MID TERM REVIEW REPORT: FOURTH COUNTRY PROGRAMME OF SIERRA LEONE (2008-2010)

by

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Our families had to endure the brunt of being without our presence during the period of this assignment and we would like to appreciate their patience and moral support.
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<td>ACT</td>
<td>Artemisinin Combination Therapy</td>
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<td>ADB</td>
<td>African Development Bank</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<td>ASRH</td>
<td>Adolescent Sexual Reproductive Health</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>BEmONC</td>
<td>Basic Emergency Obstetric and Newborn Care</td>
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<td>BPfA</td>
<td>Beijing Platform for Action</td>
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<td>CARE</td>
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<td>CBO</td>
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<td>CO</td>
<td>(UNFPA) Country Office</td>
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<td>COE</td>
<td>Certificate of Expenditure</td>
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<td>CP</td>
<td>(Sierra Leone) Country Programme</td>
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<td>(United Kingdoms) Department for International Development</td>
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<td>Domestic Violence</td>
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<td>EC</td>
<td>European Commission</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EmONC</td>
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<td>GoSL</td>
<td>Government of Sierra Leone</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HIV/AIDS</td>
<td>Human Immune Virus/Acquired Immune Deficiency Syndrome</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IMPAC</td>
<td>Integrated Management of Pregnancy and Childbirth</td>
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<td>INGO</td>
<td>International Non-Governmental Organizations</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>IPRSP</td>
<td>Interim Poverty Reduction Strategy Paper</td>
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<td>IPS</td>
<td>Institute for Population Studies, Fourah Bay College</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>JICA</td>
<td>Japanese International Cooperation Agency</td>
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<td>LAN</td>
<td>Local Area Network</td>
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<td>LAWYERS</td>
<td>Legal Assistance for Women Yearning for Equality Rights and Status</td>
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<td>LMIS</td>
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<td>M&amp;E</td>
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<td>MCHA</td>
<td>Maternal and Child Health Aide</td>
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<td>MDAs</td>
<td>Ministries, Departments and Agencies (of Government)</td>
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<td>MoSWGCA</td>
<td>Ministry of Social Welfare, Gender and Children’s Affairs</td>
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<td>Mid Term Evaluation</td>
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<td>Multi-Year Funding Framework</td>
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<td>NEWMAP</td>
<td>Network of Women Ministers and Parliamentarians</td>
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<td>Non-Governmental Organization</td>
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<td>PLHIV</td>
<td>People Living with HIV and AIDS</td>
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PMT  Project Management Team
PoA  Programme of Action
POP/FLE  Population and Family Life Education
PPASL  Planned Parenthood Association of Sierra Leone
PRS  Poverty Reduction Strategy
PRSP  Poverty Reduction Strategy Paper
PSU  Programme Support Unit
RH  Reproductive Health
RSLAF  Republic of Sierra Leone Armed Forces
SDHS  Strengthening District Health Services (Project)
SECHN  State Enrolled Community Health Nurse
SL  Sierra Leone
SLDHS  Sierra Leone Demographic and Health Survey 2008
SLP  Sierra Leone Police
SLPAGPD  Sierra Leone Parliamentary Action Group on Population and Development
SRH  Sexual Reproductive Health
SRH&R  Sexual and Reproductive Health and Rights
SSL  Statistics Sierra Leone
STIs  Sexually Transmitted Infections
TBA  Traditional Birth Attendant
TFR  Total Fertility Rate
TORs  Terms of Reference
TWG  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNCT  United Nations Country Team
UNDAF  United Nations Development Assistance Framework
UNDP  United Nations Development Programme
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNFPA  United Nations Population Fund
UNHCR  United Nations High Commissioner for Refugees
UNICEF  United Nations Children’s Fund
UNIFEM  United Nations Development Fund for Women
UNIOSIL  United Nations Integrated Office in Sierra Leone
USAID  United States Agency for International Development
VCCT  Voluntary Confidential Counseling and Testing
WB  World Bank (BIRD)
WHO  World Health Organization
WiCM  Women in Crisis Movement
Executive Summary

The UNFPA programme of support to the Republic of Sierra Leone as stipulated in the Country Programme Document (2008-2010) is guided by the UNDAF. It addresses three of the five priority areas of the UNDAF and has translated these UNDAF outcomes into two major programmes of work, namely, Reproductive Health (RH) and Population and Development (P and D). Gender equality and youth are identified as crosscutting issues and are integrated in the two programme outcomes and outputs.

The Programme is informed by UNFPA Strategic Plan (2008-2011), the ICPD and its Plan of Action and the MDGs; particularly MDG 3, 5 and 6. Currently, the UNCT has developed a Joint Vision for Sierra Leone (2009-2012) to align with Government of Sierra Leone’s aspirations in the second generation PSRP, the Agenda for Change. Since these developments transpired after the formulation of the CPAP, it raises the issue of alignment between the CPAP (2008-2010) and the Joint Vision and PRSP 2.

The evaluation examined the expected outputs to ascertain the level of progress made in achieving the results, facilitating and constraining factors, programme relevance and sustainability, lessons learned and best practices in programme implementation. The methodology employed desk evaluations of pertinent project documents, meetings with relevant Government of Sierra Leone and UNFPA officials, interviews of key persons associated with the programme and focus group discussions with beneficiaries. The various outcomes and their expected outputs were assessed in line with the broad terms of reference of the evaluation exercise (see Annex A) to derive the following findings:

The Reproductive Health and Rights Component

The Reproductive Health and Rights Component of the Fourth Country Programme is being coordinated by the Reproductive Health Division of the Ministry of Health. It is implemented by several partners in seven districts, i.e., Western Area, Bombali, Tonkolili, Kenema, Bo, Bonthe and Port Loko but also provides other districts with technical assistance and reproductive health commodities. The outcome of this component is: “Increased access to and utilization of reproductive health information and services and reduced risk of HIV infections and sexually transmitted infections among young people, women and vulnerable groups”.

This Mid Term Evaluation has revealed that the Reproductive Health and Rights Component of the UNFPA CPAP 2008-2010 has made tremendous contributions to achieving national and international priorities such as the President’s Agenda for Change, the ICPD and the MDGs; with specific emphasis on the MDGs 4, 5 and 6. Results from Makeni Government Hospital reveal that significant, tangible maternal mortality reduction is possible if comprehensive, well-resourced programmes can be implemented.

Several factors facilitated this process including funding from UNFPA and donor partners, ongoing training of health sector personnel, provision of drugs and equipment, and the availability, willingness and collaboration of personnel. Constraining factors
included lack of government counterpart contribution, administrative bottlenecks and poor capacities of some of the Implementing Partners (IPs). UNFPA appears to be spreading itself too thinly as the IPs are too many. For further programme implementation, especially with an extension onto 2012, it is strongly recommended that UNFPA should refocus on fewer but high impact interventions.

**Population and Development Component**

The main objective of the population and development programme component is to strengthen institutions to provide high-quality, gender-sensitive population and reproductive health information and services, and datasets for programme formulation and good governance. This involved the conduct of the first Demographic and Health Survey in 2008, contribution to setting up an integrated database in Statistics Sierra Leone for gender-sensitive population and reproductive health data and to undertake baseline and operational research studies on population and development, reproductive health, young people and gender. The population and development outcome is supporting the national priority of “Good Government, Security and Peace-building”.

