Evaluation of the UNFPA 3\textsuperscript{rd} Country Programme of Assistance to the Government of the Republic of South Africa

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ACRONYMS AND ABBREVIATIONS

AIDS  Acquired immunodeficiency syndrome
APSTAR  Applied Population Sciences Training and Research
AWP  Annual Work Plan
CD&PD  Chief Directorate: Population and Development
CO  Country Office
CP  Country Programme
CPAP  Country Plan Action Programme
CSO  Civil Society Organization
DHS  Demographic and Health survey
DOH  Department of Health
DSD  Department of Social Development
FP  Family Planning
FS  Free State
GDP  Gross Domestic Product
GBV  Gender-Based Violence
HCT  HIV Counselling and Testing
HIV  Human Immunodeficiency Syndrome
IDP  Integrated Development Planning
IP  Implementing Partner
KZN  KwaZulu Natal
MDG  Millennium Development Goal
M&E  Monitoring and Evaluation
MIC  Middle Income Country
MCH  Maternal and Child Health
MOU  Memorandum of Understanding
MOWCPD  Ministry of Women Children and People with Disabilities
MTR  Mid-Term Review
NPO  National Programme Officer
NPU  National Population Unit
NYDA  National Youth Development Agency
OTP  Office of the Premier
PD  Population and Development
PED  Population Development and Environment
PPU  Provincial Population Unit
RH  Reproductive Health
SACC  South African Council of Churches
SADC  Southern African Development Community
SANAC  South Africa National AIDS Council
SANACWS  SANAC Women's Sector
SRH  Sexual and Reproductive Health
StatsSA  Statistics South Africa
STI  Sexually Transmitted Infection
TFR  Total Fertility Rate
TOT  Training Of Trainers
UN  United Nations
UNCT  United Nations Country Team
UNDP  United Nations Development Programme
UNDAF  United Nations Development Assistance Framework
UNEG  United Nations Evaluation Group
UNFPA  United Nations Population Fund
UNICEF  United Nations Children Fund
Table of Contents

ACRONYMS AND ABBREVIATIONS ........................................................................................................... 2

ACKNOWLEDGMENTS .............................................................................................................................. 4

EXECUTIVE SUMMARY .......................................................................................................................... 5

1. INTRODUCTION ................................................................................................................................. 9

2. THE CONTEXT OF THE UNFPA COUNTRY PROGRAMME .......................................................... 10

3. PURPOSE OF THE EVALUATION ...................................................................................................... 12

4. METHODOLOGY ............................................................................................................................... 13

5. FINDINGS AND ANALYSIS .............................................................................................................. 16

a. Population and Development ........................................................................................................... 16

b. Sexual and Reproductive Health (SRH) and HIV Prevention ...................................................... 22

c. Gender ................................................................................................................................................ 29

d. Management and Coordination of the Country Programme ....................................................... 35

6. CONCLUSIONS ................................................................................................................................. 39

7. LESSONS LEARNT .......................................................................................................................... 41

8. RECOMMENDATIONS ....................................................................................................................... 42

Appendix 1: TERMS OF REFERENCE .................................................................................................. 45

Appendix 2: Table 1: Evaluation Questions Matrix by Thematic Area Outcome and outputs ................. 54

Appendix 3: Evaluation Question Guide ............................................................................................... 65

Appendix 4: List of CP Stakeholders Interviewed ................................................................................... 74

REFERENCES CONSULTED .................................................................................................................. 76
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- Ms Palesa Estane, Field Investigations
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We hope the lessons learned and recommendations made in this evaluation will enrich the development of the next UNFPA Country Programme for South Africa.

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EXECUTIVE SUMMARY

Background: The UNFPA Third Country Programme (CP) for the period 2007-2010, extended to 2012 was built on three components: sexual and reproductive health; population and development; and gender. Its design aligns the CP to national priorities as articulated in Vision 2014, the national development plan of government through the United Nations Development Assistance Framework (2007-2012).

The UNFPA CP interventions were implemented nationally and in the four priority provinces of KwaZulu-Natal (KZN), Limpopo, Free State and Eastern Cape. The goal of the CP interventions was to help reverse the spread of HIV; reduce gender inequities; and enhance the centrality of population issues in development policies and programmes. The objectives of this evaluation were to assess achievements, opportunities and progress towards the intended outcomes, and to make relevant lessons learned and recommendations that would enrich the development of the next fourth CP for South Africa.

Methods: The evaluation was conducted between December 2011 and February 2012, with fieldwork completed by end January. Key informant interviews were held with stakeholders of the CP at national, provincial, district and community levels. It was based on the evaluation matrix that incorporated United Nations Evaluation Group (UNEG) standard criteria on relevance, efficiency, effectiveness, impact and sustainability. The report was compiled and validated with the UNFPA country team, government and Joint UN/Government Evaluation Steering Committee Team in February 2012. The report was also reviewed by UNFPA Africa Regional Monitoring and Evaluation Advisor for quality assurance purposes before submitting the final report to the UNFPA.

Findings: The findings from the analysis are presented per four thematic areas, namely population and development, sexual and reproductive health, gender, and programme management and coordination, as follows:

Population and Development: The outcomes for the Population and Development (PD) component were strengthened national macroeconomic capacity for policy formulation, implementation and coordination; and strengthened government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy. The interventions include capacity building to integrate population factors into all policies, strategies and programmes; census support to Statistics South Africa for Census 2011; research support on topical issues for policy; and regional population initiatives.

At least 560 practitioners at national, provincial and municipal level were trained on the integration of population into development planning between 2005 and 2010. All the PD training programmes (Applied Population Sciences Training and Research-APSTAR, Population Environment and Development-PED Nexus Training and HIV/AIDS integrated management course) are now sustainable and funded through user fees, mainly sponsored by government for its employees. UNFPA-supported Provincial State of population reports in Free State and KZN have been reported to promote a culture of using and integrating population data into development planning and policy.

This evaluation showed that there were marginalised populations (such as teen age girls facing early forced marriage, and youth) that still needed to be reached with services in South Africa. PD capacity building benefited mainly practitioners at national government, and more planners in the priority provinces still required training.
**Sexual and Reproductive Health (SRH) and HIV Prevention:** The outcomes of the SRH sub-programme were: to strengthen government capacity to be able to implement comprehensive HIV&AIDS plans and involvement of all other sectors of SANAC; and improved and developed capacity of the SA's national health system to provide maximum quality care services. Interventions included provision of a comprehensive sexual and reproductive health package, and strengthening capacity of government, NGOs and civil society organisations to implement government's HIV&AIDS Plan, while also focusing on the prevention of early sexual activities and teenage pregnancies.

Participants indicated strategic partnerships with partners such as loveLife, Soul City, the National Youth Development Agency, Departments of Health and Basic Education were effective in achieving results and best value for money. The organisations had comparative advantage in the specific thematic areas and would sustain the interventions. Integrating CP strategies into departmental plans has helped to make the interventions sustainable, e.g. HCT, HIV prevention strategy of education, youth programmes. The 3rd CP contributed to the improvement of national HIV prevention and SRH programme, e.g. through health worker training, expanded NGO partnership and increased coverage for HIV counselling and testing. In the short term, public awareness for SRH and Family Planning has had an impact in terms of policy formulation, e.g. youth SRH.

**Gender:** The broad outcomes and outputs for gender included: increasing community capacity to prevent and respond to gender based violence; and strengthen the different sectors of government and other relevant institutions in gender auditing; gender budgeting, and gender mainstreaming.

In 2010, the UNFPA started supporting the national gender programme by strengthening the capacity of the Department of Women, Children and People with Disabilities. UNFPA CP was effective in that the Gender Equality Policy was drafted; gender mainstreaming was operationalised both at national and provincial levels.

The UNFPA 3rd CP contributed to enhancing community capacity to prevent and respond to gender-based violence. This is illustrated by the traditional leaders’ engagement in addressing issues such as early marriages; working with Sonke Gender Justice to address and prevent gender-based violence; and providing technical support for the development of gender policy in KZN.

While it appears that some gender equity and equality targets might have been met (e.g. MDG indicator of women representation in Parliament), major gender inequalities, human rights abuses and wide-spread appearance of gender-based violence are masked.

**Management and coordination of the Country Programme:** Issues of management of the Country Office (CO) and coordination of the CP by the Government and the UN were examined in order to assess the organizational and management capacity to deliver on the CP outputs and outcomes.

Between 2007 and 2008, the UNFPA CP was characterised by a period of impromptu programming. In contrast, from 2009, there was improved programme coordination and accountability, strengthened gender and HIV prevention programming, and technical support in the area of monitoring and evaluation, with allocation of resources in accordance with the original approved CP document. UNFPA CO also played leadership roles in some key UN joint programmes in South Africa. However, the difference in the government and UNFPA annual financial cycles was identified as an area that was negatively affecting efficiency in programming.
In the context of the revised CO typology in 2009, a total number of 20 staff members in both programme and operations were appointed by the time of the evaluation. These enhanced the suitable human resource capacity, responsive to the needs of the UNDAF and political developments in the country. However, this analysis showed staffing levels may not have been adequate to fully deliver on the CP requirements, e.g. coordination in Free State and Limpopo; and growing demand for M&E technical assistance by implementing partners.

The National Coordination Forum on UNFPA’s Country Programme (which involves both national and provincial partners) was established in 2009. It assisted to advance government’s ownership of the CP and its activities. It also improved coordination and accountability amongst partners significantly.

The outcomes and outputs of the 3rd CP were very broad, which made it challenging to collect data and information for M&E and measuring impact of all CP interventions in the longer run.

**Lessons learnt**
Some of the lessons learnt include: strategic partnerships at all levels are critical in implementation of programme interventions; there is a gap in the capacity to utilise the research results for policy and programming, making the CP relevant; there is need to increase awareness and improve implementation of existing laws, policies, and guidelines in the areas of human rights, sexual and reproductive health and rights, and gender in South Africa; UNFPA CP can play a catalytic role in initiating interventions that would have otherwise taken longer with government procedures; use opportunities to demonstrate relevance of UNFPA to country needs; the coordinating forums at national and provincial level have enhanced programme delivery; the difference in the financial years of the UN and Government of South Africa causes delays in programme implementation; transparent communication with implementing partners, especially, community based structures, is critical for a portraying a positive image of UNFPA; and leadership is key to success.

**Conclusions:** Overall, the evaluation has shown that the UNFPA Third Country Programme interventions added value to the government’s goal to improve the quality of life of South Africans. UNFPA provided catalytic financial and technical assistance and collaborated with strategic stakeholders to ensure that there was synergy. The capacity building programmes in PD add value to the Population Policy’s goal “to align population trends with the achievement of sustainable human development”. The CP assisted the Department of Health to build capacity of health and community workers to deliver a comprehensive SRH package and implement interventions to address youth SRH and HIV prevention. The feminised nature of HIV remained a challenge, along with high maternal and infant mortality. The formation of the Department of Women, Children and People with Disabilities in 2009 and UNFPA’s role in supporting the drafting of the Gender Equality Policy were landmark developments for the CP. The CO revised staffing typology of 2009 to better respond to the CP, and the formation of the National Coordination Forum, strengthened national and provincial programming accountability and monitoring of outputs and outcomes. However, the discrepancies between the government and UNFPA annual financial cycles were affecting efficiency in programming.

**Recommendations:** These follow the four key areas of population and development, SRH, gender and management and coordination, as follows:

**Population and Development**
1. Capacity building in the area of PD at university level showed they can transform their traditional by offering in-service training to respond to government needs. It is
recommended that the UNFPA CP should expand the model to cater for the needs of a variety of government planners at different levels.

2. One of the observations made by members of the National Coordinating Forum for the CP is that a substantive body of research had been conducted on issues such as teenage pregnancy in South Africa, but that the evidence has not been adequately utilized. It is recommended that UNFPA explores models of technical assistance to build capacity in utilising population research results for policy and programming at all levels of government.

Sexual and Reproductive Health
3. The Religious Leaders Project (RLP) including Youth Development Programmes helped to raise awareness of SRH, STI's and HIV&AIDS issues. Therefore, it is recommended that interventions of the CP should reach all vulnerable populations including youth, refugees and sex workers in the rural communities where the real need exists.
4. Maternity waiting homes case study demonstrated how use of the facilities improved access to maternity healthcare and saving lives of mothers and babies in the Eastern Cape. It is recommended that the Department of Health should scale up maternity homes throughout the country, especially in rural areas where there is poor access to healthcare facilities and services.

Gender
5. The drafting of the Gender Equality Policy is a welcome development. Implementing partners stressed the need to advocate for current legislation to pertinently address the issue of gender-based violence and to promote the mainstreaming of gender in all planning and programming at all levels of government.
6. Community dialogues with traditional leaders and men contributed to changing attitudes towards gender-based violence. It is recommended that community dialogues should be expanded to include women and girls as victims of gender-based violence.

Management and Coordination of the Country Programme
7. The National Programme Officers (NPO) at provincial level were noted to have played a catalytic role in improving coordination between government departments to delivery outputs of the 3rd CP. It is recommended that all provinces have a coordinating officer to enhance provincial programming.
8. Partnership coordination has proven to be an important prerequisite for successful programme implementation, while the UNFPA plays a catalyst role. It is recommended that partnership coordination be strengthened at all levels of government. Therefore, UNFPA must ensure that partnership liaison approach is integrated into all sub-programme areas.
9. The joint programme planning between the UNFPA and implementing partners through the National Coordination Forum was applauded to be effective by partners. It has been recommended that this system should be maintained because it brings about a sense of ownership among all stakeholders during implementation of the interventions and is important for sustainability of interventions.
10. An obstacle hindering efficient implementation of the Country Programme by government partners is the difference between the financial years of the UNFPA and that of Government. Implementing partners suggested that annual work plans should be developed and finalised at the end of the year rather than the beginning as it is the case now.
11. The capacity for M&E among implementing partners was found to be limited. Therefore, it is recommended that M&E capacity among implementing partners should be strengthened. Secondly, proper baselines and targets should be established at the beginning of the CP, and tracked for duration of the CP.
1. INTRODUCTION

This is a report of the evaluation of the UNFPA third Country Programme for the period 2007 to 2010, extended to 2012. The Country Programme was built on three components: reproductive health; population and development; and gender. It was designed to reflect the national priorities as articulated in Vision 2014 of the Government of South Africa. The programme components were aligned with the Millennium Development Goals and the government-prepared country analysis, which was adopted as the basis for development cooperation with all partners. Through consultations between the United Nations and Government of South Africa, the United Nations Development Assistance Framework (UNDAF) 2007-2010 was extended to 2012 and thus the UNFPA Country Programme was also extended until 2012 by the Executive Board. UNDAF’s five priority areas of support derived from the national development goals and aligned with Vision 2014 are summarized as follows;

- Democracy, good governance and administration are strengthened
- Government and its social partners are supported to accelerate economic growth and development for the benefit of all
- Strengthened South African and sub-regional institutions to consolidate the African Agenda,
- promote global governance and South-South cooperation
- Government’s efforts to promote justice, peace, safety and security are strengthened
- Poverty eradication is intensified

This Country Programme was centred on the mandate of UNFPA to promote the right of every woman, man and child to enjoy a life of health and equal opportunity. With the use of population data for policies and programmes, the UNFPA supports countries to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

The second country programme for South Africa (2002-2006) helped to strengthen understanding of the role of population in development and to integrate population factors into national and provincial development plans. The programme also supported South Africa’s leadership role in the integration of population and development factors into regional and sub-regional development policies and programmes. The 3rd CP was built upon lessons learnt during the 2nd CP, namely: strengthened provincial presence is essential to enhance programme delivery; for efficiency, effectiveness and sustainability to support programmes and activities that are already part of government plans; to highlight gender inequalities in addressing population and development issues; and that there are opportunities for better coordination of population and development if they are integrated in development and growth plans at national, provincial and local level.

The goal of the UNFPA 3rd Country Programme was to improve the quality of life of South Africans by helping to reverse the spread of HIV; reduce gender inequities; and enhance the centrality of population issues in development policies and programmes. The programme focussed on four priority provinces of Eastern Cape, Free State, Kwa-Zulu Natal and Limpopo, based on their poor socio-economic indicators and large population. Kwa-Zulu Natal and Eastern Cape have UNFPA sub-offices. In recognition of the leadership role that South Africa has in the region and to support its goals on regional integration, the programme also supported regional population and development collaboration mechanisms.

The financial support of USD 13 million core-resources for 2007-2010 to the UNFPA CP in South Africa was approved in August 2006. Additional funds (USD 1.9 per year) were made available for 2011 and 2012. The resources were designated to support three focal thematic areas; Population and Development, Sexual and Reproductive Health and Gender as well as Programme Coordination and Assistance (PCA).
The UNFPA CP supports the following departments: Department of Health, the Department of Social Development Chief Directorate Population & Development, National Youth Development Agency, the Department of Women, Children and People with Disabilities and Statistics South Africa at national level. Further, at provincial level, the Country Programme supports the four provinces of KwaZulu-Natal, Limpopo, Free State and Eastern Cape. UNFPA also works with tertiary institutions, non-governmental organizations and civil society organizations.

The 2010 Mid Term Review (MTR) made recommendations to strengthen: coordination of the CP through the National Coordination Forum and advocate for a National Action Plan; collaboration of UNFPA Country Office as a lead agency on M&E, HIV/AIDS prevention and gender; CP implementation by addressing research-identified government priorities; CO capacity through a revised typology; finance management through monitoring of expenditure rates by the National Coordinating Forum. In response, UNFPA CO implemented the following: the National Coordination Forum was institutionalised, and a Master Plan of consolidated workplans was implemented in 2011; a coherent M&E system was developed with implementing partner training and south-south initiatives; and improved communication, accountability and synergies achieved through the National Coordinating Forum, coordinated by the Chief Directorate for Population and Development, within Department of Social Development (DSD).

2. THE CONTEXT OF THE UNFPA COUNTRY PROGRAMME

According to the World Bank South Africa is classified as an upper middle-income country with per capita GDP of $5,786. Despite the relatively high economic status, South Africa faces challenges of extreme differences in incomes and wealth and poor health outcomes. The impact of HIV/AIDS on health indicators is seen in terms of reversal of gains made a few decades ago and these are largely attributable to HIV/AIDS. For instance, as a result of HIV infections life expectancy decreased to 50 years; and maternal mortality rate increased from 98 deaths per 100 000 in 1998 to 223 death in 2003 (Department of Social Development, 2010). According to the Health Data Advisory Committee (HDAC) of the Department of Health, maternal mortality was estimated at 310 per 100 000 births in 2011. Child mortality has increased due to the impact of AIDS. A large number of children have also been affected resulting in over half a million orphans and this figure is expected to increase to two million by 2014.

The population of South Africa was estimated at 49 million in 2007 and 50.6 million in 2011 (Statistics South Africa, 2011). South Africa also follows pattern of developing countries with a large population of young people less than 35 years representing almost two thirds of the total population. The youth, aged between 15 to 34 years, represented 37% of the total population based on mid-year 2011 population estimates by Statistics South Africa. Since 2005, the 14 – 35 years have been growing at an average of 1.27%, higher than the total population growth of 1.12%. With such a young age structure, there is an opportunity for South Africa to implement policies and programmes that would reap maximum benefits from the youthful demographic dividend.

The population growth rate has continued to decline over time; from 2.1% between 1996 and 2001, to 1.10% in 2011. This is attributable to declining fertility rates and increasing mortality because of HIV/AIDS. Fertility rates for the country have declined from 2.9 in 1998, was 2.58 in 2007 and down to 2.35 in 2011 (Statistics South Africa, 2011). Knowledge of use of contraceptives is nearly universal and use of modern contraceptive methods is over 60%. Although, still relatively high, there has been a downward trend in teenage pregnancy rates; for example between 1998 and 2003, there was a decline of pregnancy rates for women under 20 years of age (from 16.4% to 11.9%). The persistent high levels of teenage pregnancy (61 births
per 1000 women aged 15-19) suggest an unmet need for contraception for this age group (DSD, 2010). This continues to be of concern for the country.

