based violence in 5 selected districts; and capacity assessment for gender mainstreaming. A mapping study on sex work in the country was finalised and the results disseminated. In order to encourage census data utilization, selected individuals were supported to research on own-selected topics using the census data. Findings of this research were shared with a wide range of stakeholders to demonstrate the usefulness of census data in overall planning and management of national development programs. Regarding the 2009 Demographic and Health Survey (DHS) the CO provided financial and technical assistance towards coordination of the survey, questionnaire design, and data collection. Survey captured the following topics: Fertility; Family planning, Infant and child mortality; maternal and child health; HIV; Adult and maternal mortality. Regarding emerging population issues, The CO finalized plans to support government and IOM to conduct a comprehensive survey on migration. Financial and technical support was provided to the Bureau of Statistics to undertake the 2011 inter-censal demographic survey; analysis of this data is ongoing. Data from these sources have added significantly to the population database available for policy formulation and development planning in Lesotho. A needs assessment for vital statistics was conducted and support towards collection and analysis of vital data provided. The Bureau of Statistics was also supported to sharing experiences on vital statistics through
Population Association of Southern Africa workshops hosted in Lesotho and in South Africa. Two government officials were also trained on DevInfo version 6 with emphasis on MDG 5B to facilitate greater access to and utilization of census data.

iii) Gender
Strategies to achieve the two outputs of the gender component were focused on capacity building and advocacy. The programme implementers with whom CO has worked under this component are Ministries of; Gender, Youth and Sports and Recreation; Justice, Human Rights and Rehabilitation. Apart from the Government sector, other implementers included Women in Law in Southern Africa (WLSA); UNDP and UNICEF

a) Institutional capacity building for addressing gender
In support institutional strengthening, the CO supported reactivation of Gender Technical Committee (GTC) and strengthened the Expanded Theme Group on Gender and RH currently being co-chaired by UNFPA and Ministry of Gender. A core group of representatives of GTC have been trained in gender mainstreaming and rights based approaches to planning and programming in order to enhance national capacity for integration of gender and rights issues in national polices development frameworks and laws. The CO supported the Ministry of Gender to commission an assessment of institutions to determine their capacity and capability for mainstreaming gender and rights issues in planning and programming processes. Technical and financial support was provided to enhance the capacity of local government, civil society organizations and the communities to advocate for gender equality and programming. These efforts were in the form of consultation forums where local government structures and all relevant stakeholders at community level were sensitized and mobilized to advocate for the establishment of Gender Equality Commission. The CO provided technical support to Ministry of Gender in preparations and hosting of the Africa Union Gender Ministers meeting held in Maseru to finalize the Africa Union Gender Policy.

The CO also contributed towards enhanced capacity of government and civil society organizations to respond to Gender-Based Violence (GBV). Utilizing supplementary funding from OCHA-CERF, the CO increased awareness on the forms and magnitude of GBV in the country. The CO supported an assessment on forms of GBV in five of the country’s ten districts. Selected health workers were trained on management of GBV survivors; large numbers of people of different ages were reached with IEC messages that were transmitted through educational drama, television advertorial and other forms of media. These efforts resulted in increased reporting of GBV cases in the country. The CO further used the campaign for 16 Days of Activism each year against Gender based Violence as a platform to mobilize religious leaders, senior government officials, traditional leaders, parliamentarians and other stakeholders to commit themselves to eradicating gender based violence. The CO supported the holding of 8 Gender Technical Committee and 2 Gender Forum Meetings and provided guidance to District Gender Officers to establish Gender Technical Committees in all 10 districts.

UNFPA supported the establishment of Gender Focal Points and the appointment of officers in all the districts in the country, technically and financially, in order to enhance
their capacity to integrate gender issues in their programmes and policies. This has resulted in integration of gender and human rights issues in the interim National Development Framework. Furthermore, the CO has contributed to the strengthening of the Department of Gender in the form of providing equipment and continued placement of the Gender Advisor. This has improved the effectiveness of the Department in coordinating national gender programmes. As part of working towards ensuring greater impact of gender programmes, the CO has supported preparatory activities for the establishment of the national Apex body which will provide a platform for promotion of gender equality and advancement of women rights through increased women participation in development processes. A draft constitution of the Apex Body of women was finalized and translated into Sesotho and efforts are underway to establish a secretariat for the Apex body. The process of constituting the Apex Body is still in progress.

In support of the ongoing efforts to establish a Gender Commission, the CO supported a study tour of senior government officials to study Kenya’s model of merging the Gender Commission and Human Rights commission into one National Human Rights and Gender Commission. Following this tour, a proposal has been made for Lesotho to merge the proposed commissions. Cabinet has approved the establishment of a Human Commission and a bill to this effect has been drafted. The CO will work towards ensuring that gender issues are incorporated into the draft bill.

The CO also supported the process of formulating and approving the Land Bill, which is intended to improve women’s access to land in the rural areas by introducing lease hold arrangement. Following the training of the Gender focal points, institutional plans were developed and implemented with close monitoring by the Department of Gender. One of the major challenges remains high staff turnover, which suggests that capacity building must be an ongoing strategy.

b) Advocacy
Advocacy was used by the CO as a tool for sensitizing and educating men and women in the country on gender and development issues. In this regard, the CO targeted religious leaders, traditional chiefs and parliamentarians. The CO facilitated the launch of the religious leaders’ statement on gender equality, an event attended by His majesty the King, the Prime Minister and cabinet ministers. To demonstrate their support, 16 religious leaders representing Christians, Bahai and Muslims signed a statement of commitment on gender equality in the presence of the His Majesty the King and the Prime Minister. His Majesty the King and the Prime Minister endorsed the statement. This statement represents a major positive shift on promoting gender equality and women’s empowerment in Lesotho. This expression of commitment from religious leaders was the first of its kind in Southern Africa.

A dialogue on gender issues was also held with the Principal Chiefs who represent the upper house of parliament and as a show of commitment have formulated a gender equality work plan for legislative reform. A national Women’s Forum comprising of all 128 community councils was held. Skills were imparted on 20 trainers on gender issues
and as a show of commitment, 17 of them signed a pledge to serve as national gender trainers. Women parliamentarians acquired skills on leadership, policy development and legislative review in support of gender equality. Members of the Gender Technical Committee were trained in gender and human rights programming. The CO supported 2 participants to attend the 54th Session on the Commission of Women and 3 participants to attend the Continental Launch of the African Women’s Decade 2010-2020.

The CO supported the development of ‘Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV’ as an advocacy tool to address the persistent gender inequalities and human rights violations that put women and girls at a greater risk of acquiring HIV. In addition, 25 senior and middle level government officials were trained on Gender Responsive Budgeting. Advocacy for gender issues was conducted during the 16 Days of Activism against gender-based violence. Major focus was on popularizing African Women’s Decade 2010-2020. The CO's engaged and partnered with the judiciary to enhance increased advocacy for enactment of the Domestic Violence bill.

The CO provided support to selected senior officials from the Ministry of Gender and Youth Sports and Recreation to participate in regional training workshops on Results Based Management as well as IPSAS. Support continued to be extended towards the functioning of monthly Gender Technical Committee meetings aimed at coordinating programming for gender issues.

The CO held meetings with various political party leaders with the view to increase women's participation in politics and decision making. These meetings were successful as the political parties agreed to adopt strategies for gender equality in order to facilitate women's participation in leadership structures within their parties. As the first step towards this commitment, some prominent political parties agreed to revise their manifestos and to develop specific programmes that would facilitate women's participation in political party leadership.

c) CEDAW implementation
The CEDAW report is a specific output of the Gender component of the CP. The CO supported the process and was facilitated by inter-sectoral committee meetings which reviewed relevant national legislation to assess the extent to which the legislative framework addresses the provisions and principles of CEDAW. The first ever CEDAW state party report was validated by stakeholders in 2010 and presented to the CEDAW Committee in 2011. The challenge ahead is to achieve full implementation of the CEDAW Concluding Observations from the CEDAW Committee.

d) Gender-based violence
A National Action Plan to End GBV as well as the National Coordination Plan for management of GBV was finalized with UNFPA support in 2008. The CO supported the development of management of gender-based violence. The CO worked in collaboration with Gender Links, a South African NGO for the development of the National Action Plan to End GBV. In 2009, the CO supported advocacy campaigns to promote a conducive environment for gender programming. Some of the advocacy events include
the World Population Day; Launch of the State of the World Population Report—which addressed women and climate change; and 16 Days of Activism. In a bid to fill the data gap on GBV, UNFPA supported Ministry of Gender to commission a study of GBV in 5 selected Districts in 2009. Future effort to produce national coverage in generating GBV indicators should be done in collaboration with BoS.

The CO also contributed towards increased awareness on GBV through provision of financial and technical support for awareness campaigns across the country. In this regard, over 400,000 people of different ages were reached with IEC messages that were transmitted through the use of educational drama, television advertorial and other forms of media. These efforts resulted in increased reporting of GBV cases in the country.

The CO provided support towards training of various groups on prevention and management of gender based violence. More than 300 traditional leaders and local government councillors were trained in three districts. The trainings resulted in the establishment of 12 community based gender based prevention and management networks. Training was also provided to 20 representatives of media houses in order to enhance their capacity in reporting on gender based violence. The Department of Gender was also supported to host 30 radio and 6 television programmes. A national symposium on gender based violence with participation of more than 200 delegates representing diverse social, political, religious and academic backgrounds was held in November with financial and technical support from the CO. This forum was used as the basis for advocacy on development of legislation on domestic violence as well as a means to demand more support from the government with regard to development of strategies and policies for prevention and management of gender based violence at all levels of society. The use of radio and television continues to be an effective tool for increased awareness and subsequent reporting of gender based violence cases. A number of radio programmes continue to be aired without the support of UNFPA.

4.4 Efficiency

The concern in this section is the extent and in what ways the 5th CP has contributed to a reduction of transaction cost for the government and for UNFPA; whether transaction costs could be further reduced and how.

The CPAP states that all cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA, and that cash transfers for activities detailed in AWPs can be made by UNFPA using any of the approved modalities, including i) Cash transferred directly to the Implementing Partner: ii) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; and iii) Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners. In order to assure efficiency in the management of UNFPA funds, CPAP specified that cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.
The evaluation found that the approved cash transfer modalities have been adopted by CO and implementing partners to some degree of success. Most of the partners would prefer the modality of direct cash transfer to their ‘bank accounts; but the process of achieving this often ran against Government established procedures, as in the case of the Life Skills Education by the Ministry of Education.

Overall financial implementation of the 5th CP, as presented by component and year of operation in Table 3, has been very high and quite impressive. The evaluation found that the implementation rates could have even been higher if the delay in transferring of funds to the implementers were done early at the beginning of each year, say January rather March as most often happened. Implementers suggest that Annual Work Plans should be prepared at the end of the year rather than early in the year of implementation. Also, it is noteworthy that whereas full implementation rates were realized for core resources, the overall implementation rates were lowered by non-core resources some of which were carried over to the following years.

Table 3: Financial implementation of 5th CP (2008-2011)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Allocation</th>
<th>Expenditure</th>
<th>Implementation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REPRODUCTIVE HEALTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>650,000</td>
<td>639,900</td>
<td>98.44</td>
</tr>
<tr>
<td>2009</td>
<td>1,100,000</td>
<td>1,065,400</td>
<td>96.85</td>
</tr>
<tr>
<td>2010</td>
<td>1,380,000</td>
<td>1,296,000</td>
<td>93.91</td>
</tr>
<tr>
<td>2011</td>
<td>1,798,000</td>
<td>1,650,000</td>
<td>91.77</td>
</tr>
<tr>
<td><strong>Sub=Total</strong></td>
<td><strong>4,928,000</strong></td>
<td><strong>4,651,300</strong></td>
<td><strong>94.39</strong></td>
</tr>
<tr>
<td></td>
<td>POPULATION &amp; DEVELOPMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>407,000</td>
<td>312,000</td>
<td>76.66</td>
</tr>
<tr>
<td>2009</td>
<td>320,000</td>
<td>318,000</td>
<td>99.38</td>
</tr>
<tr>
<td>2010</td>
<td>390,000</td>
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<td>98.85</td>
</tr>
<tr>
<td>2011</td>
<td>522,500</td>
<td>522,000</td>
<td>99.90</td>
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<tr>
<td><strong>Sub-Total</strong></td>
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<td><strong>1,537,500</strong></td>
<td><strong>93.78</strong></td>
</tr>
<tr>
<td></td>
<td>GENDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>530,000</td>
<td>520,900</td>
<td>98.28</td>
</tr>
<tr>
<td>2009</td>
<td>500,000</td>
<td>493,400</td>
<td>98.68</td>
</tr>
<tr>
<td>2010</td>
<td>450,000</td>
<td>438,700</td>
<td>97.49</td>
</tr>
<tr>
<td>2011</td>
<td>220,000</td>
<td>217,000</td>
<td>96.64</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>1,700,000</strong></td>
<td><strong>1,670,000</strong></td>
<td><strong>98.24</strong></td>
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<tr>
<td><strong>CP TOTAL</strong></td>
<td><strong>8,267,500</strong></td>
<td><strong>7,858,800</strong></td>
<td><strong>95.06</strong></td>
</tr>
</tbody>
</table>

*Total Budget and Expenditures are for both core and non-core resources

Source: UNFPA Country Office

Regarding audits, the CO organized regular annual audits as established by UNFPA. However, the reports have not proved favourable for the year 2010. A summary of the Audit queries or observations fall in the category of ‘Critical’, or issues that need immediate attention and for which the Auditors advised Senior Management to implement the necessary controls/actions. Many more of the queries were defined as ‘concern’; that is, important shortcomings that need attention. These are discussed below.
i) Reproductive Health
Out of a total of 16 Audit observations on the RH programme management in 2010, 7 fall under the ‘Critical’ category, while the remaining 9 observations are classified as ‘Concern’ issues. Regarding the modality used by UNFPA, the observation of the Auditors is that “UNPA office has used modality of direct implementation which is not in the agreement for some payments made during the year”, and that “these expenses are not included in quarterly financial authorization and certification of expenditures (FACE) forms and implementing partner does not take responsibility over them”. In response, the CO explained that “Direct Implementation is one of the four approved UNFPA uses, in addition to Direct Disbursement; Reimbursement; and Direct Payment. Direct implementation modality is used in cases where the implementing partner finds difficulty in executing an activity due to varying reasons or in situations where UNFPA feels that there would be a higher risk if the partner executes the activity”. Most of the other observations relate to direct implementation by UNFPA and implications for accounting processes.

ii) Population and Development
The 2010 audit was carried out on the 2006 Population and Housing Census and Population Policy. The Audit report made 11 observations (1 critical, 1 ‘Other’ and 9 of ‘Concern’. Management has since responded to these observations, including the ‘critical’ one which has to do with the accounting records of the implementing partner. Also, the CO has recorded its response to observations relating to direct implementation, as in the RH example given above.

iii) Gender
The Auditors’ report indicates 7 observations on the Gender programme financial management, including one ‘critical’ and 6 of ‘Concern’. The observation on UNFPA Direct implementation and FACE form reconciliation has been addressed by the CO and programme management has also responded to the remaining observations, including the ‘critical’ one on “Accuracy and completeness of accounting records”.

