GOVERNMENT OF LESOTHO/UNITED NATIONS POPULATION FUND


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LIST OF ABBREVIATIONS AND ACRONYMS

MYFF  Multi Year Funding Framework
SP    Strategic Plan
UNDAF United Nations Development Assistance Framework
GoL   Government of Lesotho
UNFPA United Nations Population Fund
UNFPA/CST UNFPA Country Support Team
RDT   Regional Directors Team
STIs  Sexually Transmitted Infections
POFLE Population Family Life Education
COAR  Country Office Annual Reports
UNCT  United Nations Country Team
CPAP  Country Programme Action Plan
AWP   Annual Work Plan
RRF   Results and Resources Framework
CP    Country Programme
RC    Resident Coordinator
ICPD PoA International Conference on Population and Development Plan of Action
CCA   Common Country Assessment
PRSP  Poverty Reduction Strategy Paper
MDGs  Millennium Development Goals
UNICEF United Nations Children’s Fund
WFP   World Food Programme
WHO   World Health Organization
UNDP  United Nations Development Programme
BoS   Bureau of Statistics
NUL   National University of Lesotho
DA    District Administrator
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Executive Summary

This evaluation of the GOL/UNFPA 4th Country Programme was conducted as an important part of the UNFPA programme policies and procedures. It was conducted in line with the requirements established under the UNFPA policies and procedures on monitoring and evaluation were followed. The evaluation terms of reference was developed by the UNFPA country offices in Lesotho with the Government of Lesotho. The technical support for the evaluation was provided by the UNFPA Country Support Team CST in response to the technical assistance request of the UNFPA Resident Representative in Lesotho. The evaluation Mission commenced on September 4th, 2007 following the arrival of the evaluators.

The main thrust of this evaluation is to evaluate the 4th country programme based on the planned set of outcomes of the 4th country programme. These are:

1. Increased use of integrated, high-quality and gender-sensitive sexual and reproductive health services for men, women and adolescents;
2. Improved enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender, and their integration into policies and programmes.
3. Formulation and implementation of policies, programmes and legislation aimed at reducing gender inequality, gender-based violence, STIs and HIV/AIDS, especially among adolescents;

Furthermore, this evaluation is tasked with conducting rapid assessment surveys to collect baseline data and information related to the indicators of the 5th country programme. The baseline/end-line survey is intended to provide reliable and relevant data on the indicators of the
5th CP respectively. Such data would serve as benchmarks for the setting of targets on three strategic components of the 5th CP namely, Reproductive Health; Population and Development; and Gender.

The methodology for this evaluation follows the specifications within the UNFPA Evaluation Policy and Procedures and the evaluation terms of reference for the UNFPA Lesotho Country Programme1. The methodology combined desk review of the 4th country programme document and programme component project documents, workplans and the country office annual reports (COARs)2. Other documents include the national policies on population, gender and reproductive health. Joint reviews of the project documents and workplans with relevant government counterparts were conducted.

The major findings of this evaluation include: The 4th country programme did not have an operational Country Programme Action Plan, Annual Work Plans, Monitoring and Evaluation Calendar and a Results and Resources Framework as required by the UNFPA policies and procedures on the implementation of country programmes. There was no factual field implementation within the districts that could demonstrate substantial impact. Most activities were at the central government level and mostly supportive of ad hoc government assistance needs. Most activities were ad hoc and not nested within the framework of an operational country programme action plan (CPAP). The lack of a CPAP, Annual Work Plans and the Results and Resources Framework made scenario building difficult for the implementation and largely impeded the programme drastically. The outcomes of the 4th country programme are yet

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1 Lesotho Country programme Evaluation Terms of Reference for Evaluators
to be achieved and most outputs are not tracked because of the lack of an effective monitoring and evaluation of the programmes.

Some of the lessons of this programming experience range from the need to ensure the commitment of UNFPA country programme team to work within the policies and procedures provided for country programme development and implementation. In addition, it is learned that country execution cannot be a substitute for the due processes of strategic planning and oversight monitoring and evaluation of the country programmes. In this case, the 5th country programme and subsequent programmes should benefit from UNFPA’s planning policies, procedures and guidelines to ensure that the quality and contribution of programme components are properly gauged to fit the institutional funding framework and the counterpart financial and operational planning mechanisms.

It is recommended among others that, an appropriate mix of qualified and experienced programme professionals be recruited as soon as possible to strengthen the programme and technical capacity of the country office. This must be conducted in line with the organisational typology for country offices under UNFPA. The evaluation conducted over 22 meetings and consultations with the government of Lesotho, the UN System and the community of international donors working in the country. The evaluation team met with over 30 persons including the ministers of health and Gender, within the government of Lesotho, the UN System and partners; and reviewed a gamut of relevant documents related to the conduct of the 4th country programme. A debriefing meeting was held with the representative and the staff of the Lesotho country office to close the evaluation process.
INTRODUCTION

1.1 Background

The country programme is completing its 4th cycle this year in December 2007. The current cycle was for three years 2004-2006. However, the cycle was extended to 2007 as a bridging year to permit the implementation of planned activities on the programme. The 4th country programme was approved for 2004-2006 in September 2003, and subsequently revised for 2005-2007 at the request of the Government of Lesotho. The evaluation of the GOL/UNFPA 4th Country Programme is conducted as a necessary element of the UNFPA programme policies and procedures. It is conducted in line with all the requirements established under the UNFPA policies and procedures on monitoring and evaluation. The evaluation terms of reference was developed by the UNFPA country offices in Lesotho with the Government of Lesotho. The technical support for the evaluation is provided by the UNFPA Country Support Team CST in response to the technical assistance request of the UNFPA Resident Representative in Lesotho. The evaluation Mission commenced on September 4th, 2007 following the arrival of the evaluators.

The evaluation team is composed of a mix of two experienced professionals possessing a minimum of a Master’s Degree and with adequate experience in their relevant fields. The Team is led by the UNFPA CST advisor on Monitoring and evaluation, a senior economist with considerable experience and capacity to evaluate population and development programmes; and an experienced expert and consultant specialist in reproductive health and gender.
1.2 Purpose

Broadly, the 4th country programme was based on the outcomes of a series of discussions with the Government of Lesotho, non-governmental organizations (NGOs) and donors over the period preceding the inception of the 4th country programme in 2004. The goal of the fourth country programme is to contribute to the achievement of sustainable development, reduction in poverty and improvement in the quality of life with emphasis on the improvement in reproductive health and HIV and AIDS, gender equality and equity and safeguarding the environment.

This was to be achieved by:

ii. Promoting reproductive health and rights and improving access to reproductive health information and services, focusing on young people;

iii. Reducing the incidence of STIs, maternal mortality and maternal morbidity;

iv. Reducing gender disparities; and

v. Improving the balance between population and resources.

The programme had three components: reproductive health; population and development strategies; and advocacy. Gender analysis and gender interventions were an integral part of each of the components with the integration of the population and family life education (Pop-FLE) as a component project within the gender reproductive health programme. In conformity with UNFPA’s Monitoring and Evaluation policy\(^3\), the main thrust of the evaluation was on three major outcomes of the 4th country programme. These are:

1. Increased use of integrated, high-quality and gender-sensitive sexual and reproductive health services for men, women and adolescents;

\(^3\) UNFPA Monitoring and Evaluation Policy [www.unfpa.org/monitoringandevaluation](http://www.unfpa.org/monitoringandevaluation)
2. Improved enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender, and their integration into policies and programmes.

3. Formulation and implementation of policies, programmes and legislation aimed at reducing gender inequality, gender-based violence, STIs and HIV/AIDS, especially among adolescents;

A second focus of the evaluation is to conduct rapid assessment surveys to collect baseline data for the indicators of the 5th country programme based on the observed performance of the 4th country programme. The baseline/end-line survey is intended to provide reliable and relevant data on the indicators of the 5th CP respectively. Such data would serve as benchmarks for the setting of targets on three strategic components of the 5th CP namely, Reproductive Health; Population and Development; and Gender

1.3 Methodology

The methodology for this evaluation follows the specifications within the UNFPA Evaluation Policy and Procedures and the evaluation terms of reference for the UNFPA Lesotho Country Programme⁴. The methodology combined desk review of the 4th country programme document and programme component project documents, workplans and the country office annual reports (COARs)⁵. Other documents include the national policies on population, gender and reproductive health. Joint reviews of the project documents and workplans with relevant government counterparts were conducted with the Bureau of Statistics, the Department of

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⁴ Lesotho Country programme Evaluation Terms of Reference for Evaluators
Population and Manpower Development, the Ministry of Gender, the Family Health Division of the Ministry of Health. Discussions interviews were held with the Ministers of Health, and Gender, directors and principal secretaries. A Rapid Baseline Survey is conducted to collect base-line data for the Country programme Action Plan as part of the Evaluation Terms of Reference. The aim of the baseline survey is to provide information about behavioural, attitudinal and knowledge characteristics of a cross-section of the Lesotho population, including men women and adolescents and youth of different ages, and their access to use of the health sector and related services available. The results of the baseline shall be used to design a wide range of project activities of the 5th Country Programme Action Plan (CPAP), and provide data for evaluating outcomes, effect and possibly impact of sub-programmes within the 5th CP/CPAP.

1.4. Overview of the 4th Country Programme

1.4.1 Programme Coordination and Field Leadership

1.4.1.1 Coordination: The 4th country programme was coordinated on a bilateral partnership between the government of Lesotho and UNFPA. The Lesotho country office was led by the UNFPA Representative for South Africa, who also served as the Lesotho Country Director over the period of the 4th country programme until 2005. The Country Director’s coordination role was replaced with an interim officer in charge for a short period until April 2007. In May 2007 UNFPA appointed a Resident Representative to Lesotho. This means that during the period of the 4th country programme the coordination effort from UNFPA was conducted by four administrators including the UNDP Resident Coordinator (RC) in Lesotho. The UNDP RC conducted representative duties on behalf of UNFPA over the period of the 4th Country Programme, until the arrival of the UNFPA resident representative in May 2007.
1.4.1.2 Field Leadership: UNFPA’s field leadership is driven by the nature and pattern of the conduct of activities leading to the development of 4th country programme document and project agreements within each of main programme areas. First, the Country Programme Document (CPD) was developed in September 2003, prior to the launch of UNFPA’s Multi-Year Funding Framework (MYFF). This is explains the reason for the explicit institution of Advocacy as a substantive programme area as was the practice prior to the MYFF. The MYFF streamlined UNFPA’s strategic pillars into three main programme priorities, Population and Development, Reproductive Health and Rights and Gender and Women’s Empowerment. The 4th Country Programme design which was conducted prior to the launch of the UNFPA-MYFF and its subsequent implemented over the period 2004 – 2007. The resultant misalignment between the MYFF indicators and the country programme documents that preceded the MYFF necessitated a realignment of the CPD to confirm to the results and resources arrangement of the MYFF within the framework of UNFPA’s Results-based Management RBM. However, the 4th country programme design did not conform to the required realignment to fit the strategic components represented in the MYFF.