At the same time, the Government of South Africa has made progress in addressing MDG 1, “to eradicate extreme poverty and hunger” but the challenges still remain (Republic of South Africa, 2010). The country’s history of Apartheid has meant poverty manifests itself along racial, gender and age lines. The post-apartheid government of the African National Congress has tried to reduce the gap in incomes through adult literacy and education and other poverty alleviation programmes. Further, the statistics show that at time of inception of the UNFPA programme in 2000, 11% of South Africans lived on less than a US$1 a day and 34% on less than US$2 a day. Households falling below a poverty line of R322 per month, using 2000 prices declined by five per cent between 2000 and 2006. Despite these slight improvements, South Africa continues to have large disparities between the rich and the poor. It is a highly unequal society with 50% of the total household income being earned by 10% of the population (Department of Social Development, 2010).

The negative impact of HIV/AIDS in development is well recognised and it continues to pose challenges to South Africa and other countries in the region. The prevalence rate among persons aged 2 years and above is 11% and this is still considered high. South Africa HIV Survey of 2008 showed that HIV prevalence among youth aged 15-24 had decreased from 10.3% in 2005 to 8.6% in 2008. However, the HIV prevalence for females in the age groups 20-24 (21.1%) and 25-29 (peaking at 32.7%) was more than twice as high as that of males of the same age group HIV prevalence for males peaked at 30-34 years at 25.8% in 2008. Sexual debut before 15 years of age among males aged 15-24 had declined from 13.1% in 2002 to 11.3% in 2008 but there was little change for females (8.9% to 8.5%) (Sishana et al, 2010).

The Government of South Africa has devised a number of strategies in response to HIV and AIDS. In 2007, the government embarked on a multi-sectoral strategic plan, the National Strategic Plan (NSP) for HIV and AIDS and STI 2007-2011. In 2012, a new strategic plan on HIV, STIs and TB for 2012 to 2016 has been formulated. UNFPA, together with other UN Agencies provided technical assistance towards the development of the new NSP. It serves as a strategic guide for the national response to HIV, STIs and TB; and it is driven by the South African National AIDS Council (SANAC) under the leadership of the Deputy President.

The achievement of gender equality between women and men and women’s empowerment is enshrined in the constitution of South Africa and supported by a number of policies, programmes and practices. The establishment of the Ministry of Women, Children and People with Disabilities provides a strong demonstration of government support. Further, the African National Congress (ANC) provides for a quota in respect of political representation for women at different levels. Progress has been documented in terms of parity in political participation. For instance, the representation of women in the South African Parliament has increased from 27.8 % in 1994 to 44% in 2009, making the country one of the leading ones in terms of the number of women in leadership positions (Republic of South Africa, 2010). Despite these achievements, a lot still needs to be done to address gender-based violence, to ensure equal access to services for men and women. Therefore, gender equality is a pervasive theme to be recognised in health, education, employment and political life.

The South African government plays a critical role in the regional and global developmental agenda. Therefore, solutions found in the country can have wider implications beyond the country. The Country Programme in South Africa is implemented within the context of the 1994 ICPD Agenda, the Millennium Development Goals, the United Nations Development Assistance Framework (UNDAF 2007-2010, extended to 2012) in South Africa as well as the Maputo Plan of Action (MPoA) for the operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights (adopted in 2006). The ICPD, the MDGs and the MPoA are interlinked and harmonised. For instance the MPoA was a reaction by the African countries in
recognizing that they were lagging behind in their MDG targets and that they needed to invest more in SRH (Africa Union, 2011). The UNFPA Programme of Action contributes directly or indirectly to the MDGs. In particular, addressing the thematic area on gender directly anchors on MDG 3, while the thematic focus on Sexual and Reproductive Health addresses MDG 4, 5 and 6. The theme on Population and Development, which puts people in the centre of development, is an overarching theme.

This end evaluation was conducted following a United Nations Evaluation Group (UNEG) Joint Evaluation of the role of the UN in South Africa as a Middle Income Country (MIC) in 2008 and a mid-term review (MTR) of the Country Programme conducted in 2010. The UNEG evaluation reached an overall conclusion that “UN System provided useful support to government, but the partnership fell short of its potential”. In response to the UNEG evaluation report the UN in South Africa repositioned itself: to play a catalytic role in a tripartite relationship involving government and national knowledge institutions; play a brokering role in enhancing partnerships between government and civil society; generate data and evidence to improve implementation of policy and programmes; and focus on UN capacity to ‘deliver as One and government to ‘receive as One, with mutual accountability. Specifically, UNFPA would leverage its leadership role in some joint UN programmes and UNDAF clusters. UNFPA refined programme delivery mechanisms in line with UNEG recommendations, and its comparative advantage in SA as a Middle Income Country.

3. PURPOSE OF THE EVALUATION

The purpose of this evaluation was to determine the outcomes and value added by the UNFPA South Africa 3rd Country Programme. Specifically, to assess how the interventions contributed to achieving government priorities to improve the quality of life of South Africans by helping to reverse the spread of HIV; reduce gender inequities; and enhance the centrality of population issues in development policies and programmes. The evaluation revealed the results achieved; factors that facilitated/hindered achievement; and document best practices and lessons learned (see Appendix 1 for Terms of Reference). This evaluation would inform the development of the next Country Programme of Assistance to the Government of South Africa.

EVALUATION OBJECTIVES

The objectives of this evaluation were to assess achievements, missed opportunities and progress towards the Country Programme intended outcomes and make recommendations on:

a. Strengthening national macro-economic capacity for policy formulation, implementation and coordination, as well as government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy;

b. Reinforcing capacity of government to implement the comprehensive National HIV and AIDS Plan, as well as capacity of the National Health System to deliver high quality services

c. Enhancing structures and capacities to prevent and respond to violence against women, and

d. UNFPA Country Office organizational capacity to deliver on the Country Programme outputs and outcomes

The scope of the evaluation covered the three Country Programme thematic areas: population and development; sexual and reproductive health including HIV prevention, and gender. In addition, the evaluation also examined issues of coordination and management of the CP, with specific reference to the UNFPA CO management. The target population for the evaluation included stakeholders and beneficiaries of the Country Programme (CP) at national, provincial, district and community levels. The four priority provinces in which the Country
Programme was implemented and evaluated are KwaZulu-Natal, Limpopo, Free State and Eastern Cape

Partner government departments interviewed included Social Development (National Population Unit); Health; Women, Children & People with Disabilities; International Relations and Co-operation; Statistics South Africa; National Treasury; and National Youth Development Agency. Other partners were tertiary institutions, and non-governmental organizations / civil society organizations. The implementing partners were located in Gauteng, KwaZulu Natal, Eastern Cape, Western Cape and North West provinces. UNFPA staff and management were also interviewed on issues coordination and management of the CP.

4. METHODOLOGY

The evaluation was conducted based on standard evaluation criteria by United Nations Evaluation Group (UNEG) /Organisation for Economic Cooperation and Development (OECD). The criteria covers questions on relevance, efficiency, effectiveness, impact and sustainability (see below). An evaluation matrix based on these criteria (See Appendix 2) informed the questions to ask in the Key Informant Interview Guide (Appendix 3). The questions were set under the each evaluation objective. Broadly, the evaluation applied logic model between the inputs, activities, outputs, outcomes and impact.

The Evaluation Criteria

The evaluation followed standard United Nations Evaluation Group (UNEG) /Organisation for Economic Cooperation and Development (OECD) criteria, modified to the CP context, as described below:

Relevance: examined the value and usefulness of the programme to the stakeholders and beneficiaries at national, provincial and organisational level, and how cross cutting issues of vulnerable groups, youth and gender are supported.

Efficiency: examined the extent to which the costs of the CP and implementing partners could be justified by its results/ the value for money, taking alternatives into account

Effectiveness: measured the extent to which the programme objectives were achieved. Where possible, these would be measured at the output and outcome levels. Some of these were quantitative and others qualitative.

Sustainability: sought to determine whether benefits that accrued from the country programme would continue even long after it ended, with specific focus on integration of UNFPA CP interventions and capacity strengthening of implementing partners.

Impact: measured the totality of the effects of a programme, be it negative and positive, intended and unintended. Since impact may only show in the long term, questions were asked about the outcomes.

The focus of this evaluation was to examine how the 3rd Country Programme outputs translated into outcomes with the given resources. A number of quantitative and qualitative outcome criteria for the three key thematic areas were used to assess progress as outlined in the evaluation matrix.

Based on UN policies and instruments, gender and human rights principles of empowerment, participation, non-discrimination and accountability were applied. Gender analysis and human
rights based frameworks were also applied. This evaluation included implementing partners who work with vulnerable and marginalised such as sex workers and abused teenage girls.

Data and Methods

Prior to data collection, an inception report was developed which outlined the evaluation study design, data collection methods, tools and an evaluation matrix. The inception report outlining the evaluation study design, data collection tools and the Evaluation Matrix, was presented to the Evaluation Steering Committee and the Africa Regional Office for review. It was approved early December. Data collection activities, analysis and report writing were conducted between December and February. The following specific activities were carried out by the investigators with the view to triangulate the different data sources:

1. Desk review and analysis: This involved collecting, analysing, and synthesizing background documents, with a particular focus on the thematic areas of population and development, SRH and HIV/AIDS and gender policy and programming documents. Specific focus was on how national policies are translated at provincial level, their totality and how the associated guidelines shape how services are designed and implemented. A list of key documents consulted is provided in the References section at the end of this report. These reflect the Government of South African’s priorities and thematic related policies, plans and reports on youth, gender and maternal health, HIV prevention & population and development Some of these include: UNFPA South Africa 3rd Country Programme Document; Country Office Annual Reports (COAR: 2007-2010); UNFPA Strategic Plan, the Country Programme Mid Term Review (MTR) report.

2. Interviews and consultations with key stakeholders (policy-makers, programme stakeholders, donors, and programme managers): In order to understand key policy framework issues and gaps to the major thematic areas of focus stakeholder consultations were conducted. Interview meetings (2-3 hours) were held with key stakeholders according to their similarity of thematic area of focus and geographic location e.g. staff within NPU were engaged in a meeting in Pretoria.

The Evaluation Steering Committee provided a contact list of implementing partners that had worked with UNFPA since the beginning of the CP in 2007. The team made efforts to contact all the implementing partners on the list. The final list of those successfully interviewed reflects the different thematic areas and provincial location. There were 41 key informants interviewed altogether. The evaluation team paid special attention to cross cutting issues of gender and youth throughout. These were divided by province and thematic implementing partner-whether government, NGO or tertiary institution. The full list of participants successfully interviewed is in Appendix 5.

MASAZI had a team of six people for the evaluation with expertise in project management, field investigation and the three thematic areas of the 3rd CP. The team underwent one-day training on 19 December. The focal person for the evaluation from UNFPA attended the training to brief the evaluation team on the 3rd CP and reach consensus on expectations. The team then conducted preliminary interviews on 20 December 2011 with some UNFPA staff in Pretoria to have a common approach to the evaluation. Stakeholder interviews were conducted in December 2011 and January 2012.

3. Case studies/best practices:
The evaluators and the Evaluation Steering Committee initially discussed a list of projects considered case studies/best practices by thematic area. These were:
- **Population & Development**: Applied Population Sciences Training and Research (APSTAR) Programme at the University of KwaZulu Natal; HIV/AIDS integrated management course; LEAD/NEXUS PD capacity building Programme and ICPD@15
- **Sexual & Reproductive Health**: World Cup Condom Programming; Family Planning (FP) Training Curriculum development; and Religious leaders Project
- **Gender**: Traditional Leaders involvement in early marriages initiative in Eastern Cape; and Development of the Gender Equality Policy towards the Bill

The implementing partners of these case studies were interviewed about them. Where possible, the team reviewed evaluation reports. The project experiences were documented and presented in this report to illustrate good practice within a thematic area. One case study was specifically showcased per thematic area. The selection was based on completeness of information for the intervention to be presented as a case study.

4. **Data and compilation of report**: the investigators analysed the information by triangulating the information collated through the desk review and interviews to measure the changes in the effect of the 3rd CP interventions over the 4-5 year duration. Where possible a comparative analysis was conducted based on secondary data.

**Limitations of the evaluation**

*Timing of the evaluation and venue for interviews*: The main challenge faced was conducting interviews at the end/beginning of the year during a holiday season. Some of the key informants could not be easily contacted, and when available they would have very limited time for the interview. In some cases key informants were interviewed outside their office and the evaluation team did not have the opportunity to observe the project activities. The team relied on the desk review and interviews to conduct the evaluation.

*Project timelines*: some of the interventions had already concluded, for example the Religious Leaders Project, the World Cup Condom Programming, the HTC Campaign. The evaluation team was unable to reach some of the project managers of these concluded projects. However, these interventions had been well documented and the evaluation team was able to highlight some of the lessons learnt. Some interventions only started in the later part of the programme.

*Interviews with direct beneficiaries*: While some of the interventions for the 3rd CP were at policy level, others reached out to communities e.g. the Religious Leaders and Traditional Leaders’ Projects. The evaluation team was unable to interview direct beneficiaries at community level since that would have required ethics clearance. This could not be done within the timeframe of the evaluation. Despite this limitation, the evaluation team was able to access evaluation reports of the projects that had included community members. Thus, the team was able to indirectly obtain the views of community beneficiaries through the previous project evaluations.

*Measuring the effect of the interventions*: Baseline and target data were missing in the country programme strategic documents; particularly in the Country Programme Document, approved by the Executive Board. This made it difficult to assess the degree of CP results achievements based on the organizational commitments due to lack of quantitative targets and baseline data. In addition, since the Country Programme is in form of technical assistance, it would be difficult to tease out its contribution to the overall outcomes.

Given the lack of consistent quantitative data, the major component of the analysis for this evaluation report was based on qualitative information from interviews and desk review. The team was able to use their expert opinion to evaluate how well the 3rd CP had achieved its objectives.
Efficiency assessment: Related to targets and baselines issue raised earlier, in measuring the organisation and programmatic efficiency, it was difficult to ascertain some of the organizational commitments for the outputs. Therefore the evaluators’ view of quality and value for money discussed in this report is qualitative.

In addition, often UNFPA provided relatively small amounts of funds to implementing partners compared to government commitment to the programme to meet a specific gap, e.g. training of health workers on cervical cancer screening or drafting of Gender Equity Policy. Therefore, the evaluation did not focus on alternatives, but specifically on how appropriately and adequately the available resources were used to achieve the intended outcomes.

This report covers all thematic areas highlighting the relevance, effectiveness, efficiency, impact, sustainability leadership and management of the CP at different levels. At the same time it covers issues specific to the two provinces and those that are crosscutting. The report was presented to the UNFPA, Government and Evaluation Steering Committee Team in February 2012 for comments. The report was further validated during the National Coordination Forum meeting on the 2nd of February where most of the CP stakeholders gathered to discuss the CP. The report was also reviewed by UNFPA Africa Regional Monitoring and Evaluation Advisor for quality assurance purposes before submitting the final report to the UNFPA. The necessary revisions were made before submitting the final report to UNFPA.

5. FINDINGS AND ANALYSIS

The evaluation findings and analysis are presented by component areas, namely population and development, sexual and reproductive health, gender and programme management and coordination. The analysis is based on the UNEG evaluation criteria as stated above.

a. Population and Development

Population and Development programme was overarching and has been the key intervention since the first UNFPA Country Programme in 2000. This was through interventions to build capacity in integrating population in development planning, and population policy and advocacy. As recognised in the Population Policy the South African Government needs to take into account the interrelationships between population, development and the environment in designing, implementing and monitoring development programmes. In order to be able to do this government and partners need to have strengthened capacity to generate, analyse, disseminate and utilise data for policy and programming. The progress report for Millennium Development Goals for 2010 emphasises the vital role of robust data to measure progress in MDG.

The UNFPA 3rd Country Programme contributed to addressing these challenges by building capacity in population and development integration, and provide support in census and research. The outcomes for the PD component were strengthened national macroeconomic capacity for policy formulation, implementation and coordination; and strengthened government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy. The outputs for PD were strengthened government capacity to: integrate population, gender, environment and HIV/AIDS issues into development; develop and implement policies and programmes on employment and training; and generate, analyse and disseminate policy relevant data, including Millennium Development Goal-related indicators.

Capacity building programmes were conducted in partnerships with DSD and universities e.g. Applied Population Sciences Training and Research (APSTAR) at University of KwaZulu Natal
(UKZN); postgraduate population studies at the University of North West; and Population Environment and Development (PED) Nexus Training in collaboration with LEAD International, University of Malawi, University of Free State, University of Cape Town and Nelson Mandela Metropolitan University. Census support was in terms of supporting Statistics South Africa in Census 2011 communication and leading regional conferences. Provinces were supported to conduct research on teenage pregnancy and migration, and compiling State of Population reports, and at national level the focus has been State of Youth report. South Africa led regional initiatives such as ICPD+15 and African Symposium for Statistical Development conference.

**Relevance**

The analysis of the desk review and key informants interviews showed that the UNFPA country programme addressed the real needs of the intended beneficiaries, the country, provinces, and municipalities to integrate issues of population, gender, environment and HIV/AIDS into development plans. For example, one of the main Population Policy objectives is to systematically integrate population factors into all policies, strategies and programmes at all levels of government and sector.

The comparative advantage of UNFPA was that it played a catalyst role in initiating interventions that would have otherwise taken longer to be implemented. With UNFPA Regional Office support, and South Africa as a MIC, some of the interventions in capacity building in population also had regional relevance. However, as noted in the mid-term review report, the UNFPA Country Programme did not have any direct activities to address the output on policies and programmes “to address economic and employment inequities within the economy”. Given that PD covers broad development issues, it was still relevant since it addressed the goal of the Population Policy “to align population trends with the achievement of sustainable human development”.

There were efforts to make training programmes relevant to address the needs of the country by continually mainstreaming PD. During the 3rd Country Programme UNFPA provided technical support to the development of a *Training Manual on Integration of Population Issues into Development Policies and Plans* for current training courses. Government adopted the Manual for training into aspects of data on population and dynamics, gender, youth, SRH and HIV/AIDS. During the mid-term review pilot provincial workshops facilitated by UNFPA had been conducted, an accreditation process done and it has since been integrated into continuous training by provincial governments. An evaluation of APSTAR conducted by Human Science Research Council (HSRC) in 2011 highlighted the need for the programme to be reorganised to sufficiently achieve the ultimate population policy objective of equipping government officials with substantive skills for integrating population and development variables.

The training programmes in PD integration targeted different populations. It was noted that the interventions conducted in PD had broken traditional roles of university institutions of offering academic degrees in order to support Government need. For example, UKZN APSTAR provided a model for in-service coupled with academic training of a university (*see Case Study Inset*). However, the target population for APSTAR and the post graduate programmes at North West University and Africa Centre was viewed to exclude planners who do not qualify for post graduate studies. Integrated Development Planning (IDP) is one of the key tools adopted by the Government to integrate development planning in order to achieve social, economic, and ecological sustainability at a local level. IDP assisted municipalities to ensure integration and coordination among various sectors and across sectoral dimension of development.

The provincial State of Population reports in Eastern Cape, Free State and KwaZulu Natal promoted a culture of using population data among planners in government. In order to make
the Population Policy relevant KZN in 2011 became the first province to develop a provincial population Plan of Action based on the South Africa’s Population Policy and other relevant provincial policies and priorities. The State of the Population reports were therefore proven outputs to generate, analyse and disseminate policy-relevant data, including Millennium Development Goal-related indicators. This was relevant to the needs of the country achieve the MDGs.