The National Population Commission (NPC) of the Ministry of Finance and Economic Development (MoFED) is generally responsible for coordination and management of population and development issues. For the achievement of results, the responsible parties are MoFED; Ministry of Health and Sanitation (MoHS); Ministry of Social Welfare, Gender and Children’s Affairs (MoSWGCA), and Ministry of Education, Youth and Sports (MoEYS), Statistics Sierra Leone (SSL) and Institute for Population Studies (IPS) and University of Sierra Leone (USL). Other partners include a network of NGOs, other civil society organizations and Parliamentarians.

The successes scored in the implementation of activities under the outputs were impressive as were recorded in the completion of the gender studies started in 2008, successful execution of the nation’s first Demographic and Health Survey, ongoing advocacy and public sensitization on gender and reproductive rights issues, etc.

However, despite these achievements, the lack of technical capacity within the MoFED has delayed the setting up of the National Population Commission (NPC) and execution of planned training programmes. Thus, the strengthening of the technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes is not evident. It is urgently important to complete the evaluation and validation process of the National Population Policy and hasten its implementation.

In extending the CPAP beyond 2010, it will be necessary to take care of its design defects by making gender and youth issues separate programme areas. Also, advocacy issues should be clearly spelt out in the CPAP and part of the activities should be to develop a National Advocacy Strategic Plan to guide the advocacy programme.

**Gender Mainstreaming in the 2008-2010 CPAP**
This Mid Term Evaluation has revealed that efforts that UNFPA has undertaken so far are contributing effectively in creating an enabling environment for gender equality in line with the UNDAF outcome for governance and human rights. The review and dissemination of gender related pieces of legislation, introduction of mechanisms to reduce gender based violence and provision of support services to survivors of GBV are in line with the MDG outcome aimed at strengthening institutional mechanisms and socio-cultural practices to promote and protect the rights of women and girls. UNFPA support towards international reporting, e.g., CEDAW reports are contributing in raising awareness at the highest level on the key gender issues which the country should address if gender equality goals are to be attained.

A number of strategic partnerships have been established under the current CPAP with Parliamentarians through the Network of Women Ministers and Parliamentarians (NEWMAP) and the Women Parliamentary Caucus that are playing an important role in advocating for gender issues. The other strategic partnership is with Traditional Leaders, faith based organizations and NGOs. The development of the Strategic Plan for Gender is a good example of collaborating with other agencies and development partners and can easily become a resource mobilization tool. UNFPA leadership in the UN Theme Group on Gender demonstrates how UNFPA is driving the gender agenda in the country.

The Country Programme is building capacity of IPs in various ways and this includes provision of material and financial resources and training. Ministry of Social Welfare, Gender and Children’s Affairs (MoSWGCA) and its partners have undertaken a number of activities to build the capacity of several stakeholders such as MoSWGCA staff, local councilors and Ministries, Departments and Agencies (MDAs) who were trained in GBV prevention and management including Gender budgeting. The Ministry also conducted a gender Budgeting Training for Parliamentarians to increase their capacity to critically analyse the national budget with a gender lens and to assess the impact of the budget on men, women, boys and girls.

There are a myriad of challenges that have affected the achievement of some of the results related to gender equality and overall results in the CPAP. Some of these have to do with the way the CPAP itself was formulated and that gender did not become a separate programme component. Other challenges are several socio-cultural issues, legal bottlenecks, and inadequate skills for gender analysis and mainstreaming.

However, several recommendations have been made in the short and long term which should strengthen the achievement of gender equality. These revolve around increasing capacity for gender analysis and mainstreaming, lobbying for increase of women in decision-making structures, and development of a UN Joint Programme on gender apart from investing more in addressing critical gender issues affecting the girl child.
1.0 Background

The decade long civil war (1992-2002) devastated much of the country leaving more than half of the population displaced and rendered destitute. Consequently, all the human development indicators were at unacceptably very low levels with rampant, nationwide poverty. The Government declared the war over in 2002 and developed the transitional plan for peace consolidation and poverty alleviation.

Against this backdrop, the United Nations Population Fund (UNFPA) and Government of Sierra Leone (GoSL) signed a Third Country Programme of assistance to Sierra Leone for the period 2004-2007 in the context of the United Nations Development Assistance Framework (UNDAF) 2004-2007. Since that programme, the UNFPA Country Office (CO) has been supporting the GoSL to implement the Fourth Country Programme (2008-2010). July 2009 was half way into the implementation of this programme and, hence, the need for a mid-term evaluation. The evaluation is imminent because UNFPA, together with other Executive Committee (Ex.Com.) Agencies will soon be requesting the Governing Council for an extension of programme up to 2012.

The programme is aligned with the national priorities of consolidation of peace, sustaining democratic governance and reducing poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment and increased availability of socio-demographic data. It is also in line with the objectives of the UNFPA Strategic Plan, International Conference on Population and Development (ICPD) Programme of Action (PoA) and the Millennium Development Goals (MDGs). Meanwhile, the UNCT is implementing the UN “Joint Vision for Sierra Leone” (2009-2012).

1.1 Purpose of the Evaluation

The evaluation assessed the programme over the operational period January 2008 to mid-2009 in order to measure performance and progress made towards achieving outputs as well as documenting lessons learnt.

Specifically, the evaluation was done in order to:

(1) Ascertain the level of achievement of the stated results;
(2) Identify the facilitating factors in the implementation of the programme activities, including unplanned ones;
(3) Identify bottlenecks and constraints in programme implementation;
(4) Ascertain the need for extending the programme for another two years;
(5) Hold discussions with strategic IPs and stakeholders to ascertain their views on the implementation process;
(6) Identify and articulate the key lessons learnt, and
(7) Make recommendations for improving the implementation of the Fourth Country Programme (2008-2010) in the context of the Joint Vision.
The evaluation report will be used for providing information to those involved in the management and oversight of the Fourth Country Programme (Government of Sierra Leone, UNFPA, other United Nations Agencies and implementing parties) to enable them improve on programme quality and implementation in terms of achieving programme efficiency and effectiveness. It will also be used by UNFPA Headquarters, Regional Office, Sub-Regional Office and Country Office staff, and the communities.

1.2 Key Issues Addressed

The basic evaluation question was: How effective has the Fourth Country Programme (2008-2010) being? This took care of appropriateness of the objectives and strategies, adequacy of inputs and indicators to achieve results, and the performance and relevance of the Country Programme vis-à-vis the Joint Vision. Secondly, the Vision provides for each agency to continue with its planned activities under its current programme. As the CP has to be aligned to the Vision, but only runs up to 2010, it was also necessary for the evaluation to ascertain what needs to be done and suggest a way forward to catch up with the Vision by 2012.

Therefore, the key issues that were covered are:

Effectiveness: Effectiveness measured the extent to which a programme made progress towards achieving its planned results both in quantitative and qualitative terms;

Relevance: Relevance issues related to the degree to which the outputs, outcomes or goals of a programme remain valid and pertinent as originally planned;

Sustainability: Sustainability dealt with the durability of programme results after the termination of the technical cooperation channeled through the programme;

Management: To ascertain the efficacy of programme management, the evaluation assessed the system of procedures, processes and decision-making for effectively organizing and controlling programme implementation including the skillful handling of resources;

Monitoring: The evaluation tried to ascertain the extent to which monitoring was used as a continuous management function that aims primarily at providing programme managers and key stakeholders with regular feedbacks and early indications of progress (or the lack thereof) in the achievement of intended results and recommending corrective measures.