Second, the programme implementation was organised around the operations of a limited office. The Lesotho country office was operationally led by a single professional staff. The staff combined the role of the Assistant Representative and programme officer, rendering programme technical support on all the programme components. Additional support was provided through contractual obligations with consultants for technical assistance on aspects of the bilateral activities of the government of Lesotho and UNFPA for the implementation of activities. The

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7 UNFPA Multi Year Funding Framework, Strategic Planning Office, United Nations Population Fund, New York
limited technical resources at the office constrained the effectiveness of programme implementation and technical services delivery.

1.4.2 Programme Implementation Strategies and Monitoring

1.4.2.1 Technical and Managerial Capacity Arrangement: Over the period of the 4th country programme, the available capacities at the country office was mainly one professional officer with a bachelors degree in Commerce and a Masters degree in Business Administration, an administrative and finance officer, a secretary and a driver. There were no programme technical officers and focal persons in Population and Development, Reproductive Health, and Gender within the office to manage the conduct of strategic activities for each of the specialized programme components.

1.4.2.2 Institutional and Counterpart Arrangement: The institutional arrangements around the 4th country programme were organised around the bilateral effort of the Government of Lesotho and the UNFPA country Office in Lesotho. The Government of Lesotho participated in the development and design of the 4th country programme and subsequently signed various project documents designed to effect the implementation of the activities scheduled under each programme. The participation of the counterpart was drawn from a cross section of the ministries of government with functions covering the management and implementation of the programme. These include, the ministries of Finance and development planning, Gender, Health and Education. The government was represented mainly by staff from the Department of Population and Manpower Development, the Bureau of Statistics, the Family Health Division, and the Gender Directorate.
1.4.2.3 Accountability and Funding Arrangement: The financial ceiling for the Lesotho Country programme increased from $350,000USD in 2004 to $750,000USD in 2006 and later to $800,000USD in 2007. The funding arrangement was organised with the counterpart on the basis of annual workplans and signed project documents.

1.4.2.4 Reporting: The reporting arrangement was on two parallels, the internal reporting within UNFPA and the UN Country team. It was routine for UNFPA to attend meetings of the UNCT. The UNCT meetings were attended mostly by the Country Director, and Representative in South Africa. The missions of the Country Director were supported with mission reports. Various technical missions submitted reports for all the activities conducted during each mission.

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8 Minutes of UNCT Meetings 2004/2005
2. FINDINGS AND CONCLUSION

2.1. POPULATION AND DEVELOPMENT

2.1.1 Introduction

The population and development component of the 4th Country Programme was designed to incorporate activities related to the revision of her National Population Policy and its implementation framework, and the conduct of the 2006 Lesotho National Population and Housing Census. Within the strategic framework of the 4th country programme, the expected outcomes of the population and development strategies component are:

1. Increased awareness and policy dialogue among policy makers and community leaders on population, reproductive health, HIV/AIDS and development; and
2. Creation of an enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender and their integration into national policies and programmes.

The outputs of the Population and Development Strategy framework of the Country Programme are as follows:

i. Strengthened national capacity to conduct the 2006 national population and housing census and to undertake further in-depth processing and analysis of the 2001 Lesotho demographic survey and 2002 reproductive health survey. This output was envisaged to be achieved on the basis of the implementation of a number of activities over the period of the country programme 2004-2006. These include providing support for the preparatory activities of the Census; assisting the government of Lesotho with coordinating inputs for the Census from donors; and disseminating the results of the 2001 Lesotho demographic health survey and the 2002 reproductive health survey.
ii. Strengthened capacity of the government of Lesotho and NGOs to formulate, implement and manage socio-economic development policies that include population and gender variables and the impact of HIV/AIDS. A number of activities were planned for the implementation as part of the overall effort towards achieving this output. These include, using data on population, HIV/AIDS, gender and other socio-cultural issues, obtained from the 2001 Lesotho demographic health survey and the 2002 reproductive health survey, to address aspects of food security and socioeconomic development; strengthening technical capacity to integrate population, HIV/AIDS and gender concerns into policies and programmes and supporting the creation of a database to monitor programme progress and impact including HIV/AIDS, the PRSP, MDGs, and the ICPD programme of Action.

2.1.2 Main Findings

2.1.2.1 Achievements:

2.1.2.1.1. Lesotho National Population and Housing Census

The conduct of the 2006 Population and Housing Census was supported by UNFPA under the letter of understanding\(^9\), and population census project agreement LES4P 101\(^10\), for the duration of one implementation year with a starting from January 2007. UNFPA was the executing agency of the project while the Lesotho Bureau of Statistics was the implementing agency of government. **Government counterpart funding contribution for this project was**

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US$2.0 million, while UNFPA contribution was US$255,795.56\textsuperscript{11}. In 2004, the government of Lesotho began the process of preparing for the 2006 Population and Housing Census. The preparatory activities that were completed involves the establishment of Census Legal and administrative structures, undertaking Census cartographic activities, determination of data needs and preparation of tabulation and publication plans, preparation of census data collection instruments, publicity and securing funds. The main census activities were completed and these include a pilot census, finalization of census documents, census enumeration, and post enumeration survey. Following this, the challenges of achieving the output remained with the post census implementation phase which involves data processing and analysis, monitoring, evaluation and dissemination of results. It is apparent that resources and technical assistance were required to complete the post enumeration phase of the census project in these regards. While the provision of technical assistance to the Bureau of Statistics throughout the critical stages of the post enumeration phase remained a challenge; it is important to underscore that initial and subsequent technical assistance was provided by UNFPA and the European Union.

The main outputs of the Lesotho national population and housing census project are as follows:

\begin{itemize}
  \item[i.] Lesotho national population and housing census preliminary results produced
  \item[ii.] Increased availability and accessibility of accurate and timely and reliable data on demographic and socio-economic characteristic, for policy formulation, programme priority setting and resource allocation
\end{itemize}

iii. The Post Enumeration Survey Report developed and published

iv. A data-base to facilitate the generation of population related indicators for monitoring the MDGs, Vision 2020, Poverty Reduction Strategy and various other national development frameworks.

v. Strengthened capacity of the Bureau of Statistics in processing, analysing disseminating and utilizing large scale development data.

vi. Validated population and housing census results available

Discussions and interviews conducted with the Bureau of Statistics, underscores considerable significance role of UNFPA during the process of implementing the national population and housing census project. UNFPA’s support through the provision of technical services and support for census data analysis was noted. UNFPA recruited consultant was seconded to the bureau of statistics to ensure that this objective was achieved. The preliminary results report on the 2006 Lesotho Population and Housing Census is available with UNFPA logo among those of UNDP, European Union, Irish Aid, and UNICEF.

2.1.2.1.3 Lesotho National Population Policy revision and Implementation Framework

In consonance with the consultations between UNFPA and Government of Lesotho, the Ministry of Finance and Development Planning was the executing agency of UNFPA’s assistance to the National Population Policy Revision under the Population Policy Management Project LES4P203. UNFPA’s proposed contribution to the project was US$390, 900.00 towards the conduct of activities scheduled for the implementation of the National population Policy Revision. Activities funded by UNFPA under the project were aimed at supporting the government of Lesotho towards achieving the revised National Population Policy.
The activities scheduled under the Population Policy Management component project LES4P203, were integrated as part of the normal work programme of the Division of Population and Manpower Planning. In other words, the Government of Lesotho provided funding for some of these activities, while UNFPA’s assistance was required to support government to deliver services with more certainty especially on order to remove resource constraints that might impede the effective implementation of these activities. The Project document proposed July 2005 as the start date of the project, however, the project document was signed by the Government of Lesotho and UNFPA in January 2006. The finalization of the official processes preceding actual implementation was delayed for eleven months following the signatures and no implementation was conducted on the project. There were no quarterly or annual reports on the project to date with regard to implementation.

2.1.2.2. Conclusion

Some of the issues with the most significant potential impact on the achievement of the results for 2005 for the CP and the CO include:

1. It is observed and noteworthy that UNFPA contributed towards the success of the conduct of the Lesotho Population and Housing Census. This is because of the quality of technical assistance provided and the resources committed towards the achievement of that output as part of the overall outputs of the 4th Country programme. However, the apparent administrative delays in providing UNFPA’s funding for this project was the cause of concern for the counterpart. It is important to underscore the fact that while the counterpart had faith in UNFPA for the eventual fulfilment of the financial commitments towards the census,

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such commitments and their fulfilment must be timely to fit the public expenditure plans and fiscal budget of government. It is noteworthy that ensuring the effectiveness of the implementation of project funding commitments with the accountability and coordination mechanisms of Government of Lesotho would guarantee more resounding success for both the government of Lesotho and UNFPA.

2. Again, the observed failure to implement the revision of the national population policy was as a result of internal reforms within the government of Lesotho. First, the population and Development Policy Unit was being reorganised to create more efficiency, however, the capacity of the unit to move the process of revision forward was weak. It is foreseen that the relevance of the unit in terms of its functional capacities would in time be relocated within the government of Lesotho. This situation would have future consequences on UNFPA’s work on the Population policy revision. UNFPA’s apparent inability to strengthen this unit over the 4th country programme could be contributory to the anticipated changes in its function.

3. The failure to revise the national population policy was a major concern as various sector policies, which hinged on the availability of a multi-sectoral and integrated revised population policy were produced without recourse to the availability of a national revised population policy and implementation framework. This made the process of a revised population policy redundant over the period preceding and during the 4th country programme.
2.2. MONITORING AND EVALUATION

2.2.1 Results-based Management and Quality Programming

The 4\textsuperscript{th} country programme, the component strategy documents and workplans were developed with UNFPA’s technical assistance support from the UNFPA/CST offices in Addis Ababa and Harare respectively. \textbf{However, it is important to note that the 4\textsuperscript{th} country programme Action plan (CPAP) and the results and resources framework were not developed to operationalize the 4\textsuperscript{th} country programme.} The absence of these documents which are technically developed to define strategic scenarios of the programme, its implementation, monitoring and evaluation and reporting constituted a \textbf{strategic pitfall} on the effectiveness of the 4\textsuperscript{th} country programme. The \textbf{eventual implementation effort was based on ad hoc workplans which were not significantly linked with the technical construct of the programme.} However, over the programme period, \textbf{two international advisors from the UNFPA/CSTs provided technical assistance to both reduce national execution problems and assist in specific programme activities related to Population Census and Policy Development, Population and Family Life Education (POPFLE), and Gender Mainstreaming and action plans.} The absence of a resident monitoring and evaluation capacity in the country office impeded the conduct of strategic activities on monitoring and evaluation and reporting. The country office operated with three core staff under the leadership of the Country Director, and plans to fill the posts of Programme Officer and Associate in 2005, following the completion of the programme component project proposals were not achieved. The training of staff on ATLAS system procedures \textbf{resulted to increased staff proficiency and improved financial operations.}
2.2.2. Responding to the New Aid Environment - SWAPs, MTEF, Budget Support

It is noteworthy that over the years UNFPA’s support to the Government of Lesotho had been in a form of projects. In the context of the new aid environment, it is expected that development partners in this sectors will consider adopting new aid modalities to remain responsive, relevant and supportive. However, since these were not conceived during the design of the 4th country programme, realignment was difficult and required extensive dialogue and negotiations within the donor community, the UN systems and the government of Lesotho. The absence of a resident representative would have augured well for UNFPA in these regards in order to respond positively to these new developments.