The 3rd CP supported the Provincial Population Unit (PPU) in Limpopo to conduct a study to assess the impact of cross border migration on health and social services in the province in 2010/11. In order to make the research more relevant to key stakeholders, the study team included other departments such as Home Affairs, Women, Children and People with Disabilities. In addition, since the research involved cross-border migration with implications at national level, National Population Unit (NPU) was also involved to make it more relevant to the country’s needs in migration research.

A major strategy of the South African Population Policy is to ensure environmental sustainability through comprehensive and integrated strategies that address population, production and consumptions patterns independently, as well as in their interactions. UNFPA supported rural municipality officials to undergo the Population Environment and Development (PED) Nexus Training in collaboration with LEAD (Leadership for Environment and Development) International, University of Malawi, UNDP and others. The course aims to introduce participants to key population trends and their relationship to environment and development. Integrated Development Planning (IDP) Managers were also trained on integration of population and environment issues into municipal Integrated Development Plans.

During this evaluation DSD was in the process of negotiating a partnership with the Nelson Mandela Metropolitan University in the development of the Pan-African Population and Climate Change training course. The training would develop case studies on population and climate change, adaptation and mitigation strategies.

**Efficiency**

UNFPA aimed to use the limited funding strategically to implement results-based programmes and support government priorities. UNFPA and government implementing partners acknowledged that the key role of UNFPA funding had been to test an idea and show government that it works.

Government stakeholders at provincial level especially, were grateful that without UNFPA they would not have implemented some of the interventions that they did, e.g. the writing of State of Population reports for the provinces. Yet, as a Middle Income Country, South Africa Government was expected to have the resources to fully fund most of the interventions. In addition, despite the macroeconomic level, South Africa’s economic distribution is not even, with deep poverty pockets.

This evaluation realised that critical for showing impact is forming the right partnerships. UNFPA has a pool of technical experts are made available for partners when needed. Formation of UNFPA partnerships with government and NGOs had improved the delivery of policy development and programme delivery efficiency. For example, at the University of Free State PED Nexus stimulated work to develop the province’s State of Population report. Similarly, KwaZulu Natal’s team that compiled the report was multi-sectoral, led by University of KwaZulu Natal and involving expert chapter authors from within and outside the province. The research team for the State of Youth project used young interns as part of capacity building strengthening the capacity of practitioners to better understand and become responsive to young people’s needs.
Case Study: Applied Population Sciences Training and Research (APSTAR)

Issue: As articulated in the Population Policy, the South African Government needs to take into account the interrelationships between population, development and the environment in designing, implementing and monitoring development programmes. However, historically South Africa has had limited institutional and technical capacity for demographic analysis due to political and academic isolation.

Interventions:
In order to address the limitations in capacity, the Applied Population Sciences Training and Research (APSTAR) programme was launched at the University of KwaZulu Natal (UKZN) in 1997, and was funded by the UNFPA CP for 10 years until 2010. This was in collaboration with National Population Unit in the Department of Social Development, who are responsible for spearheading the implementation of the population policy.

APSTAR is an in-service training programme that targets planners in government, who have at least a Higher Diploma or University Degree. The programme seeks to equip them with skills to integrate population into development planning and policy in various sectors. The programme also conducts research projects in conjunction with local and international institutions.

Results
APSTAR has become the flagship programme of the National Population Unit and university partnership, especially in building capacity for integration of population into development plans of government. Due to its success, UKZN would now offer formal university certificates to students to enable them to get credit to some of the Masters programmes at other universities.

During the 3rd CP, more than 100 students successfully completed the APSTAR training programme; the majority of participants were from government at medium to senior level ranking. The National government and the Eastern Cape Province had the largest proportions of students.

APSTAR collaboration supported research projects in the provinces. For example, in 2010, the KZN PPU helped with compiling the State of the Population and conducting teenage pregnancy research studies.

Lessons learnt:
- The catalytic funding from UNFPA and government support led to the programme to be self-sufficient operating on user fees.
- Training programmes can be responsive to contemporary issues of development e.g. introduction of a course on population and environment.
- It is necessary to motivate employers to support staff to enroll and complete the training programme since the main challenge identified by students in completing the training programme was related to competition of time between work and studies.
- To strengthen application of basic knowledge of population dynamics (fertility, mortality, migration,) to integrate of population in development planning.
- Employers need to be involved in monitoring practical workplace-related lessons in order to make the course more relevant and effective to the integration of population in planning.
- Expand APSTAR to regional centres in South Africa to reach out to more participants from the provinces and other countries in the region.

With the LEAD (Leadership for Environment and Development)Population Environment and Development Nexus International Programme, the UNFPA CP facilitated the formation of partnerships and its implementation at provincial level. Implemented from 2005 to 2010, the programme was featured in a global publication “Sharing Innovative Experiences” (UNDP, 2011). It was cited as a best practice that used innovative adult learning approach in leadership
training for sustainable development. The key success factor was the use of international partnerships involving DSD, universities, and local municipalities.

The relationship between UNFPA and DSD also facilitated the formation of a new partnership for a training programme in population and climate change at the Nelson Mandela Metropolitan University. Government partners commented that while UNFPA may not provide large amounts of funding, they have the “clout of an international organisation” which brings credibility.

**Effectiveness**
This section outlines a number of interventions in PD to illustrate the degree of achievements of outputs and outcomes for the thematic area.

**Capacity building**
Approximately 560 practitioners at national, provincial and municipal level had been trained in integration of population and development (in-service and post-graduate training) during the 3rd CP (see Appendix 4). APSTAR, is one of the programmes that the CP has supported the longest in PD capacity building over the past 10 years. UNFPA provided seed funding to start APSTAR and they funded the operations up to 2010. The programme enrolled 108 students between 2005 and 2009, mostly government planners. The Applied Population Sciences Training and Research (APSTAR) at University of KwaZulu Natal (UKZN) is a training programme that targets planners in government to equip with skills to integrate population into development planning and policy in various sectors. This is an in-service training with immediate application for participants to be better able to integrate population issues into their work. Upon successful completion, the course also served as a bridging course to a Masters in Population Studies at UKZN. UNFPA CP also supported the University of North West in the development of curriculum in Postgraduate degree in Population, Research, Policy and Programme Nexus and undergraduate programme in Population Studies and Demography. Additional support was also in form of computer equipment to strengthen the capacity of the university to deliver the courses.

One hundred and three managers in Eastern Cape and KwaZulu Natal underwent LEAD training and 10 nationally Population Environment and Development in 2010. This is an area of integration that needs strengthening.

**Research support**
The design, implementation and utilisation of research on population and development are vital for its effective integration into policy and programming. In terms of the effectiveness of the output: to generate, analyse and disseminate policy relevant data, including Millennium Development Goal-related indicators, UNFPA CP supported a number of research projects under the PD thematic area at national and provincial level.

- It supported the DSD to complete a Youth Demographic Dividend Study, whose findings were used by NYDA to develop the Status of Youth Report for South Africa. The purpose of the report was to provide a comprehensive picture of the status of youth, information to be used for planning and development. UNFPA provided technical assistance in their comparative advantage area of young people’s SRH.
- UNFPA CP also provided financial support to research interns doing masters in demography & epidemiology to conduct research at the Africa Centre on Health and Population Studies in northern KwaZulu Natal.
- Free State and KZN received technical support from UNFPA CP to compile State of the Population reports for their provinces. The reports were noted to have encouraged the use of population data in development planning.
- Studies on teenage pregnancy in Kwazulu Natal and Limpopo. However, during the review of these studies, members of the National Coordinating Forum for the CP
observed that there was already a lot of research conducted on teenage pregnancy in South Africa. Thus, what is required is the promotion of the utilisation of the findings in policy and programming.

This evaluation showed that the 3rd CP has contributed to strengthen government capacity in integration of population and development. The capacity to generate, analyse and disseminate policy relevant data, including Millennium Development Goal-related indicators was still, to a large extent, being developed.

**Census support**

UNFPA established partnerships with regional and national research and academic institutions to analyse and determine the determinants and consequences of population dynamics on economic and social development. To achieve this output, based on South Africa’s Middle Income Country Status (MICS), UNFPA CP with Sub-regional Office supported the country’s role as the Chair of the 6th African Symposium for Statistical Development (ASSD) to conduct a census in the 2010 Round of Population and Housing Censuses. In addition, the CP provided funding to support South Africa’s role as a patron of the Young African Statisticians (YAS), under the ISibalo banner (a capacity building strategy). The country also hosted a conference focusing on the MDGs in 2010.

UNFPA Country Programme also took a leadership role in advocacy and communication around two significant events in 2011: the Census with StatsSA, and ‘the World at 7 billion’. Advocacy campaigns were also held at country and provincial level on opportunities and challenges posed by the world of 7 billion people. The campaign ran from World Population Day to the 7 Billion Day, 31 October 2011. The Census, which officially started on 10 October, was also positioned to show South Africa’s contribution to the 7 billion. As part of advocacy, UNFPA holds annual population events to commemorate the release of the global State of the World Population. UNFPA supported DSD to coordinate a Poster Competition targeting learners in schools. This assisted to improve their awareness of SRH, HIV/AIDS and population and development issues.

**Regional population initiatives**

UNFPA CP provided financial and technical assistance to the Government of South Africa as a leader in regional development, and voice of Africa on the global forum. In 2009 South Africa’s Minister of Social Development was chair of the SADC Ministers Conference on ICPD+15. This was convened in collaboration with the SADC Secretariat. It was aimed to discuss and make recommendations on country and regional progress on the implementation of the ICPD Plan of Action (PoA). These indicate that the outcome of strengthening international partnerships in population and development through South-South cooperation was achieved.

**Sustainability**

UNFPA CP strategy to play a catalyst role was best achieved by forming effective partnerships and by having workplans integrated into departmental plans. It was pleasing to note that after initial funding from UNFPA CP, all the PD training programmes were now funded through user fees, mainly sponsored by government for its employees. For example, the HIV/AIDS training programme was supported by UNFPA in the 2nd Country Programme and in the 3rd CP was now being conducted by the Public Administration Leadership and Management Academy (PALAMA). Occasionally UNFPA has funded some participants to fill gaps. With APSTAR some key informants felt that the programme could have reached a self-sustaining status much earlier than the 10 years it took, if an exit strategy was planned more carefully. The evaluators concur with this view to have an exit strategy with clear timeline at the programme inception stage. Currently the role of UNFPA remains to provide technical support on demand rather than fund operations.
Research projects and State of the Population and Youth reports were conducted in collaboration with government. It is expected that government would continue with their dissemination and promote implementation research results for the integration of population and development planning and policy.

**Impact**

The goal of the UNFPA 3rd Country Programme was to improve the quality of life of South Africans. As such, although the interventions were at a policy and strategic level, there should be efforts to ensure that they trickle down to the community to show population-level impact. The provinces demonstrated this in that the development of the State of the Population reports included managers at municipal level. This ensured that integration of population for development planning was conducted close to the community level by identifying and addressing the needs of most vulnerable populations.

At a population level, the subject of interest for the 3rd CP was the contribution to the Government of South Africa to improve people’s lives. Based on mid-population estimates by Statistics South Africa, the population trends in South Africa showed changes from 2006 as follows: life expectancy at birth, 46.8 to 57.1 years; population growth rate 1.23 to 1.10; Total Fertility Rate 2.64 to 2.35; and Infant Mortality Rate 46.8 to 37.9 (Statistics South Africa, 2011). However, as noted earlier there are economic inequalities in South Africa with marginalised populations. This means there is still much more scope of work and relevance for development partners like UNFPA in South Africa to advocate for these hard-to-reach populations to be covered with services.

One of the important unintended outcomes of the Country Programme was that it improved communication within and across sectors. This was mentioned at all levels of government and across thematic areas. For example, staff at population units strengthened their relationship with those from other sections of the DSD and formed new partnerships with those in gender and health. These partnerships were creating a pool of expertise in population and development at all levels of government. Another demonstration of improved collaboration was the improvement in numbers and multisectoral representation of key stakeholders participating at National Coordinating Forum meetings. These were attended by PPU staff from provinces outside the four government priority provinces for the 3rd CP.

### b. Sexual and Reproductive Health (SRH) and HIV Prevention

Sexual and Reproductive Health, HIV&AIDS, Maternal and Child Health are areas of concern in South Africa because HIV&AIDS is the main health and development problem that cuts across SRH and MCH areas. Additionally as stated in the Strategic Plan for Maternal, Neonatal, Child and Women’s Health (MNCWH) and Nutrition in South Africa 2009 – 2014 SA aimed at improving maternal health by reducing the maternal mortality ratio by three quarters, between 1990 and 2015 and furthermore to achieve, by 2015, universal access to reproductive health services. The 2nd CP of South Africa strengthened understanding of population’s role on the factors which affect HIV&AIDS such as increasing awareness and access to SRH services by sensitizing target groups. This was done in order to address high HIV prevalence rates resulting in increasing number of children being orphaned. Women aged between the ages of 25-29 years are the largest group infected by HIV. The main causes of infection are related to intergenerational sex, untreated STI’s, MTCT, lack of consistent use of condoms and multiple concurrent partnerships (Sishana et al, 2010). The MTR of the CP indicated that youth and gender should be prioritised in SRH, HIV&AIDS prevention interventions in order to address the most vulnerable groups.

UNFPA CP outcomes were: strengthened capacity of government to implement the comprehensive National HIV and AIDS Plan; and improved and expanded capacity of the
National Health System to deliver high quality services. The outputs were as follows: strengthened capacity of the Government, non-governmental organizations (NGOs) and civil society to prevent HIV infection, especially among youth; the Government supported in achieving universal access to HIV/AIDS prevention, treatment, care and support services; strengthened capacity of healthcare workers to deliver reproductive health services, including high-quality family planning and services to prevent and manage gender-based violence and avoid unwanted and teenage pregnancies; accelerated and increased use of female condoms; and a strengthened national monitoring and evaluation framework, especially with regard to the compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities.

The UNFPA 3rd CP further focused on Maternal health interventions which include reduction of Mother to Child Transmission (MTCT), strengthened capacity of health workers to deliver Maternal and Child Health services including promoting utilisation of family planning services, prevention of unplanned/unwanted pregnancies and cervical cancer screening. Youth Action Groups were established in rural areas to enhance SRH services, training of peer educators to promote condom use and utilisation of contraception services. Religious Leaders Project was implemented with the aim of building capacity of the religious leaders to empower them to support HIV prevention and promotion of SRH services among their members. UNFPA supported training for senior managers on HIV prevention and strengthening capacity of government, NGO's & civil society to implement HIV&AIDS plan and prevention of early sexual activities and teenage pregnancy.

**Relevance**

UNFPA 3rd CP was relevant to the country’s priorities in sexual and reproductive health and HIV prevention. At the inception of the programme there was joint planning between UNFPA and government. A government official stated, “3rd CP’s support is responding to the country’s need by talking and interacting with the national stakeholders through planning with national health services”.

Interventions were implemented by working together with relevant stakeholders, namely, the government, faith based organisation and other NGO’s. The 3rd CP implementers focused interventions in line with the priorities of the South African provincial and national government because all activities were aligned to the strategic objectives of the National Strategic Plan (NSP) for HIV&AIDS, TB and STIs, MCH and SRH which are the country’s areas of concern.

The strategy of implementation in which partners were part of the planning process made sure that the issues under SRH were relevant. The 3rd CP programme was relevant to issues of HIV & AIDS, MCH and SRH by assisting in addressing the needs of the intended beneficiaries.

The Youth Action Groups were observed to be relevant in that they were led by the young people themselves using methods that appeal to their age group to effect positive change. However, it was also noted that there were still vulnerable populations among youth, refugees and sex workers who have not been reached. The youth action groups articulated above were established in the most rural areas like Students Partnership Worldwide which is a youth organisation based in the Eastern Cape working with and for young people in the rural communities. The organisation’s work is premised on the four pillars of sexual reproductive health (SRH), life skills, livelihoods and Young People leading development (youth advocacy). UNFPA interventions will need to reach more rural communities where the real need exists. This showed that UNFPA was still relevant in order to reach out to vulnerable communities.

The issue of alcohol abuse and AIDS among young people is topical in many communities in South Africa. UNFPA, Department of Health partnered with Soul City in an anti-alcohol campaign, Phuza Wize aimed to reduce HIV infection risks, minimize GBV and contribute to
solving the problem of substance abuse in the country. The Phuza Wize and HIV prevention campaigns used multi-media platforms which is SABC and Mail Guardian newspaper in order to reach more people. UNFPA, Government and Soul City facilitated community dialogues using community advocates through National Department of Education who targeted youth. The Phuza Wize and HIV prevention among young people campaigns were relevant to helping reduce risk of HIV infection among vulnerable sectors in community.

Another important element to ensure relevance is to be responsive to the country’s needs. The World Cup Condom Programming intervention in 2010 was given as an excellent example of being responsive to country needs (see Case Study inset). Just before the World Cup in 2010, the Department of Health approached UNFPA and asked for 2 million condoms for the duration of the tournament given the large numbers of people that would come in the country and increase their demand. Although UNFPA South Africa is not involved in condom procurement, they responded by playing a brokering role of partners to mobilise condoms from international sources.

Religious Leaders Project (RLP) was started to strengthen the capacity of the religious leaders to address the needs of the communities about the HIV&AIDS challenge that exist. The RLP had its main focus that the religious leaders should advocate the prevention messages of HIV in communities and churches. This was based on the fact that religious leaders are in a unique position to talk with their constituents about sensitive matters concerning their family lives therefore they can play a role in addressing issues of GBV and HIV&AIDS (Mboweni, 2009). Furthermore it was expected that they integrate messages of prevention of HIV&AIDS, promotion of MCH and SRH in sermons. The RLP was implemented in nodal areas of the chosen provinces that Limpopo, North West, KZN and Eastern Cape. Implementing partners of the Religious Project felt it was relevant to the needs of their community and should be implemented in all communities of the implementing provinces.

Efficiency
Partners interviewed indicated that letters of understanding were signed before implementation of interventions by UNFPA and implementing partners. The letters clarified issues about funds provided by the UNFPA, their accountability, banking arrangements, accounting and financial reports, indirect costs applicable to the NGO’s. UNFPA management systems ensured that funds were appropriately and adequately used through joint programme planning with the implementing partners. Major NGO partners appreciated that UNFPA, as an organisation, has clear guidelines, clear ways of monitoring compliance and audits. Activities were managed through holding regular meetings which assured that implementing partners understand the expectations the same way. Activities were managed to ensure best value of money because the UNFPA engaged all partners from different NGO’s, government and other UN agencies quite regularly so that good planning should be ensured with the communities to achieve quality outputs.

The evaluation analysis shows that strategic partnerships such as that of Love-life, Soul City, NYDA, DOH and Basic Education Department were effective in achieving results and best value for money. This is because the organisations had comparative advantage in the specific thematic areas and would sustain the interventions. These partnerships were also strategic in reaching other SADC countries, thereby strengthening the position of South Africa as a regional leader. This notion was supported by the Draft Youth Context Report (2011) which indicated that loveLife programmes are relevant because they are designed with the involvement of youth themselves.

The 3rd CP evaluation showed that the programme approach, partner and stakeholder engagement was appropriate for results delivery. However, some NGO implementing partners noted that some projects such as the RLP experienced challenges; the start of the
implementation of the programmes was delayed resulting in having limited time for programme implementation.

**Case Study: UNFPA Support on Condom Programming 2010 FIFA World Soccer Cup, South Africa**

In June and July 2010, South Africa hosted the Federation of International Football Association (FIFA) Soccer World Cup. Over 3 million fans reported to have attended the soccer matches at 10 stadia, each hosting at least six matches. This was a period of festivities and an increase in unprotected and casual sex with a higher risk of HIV infection. With HIV prevalence rate of 10.6% in South Africa, there was need to strengthen, sustain and support HIV prevention strategies.

