Final Evaluation of the

REPORT

Evaluation Team:

Olabode O. Arowolo (Team Leader)
Baimba A. Koroma (RH Consultant)
Gbogboto Musa (P&D Consultant)
Rosaline M’Carthy (Gender Consultant)

Freetown

October 2012
Acknowledgements

The evaluation team wishes to extend its gratitude to the UNFPA Sierra Leone Country Office staff for their endless support during the course of the evaluation. Our special thanks go to the Country Representative, Mrs. Ratidzai Ndlovu, Mrs. Mariama Diarra, Assistant Representative and the rest of the senior management for giving the opportunity to undertake this very important assignment. We are grateful to the following Country Office (CO) staff members who provided special support to our mission in one form or another: Charles P. Owe, International Operations Manager; Mr. Ibrahim Sahr Kamara, Programme Analyst, Monitoring and Evaluation and Ms. Mary E.C. Roberts, Human Resources Associate. Our most sincere gratitude goes to the National Programme Officers/Managers for providing the necessary leadership and guidance on their respective programme components: Aiah Lebbie Sosokoneh (Population and Development); Dr. Jarrie Kabba-Kebbay (Reproductive Health); and Isatu Kajue (Gender); Marian Samu, Communications Officer. We also highly appreciate the other Programme Team members whose inputs were very insightful: Nyaibor Ngombu, HIV/AIDS Officer; Alhassan Kamara, ASRH Officer; Mirai Maruo, Junior Programme Officer (JPO); Betty Alpha, Gender Officer; Fiona Kaikai, Programme Associate (ASRH); Jusu Squire, Programme Assistant Reproductive Health.

We sincerely appreciate the immeasurable technical inputs of the following Programme Advisors and Specialists in the CO: Dr. Peter Sikana, Technical Specialist, Reproductive Health; Ibrahim Mohamed Sesay, Senior Data for Development Specialist; Taiwo Oluyomi, Financial Specialist and Coordinator, Strengthening District Health Services (SDHS) Project; Professor Yaw Adu-Gyamfi, Consultant Trainer Nurse Anesthetics Project; Professor T.I. Runsewe-Abiodun, Consultant Paediatrician; Sriram Haridass, Reproductive Health Commodity Security (RHCS) Focal Point; Philippe Lust-Bianchi, Programme Coordinator, Reproductive, Maternal and Newborn Health (RMNH); Dr. Hashina Begum, Technical Specialist, Family Planning. To all operations staff, particularly the indefatigable Finance Team we extend our utmost appreciation for your support and dedication. To the drivers, particularly those who were assigned to the team at different stages of the process, we say thank you for your invaluable support.

We are indeed gratified to acknowledge the special support and ownership given by very senior Government Officials under whose authority the Country Programme was coordinated and executed. Their inputs during the discussions for this evaluation were encouraging: Mr. John Sumailah, Development Secretary, Ministry of Finance and Economic Development (MoFED); Hon. Stephen J. Gaojia, Minister, Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA); Alhaji Brima Rogers, Senior Permanent Secretary (MSWGCA), Mr. M. Salieu Kamara, Chief Education Officer, Ministry of Education, Science and Technology (MEST); Mr. Brima M. Sowa, Deputy Secretary (MEST), Mr. Mohamed K. Koroma, Statistician General, Statistics Sierra Leone (SSL); Mr. Andrew Bob Johnny, Director of Census & GIS (SSL), Mr. Lansana Kanneh, Finance Manager (SSL).

Our thanks also go to all Programme Component Managers and their staff under whose auspices the programmes were directly executed: Mr. Mohamed Kaitibie Lebbie, Senior Planning Officer and Head of the Population Unit, MoFED (Population and Development Component); Mrs. Fatou Y. Kargbo, MSWGCA (Gender Component); Dr. Sarian Kamara, Reproductive Health Manager, MoHS (Reproductive Health Component). We are also very grateful for the support of their respective field staff in facilitating our work with programme beneficiaries.
Finally, to the hardworking and dedicated Implementing Partners of UNFPA and Staff, we extend our sincere thanks and gratitude; particularly those indicated in the Annex to this report in the list of persons contacted during the field visits. We hope the findings of this evaluation will be useful to all stakeholders in the design of the new CP for Sierra Leone.

**Evaluation Team:**
# Table of Contents

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Acronyms</td>
<td>vi</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>ix</td>
</tr>
</tbody>
</table>

## 1. Introduction
1.1 Purpose and Objectives 1
1.2 Scope and Evaluation Criteria 1
1.21 Scope 1
1.22 Criteria 2

## 2. Context
2.1 Population Situation 3
2.2 Development Challenges 4

## 3. Methodology and Approach
3.1 Data Sources and Limitations 5
3.1.1 Data Sources 5
3.1.2 Limitations 5
3.2 Approach 6
3.2.1 Consultations 6
3.2.2 Ownership and Process Management 6
3.3 Detailed Work Plan and Output 7
3.3.1 Work Plan 7
3.3.2 Deliverables 7
3.4 Structure of the Evaluation Report 7

## 4. Findings and Analysis
4.1 Summary of Findings 9
4.2 Analysis of Findings 9
4.2.1 Programme Design, Relevance/Strategic Fit 9
4.2.2 Effectiveness 15
4.2.3 Efficiency 23
4.2.4 Impact 27
4.2.5 Sustainability 30

## 5. Management
5.1 Financial Resources 32
5.2 Resource Mobilization 32
5.3 Coordination of Country Programme Interventions 33
5.4 Coordination of the Country Office 34
5.5 Assets Management 36
6. Partnerships & Collaboration 37
   6.1 Basic Strategy 37
   6.2 UN Joint Programmes 37
   6.3 Bilateral Support 38
   6.4 National NGOs and CBOs 39
   6.5 South-South Cooperation 40

7. Monitoring & Evaluation 41
   7.1 M&E Framework 41
   7.2 Management of M&E 41

8. Cross-Cutting Issues 45
   8.1 Human Rights 45
   8.2 Gender 46
   8.3 Youth 47
   8.4 Culture 47
   8.5 Advocacy 47
   8.6 Communication 48

9. Main Conclusions 49
   9.1 General 49
   9.2 Reproductive Health 50
   9.3 Population and Development 50
   9.4 Gender 51

10. Lessons Learned 52

11. Recommendations 54

List of Tables

Table 1: Reproductive Health CP Extension (2011-2012): Outputs, Indicators, Baselines and Targets 12
Table 2: Country Programme Implementation Rates (2008-2012) 24
Table 3: Government Commitment to Support the 4th CP (2008-2012) 25
Table 4: UNFPA 4th CP Assistance by Core Programme Areas (2008-2010) 32
Table 5: CPAP Resource Mobilization (2008-2012) 33
Table 6: Monitoring and Evaluation under the 4th CP 42

Bibliography 62
Annexes

Annex 1: Terms of Reference 58
Annex 2: Evaluation Management Committee 73
Annex 4: Summary of Evaluation Findings 76
Annex 5: Evaluation Work Plan and Places Visited 88
Annex 6: List of Persons Met and Sites Visited 90
Annex 7: Evaluation Research Instruments 94
## List of Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADB</td>
<td>African Development Bank</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
</tr>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>BEmONC</td>
<td>Basic Emergency Obstetric and Newborn Care</td>
</tr>
<tr>
<td>BPfA</td>
<td>Beijing Platform for Action</td>
</tr>
<tr>
<td>CARE</td>
<td>Cooperative for American Relief Everywhere</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CBR</td>
<td>Crude Birth Rate</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CEmONC</td>
<td>Comprehensive Emergency Obstetric and Newborn Care</td>
</tr>
<tr>
<td>CePSRHE</td>
<td>Centre for Promotion of Sexual and Reproductive Health Education</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>CIDA</td>
<td>Community Integrated Development As a solution</td>
</tr>
<tr>
<td>CMA</td>
<td>Community Motorized Ambulance</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office (UNFPA)</td>
</tr>
<tr>
<td>COE</td>
<td>Certificate of Expenditure</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme(Sierra Leone)</td>
</tr>
<tr>
<td>CPAP</td>
<td>Country Programme Action Plan</td>
</tr>
<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CST</td>
<td>Country Support Team</td>
</tr>
<tr>
<td>CWA</td>
<td>Community Wellness Advocates</td>
</tr>
<tr>
<td>DfID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DSA</td>
<td>Daily Subsistence Allowance</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>ECOWAS</td>
<td>Economic Community of West African States</td>
</tr>
<tr>
<td>EmONC</td>
<td>Emergency Obstetric and Newborn Care</td>
</tr>
<tr>
<td>FBOs</td>
<td>Faith Based Organizations</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FSU</td>
<td>Family Support Unit</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>GoSL</td>
<td>Government of Sierra Leone</td>
</tr>
<tr>
<td>GPRHCS</td>
<td>Global Programme to enhance Reproductive Health and Commodity Security</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HDR</td>
<td>Human Development Report</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immune Virus/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IMPAC</td>
<td>Integrated Management of Pregnancy and Childbirth</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Governmental Organizations</td>
</tr>
<tr>
<td>IP</td>
<td>Implementing Partner</td>
</tr>
<tr>
<td>IPRSP</td>
<td>Interim Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>IPS</td>
<td>Institute for Population Studies, Fourah Bay College</td>
</tr>
<tr>
<td>JICA</td>
<td>Japanese International Cooperation Agency</td>
</tr>
<tr>
<td>LAN</td>
<td>Local Area Network</td>
</tr>
<tr>
<td>LAWYERS</td>
<td>Legal Assistance for Women Yearning for Equality Rights and Status</td>
</tr>
<tr>
<td>LMIS</td>
<td>Logistics Management Information System</td>
</tr>
<tr>
<td>LSE</td>
<td>Life Skills Education</td>
</tr>
<tr>
<td>LSS</td>
<td>Life Saving Skills</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MCHA</td>
<td>Maternal and Child Health Aide</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
</tr>
<tr>
<td>MoDEP</td>
<td>Ministry of Development and Economic Planning</td>
</tr>
<tr>
<td>MoEYS</td>
<td>Ministry of Education, Youth and Sports</td>
</tr>
<tr>
<td>MoFED</td>
<td>Ministry of Finance and Economic Development</td>
</tr>
<tr>
<td>MoHS</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>MoSWGCA</td>
<td>Ministry of Social Welfare, Gender and Children’s Affairs</td>
</tr>
<tr>
<td>MPA</td>
<td>Maputo Plan of Action</td>
</tr>
<tr>
<td>MRU</td>
<td>Mano River Union</td>
</tr>
<tr>
<td>MSSSL</td>
<td>Marie Stopes Society of Sierra Leone</td>
</tr>
<tr>
<td>MTR</td>
<td>Mid-Term Review</td>
</tr>
<tr>
<td>MYFF</td>
<td>Multi-Year Funding Framework</td>
</tr>
<tr>
<td>NAS</td>
<td>National Aids Secretariat</td>
</tr>
<tr>
<td>NEWMAP</td>
<td>Network of Women Ministers and Parliamentarians</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NPC</td>
<td>National Population Commission</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Salts</td>
</tr>
<tr>
<td>P&amp;D</td>
<td>Population and Development</td>
</tr>
<tr>
<td>PCMH</td>
<td>Princess Christian Maternity Hospital</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PHRS</td>
<td>Population and Human Resources Section</td>
</tr>
<tr>
<td>PHU</td>
<td>Primary Health Unit</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV and AIDS</td>
</tr>
<tr>
<td>PoA</td>
<td>Programme of Action</td>
</tr>
<tr>
<td>POP/FLE</td>
<td>Population and Family Life Education</td>
</tr>
<tr>
<td>PPASL</td>
<td>Planned Parenthood Association of Sierra Leone</td>
</tr>
<tr>
<td>PRS</td>
<td>Poverty Reduction Strategy</td>
</tr>
<tr>
<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>PSU</td>
<td>Programme Support Unit</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SDHS</td>
<td>Strengthening District Health Services (Project)</td>
</tr>
<tr>
<td>SECHN</td>
<td>State Enrolled Community Health Nurse</td>
</tr>
</tbody>
</table>
**SILNAP**  Sierra Leone National Action Plan on United Nations Security Council Resolution (UNSCR 1325 and 1820)
**SL**  Sierra Leone
**SLDHS**  Sierra Leone Demographic and Health Survey 2008
**SLP**  Sierra Leone Police
**SLPAGPD**  Sierra Leone Parliamentary Action Group on Population and Development
**SRH**  Sexual and Reproductive Health
**SRH&R**  Sexual and Reproductive Health and Rights
**SSL**  Statistics Sierra Leone
**STIs**  Sexually Transmitted Infections
**TBA**  Traditional Birth Attendant
**TFR**  Total Fertility Rate
**TOR**  Terms of Reference
**UN**  United Nations
**UNAIDS**  Joint United Nations Programme on HIV/AIDS
**UNCT**  United Nations Country Team
**UNDAF**  United Nations Development Assistance Framework
**UNDP**  United Nations Development Programme
**UNESCO**  United Nations Educational, Scientific and Cultural Organization
**UNFPA**  United Nations Population Fund
**UNICEF**  United Nations Children’s Fund
**UNIFEM**  United Nations Development Fund for Women
**USAID**  United States Agency for International Development
**VCCT**  Voluntary Confidential Counseling and Testing
**WAFF**  West African Fistula Foundation
**WB**  World Bank
**WHO**  World Health Organization
**WiCM**  Women in Crisis Movement
1. Purpose, Scope and Clients of the Evaluation

This is the report of the final evaluation of the 4th GoSL/UNFPA Country Programme (CP), 2008–2012, based on an independent evaluation carried out by a team of consultants, including one international and three national experts, commissioned by UNFPA and GoSL between 01 September and 06 October 2012. The purpose of this evaluation is two-fold: a) to assess programme performance towards achieving CP outputs and contributions to the stated outcomes during the entire period (2008-2012) and; b) to determine the impact of the CP interventions on the target population, as well its efficiency and effectiveness, and to document key lessons learned for future programme design, particularly the next CPAP cycle beginning 2013. The evaluation covered the entire programme cycle (2008-2012) i.e. the initial programme period 2008-2012 and its extension 2011-2012, which covered the entire country. The clients of this evaluation report include the Government of Sierra Leone, the implementing agencies, UNFPA and development partners.

2. Objectives and Brief Description of Interventions

The goal of the 4th CP, is to contribute to the national objective of consolidation of peace, sustained democratic governance and reduced poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment, and increased availability of socio-demographic data. The proposed programme was aligned with national priorities, the UNFPA Multi-Year Funding Framework (MYFF), the ICPD PoA and MDGs, as well as three of the five priority areas of the UNDAF (2008-2010); namely: (a) governance and human rights; (b) maternal health and child health care; and, (c) HIV/AIDS, tuberculosis and related diseases. The 4th CP has three components; namely: (i) Sexual, Reproductive and Neonatal Health (RH); (ii) Population and Development (P&D) and (iii) Gender, Culture and Human Rights (Gender) which, together with Advocacy and Communication mainstreamed into the whole programme as crosscutting issues. The RH component supported access to comprehensive reproductive health information and services, rehabilitation of facilities and human resources capacity building, thereby contributing to the UNDAF outcomes 3 and 5, which focus on reducing maternal mortality and preventing HIV/AIDS respectively. The P&D component supported the expansion of the national database for gender-sensitive population and reproductive health data for use in governance, planning and monitoring programmes at national and sub-national levels. It also supported the strengthening of technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes. In the Gender component, interventions included the mobilization of communities, human rights organizations and national leaders to promote gender equality and reproductive rights, reduce gender-based violence and support survivors of gender-based violence and; to enhance capacities of key national and local institutions to formulate, coordinate and manage gender-responsive population and reproductive health policies and programmes.

3. Methodology

Data and information for this evaluation were derived from both secondary and primary sources. Data from secondary sources were obtained from desk review of documents and materials from
Government, UNFPA and related sources. Information from primary sources was collected from programme implementers and some beneficiaries, using questionnaires. The CO and GoSL set up an Evaluation Management Committee (EMC) to guide the process; one international and three national consultants were recruited to conduct the independent evaluation. The limited time allowed for this study did not permit full coverage of CP beneficiaries; however, the implementers were fully covered and they provided some information on the impact of CP interventions on the beneficiaries. Another limitation has to do with data from secondary sources; the 2004 census and the 2008 DHS are the major sources of the latest available data for the country; therefore, when it comes to the CP outcome indicators, the available data are fairly outdated and judgments about the situation in 2012 are largely conjectural. The absence of baselines and targets for some of the outputs has limited a rigorous analysis of progress achieved on the concerned indicators. In spite of the above data limitations, through triangulation, the evaluation was able to assure the integrity of the database used as well as the analytical techniques employed in data analysis and inference.

4. Main Conclusions

The goal of the 4th CP is clearly stated and was conceived within the context of the development national priorities of the country and aligned to the UN development frameworks for Sierra Leone. The CP outcomes are also related to aspects of the UNDAF outcomes as well as the United Nations Joint Vision (UNJV). Also, their indicators derive from the results of Government and partner inputs into the social and economic development in the country, which can be verified from official publications. The strategy adopted for programme implementation is in conformity with the UNFPA strategic direction for providing support to national population activities. It ensures that the MDGs and ICPD goals provide the overall context for identifying the results in the CP Results and Resources Framework (RRF), with focus on population and development, reproductive health and rights and gender equality.

Overall, the 4th CP has been well-managed by the CO, complemented by the effective role of the Government through MoFED in coordinating the entire CP through quarterly and annual review meetings, and the submission of AWPs. Substantial resources ($58.9 million) have been mobilized in support of the CP especially in the areas critical to improved reproductive health status of the population. The new typology approved for the Country Office has facilitated recruitment of additional staff and extensive utilization of professionals on Special Service Contracts. In order to facilitate an effective management of the operational aspects of the programme, the CO has recruited an International Operations Manager, a Monitoring and Evaluation Officer, a Communication Officer and an ASRH Officer. The resources available to the programme (financial, human and equipment) have been efficiently and effectively utilized for the delivery of UNFPA scheduled interventions, as evidenced by annual implementation rates that were above 95%.

Although the Government has provided basic support to the implementation of the 4th CP (office space, infrastructure, logistics), the evaluation found that for most of the critical areas on which Government committed in the CPAP, the promises remain partially fulfilled, particularly in the provision of support to human capacity strengthening for population and development integration, programme management and sustainability of programme activities.
(a) Reproductive Health: UNFPA has been able to mobilize massive resources and forge collaborations with other UN agencies and NGOs to implement RH related interventions. Regarding emergency obstetric and neonatal care, BmONC and CEmONC facilities were upgraded through support to the RH Division of the MoHS. Support was provided for procurement and supply chain management; support to education and advocacy on RH issues, including family planning and HIV/AIDS prevention. Significant support was provided for the operationalization of the Free Health Care Initiative for pregnant women, lactating mothers and children under five. In collaboration with a local NGO (MEPS Well Woman Clinic), support was provided for sensitization and advocacy for early detection and diagnosis of breast cancer which has led to increased access to breast cancer screening by 20%. Several capacity building interventions have been undertaken in different areas: Logistics Management Information System (LMIS); training of Nurse Anesthetists and Nurse/Midwives; training of District Health Management Teams (DHMTs) and staff in Disease Prevention and Control; Health Informatics; support to EmONC, Pediatrics, Epidemiology, Nutrition and Dietetics. In addition, establishment of Special Care Baby Unit (SCBU), Mothers’ lodge and specialist clinic for treatment, care and support of neonates; and support of advocacy and sensitization activities by NGOs for obstetric fistula have dramatically improved and contributed to the reduction of under-5 morbidity and mortality; and coupled with the creation of fistula centres, there has been improved referral and screening system of fistula patients for repairs. A review of the Midwifery School curriculum has been undertaken; the development of Reproductive Newborn and Child Health Policy and Strategic Plan; National Health Sector Strategic Plan; Basic Essential Package of Health and; the development of Fistula Strategic Plan, as well as the Communication and Behavioral Change Strategic Plan for RH. Efforts in support of advocacy included UNFPA successful launching of the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) by the Office of the First Lady, and involved the Parliamentary Advocacy Group, Civil Society Organizations, Traditional and Religious Leaders, multimedia communication, high level partnership and policy dialogue, which led to high political commitment and support for maternal and child health care.

On family planning, procurement and Supply Chain Management, UNFPA in collaboration with MoHS developed and implemented the RH Commodity Strategic Plan (2007-2011) which has been reviewed to 2017, as well as its Standard Operational Procedures Manual. A five-year Comprehensive Condom Programming Strategic Plan and Situational Analysis for Condom Use were developed and implemented. The CO supported MoHS, MSSSL and PPASL to reposition family planning; supported procurement and distribution of contraceptives including male and female condoms, leading to the increased contraceptive acceptance rate of 56%; MSSSL and PPASL were supported to meet the need for scaling-up family planning to all districts; UNFPA successfully introduced the installation of CHANNEL software and upgraded the software to adapt to the needs of Sierra Leone and; through the GPRHCS support, RH commodities were provided country wide to ensure commodity security.

As regards HIV prevention, UNFPA supported the institutionalization of an integrated Sexually Transmitted Infections/HIV/family planning services and a comprehensive condom programming with a draft five-year strategic plan; UNFPA implemented Condom Demand Generation Framework; built capacity of service providers in various Ministries in CCP; organized advocacy sessions with the Parliamentary Committee on Health and HIV on CCP, and condom promotion in Senior Secondary Schools.
Regarding youth-friendly RH services (including FP and HIV prevention education), UNFPA supported all 14 districts through training interventions in primary schools, Junior Secondary Schools, Teacher Training institutions, NFE centres and youth-friendly centres. The CO supported non-formal education through the addition of literacy centers and utilization of the SRH infused curricula, and provision of trained facilitators. The National School and Adolescent Health Programme has been strengthened to improve quality of services provided to young people; support to the Non-Formal Education Division of the MEST to carry out training programmes on SRH/Life Skills at learning centres in rural areas. Youth-friendly centres have been strengthened to provide RH services including STI/HIV services; supported most-at-risk populations (sex workers, MSMs and fisher folks) by empowering them with life skills; the draft Adolescent Health Development Strategic Plan was developed.

(b) Population & Development: Under the P&D component, the support of UNFPA focused mainly on technical and financial assistance to Statistics Sierra Leone. Training was provided for the Component Manager responsible for population and development policies in MoFED to enable the Ministry to integrate population issues into national strategies, and also to fast track the review of the 1993 National Population Policy and other relevant policies. Technical support was also provided to Local Councils and Statistics Sierra Leone through the training of Development Officers and M&E Officers in the 19 Local Councils, and 12 District Statisticians. This was a major transfer of skills that helped to build the capacity of the local councils to execute minor data collection tasks as manifested in the use of GPS in Councils project implementation. The National Population Policy is the legal tool that could ensure the utilization of population data for development and planning, but it is yet to be approved by both Cabinet and Parliament. However, concrete efforts have been made towards the setting up of the IMIS at SSL, including training of the Ministry of Social Welfare, Gender and Children’s Affairs staff on IMIS. Statistics Sierra Leone has also been very supportive to the Ministry of Social Welfare, Gender and Children’s Affairs in the 6th CEDAW Country reporting data generation, development of indicators for the Sierra Leone National Action Plan on UN Security Council Resolutions 1325 and 1820, the Comprehensive Situational Analysis GBV Research Report of 2008; mapping of stakeholders working on gender issues, and currently supporting the Fambul Initiative Network for Gender Equality, Sierra Leone (FINE-SL) to conduct baselines on male engagement pilot areas in Bo and Bombali districts. Perhaps the major challenge for the P&D component has been the weak human and institutional capacity of MoFED to effectively formulate a National Population Programme and coordinate its implementation, including UNFPA supported programme. Government and partners have been working on the formulation of a new national development plan, Agenda for Prosperity. It is noted that UNFPA has been making inputs to ensure that the process of revising the National Population Policy, together with Action Plan for implementation is concluded, the National Population Commission revived, and population issues (SRH, P&D, Gender, Youth) integrated into the new plan.

(c) Gender: Gender as a component emerged during the extension period (2011-2012); it was treated as cross-cutting during the initial phase of the 4th CP (2008-2010). Very meaningful progress has been made in the implementation of component activities and the delivery of the programme outputs, especially in the areas of: i) human and institutional capacity building for Government, NGOs and communities; ii) advocacy for gender issues and; iii) information dissemination. Technical and financial support was provided for CEDAW and UNSCR1325 and 1820 reporting; systems were strengthened at the MSWGCA through provision of office equipment
and training. A Gender Budgeting Desk was established in the ministry and a full time staff engaged to support advocacy on gender budgeting needs; a National Gender Strategic Plan was developed and now being implemented. Training manuals and Guide for Community Advocacy Groups on GBV were developed; a National GBV situation analysis was conducted and reports disseminated and; documentaries on good practices of Gender and RH integration programmes on CAGs were produced. MSWGCA in partnership with UNIPSIL and Human Rights Commission trained practitioners of Female Genital Cutting and Paramount Chiefs in 5 Districts on the Prevention of GBV and the implications of FGC on Women’s Sexual Reproductive Health and Rights and human rights generally. Police personnel of the FSU were also trained on gender responsive handling of clients. Regarding the involvement of communities, 1,350 Community Wellness Advocates have been trained with the formation of 120 CAGs in 9 districts from the South, East, North regions and Western area to conduct sensitization and advocacy sessions on GBV Prevention and Response. Referral slips were provided to CAGs and Restless Development for timely referral and linkages to other support services; also about 500 local community leaders and chiefs were trained on GBV prevention and promotion of maternal health.

With funding from DFID, the Male Network was established to support efforts towards GBV prevention and response in communities. LAWYERS trained judges and Magistrates on the implementation of the Gender Laws. WICM has continued to give care, support and treatment to GBV victims, and to provide shelter at the Women in Crisis Centers. UNFPA has been perceived as the leading organization in promoting gender equality in the country, as well as within the UNCT and UN Gender Technical Team. It has played a leading role in joint programming and joint implementation of gender-related programmes, particularly on GBV prevention of and response. Efforts in GBV prevention and response have rewarded and climaxed by the successful enactment of the Sexual Offences Act. With this legislation, it is anticipated that most of the sexual violence faced by women will be addressed, and this will reduce maternal health complications and deaths resulting from rape, early and forced marriage, teenage pregnancies and even marital rape.

5. Recommendations

5.1 General

a) Although a lot has been achieved in the implementation of the 4th CP, it is necessary for Government to take responsibility and leadership in the management of the population programme activities including, but not limited to, the areas of UNFPA and partner support. So far, Government does not have a national population programme of its own, the CPs have been designed only to enable UNFPA to provide support to population activities in the country.

b) Given the observed limitations in the design of the CPAP for the 4th CP, the design of the next CPAP should ensure that each output is clearly defined together with its indicators and, in operational terms, their corresponding baselines and targets, in order to provide basis for rigorous monitoring and analysis of progress achieved.

c) In order to achieve a more effective management of the CP, the CO should consider the range of operational issues noted in this report and strengthen M&E operations, including joint monitoring of programme components within the context of an overall M&E Plan.

d) The CO and Government have mobilized sizeable amount of resources in support of the CP during the review period through bilateral donations and multilateral collaborative efforts; a
similar strategy should continue to be adopted in support of the next phase of the CP, having regard to the UNFPA Management Results Framework (2012-2013).
e) Communication within the CO should be strengthened; communication should provide the vital link among the components and for knowledge sharing, and should be used by the CO and all the programme components to promote the processes and outcomes of the entire programme.

5.2 Reproductive Health

a) Future RH interventions should give maximum support to the popularization and implementation of the national RH policy which aims at making pregnancies safe, reducing maternal and neonatal mortality and morbidity through reduced teenage pregnancy and fistula; and mobilize resources and give due consideration to the monitoring of policy implementation.
b) UNFPA should support the intensification of sensitization campaign and advocacy activities for the re-positioning of family planning as a priority in the national health agenda; and at the same time for the GoSL should adhere to the Abuja Declaration of 15% allocation of the national budget to health.
c) Government has received enormous support to its initiative on ‘Free Health Care for Pregnant Women, Lactating Mothers & Children under 5’; but needs to take full responsibility for its sustainability, particularly in SRH.

5.3 Population & Development

a) The P&D Component of the CP coordination was a major challenge because of the weakness of the institutional structure, the Population Secretariat of the MoFED, responsible for population and development activities; Government should make a deliberate effort to strengthen the Population Secretariat and establish a viable mechanism for the coordination of population activities in the country.
b) In order to facilitate the activities of the Population Secretariat, Government should make adequate financial provision for it as part of the regular budgeting.
c) The National Population Policy being revised should be accompanied by an Action Plan for its implementation, and both documents should be finalized for before forwarding to Cabinet for approval. UNFPA should improve on advocacy at high levels to address the challenge of National Population Policy development, coordination and implementation.
d) UNFPA should continue to support the delivery of statistical services in the country through support to a) the 2013 Demographic and Health Survey, and the 2014 Population and Housing Census; b) vital statistics; c) operational research; d) GBV Studies; and
e) Capacity development for integration of population into development policies and plans.

5.4 Gender

a) GoSL and UNFPA should provide resources for capacity building and also ensure adequate budget for the implementation of existing gender and development frameworks, including legislations recently enacted.
b) UNFPA should support advocacy for increased budgetary allocation for gender policy, Strategy and Plans implementation; much more resources (material, financial and human) should be allocated to Ministries, Departments and Agencies for gender responsive programming.
1. INTRODUCTION

1.1 Purpose and Objectives

This is the end-evaluation report of the 4th Country Programme (CP) of support by UNFPA to the Government of Sierra Leone (GoSL) towards population activities in the country during the period 2008-2012. It has been based on an independent evaluation carried out by a team of consultants, including one international and three national experts, commissioned by UNFPA and GSL between 01 September and 06 October 2012.