In addition, the evaluation dealt with analysis of constraining and enabling factors which, among others, included technical, managerial/administrative and input- and commitment-related factors. It also identified best practices, where they exist.
1.3 Methodology

In general, the methodology included collection of both quantitative and qualitative data using in-depth analysis to reach concrete conclusions. Specifically, the evaluators:

(a) Held meetings with relevant officials of the UNFPA country office and Government Component Managers;
(b) Reviewed available documentation to obtain a general overview of the programme design and progress;
(c) Interviewed key persons associated with the programme; i.e., the implementing partners, and
(d) Held focus group discussions with beneficiaries.

1.4 Structure of the Evaluation Report

The evaluation report is laid out in eight parts. The first part introduces the document by stating the background, purpose of the evaluation and key issues addressed. It further describes the method of approach used in the conduct of the evaluation, structure of the evaluation report and the aims and strategies of the programme under evaluation (the Fourth Country Programme). Parts Two and Three discuss the major findings and conclusions based on the evidence derived from the information collected on the two main CP components, viz., Reproductive Health and Rights, and Population and Development. In Part Four, the gender issues in the programme components are examined. Monitoring and Evaluation, and the associated programme management aspects of the CP are assessed in Parts Five and Six respectively. The case for extending the current CPAP to 2012 is argued in Part Seven and the final part sums up the report and concludes.

1.5 Aims and Strategies of the Fourth Country Programme 2008-2010

The Government with the participation of UNFPA, other United Nations organizations, non-governmental organizations (NGOs) and community based organizations formulated the current programme. The programme goal is to contribute to the consolidation of peace, sustained democratic governance and reduced poverty through improved maternal health, HIV/AIDS prevention and increased availability of socio-demographic data.

The programme is aligned with national priorities, the UNFPA multi-year funding framework, the Programme of Action of the International Conference on population and Development (ICPD) and the Millennium Development Goals (MDGs). It contributes to three of five priority areas of the 2008-2010 United Nations Development Assistance Framework (UNDAF): (a) governance and human rights; (b) maternal health and child health care; and (c) prevention, treatment, care and support services and the reduction of stigma and discrimination associated with HIV/AIDS, tuberculosis and related diseases.
The programme has two components: (a) reproductive health with a focus on maternal health and HIV/AIDS prevention in seven districts; and (b) population and development with gender and youth as cross-cutting issues.
2.0 The Reproductive Health and Rights Component

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

2.1.1 Introduction – Output Indicators and Strategy

In order to determine or analyse the effectiveness of the programme, the output indicators considered were:

- 50% increase in number of health facilities offering EmNOC;
- By 2010, increase in the proportion of births with skilled birth attendants from 10% to 25% in project districts;
- 60% increase in number of primary health units providing at least three modern family planning methods in project districts, and
- by 2010, twenty-four (24) health facilities would be providing STI and HIV prevention services in project districts.

To achieve Output One, the following strategies were adopted:

i) Strengthening institutional capacity of health facilities;
ii) Capacity development in support of formulation and implementation of National Reproductive Health Service policies and standards;
iii) Capacity development of the health system to improve access to skilled attendants and emergency obstetric and neonatal care;
iv) Strengthening the integration of HIV prevention for the most vulnerable groups and integration of reproductive health into multi-sectoral initiatives in line with the Maputo Plan of Action, and
v) Strengthening of referral systems for EmONC.

2.1.2 Achievement of Results

The main implementing partner was the Reproductive Health Division of the Ministry of Health and Sanitation. The key activities approved for the period under evaluation were:

(1) Assessment and refurbishment of health facilities in selected districts;
(2) Evaluation and definition of minimum standards and protocols for care in maternal and neonatal health;
(3) Dissemination of protocols, manuals and standards nationwide;
(4) Implementation of reproductive and child health strategic plan;
(5) In-service training of skilled birth attendants and family planning providers in partnership with UNICEF and WHO;
(6) Provision of support for the strengthening of the referral system;
(7) Promotion of institutionalization of maternal mortality reviews/audits;
(8) Integration of HIV, STIs into RH and Family Planning services;
(9) Collaboration with WHO and UNICEF on the safe blood initiative;
(10) Development and implementation of a reproductive health behavior change communications (BCC) strategy including a component on HIV/AIDS stigma and discrimination, and

(11) Support to grantees contributing to HIV prevention and to the Directorate of Hospitals and Laboratory Services.

At midterm of the Fourth CPAP, the following results or achievements were noted at output level:

BEmONC assessment was conducted for 20 PHUs in the model districts of Bombali District and Western Area, and Makeni Government Hospital Maternity Unit and PCM Hospital were assessed for CEmONC. In these districts, 11 out of 20 planned PHUs and the main reproductive health referral hospitals were renovated with provision of improved water, sanitation and electricity facilities. In the area of in-service training, CHC and PHU staffs (including nurse midwives) were oriented in BEmONC and trained in Integrated Sexual Reproductive Health services, namely, family planning, STIs, HIV/AIDS, SRH and LSS, and storekeepers were trained in the use of logistic management information system (LMIS).

The minimum standards and protocols for care in maternal and neonatal health were reviewed, defined, printed and distributed to all (including private and NGO) facilities in the model districts through the respective DMHTs. The staffs of the Programme Support Unit (PSU), PCM and Makeni Government Maternity Unit, Nurse Anesthetists and 13 M&E district staff were motivated for providing free EmONC services. The achievement of the nurse anaesthetist programme project was that an increased number of skilled personnel were made available for EmONC. Also, the capacity of the PSU was strengthened by the provision of equipment including computer hardware and accessories, stationery and internet service to be able to support programme work better.

The Motorized Community Ambulances (CMAs) referral system support resulted in more patients with obstetric complications being referred and promptly transferred for EmONC from remote areas thus preventing maternal deaths. An unexpected but relevant output of this project was that even though it was initially designed to target women for obstetric case referrals, the general community benefits as it is also used for referring non-obstetric emergencies and thus saves more lives.

Thousands of IEC/BCC printed materials with various messages on SRH, EmONC, FP, HIV, GBV and ASRH were distributed and jingles aired in 4,544 slots on six radio stations in five local languages nationwide.

The programme collaborated with WHO on the safe blood initiative through which 1322 and 793 blood bags of 450mls and 250mls respectively and 1,254 sangofix kits were supplied to PCMH and Makeni Government Hospital. RH service data collection tools including theatre registers and forms for reporting on eclampsia, anaesthesia, requisitions, receipts and issues (triplicates), STI and EmONC were made available.
HIV grantees were supported to sensitize on HIV and STI prevention including condom promotion through the strengthening of condom outlets resulting in: (a) more people opting and accessing VCCT through sensitization campaigns on HIV prevention and behavioral change practices; (b) women empowered through micro credit and cooperative groups, and (c) the interest of the women, men and youths on SRH increased and youth groups and school RH/HIV Clubs are embarking on community outreach activities on HIV/AIDS sensitization and general reproductive health advocacy.