NDOH and UNFPA identified a need for coordination, technical support and monitoring condom distribution during the FIFA Soccer event in South Africa. UNFPA procured 2.5 million condoms, and provided technical support to NDOH through planning and coordination of the male and female condom supplies and the distribution process during this period.

**Interventions**

- The Condom Distribution Project aimed to maximize the national distribution of condom within and around the FIFA venues.
- Health care workers, youth ambassadors and partners who were involved in the condom distribution programme were trained on health education, communication and reporting system.
- Health Desks were established in each of the 10 accredited country-wide soccer stadia and 12 Fan Parks, including 59 Public Viewing Areas (PVA).
- Information and educational material developed by NDOH on different health issues were distributed. Special Condom Kiosks were set up and local volunteers worked to distribute the condoms. The mobile PHC clinics distributed condoms and gave health education in designated areas.

**Results:** 60 million male and almost 1 million female condoms were distributed within and around the FIFA venues.

**Lessons learnt**

- Planning for a national project requires adequate buy-in time to ensure that all key players are on board and can contribute effectively.
- Condom distribution during short term high profile events can increase awareness and may have a ripple effect on changing sexual behaviours among people.
- Sharing programme plans with other sectors (e.g. police, municipal officers) increased support for large complex events.
- The Youth Ambassador model was well coordinated and managed.
- A dialogue on HIV prevention and use of condoms was also a success by involving people of different ages, ethnic groups and races through this project.
- Being responsive to government need by mobilizing resources and forming strategic partnerships in a short time made UNFPA relevant.

Despite general satisfaction about the efficiency of UNFPA, few implementing partners indicated that resources provided by the UNFPA were not appropriately and adequately allocated to achieve outputs of targeted 3rd CP interventions and recommended more resource outlay. South African Council of Churches (SACC) cited the example that UNFPA’s assistance for the Religious Leaders Project was terminated when only 60% to 70% of the year plan had been achieved. A youth NGO in Eastern Cape also noted that their youth empowerment programme ended prematurely due to lack of funding and this affected efficiency. Another
limitation observed regarding efficiency was lack of organisational skills among local NGOs and this curtailed the achievement of expected outputs.

**Effectiveness**
In evaluating the effectiveness of the 3rd CP, the evaluation team’s experience was that outcomes were difficult to measure, for example, “strengthening government capacity to implement comprehensive HIV&AIDS plans”. Key stakeholders from both UNFPA and implementing partners acknowledged that sometimes outcomes were difficult to articulate. UNFPA provided the resources that were aimed at achieving the goals of the identified programmes between the government and UNFPA. UNFPA and government worked together in order to contribute to the stated outcomes and both contributed towards budgets for different programmes. UNFPA interventions were implemented at the minimal scale and could not result into intended outcomes in all areas because the needs were beyond the UNFPA supported four provinces. The selection of provinces for UNFPA was purposeful to reach out to government’s priority provinces. However, some government and NGO stakeholders felt that the UNFPA CP should be expanded to other provinces in order to respond to their needs.

HIV&AIDS awareness is a major component of education to address the pandemic in SA (MDG report 2010). UNFPA formed partnerships in communities through the Student Partnership Worldwide (SPW) South Africa, Soul City, loveLife and communities to promote initiatives such as: safe male circumcision, capacity building, SRH services, and empowerment of religious leaders to address HIV&AIDS and SRH. Nearly 3000 individuals were reached by advocacy interventions (Appendix 4). Some of the achieved outputs of the 3rd CP included: national and provincial consultations to address the SRH, HIV&AIDS challenges. For example, 50 women living with HIV were consulted and submissions were made to make the NSP effective. The initiatives were government’s focal areas so that NSP strategic objectives could be achieved.

In 2007 the Department of Education produced a report “Measures for the prevention and Management of Learner Pregnancy” a critical document to address teenage pregnancy among teenage learners in South Africa. UNFPA also supported government to achieve HIV prevention services through distribution of 50 000 female pelvic models. This intervention assisted in training health care workers and NGOs how to promote the use of female condoms, thereby increasing options for women to avoid unwanted pregnancies and prevent HIV.

**Capacity Building**
In order to strengthen capacity of health care workers to deliver SRH services including high quality FP services to prevent and manage GBV and avoid unwanted pregnancies, UNFPA supported the following training initiatives (see Appendix 4 for overall output totals):

- A training workshop on HIV&AIDS for senior managers in different government departments.
- Sexual and reproductive health rights in Inyandeni in the Kwa-Zulu Natal Province.
- A total of 84 SRH programme managers at national level were trained as Master Trainers in quality of SRH health services focusing on implementation of cervical cancer screening policy, contraception policy and repositioning of FP programme.
- SRH update for SRH programme managers, trainers and nurse educators focusing on cervical cancer screening and management.
- Partnered with SWEAT, an NGO working with sex workers’ sexual and reproductive health and rights, to train sex workers on how to access several reproductive health services and on the laws about sex work.
- In order to reposition FP services in nodal districts UNFPA, WHO and DOH provided training on: community mobilisation/advocacy for SRH and FP, promotion of dual
protection for preventing unwanted pregnancies and HIV; and improving access of PLWHA to SRH services.

Youth Health and Development Programmes

UNFPA assisted in establishing youth development networks. A total of 10 organisations were provided with technical assistance in youth-related HIV prevention interventions (see Appendix 4 form more details). Youth Action Groups were developed and dealt with peer education regarding condom use, promoting contraceptives and family planning services. Youth Action Groups were established mostly in rural communities and these dealt with real challenges for youth, namely, poverty and unemployment. This was aimed at supporting the department to integrate cross-cutting issues of vulnerable group, youth and gender. Youth Development Agency beneficiaries such as sex workers were empowered with information to prevent HIV and STIs and human rights. Different workshops were held prior 2010 World Cup Tournament and beyond to raise rights awareness.

A total of 382 young people (between 2007 to 2010) became members of the Youth Action Committee which promoted prevention messages of HIV&AIDS and SRH. The youth health and development programme, Students Partnership Worldwide in Eastern Cape, was funded by UNFPA to work and target the rural communities. This was a youth empowerment programme aimed to strengthen community-based services that address SRH and HIV prevention. The main focus was to address the needs of youth and adolescents and reduction of poverty. SPW aimed at developing skills to access meaningful livelihood opportunities to improve their own lives and that of their families and communities resulting in all people being healthy. Student Partnership Worldwide programme placed trained young people in communities to act as catalysts to facilitate change amongst other young people. Volunteers facilitated workshops in schools in support of the curriculum as well as with out of school youth. Volunteers further implemented positive recreation and sporting activities in order to engage young people with the issues in a fun and non-confrontational manner. Student Partnership Worldwide service statistics showed that some of the major achievements of the programme were: young people had increased knowledge of HIV transmission routes and prevention methods; and they were becoming more aware of the risks involved with sexual intercourse e.g. pregnancy, STIs and HIV transmission.

DOH noted that although there had been a marked increase in access to HIV prevention services amongst youth even, there were still areas that need more attention. Through youth health development programmes sustained messages got out to mobilise young people to continue using SRH, HIV&AIDS and STI's services. This was confirmed by the National Youth Risk Behaviour Survey of 2008, whereby reported consistent use of condoms during sex amongst youth was found to be at 30.7% (Draft Youth Context Report, 2011). HIV prevention messages addressed apparent risk compensation associated with availability of ARV's because people now thought that HIV was no longer a problem.

An analysis of NGO projects showed that they generally achieved agreed outputs. For example, Youth Development and Empowerment Programmes, SRH for young people and Gender Equity programmes. Programmes which were aimed at decreasing alcohol abuse, unsafe sex, circumcision and also reduction of gender based violence in communities were able to efficiently achieve their objectives. The use of information by young people improved access to reproductive health services within the intervention areas. This was achieved through the national HCT campaign and AIDS strategy for the Department of Education which were supported through the School Health Programmes. The CP partnered with loveLife to help government meet the campaign to test 15 million people in one year from April 2009, by focussing on young people. loveLife designed communication material to support education about prevention of SRH, HIV&AIDS and STIs for young people. However, it was noted that some districts were not reached by the 3rd CP interventions.
Male involvement in HIV and Family Planning

UNFPA supported a pilot project to assess the integration of family planning, TB, STIs, cervical cancer and gender-based violence services in HIV counseling and testing (HCT) within male-focused mobile HCT services in Free State, Thabo Mofutsanyane district. The project was responding also to the missed opportunity of integrating family planning in the VCT service that is currently provided, especially to young people. EngenderHealth South Africa implemented HIV prevention activities by building the capacity of partners to use Men-as-Partners in promoting condom use, other HIV prevention messages and by providing direct male friendly mobile voluntary counseling and testing (VCT) services. ‘Fear’ was reported as the most common reason for the low uptake of VCT among men; and communication material was developed about men “not afraid to test.”

Although designed to attract male clients, the integrated services attracted more women (70% of 1309 clients in 3 months). In previous RESPOND drives, men represented 57% of clients. This could have resulted from the setting and the times of the drives.

Maternity waiting homes
The 3rd CP evaluation showed that interventions such as maternity homes were effective in improving use of maternity services. Communities were capacitated so that they can utilise these MCH services and access to maternal health services can be improved. Lessons learned from the implementation of Maternity waiting homes in the Eastern Cape confirm that the waiting homes were being used by women staying in rural areas where there was no access to reliable transport. Success of the utilisation of MCH services through utilisation of maternity homes increased from 56 women in 1998 to 268 women in 2009 in the Eastern Cape. DOH also remarked that in order to improve access and utilisation of maternal health services the health care workers needed to be given autonomy in their area of work. Management of the healthcare institutions needed to be encouraged to create an environment which would allow healthcare workers to implement what they had learnt through capacity building programmes.

Budget allocation
UNFPA interventions were integrated into departmental plans through HCT, AIDS strategy of education and school programmes. However, the budget allocation was not reflective of the population demographics, according to DOH and the National Youth Development Agency. This was because there were still many rural populations that needed to be reached.

An analysis of the 3rd CP proposal and programme communication stressed that that the role of the CP was to initiate interventions that are effective and let government takeover in order scale up the interventions.

Sustainability
UNFPA interventions were integrated into government departmental plans. Plans for sustainability were that funds should be accelerated to relevant programmes. For example the peer educators and youth centres were integrated in existing government community based interventions.

Furthermore UNFPA CP helped to build capacity and conducted advocacy at high political levels in order to lobby for allocation of more resources. Training of local trainers in community programmes with the support of local government was being implemented.

DOH, SACC, Soul City and loveLife emphasised the importance of the collaboration with UNFPA and other donors in strengthening the ability to sustain programme interventions. NGO implementing partners were of the opinion that in order to sustain the programme there should be training of local community partners so that they continued on their own. While the capacities
at national and provincial level had been strengthened among implementing partners, there was still need to expand interventions to all provinces.

A good example of sustainability was noted with the KZN Council of Churches, who had continued with programme activities with a different funder. They had been internationally acclaimed as a model of inter-faith leaders working together in the AIDS response. They hosted people from other countries on study tours and were invited to present at conferences outside South Africa. The religious leaders indicated that to a large extent, they possessed the skills and experience to sustain their activities, but lacked funding. It was pleasing to note that the South Africa Council of Churches had plans to partner with Local Government to gain access to funding and resources that would enable them to resume their programmes.

The team’s analysis of interviews of NGO key informants working with youth and their own experience with community based programming, peer educators and youth centre office should be integrated into the existing government community-based interventions. In conclusion, for a number of implementing partners, there was still a need to get assistance for capacity building and funding of the programmes from development partners such as UNFPA.

**Impact**
Awareness of SRH issues for youth was raised by programmes such as loveLife and Soul City. Men and women were empowered through sensitisation on controversial sexual issues and cervical cancer screening programmes. For example the male involvement pilot project in Free State showed that integrated health mobile comprehensive SRH and TB services have potential to increase women's demand for HCT and family planning and health seeking behaviour in poor resourced HIV prevalent settings.

However, Department of Health statistics show that there was still high maternal mortality, with girls and women dying from complications of pregnancy and childbirth; MMR was estimated at 310 per 100,000 per live births and perinatal mortality stands at 14 per 1000 live births in 2011. DOH’s target is to reduce MMR to 100 per 100 000 & less than 10 deaths per 1,000 births for babies There is low utilization contraception & high unintended pregnancies which was at 32% in 2010/11, and high HIV prevalence (1 in 3) among pregnant women.

The unintended effects of the programme were that community members expected more but there was no funding to continue and scale up interventions. It was earlier noted that in some cases the CP funding created dependency on UNFPA among implementing partners, even for things they could do on their own e.g. refreshments for meetings.

DOH was confident that in the intermediate and long term the 3rd CP support was going to have a major impact. In the short term, public awareness for SRH, FP, had an impact in terms of policy formulation e.g. the intervention of waiting homes for mothers was highlighted as a case study to be taken up by government for replication. Government partners and UNFPA continually worked together, although it was not the original intention.

c. Gender
Promotion, protection and attainment of gender equality and the empowerment of women in South Africa is not mainly about attainment of numerical parity (equal numbers). It is particularly about ensuring that all the rights entrenched in the Bill of Rights in the Constitution become a reality for all women and men.

UNFPA interventions on gender were based on the outcome: enhanced structures and capacities to prevent and respond to violence against women, and the following broad outputs:
- Increased community capacity to prevent and respond to gender based violence.
• Strengthened capacity of different sectors of government and other relevant institutions in gender auditing; gender budgeting, and gender mainstreaming. And,
• Strengthened provision of comprehensive services for female victims of gender-based violence and abuse.

Between 2007 and 2009, UNFPA CP interventions were limited. The main intervention was the 16 Days of Activism for No Violence Against Women and Children Campaign. This was an annual government campaign used for integrating cross-cutting sectoral drives to eliminate the abuse of women and children.

From 2009 to 2012, the interventions on gender increased and these were: technical assistance to strengthen government capacity to integrate population, gender, environment, and HIV/AIDS issues into the development plans; and to generate, analyse and disseminate policy relevant data including MDG related indicators. UNFPA held strategic engagements in 2009 with the newly formed Department for Women, Children and People with Disabilities (DWCPD) to support gender budgeting and auditing of gender mainstreaming. UNFPA also provided administrative and logistical support for programme service delivery to the DWCPD.

In 2010 UNFPA provided technical assistance to build the national gender programme through strengthening the capacity of the Department for Women, Children and People with Disabilities. Among others interventions, the DWCPD was supported on the drafting of the Gender Equality Policy. Technical assistance was provided for holding the National Young Women’s Consultative Summit to review progress made through implementation of national policies, strategies and programmes in meeting the specific needs of young women. Technical assistance was provided to the DWCPD on the development of the National Strategy and Implementation Plan (2011-2013).

Relevance
A gender programme was developed in 2006, but only became articulated in 2009 when a gender officer was appointed. Previously gender issues were fitted into aspects of Reproductive Health and Population and Development. During this period there was still no gender programme monitoring and gender programming support was given to a select number of NGOs.

Understanding the policy context of gender equality demonstrates the importance of gender issues at country and regional level. At the country level, specific national challenges, namely intimate partner violence and harmful cultural practices remain relevant.

The policy context
The Gender Equality Policy which had been drafted was paving the way for the DWCPD to lead the efforts on the development of the Gender Equality Bill. The UNFPA programmes were designed within the framework of government plans and the partners worked hand in hand to align the work plan with government priorities. This was commended by partners as illustrated by one respondent, “for many years, we as government were focusing on health and reproductive rights, were spending money on ... producing commentaries on women's day, then from 2009 there has been a huge shift...we no longer only look at sexual and reproductive health but we look at how it relates to gender.”

This evaluation showed that UNFPA was sensitive to government priorities since the interventions were aligned to government plans. The interventions were in line with the five government priorities of Vision 2014 of job creation and decent work, education, health, rural development, fighting crime and violence. This was also confirmed by the implementing partners who stated that through the Coordinating Forum the UNFPA CP work plans were designed to meet these priorities.
Once finalised, the Gender Equality Bill would provide the country with a comprehensive legal and regulatory framework for current national policies and legislation as well as international, regional and sub-regional instruments on women’s empowerment and gender equality to which the country is signatory. South Africa has ratified a number of international agreements such as: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in 1985; the Beijing Declaration and its Platform for Action (BPFA) was adopted at the Fourth United Nations World Conference for Women held in Beijing, China in 1995, and subsequently Cabinet adopted gender mainstreaming as the strategy (process) for the attainment of women’s empowerment and gender equality; the African Union (AU) Heads of States’ Solemn Declaration on Gender Equality in Africa (SDGEA) in 2004; and at the regional level, the SADC Protocol on Gender and Development that encompasses commitments made in all regional, global and continental instruments for achieving gender equality, in 2011.

*Gender-based violence*

There are high levels of social violence in South Africa and that undermine social cohesion in the communities. The rate of homicide amongst women involving intimate partners has been estimated to reach as high as 6 times the global average (24.7/100,000) (Seedat et al 2009). Violence is profoundly gendered, with young men disproportionately engaged as both perpetrators and victims.

Elements of harmful cultural practices exist in the country and some of them relate to early childhood marriages, widow inheritance and virginity testing. In the Eastern Cape, the resurgence of early marriage and abuse of young girls “ukuthwala” has been justified as a traditional custom. For widowed women, the traditional practice of “ukungena” exists, that is, a traditional practice in which a brother ‘inherits’ his brother’s widow as his wife. This presents risks in relation to both HIV and AIDS and violation of human rights as the woman has no say in the matter. Issues of girls’ rights also emerge in cases of “ukuhlolwa”, a traditional virginity testing practice. One of the well-known drivers of the HIV and AIDS epidemic is multiple concurrent partnerships and the traditional practice of polygamy which can expose women to the risk of infection.

UNFPA 3rd CP used relevant change agents to tackle the issues of gender in the provinces. The traditional leaders, as custodians of culture and as leaders, were engaged to address gender based violence in their communities. In addition UNFPA-supported interventions adopted the old South African tradition of “indaba” – whereby community members sit together as a group to discuss community-relevant challenges and identify local solutions.

In the context of gender-based violence, some interviewees mentioned that South Africa had “a lot of good policies and laws” but they were not being implemented and most people were still not aware of them. This created a gap between policy and practice and this could be filled by partnering with international development agencies such as the UNFPA.

**Efficiency**

The consultative coordination forums were strategic in ensuring that UNFPA worked as a team with the relevant stakeholders in an integrated manner. However, in terms of efficient programme implementation, there was a problem of lack of skills and low educational levels due to the selective development strategy of the past. This means there was a huge need for capacity building to ensure that human rights and gender equality were realised by everyone. There was also the need for qualified personnel to implement the gender promotion programmes. By focusing on technical assistance and capacity building UNFPA was therefore providing a most required resource.

The UNFPA provided strategic, catalytic financial and technical assistance and collaborated with strategic stakeholders to ensure that there was synergy. This view was collaborated by the
respondents and desk review information. Evidence of this was illustrated by the agency’s work with the traditional leaders whereby UNFPA supported traditional leaders and other senior government officials on a learning exchange programme to Ethiopia on eradication of early/forced marriages. Upon their return, the traditional leaders took up GBV prevention as a key area of focus in their respective constituencies. The traditional leaders were reported to have made an influence among their families and communities. The Leaders and the men became change agents on eradication of harmful cultural practices.