Fig. 1: CP financial implementation rates (2008-2011)
Evaluation conclusion

Time was inadequate for the evaluator to go into more details and cover all the three years during which a similar audit exercise, as in 2010, was carried out. The evaluation found that the auditing process did not impact negatively on programme implementation. However, it is noted that most of the Auditors’ observations on financial management remained outstanding for more than 6 months.

Reduction in transaction costs due to partner collaboration
As generally acknowledged, the “Delivering as One” (DaO) approach is designed to provide a framework for the UN Country Team to plan and implement programmes in collaboration with all agencies present in the field. By facilitating UN agencies to work together in a more coherent and coordinated way - with one office, one leader, and one budget - the UNCT improves programme delivery and the quality and impact of results. Implicit in the DaO approach is joint programming, which has translated at country level into the formulation of a joint programme framework. Joint Programming maximizes synergies between national partners and the contributions of United Nations system organizations, avoids duplication, reduces transaction costs and provides coherent results.

This commitment to common premises has served to promote a more unified presence at the country level, reduce costs, and build closer ties among UN staff. In addition, harmonization of business practices, systems and procedures may yield equally as important benefits in working together. In the context of the UN Reform, the UN in Lesotho has made progress in coming together on a number of fronts not only to achieve economies of scale but also to reduce transaction costs of its processes and increase its effectiveness. For example, the UNCT has a common security system with clear lines of accountability. In addition, a joint UN travel service has been selected, preferred UN hotel rates obtained and favorable banking services have been agreed upon. Progress has also been made in the implementation of the Harmonized Cash Transfer Modality (HACT). One other challenge relates to the slow roll-out of the Harmonized Approach to Cash Transfers (HACT). While UNFPA has continued to enhance National Execution through direct disbursement using the Funding Authorization and Certificate of Expenditure forms, other UN Agencies are using other modalities with a range of different financial forms. It therefore took some time for the implementing partners to get used to the FACE and other HACT related tools. This has led to increased workload of CO program staff that has to constantly correct errors on the partners financial records.

It can also be inferred that joint activities involved in the process of programme implementation are likely to reduce transaction costs: cost of data collection, analysis and dissemination; monitoring and evaluation; and reporting to Government. One national survey designed to collect data on MDG indicators by several agencies should be more cost-effective in comparison with individual agencies doing the same for a common purpose. Transaction costs are also considerably reduced when, on behalf of UNCT, the RC undertakes dialogue with Government, prepares a common progress report and presents the report to Government and collaborating partners at one meeting. In this
In regard, UNFPA has been actively involved in a number of UN joint programme implementation during the 5th CP cycle.

The CO provided leadership in the revision of the current UNDAF (2008 - 2012) and preparation of its Action Plan. The CO also actively participated in mobilization of funds from CERF for GBV prevention and response; as well as in the formulation of a joint proposal that has attracted funding from the UN Trust Fund for Human Security. The CO has provided leadership in the Joint UN Team on HIV/AIDS in the area of HIV prevention. In the leadership of UNDAF UNFPA is represented in Programme Management Team which is responsible for management of UN programmatic issues. This ensures inclusion of RH, Gender, and P&D issues in UN programmes from planning to evaluation processes. UNFPA is also represented in UN MDG Reporting Group and its responsibility is to oversee the reporting of MDG 3 and 5.

UNFPA has been involved in the Joint UN Program of Support on HIV/AIDS (JUPSA). This is a joint program involving all resident UN Agencies in the country as well as few non-resident agencies. The program provides a multi-sectoral response of the UN aligned with the National Strategic. Through the Joint UN Programme on AIDS (JUPSA), UN gave increased support for sex workers, men having sex with men, herd boys and prisoners. Together with interventions by other partners, this has led to a significantly reduced spread of HIV, as indicated by a stabilized prevalence. This is also taking into account the positive effects of increased access to ARVs which have led to people living longer with the disease. The UN also supported generation and use of strategic information, i.e. the completion of a modes of transmission analysis which provided more evidence for development and implementation of effective and targeted prevention interventions.

The Government of Lesotho proposed a ‘revamped, energized and visible national response’ with high impact practical strategies to prevent HIV transmission in Lesotho. The proposed ‘energized response’ put forth a new national goal: elimination of new HIV infections in Lesotho. This new goal will was launched by the country’s leadership, in cooperation with Development Partners, Civil Society Organizations, key stakeholders and the people of the Kingdom of Lesotho, on the 1st of December 2011, following a first ever, 2 day National HIV Prevention Symposium. It is during this World AIDS Day that the Lesotho National Plan towards Elimination of new Infections among Children by 2015 was launched. The UNFPA in Lesotho and other Junta members as development partners, technically and financially contributed to the National HIV Prevention Symposium and World AIDS Day Commemoration.

Another Joint projects being implemented is: Measures to Counteract Violence against women (One Stop Centres). The joint project is being executed with support from UNFPA, UNDP and AGFUND and is aimed at building the Ministry of Gender's capacity to establish a one-stop centre for victims and survivors of GBV. The centre is operational and has been providing counseling and referral. The centre is providing training as well as providing counselling and guidance to survivors of GBV. The project will also facilitate a comprehensive study on violence against women in Lesotho and
raise awareness among the public. The total budget for the project is US$500,000, and UNFPA’s contribution is US$ 50000. In its implementation, UNDP supported staff and provided a vehicle; UNFPA provided computers, office furniture; trained staff; supported printing of advocacy materials.

The CO has also been actively involved in the Joint Programme, titled: Maternal, Neonatal and Child Health Joint Program. The programme was initiated with funding support from DOCO through MDTF under the Delivering as One approach, and executed by UNFPA, UNICEF and WHO. The total budget received from DOCO was $663,520. Of this amount, $192,868 was channeled through WHO, $233,645 through UNFPA; and $237,007 through UNICEF. The joint program on maternal and newborn health is aimed at building capacities of health systems in four districts namely: Mokhotlong, Thaba-Tseka, Qacha’snek and Berea to enable them provide improved maternal and newborn health services and increase awareness of communities on the danger signs of pregnancy. The program contributes to UNDAF Outcome 2: “District institutions able to provide quality and sustained health, education and social welfare services”. The program is aligned with Ministry of Health and Social Welfare Work plan. This programme is geared towards reduction of Maternal and Newborn Health by 2015 (MDG 4 and 5). In 2010, the program supported a facility needs assessment to identify existing gaps; procure essential equipment and supplies; undertake mass communication activities; and enhance advocacy for removal of impediments to access of health care. Through the facility assessment conducted in 4 districts, the program has increased knowledge on gaps which prohibit provision of skilled care at birth and newborn care. At least 1,500 mama kits and 2,500 under buttocks were procured and distributed to 56 health facilities in the 4 districts. Tools for training of community health workers were developed and will be used for training in 2011. Protective clothing was procured for 800 Community Health Workers; and cell phone were procured for each of the 56 health facilities as well as 800 community health workers to improve communication for referral of obstetric emergencies from communities to health facilities. The program is complementing other joint programs on nutrition; HIV prevention; and economic growth that have been designed to support the same districts.

UNFPA has also been involved in a joint programme (JP) with other UN Agencies on CP Outcome 3.4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services, including in emergency and pot-emergency situations. Titled: Strengthening Rural Livelihoods Severely Affected by Climate Change-Induced Drought in Lesotho, the programme was designed in response to a draught that affected most districts of Lesotho in 2009 to address human development needs with a focus on three districts for two years. Other participating UN agencies are UNDP, FAO, UNICEF, UNDP, UNFPA, WFP, WHO. UNFPA through this joint program has focused on improvement of maternal health as well as prevention and management of GBV. Bless: Two elements i) training of health workers on EmOC; capacity building of communities for maternal mortality reduction. GBV – advocacy to reduce GBV in the 3 districts; supported radio programmes; trained community counselors and traditional leaders and law enforcement agents, people from the local
courts; established community gender based violence prevention networks. In terms of resources, out of a total budget of US$ 1,770,000, UNFPA contributed US$ 338,000 or 19%.

Through partnership with the private FM radio stations to air messages on GBV and youth issues, the programme recorded notable reduction in transaction costs. While the CO initially bought airtime for these slots, later radio stations continued to air the programs free of charge. Consequently, there has been increased reporting through these radios on GBV and youth issues through talk shows and phone-in programs. The CO partnered with PSI to increase demand and access for male and female condoms. This partnership has resulted in distribution of over seven million male condoms.

Resource mobilization
The fifth Country Program set a target of US$ 4 million as resources to be mobilized from other sources. Out of this amount, US$ 2.42 million has been mobilized in four years ending 2011, which represents 60 percent of the targeted resources for the five year period. The target amount and actual amount of resources mobilized is presented in the Table 4.

<table>
<thead>
<tr>
<th>Component</th>
<th>Target resources in USD</th>
<th>Actual amount mobilized in USD</th>
<th>Proportion mobilized %</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH</td>
<td>1,800,000</td>
<td>1,891,637</td>
<td>105.09</td>
</tr>
<tr>
<td>Population and Development</td>
<td>1,400,000</td>
<td>200,300</td>
<td>14.31</td>
</tr>
<tr>
<td>Gender</td>
<td>800,000</td>
<td>325,440</td>
<td>40.68</td>
</tr>
<tr>
<td>Total</td>
<td>4,000,000</td>
<td>2,417,377</td>
<td>60.43</td>
</tr>
</tbody>
</table>

Source: UNFPA Country Office

Most of the non-core funds were mobilized from UNFPA Trust Funds; the European Union, UN Office for Coordination of Humanitarian Affairs (OCHA); United Kingdom; and UNAIDS.

4.5 Impact
This is an evaluation of UNFPA’s contributions in the last four years and therefore not an impact assessment. However, it attempts to answer the question whether the CO program interventions have or are likely to bring about a positive impact on the target communities. This calls for a review of the outcome indicators as they might have changed over the period of CP implementation, to which CO interventions, among others, made some contributions.

a) Reproductive Health
The basic intervention strategy adopted by UNFPA in the 5th CP has been human and institutional capacity to address some of the challenges of sexual and reproductive health issues in the country. Capacity building was done through i) on-the-job training; ii) local workshops, iii) exposure of national to good practices outside the country and iv
provision of commodities and equipment to health facilities. Such a strategy is bound to have a lasting impact on the larger society as the improved capacity to provide RH services leads to improved reproductive health status of the population, indicated by reduction in the overall level of fertility and mortality, particularly infant, child and maternal mortality rates.

The reproductive health status of the population of the country presents a mixed picture; on the one hand the indicators on maternal mortality and infant mortality seem to have worsened over the years due largely to capacity shortages in the health sector and the impact of AIDS. The maternal mortality ratio has been on the increase, from 762 deaths per 100,000 live births in 2004 to 1,155 deaths per 100,000 live births in 2009. Infant mortality has also increased from 81 deaths per 1,000 live births in 2004 to 91 deaths per 1,000 live births in 2009.

On the other hand, SRH indicators on contraception and HIV/AIDS, to which UNFPA has devoted much of its interventions, have recorded some improvements over time. For illustration, between 2004 and 2009, skilled delivery increased from 55 percent to 61.7 percent; contraceptive prevalence rate has increased from 37% to 47%; while the unmet need for family planning reduced from 31 per cent to 23 per cent, teenage pregnancy reduced from 20 percent to 19.6 percent, and antenatal care coverage increased from 90 percent to 92 percent. In general, the 5th CP has contributed to improved sexual and reproductive health in the country, but much more needs to be done to address maternal and infant mortality situation. The improving indicators will need to be sustained in the medium term, to ensure a longer term impact on infant and maternal mortality.

HIV and AIDS
Comprehensive knowledge of AIDS has improved notably among the youth aged 15-24; among males 18.4% and females 25.8% in 2004, and increased to 28.7 and 38.6% among the males and females respectively by 2009. The proportion of women aged 20-24 who were married before age 18 also dropped from 22.7 percent to 18.8 percent. Life skills education was introduced in schools during 2006 but implementation remains low.

The prevalence rate of HIV and AIDS in Lesotho is 23 per cent in adult population, making it the third highest in the world. This poses problems for human capacity development. To address this, the UNCT set up a Joint UN team on AIDS in 2009. Through this team the UN provides technical and financial support to national AIDS response institutions to assist in attaining the MDGs.

Among notable achievements are the support to full decentralization of antiretroviral (ARVs) and TB treatment. This is coupled with support to increase health workers’ skills, resulting in increased access to ARVs and the aversion of about 4000 AIDS related deaths in 2010. Access to ARVs for prevention of mother to child transmission (PMTCT) has been increased through training of health workers, revision of guidelines and improved monitoring and evaluation. As a result, 72 per cent of pregnant women who are living with HIV are receiving PMTCT support and the mother to child transmission of HIV and paediatric AIDS cases declined from 15 per cent in 2008 to ten per cent 2010.
The support to national M&E technical working groups on HIV and AIDS to hold regular meetings resulted in the development of the national M&E framework and a platform for consultations, discussions and agreements.

b) Population and Development (P&D)
One of the major achievements made by the CO was building national capacity for increased availability and utilization of data for development planning from the analysis and reports of the 2006 census, the DHS report and commissioned research reports. Through transfer of skills by different international TAs to the Bureau of Statics over the years, the Bureau now has built capacity to execute major surveys on its own. This year, the Bureau planned and executed the inter-censal demographic survey on its own without outside technical assistance.

Another major impact of CO intervention has been the integration of population issues (SRH, HIV/AIDS, youth, gender) into the recently formulated National Development Plan. This achievement is most likely to influence sectoral and regional plans in terms of their focus on population issues in the next five years and beyond.

The Population Policy is being reviewed; there are indications that the review will be finalized before the start of the 6th CP. Programme efforts should also be directed at the formulation of Action Plan for policy implementation and both documents should be treated together for approval by Government. The finalization of both document will generate notable impact on the country’s planning strategy, as they provide the policy framework for integrated population and development planning at national and district levels and across the sectors. Related to this is the adoption of the ICPD PoA by Lesotho. In fulfillment of its obligations, Government prepared and submitted the country’s ICPD + 15 report for the regional review carried out by UNECA and UNFPA in November 2009.

The population of Lesotho has experienced rapid demographic change. The population was estimated at 1.88 million (51.8% females) in 2006, with an annual growth rate of 0.08 per cent which is projected reduce to 0.13 percent each year up to 2020. The declining trend in growth rates has been attributed to declining fertility and increasing mortality, which is paradoxical. While the Total Fertility Rate has declined from 5.4 children per woman in 1976 to 3.3 in 2009 and is projected to decline further to 2.8 by 2025, Crude Death Rate has doubled from 12.8 per 1,000 people in 1996 to 26.5 deaths per 1,000 people in 2006. The result is that life expectancy at birth has declined from 59.0 in 1996 to 41.2 in 2006. The population is predominantly rural (75%), but urbanization is on the rise at 3.8 per cent per annum. The impact of UNFPA and partner interventions on these population indicators will be felt, as in all cases, over a long period of time.

c) Gender
A study of GBV prevalence in five selected Districts (2009) found that the overall determined prevalence is 46.2%, yet in schools the students mentioned that all the students have been the victims of the different forms of GBV; and the most prevalent
being the emotional abuse. It was also reported that women are the ones who are most vulnerable to all forms of GBV. However, 31% of men were also reported to be vulnerable to physical abuse. Based on the interviews with the chiefs, men seem to be the perpetrators of all the four forms of GBV, while mature boys are mainly involved in physical and sexual abuses. In terms of trends in GBV, prevalence differs by region; in the south, physical and economic abuses were reported to be increasing, and in the north, the emotional and sexual abuses were reported to be on the increase. The study results have also shown that the underlying cause of GBV differ: physical abuse was reported to be mainly caused by bad behaviour or drunkenness, while sexual abuse was attributed to bad behaviour and economic abuse to unfaithfulness of partners. The study also showed that the victims of GBV took action against the perpetrators by reporting them to the police or local chiefs, although some expressed sentiments of dissatisfaction with the services received as no legal action was taken against the perpetrators. This is in line with the reports of the CGPU where generally in most of the cases reported, only a small proportion ever reached the courts of law. The study recommended, among others, that continued education on human rights and GBV need to be pursued with targeted programmes for school children and adults; and that capacity to provide GBV services at the community level should be developed.