2.2.3. Partnerships and Operational Issues

The restructuring of the coordinating ministry, especially, the strengthening of coordination unit, strengthened the partnership between the Government of Lesotho and Development Partners in general and UNFPA in particular. It paved the way for rewarding stakeholder consensus building effort by the UNFPA country office and resulted in a better and more effective partnership between UNFPA and the Government of Lesotho especially in the subsequent implementation years of the 4th country programme, 2006/2007. It was noted that operational issues related to the implementation of the 4th country programme were slowed down by apparent delays in the endorsement of the Component Project Proposal for onwards of 18 months following the approval of the country programme in February 2004. This necessitated the extension of the duration of the 3rd Country Programme overlapping the entire year 2004. Some of these administrative delays were deemed to be as a result of the centralization of coordinating powers which made it impossible for the component project managers from other implementing
ministries which were ready to move ahead with implementation of their component project activities. As a result a lot of time and effort was spent on building consensus and negotiating with Government on the content of the Component Project Proposals. Some project documents were signed in November 2005, while negotiations and consensus building on the remaining continued till 2007\textsuperscript{13}.

3.0 LESSONS LEARNED

3.1. Programme Design and Planning

1. *The development of a country programme document is a necessary but not sufficient condition for the achievement of country programme goals, outcomes and outputs.*

A major lesson learned from the 4th country programme is that it is important that the programme design and planning must concur with UNFPA’s programme policies and procedures on Country Programme Planning. The policy provides for results based management practice with clearly defined results; correct indicators designed to track results; effective reporting of results; and the evidence needed to mobilize required resources. In all situations, especially in countries under the UNFPA country programming cycle, the design and planning processes for the country programme should be a learning opportunity on approaches to improve programme planning and management, through use of the logframe approach; monitor programmes better, through establishment and utilization of monitoring plans; conduct timely and relevant evaluations; analyze the achievement of results and report on them regularly; improve office management by linking programme, administration and finance; encourage a learning culture through systematic feedback mechanisms; and form effective alliances with donors and national partners in the common move towards managing for results.

2. *Two documents are the vehicles for implementing the country programme: the country programme action plan (CPAP) and the annual work plan (AWP)*

Although, the Lesotho 4th country programme document was developed and approved, yet its implementation required that there be a 4th Country programme action plan and annual workplans for each year of the programme cycle. In this case there was no CPAP and there
were no clear annual workplans. Rather due to the ad hoc nature of the implementation workplans were developed to accommodate funding for the perceived elements of government projects which were supported by the country office. It is important to learn that the CPAP document elaborates and refines the programme design and strategies outlined in the country programme document. It provides a detailed description of the programme, its processes, the major results expected and the strategies for achieving those results. In addition, the CPAP, with detailed information on implementation modalities, constitutes the formal agreement between UNFPA and the Government for implementing the country programme. The absence of a CPAP as in the case of the Lesotho 4th Country programme was an obvious gap in programme development, design and planning.

3. *The Development of a Country Programme Document is not a substitute for the CPAP; both are complementary and must be developed with the participation of the country government*

UNFPA’s policies and procedures on country programme implementation recommends that for countries that do not have a country programme, it is suggested that either a CPAP be prepared or that the concept of the CPAP be applied in formulating UNFPA-funded interventions with logically linked activities, outputs and outcomes that address the country’s priority needs. The CPAP consists of: the results and resources framework; the CPAP planning and tracking tool; and the monitoring and evaluation (M&E) calendar. In the case of the Lesotho 4th country programme implementation was impeded because of the absence of a CPAP. There were no results and resources framework, CPAP planning and tracking tool, and monitoring and evaluation calendar for the programme. These tools are essential for
scenario building and their absence in the case of the Lesotho country programme amounts to an incomplete programme design and planning process for a country programme.

4. **Ad hoc Programmes are no substitutes for UNFPA’s Priority Programmes**

The lesson here is that while ad hoc activities were implemented as necessary actions to support government in Lesotho, these actions were not sufficiently nested in the country programme. However, they were made possible by the lack of a CPAP. It is important that all programme activities be implemented as necessary actions that contribute towards the realisation of defined outputs. Achieving the security of the life of entire populations is not guaranteed by ad hoc stand alone activities. UNFPA has a clearly defined mandate, reflected in its mission statement and in its definition of priority programme areas based on ICPD and ICPD+5 goals. UNFPA is committed to addressing issues of population and development, reproductive health, gender equality, and women’s empowerment that will contribute to the ultimate goal of improving the quality of life and sustainable development, shared by all UN agencies.

3.1.2 Monitoring and Evaluation

1. **The use of sub-programme matrices have been replaced by the results and resources framework (RRF), the planning and tracking tool and the monitoring and evaluation calendar.**

While the Lesotho 4th country programme was organized around a set of sub-programme components, the CPAP results and resources framework (RRF) and the planning and tracking tool (PTT) are based on the UNDAF Results Matrix and the UNDAF Monitoring and Evaluation Plan. These, and the M&E calendar, replace the sub programme log-frame matrix and the programme management plan. Although the logical framework matrix itself has been replaced by the results and resources framework and the above-mentioned planning and monitoring tools,
the logical thinking process still forms an essential part of the development of the country programme and the CPAP\textsuperscript{14,15}.

2. \textit{Programme monitoring and evaluation cannot be replaced by national execution: It is a shared responsibility between UNFPA and partners.}

The Lesotho country programme does not provide a clear strategy for monitoring and evaluating results. The country programme document should include a brief summary of the overall strategy for programme monitoring and evaluation, including systems for outcome and output monitoring, and UNDAF annual and other reviews, such as reviews of joint programmes and plans for evaluation. \textbf{Apparently, the UNFPA reproductive health component project in Lesotho under the 4\textsuperscript{th} country programme was replaced by the joint UN programme on the Road Map to reduce maternal and new born mortality and morbidity in Lesotho.} Under these situations monitoring and evaluation is envisaged as a joint programme of the participating partners with clearly defined accountability.

3. \textit{The M&E Calendar is an important tool that guides the implementation of scheduled monitoring and evaluation activities that are conducted to provide a track record on the implementation process and actual achievements.}

A major lesson from the Lesotho 4\textsuperscript{th} country programme is the clear lack of a monitoring and evaluation calendar. There were no monitoring reports demonstrating actual implementation of any element of the component projects. It is not clear how the country intended to monitor the performance of programme activities. Implementing partners agree to cooperate with UNFPA for

\textsuperscript{14} chapter C, Country Programme Development and Approval
\textsuperscript{15} chapter E, Country Programme Monitoring and Evaluation
monitoring **all activities supported by cash transfers** and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA.

To that effect, Implementing partners agree to the following:

i. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,

ii. Programmatic monitoring of activities following UNFPA’s standards and guidance for site visits and field monitoring,

iii. Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where so desired: and in consultation with the [coordinating Ministry]) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

### 3.1.3 Annual Reporting and Oversight

1. *Consistent Annual Reporting is UNFPA’s Strategic Requirement for Strategic Planning and Oversight.*

It is observed that the Lesotho country office consistently submitted the country office annual reports COAR for the period of the 4th country programme – 2004, 2005, and 2006. These reports **demonstrate some observed good practices and adherence to UNFPA’s policies** and procedures. Although, the format of the various COARs were at variance with the standard format for COAR reporting, it is found to provide some insight on the events and
accomplishments of the Country office with respect to the implementation of the 4th country programme 2004-2006/7.

2. Alignment and realignment of Strategic Programme and Financial Planning and Reporting mechanisms

A major pitfall of the 4th country programme was that strategic programme component implementation was not streamlined to align with standard UNFPA financial frameworks in terms of both the MYFF\textsuperscript{16} and the forthcoming Strategic Plan. This is so because of the inadequacies of incomplete planning procedures for the 4th country programme. Under these circumstances an oversight mission should be provided to reorient the office with UNFPA’s traditional practice of results based management and other strategic financial principles and policies. It is observed that the Lesotho 4th country programme was developed in period prior to the implementation of UNFPA’s MYFF and as such did not benefit from the principles of the multiyear funding framework. Similarly, the 5th country programme is being developed on the eve of the new strategic plan for 2008-2011. The 5th country programme and its corresponding CPAP and Annual Workplans, including the Results and Resources Framework should be aligned with the Strategic Plan as soon as possible.

\textsuperscript{16} The Multi-Year Funding Framework (MYFF) is the UNFPA medium-term strategic plan and aims at strengthening the Fund’s contribution to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). The MYFF comprises a strategic results framework (SRF), an integrated resources framework (IRF) and a managing-for-results section. The SRF specifies clearly defined organizational goals, outcomes and indicators to monitor progress towards organizational results and the strategies with which to achieve them.
3.1.4 Capacity Building and Strengthening

1. An appropriate mix of qualified skills at the Lesotho country office is necessary for strengthen the effectiveness and strategic outputs of the Office

The country office requires improved programme and strategic planning monitoring and evaluation capacity. The office has currently recruited a gender advisor, a population and Development programme officer, and information officer. There is need for the recruitment of Reproductive Health programme officer, adolescent reproductive health and Youth officer, including a monitoring and evaluation officer. These should be in line with the UNFPA office typology.

2. Office management is essential for operational effectiveness

In line with UNFPA’s country office typology, an office manager is required to ensure the smooth operation of all operational functions in the office. Meanwhile, this role is being performed by the secretary of the office. The former administrative and finance assistant resigned and since then that position is yet to be filled.

3.1.5 Partnerships Building

1. Partnerships to promote ICPD PoA and MDGs within national development frameworks, including PRS, SWAps, Health Sector Reform.

Since 2007, UNFPA Lesotho Country Office and the UN Country Team achieved significant progress in fostering strong partnerships with major development partners in Lesotho to promote ICPD PoA and MDGs within national development frameworks. The 2006 Lesotho COAR explains that in the health sector, UNFPA together with other partners including Development
Cooperation Ireland, World Bank, African Development Bank, UNICEF, WFP, WHO and UNDP, played a critical role in the development of a comprehensive Health Sector Wide Reform Programme in a form of a Medium Term Expenditure Framework. All partners have endorsed a Letter of Intent to Government detailing willing to support the Health Sector towards a common goal. In addition, partners have committed themselves to a common set of principles in a signed code of conduct with their dealings with the Ministry of Health. Modalities are under-development to facilitate budget support in a form of basket funding versus parallel/stand alone project financing.