As defined by its Terms of Reference (TOR)\(^1\), the purpose of this evaluation is two-fold: a) to assess programme performance towards achieving CP outputs and contributions to the stated outcomes during the entire period (2008-2012) and; b) to determine the impact of the CP interventions on the target population, as well its efficiency and effectiveness, and to document key lessons learned for future programme design, particularly the next CP cycle beginning 2013.

The specific objectives of this evaluation are to: a) determine the extent of achievement of the expected outputs; b) measure or ascertain the impacts on the target groups/populations as envisaged in the stated outputs and outcomes; c) identify the facilitating factors for programme success and/or constraints to achieving expected programme results; d) identify key high impact areas that would be relevant to the design of successor country programmes and; e) assess linkages of the country programme with relevant national development frameworks and the UN Joint Vision for Sierra Leone.

The clients of this evaluation report include the Government of Sierra Leone, the implementing agencies, UNFPA and development partners.

1.2 Scope and Evaluation Criteria

1.2.1 Scope

The evaluation covered the entire programme cycle (2008-2012) i.e. the initial programme period 2008-2012 and its extension 2011-2012. In terms of geographic coverage, the CP covered the entire country, and all Districts. The goal of the 4th CP was “to contribute to consolidation of peace, sustain democratic governance and reduce poverty through improved maternal and neonatal health, HIV/AIDS prevention, improved gender equality and empowerment of women, and increased availability of social and demographic data”. Therefore, this evaluation covered programme interventions and their impact on the beneficiaries at national, regional and sectoral levels.

The evaluation covered the three major areas (or components) of the 4th CP; namely: (i) Sexual, Reproductive and Neonatal Health (RH); (ii) Population and Development (P&D) and (iii) Gender, Culture and Human Rights (Gender) which, together with Advocacy and Communication mainstreamed into the whole programme as crosscutting issues. The evaluation also extended to

\(^1\)See Annex 1 of this report for the TOR
management aspects of the CP operations: Monitoring and Evaluation (M&E); programme coordination; partnerships and collaboration; and resource utilization and mobilization.

1.2.2 Criteria

In conformity with UNFPA guidelines\(^2\) and the TOR, the evaluation has been carried out to provide answers to evaluation questions which address the following criteria: relevance and strategic alignment; effectiveness of interventions; efficiency of resource utilization; impact of interventions on the implementers and beneficiaries; sustainability of programme activities; and adequacy of the implementation arrangements.

With reference to the CP components, this report provides an analysis of achievement of expected results both in quantitative and qualitative terms; it also provides an analysis of factors that influenced the effectiveness of programme interventions and their delivery mechanisms. The report provides analysis of the constraining and enabling factors in programme implementation, including technical, managerial/administrative and input-commitment-related factor. In addition, this report contains an analysis and judgment of efficiency and cost-effectiveness in terms of use of resources by activity and implementing partners (IPs), financial implementation rates, the absorption capacity of implementers, and adherence to funding modalities and component ratios, and resource mobilization.

2. CONTEXT

2.1 Population Situation

The latest census (2004) estimated the population of Sierra Leone at 4,976,871, with 94 males for every 100 females counted. There has been a downward trend in the growth rate of the population, from 2.3% (1974-1985) to 1.8% (1985-2004), and the projections show that total population would reach 6.4 million by 2014. In terms of distribution, the 2004 census shows about 42% of the population is less than 15 years of age, while older persons aged 65 years and above constitute only 4.4%. The population is predominantly rural, although the growing rural-urban trend in migration in recent years has resulted in a multiplication of the number of urban centres from 98 to 124 between 1985 and 2004, resulting in an increase in urbanization of the population from 32.2% to 36.7% during the same period.

The available estimates indicate that the level of fertility in the country is high but declining; the Total Fertility Rate (TFR) has declined from 6.1 in 2004 to 5.1 in 2008.

Regarding morbidity and mortality, official records show that infectious and parasitic diseases, largely preventable, are the major causes of death in Sierra Leone: the leading cause of death across the age spectrum is malaria; others are dysentery and diarrhea, typhoid, tuberculosis, and Lassa fever. From 0.9 per cent in 2002, HIV prevalence has increased to 1.6 per cent for females and 1.5 per cent for males (2005); among 15-24-year-olds, 3.8 per cent are infected. Knowledge of HIV/AIDS has remained poor; increasing prevalence of HIV/AIDS is associated with high poverty levels, an increase in commercial sex work, low condom use, insufficient knowledge of risk factors, and limited access to youth-friendly reproductive health services.

The infant mortality rate has remained relatively high in the country for quite some time but there are signs of a downward trend: it dropped from 115 deaths per 1,000 live births in 2005 to 89 per 1,000 live births in 2008. The Maternal Mortality Ratio (MMR) has also been declining from an estimated 1,800 death per 100,000 live births in 2006 to 857 per 100,000 live births in 2008. The rather high MMR has been attributed to limited access to comprehensive reproductive health services to tackle major clinical problems like anaemia, obstructed labour, infections, abortion and eclampsia, which is made worse by inadequate access to emergency obstetric and neonatal care and family planning services. Data for 2002 show that skilled attendants are present at only 10 per cent of births, but this has increased to 42% in 2008.

The persistence of gender discrimination in favour of males and the culture of gender-based violence (GBV) also contribute in no small measure to the observed reproductive health and related development challenges in the country. Gender inequalities feature prominently at almost all levels of the society, including access to and participation in education, employment, politics and decision-making. Some progress has been achieved in literacy and education for women, but significant disparities still exist in enrolment and retention rates. Net primary school attendance for ages 6-11 years improved from 69% in 2005 to 74% in 2010; 37% of children of secondary school age were attending school in 2010; among the remaining, 37% were still in primary school and 27% not attending school. Consistently, the net attendance of girls is lower than boys (SSL, 2011; MICS, 2010). When it comes to political affairs in the country, women are
underrepresented as they constituted only 12.8% of parliamentarians in 2007, and 15% in Cabinet positions. Although national statistics are hard to find, police reports suggest that gender-based violence (GBV) is still prevalent and may be increasing, particularly against women and children due to certain unwritten customary laws and practices outside constitutional provisions.

2.2 Development Challenges

Sierra Leone was devastated by a civil conflict that lasted over a decade, from 1991 to 2002. Although post-conflict national efforts and massive support by the international community have led to major improvements in the humanitarian situation and economic recovery, the country still remains among the poorest in the world.

The inadequate reliable data for planning at central and district levels remains one of the major constraints to the implementation and monitoring of PRSP, MDGs and other national development frameworks.

In response to the post-conflict challenges of social and economic development in Sierra Leone, the Government developed PRSP II or the Agenda for Change (2008-2012). The national orientation at that time was on consolidating peace, rebuilding the security apparatus, reinstating basic social services in communities affected by the war and re-launching the economy to set the country on the path of post-war recovery within the context of the IPRSP, PRSP I, ICPD and MDGs. A new development plan is being formulated: ‘Agenda for Prosperity’ in which population issues will be presented as a ‘Pillar’, and gender and women’s empowerment will be presented as a separate pillar in addition to cross-cutting in other areas.

In support of Government efforts, the UNCT developed the CCA as basis for the UNDAF (2008-2010), which was aligned with Government priorities. Again, the UNCT formulated a Joint Vision for Sierra Leone (2009-2012) to replace the UNDAF, so as to realistically address its support to national priorities. Conscious of these institutional developments, UNFPA, together with the other Ex Com agencies, sought and was granted approval, by both the GoSL and the Executive Board, to extend the 4th CP (2008-2010) for two years. The goal of the 4th CP is to contribute to the national objective of consolidation of peace, sustained democratic governance and reduced poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment, and increased availability of socio-demographic data.

The overall development efforts by the Government and development partners have started to bear fruit. In recent years, the economy has started to register annual growth rates of up to 7% but income inequality remains relatively high; about 70% of the population still live below the poverty line while 26% in extreme poverty. However, some other indicators show a positive response to development interventions. For example, according to the 2011 Human Development Report on Sierra Leone, the Human Development Index (HDI) value for the country 2011 is 0.336—in the low human development category—positioning the country at 180 out of 187 countries and territories. Between 1980 and 2011, Sierra Leone’s HDI value increased from 0.248 to 0.336, an increase of 36.0 per cent or average annual increase of about 1.0 per cent. These are encouraging signs that post-conflict development policies and programmes in Sierra Leone have started to generate the desired impact on aspects of the population of Sierra Leone.
3. METHODOLOGY AND APPROACH

3.1 Data Sources and Limitations

3.1.1 Data Sources

Data and information for this evaluation were derived from both secondary and primary sources. Data from secondary sources were obtained from desk review of documents and materials (published and unpublished) from Government, UNFPA and related sources (including internet) as provided by the CO, Government and programme implementers. Attention was focused on CP output and outcome indicators as published in CO documents, UN reports, publications by Government implementing partners and related sources. Care was taken to corroborate data from unpublished sources with related data from Statistics Sierra Leone (SSL), which is the official authority on national data in the country.

Data and information from primary sources were collected mainly from programme implementers, using questionnaires designed for implementers and potential beneficiaries of the three CP components – RH, P&D and Gender. The evaluators visited all the implementing agencies at national level, and those in selected project sites (see Annex 4 of this report). Discussions were held with them, mostly in groups, to validate their responses to the completed questionnaire and some outcome indicators, and to seek additional information of a non-quantitative nature relevant to their involvement with the CO and the beneficiaries since the start of the programme in 2008.

Following the field work, the completed questionnaires were collated and data extracted and analysed using the conventional statistical techniques to derive relevant measures of central tendency, dispersion and association for report preparation. The evaluation maximized the use of existing quantitative data through triangulation to increase credibility of the evidence.

3.1.2 Limitations

This is a final evaluation of the 4th CP at the end of the programme cycle and not an impact evaluation as initially envisaged. The CO Office Management Plan (OMP) 2012 has also defined this activity correctly as “End-of-CP Cycle Evaluation (CPE)”. At the national level, all the major implementers of the three CP components were covered in the field study; but given the large number of implementers and their regional distribution, the time constraint and the poor infrastructure in the areas selected, the study had to settle with purposive selection of elements into the sample. Out of the 12 Districts in the country, the field work covered 8 and consideration was given to the range of implementers by CP component.

---

3 A full list of documents used is provided in the ‘Bibliography’ section of the Annex to this report.
4 See Annex 5 (a) & (b) for detailed work plan adopted for the evaluation.
5 The TOR stated that “the duration of the assignment was 4-5 weeks with an anticipated field mission of at most ten (10) days, inclusive”. Apart from CP implementers, there is no frame from which a sample of beneficiaries could be drawn. Joint programming (JP) with others in the UNCT also makes it difficult to determine UNFPA-specific contributions to the outputs of JPs; at the outcome level, impact evaluation for any agency is close to impossible under these conditions.
Although the advance response to the questionnaires distributed was not universal, the field interviews were used to make up for agencies that did not complete their schedules. In the end, almost all the schedules were received by the consultants and subsequently analyzed.

One limitation has to do with data from secondary sources. The last population census was conducted in 2004, and until after the 2014 census, updated comprehensive information about the population of Sierra Leone and its parameters must rely on projections. Therefore, when it comes to the CP outcome indicators, the available data are fairly outdated and judgments about the situation in 2012 are largely conjectural.

The absence of baselines and targets for some of the outputs, in spite of the promises in the CPAP Extension (2011-2012), has inhibited a rigorous analysis of progress achieved on the concerned indicators.

In spite of the above data limitations, through triangulation, the evaluators were able to assure the integrity of the database used as well as the analytical techniques employed in data analysis and inference.

3.2 Approach

3.2.1 Consultations

The three thematic consultants worked closely with their respective NPOs and reported to the Team Leader, while the Team Leader liaised with their respective NPOs (RH, HIV/AIDS, P&D, and Gender) and the Evaluation Management Committee. He also worked closely with the UNFPA M&E Officer, the CO International Operations Manager and the UNFPA Representative and her Assistant. Before the commencement of field work by the consultants, the Team Leader in the company of UNFPA M&E officer and a senior official from the MOFED, made a courtesy visit to senior Government officials in MEST, MYES, MoHS, and MoSWGCA. The courtesy visit was intended to affirm Government ownership of the programme and its evaluation process, and to elicit the cooperation of the implementing partners in the course of data collection and validation.

3.2.2 Ownership and Process Management

The design of the 4th CP was done by Government and implementing agencies in collaboration with the UNFPA CO. The CP was designed to support Government national development priorities as defined by PRSP I and PRSP II; therefore, national ownership of the CP as well as the CPAP is not in doubt. In accordance with UNFPA policy of strengthening national evaluation capacity, an “Evaluation Management Committee” (EMC) was established, chaired by MOFED as the recognized Government entity for coordinating UNFPA programmes in the country. The EMC comprised other representatives from Government, relevant UN Agencies and development partners that are key stakeholders for the UNFPA programme in Sierra Leone. (See Annex 2 of this report). The EMC provided national ownership and leadership of the evaluation process in order to ensure its credibility and overall success.
In line with UNFPA Evaluation Policy, a formal commissioning of the evaluation was done to inform stakeholders and partners that have responsibilities and/or direct interest in the programme, especially the national partners. This further enhanced national ownership and support to the evaluation processes. Following this, a pre-evaluation preparedness visit was undertaken in the provinces to ensure that implementing partners had all relevant programme information properly documented for use by the evaluation team.

3.3 Detailed Work Plan and Outputs

3.3.1 Work Plan

Based on the initial draft in the TOR, the consultants worked with the CO management and NPOs to develop a detailed evaluation work plan during the first week of the exercise. Sources of data (primary and secondary) were determined, CP implementers identified, interview instruments were developed, and strategy/logistics for reaching programme implementers and beneficiaries at both national and regional levels formulated. (See detailed Evaluation Work Plan in Annex 4 of this report).

3.3.2 Deliverables

Through the Team Leader, the consultants prepared and delivered the following:
   b) Mission report.

3.4 Structure of the Evaluation Report

The evaluation report opens with acknowledgements of persons met and those who provided one form of support or another to the evaluation. This is followed by the list of acronyms and the ‘Executive Summary’.

Section 1 of the report is introductory; it sets out the purpose and objectives of the evaluation as well as the scope or coverage of the exercise and the criteria adopted, which address the evaluation questions.

Section 2 of the report presents the context of the UNFPA programme of support to the Government of Sierra Leone (2008-2012): an analysis of the population and socio-economic development challenges and policy and programme responses by the Government and development partners including the UNFPA.

Having presented a justification for the 4th country programme, the report in Section 3 focuses on methodology for the evaluation study, including description of data sources and limitations of the approach adopted, the project environment and choice of units of analysis, the issue of ownership and inclusive participation by the stakeholders (Government, NGOs, and other implementers and beneficiaries), the processes followed and details of the work plan used for the exercise.

Section 4 contains the findings and analysis of the evaluation results. The report provides answers to each of the evaluation questions which address the following criteria: relevance and strategic
alignment of the country programme; effectiveness of UNFPA and other partner interventions; efficiency of resource utilization; impact of interventions on the implementers and beneficiaries; sustainability of programme activities; and adequacy of the implementation arrangements.

In Section 5, the report examines the subject of coordination, the arrangements specified by the CPAP for the coordination of the 4th CP and the extent to which these arrangements have been applied and to what degree of success.

Section 6 focuses on the extent to which UNFPA forged partnerships and collaborated with other agencies in support of the CP implementation and, as a gap filling measure, the success of resource mobilization efforts by the CO for programme activities not covered by funds from core resources.

Section 7 is devoted to Monitoring and Evaluation (M&E) as a strategy for ensuring appropriate devolution of resources for expected results. It examines the mechanisms for programme monitoring and evaluation and their bearing on the national M&E strategy.

In Section 8, attention turns to consideration of cross-cutting issues under the 4th CP as defined in the CPAP, including Human Rights, Youth, Gender (though one of the three CP components) Communication and Advocacy.

Section 9 draws together the main conclusions of the report, followed in Section 10 by identification of some of the important lessons learned from programme implementation since 2008.

Based on the results of analysis of findings and management issues, the report concludes in Section 11 with what the evaluation regards as implementable recommendations which could guide the formulation of the next CP.

Finally, the report has a section on Bibliography and one on Annexes at the end.
4. FINDINGS AND ANALYSIS

4.1 Summary of Findings

The evaluation report presents the summary of progress achieved by the CO, Government and other 4th CP implementers between 2008 and 2012 in Annex 3 of this report. The summary is presented in a simple Logical Framework that identifies each of the outputs of the programme, as defined by the CPAP, by their respective indicators, and corresponding baselines and targets. The column on progress achieved shows a compilation of relevant and major project achievements against the baselines and targets to show the extent and quality of activities carried out. The last column allows the evaluators to pass evaluation judgment: given the quantity of work done or strategies implemented, the evaluation makes conclusions regarding the relevance and effectiveness of interventions by the CO, and whether in the end the set targets are likely to be reached. What follows below is a systematic analysis of the evaluation findings, having regard to the evaluation criteria and related evaluation questions. Overall, the 4th CP has achieved most of its targets, although there were variations in performance by the respective outputs of the three CP components.

4.2 Analysis of Findings

This section addresses the evaluation questions which address the following criteria: programme design, its relevance and strategic alignment; effectiveness of UNFPA interventions; efficiency of resource utilization by the CO and implementers; impact of interventions on the implementers and beneficiaries; sustainability of programme activities; and management - adequacy of the implementation arrangements.

4.2.1 Programme Design, Relevance/Strategic Fit

(a) Programme Design

The Government of Sierra Leone (GoSL), in collaboration with the UNFPA Country Office (CO), other UN Agencies, Non-Governmental Organizations (NGOs) and community-based organizations, (CBOs) formulated the 4th CP, with technical backstopping from the UNFPA CSTs and national and international consultants. Initially, the 4th CP was designed to cover the three-year period (2008-2010); however, following the Mid-Term review in its penultimate year of implementation, a programme extension was recommended and approved by the Executive Board (UNDP and UNFPA, New York, 2010) for the period of two years (2011-2012). Therefore, for the purpose of this evaluation, unless otherwise stated, the 4th CP covers the entire period from 2008 to 2012.

Goal of the Programme

The goal of the 4th CP, as initially expressed (2008-2010), was to contribute to the national objective of consolidation of peace, sustained democratic governance and reduced poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment, and increased availability of socio-demographic data. The proposed programme was aligned with national priorities, the UNFPA multi-year funding framework, the ICPD PoA and MDGs. Specifically, the CP was designed to address three of the five Priority Areas of the UNDAF (2008-2010); namely: (a) governance and human rights; (b) maternal health and child health care; and,
(c) HIV/AIDS, tuberculosis and related diseases. These UNDAF priority areas are translated into the following UNDAF Outcomes: i) UNDAF Outcome 1: By 2010, Governance and Human Rights practices have been advanced at all levels and enforcement arrangements are in place; ii) UNDAF Outcome 3: By 2010, Health for children under five years of age and health for women of childbearing age have improved and child and maternal mortality rates have been reduced, and iii) UNDAF Outcome 5: by 2010, there is increased access to prevention, treatment, care and support services, and significant reduction of stigma and discrimination on HIV and AIDS.

While the development issues addressed in the Fourth CP (2008-2010) remained the same for the extension period, as shown in Annex 3 of this report, there were slight adjustments in strategies and programme structure for the extension (2011-2012). The CP Extension (2011-2012) on its part took advantage of most recent development thinking and is fully aligned to the UN Joint Vision (2009) which in turn responds to the Agenda for Change in areas where the UN has a mandate and comparative advantage, notably in health, education and agriculture as well as on security and good governance. According to the UNFPA CPAP Extension (2011-2012), the CP directly contributes to the Human Development and Social Services section of the Agenda for Change and related MDGs. For example, the Agenda for Change gives priority to the reduction of maternal mortality, strengthening maternal and neonatal healthcare systems (MDGs 4 and 5); combating HIV and AIDS (MDG 6); empowering women and girls (MDGs 2 and 3) and the development of an Information Management System (IMS) that provides timely and reliable data and strengthening health information tools.

(b) Relevance/Strategic Fit
The development framework adopted to address the postwar and related challenges was anchored on the Interim Poverty Reduction Strategy Paper (2002-2004), the National Recovery Strategy (2002-2003), and the Poverty Reduction Strategy Paper (2005-2007). The Government of Sierra Leone with support of UNFPA and other Development Partners has been consolidating peace, security and setting the country on the path of postwar recovery. This has been done within the context of the ICPD, MDGs and the UNDAF, which informed government’s development strategies including the PRSP. The GoSL/UNFPA 4th Country Programme (CP) was initially designed to address three of the five priority areas of the 2008-2010 UNDAF, which was based on the 2006 CCA; namely, governance and human rights; maternal health and child health care and; HIV/AIDS, tuberculosis and related diseases.

With regard to the overall economic, social and political advancement, Government developed the PRSP II, also known as the Agenda for Change (2008-2012), premised on the need to gradually move away from relief and humanitarian assistance to that of human development through sustained growth and good governance. Accordingly, the UN system has aligned its support programme through a Joint Vision for Sierra Leone (2009-2012) in place of the conventional UNDAF. In a collaborative response, UNFPA also sought to align the 4th CP with the new strategic direction of Government and UNCT by requesting for an extension of the CP for two years; the request was granted in 2010 by the UNDP/UNFPA Executive Board, hence the 4th CP has been stretched from 2011 to 2012.
Programme Outcomes and Outputs

In order to achieve the stated goal of the programme, the initial design of the 4th CP had two components: (a) reproductive health, with a focus on maternal health and HIV/AIDS prevention in seven districts; and (b) population and development, with gender and youth as cross-cutting issues.

One of the important lessons learned from the implementation of first phase of the 4th CP was that strengthening the Gender and Advocacy component and realignment of interventions was critical in ensuring linkages of GBV survivors with support mechanisms and care, and addressing challenges related to prosecution of cases of GBV. It was therefore considered appropriate to identify Gender as a separate but interlinked component in the CPAP extension in consonance with the UNFPA Strategic Plan (2008-2011). According to the UNFPA Plan, while the “MDGs and ICPD goals provide the overall context for identifying the results in the development results framework, notwithstanding changes in the external environment, the focus areas of UNFPA—population and development, reproductive health and rights and gender equality—remain as valid and critical as ever”. Instead of simply ‘mainstreaming’ Gender into the programme, as done in the initial 4th CP, the programme extension directly addresses this as a component, given the compelling need, in a country like Sierra Leone with persistent gender and development challenges, to advance gender equality and empower women and adolescent girls to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

(i) Reproductive Health (RH)

The RH Component was designed to address the Government health priority areas of Maternal Mortality, HIV/AIDS, SRH and Gender-Based Violence as articulated in the RH Policy, the HIV/AIDS Policy, Youth Policy, the Gender Bills and the Reproductive and Child Health Strategic Plan. It was therefore intended that the RH component would support access to comprehensive reproductive health information and services, rehabilitation of facilities and human resources capacity building, thereby contributing to the UNDAF outcomes 3 and 5, which focus on reducing maternal mortality and preventing HIV/AIDS respectively. It was also to contribute to all the five reproductive health and the four gender outcomes of the UNFPA Strategic Plan (2008-2011).

The CP outcome of this component, which remains unchanged in the extension, is: “increased access to and utilization of reproductive health information and services and reduced risk of HIV infections and sexually transmitted infections among young people, women and vulnerable groups.” The initial design was to achieve this outcome through the following four outputs:

a) Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention;

b) Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence;

c) Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behaviour and to prevent sexually transmitted infections and HIV; and

d) Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.
In the CPAP extension of the programme (2011-2012), the second RH output was moved, justifiably because of its direct relevance, to Gender as an output (cf. output 6 under Gender), leaving the RH outcome with three outputs. However, the promise to determine some of the CP output indicator baselines was not delivered (see Table 1). This has set a limit on rigorous analysis of performance and made it difficult for this evaluation to reach any concrete conclusion about the possibility of achieving the related output indicator targets. The next CPAP should avoid this type of design error.

Table 1: Reproductive Health CP Extension (2011-2012): Outputs, Indicators, Baselines and Targets

<table>
<thead>
<tr>
<th>Expected CP Outputs</th>
<th>CP Output Targets and Indicators</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1:</strong> Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention.</td>
<td>Output 1 Indicators: Increase in number of health facilities offering EmONC (Baseline: 1.2/500,000 persons, Target: 1.5/500,000 persons).</td>
<td>Baseline and Target established</td>
</tr>
<tr>
<td></td>
<td>Increase in the proportion of births with skilled birth attendants (Baseline: 1.7%, Target: 2.0% for Doctors; and Baseline: 29%, Target: 30% for Nurses/Midwives).</td>
<td>Baseline and Target established</td>
</tr>
<tr>
<td></td>
<td>Increase in number of primary health units providing at least three modern family planning methods (To come from the 2010 GPRHCS Survey)</td>
<td>Target set but baseline not determined</td>
</tr>
<tr>
<td></td>
<td>Increase in number of health facilities providing STI and HIV prevention services (To come from the 2011 CP Extension baseline survey)</td>
<td>Baseline not determined</td>
</tr>
<tr>
<td><strong>Output 2:</strong> Youth-friendly services and peer education networks expanded to promote responsible sexual and reproductive health behaviour for preventing sexually transmitted infections and HIV/AIDS.</td>
<td>Output 2 Indicators: Increase in the number of institutions providing livelihood and life-skills education programmes (To come from the 2010 Life skills program evaluation)</td>
<td>Baseline not determined from survey</td>
</tr>
<tr>
<td></td>
<td>Increase in the number of institutions providing population/family life and peer education (To come from the 2011 CP Extension baseline survey).</td>
<td>Baseline not determined</td>
</tr>
<tr>
<td></td>
<td>Number of centres providing Youth friendly RH services and information (To come from the 2011 CP Extension baseline survey).</td>
<td>Baseline not determined</td>
</tr>
<tr>
<td><strong>Output 3:</strong> Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.</td>
<td>Output 3 Indicators: Increase in the number of male and female condoms distributed (To come from the 2011 CP Extension baseline survey)</td>
<td>Baseline not determined</td>
</tr>
<tr>
<td></td>
<td>Increase in the number of condom delivery points (To come from the 2011 CP Extension baseline survey)</td>
<td>Baseline not determined</td>
</tr>
<tr>
<td></td>
<td>Percentage reduction in frequency of stock-outs for reproductive health commodities (including EmNOC, FP and STI) (To come from the 2010 GPRHCS survey).</td>
<td>Baseline not determined</td>
</tr>
</tbody>
</table>

Source: CPAP Extension 2010-2011
(ii) Population and Development

This programme component is in line with the Fourth Strategic Priority of Sierra Leone’s PRSP II, MDGs and ICPD goals. It contributes to three population and development outcomes of the UNFPA Strategic Plan (2008-2011) as follows: (i) Population dynamics and its inter-linkages with gender equality, sexual reproductive and neonatal health and HIV and AIDS incorporated in public policies and poverty reduction plans (ii) Data on population dynamics, gender equality, young people, SRH and HIV/AIDS available, and used at national and sub-national levels. The programme component outcome is “Transparent and accountable democratic governance is promoted through capacity-building and an expanded data base”.

The two outputs of the P&D component remain the same under both the initial programme and its extension, namely:

a) Expanded data base for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels; and,

b) Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

(iii) Gender

Initially, gender was treated as cross-cutting under the 4th CP; the decision to include gender as a separate component in the 2011-2012 programme extension was informed by the need to give greater prominence to gender issues. Although the war had ended, the Truth and Reconciliation Report of 2004 noted high levels of gender based violence (GBV) in communities. The concerns about high incidence of GBV and low empowerment initiatives and programmes for women and young people generated a need to develop the National Gender Strategic Plan, the National Action Plan on UN Security Council Resolutions 1325 and 1820, and National Action Plan on GBV Prevention and Response as means of supporting the implementation of gender related frameworks. Most of these gender related policy documents contain pillars on prevention of, and protection of women from, violence of all forms, and participation of women in mainstream peace building, prosecution and punishment of perpetrators and coordination of the efforts of stakeholders. Also, it was deemed necessary for more comprehensive approaches to address issues like FGC within the context of Sexual Reproductive Health and Rights of women and girls and maternal mortality specifically. Furthermore, having gender as a separate programme component would give the Ministry of Social Welfare, Gender and Children’s Affairs the opportunity to address gender issues in a more concrete manner. Given the high level of support accorded to the afore-mentioned processes by UNFPA and other UN agencies, it was only prudent for some resources to be dedicated to their implementation. These concerns were captured by the Mid-Term Review of the 4th CP and the report recommended gender to be treated as a component in the programme extension.

The stated Outcome of the Gender component is: “national and local institutions supported to effectively integrate gender, socio-cultural and human rights issues in their policies and programmes”. As later conceptualized under the programme extension (2011-2012), this programme component contributes towards the National Gender Strategic Plan, the UNSCR 1325
and 1820 National Action Plan. In addition, the Gender Component further contributes to the following three outcomes of UNFPA’s Strategic Plan (2008-2011): (i) Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices; (ii) Human rights protection systems and participatory mechanisms strengthened to protect the reproductive rights of women and adolescent girls including the right to be free from violence; (iii) Responses to gender-based violence, particularly domestic and sexual violence expanded through protection systems, legal enforcement and sexual and reproductive health and HIV prevention services.

The gender outcome has two outputs:

a) Communities, human rights organizations and national leaders are mobilized to promote gender equality and reproductive rights, reduce gender-based violence and support survivors of gender-based violence.

b) Enhanced capacities of key national and local institutions to formulate coordinate and manage gender-responsive population and reproductive health policies and programmes.