Lesotho has made modest progress in addressing gender imbalances and curbing the prevalence of GBV in general. The 2010 Human Development Report’s Gender Inequality Index indicates that Lesotho performs relatively well with an index score of 0.685 and a rank of 102. However, there are still challenges to increase women’s political and economic participation and improve their health due to some prohibitive cultural and social practices. Women’s representation in parliament has increased to 32.4% while women ministers represent 33% and assistant ministers constitute 60% (Lesotho CEDAW Report, 2010). Hard data are lacking on GVB, but the situation is far from satisfactory. Greater efforts should focus on the implementation of the provisions of the Legal Capacity of Married Persons Act of 2006 which repealed many discriminatory provisions and represents a crucial improvement in women’s legal position in the country.

Some of the mechanisms that exist to address BGV in the country include the 2003 Sexual Offences Act; the 2003 Gender and Development Policy (being reviewed). A domestic Violence bill is under preparation; an issues paper for preparing the bill is available. A national action plan and national coordination plan to end gender-based violence were prepared in 2008.

4.6 Sustainability

As already noted above, the basic intervention strategy adopted by UNFPA in the 5th CP has been human and institutional capacity to address some of the challenges of sexual and reproductive health issues in the country. Such a strategy, if effectively implemented, is bound to increase local capacity and lead to sustainability of CP activities.

RH
In support of capacity strengthening of service providers to deliver high-quality sexual and reproductive health services, including increase in the contraceptive prevalence rate in the country, the CO’s interventions included a wide range of training activities on management of reproductive health cancers, Family Planning, and infection prevention and control. Trained personnel, if retention is assured, guarantee sustainability. In 2009, CO made important contribution towards enhanced capacity for Reproductive Health Commodity Security (RHCS) through provision of technical assistance for drafting of the RHCS Strategic Plan. The Plan was finalized and disseminated and health workers trained on FP method mix.

Capacity building in RH in general has proved sustainable. Following the hands-on training on EmOC with UNFPA support, referrals to the national referral hospital have reduced. Health workers have gained significant confidence in handling emergency obstetric cases. For complicated obstetric cases that would require referral, district health workers now often remotely consult the UNFPA supported expert who guides them on requisite medical procedures. Also, as a result of sustained advocacy, government has continued to increase its budget towards Family Planning commodities. This commitment and increased vigilance has led to no stock-out of commodities during the reporting period.

Strengthened collaboration with UNICEF and UNESCO at global, regional and country level for comprehensive sexuality education has in turn led to improved joint programing at the country level. Also, the first ever national symposium on HIV prevention and Commemoration of World AIDS day attracted the biggest personalities in the country and added strong impetus to HIV prevention efforts. Exposure of Ministry of Education staff to global and regional sexuality education context made them realize the gap of their current curriculum and led to a decision to revise it. Formation of the new Health IEC materials clearing house has tremendously improved the quality and accuracy of health messages being sent out to the general public.

P&D
The CO in collaboration with the Regional Office facilitated training of two government staff responsible for population and development (Ministry of Finance and Development Planning) to enable them to ensure integration of population issues into National Strategic Development Plan (2011/12 -2016/17), and the revision of the Population Policy and Action Plan. In this regard, the CO and other interested UN agencies supported preparation of eleven issues papers including ones on Population and Development; Gender equality; Health and HIV/AIDS that fed into the preparation of the National Strategic Development Plan. Such intervention should also prove useful in monitoring the implementation of the Strategic Plan and coordinating the implementation of the population policy. The CO also supported the analysis of the results of the 2006 census and the preparation of technical reports and thematic monographs, which should serve to give the BoS the confidence and ability to handle any future census and survey operations. Through transfer of skills by different international TAs to the Bureau of Statics over the years, the Bureau now has indeed built capacity to execute major surveys.
on its own. In 2011, the Bureau planned and executed the inter-censal demographic survey on its own without outside technical assistance.

In collaboration with the Census Coordinator’s Office the CO organized a regional training for four countries, targeting technical staff from national statistics offices in Africa. In addition to acquiring skills on population projections, the participants were provided hands on support to prepare their country’s specific population projections. The training package was tailored to meet the region’s unique circumstances e.g. the software package used factored the impact of HIV/AIDS on the projections. Also, the knowledge acquired from aging population training was used efficiently by making analysis and writing the relevant reports that will guide/inform the government in policy making.

**Gender**

Training was conducted on gender mainstreaming and rights based approaches to planning and programming. With support from the Gender Advisor, the first ever State Party CEDAW Report for Lesotho was drafted and has added a body of knowledge on the existence of relevant legislation and application of CEDAW Articles. With support from the Central Emergency Fund of UNOCHA, the CO built capacity of national counterparts to manage Sexual and Gender Based Violence caused by the vulnerability of food crisis in Lesotho. Through this project, training of 30 health workers in GBV management was underway, 65 kits for basic treatment of rape of at least 2,100 survivors as well as 6 PEP kits for 180 adult survivors were procured and distributed; IEC materials were distributed to over 7,000 beneficiaries; and more than 200,000 people were reached with GBV messages through television and radio programs.

Working in partnership with the Civil Society Organizations, the CO contributed towards enhanced capacity of government to response to GBV by providing financial and technical support for the training of more than 200 health workers throughout the country.

The involvement of principal and local chiefs in the recruitment of trainers enabled villages to take ownership and responsibility of implementation and monitoring of the project; and partnership with UNESCO increased greater impact. The CO supported the Government to build the capacity of trainers to conduct and deliver gender mainstreaming trainings in planning and programming processes. As of 2010, trainees began to confidently use skills acquired and capacity built to train community councilors on gender mainstreaming.

The support that was provided towards radio programs on GBV in 2009 has yielded returns in 2010 programs that were aired with UNFPA support in 2009 have continued in 2010 without UNFPA’s support. The use of radio has turned out to be very effective in reaching out to the communities. It is through this approach that communities were mobilized to be actively involved in addressing GBV.
5. Future direction

In consideration of the next CP, it is important for both Government and CO to be cognizant of recent developments within the UNFPA, particularly its policy/programming strategy, which should inform the orientation and contents of the next CP for the country from 2013. According to the recent report of the Midterm review (MTR) of the UNFPA Strategic Plan, 2008-2013 published in November 201, the focuses will be on accelerating progress and national ownership of the ICPD PoA. The plan sets the strategic direction and provides the overall framework for guiding UNFPA support to programme countries, including Lesotho, to achieve their nationally-owned development objectives during the reference period in the three interrelated focus areas of population and development, reproductive health and rights and gender equality (see Figure 1). The strategic plan consists of: (a) a development results framework, which outlines goals and outcomes for UNFPA in the three focus areas; (b) a management results framework; and (c) an integrated financial resources framework. The Fund’s strategic direction focuses on supporting national ownership, national leadership and capacity development, as well as advocacy and multi-sectoral partnership development for positioning the agenda of the ICPD PoA.

Implications for the Lesotho CO

The evaluation has found that there are some important ongoing activities whose outputs are relevant to the realization of the stated UNFPA outcomes stated above, and should therefore be continued in the 6th CP. These activities/outputs are the following:

Regarding RH, UNFPA should increase the support to Life Skills/POPFLE and, in collaboration with interested partners, assist the Government in clearly defining an appropriate approach to the delivery of the subject in schools; and support life skills training for marginalized groups including sex workers, school drop-out girls (18-22), and herd boys. In view of the worsening trends in maternal and infant mortality rates in the country, UNFPA should continue to support government in its efforts to increase access to and utilization of quality maternal and newborn health services in rural and urban areas of the country.

On P&D relate Outcome, the design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements; UNFPA should intensify advocacy at high levels to address the challenge of policy review and coordination of its implementation. UNFPA should continue to support the delivery of statistical services in the country through support to a) the 2014 demographic and health survey and the 2016 population and housing census; b) vital statistics; c) operational research; and d) production of GBV and related indicators and capacity development for integration of population, RH and gender issues into development policies and plans.

With regard to gender related outcome, the 2003 Gender and Development Policy being reviewed should be concluded together with a revised Action Plan, and the structures for implementing the national Gender Policy, particularly at District level should be strengthened by the Government; and at national level with the creation and sustenance
of gender desks in government institutions. In addition, UNFPA should support the capacity strengthening officials in the Ministry of Gender through formal training in monitoring and evaluation, management, and gender mainstreaming in order to break the persistence of gender disparities and discrimination in the country. The proposed Apex Body is important for coordination of women’s groups; both Government and UNFPA should give this a renewed focus, finalize the process and support its sustained functioning. Also, UNFPA should intensify support to Government and partner efforts in awareness campaigns on gender equality and GBV and; skills development for health workers, judiciary, Police and local government structures for management of gender based violence.

The new strategic direction also identifies the cross-cutting concerns that will be addressed; namely, i) Mainstreaming the needs of young people (including adolescents); ii) Human rights and gender equality; iii) Inclusive partnerships and national ownership; iv) Humanitarian assistance; v) United Nations reform; and vi) South-South cooperation. The 6th CP should be aligned to the next UNDAF and should take cognizance of the above goal and outcomes of the Fund’s strategic plan.

6. Main conclusions

Programme design
In terms of programme design, the evaluation found that the 5th CP was well designed: clear definition of UNDAF and CP Outcomes; CP Outputs are also generally clearly defined, although some read like outcome indicators. CPAP elaborated on the Results and Resources Matrix of the CPD and set clear targets. The indicators have been further broken down into specific activities in the series of Annual Work Plans (AWPs); this has made it easy to determine whether those activities will lead to the achievement of output targets. Having regard to the activities carried out under the 5th CP, most of the targets are likely to be met by the end of 2012, including those involving ongoing activities which CO and partners are confident will be completed during the remaining months of the 5th CP cycle.

Relevance
The evaluation found that, given the socioeconomic and related development challenges faced by Lesotho in 2007 when the 5th CP was being designed, the programme has proved to be relevant. Formulation of the 5th CP was informed by 2004 CCA and was based on the UNDAF (2008 – 2012), Lesotho Poverty Reduction Strategy (2004/05 – 2007/08) and Vision 2020; and related sectoral policies and frameworks. In essence, the 5th CP was designed to address national priorities in line with the MDGs and the ICPD Programme of Action.

Programme management
The CP states clearly the coordinating mechanism for the programme, and the roles of CO and implementing partners are defined and agreed to in the CPAP. The evaluation found that the coordinating role of the MoFDP through the Population and Manpower Planning (PMP) was not exercised, due largely to weak human and institutional capacity. Much of the interventions by the CO to improve human capacity in MoFDP was not helped by the outcome of the restructuring exercise recently conclude in the Ministry,
which led to an apparent reduced status of PMP. However, their integration with the new Directorate of Population, Research and Analysis could be seen as an opportunity to further the interest of integration; but this calls for greater investments in the supply of population experts by Government and UNFPA to strengthen the population component of the new Directorate.

The revision of the Population Policy and Action Plan is on course and should be concluded to provide an institutional focus for the management of population programme activities in the country. The CO strategy of developing Annual Work Plans has proved very effective in getting the implementers on board; but given the weak capacity of MoFDP to effect coordination, the CO should use the quarterly meetings and annual review and work plan development meetings to achieve a good measure of CP coordination with the support of MoFDP.

**RH**
In spite of institutional constraints, CP interventions have been quite effective in generating the desired outputs. In the RH component, human and institution capacity was strengthened through on-the-job training mostly at meetings and workshops, employment of the services of Technical Advisors both full-time and on short contracts, formal training in higher institutions abroad, study tours and support to high-level Government officials to participate in international conferences and seminars.

For illustration, in support of capacity strengthening of service providers to deliver high-quality sexual and reproductive health services, including increase in the contraceptive prevalence rate in the country, including for HIV prevention, the CO’s interventions covered a wide range of training activities on management of reproductive health cancers, Family Planning, and HIV/STI infection prevention and control. Capacity building in RH in general was well managed and efficiently carried out and has proved sustainable. Following the hands-on training on EmOC with UNFPA support, referrals to the national referral hospital have reduced. Health workers have gained significant confidence in handling emergency obstetric cases. For complicated obstetric cases that would require referral, district health workers now often remotely consult the UNFPA supported expert who guides them on requisite medical procedures.

Also, as a result of sustained advocacy, government has continued to increase its budget towards Family Planning commodities. This commitment and increased vigilance has reduced stock-out of commodities; but the challenge of capacity shortages in the health sector should be addressed. Strengthened collaboration with UNICEF and UNESCO at global, regional and country level for comprehensive sexuality education has in turn led to improved joint programing at the country level.

Collaboration with UNCT on designing and implementing joint programmes has been effective in addressing issues of HIV/AIDS and gender in the country; in addition, collaboration has been a good strategy for achieving reductions in transaction costs. That apart, the CO collaboration with NGOs, particularly PSI has proved efficient and effective in forging ahead with male and female condom procurement and distribution;
and the collaboration should lead to the design by Government of a national Condom Strategy to more effectively address the challenge of HIV prevention.

P&D
The CO support to P&D component consisted mainly of technical and financial assistance to the implementing government ministry (MoFDP), particularly the Bureau of Statistics. The technical support to the Bureau of Statistics through training and deployment of a UNFPA sponsored Technical Advisor facilitated the analysis of the results of the 2006 census and production of reports and monographs. Through transfer of skills by different international TAs to the Bureau of Statics over the years, the Bureau now has built capacity to execute major surveys on its own. In 2011, the Bureau planned and executed the inter-censal demographic survey on its own without outside technical assistance.

In collaboration with the Regional Office, the CO facilitated training of two government staff responsible for population and development (Ministry of Finance and Development Planning) to enable them to ensure integration of population issues into National Strategic Development Plan (2011/12 -2016/17), revision of the population policy and other policies and plans, as well as coordination of population policy revision. A strategy was devised to revise the National Population Policy concurrently with the formulation of the National Strategic Development Plan. This process culminated into clearer integration and visibility of population issues into the National Strategic Development Plan.

The major challenge faced by the P&D component in terms of implementation is the weak human and institutional capacity of MoFDP to effectively formulate the design of a national population programme and coordinate its implementation, including UNFPA supported programme.