A major and noteworthy achievement is that DHS 2008 has reported Makeni Government Hospital, which is in one of the UNFPA model districts, to be the only government hospital in which a pregnant woman is not likely to die whilst giving life. This success is directly attributed to the support from UNFPA.

Also contributing to Output One in the Fourth CPAP are non-core UNFPA funds from the ADB project on Strengthening Districts Health Services Project (SDHSP). The SDHS Project has undertaken a Physical Facilities Needs Assessment Survey (PFNA), produced schematic designs with some preliminary cost estimates and detailed design drawings with draft bidding documents that were expected by August 2009.

In line with the AWPs, a series of trainings for the district health staff have been conducted. These include: six Monitoring and Evaluation Officers, a Counterpart Implementation and Procurement Specialist, 19 CHO’s and two medical doctors. Preparations are in progress for the remaining trainings slated in the work plan.

Drugs and RH kits worth US$279,038.00 have been supplied to the five project districts. Most of the drugs were essential/tracer drugs such as ACT, amoxicillin and ORS. This contributes to efforts at preventing drug stock-outs at the health facilities. Five new ambulances have been delivered to the project districts to improve referral at district level. The procurement of two boat ambulances, five motorcycles with cold chain facilities and low powered computers were to be achieved by September 2009.

Strengthening the Reproductive and Child Health Programme achieved as follows: four medical doctors started a masters degree course in disease control at the School of Public Health, University of Ghana in August 2009. Twenty health staff are to undertake an 18 months masters degree course in Nutrition and Dietetics at Njala University, Sierra Leone; which is been supported with learning and teaching materials. In addition, ten tutors are undergoing training at the University College, Ibadan, Nigeria, to graduate in July, 2010 and other training courses were planned after the conduct of a Training Needs Assessment that provided reference data for the SDHS Project and the RCH Programme.

The full complement of project staff is in post and they have strengthened MoHS capacity in the areas of procurement, accounting, civil works/engineering and monitoring and evaluation. An M&E Plan for the SDHS was developed, formally adopted by the MoHS in a stakeholders meeting and distributed to all concerned for strengthening financial management systems in the districts. (This will align the project with the MoHS and ensure effective monitoring/evaluation and reporting of the implementation of project
activities). Financial Management Training for five project districts was completed in August 2009. Five project vehicles have been procured and delivered to the project to facilitate implementation and the LAN for the PMT at the project secretariat was also made available to key MoHS senior staff to enhance the effectiveness of communication among staff of project with stakeholders.

Based on the preceding achievements, the programme effectiveness appears to be very high although difficult to quantify as baselines are mostly not available. The activities of the different IPs have resulted in the increased number of health facilities offering EmNOC, increased proportion of births with skilled birth attendants from 10% to 25% in and an increase in the number of health facilities providing STI and HIV prevention services in project districts. But at mid term of the Fourth CPAP, the indicator of increasing the number of facilities providing at least three modern types of contraceptives appears to be lagging behind.

2.1.3 Facilitating Factors

The key facilitating factors included:

- The administrative support of the Ministry of Health & Sanitation;
- Provision of funds mainly by UNFPA;
- The availability of various policy treaties and documents;
- The availability of qualified and motivated staff as trainers and trainees;
- Consultations and consensus on activities, e.g., cooperation of community elders like the Paramount Chiefs;
- Observing programme operational guidelines including financial management tools and instruments from UNFPA made it possible to receive funds for continuation of quarterly programme implementations;
- Cost-sharing, though minimal, of planned activities by UNFPA and other funding agencies, e.g., USAID, WHO and UNICEF;
- The RH/FP Programme staff technical support to the District EmONC Core Teams and the numerous NGOs and CBOs implementing partners was another impetus, and
- The amicable collaboration and cooperation with the DHMTs, and the willingness and readiness of staff to work together particularly in the model districts.

2.1.4 Constraining Factors

Some of the major constraining or limiting factors were as follows:

- Late disbursement and irregular disbursement of funds to grantees for HIV programme activities;
- Inadequate funding for required quality of work, e.g., the funds allocated for EmONC facility renovations were inadequate for quality and durable works;
- Inadequate Technical Assistance from supporting UN Agencies;
- Delays in receiving RH data from the districts and lack of RH clinical service data management software in 2008;
Inadequate implementing and management capacity of some of the UNFPA HIV Grantees;

• With specific reference to the Nurse Anaesthetist Programme, external procurement resulting in late arrival of some of the required equipments and supplies for the project;

• Poor road networks;

• Old project vehicles that are no longer roadworthy, and

• Interference of some community leaders proved to be constrains for implementing some project activities.

With specific reference to the SDHS Project, the following factors external to MOHS negatively affected programme implementation: poor coordination; poor conditions of service; gaps in the HMIS, and policy related constraints (drugs cost recovery; exemptions, financial management, etc).

The internal limitations are low human resource capacity at district level (few skilled staff); weak health financing; project design gaps and time lag between design and implementation; rapid turnover of health management and service staff, and changes in the health situation and other contextual issues.

2.2 Output 2: Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence.

2.2.1 Introduction – Output Indicators and Strategy

The main implementing partner for this output is the Ministry of Social Welfare, Gender and Children’s Affairs supported by CBOs, NGOs and FBOs.

The indicators for assessing the effectiveness of Output Two were that; (i) 15 national and 25 community leaders promote reproductive rights, gender equality, the prevention of gender-based violence, and treatment and support for victims of such violence, and (ii) 80 per cent increase in the number of institutions providing information on family planning, gender-based violence and reproductive rights.

The following strategies were adopted for achieving Output Two of Outcome One:

(a) Advocating a comprehensive strategy to address gender-based violence and the implementation of the national strategic plan on gender and the Convention on the Elimination of All Forms of Discrimination against Women;

(b) Advocating the establishment of accountability mechanisms to ratify and implement protocols and treaties on human rights, especially those relating to women and youth;

(c) Increasing interventions through social mobilization and behavior change communication activities;

(d) Strengthening partnerships with community leaders, chiefs, NGOs, community-based organizations, women ministers and parliamentarians;

(e) Advocating an increase in girls’ enrolment in school;
(f) Intensifying efforts to develop and disseminate information on family planning and maternal health, and
(g) Training law enforcement agents on gender-based violence and supporting the improvement of legal and protective provisions for women and girls who are victims of gender-based violence.

2.2.2 Achievement of Results

The tangible achievements and detailed analysis of this output are reported under the gender section where they better belong for the purposes of reporting. It is, however, worthy to note that activities geared towards women’s empowerment through capacity building and focused sensitization on gender issues have direct gains in improving their access to reproductive health information and services. Women are also empowered to make informed choices such as use of condoms for prevention of STIs/HIV/AIDS, teenage pregnancy and child spacing that are beneficial to their reproductive health. Based on the above indicators, the programme appears to be on track and very efficient. However, there appears to be some problems in programmatic design as the indicators for Output Two in the Fourth CPAP seem to be rather narrow and not comprehensive.

2.2.3 Facilitating Factors

The facilitating factors are the involvement, contribution and input of stakeholders, political will, availability of funds and technical support from UNFPA, participation of stakeholders at the regional level and working through networks, particularly the National Gender-based Violence Committee (NacGBV).

2.2.4 Constraining Factors

The main constraining factors include the mobility issues limiting effective monitoring of cases as some of the IPs are not mobile, limited funding and the inability of victims to pay fees for medical and legal services to prepare court cases after reporting to the FSU. Secondly, due to poor datasets, it is easy to ascertain the number of institutions providing information on family planning, gender-based violence and reproductive rights.