Conclusion

Overall, the evaluation has noted that the goal of the 4th CP is clearly stated and was conceived within the context of the development national priorities of the country and aligned to the UN development frameworks for Sierra Leone. The CP outcomes are also related to aspects of the UNDAF outcomes as well as the UN Joint Vision, and their indicators derive from the results of Government and partner inputs into the social and economic development of the country, which can be verified from official publications.

The strategy adopted for programme implementation is in conformity with the UNFPA strategic direction for providing support to national population activities: it ensures that the MDGs and ICPD goals provide the overall context for identifying the results in the CP Results and Resources Matrix, with focus on population and development, reproductive health and rights and gender equality.

In terms of defining CP outputs, the six outputs initially identified in conjunction with two the CP components (RH and P&D) did not quite address the challenges of gender within the context of development issues faced by Sierra Leone, but the CPAP extension has responded effectively to this gap by identifying Gender as a CP component and defining two related gender outputs. While all the outputs are also clearly defined together with their corresponding indicators, both the initial CPAP (2008-2010) and its extension (2011-2012) left some of the critical RH indicators’ baselines and targets without operational definition. For this evaluation, such a gap has made it difficult to provide a rigorous measure of progress achieved in the implementation of such outputs. The next CPAP should take note of this.

In addition, the next CPAP should take cognizance of the UNFPA Management Results Framework (2012-2013), with its focus on the Goal: “to achieve universal access to SRH (including FP); to promote reproductive rights, reduce maternal mortality and to accelerate progress on the ICPD Agenda and MDG 5 (A&B) in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents) enabled by
our understanding of population dynamics, human rights and gender equality driven by country needs and tailored to country context”. This implies that UNFPA strategy has moved from component programming to an integrated country programming, which therefore requires Programme Officers/Analysts and supporting structures in the CO to work closely together for achieving results.

4.2.2 Effectiveness

The details of the activities carried out and the results achieved to address specific output strategies are outlined in Annex 3. Under this section, the report focuses on the strategies used to deliver UNFPA interventions and the extent to which these interventions have moved the CP towards achieving the outputs.

Output 1: Improved access to skilled birth attendants and reproductive and child health information and services, with an emphasis on family planning, emergency obstetric care, and neonatal care and HIV prevention.

To achieve the above output, the following strategies were proposed and implemented:

a) To build and use a knowledge base for design and implementation of evidence-based policies and programmes.
b) To strengthen the health system for improved access to skilled birth attendants, emergency obstetric and neonatal care, family planning, reproductive health cancers and obstetric fistulas.
c) To support advocacy and policy dialogue.

Regarding the first strategy, UNFPA provided technical and/or financial support to the development of policies and plans, namely: the Reproductive Health Commodity Security Strategy Strategic Plan; Reproductive Newborn and Child Health Policy; Reproductive and Newborn and Child Health Strategic Plan; Standard Operational Manual for Reproductive Health Commodity Security; National Health Sector Strategic Plan; Basic Essential Package of Health; Free Health Care initiative by Government for pregnant women, lactating mothers, and under-five children; Fistula Strategic Plan; and Communication and Behavioral Change Strategic Plan for RH. UNFPA has also provided support to the HMIS/DHIS of the MoHS to develop a communication strategy to facilitate data collection and ensure the availability and use of relevant data/information at district and national levels and improve communication on the national health system, referral and health service delivery; Supported was provided for institutionalized training of Nurse Anesthetists, Doctors and Health Nutritionists and; institutionalization of Maternal Death Review Committees in all the 13 districts.

With regard to the second strategy, UNFPA supported human capacity strengthening interventions through training of: government health personnel in Logistics Management and Information System; Nurse Anesthetists; Nurse/Midwifery; DHMT's staff in Disease Prevention and Control; Health Informatics; EmONC; Pediatrics; Epidemiology; District Health Management; and Nutrition and Dietetics. Retired midwives were recruited to provide midwifery services and mentor health workers at health facilities. The gender programme of UNFPA also collaborated in providing technical support to the review of the Midwifery School Curriculum by integrating GBV
facts in order to ensure adequate clinical management and psychosocial support to victims/survivors of GBV.

UNFPA also supported the RH Division of MoHS upgrade BmONC and CEmONC facilities in the country; provided technical and financial support to the operationalization of the Free Health Care Initiative for pregnant women, lactating mothers and children under five. UNFPA in collaboration with a local NGO (MEPS Well Woman Clinic) supported sensitization and advocacy for early detection and diagnosis of breast cancer which has led to increased access to breast cancer screening by 20%; Supported MOHS, MSSL and PPASL to reposition family planning following the launch of the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) as a key strategy to reduce maternal mortality. In addition, through the implementation of the RHCS Strategic Plan, UNFPA in collaboration with other partners, strengthened the procurement supply chain management system, supported a civil society network to monitor the commodities and Community Wellness Advocacy Groups (previously Community Advocacy Groups) to promote maternal health in the communities including FP, fistula, HIV and GBV prevention. UNFPA’s support to the Midwifery Schools and the recruitment of retired Midwives has increased the number of skilled birth attendants countrywide.

Efforts in support of RH advocacy included UNFPA’s successful launching of CARMMA by the First Lady, which involved the Parliamentary Advocacy Group on Population and Development, Civil Society Advocacy Groups, Traditional and Religious Leaders, multimedia communication networks, high level partnership and policy dialogue; all these led to high political commitment and support for maternal and child health care.

Taking together, the UNFPA interventions mentioned above indicate much has been done over the programme period towards the achievement of the stated output. In the absence of relevant baselines and targets for the indicators, it is difficult to determine or measure the degree of achievement; but if the current momentum is sustained, attainment of the output is not impossible in the medium to long term.

**Output 2: Youth-friendly services and peer education networks expanded to promote responsible sexual and reproductive health behavior for preventing sexually transmitted infections and HIV.**

To achieve the stated output, the CPAP proposed the following strategies:

a) To build and strengthen partnerships in the provision of youth-friendly reproductive health services
b) Advocacy and policy dialogue
c) To strengthen systems that support the provision of youth-friendly ASRH services

With respect to the first strategy, all 13 districts were covered with support to Primary Schools, Junior Secondary Schools, Teacher Training Colleges, Non-Formal Education (NFE) Centres and youth-friendly centres.

Regarding the second strategy related to advocacy and policy dialogue, the CO specifically supported (financially, technically, and training) youth-serving/led and sex worker-led
organizations/networks to build capacity for effective advocacy and/or engage in the design, implementation, and monitoring of programmes addressing both SRH and HIV needs.

Efforts to strengthen systems that support provisions of youth-friendly ASRH services included the training support provided by UNFPA to tertiary level staff from the Teacher Training institutions on SRH and life skills to students and; in Non-Formal Education, through the addition of literacy centers and utilization of the SRH infused curricula, and provision of trained facilitators. In addition, the National School and Adolescent Health programme has been strengthened to improve quality of services provided to young people through refurbishment of clinics (SN Broderick and Connaught Hospital in Freetown and one in Moyamba); Support provided to the Non-Formal Division of the Ministry of Education, Science and Technology to carry out training programmes on SRH/Life skills at learning centres in rural areas, the targets being adolescent youths, young men and women. Youth-friendly centres have been strengthened to provide RH services including STI/HIV services. Also, support was given to capacity development of service providers for provision of youth-friendly health services, through funding for technical support in developing training content and facilitating training. In addition, in a bid to give an alternative livelihood and gradually leave the sex trades, most-at-risk population (sex workers, MSMs and fisher folks) were supported by empowering them with life and livelihood skills, and HIV prevention activities. Through the GPRHCS support, the draft Adolescent Health Development Strategic Plan was developed.

Given the extent to which activities have been carried out, it is likely that the strategies adopted and activities being carried out will lead to the realization of the output indicators 2 and 3 by the end of the programme cycle; much has been delivered in support of output indicator 1, but there are no baselines and targets to make an informed judgment about the extent of achievement of the output.

**Output 3: Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.**

To achieve output 3 above, the following strategies were proposed by CPAP:

a) To strengthen existing partnerships with government and development partners to support implementation of the Reproductive Health Commodity Security Strategic Plan (RHCS-SP)

b) To intensify networking on advocacy and policy dialogue with the Government to develop financial sustainability mechanisms for budgeting for RH commodities.

c) To strengthen systems to improve RH logistics management and build national capacity for forecasting and procurement of commodities.

In line with the first strategy, UNFPA in collaboration with MOHS developed and implemented the Reproductive Health Commodity Strategic Plan (2007-2011) which has been reviewed to end in 2017. A five year Comprehensive Condom Programming Strategic Plan was developed and implemented and; a Situation Analysis for Condom Use has been carried out. Through the GPRHCS support, RH commodities were provided country-wide to ensure commodity security; the CO also supported the institutionalization of an integrated Sexually Transmitted Infections (STIs), HIV/family planning services and a Comprehensive Condom Programming with a draft Five-Year Strategic Plan; UNFPA implemented Condom Demand Generation Framework through
desk reviews/interviews and coordinated by National AIDS Secretariat to assess policies, programmes and services related to access, availability and use of condoms by young people in the context of sex workers.

Regarding the second strategy, capacity of service providers was built in various Ministries, Departments and Agencies in Comprehensive Condom Programming (CCP) in collaboration with NAS; CBOs engaged to disseminate STI/HIV information/messages to various target communities and promote testing and access to services. In addition, UNFPA in collaboration with NAS organized an advocacy session with the Parliamentary Committee on Health and HIV on Comprehensive Condom programming targeting parliamentarians to advocate for the inclusion of Condom promotion in Senior Secondary Schools. With the support of UNFPA, new condoms outlets were established and HCT/PMTCT sites upgraded.

In the case of strengthened systems to improve RH logistics management and build national capacity, the CHANNEL software was successfully installed in all 14 districts to strengthen the LMIS of the MoHS. The software was upgraded to adapt to the needs of Sierra Leone by accepting other drugs apart from RH commodities. A wide range of commodities were procured including contraceptives to meet the needs in scaling-up family planning in all districts through collaboration and support to MSSL and PPASL. Male and female condoms were distributed nationwide leading to an increased contraceptive acceptance rate of 56%. A Standards Operational Procedures (SOP) manual was developed and service providers trained on its use. Training was also provided for District Medical Officers, Hospital Superintendents and District Monitors of Health Commodities in CHANNEL for better monitoring and supervision. Also, District CHANNEL Operators with expertise in IT and District Logistic Officers were trained in the use of CHANNEL. In addition, improvements were made in the distribution of medical supplies from the Central Medical Stores (CMS) to District Medical Stores by providing trucks and motor-bikes to ease transportation and distribution of drugs to the districts and PHUs. A video surveillance system (CCTV) was installed in the compartments of the Central Medical Stores for proper monitoring of commodities by senior officials of the MoHS. In order to improve on effective drugs distribution, UNFPA supported Civil Society Organizations to monitor drugs in the country at all levels.

The above interventions put together show that much has been done towards the achievement of the stated CP output. However, in the absence of clear baselines and targets for the output indicators it is difficult to determine how much progress has been made.

**Output 4- Expanded data base for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels.**

To achieve the stated output, CPAP proposed the following two strategies:

a) Build and use knowledge base for data for development and

b) Build systems to strengthen technical and institutional capacity for improved data and information use.

With respect to the first strategy, the first comprehensive Demographic and Health Survey (DHS) was conducted in 2008 with support from UNFPA, other UN agencies and development partners in collaboration with MACRO International. The DHS report, which was published in 2009, has
partially solved the data problem of reporting on population, gender, reproductive health and other indicators. It has also assisted in programme planning and monitoring at both national and sub-national level. This intervention is in the right direction, but there are still gaps in the data requirements for effective monitoring of programmes and evaluation of programme impact on the beneficiaries.

UNFPA supported the short term training in IMIS at Statistics Sierra Leone for the setting up of an integrated data base for population, gender, reproductive health and other indicators; in addition, the CO financed the purchase of server and computers for the IMIS. Data from the 2004 Population and Census, SLIHS 2003/04, MICS 2005, CWIQ 2005, GBV 2007, SLDHS 2008, SDHS 2009 were cleaned for uploading into the IMIS. This is a good step in the right direction, but to operationalize the IMIS, much still needs to be done, including preparation of the server room and training of SSL staff to manage the data system.

The CO supported the conduct of research in three major areas; namely; the Impact of Female Genital Mutilation on Sexual and Reproductive Rights and Practices of Women in Sierra Leone; and Gender Based Violence. The research was conducted to encourage census data utilization by individuals and also to produce reports on selected topics like population profile. Findings of this research were shared with a wide range of stakeholders to demonstrate the usefulness of census data in overall planning and management of national development programmes. With all these research, there is still the need to investigate other population and development issues using the census and survey data.

UNFPA provided support to SSL to verify localities in seven out of the twelve districts (Bo, Moyamba, Pujehun, Kenema, Bombali, Kailahun and Kono) in order to facilitate the cartographic field mapping as part of the preparatory activities for the 2014 Population and Housing Census. The preparatory activities are far behind schedule as the cartographic work needs to be completed way ahead of time to give more time for the full preparation of the actual census.

In collaboration with implementing partners, mainly the Ministry of Finance and Economic Development (MOFED) and sectoral ministries, UNFPA and Statistics Sierra Leone (SSL) trained 19 Local Councils in RBM, Monitoring and Evaluation and Data Collection and management methodologies to build their capacity to generate, process and use data for development planning at the local level. But the extent to which those trained are capable of understanding data collection and management processes is yet to be determined, as the quality of the training was highly questionable by those interviewed. A capacity needs assessment was required before the designing of the training. Under the UN Joint Support, UNFPA led the provision of 12 Desk top Computers and accessories to SSL as a support to institutional capacity building for data collection activities at the district level. The evaluation found that in most of the district offices the computers have been used effectively; this is a step in the right direction, and if maintained should improve data availability in the country.

UNFPA collaborated with Statistics Sierra Leone in supporting the MSWGCA in the 6th CEDAW Country reporting data generation and development of indicators for the Sierra Leone National Action Plan on UN Security Council 1325 and 1820. A research on comprehensive situational analysis of GBV was also undertaken in 2008, followed by mapping of stakeholders working on Gender issues. The support to Fambul Initiative Network for Gender Equality Sierra Leone
(FINESL) to conduct baseline study on male engagement in pilot areas in Bo and Bombali districts was a correct move in creating demand for the production and utilization of data for policy.

Based on the interventions to support expanded data base for planning and programme monitoring at national and sub-national levels and institutional strengthening activities carried out, the P&D component is on track to achieve the stated output; however, sustained interventions in related areas will be required to fully realize the output.

Output 5: Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

To achieve output 5 above, CPAP proposed the following three strategies:
a) Advocacy and policy dialogue on gender and reproductive health and rights to increase awareness on the need to improve integration into policies and plans at all levels of development;
b) Build and use a knowledge base on the inter-linkages between population, gender, reproductive health and development and;
c) Promote, strengthen and coordinate partnerships among government, private-for-profit and civil society organizations for information sharing and resource mobilization for population programme implementation.

In support of the first strategy, UNFPA facilitated the revision of the 1993 National Population Policy and the development of the abridged version; but the revised population policy has not been accompanied by an Action Plan for its implementation. Before the revised policy is sent to Cabinet again, an Action Plan should be prepared.

The CO supported quite a number of advocacies and sensitization activities on poverty, the rights of women and girls, reproduction health and right, and environment as part of the strategy to promote understanding of population and development interrelationships in the country. Advocacy campaign for data utilization was conducted through the national radio, and local newspapers. The events of World Population Day and African Statistics Day, also supported by UNFPA, provided opportunity for advocacy. In the end these advocacy interventions have proved effective in sensitizing the public and encouraging Parliament to be receptive to legislations on population issues such as the passing of the Gender Act.

UNFPA supported the Population Secretariat of the MoFED for effective coordination of the P&D issues and the 4th CP in general. MoFED has achieved this coordination role through quarterly and annual meetings of the implementers at national and District level. However, the revival and effective functioning of the National Population Commission is still a gap and should be addressed in order to achieve the integration of population issues into development policies and plans. The capacity building support to the Component Manager at the Population Secretariat was not enough to improve coordination of integration; Government should strengthen the staff capacity by employing additional professional staff.
UNFPA supported the training of Local Council members especially females, media practitioners and Parliamentarians, who attended several conferences on advocating for ICPD issues; this has raised awareness and contributed to effective reporting on ICPD issues. This strategy should be maintained in order to promote an understanding of the inter-linkages between population, gender, reproductive health and development in Sierra Leone.

Despite the interventions described above, the limited/weak technical capacity of the Population Secretariat within the MoFED has delayed the setting up of the National Population Commission (NPC), the finalization of the revised National Population Policy, and integration of population issues into development policies and programmes. Thus, the strengthening of the technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes is extremely limited. Therefore, this output is not likely to be achieved by the end of the 4th CP.

**Output 6: Communities, human rights organizations and national leaders are mobilized to promote gender equality and reproductive rights, reduce gender-based violence and support survivors of gender-based violence.**

CPAP has identified the following four strategies for the realization of this output:

a) Advocacy and policy dialogue focusing on the establishment of accountability mechanisms to domesticate and implement protocols and treaties on human rights, especially those relating to women and girls, and the development of IEC/BCC materials on gender issues especially on the UN Security Council Resolutions 1325 and 1820;
b) Strengthen systems of the national gender machinery;
c) Build and use a knowledge base on gender-based violence to support social mobilization and BCC strategies that actively engage men and boys and;
d) Strengthen partnerships with community and religious leaders, chiefs, NGOs, community-based organizations, women Ministers and Parliamentarians.

To this end, the 6th CEDAW country and UNSCR1325 and 1820 reports were prepared and submitted to New York. Systems were strengthened at the MSWGCA through provision of office equipment, monitoring vehicles for the regional and central offices, and technical capacity building through training, coaching and mentoring. Internet connectivity was also provided for all the districts to generate and share data from the respective districts. A Gender Budgeting Desk with a fulltime Officer established in the ministry to support advocacy on gender budgeting needs and interests in the budget call circulars. A National Gender Strategic Plan and SiLNAP 1325 and 1820 were developed and implemented. Training manuals and Guide for Community Advocacy Groups were developed and in use. Gender-Based Violence (GBV) prevention advocacy materials were also developed and disseminated. A National GBV Situation Analysis was done and reports disseminated. Documentaries on good practices on Gender and RH integration programs on Community Wellness Advocacy Groups (CAGs) were produced and disseminated.1,350 Community Wellness Advocates have been trained to serve 120 Community Wellness Advocacy Groups that have been formed in 9 districts from the South, East, North and Western areas. The CAGs have been conducting sensitization and advocacy sessions on GBV prevention and response, including FGC, and Sexual Reproductive Health and Rights issues in their communities. Referral
slips were provided to CAGs and Restless Development (an international NGO) for timely referral of victims of GBV, as well as establishing linkages to other community support services. The integration of adult literacy programmes into the CAGs programmes has been initiated.

Another strategy to address this output was to strengthen systems of the national gender machinery with activities relating to the coordination and management capacity of MSWGCA, and to build the capacity of FSU in the districts and train peer counselors in preventing GBV and caring for GBV survivors.

With UNFPA support, personnel of the Family Support Unit of the Sierra Leone Police (FSU/SLP) were trained on gender responsive handling of clients, including counseling skills and interviewing/investigation of GBV victims/survivors, reporting, and management of GBV data. GBV management was also integrated in the training curriculum of new recruits. However, the coverage within the districts is inadequate e.g. some FSUs have to cover five to six chiefdoms and they lack the logistics to do so effectively. LAWYERS in 2008/9 trained Judges and Magistrates on the implementation of the Gender Laws as they relate to justice for GBV victims/survivors. Advocacy on the enforcement of Gender Acts has extensively been done with advocacy clips being developed by LAWYERS and aired on radios and TVs. An Information Desk was established at the High Court for ease of access to court proceedings. LAWYERS have trained paralegals to give advice to communities about legal matters and procedures, and to seek legal redress, especially those related to GBV. Legal aid clinics have been established in Freetown and Kono district to provide legal education, advice and representation of GBV Victims. Women in Crisis Movement (WICM) continue to give care, support and treatment to GBV victims, including the provision of shelter since 2008 to-date, for protection against further violence from the perpetrators and possible allies.

Some aspects of this output that are yet to be achieved include ratification of the AU Protocol on Gender Equality, the establishment of a Counseling and Documentation Centre on GBV at the MSWGCA and; the establishment of a national scan and a comprehensive data base on GBV. Although FSUs provide annual statistics on cases reported, it would be valuable for more collaboration to be made with SSL in order to update the GBV data.

Output 7: Enhanced capacities of key national and local institutions to formulate, coordinate and manage gender-responsive population and reproductive health policies and programmes.

Advocacy as well as building and strengthening partnerships with Development Partners (both local and international) and collaborating Implementing Partners (IPs) are key strategies to achieve this output.

Regarding advocacy, the CO provided support to the IPs to advocate for the promulgation of bye-laws by chiefs and Soweis on GBV. In addition, the evaluation found that awareness of the principles of human rights has been created in the communities.

With UNFPA support, the HRCSL has trained Commissioners and staff on GBV related issues at headquarter and district level; a Gender Unit has been set up and a project officer recruited; also, a Gender Policy as well as a Sexual Harassment Policy for their staff have been developed. UNFPA provided support to capacity strengthening of FSU personnel in various aspects of its operation,
and this has given visibility to the institution. Community members now have a lot of confidence in the FSU.

Regarding institutional capacity strengthening, the CO supported the MSWGCA in Makeni was through provision of equipment, including a lap top computer and accessories, a refrigerator, one video camera and a Sony cyber shot camera as part of UNFPA’s capacity building drive at the request of the regional office. FSUs were also assisted by UNFPA with monitoring support to GBV Victims through provision of equipment, vehicles and other logistics for use in the Western area and the regional offices. They have also received training in various aspects on GBV prevention and response. The CAGS were provided with outreach support and items that carried GBV and SRHR messages. These included T-Shirts as well as MP3 Players to play advocacy and sensitization songs, megaphones for community mobilization, torch lights and batteries to support women’s access to the nearest health clinics at night. WICM has been provided with a well-equipped laboratory for GBV is screening and HIV testing. LAWYERS has established a pilot legal clinic in Kono District with the outfit in Freetown further strengthened to provide services.

UNFPA also contributed to the process for developing the National Action Plan for UNSCR1325 and 1820. This plan has a pillar on coordination and this can be strengthened for coordination of MDA’s. For now, the collaboration amongst MSWGCA, MODEP and MOHS and even the Ministry of Local Government serve a useful purpose for programming. The 1325 and 1820 national Action Plan is being supported by a national steering committee to ensure implementation. The national Gender Strategic Plan (2010-2013) has six priority areas including sexual and reproductive health rights, gender budgeting and accountability.

From the above, it can be concluded that at the end of the 4th programme cycle, the strategies adopted will most likely lead to the achievement this output. However, there is need to intensify efforts at gender advocacy, particularly for resource allocations, now that the new development plan (Agenda for Prosperity) has a proposal for women’s economic empowerment, among others.

4.2.3 Efficiency

(i) Implementers
Programming by Implementing Partners (IPs) has been based on formulation of Annual Work Plans (AWPs), submitted to UNFPA for approval on a yearly basis and signed between the IPs and UNFPA. For all IPs, this approach has worked quite well and has facilitated ownership by the IPs of the implementation process, as well as a commitment to execute. At the district or lower levels, however, implementers have not been directly involved in the process of AWP formulation; they submit their work plans (including UNFPA supported activities) directly to their respective District Council management from where the central bodies in Freetown (MoHS, MEST, MSWGCA, etc.) capture the relevant activities for the year in reference. In addition, funds are disbursed to the districts as lump sums without distinction between Government and donor funding. Hence, district level implementers such as PHCs are unable to assess the extent of UNFPA funds for their activities. Nevertheless, they acknowledged that UNFPA has been playing a critical role in project funding, particularly when they benefit from UNFPA-sponsored training and related activities.
In terms of actual transfer of funds, the UNFPA procedure is that all requests for funding and cash transfers to an IP are based on agreed Annual Work Plans. Within the framework of Direct Programme Support (DiPS) which is the Sierra Leone version for Harmonized Approach to Cash Transfer (HACT), cash transfers for activities detailed in signed AWPs have been made by UNFPA through the Funding Authorization and Certificate of Expenditure (FACE) using any of the approved modalities.

The evaluation found that all IPs have received training in project financial management and have adopted this method without hindrance. However, delays have sometimes been experienced by some IPs in fund transfer by the CO especially during the first quarter of the year. As the overall implementation rates were high for each year, except 2009 (see Figure 1); probably the rates could even be higher if there were no delays in getting the funds to the IPs more expeditiously.

As shown in Table 2, the overall implementation rates by the IPs were generally high, reaching 95% and above from 2008 to 2011. Already, the implementation rate up to September 2012 has reached 67%, and should be expected to go over 95% by the end of the year.

Table 2: Programme Implementation Rates (2008-September 2012)

<table>
<thead>
<tr>
<th>Year</th>
<th>Ceilings</th>
<th>Expenditure</th>
<th>Implementation Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3,592,670</td>
<td>3,680,625</td>
<td>102</td>
</tr>
<tr>
<td>2009</td>
<td>3,279,396</td>
<td>3,414,462</td>
<td>104</td>
</tr>
<tr>
<td>2010</td>
<td>3,094,559</td>
<td>2,981,480</td>
<td>96</td>
</tr>
<tr>
<td>2011</td>
<td>2,874,693</td>
<td>2,724,030</td>
<td>95</td>
</tr>
<tr>
<td>Jan-Sep 2012</td>
<td>3,320,913</td>
<td>2,230,966</td>
<td>67</td>
</tr>
</tbody>
</table>

Within the budget provided, consideration was given to the most cost-saving methods. For example, having community people implement some of the activities such as purchasing stationery and other materials from Freetown has been cost-effective, but this is likely to cause some delays in terms of the time requisitions are forwarded to the time of supply.

(ii) **CO Financial Management**

In order to assure the efficient management of funds by the CO and IPs, the CPAP has made provisions for financial monitoring, largely through FACE, and evaluation through external audits. The available records show that IPs have facilitated periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives, programmatic monitoring of activities following UNFPA’s standards and guidance for site visits and field monitoring, as well as special or scheduled audits.

This evaluation examined the Auditors’ reports for each year of operation till 2011 and concluded that the funds available for programme implementation have been efficiently utilized. The summary of NEX audit report carried out in 2010 and 2011 shows that all the IPs audited were unqualified, a significant improvement over the previous years when the IPs were audited outside the NEXAM, with some IPs receiving qualified audit opinion.
However, the evaluation found that the CO encountered few operational problems with the procurement processes and poor infrastructure; including delays in clearing of goods and services through Duty-Free Concessions; simultaneous requests for vehicle by different officers to different destinations; un-reliable electricity and water supply. The CO should continue to work closely with GoSL and the landlord to resolve these and related challenges.

(iii) Government Commitments
Towards the implementation of the 4th CP, Government as partner, made a number of commitments considered essential for the effective and efficient implementation of the programme. Table 3 shows the areas of Government commitment and the status during the review period. The remarks column shows what needs to be done in order to ensure full cooperation by the Government.

Table 3: GoSL Commitments to support the 4th CP (2008-2012)

<table>
<thead>
<tr>
<th>Commitment (CPAP)</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide the necessary policy guidelines and an enabling environment for the implementation of the country programme.</td>
<td>In all the 3 components, new policies have been developed, old policies are being revised.</td>
<td>Implementation frameworks and the capacity to actually implement are generally weak.</td>
</tr>
<tr>
<td>2. Provide financial and logistic support through the provision of office space for projects in various line ministries; pay remuneration to staff, payment of utility bills including electricity, phone and water bills; and contribute to the maintenance and operations cost of equipment. The total cost of these provisions is estimated at Le 500,000,000.00 per year.</td>
<td>Government has supported 4th CP through provision of office space in various line ministries; paid remuneration to staff, payment of utility bills including electricity, phone and water bills.</td>
<td>The extent of contribution to the maintenance and operations cost of equipment is difficult to determine. Field visits revealed that some equipment remained idle for lack of fuel, and also general inadequacy of equipment available for delivery of interventions. Some Doctors use the only ambulance available for official movements.</td>
</tr>
<tr>
<td>Provide support to the enhancement of the human resources needs of the programme by facilitating the recruitment, deployment or redeployment of the requisite personnel in the various Line Ministries and the building of their technical competencies.</td>
<td>In some of the Government offices, counterpart support has been lacking; the capacity of available staff for the delivery of CP interventions is generally weak, particularly at district level.</td>
<td>Government should strengthen the capacity of MOFED (Population Unit) to design an Action Plan for policy implementation, and to facilitate integration of population issues into national policies and programmes.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4. Provide counterpart funding to all line ministries to complement donor funds provided for programme implementation, to the tune of Le250, 000,000.00 per year.</td>
<td>This is difficult to determine given that Government contribution has been in kind.</td>
<td>The indicator in question is whether Government budget for specific population issues (FP; RH; Gender; population data) has been increasing of not.</td>
</tr>
<tr>
<td>5. Take leadership in ensuring effective programme coordination and synergy within the existing partnership and in promoting decentralized implementation of activities.</td>
<td>Through collaboration with NGOs a lot has been achieved; but Government still needs to take responsibility and leadership on a number of fronts.</td>
<td>Government has received enormous support to its initiative on ‘Free Health Care for Pregnant Women, Lactating Mothers &amp; Children Under 5s, but needs to take responsibility for its sustainability, particularly in RH.</td>
</tr>
<tr>
<td>6. Facilitate the conduct of appropriate periodic quarterly review meetings, involving partners and stakeholders (including donors and NGOs).</td>
<td>MOFED has organized regular quarterly and annual review (ARM) meetings, except for the current year 2012.</td>
<td>The CO plans to work with MOFED towards the 2012 ARM.</td>
</tr>
<tr>
<td>7. Collaborate with UNFPA in mobilizing resources from various sources to meet the financial needs of the country programme.</td>
<td>Evidently, enormous resources have been mobilized by UNFPA &amp; Government in support of the 4th CP.</td>
<td>Although the need to mobilize resources in support of Sierra Leone’s war ravaged economy is understandable, the issue of sustainability must be taken seriously.</td>
</tr>
<tr>
<td>8. Ensure the sharing of information, the building of coalitions and strengthening commitment to critical programme challenges.</td>
<td>Government has participated effectively in dissemination of survey reports, marking of population and related events and the sharing of information on RH, gender, data and development.</td>
<td>The capacity for integrated population and development planning remains very weak.</td>
</tr>
</tbody>
</table>

Judging from the above tabular presentation, it is evident that most of the critical areas on which Government committed in the CPAP remain a challenge, particularly in the provision of support to human capacity strengthening for programme management, population and development integration and sustainability of programme activities.
4.2.4 Impact

The approach to the evaluation of impact of UNFPA interventions has been to assess the effect of those interventions on the implementers and their institutions and, to a limited extent, on the direct beneficiaries. Most of the interventions that generated impact have to do with human and institutional capacity strengthening through training, infrastructural repairs/construction and supply of equipment. The impact orientation of the CO interventions has a direct bearing on the sustainability of programme activities.