Gender

The CO supported the Government to build the capacity of trainers to conduct and deliver gender mainstreaming trainings in planning and programming processes. As part of working towards ensuring greater impact of gender programmes, the CO has supported preparatory activities for the establishment of the national Apex body which will provide a platform for promotion of gender equality and advancement of women rights through increased women participation in development processes. A draft constitution of the Apex Body of women was finalized and translated into Sesotho and efforts are underway to establish a secretariat for the Apex body. The process of constituting the Apex Body is still in progress. The CO has also supported the process of establishing a national Gender Commission; but instead, Cabinet has approved the establishment of a Human Commission and a Bill to this effect has been drafted.

On gender based violence (GBV) the CO supported capacity building of national counterparts to manage Sexual and Gender Based Violence, in part by providing support to the placement of Gender Focal Points in all the districts in the country. On GBV, the CO supported the training of Health workers, PEP kits procured and IEC materials
distributed, and more than 200,000 people were reached with GBV messages through television and radio programs. The support provided towards radio programs on GBV yielded positive returns as programs that were aired with UNFPA support in 2009 continued thereafter without UNFPA’s support. The use of radio has really turned out to be very effective in reaching out to the communities; and in this regard communities were mobilized to be actively involved in addressing GBV.

Working in partnership with the Civil Society Organizations, the CO contributed towards enhanced capacity of government to response to GBV by providing financial and technical support for the training of health workers throughout the country. The involvement of principal and local chiefs in the recruitment of trainers enabled villages to take ownership and responsibility of implementation and monitoring of the project. With support by UNFPA, the first ever State Party CEDAW Report for Lesotho was validated and submitted; and this has added a body of knowledge on the existence of relevant legislation and application of CEDAW Articles.

There are, however, the challenges of institutional and human capacity still to be addressed; the creation of the Apex Body that was attempted but yet to be concluded; the issue of the National Gender Commission now taken over by the substitute National Human Rights Commission; and the lack of national indicator on GBV so critical for designing an appropriate response strategy.

Impact orientation and sustainability
The 5th CP has made significant impact on the target beneficiaries of the programme and most of the programme activities are sustainable. While important population indicators, such as maternal mortality ration and infant mortality rates have worsened, RH service indicators have improved notable since 2008. Due to the weak capacity of the health system in the country and the impact of AIDS, the maternal mortality ratio has been on the increase, from 762 deaths per 100,000 live births in 2004 to 1,155 deaths per 100,000 live births in 2009; also, infant mortality rate has increased from 81 deaths per 1,000 live births in 2004 to 91 deaths per 1,000 live births in 2009. However, between 2004 and 2009, skilled delivery increased from 55 percent to 61.7 percent; Contraceptive prevalence rate has increased from 37% to 47%; the unmet need for family planning reduced from 31 per cent to 23 per cent; teenage pregnancy reduced from 20 percent to 19.6 percent, and antenatal care coverage increased from 90 percent to 92 percent. In general, the 5th CP has contributed to improved sexual and reproductive health in the country, but much more needs to be done to address maternal and infant mortality. In addition, comprehensive knowledge of AIDS has improved notably among the youth aged 15-24, while the CO support to full decentralization of antiretroviral (ARVs) and TB treatment has been fruitful.

Regarding P&D, Population, RH, youth and gender issues have been integrated into the National Strategic Development Plan (NSDP) for the period 2012/13-2016/17. Government is also conscious of its obligations under ICPD PoA: Government prepared and submitted the country’s ICPD + 15 report for the regional review carried out by UNECA and UNFPA in November 2009, and efforts were made to review the Population
Policy and Action Plan. BoS capacity to analyze census data and produce reports and monographs has been established; and through transfer of skills by different international TAs to the Bureau of Statics over the years, the Bureau now has built capacity to execute major surveys on its own. In 2011, the Bureau planned and executed the National Inter-censal Demographic Survey on its own without outside technical assistance.

Some important gender related indicators are improving, although much more needs to be done to establish and sustain the effective functioning of gender institutions at national and district levels. Women’s representation in parliament has increased to 32.4% while women ministers represent 33% and assistant ministers constitute 60% (Lesotho CEDAW Report, 2010). However, there are still challenges to further increase women’s political and economic participation and improve their health status often constrained by some prohibitive cultural and social practices. While Lesotho produced its first ever CEDAW report, the need to implement the observations of the report remains.

7. Important Lessons Learned

Reproductive Health

a) Hands-on training on emergency obstetric care has proved inexpensive, more beneficial to the health workers and reduces disruption of health services as health workers would not need to travel for workshops.

b) Sustained advocacy has proved to be effective in making a case with Government on the importance of family planning. As a result of sustained advocacy, government has continued to increase its budget towards Family Planning commodities; this commitment and increased vigilance has led to no stock-out of commodities for most of the reporting period.

c) Access to effective means of communication has proved to be critical to health service delivery. As a result of cell phones procured earlier for health facilities and village health workers in four districts, the number of women presenting with emergency obstetrics have increased in the four districts. There has also been a significant improvement in timeliness in the referral of these mothers.

d) Hands-on training and continuous mentoring as opposed to a workshop approach builds confidence of health workers and ensures quicker skills transfer. Hands-on support on EmOC in hospital settings has resulted into improved team work and respect among health workers.

e) Formation of the new Health IEC materials clearing house has tremendously improved the quality and accuracy of health messages being sent out to the general public.

f) Successful introduction of GRB in the country needs more than a training of a few officials as it involves the buy-in from of different government stakeholders. Prior to initiation of gender responsive budgeting in a country, it is important to
embark on high level lobbying and advocacy as well as to forge partnerships with other UN Agencies and NGOs.

g) Continuous engagement with key stakeholders is very critical to successfully influence policy and legislative development. Engagement and training of judiciary and Child and Gender Protection Unit has resulted in improved reporting of gender-based violence cases.

**Population and Development**

a) Hands on support for census analysis provides better returns than mere skills development in a workshop setting.

b) The establishment of a multi-sectoral team to serve as a technical team for revision of the National Population Policy proved to be effective. There was a generally higher interest and enthusiasm in the Population Policy. Less time was required for consultations as most of the sectors were represented along the way and the Policy is generally being appreciated by decision makers.

**Gender**

a) Greater involvement of traditional, religious and political leaders is essential for gender equality promotion as these leaders have tremendous ability to influence policy and legislative reforms while at the same time playing a critical role in mobilizing the communities.

Changes to signed Annual Work Plans in the course of the year should be done well in advance to ensure smooth project implementation.

**8. Recommendations**

**General**

a) In view of the growing importance of the operationalization of the UN Delivering as One initiative, UNFPA should sharpen its Monitoring and Evaluation Strategy and design appropriate indicators to capture the Fund’s inputs into Joint Programmes under UNDAF.

b) In order to ensure efficient implementation of programme activities, CO should make provision for timely disbursement of project funds; and once the Annual Work Plans are signed, they should be implemented as such; but this also requires that IPs meet their obligations to request for funds in time and submit their financial reports as well.

c) While implementing AWPs as signed is desirable, programme management should also consider the possibility of reprioritizing of national needs that may arise from a review of the AWP of the previous year.
Reproductive Health

a) UNFPA should increase the support to Life Skills/POPFLE and, in collaboration with interested partners, assist the Government in clearly defining an appropriate approach to the delivery of the subject in schools; and support life skills training for marginalized groups including sex workers, school drop-out girls (18-22), and herd boys to enhance their capacity to access SRH services, including HIV prevention.

b) In view of the worsening trends in maternal and infant mortality rates in the country, UNFPA should intensify its support government in its efforts to increase access to and utilization of quality maternal and newborn health services in rural and urban areas of the country.

c) In order increase the supervision of deliveries by skilled health personnel, UNFPA should assist Government to urgently review the existing policy on deployment of nurses and midwives.

d) UNFPA should continue to maintain its leadership role in HIV prevention within UNDAF and intensify support government’s efforts to increase access to and utilization of quality HIV- and STI-prevention services especially for most vulnerable groups in the population.

e) In support of RH commodity security, UNFPA should support Government efforts to design a national Condom Strategy and its implementation in order to bring down the HIV prevalence rate to low levels.

Population and Development

a) Coordination of the CP activities was a challenge in part because of the weakness of the institutional structure, the Population and Manpower Planning in the Ministry of Finance and Development Planning, responsible for population and development activities; Government should make a deliberate effort to strengthen the Population component of the new Directorate of Sectoral Policy, Research and Analysis and establish a viable mechanism for the coordination of population activities in the country.

b) The Population Policy being reviewed should define the functions of concerned line Ministries in implementing the policy; the policy document should be accompanied by an Action Plan for its implementation, and both documents should be finalized and approved by Government.

c) The design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements.

d) UNFPA should intensify advocacy at high levels to address the challenge of policy review and coordination of its implementation.

e) UNFPA should continue to support the delivery of statistical services in the
country through support to a) the 2014 demographic and health survey and the 2016 population and housing census; b) vital statistics; c) operational research; d) national and disaggregated GBV indicators; and e) capacity development for integration of population, RH and gender issues into development policies and plans.

**Gender**

a) The 2003 Gender and Development Policy being reviewed should be concluded together with a revised Action Plan

b) The structures for implementing the national Gender Policy, particularly at District level should be strengthened by the Government; and at national level, Gender Focal Points should be strengthened.

c) UNFPA should support the capacity strengthening officials in the Ministry of Gender through formal training in monitoring and evaluation and reporting, management, and gender mainstreaming.

d) The proposed Apex Body is important for coordination of women’s groups; both Government and UNFPA should give this a renewed focus, finalize the process and support its sustained functioning.

e) UNFPA should intensify support to Government and partner efforts in awareness campaigns on gender equality and GBV, and skills development for health workers, judiciary, Police and local government structures for management of gender based violence at community level. The lack of national and disaggregated data on gender based violence is a notable gap in the delivery of the country programme output and should be addressed.

f) UNFPA in collaboration with interested UN partners should intensify advocacy at high level on gender and development in the country, specifically to address gender based violence and gender discrimination and implications for maternal mortality and poverty.

g) UNFPA in partnership with other UN Agencies should support the implementation of the CEDAW Concluding Observations from the CEDAW Committee
Annex 1: Terms of Reference

EVALUATION OF THE GOVERNMENT OF LESOTHO/UNFPA 5TH COUNTRY PROGRAMME

1. Background

Since 1985, UNFPA has supported the Government of Lesotho to implement five programmes cycles. The 5th Country Programme (CP) currently underway covers the period 2008 – 2012. Formulation of the Program was informed by 2004 Common Country Assessment (CCA) and was based on the United Nations Development Assistance Framework (2008 – 2012), Lesotho Poverty Reduction Strategy (2004/05 – 2007/08) and Vision 2020; sectoral policies and frameworks; UNFPA’s Strategic Plan (2008 – 2011) and MDGs. The program was designed to support three components: Reproductive Health; Population and Development; and Gender.

Lesotho Government is currently formulating its five-year National Strategic Development Plan (2012/13 – 2016/17). Based on the draft Plan, the UN Country Team in Lesotho is also embarking on the process of formulating its five year United Nations Development Assistance Framework (UNDAF) that will be implemented during the period 2013 – 2017. Based on priorities identified in the UNDAF, UNFPA will formulate its 6th Country Program Document to be implemented in the same time frame. The UNFPA Country Office in Lesotho wishes to take this opportune time to evaluate the current program cycle in order to identify lessons that have been learnt and good practices that will feed into the processes of formulating the new UNDAF and CPD. A highly experienced evaluation consultant(s) is therefore required to undertake this task.

In conformity with UNFPA’s Monitoring and Evaluation Policy, the evaluation will not be for the entire 5th CP but rather, for major outcomes against which substantial amounts of funds were spent. In this regard, the 4th CP evaluation will cover the following three outcomes:

   a) Increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS;

   b) Poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages;

   c) Institutional mechanisms of the Government and civil society promote and protect the rights of women and girls and advance gender equality.

2 Purpose

The purpose of this evaluation is to assess the achievement of the 5th Country Program, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the 6th Country program cycle.

3. Scope


   Geographical scope: National
Program aspects: The evaluation will focus on the components:

- Population and Development, looking at aspects of ensuring availability of disaggregated data and strengthening capacity for integration of population variables in development plans and frameworks.
- Reproductive health with emphasis on capacity development for availability of SRH services as well as creation of demand for these services.
- Gender, covering aspects of improving a policy environment and building capacities for gender based violence prevention and management.

Evaluation Criteria

Evaluation Objectives,

h) Assess the role and relevance of the 5th CP in relation to the issues and their underlying causes, and challenges.

i) Assess the design and focus of the CP, i.e. the quality of the formulation of results at different levels, i.e. the results chain.

j) Assess the effectiveness of the CP in terms of progress towards agreed CP outcomes.

k) Assess to the extent possible, the efficiency of the CP as a mechanism to minimize transaction costs of UNFPA support for the government and for the UN agencies.

l) To the extent possible, assess the impact of CP on the target communities.

m) Analyse to what extent results achieved and strategies used by the CP and projects/work plans are sustainable.

n) Identify strengths, good practices, weaknesses and gaps that can be addressed in the 6th Country Program.

Key Questions:

Relevance

- Do the CP outcomes address key issues, their underlying causes, and challenges identified by the CCA and other baseline analyses? Were new issues and their causes as well as challenges that arose during the CP cycle adequately addressed?

- Has the CP results matrix been sufficiently flexible to adjust to evolving national policies and strategies e.g. National Development Plans, and legislative reforms) during the current programme cycle?

- Have the CP outcomes been relevant in terms of internationally agreed goals and commitments, norms and standards guiding the work of agencies of the UN system (including MDGs and UN human rights treaties).

Design

- To what extent is the current CP designed as a results-oriented, coherent and focused framework?

- Is it likely that the planned work plans/projects and programme strategies will lead to the expected CP results?

- Are expected outcomes realistic given the CP timeframe and resources?

- To what extent and in what ways have risks and assumptions been addressed in CP design?

- Is the distribution of roles and responsibilities among the different CP partners well defined, facilitated in the achievement of results and have the arrangements been respected in the course of implementation?

- Does the CP respond to the challenges of national capacity development and does it promote ownership of programmes by the national partners?

- To what extent have human rights principles and standards been reflected or promoted in the CP and, as relevant? To what extent and in what ways has a human rights approach been reflected as one possible method for integrating human rights concerns into the CP?

- To what extent and in what ways are the concepts of gender equity and equality and other cross-cutting issues reflected in programming? Were specific goals and targets set? Was there effort to produce sex disaggregated data and indicators to assess progress in gender equity and equality? To what extent and how is special attention given to girls’ and women’s rights and empowerment?

Effectiveness
• What progress has been made towards the realization of CP outcomes as a contribution to the achievement of MDGs and in terms of indicators as reflected in the CP Results Matrix? To what extent and in what ways was special emphasis placed on strengthening of national capacities, building partnerships, promoting innovations and the realization of human rights and promoting gender equity and equality?
• Which are the main factors that contributed to the realization or non-realization of the outcomes? How were risks and assumptions addressed during the implementation of programmes and projects?
• To what extent and in what ways did UN support promote national execution of programmes and/or the use of national expertise and technologies?

Efficiency
To what extent and in what ways has CP contributed to a reduction of transaction cost for the government and for UNFPA? In what ways could transaction costs be further reduced?
• Were results achieved at reasonably low or lowest possible cost?

Impact:
• Are the program interventions likely to bring about a positive impact on the target communities?