Overall UNFPA 3rd CP was efficient in its programme delivery in Gender because it used limited resources to focus on technical assistance where it had realized a gap in areas where most partners needed assistance. Opinions expressed by partners showed that they viewed UNFPA as efficient in its activities. One respondent from the NGO sector “If UNFPA promise that they will do X then they will do X, they always keep their promise. Although they are firm and emphasise on accountability they are fair.” A respondent from the provincial government also shared the same sentiments that UNFPA advocates for specific “measurable targets to be articulated along with relevant lead departments to increase accountability and outline an implementation strategy to realise the targets put forward.” This statement is a demonstration of requirement for efficiency in programme implementation. This positive comment about UNFPA reliability and timeliness in the disbursement of funds was confirmed by an analysis of budget payment turnaround time for the 3rd CP (see Management and Coordination section). It showed an improvement in this indicator at the time of the end evaluation; this was in contrast to earlier sentiments that were expressed by partners during the Mid Term Review (MTR).

UNFPA work plans were in line with government priorities and there was collaboration and teamwork. Implementing partners commended that they had an excellent work relationship with UNFPA. This could be attributed to the improved coordinating forum where joint planning and reporting of programmes was done with implementing partners.

Effectiveness
There is evidence that UNFPA had achieved most of the intended outputs, except for the support of and capacity building in the government–run Thuthuzela Care Centres as envisioned in the 3rd CP terms of reference (output 3a). The following were some of achievements: gender audits were undertaken and were being completed; the Gender Equality Policy had been drafted; and gender mainstreaming was now operational at both National and Provincial levels. A major breakthrough illustrating UNFPA effective approaches was the traditional leader's project (see Case Study inset on Eunice). Utilising South–South cooperation, the UNFPA empowered the traditional leaders in the Eastern Cape with knowledge on how to root out harmful cultural practices which had been the major drawback in achieving human rights and gender equity in the provinces.

UNFPA also provided financial and technical support to the Sonke Gender Justice-led MenEngage Alliance for promoting evidence-based models of involvement of men and boys in GBV prevention and gender equality interventions. These targeted approaches in the two provinces of EC and KZN were already paying dividends as seen in the shifting attitudes and behaviours of men who participated in training, capacity building and awareness raising events.

UNFPA was also instrumental in the setting up of the strategic Coordination Forums which made communication with stakeholders easier and created better understanding between UNFPA and its stakeholders.
**Case Study: Coming to the Rescue of Eunice: “Ukuthwala” - Harmful Cultural Practice**

Eunice is regarded as a hero because she is the one that blew the whistle about the practice of early marriage. She ran away from a group of men that were chasing her with the intention of making her a wife. When she ran away she saw a vehicle that was parked by the road and she got into the car. Fortunately for her this vehicle belonged to the Executive Mayor’s daughter and she was driving with her husband. For the first time this practice was reported formally to the Police and the 14 year old girl was taken to a Place of Safety. She continued with her education through efforts of the Executive Mayor of OR Tambo district. This resulted in a number of girls running away from forced marriage to the same facility and therefore continuing with their education.

“Ukuthwala” is traditional practice, the forceful abduction of a girl by a group of men secretly or in the presence her parents to another homestead to be the wife of a stranger, old enough to be her father in most cases.

**What is the issue?**

The girl is usually not physically mature and not ready to engage in sexual activity, let alone bearing children. The risk is that there is high HIV prevalence in South Africa and evidence has shown that young girls who are in sexual relationships with older men are at very high risk of contracting the HIV virus. The girl’s chances of getting education and be an economically active citizen are compromised. There is the trauma of being abducted by a stranger, beaten up if one resists, locked up in isolation in case she runs away. In addition, having sex especially for the first time with a man who is usually a stranger is traumatic for the girls. The irony is that South Africa has one of the most progressive Constitutions in the world, and an array of laws, policies and programmes to protect children from harm and abuse. What is the government doing specifically to put an end to the abuse that happens within the context of ‘ukuthwala’?

**What has been done?**

- Human Rights Commission, Commission on Gender Equality, Public Protector, Office on the Status of Women (OTP) DSD and OR Tambo Municipality have played a major role in ensuring that communities get educated about the practice and its effects
- UNFPA, government and institutions involved in gender equality have been involved in a series of sensitisation workshops to change the attitudes, beliefs and behaviours of Traditional Leaders and their wives, Community Development Practitioners, and Municipality and Ward committee members. The idea is that they must engage communities about ukuthwala as they are influential structures within the communities. Government’s role is to monitor progress.
- UNFPA also organised a study tour to Ethiopia to learn how UNFPA in that country was implementing an integrated approach and with the collaboration of the government and other social partners was able to overcome the challenges of these harmful practices.

**Lessons Learnt**

- Some Traditional Leaders are now well informed about the dangers of this practice and as such are increasingly becoming frontline actors to ensure that the practice is uprooted in their localities.
- There is underreporting of ukuthwala since some parents condone this practice because of the bride-price which has been paid to them. Girls are also not aware of their rights so most of them do not report anywhere.
- Dealing with socially embedded cultural norms and practices is dependent on a medium to long-term integrated programmatic approach and multi-sectoral strategies, in order to effectively change social norms and behaviours that continue to endanger the lives of women and girls.
Most partners interviewed stated that UNFPA had achieved the targeted outcomes because it is focusing on human rights, women and youth in their programmes. The advocacy campaigns and capacity building that were undertaken in most of the agency’s programmes were promising to bear results in the future but no immediate results were expected. Two thousand and twenty individuals were reached in community based human rights, education and advocacy interventions (see Appendix 4). Most respondents were of the view that capacity building work and the catalyst, coordination and integrative role of the UNFPA still needed to continue.

Most respondents felt UNFPA had built community capacity to prevent and respond to gender based violence as well as to eradicate harmful cultural practices through the efforts being made by traditional leaders and the MenEngage dialogues that promote male involvement. These programmes were implemented in KZN and EC. In 2010, the UNFPA supported an Eastern Cape delegation (made up of key provincial and local government officials and traditional leaders) to explore an evidence-based and community-driven model of combating harmful cultural practices used in the Amhara Region, Ethiopia. The UNFPA provided the technical support to adopt and adapt the model into the specific context of the Eastern Cape. This intervention by the UNFPA had been such a success in Ethiopia that it could be replicated elsewhere as a case of good practice. These efforts still needed to be intensified and also be replicated in the other provinces where they were also needed.

Efforts to strengthen the different sectors of government and other relevant institutions in gender auditing, gender budgeting, and gender mainstreaming were underway. Six organisations and 17 individuals were trained (see Appendix 4). Efforts needed to be sustained for some time before outcomes could be seen downstream at service delivery level.

Involvement of men in GBV prevention was an effective way in fighting gender discrimination. An example is the MenEngange Alliance and community dialogue groups that were being supported by UNFPA.

The analysis of gender issues in South Africa shows that there was need for increased education and awareness-raising on laws and policies on issues relating to gender. Some respondents at national level remarked that there were a number of policies and legislation on human rights and yet these remained unknown to the general population. Their implementation could also not be monitored.

**Sustainability**

The UNFPA was strategic in its work with government and partners and the communities that were supported, in order to ensure sustainability. The small funding that was provided was supposed to be catalytic, to accelerate growth, build capacity and remove bottlenecks but not to create dependence. Most partners and stakeholders were aware of this but they felt they needed UNFPA support. It was clear that the financial support received from UNFPA helped filled an important gap in financing projects. A government implementing partner commented that “government is sometimes slow to respond” (for those who were getting government support).

Focus on building capacity and involving the government is a strategy that was adopted by UNFPA to ensure sustainability. As stated by one respondent at provincial level, “The SANAC Women’s Sector (SANACWS) had an opportunity to meet and plan with the Gender Focal Points within the respective PCAs as well as government stakeholders. All participants had also registered on the SANACWS website to form part of the information network for the sector”. 

34
This allowed for quicker diffusion of information and acted as a continuous mechanism for engagement.

With government organisations, the feeling was that financial sustainability was not necessarily a factor, but what they mostly lacked were the technical skills. This meant that they would take very long to achieve goals without UNFPA. They stated that their interventions were not solely UNFPA sponsored but that they also had other partnerships and could continue with their own budget even without UNFPA. In the provinces, UNFPA had integrated with the government’s plans.

Training of trainers and community empowerment approaches utilised in the UNFPA supported programmes led to sustainability of the programmes. Examples of these are the Traditional Leaders interventions in the Eastern Cape, and the MenEngange forums which were ran by Sonke Gender Justice Network. This significantly contributed towards building gender equitable norms in families and communities.

**Impact**
Social Development key stakeholders stated that the interactions and influence from the UNFPA had led to the mainstreaming of vulnerable groups (women, children and people with disabilities) into the operational plans of the Department.

South-to-South cooperation through exchange programmes provided experiential learning approaches as in the case of Traditional Leaders who were supported to visit Ethiopia and returned with knowledge and information on the model on community-based interventions to eradicate forced/early marriages.

However, although outputs could be monitored, there was still no evidence that much has changed at the outcomes level. For example, South Africa was unlikely to meet the set MDG 5 on maternal health as indicated in the MDG Report Country Report for 2010. The country appeared to have reached most gender equity targets. However, South Africa’s performance masked major gender inequalities, pockets of human rights abuses and GBV due to the harmful cultural practices and high intimate partner violence that are not captured when using the international indicators. This meant that there was still much more scope of work and relevance for development partners such as UNFPA in South Africa.

**d. Management and Coordination of the Country Programme**
This section addresses the fourth objective of the evaluation, namely to assess organisational capacity to deliver on the CP outputs and outcomes and covers issues of management of the CO and coordination of the CP. The evaluation focussed mainly on effectiveness and efficiency.

1. **UNFPA COUNTRY OFFICE MANAGEMENT**
The UNFPA CP 2007-2012 was characterised by two phases: 2007-2008 period of limited capacity and coordination; and 2009 onwards, with improved programme coordination and accountability, articulation of the Gender Programme, strengthened HIV prevention programming, and M&E support with allocation of resources in accordance with the Country Programme proposal. UNFPA CO management attributed this to two critical factors. Firstly, the CO revised staffing typology in 2009 to better respond to the CP. Secondly, a National Coordination Forum was established which strengthened partnerships and national/provincial synergies in programming.

**Efficiency**
In evaluating the efficiency of the CP, this section focuses on aspects of Finance Management and Accountability:
Allocation of funding in line with proposal for CP. The MTR noted that the allocation of funding was not congruent to what was originally proposed. By the end evaluation, UNFPA CO had corrected this trend. Figure 1 shows that the distribution of funding in 2011 was closer to the proposed allocation than all the other previous years. Specifically, the articulation of the Gender Programme is demonstrated by increased resources for 2010 and 2011.

Figure 1: Allocation of Funding for UNFPA CP by year and thematic area

Source: CO Atlas Finance System

Rate of expenditure: An important indicator of programme management efficiency that was examined in this evaluation is income/expenditure ratio, which is a comparison of the budgeted amount to what was actually spent. An analysis of the allocation and expenditure patterns by year and thematic area showed that the average expenditure rate was 98%, suggesting efficient programme delivery.

Audit reports: UNFPA had an unqualified management in 2008 with a 26 recommendations. Implementation rate of the recommendations is 100% as of end-2011.

In accordance with National Execution modality (NEX), all implementing partners undertook a micro assessment prior to partnership with UNFPA. Moreover, all Implementing Partners (IPs) were advanced funds on quarterly basis, upon with adequate quarterly reporting further funds were released in accordance with annual work plans. All IPs receiving funds under NEX modality were audited by independent audit firm in the subsequent financial year. As a result of strict monitoring and financial controls, ageing outstanding funds advanced (OFA) rates had been reduced to zero at the time of the evaluation.

To enhance programme implementation capacities of IPs and further streamline reporting, UNFPA developed IP Guides on National Execution and UNFPA Execution in 2010. UNFPA achieved 90% quarterly implementing partner reporting rate after synchronizing reporting formats and schedules.

Risk management: CO developed a “Cost-Savings Plan’ and “Risk Assessment Action Plan” in 2011-12. These were observed to be immediately reaping benefits to the organization and were positively noted by the UNPFA Audit Advisory Committee in Sept 2011. The tools
continued to be monitored and were adapted for maximum utilization. To prevent fraud in the organizations, all staff were supposed to undertake mandatory training (together with ethics, security and harassment) and management provide annual financial disclosures.

**Payment turnaround time**
During the mid-term review a number of implementing partners complained that there were delays in disbursement of project funds. During this evaluation many implementing partners did not raise this as an issue suggesting that there was an improvement. However, one of the greatest obstacles to efficient implementation of the Country Programme by government partners is the difference in the financial years of the UNFPA and the Government. On the UNFPA side, the financial year is the same as the calendar year, and all funds needed to be committed and spent by September. On the contrary government’s financial year starts in April. So, as the UNFPA year was starting, government partners were winding up their year. This created challenges in terms of budgeting and implementation, especially at provincial level.

**Effectiveness**
**Staffing:** The expanded staff compliment of the CO in 2009 had strengthened comprehensive UNFPA country programming. The office put in place an orientation programme to facilitate staff integration into the UNFPA and UN system. New members were noted to bring specific skills from the NGO, private and public sector. CO management had prioritized learning and training opportunities for all staff to develop skills, confidence and exposure to improve performance and delivery. This was complemented by enhanced training opportunities for staff to strengthen and develop new skills, especially on RBM and UN Reforms.

Revision of the CO typology to ensure suitable human resource capacity responsive to needs of UNDAF and political developments in country had proven strategic and time well-invested in recruitment of quality staff. Revised typology exercise also provided the opportunity to address high-turn-over of staff experienced by CO during the course of the 3rd CP as a key component of sustainable human resource strategy. Prior to 2009 there was high staff turnover. At the time of the evaluation there were 20 staff members; 11 staff members were recruited since 2009. These are: Operations Manager, Admin Associate, Finance Assistant, Programme Specialist (seconded to NDoH); NPO-Gender, NPO-HIV Prevention, NPO M&E, NPO Eastern Cape, NPO-KwaZulu Natal, and Driver.

Although there had been improved staff levels since 2009, the analysis showed that staffing levels were still not adequate to fully deliver the CP, especially at provincial level. It was expected that each of the four priority provinces supported by the CP would have a Programme Officer to coordinate the work in the province. However, only KwaZulu Natal and Eastern Cape had a NPO UNFPA. Stakeholders at provincial level appreciated the catalytic role that the NPOs have played in improving coordination between government departments to delivery outputs of the CP. An analysis of the scale of interventions in the provinces with NPOs and those without (Limpopo and Free State) showed that the role of UNFPA NPOs was central to coordinating and consolidating partnerships among provincial implementing partners.

**Staff learning and Development:** Eighty percent of staff attended some form of training relevant to their area of work as part of CO capacity learning development plan in each calendar year. The CO team had collectively held 11-12 learning afternoons each calendar year since 2009. The CO Learning afternoons were instrumental in ensuring common understanding and standardized implementation. CO held annual CO Retreat each calendar year, with specific themes on staff well-being and performance. In 2011 the Retreat was on “Personal Leadership and Management”, externally facilitated by University of Stellenbosch. UNFPA Performance Appraisal and Development Plans (PADS) system was implemented optimally to ensure good staff performance.
Security: UNFPA CO had achieved 99% compliance with UN Minimum Operations Safety Standards in South Africa. UNFPA CO had focal staff for security and warden system, and numerous staff had been trained on security Driving and First Aid. UN Security Assessments had also been undertaken in two provincial sub-offices and recommendations implemented.

2. COORDINATION

Partnerships
The main partner for the UNFPA is South Africa is the Government, through departments that work in the areas of PD, Gender and SRH. The Department of Social Development through its Chief Directorate for Population and Development, served as Coordinating Office of the UNFPA Country Programme on behalf of the Government. UNFPA further partnered with institutions of higher learning, NGOs, and other parties as directed by the Government.

In the context of UNFPA delivering as part of the UN to “Deliver as One”, there was also a debate going on for the Government to also “Receive as One” and promote mutual accountability. There were varied views on this approach. Some government stakeholders felt that the current arrangement was fine, with DSD as the Coordinating Office on Government side. However, other stakeholders at national level suggested that programme planning and delivery would be improved if there was a consolidated Work Plan for all implementing partner programmes. There was also concern that sometimes the provincial NPO got too involved in the operations of PPU, the collaborating unit, rather than supporting the wide range of partners. At provincial level, UNFPA and government key informants felt that programme delivery and coordination would be enhanced by working with clusters e.g. Social Cluster, rather than individual partners. In that way the UNFPA coordinator would support one government entity, which would indeed “Receive as One”.

National Coordination Forum on UNFPA’s Country Programme
The establishment of a National Coordination Forum on UNFPA’s Country Programme in 2009 had proven very instrumental in advancing Government’s ownership of the programme. The Department of Social Development has been responsible for coordinating programme implementation at national, provincial and local level.

This forum brought together all partners in the country that collaborate with UNFPA to define programme priority areas as a collective, develop work plans and monitor programme implementation. The Forum met twice a year, with the first meeting at the beginning of the year to approve workplans. This brought about common understanding of the UNFPA role in the country amongst stakeholders, and fostered inter-departmental communication, collaboration in population and development matters and promoted national ownership and accountability of the CP. The Forum helped to improve accountability, planning, and design of the next country programme.

The National Coordinating Forum has demonstrated to be one of the best ways of coordinating the CP to efficiently use the available resources. The evaluators reviewed the Forum’s minutes from 2009, and also had the opportunity to attend a meeting during the presentation of a draft of this report. These showed an improvement in the quality of discussion, accountability and application of results based management principles. For example about 10 participants took part in the meetings in 2009 with attendance limited to DSD and UNFPA, and the representation widened to all implementing partners, and numbers averaging about 40. Similar structures were formed in KZN and Eastern Cape. However, an analysis of key informant interviews in Eastern Cape showed that they were facing challenges of role definition between government and UNFPA partners.
UNFPA in the UN System in South Africa

In the context of UN Reforms, UNFPA played a number of leadership roles in the UNDAF in South Africa. Specifically, UNFPA was the Chair of UNDAF M&E Theme Group, which is tasked with the responsibility of tracking progress in UNDAF implementation. UNFPA was also key member of the UNDAF Technical Task Team responsible for UNDAF Roll-Out. UNFPA also was Chair, HIV Prevention Task Team of Joint UN Team on AIDS. With regards to Joint programming, the CO served on various UNDAF clusters including the following: Economic, Social, Joint Team on HIV/AIDS, UN Gender Task Team, Humanitarian Protection Working Group and Operations Management Team. These approaches ensured that there was complementarity in programming and leveraging of resources. For example, through UNAIDS all agencies supported the NSP development and National HCT campaign, bringing different expertise, and ensuring that all the provinces were supported, which is often difficult for one agency.

Communicating UNFPA’s work

UNFPA’s implemented an annual CO Communication Plan as from 2010 which fostered new relationships with the media in the country. A number of effective outreach and advocacy initiatives were also held including: support of International Women Day, Beijing@15, Census 2011, MDG Campaign 8 Goals for Africa, and World Population Day 2010. The Country Office continued to strengthen its Communications / Advocacy function through periodic issue of Opinion Editor (OpEds), press releases, engagement with partners on key national commemorations including youth month, women’s month, advancing the Census 2011 / 7 billion campaign message. UNFPA also distributed more than 500 communication materials per year to partners in the form of diaries, calendars, annual report and others.

Monitoring and evaluation

The UNFPA Country Office was responsible for the monitoring and evaluation of the CP, supported implementing partners and the UN. Prior to 2009, the M&E system was unstructured due to lack of M&E expertise within the CO, which resulted in poorly constructed indicators, lack of targets and baselines for the CP, poor reporting and tracking of results. The evaluation team attempted to track the outputs from the reports from implementing partners submitted to UNFPA. However, while there was improvement in reporting in the last two years of the 3rd CP, there were still gaps. The outcomes were also very broad and not easy to measure. As one key informant remarked “the projects are making a difference, but one has to stretch their imagination to measure the impact”. The MTR review made firm recommendations on improvement of M&E. Since 2010, the CO appointed an M&E officer and established a functional M&E system to meet the needs of the CP and implementing partners. UNFPA supports implementing partners to strengthen their M&E systems to deliver CP results, and is also the lead Agency for the common UN UNDAF M&E cluster. However, the CO has inadequate capacity meet the growing demand for M&E technical assistance for government departments supported. It was clear from the evaluation of reports from both UNFPA and implementing partners stated that there is limited capacity for the M&E system to effectively work.