(i) Reproductive Health
Support by UNFPA to capacity building in RH has been through training of district health professionals/workers, refurbishment and rehabilitation of districts health facilities in the country. This strategy has largely improved the ability of district health teams to address issues of public health concern, particularly in relation to management of the district hospitals, it has also helped strengthen, at all levels, access and delivery of quality maternal and child health care in the country, thereby leading to continued and effective service delivery through PHUs. The establishment of organized antenatal and gynecological clinics specifically at the national maternity hospital (PCMH) has resulted in an increase in the number of women accessing both services. Post-operative infections have been reduced as a result of the establishment of a central sterile supply unit; treatment, care and support of neonates have improved because of the establishment of a Special Care Baby Unit (SCBU). The provision of mothers lodge and specialist clinics has contributed to the reduction of under-five morbidity and mortality. In addition, support to advocacy and sensitization about obstetric fistula backed by creation of fistula centres has improved referral and screening of fistula patients for repairs.

Support by UNFPA towards repositioning of family planning through increased national awareness and sensitization has resulted in the integration of family planning into other reproductive health services including STIs, HIV/AIDS and youth-friendly services. Resulting from the training of midwives and tutors in 2010, RHCS has been integrated into the midwifery schools curricula. To date, trained midwives and tutors in family planning are deployed in the 13 districts. Due to training of nurses and midwives by UNFPA in contraceptive technology and integration of family planning into PMTCT services, there has been increased access to and utilization of family planning services. In addition, community involvement in advocacy and family planning service delivery has enhanced acceptability and utilization of family planning services and reduction in socio-cultural barriers. Through UNFPA support to NAS, new condom outlets have been established and HCT/PMTCT sites run by NACP/MOHS have been upgraded to standard. The CCP framework has been effectively implemented, which to a larger extent has resulted in procurement and increased demand access, distribution and utilization of large quantity of both male and female condoms.

The CO supported the establishment of youth-serving/led and sex worker-led organizations/networks, non-formal sector literacy centres, and training teachers from tertiary institutions; this has resulted in increase in intakes of students for the Reproductive Health voluntary counseling and confidential testing (RH/VCCT) programme, and citizens have been empowered to advocate on behalf of themselves, others and groups, and are capable of
disseminating effective family planning and other RH issues including GBV messages within their communities. In addition, due to improved quality of services provided to young people, young women have been empowered through vocational training for self-reliance and RH issues, including STI and HIV. Of those trained in community advocacy groups on basic advocacy skills in the 2009/2010 academic year, 40 students joined various hospitals and institutions in HIV counseling and testing.

More importantly, the UNFPA support towards improved provision, distribution and monitoring of drugs and medical supplies to district health centres as well as PHUs through LMIS, and support to the civil societies have extensively contributed towards the effort of eliminating drug stock-outs. This has also ensured quality clinical care and thereby effectively contributing to the reduction of maternal morbidity and mortality reduction in Sierra Leone. Capacity building interventions in terms of training and provision of equipment (trucks/vehicles and motor-bikes, and installation of video surveillance) have also resulted in better monitoring and supervision and consequently, reduction in frequency of stock-outs for reproductive health commodities. To-date, all logistical, data entry, generation of CHANNEL reports, and maintenance of the CHANNEL computers and accessories are done by the CHANNEL Operators. The provision of support to the HMIS/DHIS of the MoHS has also resulted in facilitating data collection to ensure the availability and use of relevant data and information at district and national levels.

(ii) Population and Development
UNFPA has concentrated support to P&D on building national capacity for increased availability and utilization of data for development planning, including the analysis the 2008 DHS data and preparation of the report (2009), District Health Services Baseline Survey, and Gender Based Violence Report. Such capacity building interventions by the CO has brought high transfer of skills from the Technical Assistants to staff of SSL, and this has built the capacity of SSL to undertake surveys in other areas of data collection. As a result of support to capacity strengthening at the district and regional offices, the District Statistician can provide statistical services to MDA’s, Councils and NGO’s at district level.

The CO supported intervention in the integration of population issues (SRH, HIV/AIDS, youth, gender) into the recently formulated National Policies, like Gender Based Violence Act. Also there was a lot of support to advocacy in the form of training of female Councilors, parliamentarians and Local Council members on population and development interrelationships. This training has helped them to discuss and present P&D issues at decision making levels.

The National Population Policy is being developed and an abridged version prepared; this is an indication that the policy in moving towards its finalization. Action Plan for the National Population Policy need to be developed, the finalization of both documents will generate notable impact on the country’s planning strategy, as they provide the policy framework for integrated population and development planning at national and district levels and across the sectors. UNFPA has been collaborating with GoSL in the preparation of the new Development Plan – “Agenda for Prosperity” to ensure that population issues (including RH, Youth, Gender) are integrated into the document.

The RH interventions over the years are beginning to generate impact on population indicators: the estimates of fertility confirm that the level of fertility in the country is high but declining. The
Total Fertility Rate declined from 6.1 in 2004 to 5.1 in 2008; so also a downward trend in maternal mortality, infant and child mortality has been observed. The impact of UNFPA and partner interventions on these population indicators will be felt, as in all cases, over a long period of time.

(iii) Gender
Implementers of gender activities under the 4th CP have gained knowledge, skills and improved attitudes to implement their programmes. They attended UNFPA supported workshops and meetings on GBV issues and this has built their capacity for effective operation. For example, FSU personnel have acquired skills in counseling, investigation, data management and reporting. In addition, members of the Human Rights Commission of Sierra Leone have been sensitized on gender equality principles. A comprehensive data base on GBV cases has been established at the HRCSL Complaints Registry. Paralegals have been trained by LAWYERS on issues relating to GBV and are equipped to give advice to victims of GBV. Their interaction with UNFPA has provided them with skills in project management and reporting.

Over 1000 Soweis were trained on GBV prevention and promotion of Sexual Reproductive Health and Rights. In all, 3 districts (Kenema, Moyamba, and Koidagu) have signed communiqués and MoUs on banning of child FGC and forced initiation and; at least 18 MoUs with Soweis Committees and chiefs were signed in 3 districts. Dialogues and sensitization by the Soweis themselves have led to the development of bye-laws to ban child FGC as a short term strategy and standards have been set for breaches. The HRCSL has held community consultative conferences on the age of consent for FGC on girls in Kono and Pujehun Districts. This activity targeted 20 traditional leaders and more than 60 Soweis in 12 chiefdoms in both districts. The HRCSL has built the capacity of women groups, Soweis and HRCSL commissioners and staff on gender equality and GBV issues. MSWGCA are the managers of the Gender component. With support from UNFPA, MSWGCA has successfully established Community Wellness Groups in the Northern, Southern, Eastern Regions and Western Area. The CAGs have been very instrumental in promoting demand generation for institutional delivery and increased acceptance and utilization of family planning services and commodities through their day to day community mobilization and dialogue. MSWGCA regional officers supervise these groups and collaborate with UNFPA to conduct joint monitoring of their activities.

Beneficiaries of UNFPA interventions have greater awareness of GBV issues; communities are now making appropriate responses to GBV and showing a willingness to report such cases. The CAGs are trying their hand at reporting on referral of cases to hospitals for delivery. There is cooperation amongst CAGs and health professionals on the one hand, and also with traditional rulers and religious authorities on the other hand, in the efforts to address GBV. The CAGs now have decision-making powers as they are listened to in the communities about the dangers of harmful traditional practices, GBV and related matters. Community members call on the FSU when they have problems.

Community members have been educated on how to effectively monitor and report occurrences of GBV as part of their human rights. An estimate of about 65% of the population have been made

\[\text{\textsuperscript{6}}\text{For example, field visit revealed reports made about a woman who was about to be dispossessed of her deceased husband’s property by her brother-in-law, she then reported the matter to the FSU and was helped to regain her property.}\]
awareness about CEDAW as a women’s bill of right and UN Security Council Resolution 1325 and 1820, the gender based laws and others, due to sensitization efforts through the support of UNFPA to MSWGCA, NGOs, CBOs and individuals.

The training of MSWGA and 1 senior Finance staff on gender budgeting has increased technical knowledge and motivation for finance particularly to deliberately integrate gender issues. A meaningful number of GBV victims have been provided with legal representation in court and so many women and men received regal aid or advice from 2008 to date. FINESL has worked effectively in mobilizing men to stop male violence against women.

In its efforts to address GBV, the choice of FSUs at national and District levels as implementing agency has been strategic and has proved to be quite effective in empowering women to stand for their rights and seek justice whenever violated. However, there still exist some cultural practices and human and institutional capacity issues which have militated against the smooth and effective implementation of gender interventions.

4.2.5 Sustainability

(i) Reproductive Health

In a post-war country like Sierra Leone, the basic strategy for programme sustainability is capacity building, both human and institutional. This has been the major focus of UNFPA in Sierra Leone. In terms of human capacity and restructuring of facilities, health professionals/workers capacities have been built extensively, coupled with strengthened institutional capacity, including refurbishing of facilities, provision of equipment, and formulation of policies and strategic plans. The range of capacity building activities carried out in respect of the three outputs of RH are likely to be sustainable with continued efforts from the side of the government.

Sustainability was well integrated in the programme design as it was planned to be implemented under the overall coordination of the MOFED supported by the MOHS, MEST, MYES and MSWGCA. Although GoSL provided UNFPA the enabling environment (buildings and salaries to staff) to effect its operations, when it comes to financial commitment by the government for the implementation of programmes, it has always been very minimal. This means that GoSL needs to do more in terms of making financial input if the programme is to achieve sustainability.

(ii) Population and Development

Sustainability is a challenge for the P&D component, as Government counterpart contribution has not been forthcoming. Past support by UNFPA to institutional capacity through provision of data capture and analysis equipment facilitated the census process, but the human capacity for data utilization through the establishment of a national data base has been limited. The staff strength in the Population Department of MoFED is very thin, and Government needs to expand it substantially to ensure the sustainability of the human capacity support to this sector by UNFPA. The CO supported MoFED and Statistics Sierra Leone to facilitate the training of 19 Local Councils in Results-Based Management, M&E and data collection and management methodologies; the training was successful and those trained now have capacity and can train others to generate, process and use data for development planning at the local level.
(iii) Gender
Government support of project implementation is manifested through their provision of office space, some equipment, remuneration to staff, uniforms for CAGs and creating an enabling environment for project implementation. UNFPA has strengthened the capacity of personnel and provided funds for institutional capacity building in some cases. Existing laws and policies are being implemented to address acute gender issues and challenges. All of these provide a foundation for future programmes to build on. However, field reports indicate that Implementing Partners and beneficiaries are looking forward to UNFPA’s continued funding support, at least for now. There is a general feeling that cessation of UNFPA support could hinder partners’ achievement of their objectives. Nonetheless, the involvement of communities in this phase might yield some lasting effects. On the whole, Government continued commitment and provision of adequate resources remain crucial to the sustainability of future programmes.
5. MANAGEMENT

5.1 Financial Resources

In terms of financial resources, the 4th CP was approved by the Executive Board of UNDP/UNFPA in April 2007 in the total sum of $9.4 million, in support of the implementation of the country programme. This included an amount of $4.2 million from UNFPA’s regular resources subject to the availability of funds and $5.2 million mobilized from other sources through co-financing modalities, in partnership with the government of Sierra Leone, other UNDG Agencies, the World Bank, the EU, AfDB and other bilateral agencies and NGOs. Table 4 shows the distribution of the fund by source and core programme area. The amount of funding approved for this CP represents an improvement on the 3rd CP which attracted a total of $6 million, including $5 million from core resources and the balance of $1 million from other sources.

Table 4: UNFPA 4th CP Assistance by Core Programme Area (2008 – 2010).

<table>
<thead>
<tr>
<th>Programme Component</th>
<th>Regular Resources (Core)</th>
<th>Other Resources (Non-Core)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Health</td>
<td>2.9</td>
<td>4.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Population and Development</td>
<td>1.0</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Programme Coordination</td>
<td>0.3</td>
<td>--</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.2</strong></td>
<td><strong>5.2</strong></td>
<td><strong>9.4</strong></td>
</tr>
</tbody>
</table>

Figures in US Dollars (Million)

When the funds mobilized for the 4th CP extension are added, the 4th CP marked a most significant increase in the UNFPA assistance to population activities in Sierra Leone since it started in 1971.

5.2 Resource Mobilization

It was planned that funding from other sources would be mobilized by UNFPA from other sources through co-financing modalities, in partnership with the Government of Sierra Leone, bilateral agencies private sector and other funding agencies. To this end, the CO anticipated that resource mobilization efforts will be strengthened during the programme cycle from 2008 to 2012. In order to address this, CPAP indicated that the CO will develop the Country Office resource mobilization plan. The CO has been setting annual targets for resources to be mobilized; for example in 2012, estimated programme co-financing needs for the year set at US$10 million. The actual resource mobilized in 2012 stands at US$12.8 which is over and above the estimated target.

The strategy employed by UNFPA for resource mobilization include fostering close collaboration with various multilateral and bilateral partners involved in population, reproductive health (including HIV/AIDS), gender and development. As presented in Section 6 of this report, UNFPA forged partnerships with WHO, UNICEF, UNAIDS, UNDP, AfDB, the World Bank, the European Union, DFID, JICA, Rotary International, Belgian Trust Fund and Irish Aid through joint programming and/or utilization of grants for implementation of specific projects.
As shown in Table 5, these collaborative efforts have proved effective in mobilizing considerable resources (money, equipment, expertise, etc.) in support of the 4th CP implementation and a similar strategy should continue to be followed by the CO.

Table 5: CPAP Resource Mobilization (2008-2012)

<table>
<thead>
<tr>
<th>Year</th>
<th>Core (Millions of US$)</th>
<th>Non-core (Millions of US$)</th>
<th>Total (Millions of US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3.7</td>
<td>10.3</td>
<td>14.0</td>
</tr>
<tr>
<td>2009</td>
<td>3.4</td>
<td>2.5</td>
<td>5.9</td>
</tr>
<tr>
<td>2010</td>
<td>3.0</td>
<td>8.6</td>
<td>11.6</td>
</tr>
<tr>
<td>2011</td>
<td>2.8</td>
<td>8.5</td>
<td>11.3</td>
</tr>
<tr>
<td>2012</td>
<td>3.3</td>
<td>12.8</td>
<td>16.1</td>
</tr>
<tr>
<td>Total</td>
<td>16.2</td>
<td>42.7</td>
<td>58.9</td>
</tr>
</tbody>
</table>

Funds were mobilized from bilateral partners, including AfDB, EC, WB, DIFID, Irish Aid, Japanese Government, the Spanish Government and USAID/AWARE-RH. Apart from the funds mobilized from bilateral donors, the Thematic Trust Fund contributed by UNFPA amounted to $5 million annually during the 4th CP cycle.

5.4 Coordination of CP Interventions

In accordance with CPAP, the focal agency for the coordination or management of the 4th CP has been the responsibility of Ministry of Finance and Economic Development (MOFED), under its role as the Government Coordinating Authority (GCA) through its Population and Development Strategy Unit (PDSU) which oversees all cooperation activities. In this capacity, MOFED has worked in collaboration with the CO and the evaluation found that during the CP cycle their working together has been fruitful.

Apart from national level programme activities, the 4th CP also covers selected activities in at least seven out of the 13 Districts in the country, namely: Bo, Moyamba, Port Loko, Kenema, Tonkolili, Bombali, and Western Area. Coordination of district level activities has been done by the respective CP component coordinating Ministries.

Perhaps the most effective institutional framework for the coordination of population activities in any country is the National Population Policy together with its Action Plan for implementation. The Population Policy provides the legal basis for interventions in the different areas of population which Government has identified, while the Action Plan serves as the platform for bringing together all the major actors in the field of population and development issues in the country. In the case of Sierra Leone, the first National Population Policy for Development, Progress and Welfare was promulgated in 1989; a successor policy is still in the process of Cabinet approval and ratification by Parliament. The old policy was not supported by an Action Plan for its implementation and the institutional structure for the coordination of policy implementation, including National Population Commission which was established since November 1982, has existed only on paper. As noted in the prelude to the (draft) revised population policy (2010), “Weak institutional and technical capacity in many Ministries, Departments and Agencies of Government led to inadequate coordination, promotion and integration of population activities in
the development process”. Even at MOFED, the Population Secretariat has only two technical staff, the Component Manager and Programme Officer (the NPPP). This is grossly inadequate looking at the volume of work in the coordination of all population activities in the country both for UNFPA and the Government of Sierra Leone.

Under the management of MOFED, quarterly and annual meetings were held for implementers to review status of implementation, achievements, challenges faced and recommendations based on the Results and Resources framework. The annual meetings brought together Government and partners to review UNFPA’s support to the country at the end of every year and plan for another cycle of programme implementation. With UNFPA support, IPs developed Annual Work Plans (AWPs) submitted to the CO for approval on a yearly basis. This implementation modality of the country programme has proved quite effective in exercising control and assuring ownership of programme interventions. In the process, capacity of implementers has also been strengthened in such areas as the application of RBM in preparing their AWPs, and in internal audit and project monitoring report writing.

The MOHS has been the Programme Component Manager (PCM) for the Sexual, Reproductive and Neonatal Health (SRNH) programme component and given the priority that the CP gives to youths and adolescents the MEYS was then a co-PCM for the SRNH programme with a particular focus on youth programme.

The coordinating Ministry for the Gender Component is the Ministry of Social Welfare Gender and Children’s Affairs. The Component Manager of the project is the Professional Head of the Ministry—the Social Services Officer. In the regions, there are Programme Officers who are responsible for coordinating the activities of the Community Advocacy Groups and NGOs working on gender-based violence and other issues relating to women’s rights. The National and Regional Focal Points at the Ministry organize meetings of the national and regional gender-based committees. These committees are co-chaired by the Sierra Leone Police and they are responsible for monitoring and coordinating gender-based violence. Furthermore, other meetings are held with stakeholders at national and regional level. Review meetings are held with partners as well as meetings to support drawing of Annual Work Plans by partners.

In terms of human resources, staff strength at the CO for RH, P&D, and Gender seems to be over stretched and thin in relation to volume of work they are expected to carry out and the spread the programme in the country. This suggests that consideration should be given to the need for expansion of staff capacity in terms of their number so as to ensure a wider reach of the UNFPA interventions in the country. This can be achieved through a review of the current typology to align it with the size of the programme.

5.4 Coordination of the Country Office

The CPAP recognized that the national execution modality adopted under the 4th CP require adequate human capacity of both the CO and the programme implementers. It was, therefore, planned under the 4th CP to continue to strengthen human capacity through training, recruitment and placing of people with the right competences in the requisite positions and detailing them to other institutions for hands-on-experiences. The evaluation found that, although the CO
experienced some staff movements due to resignation and related factors, there has been significant improvement in the available capacity since 2008.

The CO consists of a Representative, an Assistant Representative, an Operations Manager and support staff in the critical areas of programme delivery (see staff list in Annex 5 of this report). This was done in view of the new office typology approved by UNFPA for Sierra Leone, which facilitated the appointment of additional project personnel, including National Programme Officers for M&E, Gender, HIV/AIDS, Adolescents & Youths, and Communications. The CP has also been supported by professional staff on short-term Special Service Agreements (SSAs) and Contract Service, including experienced Medical Experts- one in Nursing training and one in Pediatrics; CTA in RH; consultant in RH commodity security; and an Officer in HIV/AIDS prevention; a team of specialists on RH and related health infrastructure under the AfDB funded project. The CO is now large enough to benefit from a well discussed and agreed organogram to define duties and lines of information flow and reporting as defined by UNFPA management protocols.

The evaluation found that, with reference to their specific CP components, the POs and supporting professionals have worked with industrious dedication and much has been achieved; however, more could be achieved by operating as a team. In particular, all the three CP components could benefit from the services of the M&E and Communications Officer, and they in turn should be very proactive in knowing what the 3 components are doing, for timely and improved visibility of the CO. This could possibly be realized through regular CO programme meetings and joint monitoring missions as proposed in the 2012 OMP.

During the initial CP (2008-2010), the CO was to benefit from UNFPA country technical support team (CST) in Addis Ababa, Ethiopia, and Dakar, Senegal, in providing technical support. The CST has since been dissolved but in its place the SRO in Johannesburg has taken on that responsibility.

At the operational level, the evaluation was informed about some human resource constraints faced by the CO: dependence on UNDP for some of its HR services like CRP, CAP and issuance of SC appointment letters that sometimes caused delays. In addition, the contractual status of the HR Associate is under Service Contract that inhibits her access to perform various functions in ATLAS HR module. The use of such contracts to staff whose services are needed does not inspire confidence and hinders efficiency in performance.

The evaluation process revealed that Sierra Leone’s population is widely dispersed over a fairly large territory and in order to achieve a wider reach and more effective delivery of CP interventions, UNFPA may wish to consider strengthening the M&E in order to facilitate programme monitoring and coordination.

Programme coordination has been carried out by the CO based on the Office Management Plan (OMP), jointly developed by the management. The CO has also given special attention to the coordination of RH project activities funded by donors through regular weekly programme meetings to ensure the sharing of information and knowledge among staff and strengthen the mechanism for the delivery of UNFPA RH interventions in the country. In addition, the CO may wish to consider strengthening the knowledge sharing platform which has been quite useful, as a
means of capacity building for staff and a veritable means of forging collaboration among colleagues in the CO.

5.5 Assets Management

To the extent possible, the CO has provided equipment to projects of both Government and NGO implementers, and the evaluation found that these items of equipment have really contributed immensely to improved capacity of the IPs to deliver. Almost every project has the mark of UNFPA donation and the inspection report summarized by the Inventory List made available to the evaluation team also shows that the equipment have been generally well managed.

However, the sustained operation of this equipment seem to pose a challenge; the evaluation has on record vehicles not used because fuel supply promised by the Government has not materialized, and generating plant for office use and related services out of operation for the same reason. This should serve to draw the attention of the Government to its CPAP commitments and assure sustainability.

Inventory of assets for RH component was done for all the IPs visited. The assets on a whole were seen to be well managed and generally in good condition, but only a few of them were tagged. Some of the IPs expressed their need for vehicles and bikes for their outreach and investigation activities; Government intervention in this area is important for sustainability.
6. PARTNERSHIPS & COLLABORATION

6.1 Basic Strategy

In furthering its partnership strategy in Sierra Leone, UNFPA under the 4th CP CPAP planned, among others, to: a) Provide technical and financial support in partnership with other UN agencies and development partners, for the development and implementation of a National Reproductive and Child Health Strategy, in line with the Maputo Plan of Action; b) Collaborate with WHO, the lead agency, UNICEF and UNAIDS on the safe blood initiative to ensure the establishment of a safe national blood transfusion system in accordance with the UNDAF CP output and; c) Partner with UNICEF, UNDP, WHO, UNHCR, UNIFEM, UNESCO and UNAIDS to contribute to improved access by children and young people, especially child-bearing women and the most at risk to appropriate information, services, peer education and life skills. Specific assistance will be provided based on agencies’ area of comparative advantage. Partnership will also be established within the Mano River Union Initiative on HIV/AIDS to reduce infections among migrants, refugees, internally displaced persons and host populations

6.2 UN Joint Programmes

Within the context of UNDAF (2008-2010) and the UN Joint Vision for Sierra Leone (2009), the CPAP identified bilateral and multilateral partner agencies and specified potential areas of collaboration with UNFPA in implementing the programme.

UNFPA collaborated with UNIFEM (UN Women), the Ministry of Social Welfare, Gender and Children's Affairs, and Statistics Sierra Leone to conduct the first National GBV study in 2008. The report was produced and disseminated.

The National Gender Strategic Plan development was supported by the UN Gender Technical Team; the SiLNAP 1325 and 1820 was supported financially by UNFPA and UNIFEM but with technical support from the UNGTT; the 6th CEDAW report was supported by the UNGTT. The UN Open day events, including 16 days of Activism and International Women’s day were supported by UNFPA and the UNGTT. The operations of the National Gender-Based Violence Committees were jointly supported by UNGTT, and IRC Joint Gender Programme has been developed by UNGTT funds. Support to the National AIDS Secretariat was provided by the Joint Programme on HIV and AIDS.

A related joint programme in which UNFPA has been involved is: Strengthening of Data Management Information Systems in Local Councils. The project was designed to provide a complete coverage of support, utilizing agencies comparative advantage to achieve the overall goal of strengthening data systems in Sierra Leone. The project has been managed by UNIPSIL, with a total budget of US$12 million out of which UNFPA has contributed US$150,000 or 1.3% of the total. Progress report indicates that 19 Local Council M&E Officers, Development Officers and District Statisticians of SSL were trained in data management.
In 2010, UNFPA was in partnership with other UN agencies and national institutions including WHO, Ministry of Youth and Sports and Ministry of Health to produce a National Adolescent Health Strategy to combat HIV/AIDS, STIs and related diseases.

The CO also participated in the preparatory activities as a UN Technical Committee Member of the MICS4 Survey, Comprehensive Food Security and Vulnerability Survey; collaborated with UNDP on the preparation of Sierra Leone 2010 MDG report.

UNFPA was also involved in the UN Joint Programme (JP) in development and implementation of the *Reproductive and Child Strategic Plan 2008-2012*. In this regard, UNFPA has concentrated on comprehensive emergency obstetric and neonatal care, while other participating agencies focus on the areas in their mandates. Programme implementation has been under the management of UNICEF since its inception in 2008 and is ongoing. The total budget for the project is US$9 million. Programme accomplishments so far has been support to pre-service skills update that benefitted five (5) Doctors, 20 Nurse Anesthetists and 550 of the 700 MCH Aides’ trainees in 11 Maternal and Child Health Aide (MCHA) schools whose students are expected to graduate in June 2012, and be posted to Peripheral Health Units (PHUs); treatment services for severe acute malnutrition were provided in 227 PHU and 19 hospitals with a cured rate of about 75%.

UNFPA was also involved in a JP titled: *Strengthening National Responses to the Prevention and Management of Sexual Gender-Based Violence*. The objective of the project is to strengthen national referral system for victims of SGBV through strengthening community’s involvement, capacity building of institutions and data collection within and between institutions. UNFPA served as the Managing/Administrative agent for the joint project, with a total budget of US$450,000. The project started in January 2011 and ended in December 2011. Among its achievements are provision of services for increased awareness on maternal health, HIV and AIDS, GBV related issues, human rights and harmful traditional practices including FGM/C in communities to ensure respect of the human rights of women and girls; increased access to and utilization of social and medical services to GBV victims, and livelihood skills developed for self-reliance which has improved the lives of women and girls in communities to make informed decisions and choice on their rights; a marked increase has been observed in GBV reported cases and referral systems and follow-up on prosecutions and this has contributed to conflict resolution and increased safety for women and girls and; increased institutional delivery by pregnant women in the communities has contributed to their health and security.

### 6.3 Bilateral Support

As evidence of its resource mobilization efforts, UNFPA has benefited from strong support from bilateral donors including AfDB, EC, WB, DIFID, Irish Aid, Japanese Government, the Spanish Government and USAID/AWARE-RH. Some of the donor supported programmes were implemented by UNFPA and interested UN agencies.

At the commencement of the 4th CP in 2008, UNFPA collaborated with UNDP, UNICEF, UNHCR and DFID to support the conduct of the first DHS in Sierra Leone, which was published in 2009 and remains the major source of current information on population, RH, HIV/AIDS and related indicators for the country.
The CO also participated in the UN Joint Programme for reproductive and child health initiated in 2008, involving UNICEF, UNFPA, WHO and WFP with initial funding of US$4.6 million from Irish Aid.

The CO has also been working towards RH Commodity Security by strengthening the procurement and supply chain management in collaboration with the Government of Sierra Leone, in which UNFPA has focused on electronic Logistics Management Information System (CHANNEL), while UNICEF concentrated on the development of the manual logistics tools. Funding for the programme was provided by DFID and the Irish Aid through the “pass through” modality with UNICEF as the Administrative Agent.