Sustainability
• To what extent and in what ways have national capacities been enhanced in government, civil society and NGOs?
• Have complementarities, collaboration and/or synergies fostered by CP contributed to greater sustainability of results of Country Programmes and projects of individual UN agencies?

4. Methodology
The evaluation will employ a combination of qualitative and quantitative methods to address the key questions outlined in the evaluation criteria. Each specific objectives and key questions will require a specific methodology consisting of: evaluation objectives/overarching question, specific evaluation questions, performance indicators, data source, evaluation design, sampling plan, data collection instruments, and data analysis plan. As part of the inception report the consultant(s) is expected to produce an evaluation matrix based on the template below.

<table>
<thead>
<tr>
<th>Evaluation Methodology Framework</th>
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<tbody>
<tr>
<td>Objective / overarching question</td>
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</table>

The evaluation will employ an appropriate mix of methods including:
• Document reviews
• Key informant interviews
• In-Depth Interviews
• Focus Group Discussions
• Observation (Field visits using checklists)

The evaluation will maximize use of existing quantitative data and will require triangulations of data to increase credibility of the evidence. UNDAF Annual Review and evaluation reports as well as Annual Work plan Reviews will be used as building blocks of this CP evaluation.

5. Work plan, Organization

Management and support arrangements
The UNFPA Country Representative will provide overall guidance of this evaluation. An Evaluation Committee consisting of UNFPA; Ministry of Health and Social Welfare; Ministry of Gender, Youth, Sports and Recreation; Ministry of Finance and Development Planning and Bureau of Statistics and one NGO will be assembled to coordinate the evaluation. One of the major tasks of the Committee will be to provide quality assurance to the entire process. The Committee shall meet upon achievement of each milestone to review products from the milestone as spelt out in section… below.

**Products and Reporting**

- An inception report (showing the proposed design, methodology, data collection tools, work plan, deliverables, and deadlines)
- A debrief to the Evaluation Committee at the completion of desk review before fieldwork
- A debrief at the end of field work (covering summary of resources spent and work covered in the field, and preliminary findings)
- Draft Evaluation report
- Dissemination workshop report
- A final evaluation report.

**Work plan and Activity Schedule**

<table>
<thead>
<tr>
<th>Activity/Milestone</th>
<th>No. of Days</th>
<th>Responsible Person</th>
<th>Timeframe in Weeks</th>
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<tbody>
<tr>
<td>Inception report</td>
<td>2</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Desk review of relevant documents, consultative meetings and debriefing</td>
<td>3</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Data collection including field visits</td>
<td>7</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Data analysis and Report writing and presentation of First draft report/Committee</td>
<td>4</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Prepare and present report to a stakeholders meeting (Workshop Report)</td>
<td>2</td>
<td>UNFPA/Consultants</td>
<td></td>
</tr>
<tr>
<td>Final report writing incorporating comments (final report)</td>
<td>3</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Total consulting person days</td>
<td>21</td>
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**6. Use of evaluation results**

The evaluation results will be used to inform the development of the UNDAF and Government of Lesotho/UNFPA 6th Country Program. Results will also be used by national stakeholders, UNFPA management and staff, donors and other partner organizations.

**7. Time Frame and contractual arrangements**

An evaluation team comprised of one international consultant and one national counterpart will be identified and contracted in accordance with the prevailing rates of the UN system in Lesotho. The evaluation team shall execute the evaluation task during the period between the weeks of 6th November to 9th December 2011. A maximum of 21 working days will be required for the team to complete the assignment. Payment modalities will be as follows:

- Upon a satisfactory inception report – 30%
- Upon a satisfactory final report – the remaining 70%

Transport and daily subsistence allowance will be provided as appropriate

**Required Qualifications and Competencies of consultants**
The assignment shall be carried out by a team of two competent consultants, one international and one local. The consultant(s) must have at least a relevant Masters’ Degree in the Social Sciences, Public Health or Epidemiology with more than ten years of experience in carrying out evaluations for national, international and bi-lateral institutions. Previous evaluation experience of UNFPA and other UN programs and projects, knowledge of current trends in key outcome will be an added advantage.

In addition to the above qualifications and experience, the international consultant who will act as the team leader should have documented evidence of leading others in conducting large evaluations. The team shall also have strong communication, writing and facilitation skills.

**Annex 1: Key Documents**
The consulting team will review various documents related to formulation and monitoring of the 4th CP. Some of the documents will include:

- National Development Strategy
- Annual Work Plans (AWP)
- Quarterly and annual reports
- Standard Progress Reports
- UNDAF Annual Review reports
- Sectoral Policies and Plans e.g. Health Policy; Health Sector Strategic Plan; HIV and AIDS Strategic Plan.

**Outline of Evaluation Report**

*Title page*
- Name of project, programme or subject being evaluated
- Name of the organization(s) to which the report is submitted
- Names and affiliations of the evaluators
- Date

*Table of Contents*

*Acknowledgements*
- Identify those who contributed to the evaluation

*List of abbreviations and acronyms*

*Executive summary*
- Summarize essential information on the subject being evaluated, the purpose of the evaluation and methods applied, the major findings and conclusions, and recommendations in priority order

*Introduction*
- Summarize the purpose of the evaluation, the key issues addressed and the methodology employed to conduct the evaluation
- Describe the structure of the evaluation report
- Describe the aims and strategies of the programme/ project/intervention

*Findings and conclusions*
- State findings clearly based on the evidence derived from the information collected. Provide critical assessment of performance (including factors affecting performance), and the results achieved.
In the conclusions, include a discussion of the reasons for successes and failures, especially the constraining and enabling factors.

**Lessons learned**
- Based on the evaluation findings and drawing from the evaluator(s)’ overall experience in other contexts, provide lessons learned that may be applicable in other situations as well. Include both positive and negative lessons.

**Recommendations**
- Base recommendations on the conclusions and lessons learned, and discuss their anticipated implications.
- List proposals for action to be taken (short- and long-term) by the person(s), unit or organization responsible for follow-up in priority order.
- Provide suggested time lines and cost estimates (where relevant) for implementation.

**Annexes**
- Attach evaluation terms of reference.
- List persons interviewed, sites visited.
- List documents reviewed (reports, publications).
- Attach data collection instruments, e.g., copies of questionnaires, surveys.

**Work plan and Activity Schedule**

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<tr>
<td>Total consulting person days</td>
<td>25</td>
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### Annex 2: Summary of findings of 5th CP implementation (2008-2012)

#### Reproductive Health

**Output 1:** Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health.

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>Baseline/Target</th>
<th>Achievement</th>
<th>Comments</th>
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</thead>
</table>
| 1.1 Percentage of schools and non-formal education settings with comprehensive life skills education, including for SRH and HIV prevention, provided by trained teachers during the last academic year. | Baseline: 7% of schools, 0% informal education settings  
Target: 100% schools and informal education | Initially the CO worked towards the revival of the Life Skills/POP/FLE Steering Committee. As part of events towards the launch of the State of the World Population Report, the CO supported primary school debates on population issues. In 2009, CO supported the printing and distribution of 5,000 copies of teacher’s news letter. CO supported printing and distribution of 4000 copies of National Curriculum Assessment Policy. In collaboration with UNESCO, supported District and National Secondary Schools Life Skills and HIV & AIDS Competitions in 2010; students from 158 schools in all 10 districts participated and competed in poetry recitation and impromptu speech in English. In collaboration with UNICEF and UNESCO, CO in 2011 supported training of officials in sexuality education, curriculum scan, and teachers’ refresher training. Also, CO supported printing and distribution of Newsletter for secondary school learners, and organization of the Secondary Schools life skills poetry and speech competition. Students and teachers from 158 schools in all the 10 districts participated in the District and National Secondary Schools Life Skills and HIV & AIDS Competitions supported by the CO in collaboration with UNESCO. Supported Ministry of Gender and Youth, Sports and Recreation to implement Herd Boys Empowerment Project; 70 trainers from 2 districts were trained on life skills and SRH issues, and taught more than 1,500 herd boys in the evening classes for 3 months. | Interventions are relevant and on course to meet the Output indicator target  
Government has availed some funding for young people through the Ministry of Health; Ministry of Gender, Youth, Sports and Recreation; and Ministry of Education through the Life skills programs. However specific amounts for young people between 15 -24 years are not disaggregated in the budget tables. There has been limited progress on Life Skills/POPFLE. This has mainly been due to unclear and conflicting views on POPFLE by policy makers and mid-level Management and/or technocrats. CO should intensify support to this project. |
| 1.2 Percentage of young males and females aged 15-24 with comprehensive knowledge of HIV prevention | Baseline: 26% female, 18% male  
Target: 80% female and Male | The CO provided technical support towards the finalization of the national BCC strategy for HIV/AIDS; development of the adolescent social and behaviour change strategy; development of an advocacy tool for male circumcision; finalization of PMTCT guidelines and job aides; finalization of the Modes of Transmission of HIV Study; finalization of the youth situation analysis; finalization of commercial sex work study; and multiple concurrent partnership study. The CO deployed an international UNV dedicated to programming for young people; engaged Ministry of Education (Curriculum Development Centre) and the ministry responsible for youth and identified strategic areas of support in 2010; | CO interventions are on course to meet the Output indicator target given more time:  
Comprehensive knowledge of AIDS has improved notably among the youth aged 15-24; among males 18.4% and females 25.8% in 2004, and increased to 28.7 and 38.6% among the males and females respectively by 2009. The CO launched the International Year of Youth in collaboration with UNDP, UNIC, UNICEF, WHO and RC’s Office. |
supported development of IEC materials on adolescent reproductive health and on utilization of health services by expectant mothers; development of short messages on maternal health and HIV/AIDS; conducted a rapid assessment on inter-linkages between HIV/AIDS and SRH; development and launch of the Strategic Plan for elimination of Mother to Child Transmission of HIV and paediatric care and treatment; review of National Action Plan on women, girls and HIV/AIDS; revision of PMTCT guidelines to include prongs 1 and 2; conducted a rapid assessment on inter-linkages between HIV/AIDS and SRH; development and launch of the Strategic Plan for elimination of Mother to Child Transmission of HIV and paediatric care and treatment; review of National Action Plan on women, girls and HIV/AIDS; revision of PMTCT guidelines to include prongs 1 and 2; developed and launched national HIV prevention strategy and operational plan; development of a national BCC operational plan; development of Lesotho Male Circumcision policy and its translated into local language; printing of 2000 Advocacy tool kit and social mobilization took kit for Male Circumcision; and training of religious leaders and 22 Principal chiefs on BCC for HIV prevention. CO's contribution to Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend. The CO supported a situation analysis of young people in the context of HIV/AIDS in three district of the country. Preliminary consultations were made on ratifying the African Youth Charter. A bill providing for establishment of a Youth Council which had been previously advocated for by the CO was finally passed into act (2008), this Act will facilitate the establishment of a National Youth Council.

Output 2: Improved availability of comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security.

<table>
<thead>
<tr>
<th>Output indicator target likely to be met; although the number of youth friendly centres have declined due to capacity limitations. Between 2004 and 2009, skilled delivery increased from 55% to 61.7%; teenage pregnancy reduced from 20% to 19.6%; and antenatal care coverage increased from 90% to 92%. The UNCT set up a Joint UN team on AIDS in 2009. Through this team the UN, with UNFPA’s leadership in HIV prevention, provided technical and financial support to national AIDS response institutions to assist in attaining the MDGs.</th>
</tr>
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<tbody>
<tr>
<td>Baseline: 55.4% mothers received delivery care from doctors/nurses/midwives/NA</td>
</tr>
<tr>
<td>Baseline: Number of male and female condoms distributed through public</td>
</tr>
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</table>
including for STIs and HIV sector facilities. 

the development of the RH Security Plan and review and printing of the midwives pre-service curriculum. The CO supported transit advertising on condom promotion in three districts, with taxi drivers and street bys trained on SRH and HIV prevention. Support was extended for awareness creation and condom distribution by male street vendors in three major towns. Support was extended towards development of pamphlets on condoms use and disposal. At least 120 cultural and religious leaders were sensitized on SRH including HIV prevention. Support was extended to training of male motivators who will serve as social mobilizes on SRH services under supervision of District Health Teams. In 2009, the CO continued to supplement government efforts in procurement of RH commodities. During the period, the CO procured 6870 cycles of Microlut; 50,700 vials of Noristerat; 100,500 cycles of Microgynon; 100,000 vials of Depo Provera; 108,000 female condoms and 1.5 million male condoms. Third Party procurement of 3.5 million male condoms was also conducted on behalf of Global Fund. Family planning guidelines were reviewed and health workers trained on FP method mix. In 2010, CO supported finalization of FP guidelines; establishment of district RHCS Committees; undertaking of two joint RHCS supervisory visits (comprised of UN partners, Government and NGOs) and quarterly RHCS coordination meeting; skills development for 68 health workers on FP method mix; orientation of five officers Logistics Management Information System and CHANNEL software; utilised government funds to procure 23,700 ampoules of Noristerat, 30,000 cycles of microlute and 205,000 cycles of microgynon; utilised GPRHCS funds to procure 178,000 cycles of microgynon, 21,000 cycles of Postinol2 and 200,000 vials of Depoprovera. A compressive condom programming needs assessment was completed; supported the assessment of FP method preferences. In 2011: In collaboration with PSI, at least 7,124,000 free-issue male condoms were distributed; more than 400,000 female condoms were packaged in the Silkee brand; 20 Field Educators (two per district) were recruited, trained and posted to create demand for condoms and increase comprehensive HIV knowledge. These Field Educators see an average of 10.34 clients per day and during the reporting period, over 50,000 unique contacts have been made and clients reached. Other demand creation events, radio campaigns, promotional materials, and community mobilization were supported and contributed to all Condom Social Marketing goals. In 2011, CO partnered with PSI to procure and distribute female condoms to promote condom use and availability; utilized GHRHCS funds to procure microgynon 2,520 cycles/coated pills; jadelle implant 200 (75g, and 50,000 pieces female condoms (FC2); 100 health workers were training activities including on management of reproductive health cancers, Family Planning, infection prevention and control; and manual vacuum aspiration. Between 2004 and 2009 contraceptive prevalence rate increased from 37 percent to 47 percent; the unmet need for family planning reduced from 31 per cent to 23 per cent. Adult HIV prevalence rates: 23.2% (2005); 23.2% (2007); 23.5% (2008).