2. **Positioning UNFPA to contribute to elaboration and implementation of major national development frameworks and/or humanitarian interventions.**

The Lesotho country office participates in the quarterly and annual joint reviews held with Ministry of Health and all the development partners. The same partnership arrangement are also in place between the Ministry of Education, UNFPA and other UN Agencies, International NGOs, bi-laterals and multi-laterals, including UNICEF, WFP, UNDP, African Development Bank, World Bank, Skill Share International, Development Cooperation Ireland.

3. **Support need from the CSTs and HQs to better position the Country Office in pursuing ICPD Goals and MDGs within the context of the Country programme.**

While the CO programme possesses requisite skills to provide technical and organizational support to Government, it requires constant specialist backstopping support especially from CSTs mainly. It is observed that a total of 15 technical backstopping missions were conducted in support of the Lesotho Country programme over the period of the 4th country programme. These

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missions provided considerable benefits for the country office in terms of policy guidance, advocacy for resource mobilization by headquarters. Due consideration should be made towards provision of adequate budgetary programme, office and human resources support to COs in line with prevailing local situation.

4. New opportunities for partnerships with private sector and non-traditional partners.

A number of opportunities were presented for further partnerships with non traditional entities over the period of the 4th country programme. Most of these include multi stakeholder activities and events supported by UNFPA in Lesotho. Some of the successes of the country office in 2006 and 2007 in this regard include:

i. The enactment of the Legal Capacity of Married Persons Act of 6th December 2006. UNFPA supported the development of the White Paper for the Bill and the advocacy workshops and stakeholders consultative meetings, which involved private sector and some non traditional partners.

ii. The country office in collaboration with other UN Agencies supported the development and Launch of Road Map for acceleration of reduction in Maternal and New-born Morbidity and mortality reduction.

iii. The country office also played active role in and support of development of Lesotho DevInfo, and commemoration of International Women's day which culminated into a launch of 50/50 representation in Parliament for the 7th Parliament of the kingdom of Lesotho in 2007. CO. Further the country office also supported the commemoration of the 16 days for the elimination of Gender Violence; and

4.0 RECOMMENDATIONS

4.1. UNFPA Country Office

i. Programme design and Strategy for Implementation

The 5th and subsequent country programmes must be developed in a comprehensive manner following the UNFPA policies and procedures on country programme implementation. This will ensure that the CPD, CPAP, AWPs and RRF are developed for the implementation of all strategic component programmes. The development of the CPAP entails a consultative and participatory process during which the programme’s design processes and strategies are finalized. By addressing national priorities and needs, country offices utilize the CPAP formulation process as an opportunity to enhance the ownership of the programme among national counterparts, NGOs, United Nations agencies and other partners and stakeholders.

ii. Synchronizing UNFPA’s financial Architecture with Government Expenditure Plans

It is recommended that in order to eliminate the setbacks of the 4th country programme in terms of delays in signatures and financial approvals, there is need to orient the Lesotho government and national counterparts on the planning procedures of UNFPA especially using the instruments of the country programme action plan CPAP. UNFPA’s integrated management information system, the Enterprise Resource Planning (ERP) system, known as Atlas serves as a platform for strengthening and simplifying, at every level, the management and coordination of programme, financial, procurement and human resources information. The system’s programme-related modules, particularly the ‘tree structure’, which consists of goals, outcomes, outputs and sets of activities, provide UNFPA with the opportunity to link programme resources to programme results and, at the same time, to link programme results to organizational results. The Atlas
system’s tree is consistent with the structure of the CPAP and well-suited to capture the results defined in the CPAP and to link these results to the resources invested Approval and timely start-up of implementation of the 4th CP component projects.

iii. Streamlining of the mechanisms for the national execution

In line with the bilateral agreements between UNFPA and Lesotho it is necessary to align the mechanisms for national execution with the new aid environment and architecture. This will require a considerable amount of capacity strengthening to ready counterparts for the actions provided by the New Aid Environment

iv. Completion of typology exercise with the resultant increase in staff complement and provision of additional office space in accordance with the approved Country Office positions is necessary. The finalization of recruitment towards the provision of the full technical and programme staff complement for the Lesotho country office is recommended. This should strengthen the capacity of the office to implement subsequent country programme effectively and more efficiently.

4.2. UNFPA Country Support Team

i. Capacity Strengthening on Planning Monitoring and Evaluation

There is need for increased presence of technical assistance for the country office to accelerate the use of monitoring and evaluation as a strategic component of programme implementation for tracking and reporting on planned results. This requires considerable capacity building within the country office and the government of Lesotho. Related activities are needed especially within the first year of the 5th country programme.
ii. Timely Provision of CST Technical backstopping plans

It is recommended that a comprehensive list of technical backstopping missions be provided for the CST to plan in line with the CST office management plan. This is in readiness to ensure adequate support for Lesotho Country programme implementation.

iii. Close of UNFPA projects under the 4th country programme

*It is recommended that oversight audit service be implemented in Lesotho to close all projects initiated under the 4th Country programme*

As the 5th country programme is underway, it is recommended that oversight audit services be carried out in Lesotho to streamline and close all projects implemented under the 4th country programme in order to pave the way for the launch of the 5th country programme. This should be completed by the end of 2007.
## ANNEXES

### 1. List of Persons Met and Participants in all Meetings with UNFPA 4th CP Evaluation Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr. L.D. Marutle</td>
<td>UNFPA Representative</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Ms Hodan Haji</td>
<td>Mphamud, UNDP RC</td>
<td>UNDP RC</td>
</tr>
<tr>
<td>2. Ms. Mathabiso Lepono</td>
<td>Minister of Gender, Youth, Sport and Recreation</td>
<td>Ministry of Gender, Youth, Sport and Recreation</td>
</tr>
<tr>
<td>3. UNFPA, UNICEF, WHO</td>
<td>Interagency Meeting</td>
<td>UNFPA, UNICEF, WHO</td>
</tr>
<tr>
<td>4. Mr. Bhim Udas</td>
<td>WFP Country Director</td>
<td>WFP</td>
</tr>
<tr>
<td>5. Dr. Angela Benson</td>
<td>WHO Representative</td>
<td>WHO</td>
</tr>
<tr>
<td>7. Mr. Emisang Ts'osane</td>
<td>Data Processing Manager</td>
<td>Bureau of Statistics</td>
</tr>
<tr>
<td>9. Ms. Matau Futho-</td>
<td>Director of Gender</td>
<td>Department of Gender</td>
</tr>
<tr>
<td>Letsatsi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Ms. M. Nots'i</td>
<td>Economic Planning</td>
<td>Department of Gender</td>
</tr>
<tr>
<td>11. Ms. R. Morojele</td>
<td>Gender Officer</td>
<td>Department of Gender</td>
</tr>
<tr>
<td>12. Ms. Ngoakoane Molise</td>
<td>Head of Department</td>
<td>NUL Demographic Department</td>
</tr>
<tr>
<td>13. Ms. M. Lefosa</td>
<td>Lecturer</td>
<td>NUL Demographic Department</td>
</tr>
<tr>
<td>14. Prof. R. Makatjane</td>
<td>Lecturer</td>
<td>NUL Demographic Department</td>
</tr>
<tr>
<td>15. Ms. Hodan Haji-</td>
<td>Resident Coordinator</td>
<td>UNDP</td>
</tr>
<tr>
<td>Mohamud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Dr. Mphu Ramatlapeng</td>
<td>Minister of Health &amp; Social Welfare</td>
<td>Ministry of Health &amp; Social Welfare</td>
</tr>
<tr>
<td>17. Ms. Nkaiseng Monaheng</td>
<td>Director of Department of Population &amp; Manpower Development</td>
<td>Department of Population &amp; Manpower Development</td>
</tr>
<tr>
<td>18. Ms. Violet Maraisane</td>
<td>Information &amp; Communications Officer</td>
<td>UNFPA</td>
</tr>
<tr>
<td>19. Ms. Mots'elisi Moeno</td>
<td>National Programme Officer</td>
<td>UNFPA</td>
</tr>
<tr>
<td>20. Ms. Miranda Tabifor</td>
<td>Programme Advisor - Gender</td>
<td>UNFPA</td>
</tr>
<tr>
<td>21. Ms. Mamorao Khaebana</td>
<td>NPA-HIV/AIDS Prevention &amp; Gender</td>
<td>UNFPA</td>
</tr>
<tr>
<td>22. Mr. Moruti Pitso</td>
<td>NPA-HIV/AIDS Prevention &amp; Youth Development</td>
<td>UNFPA</td>
</tr>
<tr>
<td>23. Dr. Thabelo Ramatlapeng</td>
<td>EMOC Project Consultant</td>
<td>UNFPA</td>
</tr>
<tr>
<td>24. Tsamaiso Tlotololo</td>
<td>Acting District Administrator</td>
<td>Government of Lesotho - (District)</td>
</tr>
<tr>
<td>25. Maureen Nyarili</td>
<td>Senior Education Officer</td>
<td>Ministry of Education - (District)</td>
</tr>
<tr>
<td>26. Karabo Ramphahlele</td>
<td>Data Collection Agent</td>
<td>Bureau of Statistics - (District)</td>
</tr>
<tr>
<td>27. Masenate Tsotetsi</td>
<td>Gender and Protection Officer</td>
<td>Lesotho Mounted Police Service</td>
</tr>
<tr>
<td>28. Makhotso Mohale</td>
<td>CDPPM (NGO)</td>
<td>Community Development &amp; Peace Promotion Movement</td>
</tr>
<tr>
<td>29. Ms. Lineo Mahlomaholo</td>
<td>District Coordinator – CDPPM (NGO)</td>
<td>Community Development &amp; Peace Promotion Movement</td>
</tr>
<tr>
<td>30. Ms. Maneo Ts'oaeli</td>
<td>Quthing District Health Nurse</td>
<td>Ministry of Health</td>
</tr>
</tbody>
</table>
## 2. Evaluation Meetings and Field Trips Conducted

### Week 1: 3rd – 7th September

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Person to Attend</th>
<th>Title of the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/9/2007</td>
<td></td>
<td>4th CP Evaluation Team</td>
<td>UN Security Briefing</td>
</tr>
<tr>
<td>5/9/2007</td>
<td>8:30</td>
<td>UNFPA Rep &amp; 4th CP Evaluation Team</td>
<td>Meeting with Minister of Gender, Youth, Sports &amp; Recreation</td>
</tr>
<tr>
<td>7/9/2007</td>
<td>11:30</td>
<td>UNFPA Rep &amp; 4th CP Evaluation Team</td>
<td>Meeting with WFP Representative</td>
</tr>
</tbody>
</table>