UNFPA implemented the programme titled: *Strengthening District Health Services Project*, supported by AfDB from February 2008 to December 2012, with funds amounting to US$28 million. The project has three components: i) Strengthening District Health Systems, ii) Strengthening of the Reproductive and Child Health Program, and iii) Project Management and MoH&S Capacity Building. Under the first component, the following were achieved: Provision of medical equipment for the SDHSP selected health facilities; 45% completion of fully equipping the twenty Seven (27) rehabilitated district health facilities to ensure that service delivery through the clinics (PHUs) continues and is effective. Achievement towards component 2 included: Provision of drugs and medical supplies for the five (5) project districts to contribute to the effort to eliminate drug stock-outs at the health facilities, ensure quality clinical care and thereby effectively contribute to maternal morbidity and mortality reduction, the procurement process (10%) for the third consignment of drugs initiated and delivery expected before July 2012. Component 3 achievements relate to MoHS/Project Management capacity building i.e. to develop capacity of the MoHS staff attached as counterparts to the SDHSP, technical specialists continued to work with counterpart staff as part of staff capacity building in June 2011. As Sierra Leone plans to conduct the next DHS in 2013 and a national census of population and housing in 2014, among other major projects, UNFPA should continue to strengthen this partnership and explore opportunities to partner with more bilateral agencies represented in Sierra Leone.

### 6.4 National NGOs and CBOs

This evaluation has also revealed that UNFPA has worked with national NGOs and CBOs in the implementation of the 4th CP, including Marie-Stopes Sierra Leone, Planned Parenthood Sierra Leone, Women in Crisis Movement, Family Support Unit, and Health for All Coalition, HAIKAL Foundation, MATCORPS, MEPS Well Woman Clinic, Aberdeen Women’s Centre, Health Poverty Action. The evaluation found that the choice of the IPs was done following a micro assessment of their capacity, but time did not permit this evaluation to ascertain their current capacities, especially the NGOs. The CO should consider a micro assessment of these and other NGOs as basis for future continued engagement, as well as for bringing new NGOs on board given the new UNFPA Strategic Direction. Partnership with NGOs, CBOs and Civil Society is indispensable given the increasing demand for services through advocacy and contact with the grassroots.
6.5 South-South Cooperation

Capacity strengthening for CP implementation has been supported through South-South Cooperation for training and sharing of best practices. During the 4th CP cycle, the CO has supported the training of doctors, matrons and nurses drawn from the District Health Management Teams (DHMT) nationwide in the School of Public Health, University of Ghana, to improve their capacity to plan, manage and deliver quality health services.

In 2009, an official of the Ministry of Finance and Economic Development was supported by UNFPA to undergo a training course in Gender Budgeting in Tanzania. He was supposed to share his ideas with other MDA’s and guide them towards mainstreaming gender in the budget process.

In 2011, the CO supported South-South cooperation in the exchange of knowledge and expertise through support to staff from country offices in the sub-region to provide technical backstopping on CO programming and management, and to institutionalize M&E in the CO. The CO also facilitated the organization of the regional FBO workshop by providing substantive and logistical support. The CO staff also participated in the African region-wide knowledge sharing of 5 themes in the Free Health Care Initiative in Ghana.

When the CO relocated to its new premises, internet connectivity became a challenge. Therefore, the Sub-Regional office in Dakar was contacted for an assessment of ICT and LAN situation in the CO and to make recommendations for the way forward. This assessment was undertaken and the report made available for CO action. The Liberia Country Office requested for an assignment of the Admin/Finance Associate to exchange ideas about business processes in the finance office and also share knowledge on the treatment of OFA (particularly the Aging OFAs).

Towards the capacity building of staff, the CO has participated in detailing within the UNFPA system. The Assistant Representative went to Gambia on detail assignment from May to July 2012; the NPO Gender has been on similar mission since September 2012, due to complete by mid November 2012 and; from Gambia an Officer from the CO was in the Sierra Leone CO to establish NEXAM within the office. Such knowledge-sharing has been useful to both staff and the respective NPOs.
Many of the outcomes of the UNFPA strategic plan (2008-2011) centre around the key role of the Fund in strengthening national monitoring systems to help Governments to keep track of progress on ICPD implementation, apart from its obligation to monitor CP outputs for which UNFPA is accountable, as well as the goals and outcomes of the strategic plan.

7. M&E Framework

Through a participatory process, involving UNFPA, other UN agencies and the implementing partners planning, the CPAPs were formulated to reflect the agreed programme interventions, while the CPAP Results and Resources Framework (RRF) contains outcome and output indicators, baselines and targets, implementing partners and indicative resources per output. As well articulated, the CPAPs were designed to be a core component of the M&E System of the 4th CP. The CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool, and M&E Calendar are attached as Annexes to the CPAP documents.

However, as a monitoring framework, both CPAPs of the 4th CP did not completely determine the baselines and their targets. The initial CPAP (2008-2010) has no baseline information for outputs 4 and 5; while the target for output 4 was left “to be determined”, output 5 has a set targets without a baseline. As already mentioned above, the CPAP Extension is particularly weak in setting baselines and targets for the three RH output indicators (see Table 1). To say the least, the absence of indicator baselines and targets for an output makes it difficult to rigorously measure progress achieved in an evaluation such as this.

7.2 Management of M&E

Data sources for the M&E system of this 4th Country Programme consisted of those related to the outcome indicators (the 2008 DHS, other national surveys, population census), while CP output indicators rely on annual routine and programme data generated by implementers, UNFPA POs and the CO in general. Regarding the outcome indicators, current data for this evaluation are hard to find; the latest DHS report (2009) refer to 2008 data and indicators, while the latest national population census was conducted back in 2004 and will not be revised until after the 2014 census. Production of related sector updated data has been hampered by lack of resources, with the result that impact evaluation at national and regional levels using the available data is constrained.

Output indicators are expected to be derived from reports of joint monitoring and supervisory visits including periodic field visits by the CO and IPs. Also from such visits, programme management is expected to identify project technical and operational strengths and weaknesses; determine technical issues for backstopping missions, share experiences, and thereby avoid duplication of interventions with other agencies in the same area. These monitoring and reporting efforts are to be coordinated by the UNFPA M&E Officer who also takes charge of the establishment and updating of the CP database.

As shown in Table 6, this evaluation found that the CO has not been able to deliver on some of the M&E commitments made in the 4th CP CPAP (2008-2012) to the extent expected.
Table 6: Monitoring and Evaluation under the 4th CP (2008-2012)

<table>
<thead>
<tr>
<th>4th CP CPAP commitment</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participatory planning, monitoring and evaluation of programme interventions will be jointly conducted with UNFPA, other UN agencies and the implementing partners.</td>
<td>CPAP, AWPs formulated through participatory planning. 2 Field Monitoring schedules prepared by M&amp;E Officer for October 2010; M&amp;E Officer developed a schedule for Field Monitoring Visit Report; Joint evaluation missions rarely carried out, and no reports available.</td>
<td>Management should consider the M&amp;E instruments already developed and move to their utilization.</td>
</tr>
<tr>
<td>2. Develop a Monitoring and Evaluation Framework of the CPAP Extension and related Planning and Tracking Tool.</td>
<td>A comprehensive M&amp;E Plan for the CP (2008-2010) prepared (August 2010); M&amp;E Plan for 2010, 2011 &amp; 2012 prepared by M&amp;E Officer; Work Plan Monitoring Tool developed by M&amp;E Officer; M&amp;E Officer prepared report on Baseline Statistics on Population, Reproductive Health &amp; Gender (Sept 2011); Baseline Data Logframe prepared for the CP by M&amp;E Officer. Therefore, no official consolidated programme database in the CO for M&amp;E.</td>
<td>The M&amp;E activities carried out were not done within the context of an approved framework; the outputs of the M&amp;E office should be fully utilized.</td>
</tr>
<tr>
<td>3. The implementation of this 4th CP will be monitored and evaluated as guided by the UNFPA procedures and guidelines, which integrates the harmonised monitoring tools such as Annual Work Plan, the CPAP tracking tools, the Standard Progress report and others.</td>
<td>AWPs and CPAP tracking tools available but their harmonization and operationalization (through regular updating) remain a challenge.</td>
<td>The harmonization of the UNFPA tracking tools should form the core of the duties of the M&amp;E Officer, but he needs the cooperation and understanding of colleagues to be effective. Regular and mandatory programme meetings recommended.</td>
</tr>
<tr>
<td>4. The CPAP M&amp;E system will contribute to the other national M&amp;E systems for tracking progress towards attainment of MDGs, the PRSP II and UN Joint Vision goals.</td>
<td>The CO has no definite M&amp;E system of its own; therefore it could hardly contribute to the other national M&amp;E systems, except through routine participation at meetings.</td>
<td>The CO should develop CP specific M&amp;E system for its operations. This should involve all POs, led by the M&amp;E Officer and supported by the Operations Manager, as indicated in 2012 OMP.</td>
</tr>
<tr>
<td>5. Within the framework of Direct Programme Support (DiPS), joint monitoring and supervisory visits including periodic field visits will be carried out to identify technical and operational strengths and weaknesses; identify technical issues for backstopping</td>
<td>Joint monitoring and supervisory visits under the 4th CP could have benefited from the M&amp;E monitoring Plan and standard reporting format prepared by the M&amp;E Officer since 2010.</td>
<td>Record keeping for monitoring and supervisory missions should be streamlined within the context of the CO M&amp;E system.</td>
</tr>
</tbody>
</table>
missions, share experiences, and avoid duplication of interventions with other agencies in the same area.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. To enhance M&amp;E skills of key personnel of the implementing partners, two specific trainings will be conducted on: Development of M&amp;E Plans; and M&amp;E Information Use and Reporting.</td>
<td>Training of IPs and CO staff in RBM (x2) conducted 2010/2011.</td>
<td>Improved AWP preparation and programme reporting observed after the trainings.</td>
</tr>
</tbody>
</table>
Conclusion

This evaluation found that quite a number of gaps have been created by the COs response to the M&E commitments in the 4th CPAP, resulting largely from the inability of the system to accommodate the demands of M&E as an important component of the programme. As detailed in the foregoing analysis, almost all the ingredients are there – the M&E Officer has been in place for a little over two years, the drafts of the M&E Plan and Monitoring and Reporting Tools are available for consideration and approval for use by management; background report for the creation of CP database has been prepared; ideas have also been put on paper for moving M&E programming forward.

It is, therefore, necessary for the management to consider and resolve any operational problems that might be responsible for not fully utilizing the contributions of M&E to the CP implementation processes.
8. CROSS-CUTTING ISSUES

The initial CPAP (2008-2010) identified Gender and Youth as cross-cutting issues, while in the extension Gender, Culture, Human Rights and Advocacy are treated as standalone as well as cross-cutting. Therefore, this evaluation has examined the extent to which the CP and its extension have mainstreamed Gender, Youth, Culture, Human Rights and Advocacy into the delivery of UNFPA interventions during the period 2008-2012.

8.1 Human Rights

The programme formulation and implementation processes adopted in the design of the 4th CP and its Extension were founded on the Human Rights Based Approach (HRBA), which places focus on ownership and accountability principles by working closely with Government, implementers, NGOs, individuals, households and communities. The HRBA also operationalizes human rights and provides a basis for prioritizing work with governments, authority figures, and the community in order to ensure that all three groups, who are duty bearers and claim holders as well, have the capacity to understand human rights and their subsequent responsibilities to respect, protect, and fulfill those rights.

The CP formulation process employed the human rights standards to help define specific population issues (RH, P&D, and Gender), identify those responsible for action (at national, state and community levels), and measure results (outcomes and outputs) in terms of the realization of those standards (outcome indicators and output). As already noted, the Government, with the participation of the UNFPA Country Office, other United Nations Organizations, Non-Governmental Organizations (NGOs) and Community-Based Organizations, formulated the 4th CP and its extension. By its design, the ultimate beneficiaries of the CP interventions are the people of Sierra Leone, whose capacity has been strengthened for improved service delivery (RH, statistics, gender relations) to achieve the goal of the ICPD PoA and the MDGs, both of which exemplify the attainment of human rights at its best.

These principles are embodied in the formulation of CPAPs (2008-2012), and subsequent development of Annual Work Plans (AWPs), the organization of Annual Review Meetings by MIC. At these meetings, all IPs (Government partners, NGOs and UN collaborating partners) and UNFPA NPOs have been brought together to review activities carried out, and share experiences about good practices and constraining factors. All these were fed into the design of AWPs for the next year. In addition, UNFPA has also employed the services of independent evaluators (MTR and End of Programme Evaluation) and auditors to determine the achievements of the programme and raise efficiency matters in a transparent manner and to assure accountability.

The evaluation has also noted that, apart from output monitoring and evaluation described above, the UNFPA has also collaborated with the Government of Sierra Leone to undertake and report the outcomes of development efforts as required by the UN and the international community. In this regard, the Government of Sierra Leone with UNFPA support evaluated and reported progress achieved in implementing the ICPD PoA; a national report on ICPD+15 was submitted to UNECA in 2009 along with other African countries. Reports on achievements of the MDGs in Sierra Leone were supported by UNDP and submitted as required; so also was the preparation of the 6th Country CEDAW Report in 2011. The preparation of these outcome reports has been facilitated
by the conduct of the 2008 DHS to which UNFPA made significant interventions. These reports embody the human rights principles and human rights-based approach to the delivery of development interventions by Government and development partners.

In both the UNDAF and its successor framework, the UN Joint Vision for Sierra Leone (2009), UNFPA has also collaborated with other agencies in implementing joint programmes, which addressed reproductive health issues, demographic and health data collection and analysis, and gender issues (GBV, FGM/C, fistula, etc.), including interventions in humanitarian settings. All these were done to advance adherence to human rights standards while recognizing the essence of human rights principles in the delivery of development to the people of Sierra Leone.

8.2 Gender

All the research reports prepared under the 4th CP have been disaggregated by gender, as reflected in the DHS and the GVB reports. The census data was also disaggregated not only by gender, but also by other demographic characteristics like age, education and occupation etc.; this will increase the effective utilization of data at all levels.

During the initial period of the CP (2008-2010), gender was to be treated as cross-cutting. In this regard, effective partnerships were forged with MSWGCA and MOFED by UNFPA, UNDA, UNICEF and UNIFEM to ensure that gender issues were integrated into development. Examples include support to gender budgeting; development of a National Gender Strategic Framework; conduct of national GBV research; National Gender Strategic Plan; National GBV Situation Analysis completed and report produced; Gender Budgeting Desk set up at MSWGCA and National Gender Budgeting Coordinator in post.

As already noted under partnerships and collaboration in this report, UNFPA collaborated in joint programmes and projects to promote gender and development. These include: UNFPA membership of National Gender Based Committee (NACGBV); conduct of first GBV survey; sensitization on gender equality, women’s rights and GBV issues; the CO supported the Association of Female Musicians for nationwide sensitization on all gender issues including reproductive health rights; UNFPA was chair of the UN Gender Theme Group (UNGTG). Although gender as a component was not included in 2009, through the CO, various gender issues were integrated in P&D and RH.

In 2010, the CO played a prominent role in advocacy for including population issues, RH and gender equality in the second PRSP (Agenda for Change) including GBV: training of NACGBV Committee and the Media trained and mobilized for sensitization on GBV issues and to promote maternal health; formulation of Gender Strategic Plan for Local Councils; mainstreaming gender in the Midwifery Curriculum; Community Empowerment Initiative led by UNFPA; supported actions taken for preparing 6th Country CEDAW report and; provided support to MSWGCA to hold a donors meeting for financial and technical support for implementation of National Gender Strategic Plan and for National Action Plan for UNSCR 1325 and 1820.
8.3 Youth

Youth has been treated as cross-cutting since 2008. Major achievements by UNFPA included: establishment of the Youth and Adolescent Network on Population and Development and advocacy for government endorsement and signing of the Youth Charter (2008); Youth-Friendly Centres strengthened to provide adequate youth-friendly services and serve as a means of reducing teenage pregnancy; support to Community-Based Organizations and networks for provision of quality HIV/STI prevention services in an integrated manner; support to Ministry of Education, Youth and Sports to implement the integrated RH gender sensitive POP/FLE curriculum using the Life Skills approach in schools, tertiary and non-formal institutions as a means of addressing high teenage pregnancy rates (2009).

8.4 Culture

Regarding culture, in 2008, UNFPA supported the efforts that brought traditional rulers (mainly males) together to be involved in educating their communities on gender related issues, particularly sexual and reproductive health and rights. In 2009, attention focused on issues on adequate public education and sensitivity to socio-cultural issues facilitated the collection of data on sensitive cultural issues like FGM, and customary Marriage and Divorce issues, which were finalized through the Registration of Customary Marriage and Divorce Law. The CO also provided support to over 1000 traditional and religious leaders (mostly male) from 96 chiefdoms in Southern, Eastern and Northern regions and 24 communities in the Western Rural areas. They are currently providing oversight and direction to the 120 established CAGs and mobilization groups in the prevention of GBV and the promotion of maternal health. They also conduct community outreach on the prevention of FGC.

8.5 Advocacy

High level political commitment has accelerated programme implementation and enhanced resource mobilization during the review period. UNFPA’s participation at policy discussions and technical working sessions ensured inclusion of UNFPA mandated issues in relevant national policies and programmes.

The Office of the First Lady is an organization that was involved in implementing ‘Women Initiative for Safe Health (WISH)’ Project which plays a dual role with its engagement in the areas of advocacy and community sensitization, gender empowerment, the building of birth waiting homes in areas of need and the improvement of referral systems. In 2010, UNFPA led the successful launching of CARMMA on 27th March 2010 by the First Lady. The CARMMA campaign involved multimedia communication, high level partnership and policy dialogue, which led to high political commitment and support for maternal and child health care. This increased community awareness, participation and resource mobilization to support Maternal and Child Health (MCH) care. This set the stage for the launching of the Free Health Care Initiative which remarkably increased demand, access and utilization of health care for pregnant women, lactating mothers and children under five. UNFPA collaborated with the Office of the First Lady to promote the involvement of Traditional and Religious Leaders (TRL) in repositioning family planning, promoting maternal and child health care and prevention of teenage pregnancy. UNFPA empowered 500 members (TBAs, TRLs and community health workers) in 63 Community
Advocacy Groups, to promote maternal and child care, focusing on prevention of Gender Based-Violence (GBV) and obstetric fistula, promotion of family planning and institutional delivery. P&D partnered with parliamentarian’s on high level advocacy to reduce maternal deaths and increase health budget by Government.

8.6 Communication

UNFPA Sierra Leone Country Office commenced operations of a Communication Unit in 2011 with the employment of a Communications Officer. Charged with the responsibility of ensuring UNFPA’s visibility both at the community, national and international level, the Communications Officer prepared Annual Work Plans that included training of UNFPA Media Network, printing of UNFPA branded souvenirs, yearly calendar, Newsletters, News Bulletins, posters, jingles, TV Series, brochures, best practice video documentaries and providing media coverage for UNFPA events.

Since the incorporation of communication into the CP, it has supported capacity building for UNFPA media network, the Media Alliance for Population and Development Issues (MAPDI); produced News Bulletin and coordinated the production of quarterly Newsletters by MAPDI, a function that was initially undertaken and funded by P&D. The Unit has contributed articles for UNFPA Voices and ARO website. It organized media coverage (local and International) for all CO events, such as World at 7 Billion, Inaugural launch of Family Planning Day etc. In addition, about 200 radio/TV programmes were aired per year, and made close to 150 newspaper publications per year. Posters, Flyers, jingles and video songs have been produced on the World @ 7 Billion and Family Planning events, complemented by the production of two video documentaries on Fistula and RHCS. Also, Press Conferences on UNFPA events were organized, as well as international media coverage of UNFPA events by Correspondents based in country (i.e. BBC, Associated Press, VOA etc.). A draft CO Communication Strategy has been developed but is yet to be harmonized with the new UNFPA Global Communication Strategy.

The Communication Officer also took leadership in engaging the media on training and dialogues for media reporting on GBV and advocacy for the enactment of the Sexual Offences Act.

However, the evaluation recommends that communication within the CO should be strengthened so that it can provide the vital link among the programme components and in reporting on results successes stories. Communication should be used by the CO and all the programme components to promote the processes and outcomes of the entire programme.
9. MAIN CONCLUSIONS

9.1 General

The goal of the 4th CP is clearly stated and was conceived within the context of the development national priorities of the country and aligned to the UN development frameworks for Sierra Leone. The CP outcomes are also related to aspects of the UNDAF outcomes as well as the UN Joint Vision, and their indicators derive from the results of Government and partner inputs into social and economic development in the country, which can be verified from official publications. The strategy adopted for programme implementation is in conformity with the UNFPA strategic direction for providing support to national population activities. It ensures that the MDGs and ICPD goals provide the overall context for identifying the results in the CP Results and Resources Matrix, with focus on population and development, reproductive health and rights and gender equality.

In terms of defining CP outputs, the six outputs initially identified in conjunction with two CP components (RH and P&D) did not quite address the challenge of gender within the context of development issues faced by Sierra Leone, but the CPAP extension has responded effectively to this gap by identifying Gender as a CP component and defining two related gender outputs. While all the outputs are also clearly defined together with their corresponding indicators, both the initial CPAP (2008-2010) and its extension (2011-2012) left some of the critical RH indicators’ baselines and targets without operational definition. Similarly, output 7, which is the 2nd Gender output has been omitted from the RRM of the CPAP Extension; such a gap has made it difficult to provide a rigorous measure of progress achieved in the implementation of such outputs.

Overall, the 4th CP has been well managed by the CO, complemented by the effective role of the Government through MOFED in coordinating the entire CP through quarterly and annual review meetings, and the submission of AWPs. Substantial resources have been mobilized in support of the CP especially in the areas critical to improved reproductive health status of the population; the new typology approved for the office has facilitated recruitment of additional staff and extensive utilization of professionals on SSA. In order to facilitate an effective management of the operational aspects of the programme, the CO has hired and International Operations Manager, as well as one Monitoring and Evaluation Officer and a Communication Officer. Although OMPs have been provided to guide management in the delivery of UNFPA interventions, the inputs of M&E and Communication have not been adequately addressed in practice.

While the Government has provided basic support to the implementation of the 4th CP (office space, infrastructure, logistics), the evaluation found that for most of the critical areas on which Government committed in CPAP, the promises remain partially fulfilled, particularly in the provision of support to human capacity strengthening for population and development integration, programme management and sustainability of programme activities.

The resources available to the programme (financial, human and equipment) have been efficiently and effectively utilized for the delivery of UNFPA interventions as scheduled. It is commendable that, based on core resources, annual implementation rates of the CP were over 95% on the average. The generally high implementation rates are attributable to the enhanced capacity of
implementing partners, through UNFPA training interventions in report preparation, formulation of Annual Work Plans and the processing of Funding Authorization and Certificate of Expenditure (FACE) in a timely manner.

9.2 Reproductive Health

True to the UNFPA mandate, Reproductive Health has been a major focus of the 4th CP in terms of deployment of financial, human and material resources. Both UNFPA and partners have collaborated effectively during the review period to address the challenges of high maternal and infant mortality, the spread of HIV/AIDS, and the weak institutional structures for adequately responding to such issues.

Under the 4th CP, UNFPA has been able to mobilize significant resources and forge collaborations with UNICEF, WHO and other agencies to implement RH related projects in capacity building, construction and restructuring health facilities, provision of equipment and supply of RH commodities.

There has been steady progress towards achieving the RH programme component goal. The evaluation found that UNFPA has contributed greatly in improving the capacity of District Health Teams to address issues of public health concern, particularly in relation to management of the district hospitals. It helped strengthen at all levels the delivery of maternal and child health care in the project districts in the country; increased access to and utilization of family planning services and its integration into other reproductive health services including STIs, HIV/AIDS and youth friendly services. It also ensured the availability and use of relevant data and information at district and national levels so as to complement the current initiative that has led to improved communication, referral and health service delivery; and reduce drug stock-outs at these health facilities and thereby effectively contributing to maternal morbidity and mortality reduction in Sierra Leone. Hence, they need to be supported for the 5th CP to continue with the good interventions, as well as having a formidable platform in place to enhance sustainability.

The evaluation noted that the AfDB grant (US$28 million) to the GoSL MOHS for the Strengthening District Health Service Project implemented by UNFPA has been running for the past 5 years. It is necessary for the project management to develop an exit strategy that would adhere to future sustainability.

9.3 Population and Development

Under the Population & Development component, the support of UNFPA on P&D issues are mainly technical and financial assistance, which are implemented by the MoFED and Statistics Sierra Leone. UNFPA supported the training of the Component Manager responsible for population and development in the MoFED, so as to enable him integrate population issues into national strategies, and to fast track the development of the National Population Policy and other relevant policies. Technical support to Local Councils and Statistics Sierra Leone through training of 19 Local Councils Development Officers and M&E Officers, and 12 District Statisticians was a major transfer of skills that will build the capacity of these Councils to execute minor data collection as manifested in the use of GPS in Councils project implementations.
The National Population Policy is the legal tool that could ensure the utilization of population data for development and planning, but it is yet to be approved by both Cabinet and Parliament. However, efforts have been made to setup the IMIS at SSL and this could help in that direction when finally established. However the major challenge for P&D component in terms of implementation is the weak human and institutional capacity of MoFED to effectively formulate the design of a National Population Programme and coordinate its implementation, including UNFPA supported programme.

9.4 Gender

Gender as a component came in during the extension period (2011-2012); it was marked to be treated as cross-cutting during the initial phase of the 4th CP. Although the programme has been successful to a large extent, there is need for greater synergy and collaboration among all arms of management. This will help to give direction especially in the area of monitoring and evaluation. Continued investment in GBV interventions will contribute to human rights organizations and national leaders being effectively mobilized to promote gender equality and sexual and reproductive health and rights. More attention should be paid to the fundamental issues, such as the existing traditional practices that continue to hinder the promotion of gender equality and related matters for the successful implementation of the gender component of the UNFPA programme.

UNFPA is perceived as the leading organization in promoting gender equality in the country; also within the UNCT, UNFPA has played a leading role in joint programming and joint implementation of gender-related programmes. In its efforts to address GBV, the choice of FSUs at national and District levels as implementing agency is strategic and has proved to be quite effective in empowering women to stand for their rights and seek justice whenever violated. However, there human and institutional capacity issues which militate against smooth and effective implementation of gender interventions, particularly the weak institutional capacity to implement the existing policies and programmes. In this regard, concrete empirical indicators of gender discrimination are lacking and this also sets a limit on the ability of the planning system to mainstream gender issues into development planning.
10. LESSONS LEARNED

(a) Reproductive Health

Monthly or quarterly inter-agency/IPs review meetings at district and regional levels is an effective mechanism that gives allowance to maximum programme effectiveness and efficiency, synergy, and can eliminate duplication and wastage of programme/project resources. In addition, it has created the forum for sharing of knowledge among IPs and facilitated programme operations with the limited resources allocated.

Building the capacity of national health workers or health related social workers is one very important mechanism to enhance achievement of programme/project outcome and sustainability. As a result of having trainings, workshops, and other capacity building activities of DMOs, Midwives/nurses, and staff from health related IPs, there has been improved management system of health centers and commodities, and reduced technical human resource problems which in effect are likely to ensure programme/project sustainability.

At the heart of true health care is the issue of participation and ownership; the declaration and decentralization of free health care initiative in Sierra Leone have created a sense of ownership, participation, pride and dignity to individuals and communities. The Government of Sierra Leone’s strong commitment, leadership, partnership with donors and implementing partners by any means have to a greater extent enhanced programme ownership and promoted cost-sharing that facilitated programme implementation.

Effective co-ordination, communication and community support are mechanisms that can facilitate the progress of programme activities. As a result of greater community support at both regional and district levels and adoption of appropriate coordination and communication mechanisms, the IPs were able to work together effectively.

Informed decision-making by rights holders and demand-driven approaches are the key conditions for sustainable RH and health services and provision of facility infrastructure in communities which can lead to lasting impact.

(b) Population & Development

Intensive supervision of data collection processes has led to the improvement of the quality of data collected. Engagement of national authorities at both national and sub-national levels on the importance of data for development planning has improved national ownership and use of data. There is the desire from sub-national entities to request for disaggregated data.

Training of media practitioners has increased UNFPA visibility in both local and international media. The UNJV Programme in close collaboration with MDA’s has helped to create synergy in data activities. Training of Local Councils has helped them to produce better results-based development plans. Also, training of Female Councillors in Local Councils, media practitioners and Parliamentarians (who also attended several conferences on advocating for ICPD issues) has raised awareness and effective reporting on ICPD issues; but without a Population Policy and a
programme for its implementation, the objectives of the ICPD PoA will almost be impossible to achieve.

(c) Gender

The multidimensional approach (health, human rights, culture, empowerment, education and religion) used in the programme would go a long way to promote understanding and change of attitude.

Collaboration with Line Ministries and other Partners contributes to greater impact among beneficiaries and helps to consolidate programme activities. For example, Women in Crisis Movement (WICM) partners with MSWGCA, LAWYERS, the Council of Tribal Heads, FSU and the National Committee on Gender-Based Violence in addressing cases relating to early and forced marriages and referrals of GBV cases brought to the WICM.

Forging strong partnerships with Line Ministries promotes national ownership and emphasizes oversight roles.
11. RECOMMENDATIONS

(a) General

(i) Although a lot has been achieved in the implementation of the 4th CP, it is necessary for Government to take responsibility and leadership in the management of the population programme activities, including but not limited to the areas of UNFPA and partner support. So far, Government has no national population programme of its own, the CPs have been designed only to enable UNFPA to provide support to population activities in the country.

(ii) Given the observed limitations in the design of the CPAP for the 4th CP, the design of the next CPAP should ensure that each output is clearly defined together with its indicators and, in operational terms, their corresponding baselines and targets, in order to provide basis for rigorous monitoring and analysis of progress achieved.

(iii) In order to achieve a more effective management of the CP, the CO should consider the range of operational issues noted in this report and strengthen M&E operations, including joint monitoring of programme components within the context of an overall M&E Plan.