2.3 Output 3: Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behavior and to prevent sexually transmitted infections and HIV

2.3.1 Introduction – Output Indicators and Strategy

The main implementing partner was the Ministry of Education, Youth and Sports. In assessing the program’s progress and effectiveness as relates to Output Three, the following indicators are considered:

- 75 percent increase in the number of institutions providing livelihood and life-skills education to promote responsible sexual and reproductive health behaviour change;
- 50 per cent increase in the number of institutions providing population/family life and peer education, and
- 8 centers providing youth friendly RH services and information.

To achieve Output Three of Programme Component One, the following strategies were adopted:

1. Capacity development of partners for the expansion of youth-friendly services.
2. Strengthening youth participation in policy and programme development, implementation and monitoring.
4. Strengthening partnerships with stakeholders to promote ASRH.

2.3.2 Achievement of Results

In line with the above strategies, a series of activities were implemented by various IPs. The following results/achievements were obtained at output level:

A Baseline survey on existing youth networks was undertaken and results disseminated. A youth network on population and development (SALYAN) and a youth advisory panel were set up and supported. About 40 members of the youth network underwent a capacity building training on advocacy, networking, resource mobilization and popularization of the African Youth Charter which was reproduced and disseminated. A Youth Sexual Reproductive Health and HIV/AIDS Training Manual were also reproduced and distributed nationwide.

Fliers and leaflets on ASRH were edited, adapted for use in the learning centers and distributed to 40 centers. Meetings were organized with community leaders, and youth leaders to evaluate progress on their knowledge on ASRH/Life-Skills education and 30 literacy management committee (LMC) members were trained on ASRH issues.

An unexpected output was that because UNESCO provided microcredit loans for those attending the RH literacy classes, the targeted number of students for the literacy classes was superseded; implying that greater numbers are now accessing reproductive health literacy. In a bid to increase awareness, a quiz competition and a best speakers’ contest were organized at the MMCET campuses with themes drawn from SRH/LSE topics. Hundreds of students and staff attended. Condoms were distributed.

Support was given to the Peer Educators Club to conduct sensitization amongst 3,500 students on MMCET campus. The project internet services enabled staff and students access to state-of-the-art information to support SRH/LSE. Staff and focal points from two polytechnics and teacher colleges were trained in SRH/LSE and monitoring visits were conducted to assess teaching of SRH/LSE.

The in-school programme trained 30 educational stakeholders on ASRH issues and 50 HIV & AIDS guidance counselors. They also developed the peer education manual and
the Teacher’s Code of Conduct. Despite the completion of these planned activities, their effectiveness is less than desirable as the trend of teenage pregnancy has tended to be on the increase.

The RH/VCCCT Project of MMCET strives to develop the capacity of individual teachers, health workers, social workers, nurses, etc., who would play significant roles in preventing the spread of HIV and AIDS in Sierra Leone. In line with its objectives and based on the AWPs, the trained students who were in the field all over Sierra Leone were supervised and monitored. They provided professional counsellorship for VCCT centers and other community based NGOs and institutions.

PPASL’s SRH/Life Education sub-project is being implemented among young people by teacher counselors and youth peer educators who were empowered to promote SRH/LSE activities in partner schools in Kenema Town and at the Eastern Polytechnic. Youth focused IEC/BCC materials, an assorted range of drugs and four play stations and outreach services were maintained and operated in Kenema for youths and adolescents to promote SRH information and education.

The programme appears to be on track but measuring true effectiveness is a challenge due to the absence of baselines and the limited data management and recording by IPs. Also, due to constraints regarding insufficient project personnel and mobility, monitoring of especially the in-school programs was inadequate. Some of the IPs could not provide the evaluation team with their work plans or progress reports and for others, the funds received were so minimal that it was difficult for them to conduct any activity that would have substantial output or impact. As a result, evaluators have not found the youth programme to be as vibrant as it should have been.

2.3.3 Facilitating Factors

- The provision of honorarium to staff working on the project sustained their commitment for hard work resulting in the meager results achieved.
- Provision of funds to purchase various recreational items such as TVs, play stations, computers & accessories for internet services, indoor and outdoor games outfits. The availability of these items attracted a large number of young people to the center that was hitherto recording very low client uptake of its services.
- The assorted drugs and clinic consumables provided by the project made it possible to offer free services for the treatment of especially STIs both in the Youth Friendly Centre and the outreach communities.
- The funds allocated for facilitating SRH activities in the project schools served as incentive for teacher counselors.
- Presence and involvement of the communities themselves in activities targeting them; for example, the setting up of literacy management committees.
- Collaboration between the health partners and the education sector especially at community level.
- Funds from UNFPA.
2.3.4 Constraining Factors

- Late release of funds that affected timely implementation of project activities.
- Old equipments in some of the projects, e.g., generator with low voltage to operate the internet services in the Youth Friendly Centre and an ageing vehicle in the MMCET project.
- Lack of mobility to enhance project services; for example, outreach activity and monitoring and supervision.
- Bureaucratic bottlenecks.
- Weak institutional capacities (inadequate staff and logistics) for implementation of project activities.
- Large numbers of out-of-school adolescents and youths.
- Partners are not sending in their reports, receipts and requests on time for the preparation of the COE and other documents even though discussions were held with them as to how to fast track programme activities on the Annual Work Plans for 2009.

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

2.4.1 Introduction – Output Indicators and Strategy

In assessing the effectiveness of Output 4, the following indicators are considered:

- 40% increase in the number of male and female condoms distributed
- 15% increase in the number of condom delivery points in project districts
- 50% reduction in frequency of stock-outs for reproductive health commodities (including EmNOC, FP and STI).

To achieve Programme Component One, Output Two, the following strategies were adopted:

1. Strengthening existing partnerships with government and development partners to support implementation of the Reproductive Health Commodity Security Strategic Plan (RHCS-SP).
2. Intensification of advocacy and policy dialogue with the Government to develop financial sustainability mechanisms for budgeting for RH commodities.
3. Strengthen systems to improve RH logistics management and build national capacity for forecasting and procurement of commodities.

The key activities identified in the CPAP were as follows:

a) Assist the Government to develop a comprehensive resource mobilization plan for RHCS-SP;
b) Collaborate with DFID, EU, USAID/AWARE-RH and other UN agencies to support the Government with the implementation of Reproductive and Child Health Strategic Plan;
c) Advocate for the allocation of resources for RH commodities in the national health budget;
d) Contribute to policy and strategic discussions of the national Health Steering Committee, Reproductive Health Committee and the Health Development Partners Forum;
e) Contribute to national efforts to improve storage, and distribution of commodities;
f) Build the capacity of national counterparts on the use of CHANNEL to improve Logistics Management Information System (LMIS);
g) Expand condom distribution points;
h) Develop culturally sensitive BCC material to increase demand for and acceptability of male and female condoms;
i) Develop comprehensive male and female condom programming that would serve different socio-economic and cultural target groups including young people, and
j) Supply reproductive health commodities to support humanitarian response as part of emergency preparedness.