### Week 2: 10th – 14th September

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Person to Attend</th>
<th>Title of the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/9/2007</td>
<td>15:00</td>
<td>UNFPA Staff Members &amp; 4th CP Evaluation Team</td>
<td>General Staff Meeting</td>
</tr>
</tbody>
</table>

### Week 3: 17th – 21st September

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Person to Attend</th>
<th>Title of the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/09/07</td>
<td>14:30</td>
<td>UNFPA Rep, Bureau of Statistics Director, UNFPA Technical Consultant on Census Dr. Samuel Kalu &amp; 4th CP Evaluation Team</td>
<td>Meeting with the Director of Bureau of Statistics.</td>
</tr>
<tr>
<td>18/09/07</td>
<td>14:30</td>
<td>NUL Demography Department, UNFPA Technical Consultant on Census Dr. Samuel Kalu &amp; 4th CP Evaluation Team</td>
<td>Meeting with the Demography Department of the National University of Lesotho</td>
</tr>
<tr>
<td>20/09/07</td>
<td>08:30</td>
<td>UNFPA Rep, UNDP RC &amp; 4th CP Evaluation team,</td>
<td>Courtesy Call with the UN Resident Coordinator</td>
</tr>
<tr>
<td>20/09/07</td>
<td>14:30</td>
<td>UNFPA Rep, Health Minister &amp; 4th CP Evaluation team,</td>
<td>Courtesy Call with the Minister of Health &amp; Social Welfare.</td>
</tr>
<tr>
<td>20/09/07</td>
<td>12:00</td>
<td>4th CP Evaluation Team, UNFPA Programme Staff</td>
<td>Briefing by the 4th CP Evaluation Team</td>
</tr>
<tr>
<td>20/09/07</td>
<td>14:30</td>
<td>4th CP Evaluation Team, Director of Gender &amp; Ms.Tabifor</td>
<td>Meeting with the Director of Gender</td>
</tr>
<tr>
<td>21/09/07</td>
<td>09:00</td>
<td>4th CP Evaluation Team, Director of DPMP &amp; UNFPA NPO</td>
<td>Meeting with the Director of Department of Population &amp; Manpower Planning Director</td>
</tr>
<tr>
<td>21/09/07</td>
<td>10:30</td>
<td>4th CP Evaluation Team &amp; NPA-HIV/AIDS Prevention &amp; Gender</td>
<td>The NPA to brief the Evaluation about her project(s)</td>
</tr>
<tr>
<td>21/09/07</td>
<td>11:00</td>
<td>4th CP Evaluation Team &amp; NPA-HIV/AIDS Prevention &amp; Youth Development</td>
<td>The NPA to brief the Evaluation about his project(s)</td>
</tr>
<tr>
<td>21/09/07</td>
<td>11:30</td>
<td>4th CP Evaluation Team &amp; National Programme Officer</td>
<td>The NPA to brief the Evaluation about his project(s)</td>
</tr>
</tbody>
</table>

### Week 4: 24 – 28 September
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/09/07</td>
<td>10:30</td>
<td>Evaluation Meeting with District Administration and Councils/Focus Group Discussion</td>
</tr>
<tr>
<td>24/09/07</td>
<td>14:30</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>24/09/07</td>
<td>14:30</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>25/09/07</td>
<td>11:30</td>
<td>Evaluation Meeting with District Administration and Councils/Focus Group Discussion</td>
</tr>
<tr>
<td>25/09/07</td>
<td>16:00</td>
<td>Visit to the Health Centre to monitor the facilities</td>
</tr>
<tr>
<td>25/09/07</td>
<td>16:00</td>
<td>Focus Group Discussion</td>
</tr>
</tbody>
</table>

Participants:
- 4th CP Evaluation Team
- District Administrator, Director of Gender, Gender Programme Advisor, District Principal
- Gender Officer, Chief Gender Officer, Senior Education Officer, Data Collection Agent, Gender Protection Unit (Police), CDPPM District Coordinator, EMOC Coordinator, Quthing Health Nurse
### 3. Lesotho Country Office Schedule of Technical Backstopping Missions

UNFPA/CST Advisors, RDT, HQ and Consultants (2004 – 2007)

<table>
<thead>
<tr>
<th>Name of Advisors/Consultants</th>
<th>Date</th>
<th>Intervention</th>
<th>Achievements and outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Dr G. Ogba</td>
<td>January</td>
<td>Development of Project on EMOC and Obstetric Fistula for Thaba-Tseka District</td>
<td>- Project document - Mission report</td>
</tr>
<tr>
<td>7. Josiane Yaigbou</td>
<td>March</td>
<td>Capacity Building for CO and MOHSW/FHD on RHCS</td>
<td>- Mission report - CCM in place and operational - Provision of RH commodities by UNFPA through Trust Fund</td>
</tr>
<tr>
<td>9. Ebanyat and Tiebere</td>
<td>October</td>
<td>Development of Road Map for Acceleration of Maternal and Newborn Morbidity and Mortality Reduction</td>
<td>- costed Road Map - Mission reports</td>
</tr>
<tr>
<td>10. Agathe Lawson and David Lawson</td>
<td>November</td>
<td>Participated in the Donor Roundtable Conference</td>
<td>- Joint UN Statement of commitment - Mission reports</td>
</tr>
<tr>
<td>11. Wolle, Mohamud, Ebanyat, Singhateh, Jackson,</td>
<td>March</td>
<td>Development of 5th CP</td>
<td>- Draft CP - Mission reports</td>
</tr>
<tr>
<td>15. Ebanyat and Tiebere</td>
<td>August</td>
<td>Joint Mission on Finalization of RH Policy</td>
<td>- 6 RH Policy version 6 - Mission reports</td>
</tr>
</tbody>
</table>
4. TERMS OF REFERENCE


1. Background

Since 1985, UNFPA has supported the government of Lesotho to implement four programmes cycles. The 4th Country Programme (CP) covered three years (2004 – 2006) but because of the need to harmonise the forthcoming programme cycles with the rest of the United Nations Development Group Executive Committee Members i.e. UNDP, UNICEF and WFP, the programme was extended by another year and hence ends at the close of December 2007.

The 4th CP was formulated using the results of the evaluation of the third UNFPA country programme, the Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF), the Lesotho HIV/AIDS policy and national strategic plan, the review of the MDGs, the PRSP and Vision 2020. It was also based on the outcomes of a series of discussions with the Government, non-governmental organizations (NGOs) and donors. The goal of the programme was to contribute to: (a) reducing the rate of HIV infection, maternal mortality and maternal morbidity; (b) alleviating poverty; and (c) improving the quality of life for the people of Lesotho. This was to be achieved by: (a) promoting reproductive health and rights and improving access to reproductive health information and services, focusing on young people; (b) reducing the incidence of STIs, maternal mortality and maternal morbidity; (c) reducing gender disparities; and (d) improving the balance between population and resources.

The programme had three components: reproductive health; population and development
strategies; and advocacy. Gender analysis and gender interventions were an integral part of each of the components.

Building on achievements of the 4th CP, the 5th CP covering a five-year period (2008 – 2012) has been formulated and will be presented to UNFPA/UNDP Executive Board in September 2007. Like the previous CPs, the 5th CP involved participation of government and civil society organisations and was based among other documents, on the 1994 CCA, the 2005 UNDAF and the 2004 – 2007 MYFF. The goal of the 5th CP is to contribute to reduction of HIV incidence, maternal mortality and morbidity; alleviate poverty; and improve the quality of life of the people of Lesotho. This will be achieved through delivery of six outputs under three components: Reproductive Health; Population and Development; and Gender.

Past experiences have shown that when the baseline survey for the programme is conducted late, the data obtained does not benefit the programme for which it was conducted. It is for this reason that the 5th CP is attempting to conduct the baseline survey early enough to make the exercise relevant. It is also observed that information from an evaluation of the 4th CP would greatly benefit the process of formulating the Country Programme Action Plan (2008 – 2012). A consultant or consulting firm is therefore required to undertake the two tasks at ago.

In conformity with UNFPA’s Monitoring and Evaluation policy, the evaluation will not be for the entire 4th CP but rather, for its major outcomes against which substantial amounts of funds were spent. In this regard, the 4th CP evaluation will cover the following three outcomes:
i) Increased use of integrated, high-quality and gender-sensitive sexual and reproductive health services for men, women and adolescents;

ii) Improved enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender, and their integration into policies and programmes.

iii) Formulation and implementation of policies, programmes and legislation aimed at reducing gender inequality, gender-based violence, STIs and HIV/AIDS, especially among adolescents;

2 Purpose

The baseline/end-line survey will make available reliable and relevant data on the 4th CP and 5th CP. Specifically, the survey will contribute to the:

- Establishment of benchmarks and targets for the 5th CP targeting three components i.e. Reproductive Health; Population and Development; and Gender
- Provision of information on results, challenges and lessons learnt in achieving three major outcomes highlighted in the background of these terms of reference

3. Research Questions

The consultant will develop study questions based on indicators in the Results and Resources Framework (RRF) of the 4th CP as well as the RRF of the draft 5th CP.
4. Location

The three outcomes of the 4\textsuperscript{th} CP being evaluated had a national coverage in nature although a few activities had specific targets. This evaluation will therefore be national in nature. Similarly, the 5\textsuperscript{th} CP is hoped to have a national coverage and therefore the baseline assessment should obtain indicators for the whole country but disaggregated to the extent possible.

5. Methodology

The evaluation/assessment will provide quantitative and qualitative data through the following methods:

- Document reviews
- Household Interviews
- Focus Group Discussions
- In-Depth Interviews (IDI)
- Client Exit Interviews
- Inventory checklists

6. Documentation

The consultant will review various documents related to formulation of the 4\textsuperscript{th} and 5\textsuperscript{th} CP, as well as for implementation and monitoring of the 4\textsuperscript{th} CP. Some of the documents include:

- Common Country Assessment Reports
7. Team Composition

The Consulting team will have a mix of professionals possessing a minimum of a Master’s Degree and with adequate experience in their relevant fields. The team will therefore be comprised of three professionals, one specialised in Reproductive Health; another one in Population and Development; and one specialised in Gender issues with adequate experience in advocacy. The Reproductive Health specialist will be the team leader.