PSI: The National Condom Strategy activity cluster was delayed and move to 2012 by MoH; the total distribution of male and female condoms by 30 December 2011 is 7,020,896, distribution through MoH clinics, Min. of Local Govt., Field Educators, private sector, NGOs. Also, all 400,000 Silkee Female condoms branded and packaged and are being distributed.
trained in modern FP method mix; procurement of 18 desktop and 18 printers for roll-out of channel software for strengthening of logistics management.

| 2.3 Percentage of facilities providing comprehensive and basic emergency obstetric care. | Baseline: Percentage of government contribution allocated for RHCS. | The CO supported training of 55 Midwives and 21 doctors in 7 hospitals on EmOC and 21 doctors on MVA and 23 health workers on infection prevention and control; EmOC assessment in seven hospitals and HPV vaccination campaign of girls aged 9-18yrs in two districts; training of 33 theater nurses on EmOC; training of 250 district health nurses on use of the revised obstetric record; orientation of 45 doctors on EmOC; training of 19 maternal death review assessors and 27 health workers on maternal death review tools. Support was also provided for printing of 5,200 copies of Lesotho Obstetric Record; 300 copies of integrated RH supervisory tools and 300 copies of maternal death review registers. Supported formulation of the draft RH strategic plan and draft RH policy that incorporates ASRH issues; the sitting of 4 committee meetings on maternal death review and 2 SRH technical committee meetings; launch of the CARMMA at parliament and roll-out in one district; a study for identification of EmOC gaps in four districts; procurement of protective clothing for 2,000 health worker; undertaking of supervisory and hands on training on EmOC in nine out of the ten districts; two long term RH experts seconded to Ministry of Health; 10 officials to attend regional and international conferences and training workshops; and dissemination of the 2009 DHS results. With CO support, nurses and village health workers were trained in two districts on identification of danger signs of pregnancy; the Road map on Maternal and Neonatal Mortality and Morbidity was revised to incorporate new areas identified in the revised RH policy:30,000 copies Lesotho Obstetric Record booklets;5000 copies of village health worker manuals; and 1000 copies of MDR tools were printed; quarterly supervisory visits were undertaken; Lesotho Private Midwifery Association was established and five members of the association supported to attend the global conference on midwifery in Durban; a MAMMAS software for MDR data analysis was installed and the first ever Maternal Death Review report compiled. MDR Committee remained functional and led to the establishment of district maternal death committees; all midwives and doctors in the ten districts received hands on training on EmOC; and three technical Advisors continued to provide support to the Ministry of Health. | Output indicator target has been met. In 2011, Government allocated M16 million (or 21.6% of the FHB budget) to Family Planning Commodities and HPV. Following the hands-on training on EmOC with UNFPA support, referrals to the national referral hospital have reduced. Health workers have gained significant confidence in handling emergency obstetric cases. For complicated obstetric cases that would require referral, district health workers now often remotely consult the UNFPA supported expert who guides them on requisite medical procedures. |

<table>
<thead>
<tr>
<th>POPULATION AND DEVELOPMENT</th>
<th>Output 1: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes.</th>
<th>Output Indicator</th>
<th>Baseline/Targ et</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Number of</td>
<td>Baseline: To</td>
<td>CO supported short-term training on population</td>
<td>Output indicator target met at</td>
<td></td>
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</tr>
<tr>
<td>Output 2: Improved capacity of institutions at national and district levels to collect, analyse and utilize data for planning and policymaking</td>
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<tr>
<td><strong>Staff at national and district levels capable of integrating population, gender and HIV/AIDS issues in plans and programmes.</strong></td>
<td>Target: By 2012 two staff members from each of the sector ministries and two from each district trained and capable to undertake integration and environment inter-linkages; facilitated training of staff of the Department of Population and Manpower Development; one staff member of the Department completed Masters program on population issue while 3 other staff members attended short course on population and environment and one completed an advanced course in population and environment inter-linkages. The CO further supported government officials to attend regional meetings on population and development. CO supported a regional training meeting on population projections; orientation sessions for census data analysis teams constituted to develop monographs; Bureau of Statistics staff were also trained on population aging. Support was provided towards dissemination of census data and creating demand for its utilization. The CO positioned itself to fully participate in the formulation of the country’s 5-year Development Plan and ensured that population, RH, HIV and gender issues were integrated.</td>
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<tr>
<td><strong>Number of policymaking staff at national and district levels.</strong> Baseline: 75% of Bureau of Statistics staff trained in population data analysis. Goal: 100% of BoS staff and one staff member from each of the sector ministries capable of data collection and analysis.</td>
<td>Output indicator target largely met. CO contributed to analysis of population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks. With funding from DFID, UNFPA fielded a full time technical advisor that was able to support training in population data collection and analysis and assist the Bureau of Statistics to finalize the 2006 population and housing data entry, cleaning and editing. The CO also supported two missions of an international expert in census data editing. In preparation for census data analysis, UNFPA supported additional technical assistance that trained staff of the Bureau of Statistics and other sectoral ministries in data analysis using CsPro software. In collaboration with the Census Coordinator’s Office the CO organised a regional training (4 countries) targeting technical staff from national statistics offices. In addition to acquiring skills on population projections, the participants were provided hands on support to prepare their country’s specific population projections.</td>
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<tr>
<td><strong>Baseline</strong></td>
<td><strong>Target</strong></td>
<td><strong>Output indicator target largely met</strong></td>
<td></td>
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<td></td>
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<tr>
<td>1.2 Availability of empirical evidence on the linkages between population dynamics and poverty.</td>
<td>The CO supported studies on commercial sex work, youth situation analysis, obstetric fistula, capacity assessment for gender mainstreaming. Support also to GBV study in 5 selected districts. A mapping study on sex work in the country was finalised and initial dissemination made to officials of Ministry of Health and Ministry of Gender (2008). Selected individuals were supported to research on own-selected topics using the census data. Findings of this research were shared with a wide range of stakeholders to demonstrate the usefulness of census data in overall planning and management of national development programs.</td>
<td>CO contributed to awareness of emerging population issues - especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment. These emerging population issues have so far not been prioritised by Government.</td>
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</table>

*Output 2: Improved capacity of institutions at national and district levels to collect, analyse and utilize data for planning and policymaking*
training package was tailored to meet the region’s unique circumstances e.g. the software package used factored the impact of HIV/AIDS on the projections.

2.2 Number of survey and censuses results disseminated

Baseline: 2006 Census preliminary results disseminated

Target: Available census and survey results disseminated at national and district levels.

The CO actively participated in the formulation and update of the DevInfo database by UNCT, which was officially launched in 2008. Government counterparts and UN staff were trained on the database.

The CO provided financial and technical assistance towards coordination of the 2009 DHS; made inputs into questionnaire design, and data collection. The 2006 Census data analysis was completed during the reporting period. A regional workshop on census data projections attracting four countries resulted in renationalization of the country’s population projection report. Thematic analysis was also conducted resulting in completion of most of the monographs. Census data dissemination was undertaken during the World Population Day and International Statistics day. Line ministries, research institutions and the private sector were sensitized and oriented on census data utilization. Support was provided to Bureau of statistics on population aging.


DevInfo is available and provides users with access to development indicators.

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**OUTPUT 1: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender responsive policies and programmes**

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>Baseline/Target</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Number of strategic, gender-related mechanisms established and Strengthened</td>
<td>Baseline: Gender commission: 0; Target: Gender commission: 1 and Secretariat for Apex Body</td>
<td>The CO supported reactivation of Gender Technical Committee (GTC) and strengthening of the Expanded Theme Group on Gender and RH currently being co-chaired by UNFPA and Ministry of Gender; a core group of representatives of GTC trained in gender mainstreaming and rights based approaches to planning and programming; provided technical and financial support to enhance the capacity of local government, civil society organizations and the communities to advocate for gender equality and programming. Supported the preparation of a national action plan and national coordination plan to end gender-based violence. The CO supported the establishment of Gender Focal Points and supported the staff placement. The CO supported preparatory activities for the establishment of the national Apex body which was scheduled to be established in 2010; a draft constitution of the Apex Body of women was finalized and translated into Sesotho and a secretariat for the Apex body not yet established; a national Women's Forum comprising of all 128 community councils was held; CO supported a study tour of senior government officials to study Kenya’s model of merging the Gender Commission and Human Rights commission into one National Human Rights and Gender Commission. Following this tour, a proposal has been made for Lesotho to merge the proposed commissions. Cabinet has approved the establishment of a Human Commission and a bill</td>
<td>CO interventions on course to meet the output indicator target. Some of the mechanisms that exist include the 2003 Sexual Offences Act; the 2003 Gender and Development Policy and Gender Action Plan. A domestic Violence bill is under preparation; an issues paper for preparing the bill is available. A draft HIV/AIDS bill has been developed. The CO provided technical support to Ministry of Gender in preparations and hosting of the Africa Union Gender Ministers meeting held in Maseru to finalize the Africa Union Gender Policy.</td>
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</table>
to this effect has been drafted. Review of the 2003 Gender and Development Policy initiated but yet to be finalized.

<table>
<thead>
<tr>
<th>1.2 Number of institutions with staff skilled in developing gender responsive policies, plans and programmes</th>
<th>Baseline: institutions with skilled staff: 1</th>
<th>The CO supported the Ministry of Gender to commission an assessment of institutions to determine their capacity and capability for mainstreaming gender and rights issues in planning and programming processes; provided financial and technical support for the training of national gender focal points on integration. The CO built capacity of national counterparts to manage GBV caused by the vulnerability of food crisis in Lesotho: training of 30 health workers in GBV management; 65 kits for basic treatment of rape of at least 2,100 survivors as well as 6 PEP kits for 180 adult survivors were procured and distributed; IEC materials were distributed to over 7,000 beneficiaries; and more than 200,000 people were reached with GBV messages through evasion and radio programs.</th>
<th>Output indicator target not likely to be met, probably because the target proved to be rather ambitious.</th>
</tr>
</thead>
</table>

**Output 2: Increased capacity of government and civil society organizations to prevent gender-based violence**

| 2.1 Number of institutions with systems in place to prevent and treat gender-based violence | Baseline: 6 | A National Action Plan to End GBV as well as the National Coordination Plan for management of GBV was also finalized with UNFPA support in 2008. Gender Focal Points have been established although they lack adequate capacity. The CO supported the development of management of gender-based violence. The CO worked in collaboration with Gender Links, a South African NGO for the development of the National Action Plan to End GBV. The CO provided support towards training of various groups on prevention and management of gender based violence: over 300 traditional leaders and local government councillors were trained in three districts; 12 community based gender based prevention and management networks established; training provided to 20 representatives of media houses in order to enhance their capacity in reporting on gender based violence; the Department of Gender was also supported to host 30 radio and 6 television programmes; national symposium on gender based violence with participation of more than 200 delegates representing diverse social, political, religious and academic backgrounds was held with CO support. | Output indicator target not likely to be met. At District level, Government supports 1 Gender Officer; there are laws on GBV and justice and law enforcement institutions (Police, Community Networks, and religious leaders) were supported to implement treatment and prevention methods. |
| 2.2 Institutions with relevant data and information on gender-based violence available | Baseline: 1 | The CO supported an assessment on forms of GBV in five of the country’s ten districts. The MoGYSR in partnership with UNFPA commissioned a study of 5 selected Districts in 2009 to determine the prevalence of GBV. | The output indicator target is not likely to be met; need to work with BoS to step up national data collection on GBV. The MoGYSR anticipates future support to update information collected and extend coverage to the whole country. |
| 2.3 Coordination mechanism for GBV prevention | Target: Coordination mechanism | The CO provided financial and technical support for the training of national gender focal points; contributed to the strengthening of the Department | Output indicator target met. The coordination of GBV is done at two levels: National |
strengthened for GBV established of Gender in the form of providing equipment and continued placement of the Gender Advisor; supported preparatory activities for the establishment of the national Apex body which provides a platform for promotion of gender equality and advancement of women rights through increased women participation in development processes. The CO further used the campaign for 16 Days of Activism Against Gender Violence as a platform to mobilize religious leaders, senior government officials, traditional leaders, parliamentarians and other stakeholders to commit themselves to eradicating gender based violence.

| 2.4 No of organizations strengthened to promote and implement GBV prevention interventions | **Baseline:** MoGYSR, Organisations with well coordinate programme interventions on GBV: 3 | The CO also contributed towards enhanced capacity of government and civil society organizations to respond to Gender-Based Violence (GBV). Utilizing supplementary funding from OCHA-CERF, the CO increased awareness on the forms and magnitude of GBV in the country. At least 200 health workers were trained on management of GBV survivors; over 400,000 people (approximately one-fifth of total population) of different ages were reached with IEC messages that were transmitted through educational drama, television advertorial and other forms of media. These efforts resulted in increased reporting of GBV cases in the country. The CO further used the campaign for 16 Days of Activism against Gender based Violence as a platform to mobilize religious leaders, senior government officials, traditional leaders, parliamentarians and other stakeholders to commit themselves to eradicating gender based violence. A Joint UN programme - Measures to Counteract Violence against women (One Stop Centres) - is being executed with support from UNFPA, UNDP and AGFUND and is aimed at building the Ministry of Gender's capacity to establish a one-stop centre for victims and survivors of GBV. The centre is operational and has been providing counseling and referral. |

| 2.5 CEDAW Country report prepared and available | **Baseline:** CEDAW report: 0 Target: CEDAW report available | The CO extended financial and technical support to the CEDAW reporting process. The first ever CEDAW state party report was prepared and validated by stakeholders in 2010 and officially presented at the CEDAW Committee in October 2011. Output indicator target achieved; need to implement the CEDAW strategies concluding Observations from the Committee. |  |

Level through the Gender Technical Committee coordinated by the Department of Gender and District Level through the District Gender Technical Committee coordinated by Principal District Gender. This coordination has recently been extended at Council/or village level with the establishment of GBV Network.

Output indicator target is likely to be met if CO interventions supported by partners continue The UN Joint Programme on One Stop Centre is providing training as well as providing counselling and guidance to survivors of GBV. The project will also facilitate a comprehensive study on violence against women in Lesotho and raise awareness among the public. The UNAIDS funded projects through PAF on Addressing the Linkages between GBV and HIV and Aids; the Joint Programme-UNTFHS with GBV component.
Annex 3: List persons met, interviewed, and sites visited

3.1 UNFPA Lesotho Country Office Staff Complement
Dr. Lillian Marutle, Representative
Mr. Nestor Owomuhangi, International Programme Specialist
Ms. Mpolai Cadribo, Assistant representative, RH
Ms. Motselisi Moeno, NPO (P&D)
Mr. Basia Bless NPO (Gender)
Ms. Mamorao Khaebana, NPO (HIV Prevention)
Mr. Sechaba Mokhameleli, NPO (HIV and SRH inter-linkages ---EU)
Ms. Tlotliso Phasumane, Program Associate (HIV Prevention)
Ms. Matsepo Linakane, Finance/Admin Associate
Ms. Mamello Letsie, Administrative Associate
Mr. Malefetsane Kasane, Admin/Finance Associate
Ms. Monono Ramangoaela, Temporary PA to the Rep
Ms. Palesa Bakoro, secretary
Mr. Lebona Molai, Senior Driver
Mr. Motsamai Pali, Driver
Mr. Daisuke Kosugi, UNV (ASRH) – UNFPA
Dr. Thabelo Ramatlapeng, RH Advisor
Dr. Nonkosi Tlale, RH Advisor
Dr. Samuel Kalu, Census Advisor
Ms. Miranda Tabifor, Gender Advisor

3.2 Programme implementers
Mr. Motsamai Motsamai, Director, MoE
Ms. Malimpho Sekotoane, Deputy Director, MoE
Ms. Nkaiseng Monaheng, Chief Economic Planner, MoFEP
Ms. Tsoanelo Lebiletsa, Senior Economic Planner, MoFEP;
Liendoane Lefosa, Director, Bureau of Statistics
Ms. Florence Mohai, Acting Head, Family Health Division, MoHSW
Ms. Motsoanku, SRH Programme Manager, MoHSW
Ms. ‘Matau Futho-Letsi, Director Gender, MoG,Y,SR
Ms. Schlomeng Magelepo, Principal Gender Officer (Economic Empowerment), MoG,Y,SR
Ms. Likeleli Matubatuba, Principal gender Officer (Social Empowerment), MoG,Y,SR Mr. Mohau Tsilo, Principal Gender Officer (Political Empowerment), MoG,Y,SR
Mr Dennis Walto, Country Representative, Population Services International/Lesotho (PSI).