2.4.2 Achievement of Results

Since 2008, activities under Output Four have achieved the following results:

Reproductive Health Commodity Security data collection tools were printed and distributed to all districts and basic RH drugs and equipment were supplied to project and non-project health facilities. These included ten oxygen concentrators which were supplied to Government and NGO health facilities, modern contraceptive commodities were provided free-of-charge nationwide including male and female condoms whilst EmONC and STI drugs and equipments were procured for the “Model Districts”. Five motor bikes were donated to Bombali DHMT to motivate Community Health Centre Staff in the selected BEmONC areas.

Also contributing to Output Four were activities supported by AWARE-RH Project with funds provided by USAID which included: redesign of the RH logistics system and development and validation of the Standard Operating Procedures Manual, training of District Health Sisters and Hospital Matrons in facilitative supervision and medical monitoring, and training of DHMT and NGO Storekeepers on RH commodity needs estimation and procurement planning.

The Japanese-European Union project also complemented the other activities for this output. The achievements in relation to Output Four were as follows: Standard Operating Procedures Manuals and Tools in use in all districts; 30 Midwives, DHS and Matrons trained in facilitative supervision; 30 DHMT members, RH Division and NGO staff trained in forecasting of RH commodities; and forecasting and procurement plan for FP commodities done for 2008 to 2010 for half-yearly evaluation. Also, stock-outs for contraceptive commodities were minimized by use of the CHANNEL software at the RH/FP Programme level and this also helped quarterly and half-yearly store inventory reports production.
Resources were mobilized, including Technical Assistance, to conduct TOT for DMOs and DHMT Storekeepers on the use of the SOPs at service delivery points (SDPs). Fifteen community based condoms distribution outlets were established by the RH Division and 216,000 and 6,000 pieces of male and female condoms respectively were distributed in the Western Area.

HIV grantees like CODWASL also contributed to this output by establishing condom outlets and holding refresher training for condoms distributors. This increased the knowledge of these distributors on HIV, developed their negotiation skills and their ability to demonstrate the correct use of condoms especially the female condoms. The distributors were provided with incentives as a motivating factor to effectively continue the condom distribution.

Based on the stated indicators, the strategies used and activities implemented are effective and on track in obtaining the desired results. It is quite clear that as a result of UNFPA support in LMIS and the use of the Channel software, stock outs have been reduced although the level of reduction has not been assessed in this evaluation. The number of condom delivery points has also increased and more condoms are being distributed.

2.4.3 Facilitating Factors

- Collaboration with other UN agencies
- Funds from UNFPA, USAID and the Joint UN Vision

2.4.4 Constraining Factors

- Inadequate funds allocated for Output 4
- DHMTs (with few exceptions) did not follow the principles of the Standard Operating Procedures Manual for the Management of Reproductive Health commodities. Particularly, contraceptives were still stored and managed by some District Health Sisters instead of the trained storekeepers. Thus, requests were not made correctly and regularly; consumption rates were not available and stock outs were experienced in some districts (e.g., Tonkolili).

2.5 Relevance

The strategies outlined and activities implemented in relation to the Reproductive Health and Rights Component are aligned with national priorities such as the Reproductive Health Policy and the Reproductive and Child Health Strategic Plan. They are also in support of Government’s efforts at implementing international protocols such as CEDAW and Resolution 1325 and to address issues of gender inequality and GBV. In addition, they contribute to the objectives of the UNFPA multi-year funding framework, the Programme of Action of the ICPD, the MDGs and the UN Joint Vision, and have the potential to contribute immensely to UNDAF Outcome Three which relates to the reduction of under-five and maternal mortality rates by 2010. Furthermore, they relate to
UNDAF Outcome Five which seeks to increase access to prevention, treatment, care and support services, and significant reduction of stigma and discrimination on HIV and AIDS by 2010. Similarly, these two UNDAF outcomes are related to outputs under Pillar Three of the PRSP.

However, the design of the programme needs to be looked into as the indicators for Output Two in the CPAP appear to be too narrow and not comprehensive enough for an entire country programme. This may be as a result of subsuming gender related issues either within the Population and Development Component or the Reproductive Health and Rights Component. But the institutional capacity and framework for delivering on this component is generally good as there are committed staff, a spirit of team work and adequate infrastructure and logistics with exception of the youth programme. There is, however, a need for continued monitoring and supportive supervision of the IPs in order to ensure that some of the messages being disseminated are not at variance with medical codes and ethics.

2.6 Sustainability

If UNFPA was to withdraw its support, sustaining results will be difficult if not impossible. This is because for most of the IPs, UNFPA funds were the only reliable and regular source of income for project activities. (Most IPs had not received any significant financial support from the Government of Sierra Leone in the period under evaluation). Also, some of the instruments which are necessary for sustainability, like policies or strategic plans for ASRH or the domestication of the African Youth Charter, are lacking.

Despite the implementation pitfalls, the results achieved at some levels, e.g., Output Two, are very likely to be sustained because the key achievements will outlive the project and the momentum for continuity of the outputs is obvious. Plans to upgrade the Gender Department into a Directorate may imply that more funds will be allocated by the GoSL for gender programmes to compliment the support of UNFPA and other agencies.

The collaboration between some of the CP implementers of this component and other partners is weak. It appears that linkages between the youth and RH programmes are not as strong as they should be. As a result, some of the IPs are not even sure of the component they are contributing to. However, the Literacy Management Committees that have been set up and the capacity that has been built in some of the chiefdoms will exist even after the projects would have phased out.

In some areas, such as collaboration with WHO on the safe blood initiative and under Output Four, results had been positive. Strong linkages have also been established with other projects such as the AWARE-RHCS Project and the Japanese-European Union project whilst in other areas such as collaboration with National AIDS Secretariat, the relationship has been less than adequate.

The capacity built through trainings and erection or refurbishment of facilities would help to sustain the observed results. In project areas where gains such as reduction of stigma
against HIV/AIDS had been achieved, it would be difficult to reverse such gains. For some projects like the Nurse Anaesthetist Training Project, exit strategies such as the institutionalization of the project to ensure its sustainability could be viable.

2.7 Lessons and Recommendations

2.7.1 Lessons Learned

The Reproductive Health Component of the Fourth Country Programme is implementing several activities with various partners from different line ministries, NGOs, Civil Society and Faith Based Organizations. This diversity of partners serves as a strength of the component and ensures that a wider and gender sensitive population is targeted. Deliberate linkages between the Reproductive Health Component and the Population and Development Component have been established and these linkages have proved to be highly effective and supportive in the implementation of the Country Programme.

Lack of baselines and inconsistency in reporting made it difficult to assess trends and measure progress for determination of programme effectiveness. The importance of baseline data and timely reporting cannot be overemphasized. Some of the implementing partners like the faith based clinics represent great opportunities for reproductive health information dissemination as they pull large crowds of women but there is a need for guidance regarding the information disseminated as some of the messages are in contradiction to medical norms and ethics.

The commitment of clinical staff to care for patients adequately, particularly in maternity units, is linked to their ‘take-home’ incentives, availability of drugs, consumables and commitment of the health facility management. Leadership styles of facility managers influenced the outcomes of maternal care particularly in the “Model District” CEmONC facilities. Overall, more gains were made in open, fair and motivated environments.