8. Management

The evaluation/assessment will be executed by UNFPA. The consultant will however be expected to work in close collaboration with all the implementing partners of the 4th CP and potential stakeholders of the 5th CP.
A Steering Committee consisting of UNFPA, Ministry of Health; Ministry of Gender, Department of Population and Manpower Development; and Bureau of Statistics will be assembled to coordinate the evaluation/assessment. One of the major tasks of the Committee will be to review the study instruments designed by the consultant, and to provide quality assurance to the entire process. Specific tasks will include:

- Selection of the consultant
- Reviewing and approving the proposal of the consultants
- Agreeing on the proposed study methodology and assessment tools
- Monitoring and receiving progress of the evaluation/assessment
- Approving the final evaluation/assessment reports

The consulting team leader will provide overall leadership of the consultancy and will specifically:

- Take the overall responsibility for technical quality of the evaluation/assessment
- Lead in selecting good indicators for results/benchmarks.
- Prepare quality study instruments including: manuals, questionnaires, guidelines for Focus Group Discussions and In-depth Interviews
- Make appropriate preparations for all aspects of field work, including recruitment, supervision and distribution of materials,
- Ensure that field work and other survey activities are undertaken in accordance with the work plan and budgetary allocations
- Undertake quantitative and qualitative data analyses and report writing
- Undertake the report writing, and present a report to stakeholders for dissemination in workshop or meeting organised by the Steering Committee
- Disseminate the results

9. Work plan

The consultancy will last a period of 1 and a half months commencing in the end week of August and ending in the mid week of October. The details schedule is presented in the table below:

<table>
<thead>
<tr>
<th>Timing</th>
<th>Tasks</th>
<th>Persons responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Aug week</td>
<td>Presentation of evaluation/assessment tools to Steering Committee</td>
<td>Team Leader</td>
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<tr>
<td>1st week Sept.</td>
<td>Field activities</td>
<td>Team Leader</td>
</tr>
<tr>
<td>3rd week Sept.</td>
<td>Presentation of first draft to Steering Committee</td>
<td>Team Leader</td>
</tr>
<tr>
<td>2nd week Oct.</td>
<td>Presentation of evaluation and baseline reports and making a summary presentation of the findings to the taskforce</td>
<td>Team Leader</td>
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</table>

10. Expected Outputs

The output of this evaluation/assessment will be two separate high quality reports:
a) Evaluation report of three major outcomes of the 4th CP. The report must be presented in accordance with the sample outline attached as annex 1 of these terms of reference.

b) A baseline assessment report of the 5th CP

11. Budget

The consultant will submit a technical and financial proposal detailing the methodology and cost of the consultancy.

5. Country programme and related documents reviewed

1. CPD 2004-2006
2. SRH Sub Programme
3. PDS sub Programme
4. Advocacy Sub Programme
5. Gender and Poverty and Economic Empowerment Sub Programme

Signed Project Documents

1. LES/P0/00 - PDS Population Policy Management-Population Policy – July 2005
3. LES/P0/00 - Population and Family Life Education/POPFLE - 1st Quarter 2005
4. LES/4R/P101 - PSD 2006 Population and Housing Census/Population Census - February 2006

Other Documents

1. Accelerating Maternal and New Born Morbidity and Mortality in Lesotho
2. 2006 Lesotho Census of Population and Housing Preliminary Results Report August 2007


6. National Gender and development Policy 2003

7. National Adolescent Health Policy 2006


9. National Health Statistics

10. Lesotho Reproductive Health Survey


14. Lesotho DHS 2004

15. Lesotho DHS 2001 Volume 1


17. Gender Report 2000 - 2004

Mission Reports Reviewed

1. Teferi Seyoum April 2007


3. Aisha Majengo March 2007

4. UNFPA CO Lesotho OMP 2004

5. Project Reports
6. DATA COLLECTION INSTRUMENTS, FGD and KII QUESTIONNAIRES

4th CP Evaluation Field Visit Plan

UNFPA Programme officers agreed on the following as requested by the Evaluation advisors:

1. To conduct field visits in three regions of the country – north, south and central districts. That is Leribe, and Quthing districts respectively. Coverage should include lowlands and highlands or urban and rural areas within each district – **Rural health facilities a must!**

2. Target groups were identified as District Administrators, Local Councils, women and Youth groups, Police Service, Health Management Teams, Gender District Officers, Statistics Districts Officers, Health Officers responsible for routine data, **Facilities for:**

3. Field visits will be undertaken from the week starting 24th September to allow proper logistical and management arrangements.

4. Three multi-sectoral teams are constituted for the field visits. UNFPA Programme Advisors and National Programme Officers will join the teams and the allocation was as follows: Dr. Ramatlapeng – South, Ms. Moeno – Central and Ms. Maraisane North.

5. Letters should be issued to all concerned Ministries and target groups ahead of field trips.

6. Ms Tabifor confirmed that Ministry of Gender was ready to undertake the field visits on the 24th and 25th September in Leribe and Quthing. Ms Maraisane was nominated to coordinate the process.
7. GENERAL QUESTIONNAIRES

A. Key Informant Interview (KII)

1. District Administrators:
   - Could you brief us on the decentralization process in your district?
     - Probe: How would compare it to the centralized system that you had before?
     - Probe: Are needed health and development services being expedited under the decentralized system?
     - Probe: What would you consider as your major accomplishments?
   - What are some of the “unmet” needs in your district?
     - Probe: How could these needs be met?
   - Who are your major health and development partners in the district?
     - Probe: Who are the UN partners?
     - Probe: Who are the NGOs?
     - Probe: How satisfied are you with their collaboration?
   - What are your priorities in the area of reproductive health?
     - Probe: What support, if any, is being given to reduce maternal mortality in your district?
     - Probe: How prepared are health facilities in the district to handle emergency obstetric care (EmOC) for women.
   - What is the situation of HIV/AIDS in your District?
     - Probe: Improving? Declining? Stable?
     - Probe: How could the situation be improved?
   - What would you consider a major accomplishment of your office within the last few months?
   - What is the role of your office in making women aware of their rights?
     - Probe: How are gender policies popularized in your district?

2. Local Councils:
   - Could you give us an overview of the situation of life in rural and peri-urban areas for the populations who reside there?
   - What responsibility, if any, do you have for the young boy/girl who does not attend school?
     - Probe: What are your perspectives on life for this boy/girl?
     - Probe: What role can you play in improving life for this boy/girl?
   - How do you collaborate with District Development Teams (DDTs)?
     - Probe: What are the roles and responsibilities of DDTs?
- How are you enhancing gender equity in development?
  **Probe:** How are men involved in development activities?
  **Probe:** How are women involved?

- How are council members involved in the popularization, implementation or enforcement of policies?
  **Probe:** Gender policies? What are your challenges? How overcome them?

3. Police/Magistrate:
- What kinds of cases are the most often reported in your community on SGV/VAW?
  **Probe:** Rape? Domestic Violence? Defilement? Indecent Assault?
  **Probe:** Roughly, what is the proportion of women to men victims?

- Who in the community, often reports cases of SGV/VAW?
  **Probe:** The victim? Family members? Community members?

- How are SGB/VAW reported cases handled?
  **Probe:** What is the due process in your community?
  **Probe:** Please give us an example

- What are the main challenges law enforcement officers in your community face in addressing SGV/VAW?
  **Probe:** What laws are in place to deal with SGV/VAW in your community?
  **Probe:** How satisfied are you with the execution of the laws?
  **Probe:** How popularized are these laws?

4. Health Management Teams (HMTs): District or Village:
- Please describe the composition and function(s) of a HMT or DHMT.
  **Probe:** How are you selected? What particular training is necessary?

- As a multi-disciplinary team, what are your major challenges?
  **Probe:** How do you collectively overcome these challenges?

- What achievements/accomplishments have you documented within the past 12 months?
  **Probe:** Describe the process

- Please tell us about your management and care of HIV/AIDS.

- How and where are condoms dispensed?
  **Probe:** What population has access to condoms?
  **Probe:** Is dual protection (simultaneous protection against pregnancy and sexually transmitted infection) promoted?
-How would you describe the male involvement in health services, particularly SRHS (sexual and reproductive health)?
  Probe: As providers of services
  Probe: As beneficiaries of services: How comfortable are males in using SRHS?
  Probe: How can male involvement be improved?

-How functional are your “outreach services”?
  Probe: EmOC outreach
  Probe: How are populations in very rural hills and mountains reached?
  Probe: Use of village health workers (VHW)/community health workers (CHW)
  Probe: Collaboration with and support to health centers
  Probe: Training and supervision of human resources

-What is the situation of Youth Friendly Services in the village/community?
  Probe: What percentage of health facilities are Youth Friendly?

-Who are the various health partners working with you?

-What are your unmet needs (in order of priority?)

-How can UNFPA play a vital role in the work of the HMTs/DHMTs?

5. Gender District Officers:
-What would you say are the priority concerns (social, cultural, economic, and legal) of women in your district?

-How are these concerns usually addressed?
  Probe: What role do you or your office play in addressing priority concerns?

-How would you assess the general/overall situation of women in your district?

-Are there formation of local women’s groups?
  Probe: How active are they?
  Probe: What activities do they sphere head?
  Probe: What is the potential for the establishment of more effective groups?

-How knowledgeable are women of their rights within gender policies?
  Probe: How popularized are gender policies?
  Probe: How do you ascertain women’s understanding of these policies?
  Probe: What understanding, if any, do you think men have of gender policies?

-Are there formation of men’s groups?
  Probe: What is the level of male involvement in district activities?
  Probe: How aware are men of gender policies?
  Probe: How popularized are gender policies among men?
-What is the main challenge or obstacle you have faced as a District Gender Officer?
  Probe: How have you overcome this challenge/obstacle?

6. District Statistics Officers (responsible for routine data):
   - Reproductive Health
   - STIs and HIV/AIDS
   - Gender
   - Population and Development

7. Health Officers (responsible for routine data):
   - Reproductive Health
   - STIs and HIV/AIDS
   - Gender
   - Population and Development

B. Focus Group Discussions (FGD)

1. Women’s Groups
   - Focus Group Discussions Guidelines

2. Adolescent and Youth Groups
   - Focus Group Discussion Guidelines

C. Health Facilities Check List - (observation and interviews)
   - Community-based health workers associated with Health Units/facilities
   - Staffing Level in Health Center/Facility
   - OPD Consultation room
   - ANC Room
   - Delivery room
   - Pharmacy/Drug Store
   - Laboratory
   - Disposal of Wastes
8. Focus Group Discussion Guide: Adolescents and Youth

INTRODUCTION

INTRODUCE YOURSELF AND THE MODERATOR(S)

ASK ALL PARTICIPANTS TO INTRODUCE THEMSELVES TO EACH OTHER SO THAT EVERYONE FEELS COMFORTABLE. ASK THEM TO SHARE THEIR FIRST NAME, AGE, WHERE THEY ARE FROM, AND HOW LONG THEY HAVE LIVED IN THE AREA.