6. CONCLUSIONS

The goal of this evaluation was to assess achievements; unrealized opportunities and progress towards the UNFPA 3rd Country Programme intended outcomes and make various relevant recommendations. This was conducted by focussing on the three Country Programme thematic areas (population and development, sexual and reproductive health, and gender) including its coordination and management. The target population was implementing partners of the Country Programme (CP) at national, provincial, district and community levels. The four priority
The evaluation applied standard evaluation criteria from United Nations Evaluation Group which consists of relevance, efficiency, effectiveness, impact and sustainability by thematic area. This section discusses the findings and draws conclusions and lessons learnt.

Overall, the evaluation has shown that the UNFPA 3rd Country Programme interventions added value to the Government’s goal to improve the quality of life of South Africans. UNFPA provided catalytic financial and technical assistance and collaborated with strategic stakeholders to ensure that there was synergy. UNFPA developed a tripartite relationship involving government and non-governmental implementing partners to: enhance partnerships between government and civil society, generate data and evidence to improve implementation of policy and programmes. The focus was in its strategic areas of young people’s health and development and M&E support. Specific to the thematic areas of the Country Programme, the conclusions are as follows:

**Population and Development (PD):** the 3rd CP added value to the achievement of the goal of the Population Policy “to align population trends with the achievement of sustainable human development”. However, with reference to the outcome “to address economic and employment inequities within the economy”, the UNFPA Country Programme did not have any direct activities to address the output on policies and programmes on employment and training. This was also noted during the mid-term review report. Nonetheless, given that PD covers broad development issues, this would have implications on addressing economic and employment inequities, especially for young people.

The 3rd CP programme supported interventions in the areas of capacity building in population and development integration, and provided support in census and research. A training manual on integration was developed and it has been applied across PD integration training programmes conducted in collaboration with Department of Social Development and universities. Over 560 planning practitioners were trained through the various training programmes. The CP also supported national and provincial governments in compiling State of Population reports, conducting research on pertinent issues of teenage pregnancy, state of youth, and migration. The evaluation showed that the key stakeholders at provincial level acknowledged that the State of Population reports reinforced a culture of using data for planning and management. The State of the Population reports were therefore proven outputs to generate, analyse and disseminate policy-relevant data, including Millennium Development Goal-related indicators at different levels of government. UNFPA 3rd CP support for the Census 2011 also raised public of the census, thereby strengthening Statistics South Africa’s role to generate data for policy.

**Sexual and Reproductive Health and HIV:** focussed on: strengthening government capacity to implement comprehensive and multisectoral HIV&AIDS plans; and to improve and develop capacity of the SA’s national health system to provide maximum quality care services. UNFPA provided technical and financial assistance to the Department of Health to build capacity of health and community workers to deliver a comprehensive SRH package, maternal health interventions and strengthened government and civil society capacity to develop and implement interventions to address youth SRH and HIV prevention. The CP formed partnerships with NGOs specialising in young people to promote HIV Counselling and Testing (HCT) during the Government’s campaign to reach 15 million people within a year between 2009 and 2010. They used community based structures such as the Youth Action Group and religious leaders as acceptable agents of change to address challenges of SRH and HIV&AIDS in society. The feminised nature of HIV, with its effect on high maternal mortality and infant mortality, remains a challenge in South Africa. Interventions such as the maternity waiting homes in Eastern Cape illustrate that such an intervention can improve access to services delivery and reduce maternal
mortality. Although there has been a positive trend in the indicators of teenage pregnancy, teenage fertility still remained high and young adult women have much higher HIV prevalence than their male contemporaries. This suggests there was an opportunity for development partners such as UNFPA in South Africa to support the Government to address SRH and HIV&AIDS for women and young people.

**Gender:** the outcome for Gender sub-programme was to have enhanced structures and capacities to prevent and respond to violence against women. This would be attained through strengthening community structures in prevention and response to GBV, and that of government and other institutions capacity in gender auditing; gender budgeting, and gender mainstreaming. The formation of the Ministry of Women, Children and People with Disabilities in 2010 and its role in coordinating the drafting of the gender equality policy were landmark developments of the 3rd CP support in the area of gender. The engagement of traditional leaders in Eastern Cape to address issues of girls’ forced early marriage (ukuthwala), is an example of the effectiveness of UNFPA partnership with government and custodians of tradition to effect positive change to address GBV among vulnerable teenage girls. The MDG Country Report for 2010 showed that the country had reached most gender equity targets. However, South Africa’s performance masked major gender inequalities, pockets of human rights abuses and GBV due to the harmful cultural practices and high intimate partner violence that are not captured when using the international indicators. This means there was still much more scope of work and relevance in addressing gender inequality for UNFPA and other development partners in South Africa.

**Management and coordination:** The UNFPA Country Programme 2007-2012 was characterised by two phases: 2007-2008 period of unstructured programming; and 2009 onwards, with improved programme coordination and accountability, articulation of the Gender Programme, strengthened HIV prevention programming, and M&E support with allocation of resources in accordance with the Country Programme proposal. The change was attributed to two critical factors: CO revised staffing typology in 2009 to better respond to the CP; and establishment of a National Coordination Forum, which strengthened accountability and synergies between national and provincial programming. This was demonstrated by overall improvement in the CP programming between the mid-term review and the end evaluation. One issue consistently raised by implementing partners as hindering efficient implementation of the Country Programme was the difference between the financial years of the UNFPA and that of Government.

### 7. LESSONS LEARNT

- **a.** Strategic partnerships at all levels are critical in implementation of programme interventions. Partnerships at policy level ensure long term impact of interventions. Partnerships at community level are important in demonstrating that an idea works for government to replicate it in other areas.
- **b.** A lot of research has been conducted and data are available in the country to enable monitoring of MDGs. The gap is in the capacity to utilise the research results for policy and programming. This makes the CP relevant.
- **c.** South Africa has a number progressive laws, policies, and guidelines in the areas of human rights, sexual and reproductive health and rights, including gender. However, there is a gap in awareness and implementation. This is can be filled by the UNFPA, especially for the Gender Policy that has been drafted.
- **d.** Continue being strategic in placing resources in areas where UNFPA CP can play a catalytic role in initiating interventions that would have otherwise taken longer with government procedures.
- **e.** Use opportunities to demonstrate relevance of UNFPA to country needs. In seizing these opportunities, necessary education and consultations should be done. The
supply of condoms during FIFA World Cup in 2010 is a positive example where UNFPA seized an opportunity to respond to Government need.
f. The National Coordinating Forum and similar structures at provincial level have enhanced programme delivery among implementing partners and improved communication and accountability within a results-based management framework.
g. The difference in the financial years of the UN (calendar year) and Government of South Africa (April-March) causes delays in programme implementation.
h. Transparent communication with implementing partners, especially, community based structures, is critical for a portraying a positive image of UNFPA.
i. UNFPA can leverage its leadership role in the UNDAF to strengthen the value added to the Country Programme interventions for South Africa.

8. RECOMMENDATIONS
This section makes recommendations on the four key areas of the evaluation with respect to population development, SRH, gender and management and coordination, as follows:

a. Strengthening national macro-economic capacity for policy formulation, implementation and coordination, as well as government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy;

1. Capacity building in the area of PD at university level showed they can transform their traditional by offering in-service training to respond to government needs. It is recommended that the UNFPA CP should expand the model to cater for the needs of a variety of government planners at different levels.

2. One of the observations made by members of the National Coordinating Forum for the CP is that a substantive body of research had been conducted on issues such as teenage pregnancy in South Africa, but that the evidence has not been adequately utilized. It is recommended that UNFPA explores models of technical assistance to build capacity in utilising population research results for policy and programming at all levels of government.

3. The Training Manual on Integration of Population Issues into Development Policies and Plans has helped strengthen capacity building integration of population and development. It is recommended that the training programmes should strategically use the basic knowledge imparted on population dynamics (i.e. fertility, mortality and migration) and the interactions between population and development to make the training relevant to the needs of different stakeholders.

b. Reinforcing capacity of government to implement the comprehensive National HIV and AIDS Plan, as well as capacity of the National Health System to deliver high quality services

4. All 3rd CP interventions related to SRH, STI's and HIV&AIDS, such as Youth Development Programmes and Religious Leaders Project (RLP) were found to be effective in raising awareness of SRH, STI's and HIV&AIDS issues among the target population. It is recommended that the Government should expand the CP interventions of changing attitudes and behaviour to a wider number of communities. They should reach all
vulnerable populations including youth, refugees and sex workers in the rural communities where the real need exists.

5. Joint programme planning between UNFPA and implementing partners was applauded by partners as being effective. It is therefore recommended that this system should be maintained because it brings about a sense of ownership between all stakeholders during implementation of the interventions and ensures their sustainability.

6. An unintended effect of the programme was that community members expected more financial assistance from the UNFPA but there was no funding to continue and scale up interventions. It was noted that in some cases the CP funding created dependency on UNFPA among implementing partners. It is recommended that implementing partners should be made aware that implementation of projects is not only the responsibility of UNFPA but also that of the implementing partners, and that they should devise strategies for resource mobilization to sustain their projects.

7. The maternity waiting homes increased the utilization of maternal services, and prevented complications of late hospital arrival for deliveries. The Maternity waiting homes case can potentially be implemented throughout the country, especially in rural areas where there is no reliable transport and healthcare institutions are far from the villages.
   It is recommended that the dissemination and implementing of the concept of maternity waiting homes be explored by Department of Health to be made available to a wider number of communities.

c. Enhancing structures and capacities to prevent and respond to violence against women

8. The drafting of the Gender Policy is a welcome development. Implementing partners stressed the need to advocate for current legislation to pertinently address the issue of gender-based violence and to promote the mainstreaming of gender in all planning and programming at all levels of government.

9. Community dialogues with traditional leaders and men were seen to positively influence attitudes of community members towards gender-based violence. It is recommended that community dialogues should be expanded to include women and girls as victims of gender-based violence.

d. UNFPA Country Office organizational capacity to deliver on the Country Programme outputs and outcomes

10. The NPOs at provincial level played a catalytic role in improving coordination between government departments to delivery outputs of the 3rd CP. It is recommended that all provinces have a UNFPA coordinating officer to enhance provincial programming.

11. Partnership coordination has proven to be an important prerequisite for successful programme implementation, while the UNFPA plays a catalyst role. It is recommended that partnership coordination be strengthened at all levels of government. UNFPA partnership liaison approach should be integrated in each sub-programme area.
12. Government implementing partners observed that an obstacle hindering efficient implementation of the Country Programme is the difference between the financial years of the UNFPA and that of Government. Implementing partners suggested that annual work plans should be developed and discussed at the end of the year rather than the beginning.

13. The capacity for M&E among implementing partners was found to be limited. Therefore, it was recommended that M&E capacity among implementing partners should be strengthened. Secondly, proper baselines and targets should be established at the beginning of the CP, and tracked for the duration of the CP.
Appendix 1: TERMS OF REFERENCE

Evaluation of the
UNFPA 3rd Country Programme of Assistance to the
Government of the Republic of South Africa

1. Background and Context

According to Statistics South Africa, 2011 mid-year estimated the total population is estimated at 50.59 million, and 52% of those are females. About two-thirds of the population is younger than 35 years, and 41.2% of the population is aged 14-35 years. South Africa is classified as a middle-income country, but poverty and growing disparities between the rich and the poor (also within population groups) remain a challenge. The country is also facing several developmental challenges, including high maternal deaths, HIV and AIDS prevalence and a high unemployment rate, also and especially for young people under the age of 35.

The UNFPA 3rd Country Programme (CP) of Assistance to the Government of the Republic of South Africa was undertaken from 2007 to 2010, with further extension until 2012, in accordance with the current United Nations Development Assistance Framework (UNDAF). The UNFPA Country Programme supports the Department of Health, the Department of Social Development (National Population Unit), the National Youth Development Agency, the Department of Women, Children and People with Disabilities, and Statistics South Africa at national level. At provincial level, the CP supports four provinces which have been prioritised due to the state of their population and development indicators, namely KwaZulu-Natal, Limpopo, Free State and Eastern Cape. The UNFPA also collaborates with some tertiary institutions, non-governmental organisations and civil society organizations.

In 2009, the Department of Women, Children and People with Disabilities was established in the Presidency to promote equality and eradicate discrimination against women, children and people with disabilities. The current Election Manifesto of the ANC contains 5 major priorities for the period 2009-2014, namely creation of decent work and sustainable livelihoods, education, health, rural development, food security and land reform, as well as the fight against crime and corruption. Service delivery agreements were signed between the President and all Ministers, following the announcement of the five government priorities and the associated twelve national outcomes in 2010.

The 12 national outcomes are: a) Improved quality of Basic Education b) Healthy life for all South Africans c) South Africans are & feel safe d) Decent employment through inclusive economic growth e) A skilled and capable workforce to support inclusive growth f) Efficient, competitive & responsive infrastructure network g) Sustainable rural communities with food security for all h) Sustainable human settlement & improved quality of life i) Responsive, accountable, effective & efficient local government j) Environmental assets & natural resources that well protected & enhanced k) Create better SA & contribute to a better Africa and the world l) Efficient, effective & developmental oriented public service & an empowered, fair & inclusive citizenship. Since then, the South African Government has called on development partners, including UN agencies, to align interventions to these government
priorities and outcomes, in support of ministerial service delivery agreements for the current term of government.

**Country Programme Goal and Outcomes/Outputs**

The CP focuses on three sub-programmes, namely i) the Population and Development, ii) Gender, and iii) Sexual and Reproductive Health, including HIV prevention. The goal of the CP is to (a) improve the quality of life of South Africans, by helping to reverse the spread of HIV; (b) reduce gender inequities; and (c) enhance the centrality of population issues in development policies and programmes.

The **outcomes** and **outputs** specified for each of the sub-programmes are as follows:

**Population and Development:**

**Outcomes**

a) strengthened national macro-economic capacity for policy formulation, implementation and coordination
b) strengthened government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy.

**Outputs**

- Strengthened government capacity to integrate population, gender, environment and HIV/AIDS issues into development.
- Strengthened government capacity to develop and implement policies and programmes on employment and training.
- Strengthened government capacity to generate, analyse and disseminate policy relevant data, including Millennium Development Goal-related indicators.

**Sexual and Reproductive Rights**

**Outcomes**

a) strengthened capacity of government to implement the comprehensive National HIV and AIDS Plan; b) improved and expanded capacity of the National Health System to deliver high quality services

**Outputs**

- Strengthened capacity of the Government, non-governmental organizations (NGOs) and civil society to prevent HIV infection, especially among youth.
- The Government is supported in achieving universal access to HIV/AIDS prevention, treatment, care and support services.
- Strengthened capacity of healthcare workers to deliver reproductive health services, including high-quality family planning and services to prevent and manage gender-based violence and avoid unwanted and teenage pregnancies.
- Accelerated and increased use of female condoms.
A strengthened national monitoring and evaluation framework, especially with regard to the compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities

Gender

**Outcome** a) enhanced structures and capacities to prevent and respond to violence against women.

**Outputs**

Increased community capacity to prevent and respond to gender-based violence

Strengthened capacity of different sectors of government and other relevant institutions in gender auditing, gender budgeting and gender mainstreaming.

Strengthened provision of comprehensive services for female victims of gender-based violence and abuse.

Strengthened capacity of national, provincial and local authorities and law enforcement agencies to implement human rights-based policies and programmes to prevent gender-based violence.

**Purpose and scope of the evaluation**

The UNFPA’s mandate is to promote the right of every woman, man and child to enjoy a life of health and equal opportunity. The UNFPA supports countries with applying population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every girl and woman is treated with dignity and respect.

The UNFPA policy requires that a summative evaluation is conducted at the end of each programme cycle, in order to determine the outcome of the interventions. The end-of-programme summation evaluation is an imperative exercise to determine the value added by UNFPA in supporting government to ultimately improve the quality of South Africans. It will determine achievement of sub-programme results (outcomes); factors that facilitated/hindered achievement; and document best practices and lessons learned, in order to inform the development of the next cycle of country programme assistance. This evaluation follows the mid-term review (MTR), completed in September 2010.

The audience for this evaluation exercise will be implementers and beneficiaries of the CP, including the UNFPA, selected government partner departments, ten non-governmental/civil society organizations, three tertiary institutions, and other relevant stakeholders.

The evidence resulting from the evaluation will be utilized by UNFPA management, government partners and other implementing partners to utilize the evaluation results to inform the planning, programme design, budgeting, implementation and reporting for the next cycle. The evaluation evidence will essentially lay the basis for the next country programme.
The methodology for the evaluation will include both qualitative and quantitative research methods, and will cover implementing partners at government national and provincial levels, as indicated above. The majority of the implementing partners are located in Gauteng Province, and others in Kwa-Zulu/Natal, the Eastern and Western Cape, as well as North West Provinces.

**Objectives of the evaluation**

The CP will be evaluated against the commitments made in the Country Programme Document 2007-2010, extended to 2012 approved by UNFPA Executive Board. The end-of-CP evaluation objectives will focus on outcomes, taking into account that the CP has ran over a five-year period. This evaluation will look beyond activities and delivered outputs, it will capture the change that has occurred for the beneficiaries at different levels in the areas of population and development, sexual and reproductive health and gender.

Therefore, the objectives will to assess the change and make recommendations on:

- National macro-economic capacity for policy formulation, implementation and coordination, as well as government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy.
- Capacity of government to implement the comprehensive National HIV and AIDS Plan, as well as capacity of the National Health System to deliver high quality services
- Structures and capacities to prevent and respond to violence against women
- UNFPA CP organizational capacity to deliver on the CP outputs and outcomes

**Evaluation criteria**

The evaluation criteria include relevance, effectiveness, efficiency, impact, sustainability leadership and management.

Relevance will examine the value and usefulness of the programme to the stakeholders and beneficiaries

Efficiency will examine the extent to which the costs of the CP can be justified by its results/ the value for money, taking alternatives into account

Effectiveness will measure the extent to which the programme objectives have been achieved. These will be measured at the output and outcome levels.

Impact will measure the totality of the effects of a programme, be it negative and positive, intended and unintended
Sustainability will determine whether benefits that accrued from the programme will continue long after it ended.

Evaluation Questions

The evaluation questions matrix addresses the common evaluation criteria questions against the specific questions of each objective. The service provider will be briefed on appointment on key evaluation questions. The service provider will be expected to develop an evaluation matrix/framework that takes into account the evaluation criteria and evaluation objectives.

Gender and Human rights

Both rights-holders and duty-bearers will be engaged as key informants, in validating the findings and as part of the study results dissemination audience.

The study will ensure fair representation and participation of women, as well as other minority groups which are often subject to discrimination as far as possible.

Gender and human rights principles of empowerment, participation, non-discrimination, & accountability will be applied. Gender analysis and human rights based frameworks will be taken into account in line with the UN policies and instruments, and data will be disaggregated by sex, age and special groups to the extent possible. The gender component of the CP will be assessed using the criteria of relevance, efficiency, effectiveness, impact and sustainability.

Methodology

The evaluation will utilize qualitative and quantitative methodologies. The overall study design must consider multiple methods such as quasi-experimental methods in line with the evaluation objectives. The data collection will include key informant interviews, focus group discussions, as well as existing database and record reviews. The data analysis will compare the before and after intervention effect. The study will also triangulate data to increase credibility of the evidence. The evaluation will follow United Nations Evaluation Group (UNEG) guidelines.