(iv) The CO and Government have mobilized sizeable amount of resources in support of the CP during the review period through bilateral donations and multilateral collaborative efforts; a similar strategy should continue to be adopted in support of the next phase of the CP, having regard to the UNFPA Management Results Framework (2012-2013).

(v) Communication within the CO should be strengthened in order to provide the vital link among the programme components and for knowledge-sharing; it should be used by the CO and all the programme components to promote the processes and outcomes of the entire programme.

(b) Reproductive Health

(i) Future RH interventions should give maximum support to the popularization and implementation of the national RH Policy which aims at making pregnancies safe, reducing maternal and neonatal mortality and morbidity through reduced teenage pregnancy and fistula; and mobilize resources and give due consideration to the monitoring of policy implementation.

(ii) UNFPA should support the intensification of sensitization campaigns and advocacy activities for the re-positioning of family planning as a priority in the national health agenda; and at the same time, the GoSL should adhere to the Abuja Declaration of 15% allocation of the national budget to health.

(iii) Government has received enormous support to its initiative on ‘Free Health Care for Pregnant Women, Lactating Mothers & Children under-five, but needs to take full responsibility for its sustainability, particularly in SRH.

(c) Population & Development

(i) The P&D Component of the CP coordination was a major challenge because of the weakness of the institutional structure, the Population Secretariat of the MoFED, responsible for population and development activities. Government should make a deliberate effort to strengthen the Population Secretariat and establish a viable mechanism for the coordination of population activities in the country.
(ii) In order to facilitate the activities of the Population Secretariat, Government should make adequate financial provision for it as part of the regular budgeting.

(iii) The National Population Policy being revised should be accompanied by an Action Plan for its implementation, and both documents should be finalized before forwarding to Cabinet for approval. UNFPA should improve on advocacy at high levels to address the challenge of National Population Policy development, coordination and implementation.

(iv) UNFPA should continue to support the delivery of statistical services in the country through support to a) the 2013 Demographic and Health Survey, and the 2014 Population and Housing Census; b) vital statistics; c) operational research; d) GBV Studies; and e) capacity development for integration of population into development policies and plans.

(d) Gender

(i) GoSL and UNFPA should provide resources for capacity building and GoSL should ensure adequate budget for the implementation of existing gender and development frameworks.

(ii) UNFPA should support advocacy for increased budgetary allocation for gender policy implementation; much more resources should be allocated to Ministries, Departments and Agencies for gender responsive programming.
Bibliography

- Statistics Sierra Leone & Macro International (2009) The Sierra Leone Demographic and Health Survey (SLDHS):
- UNFPA, 2010 Country Office Annual Report, Sierra Leone (43600)’, UNFPA, Freetown.
- Sierra Leone National Action Plan on UNSCR 1325 and 1820 GOSL and Partners – 2010
- UNFPA (2011) Annual Reports of Partners on Gender; Freetown.
- Gender Component (2011-2012); Mission Reports, Freetown.
Annex 1: Terms of Reference


1. Background
At the end of the much devastating decade-long civil conflict in Sierra Leone in 2002, the Government and its development partners developed the transitional plan for peace consolidation and poverty alleviation. Against this backdrop, UNFPA and the Government of Sierra Leone signed a Third Country Programme (CP) of Assistance (2004–2007) in the context of the UN Development Assistance Framework (UNDAF) 2004–2007. Subsequently, a three-year Fourth Country Programme (2008-2010) was developed and reviewed in the penultimate year of implementation. The findings and recommendations of this review informed the preparation of a two-year programme extension (2011-2012) that ends in December 2012. There is, therefore, a need for an impact evaluation of the programme planned during August/September 2012.

Overall, the goal of both programmes is to contribute to the broader national objectives of peace consolidation, sustained democratic governance and reduce poverty through improved maternal and neonatal health, HIV/AIDS prevention, improved gender equality and empowerment, and increased availability of socio-demographic data to support development planning and management processes. Thus, the country programme has two components: (a) Reproductive Health and Rights with a focus on promoting maternal and neonatal health, and HIV/AIDS prevention (b) Population and Development. Gender and Advocacy and youth are mainstreamed as cross-cutting issues.

In the Reproductive Health and Rights Component, the broader goal is to improve maternal and neonatal health with drastic reduction in maternal and neonatal mortality by 2012, through increased access to prevention, treatment and care support services. Thus, the programme outcome is: “Increased access to and utilization of sexual reproductive and neonatal health (including family planning) information and services and reduced risk of HIV infections and sexually transmitted infections among young people, women and vulnerable groups”. The key outputs are (i) improved access to skilled birth attendants, reproductive and child health information and services with emphasis on family planning, emergency obstetric and neonatal care, and HIV prevention (ii) Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence (iii) Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behavior and to prevent sexually transmitted infections and HIV (iv) Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.

In the Population and Development Component, the main objective is to strengthen institutions to provide high-quality, gender-sensitive population and reproductive health information and services, and datasets for programme formulation and good governance. It is aimed at supporting the national priority of “Good Governance, Security and Peace-building”. Thus, the programme
outcome is: “Transparent and accountable democratic governance is promoted through capacity-building and an expanded data base”. The key outputs are (i) Expanded database for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels (ii) Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

Gender is mainstreamed in the interventions under the two programme components above to address the increasing gender inequalities in the country, including the endemic problems of gender-based violence (GBV), FGM, early marriages and teenage pregnancies. Thus, UNFPA support focuses on preventing GBV, promoting gender equality, women’s empowerment and reproductive rights in order to reduce maternal and neonatal mortality and preventing HIV/AIDS.

It is worthy to note that in the absence of a current UNDAF for Sierra Leone, the UNCT is, alternatively, also implementing the UN “Joint Vision for Sierra Leone” 2009-2012, and provides for agencies to continue with planned activities under their respective country programmes. Thus, the UNFPA Sierra Leone Country Programme was aligned to the organization’s Strategic Plan (2008-2010), the UN Joint Vision (2009-2012), the ICPD Programme of Action, the Millennium Development Goals, and the country’s priorities in the Agenda for Change (2008-2012), that ran only up to 2010. The Agenda for Change has been evaluated and the successor programme, the Agenda for Prosperity (2012-2015) is being developed. Also, the UN Joint Vision has been evaluated and its findings have been relevant to the preparation of the 5th UNFPA Country Programme (2013-2014) that is already underway.

2. Purpose and Objectives of the Evaluation
With the programme running over a cumulative operational period of five years (2008-2012), it is imperative that an impact evaluation of the entire programme is done to complement the mid-term review of the initial programme (2008-2010). While the evaluation will generally assess programme performance towards achieving outputs and contributions to the stated outcomes during the entire operational cycle (2008-2012), it will further measure or assess the impact on the target population in the key programme component areas.

Specifically, the evaluation will be done in order to:

(1) determine the extent of achievement of the expected outputs;
(2) measure or ascertain the impacts on the target groups/populations as envisaged in the stated outputs and outcomes;
(3) identify the facilitating factors for programme success and/or constraints to achieving expected programme results.
(4) identify key high impact areas that would be relevant to the design of successor country programmes;
(5) assess linkages of the country programme with relevant national development frameworks and the UN Joint Vision for Sierra Leone.

In line with specific objective (5) above, the evaluation will assess the strategic positioning of the country programme, both from the corporate perspective and the development priorities of the
country, vis-à-vis, UNDAF, United Nations Joint Vision for Sierra Leone (UNJV 2009-2012), PRSP 2/Agenda for Change (2008-20120, the Medium-Term Expenditure Framework (20-20). This will entail an analysis of:

1. the place and niche of the Country Programme within the development and policy space in Sierra Leone;
2. the strategies used by UNFPA Sierra Leone Country Office to strengthen the position of UNFPA in the country’s development space to create a strategic position for the organization in its core focus areas;
3. the policy support and advocacy initiatives of UNFPA Sierra Leone Country Programme, vis-à-vis, other stakeholders. These are mainly from the perspective of the planned results of the Sierra Leone Country Programme 2008–2012.

The evaluation will analyze a core set of criteria related to the strategic positioning of UNFPA, as shown below (indicative evaluation questions identified below to be finalized in the Desk Phase and methodology component of the exercise):

- **Alignment**: To what extent is the Country Programme aligned with the UNFPA Strategic Plan? How the Country Programme is aligned with the UNFPA strategic and accountability frameworks? How has UNFPA been effectively working together with other UN partners in the country?
- **Responsiveness**: To what extend did the Country Programme anticipate and respond to significant changes in the regional and national development context within its two (2) core focus areas, and cross-cutting areas of youth and gender? What were the missed opportunities in UNFPA programming in Sierra Leone?
- **Added Value**: To what extent did the Country Programme add value to UNFPA efforts in the two (2) priority areas, including cross-cutting areas of UNFPA’s work in the country?

4. **Evaluation Scope and Process**
The evaluation will cover the entire programme cycle (2008-2012) i.e. the initial programme period 2008-2012 and its extension 2011-2012. It will involve an assessment of the contributions of implementing agencies or partners to the stated country programme outputs and related outcomes in the two key areas, namely, (i) **Reproductive Health and Rights** (ii) **Population and Development**, with gender and youth addressed as cross-cutting under the respective programme components. The analyses will involve a combination of desk reviews of programme reports and related documents and qualitative analysis of feedback from target populations. The expected duration of the assignment is 4-5 weeks with an anticipated field mission of at most ten (10) days, inclusive.

The evaluation process will be divided in four phases, each including the steps outlined below:

*Phase 1: Component Thematic Assessments:*
Thematic Assessments on the two key programme areas, including HIV/AIDS, Youth and Adolescents, and Gender will be conducted to feed into the final evaluation of the country programme. The findings/reports from these assessments will serve as core ingredients for the desk review and the final evaluation of the country programme.

*Phase 2: Preparation and Desk phase for final evaluation*
Desk review – Based on the preparatory work by the Sierra Leone Country Office, in collaboration with the implementing partners (identification, collection and mapping of relevant documentation and other data), the evaluation team will analyze, inter alia, all documents related to the Sierra Leone Country programme over the period being examined i.e. 2008-2012.

Stakeholder mapping – The evaluation team will prepare a basic mapping of stakeholders relevant to the evaluation. The mapping exercise will include relevant national institutions and civil-society stakeholders. It will go beyond the traditional partners in the country and will also indicate the relationships between different sets of stakeholders.

Development of an operational/logistical plan - The evaluation team in consultation with the team of NPOs and operations manager at the Sierra Leone Country Office will develop evaluation operational/logistical plan and calendar, to address logistical issues.

Output: Desk Report – A short desk report will be prepared by the team. The report will present the evaluation design, which encompasses the stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis.

Phase 3: Data collection phase
A mission, not exceeding 14 days to the districts/provinces will be undertaken in line with the desk report to:

- Clarify the understanding of development challenges with the country offices.
- Deepen the understanding of the Sierra Leone Country Programme and Activities with the country office staff; this includes visit to the IPs and project sites in the country.

Identify and collect further documentation, as required.
At the exit meeting of the mission, the evaluation team will provide a debriefing of the preliminary findings to the management and staff of the Sierra Leone Country Office, take initial comments and validate the preliminary thoughts.

Phase 4: Drafting the Evaluation Report
The information collected will be analyzed and the draft evaluation report will be prepared by the evaluation team within 3 weeks of the commencement of the assignment. The draft report will be submitted by the Team Leader to the Country Representative of the Sierra Leone Country Office.

Review and Quality Assurance – The draft report shall be shared with a designated quality assurance reviewer who will subject it to a formal review process. The Team Leader has the overall responsibility to address these comments in the finalization of the report.

Phase 5: Follow-up
Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures.

Communication and dissemination – The evaluation report will be shared with the regional M&E Adviser at the Africa Regional Office, Programme Division and Division of Oversight Services at
UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document in 2013. The report and the management response will be published on the UNFPA website.

5. Evaluation Questions
The evaluation will address programme, relevance/strategic alignment, effectiveness, efficiency, sustainability, management, monitoring, and overall impact. Overall, the evaluation should provide an analysis of achievement of expected results both in quantitative and qualitative terms. The evaluation should assess what are the achievements of the programme components during the implementation period? In addition, the evaluation should provide an analysis of factors that influenced effectiveness. The constraining and enabling factors should, among others, include technical, managerial/administrative and input-commitment-related factors should also be assessed. The evaluation should also provide an analysis and judgment of efficiency and cost-effectiveness in terms of use of resources by activity and IPs, financial implementation rates, absorption capacity, and adherence to funding modalities and component ratios, and resource mobilization. Example questions that may be covered are:

Relevance/Strategic Alignment:
- To what extent is the 4th country programme aligned with national needs and priorities, the ICPD PoA, the objectives of the ICPD+10 and the MDGs?
- How aligned is the country programme to the UNFPA Strategic Plan (2008-2012) and UN Joint Vision for Sierra Leone and other national development frameworks?
- Are the interventions/strategies proposed in the CPAP (2008-2012) sufficient for the delivery of the planned outputs?
- Is there synergy or complementarity between UNFPA’s intervention and that of other development partners?
- How effective is the project institutional framework of each implementing partner in the implementation of project activities;

Effectiveness:
- What is the progress in the implementation of project activities and the delivery of the programme outputs?
- How and to what extent have data/information and materials produced in the 4th CP been utilized?
- What evidence is there to indicate that the results of programme activities as well as the utilization of equipment supplied have resulted in new ways of doing business?
- How frequent were the Field Monitoring Visits to the project sites by Programme Officers of the UNFPA and the Executing Partners, and to what extent have the field monitoring data been utilized by project managers to ensure results-based management of project operations?
- What was the constraining factors impeding implementation of project activities and the delivery of the outputs?
- How effective were the logistics of procurement and distribution of project non-expendable equipment and supplies in the implementation of the programme?
- To what extent is the programme implementation in line with geographic coverage stated in the CPD and how effective is the stated coverage?
**Efficiency:**
- How efficient have implementing partners and the UNFPA CO been in the application of the established resource transfer modality?
- Does the resource allocation and expenditure reflect the priorities
- Were the most cost-saving methods considered?
- Which outputs and/or outcomes are achieved with the appropriate amount of resources/inputs (funds, expertise, time, administrative costs, etc.)
- Are there more effective ways to achieve better results with the available resources?

**Sustainability**
- How supportive has Government been to the implementation of project activities?
- What has been the level of collaboration between the CP implementers and the implementers of other donor-supported programmes, especially those of other UN agencies?
- To what extent is sustainability well-integrated in programme design and implementation?
- Is the programme likely to have lasting results after termination?

**Management**
- What other sources of funding have been raised in the CP outside UNFPA regular resources and how have they been utilized?
- How efficient is the choice of implementing partners for the CP?
- What are the extent of collaboration/partnerships amongst implementing partners and with UNFPA, and the potential effects of the observed relationships on the programme management process?
- What has been the effect of the UNFPA CO staffing on its ability to provide needed support to implementing agencies?

**Monitoring**
- Provide an analysis of effectiveness of monitoring and evaluation and reporting modalities - overall and by IP. Analyze the linkages between inputs, activities, outputs, outcomes and, where possible, impact as well as indicators. Provide an assessment of the quality of the reporting and evidence-based programming.
- How frequent were the Field Monitoring Visits to the project sites by Programme Officers of the UNFPA and the Executing Partners, and to what extent have the field monitoring data been utilized by project managers to ensure results-based management of project operations?
- To what extent did monitoring visits measure progress against indicators?

**Added Value**
- How do the national counterparts and other development actors perceive, recognize and recall UNFPA’s performance in terms of what it does best in the country?
- What is the value of UNFPA as a development in the country in terms of what the country would lose if UNFPA did not have a presence in the country?

**Impact:**
- Overall, what impact has the programme created on the target population and/or their environments in comparison to other non-programme population targets, where possible?
- Have long-term results been achieved or they likely to be met?
What has happened (or is likely to happen) as a consequence of UNFPA’s efforts (directly or indirectly, intended or unintended)?

6. Evaluation Methodology and Approach
In general, the methodology will include collection of both quantitative and qualitative data and an in-depth analysis to reach concrete conclusions. Specifically, the evaluators will engage in:

- Holding meetings with relevant officials of the UNFPA Country Office and Government Component Managers and relevant donors.
- Reviewing available documentation to obtain a general overview of the programme design and progress.
- Interviewing key persons associated with the programme; i.e., the implementing partners.
- Visiting identified project sites to assess physical conditions of facilities, inventory of Reproductive Health commodities and other supplies and observe quality of service deliveries to see if they were adequately kept and delivered.

7. Documentation and Literature Review
Background documents to be provided to the Evaluators will include:

- Reports of quarterly evaluation meetings.
- Individual project reports.
- The national “Agenda for Change”.
- The “UNCT Joint Vision” for Sierra Leone document.
- Mid-term review report.
- Country Office annual reports (COARs) for the period.
- Field Monitoring Visits reports.
- Audit reports.
- Any other relevant document as may be required by the Evaluators.

8. The Consultant/ Evaluation Team
The Country Office is seeking the expertise of a professional institution or evaluation team with experienced consultants that have competencies in:

- Reproductive and Neonatal Health
- Population and Development Strategies
- Gender
- Monitoring and Evaluation

Specifically, the institution or team will comprise of one (1) international consultant with post-graduate university degree or equivalent (preferably Ph. D.) in public health, social science, demography, gender, economics, international relations, international development, public administration, management or other related field. In addition, the consultant should have:

- 10 years of increasingly responsible professional experience, of which five years at the international level, and of which five years in health and/or social sciences evaluation; including periodic updating of technical skills;
- Expertise in monitoring and evaluation;
- Strong track record of innovative leadership in managing evaluations, and proven ability to produce demonstrable results;
- Demonstrated strong experience and track record in programme and technical assistance management and coordination.
- Regional experience in Sub-Saharan Africa will be an advantage
- Knowledge of the demographic situation in Africa and specific priorities for work in the region.
- Strong verbal and communications skills in English.

Under the leadership of the international consultant, three national consultants will be required to provide expertise respectively in the disciplines listed above. They must each possess a minimum of a master’s degree in their fields with at least 5 years postgraduate experience. Proven experience in monitoring and evaluation, and particularly similar evaluations is an added advantage.

9. Management of the Evaluation Activities
- The UNFPA Representative is responsible for the overall organization of the evaluation and supported by the Assistant Representative.
- The Monitoring and Evaluation Officer will support the conduct of the evaluation and assisted by the National Programme Officer (P&D-Data for Development), and working close collaboration with the other National Programme Officers. The officers will also attend to all of the evaluators’ demands relating to the evaluation.
- The Leader of the evaluation team will present the final report to the UNFPA Country Office.

10. Work plan and Outputs/deliverables
It is expected that the assignment will take place over a period not exceeding five (5) weeks, commencing no later than end August 2012. The timing of key tasks and processes, including responsible persons are summarized in the table below:

<table>
<thead>
<tr>
<th>Timing</th>
<th>Tasks</th>
<th>Persons responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 Jul</td>
<td>Develop draft TOR</td>
<td>UNFPA Sierra Leone M&amp;E Officer,</td>
</tr>
<tr>
<td>15-20 Jul</td>
<td>Finalize draft TOR and shortlist qualified international consultants</td>
<td>Dian Sidibe, SRO Dakar with support from ARO</td>
</tr>
<tr>
<td>25-31 Jul</td>
<td>Shortlisting of international consultants</td>
<td>UNFPA Sierra Leone IOM/HR Associate, with support from M&amp;E Officer and Assistant Representative</td>
</tr>
<tr>
<td>1-23 Aug</td>
<td>Recruitment of international and national consultants; Issuance of valid contracts.</td>
<td>UNFPA Sierra Leone IOM/HR Associate, with support from M&amp;E Officer and Assistant Representative</td>
</tr>
<tr>
<td></td>
<td><strong>Evaluation Management Committee Meeting: 16/08/12</strong></td>
<td>UNFPA Sierra Leone Representative with support from Assistant Representative and M&amp;E Officer.</td>
</tr>
<tr>
<td></td>
<td>All relevant stakeholders, including implementing partners informed about the assignment and consultants</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Commissioning of Evaluation: 23/08/12</strong></td>
<td></td>
</tr>
</tbody>
</table>
Official announcement of commencement evaluation to partners/stakeholder in a grand meeting and share with them concept note on evaluation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-31 Aug</td>
<td>Evaluation preparedness visits to IPs</td>
</tr>
<tr>
<td>2 Sep</td>
<td>Expected arrival of International Consultant</td>
</tr>
<tr>
<td>3-8 Sept (Week 1)</td>
<td>Consultants in post to commence assignment; Discussions with Senior Management and Programme Officers</td>
</tr>
<tr>
<td></td>
<td>Availability of relevant documentation and reports to consultants for literature review</td>
</tr>
<tr>
<td>10-15 Sept (Week 2)</td>
<td>Discussions with relevant stakeholders, including implementing partners; Visits to project sites in the western area (Freetown and environs).</td>
</tr>
<tr>
<td></td>
<td>Preliminary analyses and write-up on findings.</td>
</tr>
<tr>
<td>17-22 Sept (Week 3)</td>
<td>Up-country field mission to project sites; Interviews with target groups or communities.</td>
</tr>
<tr>
<td></td>
<td>Continuation of analyses and write-up on findings;</td>
</tr>
<tr>
<td>24-29 Sept (Week 4)</td>
<td>Production and submission of draft report. Review and feedback</td>
</tr>
<tr>
<td>1-6 Oct (Week 5)</td>
<td>Submission of Final Report and end of assignment</td>
</tr>
<tr>
<td>8-12 Oct</td>
<td>Validation of Report</td>
</tr>
<tr>
<td>15-19 Oct</td>
<td>Reproduction of report and dissemination</td>
</tr>
</tbody>
</table>

The key deliverables are:

(i) An analytical **Impact Evaluation Report** providing quantitative and qualitative analysis on progress and Sierra Leone Country Office’s achievements during the 5 year period as well as evidence-based clear recommendations for the country programme shall be produced. An outline of the report will be developed and shared with the evaluation reference group.

(ii) **Mission Report** by the evaluators.

**Date/Duration**

It is expected that consultants will be in post for the assignment against 20\textsuperscript{th} August 2012, and it will be undertaken for a period not exceeding five (5) weeks from the date of the commencement.
of the assignment. The evaluation team will be expected to work on Saturdays as well in order to complete the work without any delays.

Use of Evaluation Report
The evaluation report will be used for providing information to those involved in the management and oversight of the 4th country programme (Government, UNFPA, and other UN Agencies and implementing partners) to enable them improve on programme quality and implementation in terms of achieving the programme efficiency and effectiveness. Specifically, the report will in the preparation of the Country Action Plan (CPAP) for the new Country Programme Document (CPD 2013-2015). The report will also be used by UNFPA Headquarters, Sub-Regional Office, Regional Office, communities and Country Office staff.

NOTE
Contact persons in UNFPA Country Office for the evaluation are:
Mrs. Mariama Diarra (diarra@UNFPA.org)
Mr. Ibrahim Sahr Kamara (ikamara@unfpa.org)
Mrs. Mary Roberts (mroberts@unfpa.org)

Ethical Code of Conduct for UNEG/UNFPA Evaluations
Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business.

Evaluation Team /Evaluators:
1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and: respect people’s right not to engage. Evaluators must respect people’s right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights,
evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders’ dignity and self-worth.

5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

**DOS Evaluation Branch EQA Grid and Explanatory Notes**

**Title of Evaluation Report:**
**Name of Evaluation Manager:**
**Name of EQA Reviewer (if different to above):**
**Budget and time frame allocated for this evaluation:**

**Overall Assessment:** Note that the overall assessment must address, as a minimum, the following issues: scope of the evaluation; methodological design; findings and analysis; credibility of data; recommendations; conclusion; executive summary.

<table>
<thead>
<tr>
<th>Quality Assessment criteria</th>
<th>Assessment Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>1. Structure and Clarity of Reporting</td>
<td></td>
</tr>
<tr>
<td><em>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</em></td>
<td></td>
</tr>
<tr>
<td>Checklist of minimum content and sequence required for structure:</td>
<td></td>
</tr>
<tr>
<td>• i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable)</td>
<td></td>
</tr>
<tr>
<td><em>Please insert assessment level followed by your main comments.</em></td>
<td></td>
</tr>
</tbody>
</table>
### Minimum requirements for Annexes:
- ToRs;
- Bibliography List of interviewees;
- Methodological instruments used.

### 2. Completeness and concision of the executive summary

*To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.*

Structure (paragraph equates to half page max):

- i) Purpose, including intended audience(s);
- ii) Objectives and Brief description of intervention (1 para);
- iii) Methodology (1 para);
- IV) Main Conclusions (1 para);
- v) Recommendations (1 para). Maximum length 3-4 pages.

### 3. Justification of the design and of the methodological approach

*To provide a clear explanation of the following elements/tools*

Minimum content and sequence:

- Explanation of methodological choice, including constraints and limitations;
- Techniques and Tools for data collection provided in a detailed manner;
- Triangulation systematically applied throughout the evaluation;
- Details of participatory stakeholders’ consultation process are provided.
- Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation.

### 4. Reliability of Data

*To clarify data collection processes and data quality*

- Sources of qualitative and quantitative data have been identified;
- Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit;

<table>
<thead>
<tr>
<th>5. Soundness of the analysis and credibility of the findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure sound analysis and credible findings</td>
</tr>
<tr>
<td><strong>Findings</strong></td>
</tr>
<tr>
<td>• Findings stem from rigorous data analysis;</td>
</tr>
<tr>
<td>• Findings are substantiated by evidence;</td>
</tr>
<tr>
<td>• Findings are presented in a clear manner</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
</tr>
<tr>
<td>• Interpretations are based on carefully described assumptions;</td>
</tr>
<tr>
<td>• Contextual factors are identified.</td>
</tr>
<tr>
<td>• Cause and effect links between an intervention and its end results (including unintended results) are explained.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Validity of the conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess the validity of conclusions</td>
</tr>
<tr>
<td>• Conclusions are based on credible findings;</td>
</tr>
<tr>
<td>• Conclusions must convey evaluators’ unbiased judgment of the intervention.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Usefulness of the recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess the usefulness and clarity of recommendations</td>
</tr>
<tr>
<td>• Recommendations flow logically from conclusions;</td>
</tr>
<tr>
<td>• Recommendations must be strategic, targeted and operationally-feasible;</td>
</tr>
<tr>
<td>• Recommendations must take into account stakeholders’ consultations whilst remaining impartial;</td>
</tr>
<tr>
<td>• Recommendations should be presented in priority order</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Meeting Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure that Evaluation Report responds to requirements (scope &amp; evaluation</td>
</tr>
</tbody>
</table>
In the event that the ToR does not conform to commonly agreed quality standards, assess if evaluators have highlighted the deficiencies with the ToR.

**MANAGEMENT RESPONSE TEMPLATE**

**EXAMPLE:** Recommendation 1: KCO should maintain and organize on a regular basis its current programme of training in financial management.

Management Response 1: **Accepted**

<table>
<thead>
<tr>
<th>Key action(s)</th>
<th>Deadline</th>
<th>Responsible unit(s)</th>
<th>Semiannual implementation status updates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Conduct a finance policies and procedures capacity building workshop</strong></td>
<td>June 2012</td>
<td>Operations/ KCO</td>
<td>June 30, 2012: On schedule</td>
</tr>
<tr>
<td>for IPs and UNFPA Staff</td>
<td></td>
<td></td>
<td>Dec: 3, 2012: Completed</td>
</tr>
<tr>
<td><strong>1.2 Monitor management of resources by both UNFPA and IPs</strong></td>
<td>Dec 30 2012</td>
<td>Operations/ KCO</td>
<td>June 30, 2012: On schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dec 30, 2012: On hold</td>
</tr>
</tbody>
</table>

**Recommendation 2:**

Management Response 1:

<table>
<thead>
<tr>
<th>Key action(s)</th>
<th>Deadline</th>
<th>Responsible unit(s)</th>
<th>Semiannual implementation status updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Won Management Response:** Indicate whether a recommendation is accepted, partially accepted, or rejected, and provide comments and explanations as needed.