Midwife-led PHU maternity units in Freetown and district headquarters are the right environments for MCH Aides to undertake internship and practice BEmONC in teams with appropriate supervision. Supporting CEmONC alone in the referral hospital does not sustainably improve the case fatality rate (CFR) of the facility or reduce maternal mortality at the district level (e.g., in Bombali District). Also, supporting effective community BEmONC without supporting the CEmONC facilities (in the Western Area) does not improve CFRs either. Constructive linkages are required between the two to ensure continuum of care. High cost and poor quality of care are key barriers to utilization of reproductive health services in public facilities. Harmonizing costs and making them minimal will increase utilization of reproductive health services.

Openness and accountability motivate middle level cadre of health staff and subsequently strengthen teamwork and commitment to achieving common goals. Accountability for drugs, equipment and consumables, and drastic reduction in service fees can improve access to reproductive health services.
Focused training, particularly for the signal functions and acquiring proficiency in life saving skills (LSS) requires time and small groups, where the caseloads for skills acquisition are high. Availability of the instruments and equipment at the time of training and at the work place are prerequisites for conducting the training and essential for the trainees to perpetually have hands-on exposures and experiences.

There are several gender issues in the country and these were inadvertently integrated and addressed by several implementing partners of the RH component. The linkage between the partners contributing to Output Three and the rest of the outputs in the Reproductive Health Component is poorly defined as there does not seem to be any coordination and supervision of that output by the Reproductive Health Component Manager. This has resulted in suboptimal results for this component.

2.7.2 Best Practices

The Community Motorized Ambulances, if properly managed and activities well documented, could be regarded as a best practice. This is because it does not only address Output One by strengthening referral systems for EmONC but also addresses the cross cutting issue of women empowerment by helping women to produce more crops and become financially secure to take better care of their reproductive health needs. The crops produced are sold and part of the income generated is used for maintenance and fueling of the ambulance.

Special recognition must be given to CEPSHIRE for succeeding in breaching the gap between TBAs and MCHAs in their area of implementation. TBAs in the lower Bambara Chiefdom have pledged and signed to refer all obstetric cases to the CHCs and to stop home delivery. Bye laws with appropriate fines are instituted by Chiefs to give effect to these provisions and all sections in that chiefdom have come up with action plans for the reduction of maternal mortality.

The institution of micro-credit schemes appears to be another best practice. Women in communities in four chiefdoms in Bombali and Tonkolili have been empowered by CIDA through microcredit loans, RH literacy classes and skills training to increase their earning potentials and their self worth and independence. They are now able to contribute to the running of their homes. Additional benefits have been the improved communication amongst mothers and daughters on sexual reproductive health and gender issues thus removing the barriers to family planning, especially condom use, and reducing teenage pregnancy and HIV infection. Also, stigmatization regarding HIV/AIDS and the condition of being an ex-combatant have been greatly reduced. Communities are now integrated and living together in harmony.

Sierra Leone Maritime Administration, through sensitizations on HIV/AIDS/STI, condom distribution and the treatment of STIs amongst seafarers in five riverine communities was able to reduce the prevalence of STIs including syphilis and improve the general health of mobile populations and fishmongers who are a population hard to reach through normal health service delivery channels. A positive but unplanned for
output was that the seafarers and fishmongers targeted brought their partners along for treatment.

2.7.3 Recommendations

The following are general recommendations for the successful implementation of an extended Country Programme:

1. Strategies for the implementation of an extended CPAP should remain largely the same but national capacity building must be continued and capacity of project implementers should be built through local and international trainings on pertinent issues including gender mainstreaming, advocacy for RH rights and issues, monitoring and evaluation and developmental journalism;
2. Vehicles should be provided for mobility to projects to enhance monitoring and supervision on a case by case basis;
3. Develop baselines for different outputs for effective monitoring and evaluation;
4. Build the capacity of IPs on reporting results, achievements and progress made;
5. UNFPA must prioritize its activities and focus on large-scale interventions with impact that can be replicated countrywide rather than spreading itself too thinly and having several small-scale or pilot implementations wherein impact is negligible or difficult to ascertain;
6. Advocacy for counterpart funding must be embarked upon;
7. Specifically for Output One, the provision of trucks to the Reproductive Health Division for conveying RH Commodities including drugs and supplies is vital;
8. Adequate and safe storage facilities for RH commodities at National and District levels must be established to maintain drug quality;
9. Activities must be scaled up and more clinics (at least one per chiefdom) must be supported for BEmONC;
10. Birth waiting homes must be established close to BEmONC centers;
11. Improved communication is necessary for improvement on referrals;
12. It is necessary to strengthen family planning through advocacy and planning for long term contraceptives into activities of the HIV grantees;
13. Regarding Output Three, projects with inadequate staff for programme implementation and addressing similar issues especially in the area of youth should be merged for more effective programme implementation. Support (stipends) must be given for recruitment of support staff for projects that are without support staff and cannot be merged with other projects;
14. There is a need for multi-sectoral approach for the youth component. The linkages and partnerships between the partners of MoEYS, MoHS and MoSWGCA implementing ASRH programmes must be strengthened, and
15. Development of an Adolescent Sexual Reproductive Health Policy/Strategic plan is essential if ASRH issues are to be effectively addressed for tangible results.
3.0 Population and Development

In the Country Programme Action Plan (2008-2010) between the Government of Sierra Leone and the United Nations Population Fund, the population and development programme component has the following expected country programme outcome: “Transparent and accountable democratic governance is promoted through capacity-building and an expanded data base”. This development outcome has two outcome indicators, namely, (a) Number of institutions strengthened to provide high-quality, gender-sensitive population and reproductive health information and services, and (b) Number of datasets provided for programme formulation and good governance.

The evaluation examined the expected outputs (Outputs Five and Six) to ascertain programme effectiveness or achievements, facilitating and constraining factors, relevance, sustainability, lessons learned and best practices identified in programme implementation. Some recommendations were proffered in tandem with the findings in a bid to inform future programme formulation, implementation, monitoring and evaluation.

3.1 Output Five

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

3.1.1 Introduction – Output Indicators and Strategy

This output has three output indicators. The first is that sectoral databases are disaggregated by gender in key development sectors and is monitored using programme research and thematic reports from Ministry of Finance and Economic Development, Statistics Sierra Leone and Institute for Population Studies, University of Sierra Leone.

The second output indicator relates to the establishment of one functional service centre for data users at Statistics Sierra Leone. It is monitored using the annual programme implementation reports and Statistics of Sierra Leone annual reports.

The final output indicator for Output Five concerns the availability of results of secondary analyses of demographic health survey data and baseline researches. Annual programme implementation reports and Statistics of Sierra Leone and Institute for Population Studies research reports are used in monitoring progress for this output.

Two strategies were mapped out for the achievement of these outputs. The first strategy is to build and use knowledge base for data for development. The programme is supporting the following activities: (a) conduct of the first Demographic and Health Survey in 2008 in collaboration with MACRO International and other United Nations and development partners; (b) contribute to setting up an integrated database in Statistics Sierra Leone for gender-sensitive population and reproductive health data; and (c) undertake baseline and operational research studies on population and development, reproductive health, young people and gender programmes to expand the database.
The second strategy is to build systems to strengthen technical and institutional capacity for improved data and information use. The programme will support the following activities: (a) short term specialized training to improve knowledge and skill for database managers and other relevant technical staff of key institutions at national and district levels to develop and maintain an updated user-friendly gender-sensitive population and reproductive health data contained in the expanded database for end user, (c) put in place modalities for creating demand for the population and the utilization of data for evidence based policy and programme formulation, (d) promote resource mobilization in support of data collection, (e) procure and acquire appropriate computer software for the development and management of the database, and (f) facilitate the establishment of a functional service centre for data users in Statistics Sierra Leone.