The sampling frame will include all implementing partners at government national and provincial levels (namely Department of Social Development, Department of Health, the Department of Women, Children & People with Disabilities, Statistics South Africa, as well as KwaZulu-Natal, Limpopo, Free State
and Eastern Cape provinces); two tertiary institutions, and 10 non-governmental organizations / civil society organizations. The majority of the implementing partners are located in Gauteng, and some are in KwaZulu Natal, Eastern Cape, Western Cape and North West provinces. The study will include 3 to 4 case studies to review best practices and document lessons learnt.
Evaluation Work Plan

This evaluation will be conducted over a maximum of 30 working days. The evaluation will commence on the 21st of November and be completed on the 30th of January, taking into account December and January holidays.

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<th>Activity/Milestone</th>
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<td>Undertake a desktop review of background documents (list to be provided)</td>
<td>Week 1</td>
<td>Service Provider</td>
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<td>Inception report (indicating study design, evaluation matrix, data collection tools, methodology, implementation plan, deliverable and deadline)</td>
<td>Week 2</td>
<td>Service Provider &amp; ESCT</td>
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<td>Field work and data collection</td>
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<td>Service Provider</td>
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<td>1st draft report shared with stakeholders</td>
<td>Week 4</td>
<td>Service Provider &amp; ESCT</td>
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<td>Validate evaluation preliminary findings with all stakeholders</td>
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<td>Service Provider &amp; ESCT</td>
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<td>Revise draft report and finalize</td>
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<td>Service Provider</td>
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<td>Present project key mile stones and progress reports to the Evaluation Steering Committee at agreed intervals</td>
<td>Week 1, Week 2, Week 3</td>
<td>Service Provider</td>
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<td>UNFPA &amp; National Coordinating Committee</td>
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<td>Management Response</td>
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<td>Dissemination of the results</td>
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<td>UNFPA &amp; Evaluation Steering Committee</td>
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Deliverables
A 40-50 page electronic and colour printed Ms Word report will be produced. The report will provide evaluation and recommendations in both operational and programmatic areas including substantive focus on UNFPA’s thematic areas namely Population and Development, Reproductive Health & Rights and Gender Equality. The evaluation report must adhere to UNFPA Evaluation Report Quality Assessment Form standard (refer to annexure 1).

An Evaluation Steering Committee Team (ESCT) made up of evaluation and programme experts from UNFPA, National Population Unit and other UN agencies partners will be set-up for quality assurance purposes. The team will be responsible for approval of inception report, monitoring progress and quality of evaluation activities, review and comment on drafts report.

**Required Service Provider Expertise & Capacity**

UNFPA is looking for a service provider/institution/a consortium that has the following technical expertise and institutional capacity. It is envisaged that 2-4 professionals might be required for this evaluation depending on qualifications and skills mix of the evaluation team members.

Expertise in public health, gender, population/demography/development economics, and/or other relevant social science disciplines

Human rights programming expertise and experience

Credible evaluation experience and expertise

Expertise in qualitative and quantitative methodologies

International evaluation experience

Experience with the United Nations or other development partners

Technical & research report writing, editing and publishing experience

Familiarity with the South African development environment will be an added advantage

Strong statistical analytic abilities and fluency in English

Strong individual consultants with expertise in UNFPA mandate and a good regional/international evaluation track record will also be considered. Individual consultants must be willing to work with other evaluation consultants/institutions.

**Evaluation of Proposals**

A two-stage procedure will be utilized in evaluating the proposals, with evaluation of the technical bid being completed prior to comparing financial bid.

**Technical Evaluation**
The technical bid is evaluated on the basis of its responsiveness to the Terms of Reference as follows:

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<td>(a) Profile of the company and relevance to the Project</td>
<td>100</td>
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<td>(b) Technical approach, methodology and level of understanding of the objectives of the project</td>
<td>100</td>
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<td>(c) Professional experience of the staff that will be employed to the project / Description of qualification of the subcontractors and history of your experience working together.</td>
<td>100</td>
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<td>(e) Prior experience of handling projects of this nature and experience in the country</td>
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**GRAND TOTAL ALL CRITERIA** 400 100%

Bidders should secure 70% from the technical evaluation in order to be eligible for the Financial and Final evaluation stage.

**Financial Evaluation**

The lowest financial bid will receive a maximum score: In order to complete an analysis of the proposed prices, firms are required to submit itemized pricing

**Contractual Agreement**

The service provider will be paid according to deliverables as agreed in consultation with UNFPA. The service provider should be prepared to work in collaboration with other evaluations experts who have complementary expertise in the areas of sexual and reproductive health, gender and population studies.
### Appendix 2: Table 1: Evaluation Questions Matrix by Thematic Area Outcome and outputs

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<th>CRITERIA/ SUB-CRITERIA</th>
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<th>WHAT TO CHECK</th>
<th>DATA SOURCES</th>
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<tr>
<td>RELEVANCE: Usefulness and value to stakeholders</td>
<td>Which interventions were supported by 3&lt;sup&gt;rd&lt;/sup&gt; CP? Do the objectives for programme interventions supported by the 3&lt;sup&gt;rd&lt;/sup&gt; CP: a- address the needs of your organization and intended beneficiary population? b- in line with the priorities set by the provincial and national governments and Is CP aligned to UNFPA mandate and comparative advantage? How has the programme supported the department to integrate cross-cutting issues of vulnerable groups, youth and gender? If not, what issues still need to be addressed?</td>
<td>Review and compare 3&lt;sup&gt;rd&lt;/sup&gt; CP documents and Population policies and strategies to see how harmonised the priorities are</td>
<td>National government strategic documents such as MTEF. DSD- NPU, PPU, OTP, Statistics SA and NYDA key informants, UNDAF UNFPA strategic plan</td>
<td>Desk review of strategic plans, activity and evaluation reports from government including MTEF. UNFPA and DSD Interviews with UNFPA and DSD- NPU &amp; PPU staff</td>
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<td>To what extent are the results and benefits from the 3&lt;sup&gt;rd&lt;/sup&gt; CP 2007-2012 useful to beneficiaries at national and provincial level? How are UNFPA interventions integrated into related government programmes? Is UNFPA responsive to government needs in the context of SA as a mid-</td>
<td>Review the capacity to integrate population variables into development by PU officers Review the capacity of government and implementing partners to develop and implement population policies at UNFPA, DSD- PU, APSTAR, NEXUS</td>
<td>Desk reviews (as above), including University Training programmes</td>
<td>Interviews with PU, and training programme coordinators</td>
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**THEMATIC AREA 1: POPULATION AND DEVELOPMENT**
Projects/Interventions: APSTAR, NW under & post graduate population studies; PED Nexus, PED in IDP, census support, Africa Centre- surveillance site, State of provincial reports and related action planning and other initiatives
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<tr>
<td>EFFICIENCY: Organisational and programmatic efficiency</td>
<td>How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?</td>
<td>Are the resources sufficient? Are they disbursed in a timely manner? Are they allocated in line with strategic objectives to bring the best value for money? Which partnerships were more strategic in bringing about results and value-for-money? Were agreed outputs delivered? Was the programme approach, partner and stakeholder engagement appropriate for results delivery?</td>
<td>PPU, Implementing partners, Analysis of expenditure and programme reports</td>
<td>As above Minutes of coordinating meetings</td>
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<td>To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money? Which partnerships were more strategic in bringing about results and value-for-money?</td>
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<td>Were the activities managed in a manner to ensure delivery of high quality outputs and best value for money? Which partnerships were more strategic in bringing about results and value-for-money? Were agreed outputs delivered? Was the programme approach, partner and stakeholder engagement appropriate for results delivery?</td>
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<tr>
<td>EFFECTIVENESS</td>
<td>Degree of achievements of outputs and outcomes</td>
<td>To what extent did the UNFPA CP contribute to the stated outcomes? Are the outcomes a result of/attribution to CP interventions?</td>
<td>Review 3rd CP planning and DSD documents &amp; reports to see to what extent the has there been: Strengthened government capacity to develop and implement policies and programmes on employment and training. Strengthened government capacity to generate, analyze and disseminate policy relevant data, including Millennium Development Goal-related indicators.</td>
<td>UNFPA, NPU, PPU, Programme reports, policies and strategic documents on population and development</td>
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<td>Were UNFPA interventions implemented at adequate scale to reach intended outcomes? What else should be done to make the programmes more effective? Were strategic information outputs such as “State of the Provincial Population Reports” and other research reports used to inform policy/planning? To what extent are the skilled PD managers able to influence integration?</td>
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<td>of population issues into developmental plans?</td>
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<td>Are relevant population reports and demographic data used for planning?</td>
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<td>Is budget allocation reflective of population demographics?</td>
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<td>SUSTAINABILITY</td>
<td>Are UNFPA interventions integrated into departmental plans?</td>
<td>In view of nature of the outputs/outcomes, assess the sustainability of the benefits taking into account local capacity, ownership, resources, level of commitment etc.</td>
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<td>Continuity of benefits after 3rd CP</td>
<td>What are plans for sustainability?</td>
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<td>Does your institution have capacity to continue programme interventions without UNFPA or any donor support?</td>
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<td>If not, what kind of assistance will be required?</td>
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<td>To what extent have the capacities at national and provincial level been strengthened?</td>
<td>Analyse both explicit capacity-building and indirect capacity-building that may occur as an unintended effect resulting from the interaction with UNFPA or implementation of the CP</td>
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<td>IMPACT (OUTCOMES)</td>
<td>What were the intended and unintended effects of the programme interventions (specify to the institution)?</td>
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<td>Effects of the CP, intended &amp; unintended, positive &amp; negative</td>
<td>Do you think it had an impact on at population level?</td>
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<td>Is the achievement of the outputs for the CP benefitted outcomes at national and provincial level? Could the results (outputs and outcomes) have been achieved without UNFPA?</td>
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<td>To what extent are the changes that occurred during the life span of the programme being attributed to the UNFPA CP interventions? What other factors might have contributed to the achievement of outcomes? What factors hindered the achievements of results? What should be done differently if the CP support were to continue?</td>
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**THEMATIC AREA 2: SEXUAL AND REPRODUCTIVE HEALTH**

**Type of interventions:** support to DOH in areas of World Cup condom programming, health worker capacity building in SRH, FP training curriculum, HCT campaign by young people with loveLife, development, religious leaders project, sex workers programme in Eastern Cape...

**RELEVANCE:** Usefulness and value to stakeholders

<p>| RELEVANCE: Usefulness and value to stakeholders | Which interventions were supported by 3rd CP? Do the objectives for programme interventions supported by the 3rd CP: a- address the needs of your organisation and the intended beneficiary population? b- in line with the priorities set by the provincial and national provincial and Is CP aligned to UNFPA mandate and comparative advantage? | UNFPA SRH &amp; HIV prevention focal persons, DOH-HAST, NGOs such as loveLife, Soul city, Soshanguve Ministry Fellowship, Desmond Tutu HIV Foundation, Congress of S.A churches N/W, DSD – NPU, NYDA, KZNDOH-HTC, ECDOH, SANAC | Key informant interviews Best practice- KZN. |</p>
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<td></td>
<td>How has the programme supported the department to integrate cross-cutting issues of vulnerable groups, youth and gender? If not, what issues still need to be addressed?</td>
<td>If there is strengthened capacity for: the Government, NGOs &amp; civil society to prevent HIV infection, especially among youth healthcare workers to deliver reproductive health services, including high-quality family planning and services to prevent and manage gender-based violence and avoid unwanted and teenage pregnancies.</td>
<td>Analysis of expenditure and programme reports</td>
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<td>To what extent are the results and benefits from the 3rd CP 2007-2012 useful to beneficiaries at national and provincial level? How are UNFPA interventions integrated/ into related government programmes?</td>
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<td>EFFICIENCY: Organisational and programmatic efficiency</td>
<td>How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs? To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money? Was the staffing adequate to deliver</td>
<td>If there is a strengthened national M&amp;E framework, especially with regard to the compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities Capacity building and skills transfer to UNFPA partner organizations</td>
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<td>EFFECTIVENESS</td>
<td>Degree of achievements of outputs and outcomes</td>
<td>To what extent did the UNFPA CP contribute to the stated outcomes? Are the outcomes a result of/attributable to CP interventions? Were UNFPA interventions implemented at adequate scale to reach intended outcomes? To what extent did the programme reach the intended beneficiaries? What else should be done to make the programmes more effective? Has trained health workers improved utilization and access to maternal health services? Has the access to condoms and family planning services increased? Has the strengthened capacity of the government, non-governmental organizations (NGOs) and civil society increased access to HIV prevention services among youth? Has the use of information improved</td>
<td>Coverage of NGOs strengthened to prevent HIV infection among youth Extent of support to government in achieving universal access to HIV/AIDS prevention, treatment, care &amp; support services Extent of strengthened capacity of health workers to deliver SRH services Levels of accelerated and increased use of female condoms</td>
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<td>reproductive health commodities?</td>
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<td>SUSTAINABILITY</td>
<td>Are UNFPA interventions integrated into departmental plans?</td>
<td>In view of nature of the outputs/outcomes, assess the sustainability of the benefits taking into account local capacity, ownership, resources, level of commitment etc</td>
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<td>Continuity of benefits after 3\textsuperscript{rd} CP</td>
<td>What are plans for sustainability?</td>
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<td>Does your institution have capacity to continue programme interventions without UNFPA or any donor support?</td>
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<td>If not, what kind of assistance will be required?</td>
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<td>To what extent have the capacities at national and provincial level been strengthened?</td>
<td>Government &amp; NGO implementers have taken over the ownership and management of the SRH programmes</td>
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<tr>
<td>IMPACT (OUTCOMES)</td>
<td>What were the intended and unintended effects of the programme interventions (specify) to the institution?</td>
<td>Degree of geographical coverage of SRH &amp; HIV prevention interventions supported by 3\textsuperscript{rd} CP</td>
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<td>Effects of the CP, intended &amp; unintended, positive &amp; negative</td>
<td>Do you think it had an impact on at population level?</td>
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<td>Is the achievement of the outputs for the CP benefitted outcomes at national and provincial level?</td>
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<td>Could the results (outputs and outcomes) have been achieved without UNFPA?</td>
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<td>To what extent are the changes that occurred during the life span of the programme being attributed to the UNFPA CP interventions?</td>
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<td>What other factors might have contributed to the achievement of outcomes?</td>
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<td>THEMATIC AREA 3: GENDER EQUALITY</td>
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<td>Types of interventions: MWCPD support in development of Gender Equality Policy towards the Gender Bill, traditional leaders’ involvement in early marriages initiative in Eastern Cape</td>
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<td></td>
<td>RELEVANCE: Usefulness and value to stakeholders</td>
<td>Which interventions were supported by 3rd CP?</td>
<td><strong>If Gender Equality objectives are aligned with national, and provincial ones</strong></td>
<td>-Key informant interview - Consultative meeting - Best Practice</td>
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|                        | Do the objectives for programme interventions supported by the 3rd CP:  
  a- address the needs of your organization and intended beneficiary population?  
  b- in line with the priorities set by the provincial and national governments and  
  Is CP aligned to UNFPA mandate and comparative advantage?                                                                                                                                                                                                                   | Are gender skilled managers able to undertake departmental gender auditing, budgeting and mainstreaming gender into departmental plans?                                                                     | **UNFPA**  
  **ECSDS**  
  **EC-LG&TA**  
  **MWCPD**  
  Council of Churches Members  
  Sonke Gender Justice  
  OTP-Gender sub programmes, religious leaders, EPW (sex workers)  
  EC office premier, |                 |
<p>|                        | To what extent has gender been mainstreamed/integrated into national and provincial plans in the CP supported national (5) and 4 provincial plans? Are departmental plans &amp; budgets reflective of gender?                                                                                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                 |
|                        | What community systems, structured and services have been put in place to prevent and respond gender-based                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                 |</p>
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<td>violence in CP supported provinces</td>
<td>To what extend has UNFPA gender capacity building and advocacy contributed to development and streamlining of human rights based policies to prevent gender-based violence at national levels and the supported provinces? How has the programme supported the department (institution) to integrate cross-cutting issues of vulnerable groups, youth and gender? If not, what issues still need to be addressed?</td>
<td>If there is increased community capacity to prevent and respond to gender-based violence</td>
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<tr>
<td>EFFICIENCY: Organisational and programmatic efficiency</td>
<td>To what extent are the results and benefits from the 3rd CP 2007-2012 useful to beneficiaries at national and provincial level? How are UNFPA gender interventions integrated/ into related government programmes?</td>
<td>If there is increased community capacity to prevent and respond to gender-based violence</td>
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<td>If there is a strengthened national M&amp;E framework, especially with regard to the compilation and analysis of gender disaggregated data and conduct of gender audit</td>
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<td>value-for money?</td>
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<td>Were agreed outputs delivered?</td>
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<td>Was the programme approach, partner and stakeholder engagement appropriate for results delivery?</td>
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<td>If there is a strengthened national M&amp;E framework, especially with regard to the compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities</td>
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<td>To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money?</td>
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<td>EFFECTIVENESS Degree of achievements of outputs and outcomes</td>
<td>To what extent did the UNFPA CP contribute to the stated outcomes?</td>
<td>Is there strengthened capacity of national, provincial and local authorities and law enforcement agencies to implement human rights-based policies and programmes to prevent gender-based violence?</td>
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<td>Are the outcomes a result of/attributable to CP interventions?</td>
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<td>Were UNFPA interventions implemented at adequate scale to reach intended outcomes?</td>
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<td>What else should be done to make the programmes more effective?</td>
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<td>SUSTAINABILITY Continuity of benefits after 3rd CP</td>
<td>Are UNFPA interventions integrated into departmental plans?</td>
<td>In view of nature of the outputs/outcomes, assess the sustainability of the benefits taking into account local capacity, ownership, resources, level of commitment etc.</td>
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<td>What are plans for sustainability?</td>
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<td>WHAT TO CHECK</td>
<td>DATA SOURCES</td>
<td>DATA COLLECTION</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------</td>
<td>---------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>without UNFPA or any donor support? If not, what kind of assistance will be required?</td>
<td></td>
<td>Government &amp; NGO implementers have taken over the ownership and management of the gender equality programmes</td>
<td>Degree of geographical coverage of gender equality interventions supported by 3^rd CP</td>
</tr>
<tr>
<td>IMPACT (OUTCOMES)</td>
<td>To what extent have the capacities at national and provincial level been strengthened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects of the CP, intended &amp; unintended, positive &amp; negative</td>
<td>What were the intended and unintended effects of the programme interventions (specify) to the institution? Do you think it had an impact on at population level? Is the achievement of the outputs for the CP benefitted outcomes at national and provincial level? Could the results (outputs and outcomes) have been achieved without UNFPA?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To what extent are the changes that occurred during the life span of the programme being attributed to the UNFPA CP interventions? What other factors might have contributed to the achievement of outcomes? What factors hindered the achievements of results?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Evaluation Question Guide

KEY INFORMANT INTERVIEW GUIDE

<table>
<thead>
<tr>
<th>Province:</th>
<th>Project area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Project:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-Programme Area:</th>
<th>Respondent: (If more than one key informant is involved please attach the list of names and affiliations of participants of the meeting/interview)</th>
</tr>
</thead>
</table>

The responses to the interviews should be supported by documentation to as large extent as possible. The Desk Review will also follow similar questions.

THEMATIC AREA 1: POPULATION AND DEVELOPMENT

Introduction

1. Which interventions were supported by 3rd CP?

Relevance (Usefulness and value to stakeholders)

2. Do the objectives for programme interventions supported by the 3rd Country Programme:
   a. address the needs of your organization and intended beneficiary population?
   b. suit the priorities set by the provincial and national governments
   c. align themselves to UNFPA mandate and comparative advantage?