3.3: UNFPA Lesotho 5th Country Programme Evaluation Meeting; 27 January 2012, UN Conference Hall – List of participants.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Mamello Letsie</td>
<td>Admin Associate</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Sechaba Mokhameleli</td>
<td>NPC</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Marge Tsitouris</td>
<td>Country Director</td>
<td>CARE Lesotho</td>
</tr>
<tr>
<td>Mamoletsane Khati</td>
<td>Project Manager</td>
<td>CARE Lesotho</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position/Role</td>
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<tr>
<td>5</td>
<td>Dr Lillian Marutle</td>
<td>UNFPA Rep</td>
</tr>
<tr>
<td>6</td>
<td>Tlotliso Phasumane</td>
<td>NPA HIV Prev’</td>
</tr>
<tr>
<td>7</td>
<td>Joyce Khomari</td>
<td>Curriculum specialist</td>
</tr>
<tr>
<td>8</td>
<td>Daisuke Kosuge</td>
<td>UNV</td>
</tr>
<tr>
<td>9</td>
<td>Monono Ramangoaela</td>
<td>P/A to ReP</td>
</tr>
<tr>
<td>10</td>
<td>Malefetsane Kasane</td>
<td>Finance &amp; Admin</td>
</tr>
<tr>
<td>11</td>
<td>Motselisi Moeno</td>
<td>NPO</td>
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<tr>
<td>12</td>
<td>Nkaiseng Monaheng</td>
<td>Director SPRA</td>
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<tr>
<td>13</td>
<td>Tsoanelo Lebiletsa</td>
<td>Economist SPRA</td>
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<tr>
<td>14</td>
<td>Basia Bless</td>
<td>NPO</td>
</tr>
<tr>
<td>15</td>
<td>Dennis Walto</td>
<td>Country Rep</td>
</tr>
<tr>
<td>16</td>
<td>Nestor Owomuhangi</td>
<td>IPS</td>
</tr>
<tr>
<td>17</td>
<td>Motsoanku Mefane</td>
<td>RH Programme</td>
</tr>
<tr>
<td>18</td>
<td>Mpolai Cadribo</td>
<td>Assistant Rep</td>
</tr>
<tr>
<td>19</td>
<td>Palesa Bakoro</td>
<td>Secretary</td>
</tr>
<tr>
<td>20</td>
<td>Masethothi Phouo</td>
<td>Gender officer</td>
</tr>
<tr>
<td>21</td>
<td>Mamolibeli Ngakane</td>
<td>District Gender Officer</td>
</tr>
<tr>
<td>22</td>
<td>Liengoane Lefosa</td>
<td>Director of BOS</td>
</tr>
</tbody>
</table>
Annex 4: Bibliography

- Ministry of Health and Social Welfare, 2009 Lesotho Demographic and Health Survey
- World Bank (2005A), Building on Free Primary and Secondary Education, A country Status Report, Human Development Sector Africa Region.

**Other Documents**

Government of the Kingdom of Lesotho, National Development Strategy
GoL/UNFPA Annual Work Plans (AWP)
Quarterly and annual reports
Standard Progress Reports
UNDAF Annual Review reports
Sectoral Policies and Plans e.g. Health Policy; Health Sector Strategic Plan; HIV and AIDS Strategic Plan
The National Youth Policy (ND)
The National AIDS Strategic Plan 2006-2011
The Gender and Development Policy 2002
Vision 2020
The Adolescent Health Policy (2003)
The Gender and Action Plan (work in progress)
The National Reproductive Health Policy (2006)
The National Youth Council Bill (work in progress)
Guidelines for the Management of Survivors of Sexual Abuse (2005)
Annex 5: Data collection instruments/questionnaires

EVALUATION OF THE
GOVERNMENT OF LESOTHO/UNFPA 5TH COUNTRY PROGRAMME
2008 - 2012
Questionnaire for Programme Managers and Implementers

This is an independent evaluation of the 5th GoL/UNFPA Country Programme (5th CP) of support to population activities in Lesotho during the period 2006 – 2012. This independent evaluation at the end of the programme cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the next country programme cycle that begins in 2013. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Completed questionnaire should be returned to UNFPA office in Maseru as indicated in thee-mail communication Thank you for your support.

A. Background information

1. Name and address of Government Ministry, Parastatal or Agency..........................
..........................................................................................................................................................

2. Name of Official completing questionnaire..............................................................
   Directorate/Division/Unit
   ..........................................................................................................................................................
   ..........................................................................................................................................................
   Rank or Position...............................................................................................................................

3. Involvement in GoL/UNFPA 5th CP programme implementation since when?
   ..........................................................................................................................................................
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4. Please describe the nature of your intervention......................................................
   ..........................................................................................................................................................
   ..........................................................................................................................................................
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5. How many officials under your supervision are involved in the implementation of RH, P&D or Gender activities under the current 5\textsuperscript{th} CP? Specify component……………………………………

<table>
<thead>
<tr>
<th>Name of official</th>
<th>Rank/Position</th>
<th>Description of work carried out</th>
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</table>

Pls add more names if needed

**B. Programming**

1. How inclusive or participatory was the process of formulating the Annual Work Plan for the implementation of the 5\textsuperscript{th} CP?.................................................................................................................................

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2. Considering the challenges faced in this country, is the strategy of this component (Specify……………….) adequate?....................................................................................................................

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3. What would be your suggestion for future strategic interventions by UNFPA to address RH, P&D or Gender issues in Lesotho? (Use the list in Table below for your answer)

<table>
<thead>
<tr>
<th>RH, P&amp;D or Gender issues (Tick one)</th>
<th>Future UNFPA intervention</th>
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</thead>
<tbody>
<tr>
<td>1 SRH services, including services focusing on HIV and AIDS.</td>
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<tr>
<td>2 Family planning, emergency obstetric care, adolescent sexual and reproductive health, and</td>
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<tr>
<td>1</td>
<td>the prevention and management of obstetric fistula.</td>
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<tr>
<td>3</td>
<td>SRH advocacy</td>
</tr>
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<td>4</td>
<td>Data storage and retrieval</td>
</tr>
<tr>
<td>5</td>
<td>Statistical services</td>
</tr>
<tr>
<td>6</td>
<td>Integration of population issues into policies and plans</td>
</tr>
<tr>
<td>7</td>
<td>Population and related policies and programme implementation</td>
</tr>
<tr>
<td>8</td>
<td>Promoting gender equality and women’s empowerment</td>
</tr>
<tr>
<td>9</td>
<td>Prevention of gender-based violence</td>
</tr>
<tr>
<td>10</td>
<td>Capacity building</td>
</tr>
<tr>
<td>11</td>
<td>Programme coordination</td>
</tr>
</tbody>
</table>

**C. Programme management**

1a. How effectively have the RH, P&D or Gender activities under the 5th CP been coordinated?........................................................................................................................................................................
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1b. What is your opinion about UNFPA’s role in management and coordination of population activities in this country, including RH and Gender?........................................................................................................................................................................
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2. Population Policy (including SRH and Gender)
2.1 What steps were taken to revise the National RH, Population or Gender Policy?.............................................................................................................................
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2.2 What is the current status of the national RH, Population or Gender Policy?......................................................................................................................
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3. What are your suggestions for future UNFPA intervention in population and related (RH, Gender) policy and programme in this country?.......................................................................................................................
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4. Assess the capacity in your Ministry for implementing the National RH, Population or Gender Policy..........................................................................................
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D. Programme implementation
1. What steps were taken to implement the national RH, HIV/AIDS, Population or Gender Policy?

2. What is the current status of the above Plan in terms of implementation?

3. What were the specific activities carried out by your Directorate under the 5th CP since 2008? (Advocacy, Census, surveys, research, capacity building, etc.)

4. Comment on UNFPA’s inputs into your SRH, HIV/AIDS, P&D or Gender activities during the 5th CP

5. In your own opinion how successful were each of the SRH, HIV/AIDS, P&D or Gender activities carried out during the reference period? (Explain)
6. What are your plans for completing any ongoing UNFPA-supported SRH, HIV/AIDS, P&D or Gender projects or activities in your Ministry?

7. Comment on the role of your Ministry in integrating population issues (including RH, youth and gender) into national/ regional development policies and plans.

8. Describe the efforts by your Ministry, with support by UNFPA, to encourage the utilization of population data (RH, HIV/AIDS, population and gender) for development planning etc.

9. What specific challenges were faced in developing and implementing the National Action Plan for SRH, HIV/AIDS, Population or Gender Policy Implementation?

E. Resources – availability and utilization

1. Comment on the adequacy of UNFPA inputs (technical, material, financial) into your RH, HIV/AIDS, P&D or Gender activities under the 5th CP since 2008.

2. What additional resources would your Ministry need from UNFPA to more effectively address SRH, HIV/AIDS, P&D or Gender activities in the country?

3. Comment on efficiency of resource utilization under the 5th CP in general.

F. Capacity building – institutional & human
1. What structures are in place for the coordination of the implementation of the national Action Plan for population, RH, HIV/AIDS, or Gender policy implementation?

2. How effective are the current arrangements for the coordination of population, RH, Gender, Youth and related activities in the country?

3. What would be your suggestion for an effective national coordination structure for population and related activities in Lesotho?

4. Assess the adequacy of the existing capacity in your Ministry for supporting the coordinating structure for population-related activities in the country.

5. How can the UNFPA support human capacity strengthening to effectively address population policy, Action Programme for Policy Implementation, and coordination of population activities in the country?

**G. Future orientation of RH, P&D, Gender programmes**

1. The next GoL/UNFPA CP for 5 years will start in 2013; what would be your suggestions for RH, P&D or Gender activities during the 5th CP?
2. What do you think that UNFPA could have done better since the start of the 5th CP in 2008?

3. Comment freely on the 5th CP, GoL and UNFPA

4. Please attach any publications, reports or documents produced by your Directorate which you consider relevant to this evaluation (List):
Anne x 6: Inception Report

EVALUATION OF THE
GOVERNMENT OF LESOTHO/UNFPA 5TH COUNTRY PROGRAMME
2008 - 2012

Inception Report

Prepared by

Prof. Oladele O Arowolo
Consultant

December 2011
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1. Introduction

1.1 Purpose and objectives of the evaluation

Purpose
This is an independent evaluation of the Government of Lesotho (GOL)/UNFPA 5th Country Programme (5th CP) of support to population activities in Lesotho covering the period 2008 – 2012. As a matter of policy, UNFPA requires that a summative evaluation is conducted at the end of each programme cycle in order to determine the impact of the interventions. The purpose of this evaluation is to assess the achievement of the 5th Country Program, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the 6th Country program cycle.

Objectives
o) Assess the role and relevance of the 5th CP in relation to the issues and their underlying causes, and challenges
p) Assess the design and focus of the CP, i.e. the quality of the formulation of results at different levels, i.e. the results chain
q) Assess the effectiveness of the CP in terms of progress towards agreed CP outcomes
r) Assess to the extent possible, the efficiency of the CP as a mechanism to minimize transaction costs of UNFPA support for the government and for the UN agencies
s) To the extent possible, assess the impact of CP on the target communities
t) Analyse to what extent results achieved and strategies used by the CP and projects/work plans are sustainable
u) Identify strengths, good practices, weaknesses and gaps that can be addressed in the 6th Country Program

1.2 Scope of evaluation
In terms of time, this evaluation covers the current country program cycle (2008 – 2012). It is a national evaluation and covers the three components of the programme as follows:

a) Reproductive health, with emphasis on capacity development for availability of sexual and reproductive health (SRH) services as well as creation of demand for these services;
b) Population and Development, with focus on ensuring availability of disaggregated data for policy formulation and planning, and strengthening capacity for integration of population variables in development plans and frameworks; and
c) **Gender**, which covers aspects of improving the policy environment for gender mainstreaming and building capacities for gender based violence prevention and management.

1.3 **Purpose of the inception report**

The purpose of this inception report is to present to the UNFPA Evaluation Management the consultant’s understanding of the TOR for the evaluation and ensure that the evaluation process and outputs conform to the expectations of Management. The inception report provides space for the parties to agree on the methodology and approach, reconcile any differences in the definition of outputs and the deliverables from this exercise, and jointly review the time line for the process (including data collection, collation, analysis and report preparation) in terms of practicality and feasibility.

2. **Background**

2.1 **Population and socio-economic challenges**

The 1996 census indicated a total (de jure) population of 1,862,275 for the Kingdom of Lesotho, made up of 49% males and 51% females. The 2006 census recorded a total (de jure) population of 1,880,661, out of which males constitute 916,282 (or 51.3%) and females represent 964,379 (or 51.3%). Comparison with previous data indicates that the rate of national population growth has been fluctuating: from an annual rate of 2.3% (1966 -1976) to 2.6% during the inter-censal period 1976 to 1986; thereafter, a declining trend from 1.5% per annum during the period 1986 and 1996, down to 0.99% between 1996 and 2006. (Lesotho, Bureau of Statistics, 2006 Lesotho Census of Population and Housing, Preliminary Results Report, August 2007).

At the time the 5th CP was being formulated showed that Lesotho had poor reproductive health status, although the total fertility rate declined from 5.3 children per woman in 1986 to 3.5 children per woman in 2004. The contraceptive prevalence rate, instead of increasing, declined from 41 per cent in 2001 to 37 per cent in 2004. Also, the number of deliveries conducted by skilled attendants dropped from 60 per cent in 2000 to 55 per cent in 2004. The upward trend in mortality presented a challenge to the health sector: the maternal mortality rate increased from 419 deaths per 100,000 live births in 1996 to 762 deaths per 100,000 live births in 2004, while the infant mortality rate increased from 81 deaths per 1,000 live births in 2001 to 91 deaths per 1,000 live births in 2004. Infant mortality has increased from 81/1,000 live births in 2001 to 91 in 2004. The impact of these demographic trends was severely felt on life expectancy; life expectancy at birth for females declined from 58.6 years in 1966 to 48.7 years in 2001; for males life expectancy declined from 60.2 years in 1996 to 56.3 years in 2001. The UNFPA assessment (2006) attributed to poor reproductive health status in Lesotho to the inadequacy of, and inaccessibility to, reproductive health information and services, especially for emergency obstetric care.

One distinctive characteristic of the population of Lesotho is its youthfulness. In 2004, close to 36 per cent of the population was under 15 years of age. The other socio-economic indicators showed that the youth are particularly vulnerable to SRH issues
and poverty. Among the challenges facing youth are unintended pregnancies and sexually transmitted infections, including HIV, with the HIV prevalence rate reaching 18.4 per cent among male youth and 25.8 per cent among female youth. The vulnerability of youth is compounded by inadequate access to life skills-based sexual and reproductive health information and services.