**Status:** Implementation status of each action is to be reviewed and updated on semiannual basis until the case is closed. Comments/explanation should be also provided for each status. The description of status is to be selected from the following five categories: 1) Completed 2) On schedule 3) Delayed 4) On hold 5) Discontinued.
### Recommendation 3:

#### Management Response:

<table>
<thead>
<tr>
<th>Key action(s)</th>
<th>Deadline</th>
<th>Responsible unit(s)</th>
<th>Semiannual implementation status updates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 2: Evaluation Management Committee

- The Development Secretary, MoFED or Nominee (Member)
- The Chief Medical Officer, MoHS or Nominee (Member)
- The Chief Education Officer, MEST or Nominee (Member)
- The Permanent Secretary, MSWGCA or Nominee (Member)
- The Permanent Secretary, MYES (or Nominee) Member
- The Statistician-General, SSL or Nominee) Member
- The UNFPA M&E Manager/Evaluation Manager (Member)
- The Country Representative WHO or Nominee(Member)
- The Country Representative UNICEF or Nominee (Member)
- The Country Representative UNAIDS or Nominee (Member)
- The Country Representative, DFID or Nominee(Member)
- The Evaluation Team Leader (Member)


<table>
<thead>
<tr>
<th>Goal/Strategy</th>
<th>2008-2010</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>The goal of this programme is to contribute to the national objective, that is, consolidation of peace, sustained democratic governance and reduce poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment, and increased availability of socio-demographic data.</td>
<td>No change</td>
</tr>
<tr>
<td>Relevance</td>
<td>Aligned with national priorities, the UNFPA multi-year funding framework, ICPD PoA, MDGs; addresses three of the five Priority Areas of the 2008-2010 UDAF: (a) governance and human rights; (b) maternal health and child health care; and, (c) HIV/AIDS, tuberculosis and related diseases.</td>
<td>Fully aligned to the UN Joint Vision (2009) which in turn responds to the Agenda for Change in areas where the UN has a mandate and comparative advantage, notably in health, education and agriculture as well as on security and good governance. The UNFPA CPAP Extension (2011-2012) directly contributes to the Human Development and Social</td>
</tr>
<tr>
<td>Components</td>
<td>Two components: (i) Reproductive Health, with a focus on maternal health and HIV/AIDS prevention in seven districts; and (ii) Population and Development, with gender and youth as cross-cutting issues.</td>
<td>Three components: (i) Sexual, Reproductive and Neonatal Health (ii) Population and Development and (iii) Gender, Culture and Human Rights which, together with Advocacy will also be mainstreamed into the whole program as crosscutting issues.</td>
</tr>
<tr>
<td>Component/Output</td>
<td>Reproductive Health</td>
<td>Output 1: Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention; Output 2: Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence; Output 3: Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behaviour and to prevent sexually transmitted infections and HIV; and Output 4: Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.</td>
</tr>
<tr>
<td>Population and Development</td>
<td>Output 5. Expanded data base for gender-sensitive population and reproductive health</td>
<td>Output 4: Expanded data base for gender-sensitive population and reproductive health</td>
</tr>
<tr>
<td>Gender</td>
<td>Treated as cross-cutting</td>
<td>Output 6: Communities, human rights organizations and national leaders are mobilized to promote gender equality and reproductive rights, reduce gender-based violence and support survivors of gender-based violence. Output 7: Enhanced capacities of key national and local institutions to formulate, coordinate and manage gender-responsive population and reproductive health policies and programmes.</td>
</tr>
<tr>
<td>Cross-cutting</td>
<td>Gender and Youth</td>
<td>Gender, Culture, Human Rights and Advocacy</td>
</tr>
</tbody>
</table>
## ANNEX 4: Summary of Evaluation Findings

Implementation of the 4th Country Programme (2008 – 2012) for Sierra Leone

### REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Baseline/Target</th>
<th>Progress/Achievement</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| Output 1: Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention. | **Indicator 1:** Increase in number of health facilities offering EmONC  
Baseline: 1.2/500,000 persons,  
Target: 1.5/500,000 persons | UNFPA provided technical support for the Development of policies and plans including: Reproductive Health Commodity Security Strategy Strategic Plan (2007-2011) which has been reviewed for another 5 years (2012-2017), Reproductive Health Policy (2007), Reproductive and Child Health Strategic Plan 2008 – 2010, Standard Operational Manual for Reproductive Health Commodity Security, National Health sector strategic plan 2008-2011, Basic Essential Package of Health, Free Services Package for pregnant women, Lactating Mothers, and under five children. In 2009, UNFPA provided technical assistance for reproductive health financing and over 90% funding to RH division of the Ministry of Health and Sanitation. In 2009, UNFPA Supported the MoH&S RH division to refurbish 15 BEmOC and 2 CEmONC (Western Area and Bombai); in the process, refurbished hospitals and PHUS in Five districts (Bo, Kenema, Tonkolili, Portloko, Bonthe); and upgraded 6 CEmONC centers in six districts (Western Area, Koinadugu, Kailahun, Moyamba, Pujehun, Kono). In 2010, Established organized Antenatal and gynecological clinics at the national maternity hospital (PCMH); provided technical and financial support to the operationalization of the Free Health Care Initiative for pregnant women, lactating mothers and children under five. UNFPA supported NGOs (AWC, WAFF, Haikal | Taking together the extent to which activities are undertaken, it is likely that these strategies would possibly meet the target indicator. |
Organization/Foundation, and HPA) to create fistula centres/homes; finding, screening and referral of fistula patients for repairs. In 2010, UNFPA in collaboration with a local NGO (MEPS Well Woman Clinic) supported sensitization and awareness raised through the development and dissemination of IEC/BCC materials and free screening and diagnosis of breast cancer for early detection which has led to increased access to breast cancer detection by 20%. In 2012, UNFPA supported the MoHS through Strengthen District Health Project which is 45% complete as at June, 2012 of equipping the 27 rehabilitated district health facilities to ensure continues and effective service delivery through the clinics (PHUs); has Provided support to the HMIS/DHIS of the MoHS to develop communication strategy to facilitate data collection, ensure the availability and use of relevant data and information at district and national levels to improve communication, referral and health service delivery.

| Indicator 2: Increase in the proportion of births with skilled birth attendants | Baseline: 1.7% Target: 2.0% for Doctors  
Baseline: 29% Target: 30% for Nurses/Midwives. | UNFPA supported several trainings including training of; 20 or more Nurse Anesthetists were trained each year from 2008 to 2011, twelve are currently undergoing training in the Department of Anaesthesia, and to date 81 of these graduates are been posted to various hospitals in the country; 10 MoHS health workers in Nurse/Midwife Tutor’s Training to strengthen district health services in 2008; In 2009, 131 government health personnel (including training of trainers) were trained on the use of Standard Operating Procedures Manual for the management of Reproductive Health Commodities; trained 27 DHMTs staff on RH commodity management and coordination; 30 MoHS staff trained on RHCS for central and district staff throughout the country; 4 (Doctors) district health staff trained to improve the capacity of district health teams in Disease Taking together the extent to which activities are undertaken, it is likely that these strategies would meet target indicators to achieve this output. |
Prevention and Control, 25 Health workers trained in Ghana in Obstetrics/Gynecology, Paediatrics, and Epidemiology and District Health Management to address issues of public health concern; 49 health workers trained in basic surgery in the country; 112 Health professionals/workers trained in project and financial management in 2009 & 2010; trained a batch of eight (8) district health staff - Six in Disease Prevention and Control and two (2) in Health Informatics in September 2010 in Ghana. In 2010, continuous medical education for 174 nurses and midwives and 20 doctors to provide quality maternal and neonatal care; 68 medical students were trained in Obstetrics/ Gynaecology and Paediatrics; 120 nurse midwives were trained in the integration of Family planning in PMTCT; recruited 2 Obstetrician/Gynaecologist, 1 paediatrician and more than 24 retired midwives to provide midwifery services and mentoring of health workers at the Peripheral Health Units. Trained 20 district health staff in Nutrition and Dieteticsto strengthen at all levels the delivery of maternal and child health care who graduated in 2011. In 2012, UNFPA support ongoing training of 1 district health staff in Disease Prevention and Control in Ghana; 2 MOHS health staff in Obstetrics and Gynecology in Ghana; 2 MOHS health staff in Paediatric Nursing and Management in Benin; and batch of 30 district health staff in Epidemiology and District Health Management in Ghana.

| Indicator 3: Increase in number of primary health units providing at least three modern family planning methods | To come from the 2010 GPRHCS Survey | According to the MOHS/RH 2009 Annual Report, UNFPA contribution to providing family planning services, there have been 88% of facilities or SDPs providing at least 3 modern contraceptive methods, 100% of SDPs offering any modern contraceptive methods compared to 10.2% in 2008 (CPAP Extension: 2001 – 2012), and 95% of SDPs that offer family planning counseling. In 2010, UNFPA supported TOTs for Disease Prevention and Control, 25 Health workers trained in Ghana in Obstetrics/Gynecology, Paediatrics, and Epidemiology and District Health Management to address issues of public health concern; 49 health workers trained in basic surgery in the country; 112 Health professionals/workers trained in project and financial management in 2009 & 2010; trained a batch of eight (8) district health staff - Six in Disease Prevention and Control and two (2) in Health Informatics in September 2010 in Ghana. In 2010, continuous medical education for 174 nurses and midwives and 20 doctors to provide quality maternal and neonatal care; 68 medical students were trained in Obstetrics/ Gynaecology and Paediatrics; 120 nurse midwives were trained in the integration of Family planning in PMTCT; recruited 2 Obstetrician/Gynaecologist, 1 paediatrician and more than 24 retired midwives to provide midwifery services and mentoring of health workers at the Peripheral Health Units. Trained 20 district health staff in Nutrition and Dieteticsto strengthen at all levels the delivery of maternal and child health care who graduated in 2011. In 2012, UNFPA support ongoing training of 1 district health staff in Disease Prevention and Control in Ghana; 2 MOHS health staff in Obstetrics and Gynecology in Ghana; 2 MOHS health staff in Paediatric Nursing and Management in Benin; and batch of 30 district health staff in Epidemiology and District Health Management in Ghana. | Although indicators have no baselines and targets to conform to 2010 GPRHCS survey, progress however revealed that targets are likely to be met with continues efforts. |
comprehensive condom programming and contraceptive implant for 27 and 30 service providers respectively; supported key NGOs to conduct outreach programmes to increase uptake of family planning services in the communities; supported the development and dissemination of IEC/BCC materials on family planning; and Community Outreach programmes through 2 NGOs (MSSL & PPASL) on Family Planning services.

In 2010, 45 in-service midwives and tutors were trained on insertion/removal of IUD/Implant and are providing long-term contraceptives in district health facilities; in addition, 165 nurses and midwives in health facilities were trained in contraceptive technology (insertion/removal of IUD/Implant, training equipment and supplies provided) and the integration of Family planning into PMTCT services.

| Indicator 4: Increase in number of health facilities providing STI and HIV prevention services | To come from the 2011 CP Extension baseline survey | In 2010, UNFPA supported the implementation of the National Strategic plan on Comprehensive Condom Programming (CCP). In this regard, a Training of trainers for 27 service providers on CCP was organized in collaboration with the National AIDS Secretariat. | The indicator has no baselines and targets to conform to 2011 CP Extension baseline survey; therefore the extent to which target will be met cannot be determined. |

**Output 2: Youth-friendly services and peer education networks expanded to promote responsible sexual and reproductive health behaviour for preventing sexually transmitted infections and HIV/AIDS.**

| Indicator 1: Increase in the number of institutions providing livelihood and life-skills education programmes | To come from the 2010 Life skills program evaluation | Report from 2010 Life skills program evaluation revealed that in 2010, all 14 districts were covered with support given to 100 primary schools, 21 Junior Secondary Schools, 6 teacher training institutions, 41 NFE centres and 5 youth friendly centres. At tertiary level 40 Staff from the teacher training institutions were trained to educate SRH and life skills to students. In Non-formal Sector 6 additional literacy centers were supported to utilize the SRH infused | The indicator has no baselines and targets to conform to 2010 life skills programme evaluation, the extent to which target will be met cannot be determined, though marked improvement has been made. |
Curricula and 80 facilitators were trained in 2010. National School and Adolescent Health programme has been strengthened to improve quality of services provided to young people through refurbishment of three clinics (SN Broderick and Connaught in Freetown and one in Moyamba) in 2010. In a bid to give an alternative livelihood and gradually leave the sex trade, 225 most at risk population (sex workers, MSMs and fisher folks) were empowered with life skills and livelihood skills HIV prevention activities in 2010.  

| Indicator 2: Increase in the number of institutions providing population/family life and peer education | Baseline: 27% | In 2011 – 2012 however, the Non Formal Division of the Ministry of Education, Science and Technology is carrying out training programme on SRH/Life skills at learning centres in rural areas. The targets are adolescent youth, young men and women. Similarly for indicator 1 of 3 for this output, report from 2010 Life skills program evaluation revealed that in 2010, all 14 districts were covered with support given to 100 primary schools, 21 Junior Secondary Schools, 6 teacher training institutions, 41 NFE centres and 5 youth friendly centres. | Target: 40% | Taking together the extent to which activities are undertaken, it is likely that these strategies would possibly meet the target indicator. |

| Indicator 3: Number of centres providing Youth friendly RH services and information | Baseline: 2 centres | 5 Youth friendly centres were strengthened by UNFPA to provide RH services including STI/HIV services in 2010. In 2011, UNFPA country office specifically supported (financially, technically, and training) 1 youth-serving/led and 7 sex worker-led organizations/networks to build capacity for effective advocacy and/or to engage in the design, implementation, and monitoring of programmes addressing both SRH and HIV needs. In 2011, UNFPA supported the capacity development of service providers on youth-friendly health services through funding for the training and technical support in developing training content and facilitating training. | Target: 8 centres | Taking together and given the baselines and targets, the extent to which activities are undertaken, it is likely that these strategies would possibly meet the target indicator. |
### Output 3: Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.

<table>
<thead>
<tr>
<th>Indicator 1: Increase in the number of male and female condoms distributed</th>
<th>To come from the 2011 CP Extension baseline survey</th>
<th>In 2008, UNFPA in collaboration with NAS and Population Council developed National Strategic Plan for CCP in Sierra Leone. In addition to this, UNFPA in 2008 procured contraceptives including male and female condoms that were distributed nationwide leading to the increased contraceptive acceptance rate of 56%. MSSSL and the PPASL were supported to meet this need in scaling-up Family Planning to all districts. UNFPA provided technical support for the Development of policies and plans including Contraceptive Commodity Security Strategic Plan 2007 - 2011 (2007), Comprehensive condom programming strategic plan, Situational analysis for condom use, and draft Adolescent Health Development strategic plan. In 2009, UNFPA supported the institutionalization of an integrated sexually transmitted infections/HIV/family planning services and a comprehensive condom programming with a draft five-year strategic plan. In 2010, UNFPA procured demo Pen models for CCP. In 2011, the Country Office implemented the 2010 Condom Demand Generation Framework through Desk review/interviews and coordinated by National AIDS Secretariat to assess policies, programmes and services related to access availability and use of condoms by Young People in the context of Sex Workers.</th>
<th>The indicator has no baselines and targets to conform to 2011 CP Extension baseline survey and although marked improvement has been made, the extent to which target would be met cannot be determined.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 2: Increase in the number of condom delivery points</td>
<td>To come from the 2011 CP Extension baseline survey</td>
<td>In 2009, UNFPA fully supported the establishment of 35 new condom distribution outlets in the country. In 2010, 27 trainers and 38 Government personnel in various Ministries, Departments and Agencies were trained on Comprehensive Condom Programming (CCP) by UNFPA in collaboration with NAS, to serve as focal points in the</td>
<td>The indicator has no baselines and targets to conform to 2011 CP Extension baseline survey and although marked improvement has been made, the</td>
</tr>
</tbody>
</table>
promotion and distribution of condoms. UNFPA in 2010 also established 12 Community based organizations engaged to disseminate STI/HIV information/messages to various target communities and advocate for testing and create demand for services; 5 Youth friendly centres were also strengthened to provide RH services including STI/HIV services; and established 4 new STI centres and continued to support 2 existing ones. In addition UNFPA in collaboration with NAS in 2010 organized an advocacy session with the Parliamentary Committee on Health and HIV on Comprehensive Condom Programming targeting 25 parliamentarians, to advocate for the inclusion of condom promotion in Senior Secondary Schools. According to the 2011 annual report submitted by NAS and its implementing partners, and through the support of UNFPA, 4 new condoms outlets including Magburaka prisons and Mathora Girls Secondary School were established, for which the Mathora Centre was changed to serve as an RH/HIV information centre but do not provide condoms specifically to pupils; 17 HCT/PMTCT sites run by NACP/MOHS were refurbished in terms of infrastructure; 11 HCT/PMTCT sites received TV set, DVD Player, Standing Fan, 3.3 KVA Generator, TV Stand and Filling Cabinet each.

| Indicator 3: Percentage reduction in frequency of stock-outs for reproductive health commodities (including EmNOC, FP and STI) | To come from the 2010 GPRHCS survey | UNFPA introduced the installation of CHANNEL software in 2007/2008, upgraded this software to meet the needs of Sierra Leone by accepting other drugs apart from RH commodities, and developed the Standard Operational Procedure manual and trained service providers on its use. Procured computers and installed in all 14 districts and resource center to support the implementation of CHANNEL and to strengthen the LMIS of the MoH&S. UNFPA in 2010 trained 60 District Medical Officers, Hospital Superintendents | Marked improvement has been made regarding this indicator towards achievement of the output. However, although indicators have no baselines and targets to conform to 2011 CP Extension baseline survey, the extent to which target would be met cannot be determined. |
and District Monitors of Health Commodities in CHANNEL for better monitoring and supervision; trained 13 District CHANNEL Operators with expertise in IT and 13 District Logistic Officers trained in the use of CHANNEL. In addition, UNFPA in 2010 supported to improve distribution of medical supplies from the CMS to District stores by providing 3 haulage trucks, provided 5 other trucks and motor-bikes (1 for each district) to transport drugs from district stores to PHUs; installed video surveillance (CCTV) in the central medical stores compartments for proper monitoring.

To improve on effective drugs distribution, UNFPA in 2010 supported civil societies to monitor drugs in the country at all levels.

UNFPA in 2011 trained 9 Government personnel and 40 other National implementing partners in the country on logistics management with various topics covered.

<table>
<thead>
<tr>
<th>POPULATION AND DEVELOPMENT</th>
</tr>
</thead>
</table>

**Output 4** Expanded data base for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels.

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>Baseline/Target</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| A functional Service Centre for data users established at SSL | **Baseline:** To be determined.  
**Target 2012:** 1 at SSL | UNFPA in collaboration with SSL  
Trained 19 Local Councils in RBM, Monitoring and Evaluation and Data Collection and management methodologies to build their capacity to generate process and use data for development planning at the local level.  
Provided 12 Desk top Computers and Accessories-Printers, UPS and Monitors, 11 Seagate External Hard Drives, 12 Four GB Memory Sticks, 249 Rewritable Blank CDs, One DEL T350 Precision Standard Base Desktop Server, 4520HP PS Design Jet Plotter to Statistics Sierra Leone to Build Capacity for | Output indicator not met; training has been conducted, but the extent to which those trained are capable to understand data collection and management is yet to be determined. |
Number of MDAs and local councils where IMIS has been rolled out for planning, programming, monitoring and evaluation.  

| Baseline: To be determined | UNFPA supported short term training in IMIS and purchases sever, computer and other equipment for the IMIS at SSL. SSL has cleaned the 2004 Population and Census, SLIHS 2003/04, MICS 2005, CWIQ 2005, GBV 2007, SLDHS 2008, SDHS 2009 data to be uploaded in to the IMIS | Output indicator not met. IMIS has not been set up because the server room has not been set up at SSL, but all necessary equipment has been purchased. |

Baseline: To be determined.  
Target 2012: One (1) at SSL.  
SSL did Planning And Locality Verification For The 2014 Population And Housing Census in Bo, Moyamba, Pujehun, Kenema, Bombali, Kailahun and Kono Districts.

Baseline: To be determined.  
Target 2012: Cartographic maps updated.  
Output indicator not met, but the verification of localities will help to sensitize the stakeholders on the forthcoming census.

Output 5: Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>Baseline/Target</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MDAs and Councils with population, reproductive health and gender development strategies integrated in their strategic plans or policy frameworks.</td>
<td>Baseline: To be determined</td>
<td>UNFPA supported the Population Secretariat of the MoFED for effective coordination of the P&amp;D issues in the country. Though lots of advocacies and sensitization activities were undertaken in poverty, women and girls, reproduction health and right, environment,</td>
<td>Output indicator not met.</td>
</tr>
</tbody>
</table>

| Output 6: Communities and national leaders mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence |
|------------------|----------------|-------------|---------|
| Indicator 1: Number of community advocacy groups promoting reproductive rights, gender equality. | 63/110 | Over 300 Soweis’ trained and knowledge enhanced on sexual reproductive health rights and the implications of harmful traditional practices (FGC) on the development and welfare of women | According to the CPAP Extension (2011-2012) this indicator is likely to be achieved. However, there is a |
prevention and management of gender-based violence.

and girls; increased community awareness for the adoption of the age of consent on the practice of FGC; Fambul Initiative Network (male network) in place to support the promotion of gender equality and sexual and reproductive health and rights.

In 2011, 80 TBAs and nurses trained in Bonthe district; 80 community GBV and Reproductive Health monitors trained in the Western Area; 120 community advocates trained in Tonkolili district; In April-June, 26 outreach sessions held in Bombali district and 15 in Bo. In October 2011, 38 outreach sessions held in Bo, Tonkolili and Bombali districts with an average attendance of 80 per session.

| Indicator 2: Number of institutions providing information on family planning, gender-based violence and reproductive rights. | 5/10 | Knowledge improved by staff of Human Rights Commission (HRCSL) on Gender Equality and Sexual and Reproductive Health and Rights; communities sensitized about GBV issues including the Girl child FCT age of consent and MOU signed with Soweis and chiefs on under age initiation. 15 Paralegals trained on legal rights for GBV victims and two legal clinics established by LAWYERS and now providing legal education in the communities; national and regional gender-based committees in place; increased community awareness on Sexual and Reproductive Health and Rights (SRHR) LAWYERS. Has embarked on capacity building, training and advocacy. Women in Crisis Movement provided support, care and treatment for GBV survivors, embarked on community outreach and livelihood skills training. | This indicator is likely to be achieved. |
| Indicator 1: Number of MDAs, Advocacy Groups and Local Councils capacitated in gender-responsive policy formulation and programme management. | 3 MDAs/25 MDA’s 63/149 Advocacy Groups 4. Local Institutions/19 Local Councils. | Promulgation of bye-laws by chiefs and Soweis of communities to adhere to the age of consent in 5 districts; Paramount Chiefs were trained and gained awareness of the principles of human rights and their specific roles in ensuring adherence and compliance in their respective localities; Chiefdom Sowei Committees established to monitor compliance and adherence; commitment of communities to adhere to the bye-laws on FGC; partnerships established among MDAs particularly MSWGCA, MOFED and MOHS have maximized results in terms of maternal mortality reduction and prevention of GBV and treatment of victims and overall coordination. FSU’s trained in Guidance and counseling, investigation and response to GBV issues and in data management. FSU’s have developed and distributed 1600 forms that include victims medical and other varieties of interview forms. Training for 56 FSU personnel in Bo and Freetown in interview techniques; 56 personnel trained in Guidance and counseling. 70 per cent of FSU personnel trained in effective investigation techniques. 20 traditional leaders and more than 60 Soweis made aware of the age of consent for FGC in Kono and Pujehun districts. WICM provided GBV response services for 35 victims and 622 women/girls with livelihood skills training. Also, two outreach sessions with 152 participants per session held. 200 flyers with GBV messages distributed. | This output indicator is not likely to be fully achieved by the end of the 4th CP cycle. |
| LAWYERS trained 5 Paralegals; From July to November, 159 new cases reported and 149 handled. |


Annex 5: Evaluation Work Plan and Places Visited

### (a) Meeting with Implementing Partners in the Western Area

<table>
<thead>
<tr>
<th>Date</th>
<th>District</th>
<th>RH</th>
<th>P&amp;D</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 11/09/12</td>
<td>Planned Parenthood Association (PPASL)</td>
<td>Statistics Sierra Leone (SSL)</td>
<td>Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marie Stopes (MSSL)</td>
<td></td>
<td></td>
<td>LAWYERS</td>
</tr>
<tr>
<td></td>
<td>Office of the First Lady (OFL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well Woman Clinic (WWC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ministry of Youth Employment and Sports (MYES)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aberdeen Women’s Centre (AWC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health for All Coalition (HFAC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (b) Project Sites visited and Partners Interviewed in the Districts

<table>
<thead>
<tr>
<th>Date</th>
<th>District</th>
<th>Sites visited /Implementers interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 17/09/12</td>
<td>Bombali (Makeni)</td>
<td>MOHS, HFAC, FSU, SSL, MGCWA.</td>
</tr>
<tr>
<td></td>
<td>Tonkolili</td>
<td>MOHS, HFAC, FSU, SSL.</td>
</tr>
<tr>
<td>Tuesday 18/09/12</td>
<td>Koinadugu (Kabala)</td>
<td>MOHS, HFAC, FSU, SSL, MATCORPS</td>
</tr>
<tr>
<td>Wednesday 19/9/12</td>
<td>Kambia</td>
<td>MHS, HFAC, FSU, SSL</td>
</tr>
<tr>
<td></td>
<td>Port Loko</td>
<td>MHS, HFAC, FSU, SSL</td>
</tr>
<tr>
<td>Thursday 20/09/12</td>
<td>Bo</td>
<td>MOHS, HFAC, FSU, SSL, MGCWA, HAIKAL</td>
</tr>
<tr>
<td>Friday 21/09/12</td>
<td>Moyamba</td>
<td>MOHS, HFAC, FSU, SSL</td>
</tr>
<tr>
<td>Saturday 22/09/12</td>
<td>Kenema</td>
<td>MOHS, HFAC, FSU, SSL</td>
</tr>
<tr>
<td>Date Range</td>
<td>Task Description</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>17-22 Sept (Week 3)</td>
<td>Continuation of analyses and write-up on findings;</td>
<td>Consultants</td>
</tr>
<tr>
<td>24-29 Sept (Week 4)</td>
<td>Production and submission of draft report.</td>
<td>Consultants</td>
</tr>
<tr>
<td></td>
<td>Review and feedback</td>
<td>UNFPA Sierra Leone; SRO and ARO; Government (MoHS); Other key Stakeholders</td>
</tr>
<tr>
<td>1-6 Oct (Week 5)</td>
<td>Submission of Final Report and end of assignment</td>
<td>Consultants</td>
</tr>
<tr>
<td>8-12 Oct</td>
<td>Validation of Report</td>
<td>UNFPA Sierra Leone and Stakeholders</td>
</tr>
<tr>
<td>15-19 Oct</td>
<td>Reproduction of report and dissemination</td>
<td>UNFPA Sierra Leone</td>
</tr>
</tbody>
</table>
## Annex 6: List of Persons Met & Sites Visited