3. How has the programme supported the department to integrate cross-cutting issues of vulnerable groups, youth and gender?
   a. If not, what issues still need to be addressed?

4. To what extent are the results and benefits from the 3rd CP 2007-2012 useful to beneficiaries at national and provincial level?

5. How are UNFPA interventions integrated/into related government programmes?

6. Is UNFPA responsive to government needs in the context of SA as a mid-income country?
Efficiency (Organisational and programmatic efficiency)

7. How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
8. To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money?
9. Were agreed outputs delivered?
10. Was the programme approach, partner and stakeholder engagement appropriate for results delivery?
11. Which partnerships were more strategic in bringing about results and value-for-money?
12. Were institutions adequately equipped to deliver on results-based management/ M&E for the CP?

Effectiveness (Degree of achievements of outputs and outcomes)

13. To what extent did the UNFPA CP contribute to the stated outcomes?
14. Are the outcomes a result of/attributable to CP interventions?
15. Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
16. To what extent did the programme reach the intended beneficiaries?
17. Were strategic information outputs such as “State of the Provincial Population Reports” and other research reports used to inform policy/planning?
18. To what extent are PD managers:
   a. skilled to integrate population issues into development plans?
   b. able to influence integration of population issues into developmental plans?
19. Are relevant population reports and demographic data used for planning?
20. What else should be done to make the programmes more effective?
21. Is budget allocation reflective of population demographics?

Sustainability (Continuity of benefits after 3rd CP)

22. Are UNFPA interventions integrated into departmental plans?
23. What are plans for sustainability?
24. Does your institution have capacity to continue programme interventions without UNFPA or any donor support?

If not, what kind of assistance will be required?

25. To what extent have the capacities at national and provincial level been strengthened?

Impact (OUTCOMES) Effects of the CP, intended & unintended, positive & negative

26. What were the intended and unintended effects of the programme interventions (specify) to the institution)?

Do you think it had an impact on at population level?

27. Has the achievement of the outputs for the CP benefitted outcomes at national and provincial level?
28. Could the results (outputs and outcomes) have been achieved without UNFPA?
29. To what extent are the changes that occurred during the life span of the programme attributed to the UNFPA CP interventions?
30. What other factors might have contributed to the achievement of outcomes?
31. What factors hindered the achievements of results?
32. What should be done differently if the CP support were to continue?

Concluding Remarks

33. Thank you for this important information. Do you have any questions or comments for me?

THEMATIC AREA 2: SEXUAL AND REPRODUCTIVE HEALTH

Introduction

1. Which interventions were supported by 3rd CP?

Relevance (Usefulness and value to stakeholders)

2. Do the objectives for programme interventions supported by the 3rd Country Programme:
   a. address the needs of your organization and intended beneficiary population?
   b. suit the priorities set by the provincial and national governments
   c. align themselves to UNFPA mandate and comparative advantage?

3. How has the programme supported the department to integrate cross-cutting issues of vulnerable groups, youth and gender?
   If not, what issues still need to be addressed?

4. To what extent are the results and benefits from the 3rd CP 2007-2012 useful to beneficiaries at national and provincial level?
5. How are UNFPA interventions integrated/into related government programmes?
6. Is UNFPA responsive to government needs in the context of SA as a mid-income country?

Efficiency (Organisational and programmatic efficiency)

7. How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
8. To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money?
9. Which partnerships were more strategic in bringing about results and value-for money?
10. Was the programme approach, partner and stakeholder engagement appropriate for results delivery?

Effectiveness (Degree of achievements of outputs and outcomes)

11. To what extent did the UNFPA CP contribute to the stated outcomes?
12. Are the outcomes a result of/attributable to CP interventions?
13. Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
14. What else should be done to make the programmes more effective?
15. Have trained health workers improved utilization and access to maternal health services?
16. Has the access to condoms and family planning services increased?
17. Has the strengthened capacity of the government, non-governmental organizations (NGOs) and civil society increased access to HIV prevention services among youth?
18. Has the use of information improved reproductive health commodities?
19. Is budget allocation reflective of population demographics?

**Sustainability (Continuity of benefits after 3rd CP)**

20. Are UNFPA interventions integrated into departmental plans?
21. What are plans for sustainability?
22. Does your institution have capacity to continue programme interventions without UNFPA or any donor support?

If not, what kind of assistance will be required?

23. To what extent have the capacities at national and provincial level been strengthened?

**Impact (OUTCOMES) Effects of the CP, intended & unintended, positive & negative**

24. What were the intended and unintended effects of the programme interventions (specify) to the institution)?

Do you think it had an impact on at population level?

25. Is the achievement of the outputs for the CP benefitted outcomes at national and provincial level?
26. Could the results (outputs and outcomes) have been achieved without UNFPA?

**Concluding Remarks**

27. Thank you for this important information. Do you have any questions or comments for me?

**THEMATIC AREA 3: GENDER EQUALITY**

**Introduction**

1. Which interventions were supported by 3rd CP?

**Relevance (Usefulness and value to stakeholders)**

2. Do the objectives for programme interventions supported by the 3rd Country Programme:
   a. address the needs of your organization and intended beneficiary population?
   b. suit the priorities set by the provincial and national governments
c. align themselves to UNFPA mandate and comparative advantage?

3. To what extent has gender been mainstreamed/integrated into national and provincial plans in the CP supported national (5) and 4 provincial plans?
4. Are departmental plans & budgets reflective of gender?
5. How has the programme supported the department to integrate cross-cutting issues of vulnerable groups, youth and gender? If not, what issues still need to be addressed?
6. What community systems, structured and services have been put in place to prevent and respond gender-based violence in CP supported provinces?
7. To what extent has UNFPA gender capacity building and advocacy contributed to development and streamlining of human rights based policies to prevent gender-based violence at national levels and the supported provinces?
8. How has the programme supported the department (institution) to integrate cross-cutting issues of vulnerable groups, youth and gender? If not, what issues still need to be addressed?

9. To what extent are the results and benefits from the 3rd CP 2007-2012 useful to beneficiaries at national and provincial level?
10. How are UNFPA gender interventions integrated/into related government programmes?
11. Is UNFPA responsive to government needs in the context of SA as a mid-income country?

**Efficiency (Organisational and programmatic efficiency)**

12. How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
13. To what extent were the activities managed in a manner to ensure delivery of high quality outputs and best value for money?
14. Which partnerships were more strategic in bringing about results and value-for-money?
15. Was the programme approach, partner and stakeholder engagement appropriate for results delivery?
16. Were agreed outputs delivered?
17. Was the programme approach, partner and stakeholder engagement appropriate for results delivery?

**Effectiveness (Degree of achievements of outputs and outcomes)**

18. To what extent did the UNFPA CP contribute to the stated outcomes?
19. Are the outcomes a result of/attribution to CP interventions?
20. Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
21. What else should be done to make the programmes more effective?
22. Is budget allocation reflective of population demographics?

**Sustainability (Continuity of benefits after 3rd CP)**

23. Are UNFPA interventions integrated into departmental plans?
24. What are plans for sustainability?
25. Does your institution have capacity to continue programme interventions without UNFPA or any donor support?
If not, what kind of assistance will be required?

26. To what extent have the capacities at national and provincial level been strengthened?

Impact (OUTCOMES) Effects of the CP, intended & unintended, positive & negative

27. What were the intended and unintended effects of the programme interventions (specify) to the institution?

   Do you think it had an impact on at population level?

28. Is the achievement of the outputs for the CP benefitted outcomes at national and provincial level?
29. Could the results (outputs and outcomes) have been achieved without UNFPA?
30. To what extent are the changes that occurred during the life span of the programme be attributed to the UNFPA CP interventions?
31. What other factors might have contributed to the achievement of outcomes?
32. What factors hindered the achievements of results?

Concluding Remarks

33. Thank you for this important information. Do you have any questions or comments for me?
### Appendix 4: Summary of UNFPA 3rd Country Programme Achievements

#### Population & Development

<table>
<thead>
<tr>
<th>Outputs and Outputs Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>3rd CP achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1</strong>: Strengthened government capacity to integrate population, gender, environment and HIV/AIDS issues into development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Number of development planners trained in population and development</td>
<td>No data</td>
<td>No data</td>
<td>560</td>
</tr>
<tr>
<td>● Number of organizations with national and provincial plans and policies integrated which integrate population considerations</td>
<td>No data</td>
<td>No data</td>
<td>7</td>
</tr>
<tr>
<td><strong>Output 2</strong>: Strengthened government capacity to develop and implement policies and programmes on employment and training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● EPWP training curriculum &amp; employment policies revised</td>
<td>No data</td>
<td>No data</td>
<td>0</td>
</tr>
<tr>
<td>● EPWP employment &amp; training plans reflecting population, youth and gender</td>
<td>No data</td>
<td>No data</td>
<td>0</td>
</tr>
<tr>
<td><strong>Output 3</strong>: Strengthened government capacity to generate, analyze and disseminate policy-relevant data, including MDG related indicators.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Number of population research reports produced</td>
<td>No data</td>
<td>No data</td>
<td>7</td>
</tr>
<tr>
<td>● 2010 census report completed</td>
<td>No data</td>
<td>No data</td>
<td>2011 census completed</td>
</tr>
</tbody>
</table>

#### Reproductive Health and Rights

<table>
<thead>
<tr>
<th>Outputs and Outputs Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>3rd CP achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1</strong>: Strengthened capacity of government, NGO’s &amp; and civil society to prevent HIV infections, especially among youth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Number of organizations provided technical assistance in youth related HIV prevention interventions</td>
<td>No data</td>
<td>No data</td>
<td>10</td>
</tr>
<tr>
<td>● Individuals reached by advocacy interventions</td>
<td>No data</td>
<td>No data</td>
<td>2982</td>
</tr>
<tr>
<td><strong>Output 2</strong>: Government is supported in achieving universal access to HIV/AIDS prevention, treatment, care and support services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of annual joint UN program plans</td>
<td>No data</td>
<td>No data</td>
<td>Annual joint plan implemented</td>
</tr>
<tr>
<td>● Proportion of program review meetings occurring as scheduled</td>
<td>No data</td>
<td>No data</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Output 3</strong>: Strengthened capacity of health workers to deliver RH services, including high-quality family planning and services to prevent and manage gender-based violence and avoid unwanted and teenage pregnancies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Number of health workers trained to deliver RH services</td>
<td>No data</td>
<td>No data</td>
<td>263</td>
</tr>
<tr>
<td>● Number of organizations provided with RH &amp; technical support to improve RH services</td>
<td>No data</td>
<td>No data</td>
<td>18</td>
</tr>
<tr>
<td><strong>Output 4</strong>: Accelerated and increased use of female condoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Condom distribution rate (for male &amp; female)</td>
<td>No data</td>
<td>No data</td>
<td>11</td>
</tr>
<tr>
<td>● Number of condoms procured for the DOH (male &amp; female)</td>
<td>No data</td>
<td>No data</td>
<td>3.5 million</td>
</tr>
<tr>
<td><strong>Output 5</strong>: Strengthened national M &amp; E framework, especially with regard to compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Reproductive Health Monitoring &amp; Evaluation Framework aligned to HIV and AIDS strategic plan</td>
<td>No data</td>
<td>No data</td>
<td>Yes</td>
</tr>
<tr>
<td>● Number of individuals trained in RH commodities management information system</td>
<td>No data</td>
<td>No data</td>
<td>84</td>
</tr>
</tbody>
</table>
## Gender

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>3rd CP achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1:</strong> Increased community capacity to prevent and respond and prevent gender-based violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Number of individuals reached in community-based human rights education and outreach advocacy</td>
<td>No data</td>
<td>No data</td>
<td>2220</td>
</tr>
<tr>
<td>- Number of organizations working in partnership with UNFPA in gender and human rights advocacy</td>
<td>No data</td>
<td>No data</td>
<td>5</td>
</tr>
<tr>
<td><strong>Output 2:</strong> Strengthened capacity of different sectors of government and other relevant institutions in gender auditing, gender budgeting and gender mainstreaming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of organizations provided technical support for gender auditing, budgeting &amp; mainstreaming capacity building.</td>
<td>No data</td>
<td>No data</td>
<td>6</td>
</tr>
<tr>
<td>Number of individuals trained in gender auditing, budgeting &amp; mainstreaming</td>
<td>No data</td>
<td>No data</td>
<td>17</td>
</tr>
<tr>
<td><strong>Output 3:</strong> Strengthened provision of comprehensive services for female victims of GBV and abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals trained in different aspects of gender-based violence and abuse</td>
<td>No data</td>
<td>No data</td>
<td>269</td>
</tr>
<tr>
<td>Number of organizations provided capacity building on GBV</td>
<td>No data</td>
<td>No data</td>
<td>2</td>
</tr>
<tr>
<td><strong>Output 4:</strong> Strengthened capacity of national, provincial and local authorities and law enforcement agencies to implement human rights-based policies and programmes to prevent gender-based violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of UN joint gender programming review meeting occurring according to schedule</td>
<td>No data</td>
<td>No data</td>
<td>60%</td>
</tr>
<tr>
<td>- Number of law enforcement agents trained on GBV</td>
<td>No data</td>
<td>No data</td>
<td>0</td>
</tr>
</tbody>
</table>

### C. National Progress on UNFPA Strategic Plan Outcomes

<table>
<thead>
<tr>
<th>Start value</th>
<th>Year</th>
<th>End value</th>
<th>Year</th>
</tr>
</thead>
</table>

#### Outcome 1 Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

National development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction


National health policies and plans that have integrated sexual and reproductive health (SRH) services (including family planning)

- **No data**

#### Outcome 2 Increased access to and utilization of quality maternal and newborn health services

<table>
<thead>
<tr>
<th>Maternal mortality ratio</th>
<th>150/100 000</th>
<th>2001</th>
<th>310 /100 000</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births attended by skilled health personnel</td>
<td>76.6%</td>
<td>2001</td>
<td>94.3%</td>
<td>2008</td>
</tr>
<tr>
<td>Caesarean sections as a proportion of all live births</td>
<td>14.7%</td>
<td>2006</td>
<td>18.80%</td>
<td>2008</td>
</tr>
</tbody>
</table>
**Outcome 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2003</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate (modern methods)</td>
<td>65.3%</td>
<td>66%</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>No data</td>
<td>15%</td>
</tr>
<tr>
<td>Percentage of service delivery points (SDPs) offering at least three modern methods of contraception</td>
<td>88%</td>
<td>2003 1% 2011</td>
</tr>
</tbody>
</table>

**Outcome 4 Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence in youth (15-24 years)</td>
<td>10.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse</td>
<td>35.4</td>
<td>2005 62.4 2008</td>
</tr>
</tbody>
</table>

**Outcome 5 Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>DHS, 2003</th>
<th>2003</th>
<th>Draft Bill on Gender Equality 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of women aged 20-24 who were married or in union before age 18</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 6 Improved access to SRH services and sexuality education for young people (including adolescents)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent birth rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission</td>
<td>44.8</td>
<td>2005 28.5 2008</td>
</tr>
<tr>
<td>Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 5: List of CP Stakeholders Interviewed

<table>
<thead>
<tr>
<th>TYPE</th>
<th>NAME</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAUTENG-SRH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Nat Govt</td>
<td>Dr Eddie Mhlanga</td>
<td>Chief Director DOH Pretoria</td>
</tr>
<tr>
<td>2. NGO</td>
<td>Dr Sue Goldstein</td>
<td>Programme Director Soul City, Johannesburg</td>
</tr>
<tr>
<td>3. NGO</td>
<td>Ms Grace Matlhape</td>
<td>CEO, New loveLife Trust, Johannesburg</td>
</tr>
<tr>
<td>4. NGO</td>
<td>Pastor Daniel Myuye</td>
<td>Pastor, CSAC Religious Leaders Project, Rustenburg NW</td>
</tr>
<tr>
<td><strong>EASTERN CAPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. NGO</td>
<td>Ms Caroline Naude</td>
<td>CEO ,SPW , East London</td>
</tr>
<tr>
<td>7. Prov Govt</td>
<td>Mrs Dolores Tatchell</td>
<td>Director Cape PPU , Bisho</td>
</tr>
<tr>
<td>8. Prov Govt</td>
<td>Ms Viwe Dunjwa</td>
<td>ECLGTA Eastern Cape Local Gov. &amp; T- Healers , Bisho</td>
</tr>
<tr>
<td>9. Prov Govt</td>
<td>Mrs N Kwadjo</td>
<td>Director DOH , Bisho</td>
</tr>
<tr>
<td>10. Prov Govt</td>
<td>Ms Phumla Msikinya</td>
<td>DSD and PPU , Bisho</td>
</tr>
<tr>
<td><strong>GAUTENG-PD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Nat Govt</td>
<td>Mr Jacque Van Zuydam</td>
<td>Chief Director DSD Pretoria</td>
</tr>
<tr>
<td>12. Nat Govt</td>
<td>Ms Linda Van Staden</td>
<td>Director DSD Pretoria</td>
</tr>
<tr>
<td>13. Nat Govt</td>
<td>Ms Olga Mabitsela</td>
<td>Director DSD Pretoria</td>
</tr>
<tr>
<td>14. Nat Govt</td>
<td>Ms Busisiwe Malaza</td>
<td>Deputy director DSD Pretoria</td>
</tr>
<tr>
<td>15. Nat Govt</td>
<td>Ms Ina Mentz</td>
<td>Deputy director DSD Pretoria</td>
</tr>
<tr>
<td>16. Nat Govt</td>
<td>Mr Lucky Ngwenya</td>
<td>STATSSA , Pretoria</td>
</tr>
<tr>
<td>17. Nat Govt</td>
<td>Mr Mphela Motimele</td>
<td>Researcher, NYDA Johannesburg GP</td>
</tr>
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<td>18. Nat Govt</td>
<td>Ms Ranji Reddy</td>
<td>Chief Director DWCPD Pretoria</td>
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<td>Ms Rykie Meiring</td>
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<td>20. Nat Govt</td>
<td>Mr Martinus Schalkwyk</td>
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<td>21. University</td>
<td>Ms Nompumelelo Nzimande</td>
<td>Programme Director, APSTAR, University of KZN Durban</td>
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<td>22. Prov Govt</td>
<td>Ms Sanele Bhengu</td>
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<td>Rev. M Mbalo</td>
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<td>Dr Q Mkhabela</td>
<td>Acting Director D KZN Office of the Premier, Gender</td>
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<td>26. NGO</td>
<td>Mr Douglas Dziva</td>
<td>CEO KZN Council of churches, Pietermaritzburg</td>
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<td>Ms Valerie Makhathini</td>
<td>Dep Manager, DOH</td>
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<td>Mr Mudau Mashudu</td>
<td>Limpopo OTP, Polokwane</td>
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<td>Mr JM Pasha</td>
<td>Deputy Director DOH and social Dev. Polokwane</td>
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<td>Mr Joel Mosuhli</td>
<td>Free State Director, PPU, Bloemfontein</td>
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<td>Mr Linda Maphalala</td>
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<td>Mr Wessel Van Den Berg</td>
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<td>Mrs Lungiswa Memela</td>
<td>Executive Director, SANAC, Cape Town</td>
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<td>34. UNFPA CO</td>
<td>Mr Mark Schreiner</td>
<td>UNFPA, Pretoria, Deputy Representative</td>
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<td>Ms Nonhlanhla Zindela</td>
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<td>36. UNFPA CO</td>
<td>Ms Linda Naidoo</td>
<td>NPO – KZN</td>
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<td>37. UNFPA CO</td>
<td>Ms Siziwe Jongizulu</td>
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<td>38</td>
<td>Ms Thulile Zondi</td>
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<td>Ms Meisie Lerutla</td>
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<td>Mr Samkuzi Ntaiya</td>
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<td>Mr Gerrit Maritz</td>
<td>NPO- HIV &amp; AIDS</td>
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