Issues of gender and development in Lesotho revolve around rising gender-based violence, intergenerational sex, multiple concurrent sexual partners, and low condom use. The result is the high prevalence of HIV and AIDS among women and girls, and the unequal participation of women in the decision-making process - only 23 per cent of parliamentarians and 36 per cent of government ministers are women (UNFPA 2007). Although Basotho women have a relatively high literacy rate (90.3 per cent) compared to their male counterparts (73.7 per cent), gender imbalances persist, due discriminatory practices which are entrenched in the customs, beliefs and traditions of the country, and these limit women's rights in many areas. About one-third of households are officially headed by women who are single, divorced, widowed or abandoned by their husbands, a proportion higher than in most other sub-Saharan African countries. Such female-headed households have the highest incidence of poverty (about two-thirds), well above the national average. Female-headed households are particularly vulnerable because they are typically headed by ageing widows, who may have lost the capital they once possessed, are less likely to own agricultural assets, such as livestock (35 percent, compared to 55 percent of male-headed households), and have difficulty securing cash incomes (FAO, 2007).

Despite relatively strong economic growth performance in recent years, the incidence of poverty remains high. The leading cause of poverty in Lesotho is rising unemployment (estimated at 23% in 2008) and underemployment resulting from a series of structural changes which began in the early 1990s, with the decline of mining activity in South Africa, and aggravated by the HIV/AIDS pandemic (FAO, 2007). From all accounts, only the education-related Millennium Development Goal target is likely to be achieved by 2015.

3. Programme response

3.1 Current programme
The national report on ICPD at 15 (2009) indicates that Lesotho is committed to reducing poverty and to achieving the Millennium Development Goals and the ICPD goal. Formulation of the 5th CP was informed by 2004 Common Country Assessment (CCA) and was based on the United Nations Development Assistance Framework (2008 – 2012), Lesotho Poverty Reduction Strategy (2004/05 – 2007/08) and Vision 2020; sectoral policies and frameworks; UNFPA’s Strategic Plan (2008 – 2011) and MDGs. The program was designed to support three components: Reproductive Health; Population and Development; and Gender.

The 5th CP was approved in October 2007 by the Executive Board in the sum of $7 million: $3 million from regular resources and $4 million through co-financing modalities and/or other, including regular, resources. The overall goal of the country
Programme is to improve the welfare of the Basotho people. Conceptualized within the framework of the road map for maternal and neonatal health and the Maputo Plan of Action, the 5th CP was designed with focus on: (a) preventing HIV/AIDS; (b) improving reproductive health; (c) ensuring sustainable population growth and development; and (d) promoting gender equality and women’s empowerment. UNFPA will support, with other United Nations organizations and partners, joint programmes that focus on: (a) the prevention of gender-based violence; (b) data for development; and (c) life skills-based sexual and reproductive health programmes for young people. The country programme has three components: (a) reproductive health; (b) population and development; and (c) gender.

3.2 Description of programme outputs

The 5th CP has three related components: Reproductive Health; Population and Development and; Gender. Table 1 shows the allocation of resources to the three components of the programme, including programme coordination and assistance.

<table>
<thead>
<tr>
<th>Component</th>
<th>US$</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive health</td>
<td>1.3</td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Population and development</td>
<td>0.7</td>
<td>1.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Gender</td>
<td>0.5</td>
<td>0.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.5</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.0</strong></td>
<td><strong>4.0</strong></td>
<td><strong>7.0</strong></td>
</tr>
</tbody>
</table>

Reproductive health component

The RH outcome is increased utilization of comprehensive sexual and reproductive health information and services, including services focusing on HIV and AIDS. Emphasis of the programme is placed on HIV prevention, emergency obstetric care, adolescent sexual and reproductive health, and the 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, especially in the fight against HIV and AIDS.

The RH component has two defined outputs. Output 1 is: Increased gender- and culturally sensitive behaviour change communication interventions for sexual and reproductive health, with an emphasis on HIV/AIDS prevention, maternal health and adolescent sexual and reproductive health. Output 2 is: Improved availability of comprehensive, high-quality sexual and reproductive health services, including improved reproductive health commodity security.

In order to achieve these related outputs, 5th CP identifies a number of capacity building and advocacy strategies including: (a) conduct ethnographic research on gender and sexuality, to inform behaviour change strategies for HIV prevention and the promotion
of reproductive health; (b) strengthen the institutional and technical capacity of stakeholders to develop and manage behaviour change communication interventions; (c) advocate the integration of sexual and reproductive health strategies (including those focusing on HIV prevention and human rights) into community programmes through cultural and religious institutions and the media; (d) harmonize and expand population and family-life education and life-skills education for in- and out-of-school youth, including people with disabilities; and (e) strengthen linkages between health, education and social support services. In addition, there are strategies to advocate the implementation of existing sexual and reproductive health services policies, plans and strategies; strengthen the management and financial capacity of health-service providers and implementing partners; strengthen community-based provision and distribution of family planning services, HIV prevention information and services, and programmes to increase male participation in reproductive health; support the establishment of a logistics management system to ensure a reliable supply of reproductive health commodities; and strengthen the reproductive health services referral system.

**Population and development component**

The outcome of this component is: poverty reduction strategies and sectoral and district plans, policies and strategies take into account population and development linkages. There are two outputs of the P&D component. There are two outputs of the P&D component. Output 1 is: Strengthened institutional capacity at national and district levels for integrating population issues into poverty reduction strategies and sectoral plans, policies and programmes. Output 2 is: Improved capacity of institutions at national and district levels to collect analyze and utilize data for planning and Policy making.

Again, emphasis is on capacity building strategies to achieve the two outputs. These include (a) institutional and technical capacity-building for the staff of the Ministry of Finance and Development Planning, in collaboration with the National University of Lesotho; (b) research on the linkages between population dynamics and poverty reduction; and (c) support for finalizing and disseminating the revised population policy. In addition, the programme was designed to support statistical services through analyzing, publishing and disseminating the results of the 2006 population and housing census; building institutional and technical capacity; supporting the inter-censal demographic survey and the Lesotho demographic and health survey; and developing user-friendly tools (such as the DevInfo database of development indicators and the integrated management information system) for programme implementation and for monitoring and evaluating the poverty reduction strategy, the UNDAF and the Millennium Development Goals.

**Gender component**

There are two outputs in the gender component. Output 1 is: Enhanced institutional and technical capacity of government and civil society organizations to advocate, plan, implement and monitor gender-responsive policies and programmes. Output 2: Increased capacity of government and civil society organizations to prevent gender-based violence.
Strategies to achieve the two outputs are also focused on capacity building and advocacy. These include establishing and strengthening strategic, gender-related mechanisms (including the national gender commission and the network of women ministers and parliamentarians); conducting awareness-creation and advocacy campaigns on national, regional and sub-regional policies, protocols and declarations on gender parity; supporting technical and institutional capacity-building of government and civil society organizations to formulate, design, implement, monitor and evaluate gender-responsive policies, plans and programmes; supporting the institutionalization of gender parity in selected higher education learning institutions; training local women leaders on gender and other development issues; strengthening the gender directorate of the Ministry for Gender, Youth, Sports and Recreation to coordinate the response of stakeholders to gender-based violence; providing support to adapt, disseminate and apply guidelines to prevent and manage cases of gender-based violence; support for awareness campaigns on gender-based violence and South-South cooperation study tours on gender-based violence; and support for establishing a database on gender-based violence.

4. Programme coordination and collaboration

Implementation of the 5th CP is within the context of the UNDAF and the poverty reduction strategy, jointly by UNFPA and the Government of Lesotho. The Ministry of Finance and Development Planning will be responsible for coordinating the programme, and will also coordinate the population and development component. The lead agency for the RH component is the Ministry of Health and Social Welfare (MoHSW) while the Ministry of Gender, Youth, Sports and Recreation (MGYSR) will be the lead agency for the gender component, including the coordination of related activities implemented by civil society organizations. The programme will employ results-based management techniques, building on the existing UNDAF and on UNFPA and government monitoring and evaluation mechanisms. The Government and the country office will develop a resource mobilization plan to mobilize additional resources. The UNFPA country office (CO) will support the implementation of the programme, drawing additional support from the UNFPA country technical services team (CST) based in Harare, Zimbabwe; the regional director’s team in Johannesburg, South Africa; national and international consultants; and staff from UNFPA headquarters.

5. Evaluation Methodology and Approach

5.1 Data collection

The evaluation will employ a combination of qualitative and quantitative methods to answer the questions that will be developed to assess progress, performance and relevance of the 5th GoL/UNFPA CP. Data and information for the evaluation will be derived from both secondary and primary sources. Data from secondary sources will be derived from review of documents and materials (published and unpublished) from Government, UN and related sources. In addition, the evaluation will source materials from the internet sources. Data and information from primary sources will include key informant interviews; in-depth Interviews of major implementers and selected programme beneficiaries; Focus Group discussions; and observation (see Annex 1 of this
The evaluation will maximize use of existing quantitative data and will require triangulations of data to increase credibility of the evidence. UNDAF Annual Review and evaluation reports as well as Annual Work plan Reviews will be used as building blocks of this CP evaluation. Each specific objectives and key questions will require a specific methodology consisting of: evaluation objectives/overarching question, specific evaluation questions, performance indicators, data source, evaluation design, sampling plan, data collection instruments, and data analysis plan. As part of the inception report the consultant(s) is expected to produce an evaluation matrix based on the template below.

<table>
<thead>
<tr>
<th>Objective / overarching question</th>
<th>Specific question</th>
<th>Performance indicator</th>
<th>Data Source</th>
<th>Evaluation design</th>
<th>Data collection instruments</th>
<th>Data analysis plan</th>
</tr>
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5.2 Evaluation Questions and Criteria
The analysis of results will identify challenges and strategies for future interventions. A core set of criteria shown below will be applied in assessing the results.

Relevance
- Do the CP outcomes address key issues, their underlying causes, and challenges identified by the CCA and other baseline analyses? Were new issues and their causes as well as challenges that arose during the CP cycle adequately addressed?
- Has the CP results matrix been sufficiently flexible to adjust to evolving national policies and strategies e.g. National Development Plans, and legislative reforms) during the current programme cycle?
- Have the CP outcomes been relevant in terms of internationally agreed goals and commitments, norms and standards guiding the work of agencies of the UN system (including MDGs and UN human rights treaties).

Design
- To what extent is the current CP designed as a results-oriented, coherent and focused framework?
- Is it likely that the planned work plans/projects and programme strategies will lead to the expected CP results?
- Are expected outcomes realistic given the CP timeframe and resources?
- To what extent and in what ways have risks and assumptions been addressed in CP design?
- Is the distribution of roles and responsibilities among the different CP partners well defined, facilitated in the achievement of results and have the arrangements been respected in the course of implementation?
Does the CP respond to the challenges of national capacity development and does it promote ownership of programmes by the national partners?

To what extent have human rights principles and standards been reflected or promoted in the CP and, as relevant? To what extent and in what ways has a human rights approach been reflected as one possible method for integrating human rights concerns into the CP?

To what extent and in what ways are the concepts of gender equity and equality and other cross-cutting issues reflected in programming? Were specific goals and targets set? Was there effort to produce sex disaggregated data and indicators to assess progress in gender equity and equality? To what extent and how is special attention given to girls’ and women’s rights and empowerment?

**Effectiveness**

What progress has been made towards the realization of CP outcomes as a contribution to the achievement of MDGs and in terms of indicators as reflected in the CP Results Matrix? To what extent and in what ways was special emphasis placed on strengthening of national capacities, building partnerships, promoting innovations and the realization of human rights and promoting gender equity and equality?

Which are the main factors that contributed to the realization or non-realization of the outcomes? How were risks and assumptions addressed during the implementation of programmes and projects?

To what extent and in what ways did UN support promote national execution of programmes and / or the use of national expertise and technologies?

**Efficiency**

To what extent and in what ways has CP contributed to a reduction of transaction cost for the government and for UNFPA? In what ways could transaction costs be further reduced?

Were results achieved at reasonably low or lowest possible cost?

**Impact:**

Are the program interventions likely to bring about a positive impact on the target communities?

**Sustainability**

To what extent and in what ways have national capacities been enhanced in government, civil society and NGOs?

Have complementarities, collaboration and / or synergies fostered by CP contributed to greater sustainability of results of Country Programmes and projects of individual UN agencies?

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**6. Work plan, Organization**

**6.1 Management and support arrangements**
The UNFPA Country Representative will provide overall guidance of this evaluation. An Evaluation Committee consisting of UNFPA; Ministry of Health and Social Welfare; Ministry of Gender, Youth, Sports and Recreation; Ministry of Finance and Development Planning and Bureau of Statistics and one NGO will be assembled to coordinate the evaluation. One of the major tasks of the Committee will be to provide quality assurance to the entire process. The evaluator will work closely with the Committee as well as the CO programme officers.

6.2 Products and Reporting
- An inception report (showing the proposed design, methodology, data collection tools, work plan, deliverables, and deadlines)
- A debrief to the Evaluation Committee at the completion of desk review before fieldwork
- A debrief at the end of field work (covering summary of resources spent and work covered in the field, and preliminary findings)
- Draft Evaluation report
- Dissemination workshop report
- A final evaluation report.

6.3 Work plan and Activity Schedule

<table>
<thead>
<tr>
<th>Activity/Milestone</th>
<th>No. of Days</th>
<th>Responsible Person</th>
<th>Timeframe in Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>1</td>
</tr>
<tr>
<td>Inception report</td>
<td>2</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Desk review of relevant documents, consultative meetings and debriefing</td>
<td>4</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Data collection including field visits</td>
<td>7</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Data analysis and Report writing and presentation of First draft report/Committee</td>
<td>5</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Prepare and present report to a stakeholders meeting (Workshop Report)</td>
<td>2</td>
<td>UNFPA/Consultants</td>
<td></td>
</tr>
<tr>
<td>Final report writing incorporating comments (final report)</td>
<td>5</td>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Total consulting person days</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Outline of the Evaluation Report

**Title page**
- Name of project, programme or subject being evaluated
- Name of the organization(s) to which the report is submitted
- Names and affiliations of the evaluators
- Date
Table of Contents

Acknowledgements
  ▪ Identify those who contributed to the evaluation

List of abbreviations and acronyms

Executive summary
  ▪ Summarize essential information on the subject being evaluated, the purpose of the evaluation and methods applied, the major findings and conclusions, and recommendations in priority order

Introduction
  ▪ Summarize the purpose of the evaluation, the key issues addressed and the methodology employed to conduct the evaluation
  ▪ Describe the structure of the evaluation report
  ▪ Describe the aims and strategies of the programme/project/intervention

Findings and conclusions
  ▪ State findings clearly based on the evidence derived from the information collected. Provide critical assessment of performance (including factors affecting performance), and the results achieved.
  ▪ In the conclusions, include a discussion of the reasons for successes and failures, especially the constraining and enabling factors

Lessons learned
  ▪ Based on the evaluation findings and drawing from the evaluator(s)’ overall experience in other contexts, provide lessons learned that may be applicable in other situations as well. Include both positive and negative lessons.

Recommendations
  ▪ Base recommendations on the conclusions and lessons learned, and discuss their anticipated implications
  ▪ List proposals for action to be taken (short- and long-term) by the person(s), unit or organization responsible for follow-up in priority order
  ▪ Provide suggested time lines and cost estimates (where relevant) for implementation

Annexes
  ▪ Attach evaluation terms of reference
  ▪ List persons interviewed, sites visited
  ▪ List documents reviewed (reports, publications)
  ▪ Attach data collection instruments, e.g., copies of questionnaires, surveys.