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimamy Kamara</td>
<td>M&amp;E Officer</td>
<td>MoHS, Western Area</td>
</tr>
<tr>
<td>Abdul H. Sankoh</td>
<td>Logistics Officer</td>
<td>MoHS, Western Area</td>
</tr>
<tr>
<td>Judith L. Holden</td>
<td>Country Director</td>
<td>Aberdeen Women Centre, Western Area</td>
</tr>
<tr>
<td>Francis Ndungu</td>
<td>Finance Manager</td>
<td>Aberdeen Women Centre, Western Area</td>
</tr>
<tr>
<td>Augustine Cosia</td>
<td>Programme Officer</td>
<td>Aberdeen Women Centre, Western Area</td>
</tr>
<tr>
<td>Florence Katta Sesay</td>
<td>Project Coordinator</td>
<td>Office Of the First Lady, Western Area</td>
</tr>
<tr>
<td>Shekou A. Nuni</td>
<td>Admin/ Finance Officer</td>
<td>Office Of the First Lady, Western Area</td>
</tr>
<tr>
<td>Olive Musa</td>
<td>Director</td>
<td>Non-Formal Education MEST, Western Area</td>
</tr>
<tr>
<td>Alhassan Bakarr Kamara</td>
<td>Programme Manager</td>
<td>HFAC, Western Area</td>
</tr>
<tr>
<td>Haja Hawa Turay</td>
<td>Executive Director</td>
<td>Haikal Foundation, Bo</td>
</tr>
<tr>
<td>Lansana Deen</td>
<td>Project Manager</td>
<td>Haikal Organization, Bo</td>
</tr>
<tr>
<td>David Williams</td>
<td>Director of Programmes</td>
<td>PPASL, Western Area</td>
</tr>
<tr>
<td>Hannah Saccoh</td>
<td>Special Project Manager</td>
<td>PPASL, Western Area</td>
</tr>
<tr>
<td>Mohamed A. B. Kamara</td>
<td>Receiving Bay Officer</td>
<td>MoHS, CMS, Western Area</td>
</tr>
<tr>
<td>Mohamed B. Kanu</td>
<td>IT Focal Person</td>
<td>MoHS, CMS, Western Area</td>
</tr>
<tr>
<td>Ibrahim Sorie Turay</td>
<td>Pharmacy Technician</td>
<td>MoHS, CMS, Western Area</td>
</tr>
<tr>
<td>Dr. Michael Koroma</td>
<td>Head of Department</td>
<td>Department of Anaesthesia, MoHS, Western Area</td>
</tr>
<tr>
<td>Amara Lebbie</td>
<td>National Programmes Manager</td>
<td>Marie Stopes Sierra Leone, Western Area</td>
</tr>
<tr>
<td>Mrs. J Renner-Thomas</td>
<td>Programme Director</td>
<td>MEPS Trust Well Woman Clinic, Western Area</td>
</tr>
<tr>
<td>Mrs E Popoola</td>
<td>Project Officer</td>
<td>MEPS Trust Well Woman Clinic</td>
</tr>
<tr>
<td>Dr. Francis Smart</td>
<td>DMO</td>
<td>MoH&amp;S, Bonthe District</td>
</tr>
<tr>
<td>Dr. Adikali Alpha Kamara</td>
<td>DMO</td>
<td>MoH&amp;S, Moyamba District</td>
</tr>
<tr>
<td>Juana S. Yopoi</td>
<td>Project Supervisor</td>
<td>PPASL, Kenema</td>
</tr>
<tr>
<td>David J. Allieu</td>
<td>Regional Admin</td>
<td>HFAC, Kenema</td>
</tr>
<tr>
<td>Messie Kallon</td>
<td>District Coordinator</td>
<td>HFAC, Kenema</td>
</tr>
<tr>
<td>Mohamed Sei</td>
<td>National Supervisor</td>
<td>HFAC, Kenema</td>
</tr>
<tr>
<td>Saidu Ngegba</td>
<td>Regional M&amp;E Officer</td>
<td>HFAC, Kenema</td>
</tr>
<tr>
<td>Sister Fatmata Lansana</td>
<td>Sister</td>
<td>MoH&amp;S, Western area</td>
</tr>
<tr>
<td>Abu Bakarr Koroma</td>
<td>NAS Representative</td>
<td>NAS</td>
</tr>
<tr>
<td>Sister Gladys Sesay</td>
<td>District Health Sister</td>
<td>MoHS, PHU Bo</td>
</tr>
<tr>
<td>Mariama George</td>
<td>District Nutritionist</td>
<td>MoHS, PHU Bo</td>
</tr>
<tr>
<td>Tamba Ngegba</td>
<td>M &amp; E Officer</td>
<td>MoHS, PHU Bo</td>
</tr>
<tr>
<td>Philip Mayeini</td>
<td>Representative, MYES</td>
<td>MYES, Western Area,</td>
</tr>
<tr>
<td>Name</td>
<td>Position/Role</td>
<td>Organization/Location</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Salamatu Koroma</td>
<td>District Nutritionist</td>
<td>MoHS, Tonkolili</td>
</tr>
<tr>
<td>Bai Inga Kamara</td>
<td>District Store Keeper</td>
<td>MoHS, Tonkolili</td>
</tr>
<tr>
<td>Abdulai A. Bangura</td>
<td>District Coordinator</td>
<td>HFAC, Tonkolili</td>
</tr>
<tr>
<td>JattuMassaquoi</td>
<td>District Coordinator</td>
<td>HFAC, Bombali</td>
</tr>
<tr>
<td>Alfred S. Turay</td>
<td>M&amp;E Officer</td>
<td>HFAC, Bombali</td>
</tr>
<tr>
<td>Dr. Yakuba M. Bah</td>
<td>DMO</td>
<td>MoHS, Bombali</td>
</tr>
<tr>
<td>Mamusu K. Williams</td>
<td>Director</td>
<td>MATCORPS, Kabala</td>
</tr>
<tr>
<td>Mamie Tucker</td>
<td>Coordinator</td>
<td>MATCORPS, Kabala</td>
</tr>
<tr>
<td>Yeabu O. Mansaray</td>
<td>District Coordinator</td>
<td>HFAC, Kabala</td>
</tr>
<tr>
<td>Mohamed Jalloh</td>
<td>District Coordinator</td>
<td>HFAC, Kambia</td>
</tr>
<tr>
<td>Alice Samba</td>
<td>Regional Manager</td>
<td>PPASL, Bo</td>
</tr>
<tr>
<td>Alie B. Kamara</td>
<td>Link Teacher</td>
<td>PPASL, Port Loko</td>
</tr>
<tr>
<td>Regina K Kajue</td>
<td>District Supervisor</td>
<td>HFAC, Bo</td>
</tr>
<tr>
<td>Jusu G. Vandi</td>
<td>District Coordinator</td>
<td>HFAC, Bo</td>
</tr>
<tr>
<td>Samuel Taylor</td>
<td>Regional Admin</td>
<td>HFAC, Bo.</td>
</tr>
<tr>
<td>Sheku A. Kanneh</td>
<td>M&amp;E Officer</td>
<td>HFAC, Bo.</td>
</tr>
<tr>
<td>Gabriel Renner</td>
<td>District Coordinator</td>
<td>HFAC, Moyama</td>
</tr>
<tr>
<td>Dr. Anthony Sandi</td>
<td>DMO</td>
<td>MoHS, Kabala</td>
</tr>
<tr>
<td>Lovetta Aisatu Sesay</td>
<td>District Coordinator</td>
<td>HFAC, Port Loko.</td>
</tr>
<tr>
<td>Lansana Kanneh</td>
<td>Finance Manager</td>
<td>SSL Freetown</td>
</tr>
<tr>
<td>Hon. Patricia Macauley</td>
<td>NEWMAP</td>
<td>Freetown</td>
</tr>
<tr>
<td>Kongbap Sumner</td>
<td>Coordinator, MAPDI</td>
<td>Freetown</td>
</tr>
<tr>
<td>Henry P. Leigh</td>
<td>Advocacy Coordinator, SLPAGPD &amp; Good Will Ambassador</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mohamed M. Sesay</td>
<td>Coordinator, CINPAD</td>
<td>Freetown</td>
</tr>
<tr>
<td>David Kabba</td>
<td>Co-Coordinator, CINPAD</td>
<td>Freetown</td>
</tr>
<tr>
<td>Fredrick Walker</td>
<td>Institute for Population Studies</td>
<td>Freetown</td>
</tr>
<tr>
<td>Sahid Kamara</td>
<td>District Statistician</td>
<td>Tonkolili</td>
</tr>
<tr>
<td>Abubakarra Daramy</td>
<td>Chief Administrator, District Council</td>
<td>Tonkolili</td>
</tr>
<tr>
<td>Sherif Parker</td>
<td>Director, Community Integrated Development Association, Magburaka</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Uman Tarawalie</td>
<td>Regional Manger North</td>
<td>Makeni</td>
</tr>
<tr>
<td>John A. Turay</td>
<td>District Statistician</td>
<td>Koinadugu</td>
</tr>
<tr>
<td>Mohamed K. Kamara</td>
<td>District Statistician</td>
<td>Kambia</td>
</tr>
<tr>
<td>Caleb M. Thomas</td>
<td>District Statistician</td>
<td>Port Loko</td>
</tr>
<tr>
<td>Ballah Musa Kandeh</td>
<td>Regional Manager South</td>
<td>Bo</td>
</tr>
<tr>
<td>Maada Mambu Bockarie</td>
<td>District Statistician</td>
<td>Moyamba</td>
</tr>
<tr>
<td>Momudu Kamara</td>
<td>Regional Manager East</td>
<td>Kenema</td>
</tr>
<tr>
<td>Mrs. Alice Jeneba Koroma</td>
<td>Regional Programme Officer, MSWGCA</td>
<td>Bo</td>
</tr>
<tr>
<td>Messie Mbawa</td>
<td>Community Wellness</td>
<td>Bo</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Location</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Isata Bawoh</td>
<td>Advocate (Peer Educator)</td>
<td>Bo</td>
</tr>
<tr>
<td>Tajoe Brima</td>
<td>Advocate (Peer Educator)</td>
<td>Bo</td>
</tr>
<tr>
<td>Mrs. Fatmata Jebeh Daboh</td>
<td>Regional Commander, FSU</td>
<td>Bo</td>
</tr>
<tr>
<td>Mr. Tejan Conteh</td>
<td>Adm. Officer, FSU</td>
<td>Bo</td>
</tr>
<tr>
<td>Mr. Mohamed Suliman</td>
<td>Support Staff, FSU</td>
<td>Bo</td>
</tr>
<tr>
<td>Mrs. Fatou Y. Kargbo</td>
<td>Chief Social Development Officer, MSWGCA</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mrs. Gloria Baryoh</td>
<td>Women’s Rights Coordinator, HRCSL</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mrs. Juliana Konteh</td>
<td>Director, Women In Crisis Movement</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mrs. Aiesha Bangura</td>
<td>Director, FSU</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mrs. Christiana Davies-Cole</td>
<td>Programme Coordinator, LAWYERS</td>
<td>Freetown</td>
</tr>
<tr>
<td>Mr. Solomon A. Korsu</td>
<td>Regional Coordinator, FSU</td>
<td>Kenema</td>
</tr>
<tr>
<td>Ms. Marty Tarawali</td>
<td>Divisional Line Manager, FSU</td>
<td>Kenema</td>
</tr>
<tr>
<td>Mr. Aruna Gbondo</td>
<td>Regional Database Clerk, FSU</td>
<td>Kenema</td>
</tr>
<tr>
<td>Ms. Kadiatu Sesay</td>
<td>Investigator, FSU</td>
<td>Kenema</td>
</tr>
<tr>
<td>Ms. Deborah N. Bangura</td>
<td>Investigator, FSU</td>
<td>Kenema</td>
</tr>
<tr>
<td>Sgt. Hudson Benson Williams</td>
<td>Line Manager, FSU</td>
<td>Kambala</td>
</tr>
<tr>
<td>Inspector A.M. Conteh</td>
<td>Line Manager, FSU</td>
<td>Kabala</td>
</tr>
<tr>
<td>Raphael Bangura</td>
<td>NCO Crime, FSU</td>
<td>Kabala</td>
</tr>
<tr>
<td>Abdulai Fofana</td>
<td>NCO Crime, FSU</td>
<td>Mongor, Kabala</td>
</tr>
<tr>
<td>M.W.M. Fofana</td>
<td>Line Manager, FSU</td>
<td>Kabala</td>
</tr>
<tr>
<td>Idrissa Nelson Kamara</td>
<td>Investigator, FSU</td>
<td>“Kabala”</td>
</tr>
<tr>
<td>Saidu Sheriff</td>
<td>Investigator, FSU</td>
<td>“Kabala”</td>
</tr>
<tr>
<td>P.C. Davies Brima</td>
<td>Investigator, FSU</td>
<td>“Kabala”</td>
</tr>
<tr>
<td>ASP D.B. Kargbo</td>
<td>Support Officer, SLP</td>
<td>“Kabala”</td>
</tr>
<tr>
<td>Sylvester Aruna</td>
<td>Line Manager, FSU</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Jestina Bao</td>
<td>NCO, Crime</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Yenoh Conteh</td>
<td>Investigator, FSU</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Augustine Sandy</td>
<td>Investigator, FSU</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Abibatu Beatrice Tholley</td>
<td>Investigator, FSU</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Henry Massquoi</td>
<td>Social Worker</td>
<td>Magburaka</td>
</tr>
<tr>
<td>Justin Bangura</td>
<td>Investigator</td>
<td>Magburaka</td>
</tr>
<tr>
<td>I.B. Kamara</td>
<td>Regional officer North, MSWGCA</td>
<td>Makeni</td>
</tr>
<tr>
<td>Mustapha Senesie</td>
<td>Regional Coordinator, FSU</td>
<td>Makeni</td>
</tr>
<tr>
<td>Sheriff Parker</td>
<td>Director, Community Integrated Development Association</td>
<td>Makeni</td>
</tr>
<tr>
<td>Peter Conteh</td>
<td>Community Action for Human Security</td>
<td>Makeni</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Fatmata M. Koroma</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Mary Kamara</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Koloneh Tarawali</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Mabinty Kamara</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Yeabu Kamara</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Esther Y. Sesay</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Hawa Koroma</td>
<td>Peer Educator</td>
<td>Makeni</td>
</tr>
<tr>
<td>Inspector Matilda Antony</td>
<td>Line Manager, FSU</td>
<td>Moyamba</td>
</tr>
<tr>
<td>Detective Felix Boima</td>
<td>NCO, Crime FSU</td>
<td>Moyamba</td>
</tr>
<tr>
<td>Steven Abu Musa</td>
<td>Investigator</td>
<td>Moyamba</td>
</tr>
<tr>
<td>A.A. Conteh</td>
<td>Line Manager, FSU</td>
<td>Port Loko</td>
</tr>
<tr>
<td>O. Mansaray</td>
<td>NCO Crime, FSU</td>
<td>Port Loko</td>
</tr>
<tr>
<td>Aminata S. Bangura</td>
<td>Investigator, FSU</td>
<td>Port Loko</td>
</tr>
<tr>
<td>A.M. Ishmail</td>
<td>Investigator, FSU</td>
<td>Port Loko</td>
</tr>
<tr>
<td>A. Bangura</td>
<td>Social Worker, FSU</td>
<td>Port Loko</td>
</tr>
</tbody>
</table>
Annex 7: Evaluation Research Instruments

EVALUATION OF THE
GOVERNMENT OF SIERRA LEONE/UNFPA 4TH COUNTRY PROGRAMME
2008 - 2012

REPRODUCTIVE HEALTH

Questionnaire for Programme Managers and Implementers

This is an independent evaluation of the 5th GSL/UNFPA Country Programme (4th CP) of support to population activities in Lesotho during the period 2008 – 2012. This independent evaluation at the end of the programme cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the next country programme cycle that begins in 2013. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Completed questionnaire should be returned to UNFPA office in Maseru as indicated in the e-mail communication.

Thank you for your support.

A. Background information

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

2. Name of Official completing questionnaire…………………………………………………
    Directorate/Division/Unit
..................................................................................................................................................

    Rank or Position…………………………………………………………………………………………

3. Involvement in GSL/UNFPA 4th CP implementation since when?
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

4. Please describe the nature of your intervention………………………………………………..
5. How many officials under your supervision are involved in the implementation of RH activities under the current 4th CP? Specify component……………………………………

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

Pls add more names if needed

B. Programming

1. How inclusive or participatory was the process of formulating the Annual Work Plan for the implementation of the 4th CP?..........................................................................................

..........................................................................................

..........................................................................................

2. Comment on the adequacy of programme design in terms of Output definition; determination of indicators, their baselines and targets...................................................................................

..........................................................................................

..........................................................................................

..........................................................................................

..........................................................................................

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

..........................................................................................

..........................................................................................

..........................................................................................

..........................................................................................

3. What would be your suggestion for future strategic interventions by UNFPA to address RH, in Sierra Leone? (Use the list in Table below for your answer)
<table>
<thead>
<tr>
<th>RH, Future UNFPA intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> SRH services, including services focusing on HIV and AIDS.</td>
</tr>
<tr>
<td><strong>2</strong> Family planning, emergency obstetric care, adolescent sexual and reproductive health, and the prevention and management of obstetric fistula.</td>
</tr>
<tr>
<td><strong>3</strong> SRH advocacy</td>
</tr>
<tr>
<td><strong>4</strong> Data storage and retrieval</td>
</tr>
<tr>
<td><strong>5</strong> Capacity building</td>
</tr>
<tr>
<td><strong>6</strong> Programme coordination</td>
</tr>
</tbody>
</table>

C. Programme management

1a. How effectively have the RH and HIV/AIDS activities under the 4th CP been coordinated?

.................................................................................................................................................................................................
..................................................................................................................................................................................................................................
..................................................................................................................................................................................................................................
.................................................................................................................................................................................................................................

1b. What is your opinion about UNFPA’s role in management and coordination of RH and HIV/AIDS activities in Sierra Leone?

..................................................................................................................................................................................................................................
..................................................................................................................................................................................................................................
..................................................................................................................................................................................................................................
2. Sexual and Reproductive Health Policy

2.1 What steps were taken to revise the National RH policy?

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

2.2 What is the current status of the national RH Policy?

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

3. What are your suggestions for future UNFPA intervention in RH and related policy and programme in Sierra Leone?

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

4. Assess the capacity in your Agency/Ministry for implementing aspects of the National RH Policy

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
D. Programme (4th CP) implementation

1 With reference to the specified outputs of this component (RH), what are the key deliverables (specific programme related activities) carried out by your Department/Agency and what has been achieved so far? (Please state Baseline indicators for each output indicator)

<table>
<thead>
<tr>
<th>REPRODUCTIVE HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1:</strong> Improved access to skilled birth attendants and reproductive and child health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention.</td>
</tr>
<tr>
<td>Indicator 1</td>
</tr>
<tr>
<td>Indicator 2</td>
</tr>
<tr>
<td>Indicator 3</td>
</tr>
<tr>
<td>Indicator 4</td>
</tr>
<tr>
<td>Indicator 5</td>
</tr>
</tbody>
</table>

| **Output 2:** Youth-friendly services and peer education networks expanded to promote responsible sexual and reproductive health behavior for preventing sexually transmitted infections and HIV |
| Indicator 1 | Deliverables | Achievement |
| Indicator 2 | | |
| Indicator 3 | | |
| Indicator 4 | | |

| **Output 3:** Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms |
| Indicator 1 | Deliverables | Achievement |
| Indicator 2 | | |
| Indicator 3 | | |
| Indicator 4 | | |
| Indicator 5 | | |

2 In general what is the status of the CP outputs in terms of implementation?

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
4. Comment on other inputs into your SRH, HIV/AIDS activities during the 4th CP
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

5. In your own opinion how successful were each of the SRH, HIV/AIDS, activities carried out during the reference period?
(Explain)........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

6. What are your plans for completing any ongoing UNFPA-supported SRH, HIV/AIDS, projects or activities in your Ministry?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

7. Comment on the contribution of the outputs of this CP to the targeted outcome(s), including the MDGs:
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

8. Describe the efforts by your Ministry/Agency, with support by UNFPA, to encourage the utilization of population data (RH, HIV/AIDS) for development planning etc.)........................................................................................................................................
9. What specific challenges were faced in developing and implementing the National Action Plan for SRH, HIV/AIDS Policy Implementation?


E. Resources – availability and utilization

1. Comment on the adequacy of UNFPA inputs (technical, material, financial) into your RH, HIV/AIDS activities under the 4th CP since 2008.

   a) Financial

   b) Human resource:
c) Technical (including equipment)

.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................

2. What additional resources would your Ministry/Agency need from UNFPA to more effectively address SRH, HIV/AIDS activities in Sierra Leone?

.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................

3. Comment on efficiency of resource utilization under the 4th CP in general

.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................

F. Capacity building – institutional & human

1. What structures are in place for the coordination of the implementation of the national Action Plan for RH, HIV/AIDS policy implementation?

.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................

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

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

4. Assess the adequacy of the existing capacity in your Ministry/Agency for supporting the coordinating structure for RH, HIV/AIDS related activities in the country.

To add: Assess relevance of established (if available) training needs and selection criteria for existing staff positions for RH, HIV/AIDS

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

G. Future orientation of RH and HIV/AIDS programmes

1. The next GSL/UNFPA CP for 2 years will start in 2013; what would be your suggestions for RH, HIV/AIDS activities during the 4th CP?
2. What do you think that UNFPA could have done better since the start of the 4th CP in 2008?…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
3. Comment freely on the 4th CP, GSL and UNFPA…………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
4. Please attach any publications, reports or documents produced by your Directorate/Agency which you consider relevant to this evaluation (List):

……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………

H. Partnership and Collaboration

1. List all agencies (including UN) with which your agency/Ministry has collaborated under the 4th CP

……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………

103 | P a g e
2. Describe the nature of collaboration and specific achievements recorded

3. How can future collaboration with these and other agencies be improved?

4. List the Donors that have contributed, and the amount contributed (in US$) by year, to the achievement of the outputs under this CP component.

5. To what extent was the targeted objective of the outputs under RH component constrained by lack of, or insufficient, funding? And what was the funding gap?
This is an independent evaluation of the 4th GSL/UNFPA Country Programme (4th CP) of support to population activities in Sierra Leone during the period 2008 – 2012. This independent evaluation at the end of the programme cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the next country programme cycle that begins in 2013. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Completed questionnaire should be returned to UNFPA office in Freetown as indicated in the e-mail communication.

_Thank you for your support._

A. Background information

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

2. Name of Official completing questionnaire.......................................................... Directorate/Division/Unit

            Rank or Position........................................................................................................
3. Involvement in GSL/UNFPA 4th CP implementation since when?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

4. Please describe the nature of your intervention........................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

5. How many officials under your supervision are involved in the implementation of P&D activities under the current 4th CP? Specify component....................................................

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

Pls add more names if needed

B. Programming

1. How inclusive or participatory was the process of formulating the Annual Work Plan for the implementation of the 4th CP on P&D?.................................................................
........................................................................................................................................
........................................................................................................................................

2. Comment on the adequacy of programme design in terms of Output definition; determination of indicators, their baselines and targets.........................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

2. Considering the challenges faced in this country, is the strategy of this component (Specify .................) adequate?........................................................................................................................
3. What would be your suggestion for future strategic interventions by UNFPA to address P&D issues in Sierra Leone? (Use the list in Table below for your answer)

<table>
<thead>
<tr>
<th>P&amp;D issues (Tick one)</th>
<th>Future UNFPA intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Data collection and analysis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Data storage and retrieval</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Statistical services</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Integration of population issues into policies and plans</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Population and related policies and programme implementation</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Capacity building in P&amp;D</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Programme coordination in P&amp;D</td>
<td></td>
</tr>
</tbody>
</table>

C. Programme management

1a. How effectively have the P&D activities under the 4th CP been coordinated?.......................................................................................................................................................................................

..................................................................................................................................................................................................................

..................................................................................................................................................................................................................

1b. What is your opinion about UNFPA’s role in management and coordination of population activities in this country?..........................................................................................................................

..................................................................................................................................................................................................................

..................................................................................................................................................................................................................

2. Population Policy (including SRH and Gender)

2.1 What steps were taken to revise the National Population Policy?...............................................................................................................................
2.2 What is the current status of the national Population Policy?

...........................................................
...........................................................
...........................................................
...........................................................
...........................................................

3. What are your suggestions for future UNFPA intervention in population and related (RH, Gender) policy and programmes in this country?

...........................................................
...........................................................
...........................................................
...........................................................
...........................................................

4. Assess the capacity in your Agency/Ministry for implementing aspects of the National Population Policy

...........................................................
...........................................................
...........................................................
...........................................................
...........................................................

D. Programme (4th CP) implementation

1 With reference to the specified outputs of this component, what are the key deliverables (specific programme related activities) carried out by your Department and what has been achieved so far?

<table>
<thead>
<tr>
<th>CP COMPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output: Expanded data base for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels</td>
</tr>
<tr>
<td>Indicator 1</td>
</tr>
<tr>
<td>Indicator 2</td>
</tr>
<tr>
<td>Indicator 3</td>
</tr>
</tbody>
</table>
Indicator 4
Indicator 5
Output 2: Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Key deliverables</th>
<th>Achieved so far</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. In general what is the status of the CP outputs in terms of implementation?

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………

4. Comment on other inputs into your P&D activities during the 4th CP

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………

5. In your own opinion how successful was each of the P&D activities carried out during the reference period? (Explain)

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………

6. What are your plans for completing any ongoing UNFPA-supported P&D projects or activities in your Ministry?

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
7. Comment on the contribution of the outputs of this CP to the targeted outcome(s), including the MDGs:

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

9. What specific challenges were faced in developing and implementing the National Action Plan for Population Policy Implementation?

10. List any publications from P&D activities in your Ministry since 2008.
E. Resources – availability and utilization

1. Comment on the adequacy of UNFPA inputs (technical, material, financial) into your P&D activities under the 4th CP since 2008.................................................................

   a) Financial
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

   b) Human resource:
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

   c) Technical (including equipment)
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

2. What additional resources would your Ministry need from UNFPA to more effectively address P&D activities in the country?.................................................................

   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

3. Comment on efficiency of resource utilization under the 4th CP in general.............

   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
F. Capacity building – institutional & human

1. What structures are in place for the coordination of the implementation of the national Action Plan for population policy implementation?

2. How effective are the current arrangements for the coordination of population related activities in the country?

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

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

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

1. The next GSL/UNFPA CP for 2 years will start in 2013; what would be your suggestions for P&D activities during the 4th CP?.................................

2. What do you think that UNFPA could have done better since the start of the 4th CP in 2008?…………………………………………………………………………………………………………

3. Comment freely on the 4th CP, GSL and UNFPA…………………………………………………………………………………………………………

4. Please attach any publications, reports or documents produced by your Directorate which you consider relevant to this evaluation (List):
H. Partnership and Collaboration

1. List all agencies (including UN) with which your agency/Ministry has collaborated under the 4th CP

2. Describe the nature of collaboration and specific achievements recorded

3. How can future collaboration with these and other agencies be improved?

4. List the Donors that have contributed, and the amount contributed (in US$) by year, to the achievement of the outputs under this CP component.
I. Evaluation questions

1. Adequacy

1. Were the programmes well designed to meet the most felt need of the country or met the required output?

2. How has the design of the programme been amended as a result of lessons learned during implementation?

2. Relevance

1. How well has the programme been adapted to meet the changing needs of the country?
2. To what extent is the 4th Country programme aligned with national needs and priorities in the Agenda for Change?

3. Where the programme/interventions proposed in the annual work plan (2008-2012) sufficient for the delivery of the planned output?

3. **Effectiveness**

1. How effective and appropriate was the programme approach?

2. Is there evidence that the result of programme activities as well as the utilization of resources and supplies have resulted in new ways?

4. **Efficiency**

1. How far funding, personnel, administration and procedures contributed to or hindered the achievement of programme output?

2. To what extent did the programme offer Value for Money? Was there and cost-saving methods considered?
5. Impact

1. What was the programme’s overall impact and how did this compare with what was expected?

2. Were there any unintended consequences (positive/negative) of the programme at an organization level or national level? How significant were these?

6. Sustainability

1. What are the prospects for the benefits of the programme being sustained after the funding stops? Did this match the intentions?

2. How was the exit strategy defined, and how is this being managed at the end of the funding period? Is there evidence of community empowerment?
GENDER

Questionnaire for Programme Managers and Implementers

This is an independent evaluation of the 4th GoSL/UNFPA Country Programme (4th CP) of support to population activities in Sierra during the period 2008 – 2012. This independent evaluation at the end of the programme cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the next country programme cycle that begins in 2013. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Completed questionnaire should be returned to UNFPA office in Freetown as indicated in thee-mail communication.

Thank you for your support.

A. Background information

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

...............................................................................................................................

2. Name of Official completing questionnaire

Directorate/Division/Unit

...............................................................................................................................

Rank or Position

...............................................................................................................................

3. Involvement in GoSL/UNFPA 4th CP implementation since when?

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

4. Please describe the nature of your intervention

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................

.............................................................................................................................
5. How many officials under your supervision are involved in the implementation of Gender activities under the current 4th CP? Specify component……………………………………

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

Pls add more names if needed

B. Programming

1. How inclusive or participatory was the process of formulating the Annual Work Plan for the implementation of the 4th CP?........................................................................................................
........................................................................................................
........................................................................................................

2. Comment on the adequacy of programme design in terms of Output definition; determination of indicators, their baselines and targets........................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

2. Considering the challenges faced in this country, is the strategy of this component adequate?
Explain ..................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

3. What would be your suggestion for future strategic interventions by UNFPA to address Gender issues in Sierra Leone? (Use the list in Table below for your answer)

<table>
<thead>
<tr>
<th>Gender issues</th>
<th>Future UNFPA intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Promoting gender equality and women’s empowerment</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Prevention of gender-based violence</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Promoting women’s reproductive health and rights</td>
</tr>
<tr>
<td>4</td>
<td>Capacity building</td>
</tr>
<tr>
<td>5</td>
<td>Programme coordination</td>
</tr>
</tbody>
</table>

C. Programme management

1a. How effectively have Gender activities under the 4th CP been coordinated?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b. What is your opinion about UNFPA’s role in management and coordination of gender activities in this country?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.1 What steps were taken to revise the National Gender Policy?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2 What is the current status of the national Gender Policy?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. What are your suggestions for future UNFPA intervention in Gender policy and programme in this country?

4. Assess the capacity in your Agency/Ministry for implementing aspects of the National Gender Policy.

D. Programme (4th CP) implementation

1. With reference to the specified outputs of this component, what are the key deliverables (specific programme related activities) carried out by your Department/Agency and what has been achieved so far?

<table>
<thead>
<tr>
<th>Gender Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
</tr>
<tr>
<td>Indicators</td>
</tr>
<tr>
<td>Indicator 1</td>
</tr>
<tr>
<td>Indicator 2</td>
</tr>
<tr>
<td>Indicator 3</td>
</tr>
<tr>
<td>Indicator 4</td>
</tr>
</tbody>
</table>

| Output 2 | Enhanced capacities of key national and local institutionsto formulate, coordinate and manage gender-responsive population and reproductive health policiesand programmes. |
| Indicators | State baseline | Deliverables | Achievements |
| Indicator 1 | | | |
| Indicator 2 | | | |
| Indicator 3 | | | |
2. In general what is the status of the CP outputs in terms of implementation?

.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 

4. Comment on other inputs into your Gender activities during the 4th CP

.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
..................................................................................................................................................................................

5. In your own opinion how successful were each of the Gender activities carried out during the reference period?
(Explain).................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
..................................................................................................................................................................................

6. What are your plans for completing any ongoing UNFPA-supported Gender projects or activities in your Ministry?
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
.................................................................................................................................................................................. 
..................................................................................................................................................................................

7. Comment on the contribution of the outputs of this CP to the targeted outcome(s), including the MDGs:
8. Describe the efforts by your Ministry, with support by UNFPA, to encourage the utilization of gender data for development planning

9. What specific challenges were faced in developing and implementing the National Action Plan for Gender Policy?

10. List any publications from gender activities in your Ministry since 2008.

E. Resources – availability and utilization
1. Comment on the adequacy of UNFPA inputs (technical, material, financial) into your Gender activities under the 4th CP since 2008. 

a) Financial

b) Human resource:

c) Technical (including equipment)

2. What additional resources would your Ministry need from UNFPA to more effectively address Gender activities in the country?

3. Comment on efficiency of resource utilization under the 4th CP in general.
F. Capacity building – institutional & human

1. What structures are in place for the coordination of the implementation of the national Action Plan for Gender policy implementation?

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

3. What would be your suggestion for an effective national coordination structure for gender activities in Sierra Leone?

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

5. Assess the contribution of the recipients of the gender programmes to the achievement of the planned objectives.
What has been the level of involvement of religious and traditional leaders in the implementation of programmes?

G. Future orientation of Gender programmes

1. The next GSL/UNFPA CP for 2 years will start in 2013; what would be your suggestions for Gender activities during the 4th CP?

2. What do you think that UNFPA could have done better since the start of the 4th CP in 2008?

3. Comment freely on the 4th CP, GSL and UNFPA.

4. Please attach any publications, reports or documents produced by your Directorate which you consider relevant to this evaluation (List):
H. Partnership and Collaboration

1. List all agencies (including UN) with which your agency/Ministry has collaborated under the 4th CP

2. Describe the nature of collaboration and specific achievements recorded

3. How can future collaboration with these and other agencies be improved?
4. List the Donors that have contributed, and the amount contributed (in US$) by year, to the achievement of the outputs under this CP component.

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

5. To what extent was the targeted objective of the outputs under this component constrained by lack of, or insufficient, funding? And what was the funding gap?

…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………