(Read to participants): We are interested in learning about some of the health needs and services for adolescents and youth in your village. I would like your permission to ask you some questions about health care and issues related to health. Your participation is voluntary. You do not have to participate and you are not required to answer any questions. We will discuss some topics that are sensitive or that may be difficult to talk about but we will not record your names. We ask that you respect the privacy of other members of the group and do not share what other people say after you leave today. The information will help us to learn more about the health and wellbeing of young people in your village but it may not necessarily result in new programs being started in your village. I expect our conversation to last between sixty and ninety minutes. I will ask questions and we will discuss your responses. There are no right or wrong answers and it is okay if some of you disagree. Does everyone agree to participate?

DAILY ACTIVITIES

I will start off by asking you some questions about your daily activities.

1. Do you go to school?

2. What are some of the reasons that boys/girls would not go to school or would stop going to school?

3. What activities are available to boys or girls?
   
   **Probe:** What are the kinds of things you do in your free time?
   
   **Probe:** Are you a member of a youth group?

GENERAL WELLBEING

4. What are the main problems that young people in your village are facing?

HEALTH SERVICES

Now I would like to ask you about health services in your village.

5. Where in your village are health services available? (services include those of traditional healers)

   **Probe:** Are there any other places in the village?
6. Are they provided free?
   **Probe:** If they are not free, do you think the cost prevents young people in your village from using these services?

7. Have you used any of these services?
   **Probe:** Did you think the services provided were of good quality?
   **Probe:** Who are the health providers?
   **Probe:** How did you feel about the health providers?

*Now I am going to ask you some questions about relationships.*

**RELATIONSHIPS**

8. Can you tell me about friendships between boys and girls in your village?
   **Probe:** How about relationships?

9. At what age do people usually marry?
   **Probe:** At what age do you think people should get married?

10. Do girls and boys in your village usually wait until after marriage to have sex?
    **Probe:** Do you think girls/boys should wait until after marriage to have sex?

11. At what age do people usually start having sex?
    **Probe:** Is this the same for herd boys?
    **Probe:** How are sexual relationships before marriage viewed by the family and the village?

12. What happens if a girl is not married but she gets pregnant?
    **Probe:** What usually happens to the boy or man who gets the girl pregnant?

**HEALTH AND SEXUALITY**

*Now I am going to ask you some questions about health and sexuality.*

13. If you had a health problem, what would you do first?
    **Probe:** Who else would you see?

14. What if the problem concerned sex or pregnancy?
    **Probe:** What would you do first?
    **Probe:** Who would you talk to about it?
    **Probe:** whose advice would you take?

15. From whom did you first learn about sex?
    **Probe:** Did you learn about sexuality in school?

16. Do you know of girls/ boys who have sex for money, protection or food?
**Probe:** With whom do they have sex?
**Probe:** What do you think of this kind of situation?

17. If a girl/boy is having sex and does not want the girl to become pregnant what does he/she do?
   **Probe:** What are the modern ways?
   **Probe:** Traditional ways?
   **Probe:** Which?

18. Sometimes girls are pregnant but they don’t want to be. What do girls do when they are pregnant but do not want to be?

19. (If condoms have not yet been discussed) Do you know what a condom is?

20. Where would a young person in your village go to get condoms or other contraceptives?
   **Probe:** Is it difficult or easy to get contraceptives?

21. Are condoms available to young people who are having sex?
   **Probe:** If so, from where?
   **Probe:** Are young people using them?

**STIs and HIV/AIDS**  
*Now I would like to get your thoughts about HI/AIDS.*

22. Have you heard of STIs? HIV? AIDS?
   **Probe:** What have you heard?

23. Tell me about all the ways a person can get AIDS.
   **Probe:** Are there any other ways?

24. Do you think your friends are at risk of getting AIDS?

25. What are the ways that a person can prevent AIDS?

**GBV**  
*Now I am going to ask you some questions about violence against women.*

26. Do you know of girls who were forced to have sex?
   **Probe:** Who forced them to have sex? (soldiers, teachers, or other in positions of authority)?

27. If a girl or boy was forced to have sex, who would s/he tell?
   **Probe:** Who would s/he go to for help?
   **Probe:** What help do you think she would get?

**SERVICES FOR ADOLESCENTS/YOUTH**
28. Are there any centers that are just for adolescents/youth?

29. Have you ever visited a center that is specifically targeted for adolescents/youth? If yes, what attracts you to the center?

30. Are there any services that you think should be made available to adolescents/youth?

31. How could services or information be made appealing or attractive to adolescents/youth?

**CONCLUSION**

Thank you so much for your ideas, we realize that these are difficult subjects to talk about. Thank you for speaking with us. You have given us some very useful information.

Do you have any questions for us about any of these issues or about what we do? Is there anything more you would like to say?

Thanks very much.

INTRODUCTION:

INTRODUCE YOURSELF AND THE MODERATOR(S)

ASK ALL PARTICIPANTS TO INTRODUCE THEMSELVES TO EACH OTHER SO THAT EVERYONE FEELS COMFORTABLE. ASK THEM TO SHARE THEIR FIRST NAME, WHERE THEY ARE FROM, AND HOW LONG THEY HAVE LIVED IN THE AREA.

(Read to participants): We are interested in learning about some of the health needs and services for women in your village. I would like your permission to ask you some questions about health care and issues related to health. Your participation is voluntary. You do not have to participate and you are not required to answer any questions. We will discuss some topics that are sensitive or that may be difficult to talk about but we will not share your names. We ask that you respect the privacy of other members of the group and do not share what other people say after you leave today. The information will help us to learn more about the health and wellbeing of women in your village but it may not necessarily result in new programs being started in your community. I expect our conversation to last between sixty and ninety minutes. I will ask questions and we will discuss your answers. There are no right or wrong answers and it is okay if some of you disagree. Does everyone agree to participate?

GENERAL WELLBEING

1. What are the main problems that women in your village are facing?

HEALTH SERVICES

Now I would like to ask you about health services in your village:

2. Where in your village are health services available?

3. Are health services provided free?
   **Probe:** Do you think the cost prevents women in your village from using these services?

4. Have you used any of these services?
   **Probe:** Did you think the services provided were of good quality?
   **Probe:** Who were the health providers?
   **Probe:** How did you feel about the health providers?

Now I am going to ask you some questions about relationships.

RELATIONSHIPS

5. At what age do people usually marry?
   **Probe:** Has this changed any, for people in the last few years?
6. Do girls and boys in your community usually wait until after marriage to have sex?  
   **Probe:** Has this changed for girls/boys any, in the last few years?

7. At what age do people start having sex?  
   **Probe:** Has this changed for boys or girls who have been displaced from their homes?  
   **Probe:** How are these relationships viewed by the family and the community?

8. What happens if a girl or woman is not married but she gets pregnant?

**HEALTH AND SEXUALITY**  
*Now I am going to ask you some questions about health and sexuality.*

9. If you had a health problem, what would you do first?  
   **Probe:** Who else would you see?

10. What if the problem concerned sex or pregnancy?  
    **Probe:** What would you do?  
    **Probe:** Who would you talk to about it?

11. Who first told you about sex?  
    **Probe:** Did anyone else talk to you about sex?

12. Do you know of girls/boys/women who have sex for money, protection or food?  
    **Probe:** With whom do they have sex?  
    **Probe:** What do you think of this kind of situation?

13. If a woman doesn’t want to get pregnant, what does she do?  
    **Probe:** What are the modern ways?  
    **Probe:** Traditional ways?

14. Sometimes women are pregnant but they don’t want to be. What do women do when they are pregnant but do not want to be?

15. *(If condoms have already been discussed, then SKIP)* Do know what a condom is?

16. Where would a woman in your community go to get condoms or other contraceptives?  
    **Probe:** Is it difficult or easy to get contraceptives?  
    **Probe:** What contraceptives are available?  
    **Probe:** Are there any contraceptives that are not available?

**Safe Motherhood**

17. What are some of the things that can go wrong when a woman gives birth?

18. What should be done if a woman experiences one of these problems?
Probe: Who can help her? [in the village]
Probe: Where would she be taken first?

19. If a woman has a problem during childbirth, who makes the decision to seek help?
   Probe: Who are the other decision-makers?
   Probe: Anyone else?

20. How does she decide whether or not to go to a health facility?
   Probe: Money? Transport? Gender of the doctor? Risk that woman or baby will die?
   Probe: Which of these makes it more likely that you will go?
   Probe: Which factors make it less likely that you will go?
   Probe: Is there a place equipped to handle emergencies during childbirth? Where is it?

21. What are some reasons to go there?

22. What are some reasons not to go there?

23. Are there other health facilities in the area where you might take a woman who has a problem?

24. What are the costs involved (transportation, fees, etc) in going to the health facility?
   Probe: How would the family obtain the money for this? What would be done if they cannot get the money?

HIV/AIDS/STIs
Now I would like to get your thoughts about HIV/AIDS.

26. Have you heard of AIDS?
   Probe: What have you heard?

27. Tell me about all the ways a person can get AIDS.

28. Do you think women in your community are at risk of getting AIDS? Why or why not?

29. What are the ways that a person can prevent AIDS?

GBV (Gender Based Violence)
Now I am going to ask you some questions about violence against women.

30. Do you know of women who were forced to have sex?
   Probe: Who forced them?
   Probe: (soldiers, teachers, or other in positions of authority)?

31. If a woman was forced to have sex, who would she tell?
Probe: Who would s/he go to for help?

30. Are there any services in your community to help a woman who has been forced to have sex?

31. Can you tell us about those services?

Today we have talked about many women’s health issues. We have also talked about health services for women.

31. How would you like to see services improved?

32. What additional services would you like to have available to you?

CONCLUSION
Thank you so much for your ideas, we realize that these are difficult subjects to talk about. Thank you for speaking with us. You have given us some very useful information.

Do you have any questions for us about any of these issues or about what we do? Is there anything more you would like to say?

Thanks very much.
Rationale for Rapid Baseline Survey:
- To establish benchmarks and set new targets for the GOL/UNFPA 5th CPAP (Country Programme Action Plan)
- To update and validate indicators and available statistics

The results of the Rapid Baseline Survey will be used to:
- Design a wide range of project activities of the 5th CPAP and provide data for evaluating outcomes, effect and possibly impact sub-programmes.

Tools will include:
- Focus Group Discussions (FGD)
- Key Informant Interviews (KII).
- Institutional reviews of local health facilities.
### 11. Evaluation Activity Workplan and schedule of Activities

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<th>Parties</th>
<th>Output</th>
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<td>Debrief of the UNFPA Representative</td>
<td>Evaluation Team UNFPA Representative</td>
<td>Report of Debrief</td>
<td>Sept 7, 2007</td>
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<tr>
<td>Joint Review of documentation</td>
<td>Evaluation Team</td>
<td>Report, Attendance List</td>
<td>September 6, 2007</td>
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<tr>
<td>Field Trips</td>
<td>Representative, Programme Officers and Evaluation Team</td>
<td>Report, Attendance List</td>
<td>Sept 17 - 21, 2007</td>
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#### EVALUATION OPERATIONS MANAGEMENT & ADMINISTRATION

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#### EVALUATION PROCESS

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<td>Draft Component Reports</td>
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<td>Report</td>
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<td>Report</td>
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**WRITE UP**

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<td><strong>Evaluation Team</strong></td>
<td><strong>Zero Draft</strong></td>
<td>Sept 21 – 30, 2007</td>
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12. Qu’thing Field Trip Report and 24th September 2007

The meeting brought together representatives local government women organizations, the police. A brief introduction was done by the Director of gender department followed by self introductions. This was followed by a series of questions asked by Dr. R Chima:

**Issues of Decentralization:**

Decentralization is a change which is very difficult, few people seem to understand it in the district, it began with 10 community councils, 1 district council, District planning unit and it is not well integrated now as there is need to have one district plan that incorporates district needs that are well costed.

**Challenges facing the district**

Limited budget
Community councils operate with a budget of approximately 30000Maloti a year, the district is allocated 1 million Maloti a year and the amount varies from district to district. Criteria of amount allocated to each district is not known – urban areas are allocated more funds while rural areas less.

Needs met and needs not met in the district include rural water supply projects, food produce projects, feed roads and maintaining. Limited resources make it very difficult to finalize 1km of road.

**Health issues in the district**

- Rural clinics are present, established clinics are still being used, no new ones have been built
- Public health teams lack capacity to address issues and handle emergency obstetrics
- Several women are dying while giving birth, **some give birth at home**

**Partners**

GTZ, DED, INGOs – World Vision, Red Cross, save the Children, WFP egg. The recent epidemic

**Some suggestions on the health sector especially for women to reduce maternal death**

- Empower village health workers as women die on the way to the clinic, village workers lack equipment to carry their duties effectively e.g lack of use basic surgical gloves increase the possibility of contracting HIV and AIDs while giving birth
- Most pregnant women know their HIV status only after giving birth

**What is the district doing in terms of the rights of women? Gender issues**
• Some women do not know their rights, some know -through partnership with the CGPU, CDPPM and the Dept of Gender
• Awareness raising and public gathering on women’s rights have been organized but few women attend, more men do.
• Some women feel that women’s rights brawl their families. There is need for change of attitudes
• Accessing remote areas for awareness raising activities is a problem due to lack of resources
• There is need to involvement in all development programmes especially those on gender equality

• When teenagers get pregnant it is considered abnormal, they kicked out of school
• Men do not like issues of gender as it would split their families. Assistance is needed to help men appreciate this in terms of public gathering for men only, workshops
• In terms of GBV more women report case than men, domestic violence occur most of the time because husbands have not provided support at home

**Challenges/Situation of Women in the District**
• GBV- women against women, widows, mother in laws, men against men, vulgar language, cases of mother in laws refusing that their son is married, hides the married certificate because she wants to get favours from the court. There is incest – a son and a mother, a daughter and a father is more common thus there is need to have structures to support GBV in the districts
• Poverty which leads to GBV
• HIV and AIDS – women like to know their status but husbands discourage women from knowing their status and this threatens family unity
• Family and sexual life education in schools are still at the curriculum stage, principals and teachers need to be sensitized about family life

**HIV and AIDS- Condom Procurement**

Health centres and hospitals provide condoms – mostly male condoms. Boxes outside facilities like restaurants, hotels, bill boards are lacking with messages. Youth friendly health Centres and services such as Adolescent Corners, Anti drug or Substance abuse exist but need to be strengthened. Church owned schools do more awareness raising instead of being involved in formulating policies, church owned schools had more teenage pregnancies, there is high demand for condom procurement

The meeting brought together representatives and a cross section of from councils, youth, education, local government, statistics. A brief introduction was done by the Director of gender department followed by self introductions. This was followed by a series of questions asked by Dr. Chima:

Health issues in the district and how to address them particularly as they relate to HIV and AIDS and maternal death in pregnancy

HIV and AIDS is higher in Leribe than other districts, women die while giving birth due to
- either walking long distances
- ingrained patriarchal society
- the distance between the house and clinic or health facilities, this has led to women delivering at home or on the road
- HIV and AIDS is caused by poverty and unemployment
- Equipment and capacity of health officers is also a problem

Some suggestions to reduce maternal death

Dissemination of information on HIV and AIDS in local languages
More research should be done on the cultural practices
Youth involvement in all development and health programmes
Men involvement in all development and health programme
Awareness raising on women’s rights including on GBV issues at the community level as this is linked to the issue of HIV and AIDS
Encourage individuals to declare their status and get right treatment
Involve community and village health workers and consider incentives in terms of providing financial support - and working materials. For instance a token to paid for services rendered by volunteers
Harmonize culture and development issues

Fear
Fear associated with promiscuity leading to no declaration of HIV status
HIV and AIDS support groups in the villages do not provide quality services to the patients
Health service providers and elites are willing to declare their status
Young boys and girl believe contraception cause HIV and AIDS
Women who have attended Ante Natal Clinic have been integrated into the PMCTC but counselling has not been done effectively to include men and husbands

Condoms are gotten from hospitals and health centres. Some shops sell condoms but there is no statistics of the number of shops selling condoms in the districts. Condoms are not yet available in youth clubs. Currently there is only one youth club per district serving 10 villages. It is expected that each electoral division made of 10 villages would have a youth club.
There are youth friendly centres available in 2 hospitals in the district. Some youths have been trained recently to go out and sensitize the children in schools on the existence of the Adolescent Health Corner.

**Partners of youth** include the Global Fund, UNIADS, the Ministry of health, Department of Youth, youth clubs in villages are supported by UNICEF.

There are also out of school youth most the known as the shepherd or herds boys who are the most vulnerable. At the age of 5 years they are orphans, at 14 they taken to the mountains for initiation then get married. Some of the are trained with life skills and reproductive health after which they become youth volunteers and peer educators on HIV and AIDS.

In Leribe, one teacher and on principal has been trained on providing counselling to abused pupils and students and referring them to the relevant departments for assistance. Even teachers abuse the pupils and students. Teachers do not talk a lot about condoms in schools; they propagate cultural issues more in schools since most of the schools are in rural area. HIV and AIDS issues have been integrated in curriculum in schools.

**District priorities:**
- Health facilities in the each council is a challenge and is linked to decentralization
- Poor infrastructure
- Trained and skilled health services providers, birth attendants
- Sustained health training in view of attending to current health needs

**Gender issues and gender Imbalances in the districts as it relates to GBV**

GBV and VAW is great concern and is linked to the HIV and AIDS situation in the district. It also propagated because there is impunity lack of adherence to laws. Outreach Centres for abused victims especially women and children is needed. The Police needs to be empowered with counselling skills to address these issues. Police officers working on GBV are working part time and do not dedicate enough time to attend to victims. Absence of domestic violence law propagates GBV in the country thus the need to enact a domestic violence law and the enactment of child protection legislation. Gender issues should be included in school curriculum.

There are several kinds and cases of violence men against women, women against women, men against men and women against men, step fathers abusing daughters, trafficking, but it is under reported.

**Solutions to address GBV in terms of popularizing the law**

Popularization of laws is being done but this has been affected because the Act is not in Sesotho yet. According to the law, girls are not supposed to be expelled from school when they get pregnant but since most of the schools are private and Christian owned schools, this happens most of the time. Youth should be involved in disseminating the legislation; lack of resources is an impediment.
The FGD was held mostly with out of school youths who have left school either because of lack of scholarship, sponsorship, no income and / change of current national education syllabus.

Challenges

Key challenges facing youth in the community include:
- Regret for not going to school, thus feel hopeless for not having a future
- STI is high because most of them are idle
- Crime rate is high because of idleness
- Sexual harassment, rape forced sex, drugs constitute the challenges they face.

Youth friendly services

Apparently these services are quasi-absent. There is stigma with regards to the use of condoms, they know about it, have heard about it but have not seen particularly the female condoms. Most of them are ashamed to use condoms, some do use them, others say they do not enjoy sex when they use it. Youth corners in the health facilities are not user friendly, youth pay for health services but AIDS patients do not pay. There is need to protect those who are not yet infected with HIV thus the use for condoms thus extensive awareness raising on the use of condoms.

Relationships between boys and girls in the village

In the past 3 years, youths spoken to have had relationships with 1-2 boys and girls friends respectively but they are shy to talk about it. Corruption with regards to HIV/AIDS status is a problem. Health services sign up medical certificates for aptitude at 50 Maloti even when a person is positive. There is need to audit health facilities.

Age of Marriage

Out of school girl youths get married at about 15-18 years
School going girls get married at about 24-25 years
Out of school boys get married at about 13-16 years
School going boys get married at the age of about 25 years
Peer pressure was given as one of the reasons for early marriages.

Age of First sex

The following age ranges were given as age of first sex- 12, 14, 16, 18, 19 and 20. The younger the age, the more difficult it was to negotiate sex. There is need for a National Strategy for BCC.
Skills

Apart from going to back to school, the youth recommended that Government should help formulate projects to keep the youth busy in the communities and villages – e.g. rearing of chicken, catering services, weaving using leather, Art, craft and computers centers.

When asked who they would inform first as soon as they fine themselves pregnant, some said their friends, others their boyfriends and then parents. There is the issue of parent and child communication.

Most learned about sex for the first time from friends in school (peer pressure) and from senior student. One mentioned that he learned about sex for the first time from the community. Those who learned about sex from their parents did so particularly from their mother and grandmothers. Fathers have hardly informed them about sex or sexuality. Even when they did, it was accompanied with threats of disowning for example a girl who became pregnant.

In school, teachers taught biology, drew diagrams about sexual organs but did indulge in providing detailed information about sexuality, nurse were called in some cases to give lectures in schools – teachers were therefore shy.

Responding to what a boy would do if he does not want a girl to get pregnant, they said they practiced withdrawal, some would request the girl to the toilet immediately before and after having sex, other would recommend the girls to drink coke. None mentioned about the use of condom.

Responding to what a girl would do if she does not want sex, most of them said they would use condoms, some said sometimes the boys refuse condoms and they girls always found it difficult to negotiate sex with condoms.

Some youth interviewed have seen HIV patients, some have not. They linked the cause of HIV infection to increased appetite for sex and poverty. They also forced occurring between young boys and elderly women and young girls and elderly men. For instance a young boy was forced by a police woman in the community to have sex with her and some many young girls are being forced by the policemen to have sex with them. There is need to have awareness raising activities targeting law enforcement officers.

Asked whether the police are a friend to youth, they said yes. Responding to why they are involved in youth activities they said to help the country as future leaders for change in their country, to sensitize other youth about HIV and AIDS and advocate for preventive and protective measures since most of them have friends who have died of the HIV.

Some recommended activities for Youth

- Conduct a National Youth Forum
- Support the establishment of a National Youth Network
- Youth HIV and AID and Reproductive Health Programme