3.1.2 Achievement of Results

The evaluation determined the effectiveness of the implementation strategies for Output Five. The responsible parties for this output are Ministry of Finance and Economic Development, Statistics Sierra Leone (SSL) and Institute for Population Studies, University of Sierra Leone; due to the complementarities of their functions. Unlike with activities undertaken under the other outputs within the CPAP, the nature of the expected results required that only highly specialized institutions implemented the planned project activities and, not surprisingly, SSL.

With funding from UNFPA and UNIFEM, Statistics Sierra Leone and Ministry of Social Welfare, Gender and Children’s Affairs (MoSWGCA) collaborated in the conduct of a nationwide gender-based violence (GBV) survey in 2007-2008. The crosscutting nature of gender issues is clearly demonstrated here as the P and D Component had this gender research integrated into the activities of SSL. Accordingly, the details of this activity are reported under the gender section of this report.

The main activity accomplished by SSL during this programme cycle was that the first ever Demographic and Health Survey (DHS) was held in 2008. Though the preliminary report has not been officially published, it is available and been put into use by some data users. The results of this survey have provided data that show that total fertility has declined from about 6.1 children per woman in 2004 to 5.1 in 2008 and the related crude birth rates were 48.2 and 31.5 respectively. Maternal mortality ratio has dropped from 1,300 to 857 women per 100,000 live births. Also, there has been a marked reduction in other related mortality indices such as neonatal, infant, under-five and child mortality. Other data on breast feeding and birth spacing; contraception; maternal, delivery and neonatal care; vaccination coverage; nutritional status to ascertain wasting and stunting for children and body mass index for women; anaemia; HIV/AIDS awareness, attitude and practice, and prevalence and coverage are forthcoming from this survey.

Thus, the DHS data will supplement those of the 2004 Population and Housing Census by filling critical data gaps which hitherto hindered the formulation of development
policies, and planning and programme implementation and monitoring in Sierra Leone. Its main outputs are:

(i) Increased availability and accessibility of accurate, timely and reliable data on socio-demographic characteristics for use in policy formulation, monitoring and evaluation of national development plans and programmes;

(ii) Enhanced capacities in Government departments, especially within SSL, to plan and conduct sample surveys;

(iii) Increased knowledge of stakeholders, at all levels, on population characteristics, patterns and trends;

(iv) Increased utilization of survey data for designing, monitoring and evaluating development programmes;

(v) To establish DHS as an integral part of the Census of Population and Housing, to provide inter-censal data that will be used to update population, housing, health and socio-economic data collected in successive censuses, and

(vi) Increased pool of capable analysts, with subject matter and technical knowledge in survey design and survey management, data processing, data analysis and report writing.

The second output indicator which relates to the establishment of one functional service centre for data users at SSL and the recommendation to the Minister of MoFED for making the DHS a regular aspect of the census programme are yet to be accomplished. In addition, the final output indicator for Output Five which concerns the availability of results of secondary analyses of DHS data and baseline researches would be made more operational if the final reports of the DHS are officially published. Since the programme is just mid term, these activities may be done during the rest of the project life term.

3.1.3 Facilitating Factors

The tremendous successes achieved in the implementation of activities under Output Five could be credited to the following facilitating factors:

(i) Considerable national institutional capacity within Statistics Sierra Leone, Ministry of Health and Sanitation, Institute for Population Studies and Ministry of Social Welfare, Gender and Children Affairs for the conduct of the respective surveys on to their logical conclusion;

(ii) Collaboration from the public and government agencies facilitated the implementation process of the various surveys;

(iii) Very effective project designs with clear objectives and provisions that allowed for easy implementation;

(iv) Availability of funds from UNFPA, DfID, UNDP, UNICEF and WFP, and their timely disbursements for project implementation;

(v) In-kind support in the form of vehicles from UNHCR and technical inputs from MACRO and WHO;

(vi) Availability of national and international consultants that provided technical backstopping;
(vii) Sound linkages established with MoHS, MoEYS, NAS, the University of Sierra Leone, WHO, UNICEF, MoSWGCA, UNFPA, UNIFEM, UNAIDS and MACRO International, and

(viii) The GBV and DHS surveys piggy-backed on the outcomes of the 2004 Census of Population and Housing through the availability of a national sampling frame, relevant indigenous capacities, etc.

3.1.4 Constraining Factors

However, there also a number of constraining factors that reduce the rate and smooth implementation of the planned activities. These include:

(a) Lack of counterpart cash contribution from Government of Sierra Leone. This has hampered the timely completion of the DHS whose reports cannot be officially published and disseminated through workshops at district and community levels because of lack of funds to pay for consultancy fees of MACRO for services provided during data processing and report writing;

(b) The survey teams were faced with problems of discussing issues surrounding FGM during the DHS fieldwork;

(c) Accessibility to some remote areas in the country posed problems for the survey teams, and

(d) Poor handling of the imported DHS consignment led to unnecessary delays at the port.

3.1.5 Relevance

The population and development outcome is supporting the national priority of “Good Government, Security and Peace-building”. The activities undertaken also contribute to other national development goals including efforts towards attaining the Millennium Development Goals (MDGs) by focusing on provision of the required data for socio-economic planning and improving the frameworks for national poverty monitoring and evaluation. The activities are relevant for the realization of the objectives of other national policy frameworks like for youth, education, population and health.

Through this programme, Statistics Sierra Leone has data (statistical) officers based in line ministries and also collaborates in the data collection needs of these ministries. This is particularly important for post-conflict Sierra Leone which has only started acquiring the much needed datasets for socio-economic planning. The output is also in line with the Programme of Action and goals of the ICPD and contributes to three population and development outcomes of the UNFPA Strategic Plan (SP) 2008-2011.

The GBV and DHS studies contribute towards the achievement of the expected UNDAF Outcome One which states that by 2010, governance and human rights practices have been advanced at all levels and enforcement mechanisms are in place. By providing reliable data, and thus contributing to the outcome of the UNDAF, the project becomes a vehicle through which the United Nations Agencies meet their objective in assisting Government in its development agenda. As one of the thrusts of the UNDAF is to
strengthen government capacity to monitor poverty and the DHS is to provide reliable indicators for the same purpose, the DHS is accordingly, directly related to the UNDAF.

3.1.6 Sustainability

Sustainability is a critical consideration in any situation where donor inputs are high. The good results recorded so far cannot be sustained if UNFPA and other donors decide to pull out. This will roll back the excellent gains that Sierra Leone has made in the area of provision of data to software the post-conflict development process.

The DHS project led to capacity building through the formation of the Steering Committee. The Committee, co-chaired by the Deputy Minister of Finance and Economic Development, is the main link between the Cabinet and SSL and UN Agencies, and has been very instrumental in resource mobilization and advocacy activities. Their collective effort has enabled the project to get additional financial support from other donors and this may help in sustaining the DHS as a regular programme cycle. Moreover, the training activities of the project will improve the effectiveness of all implementing partner organizations as the highly trained personnel can be used in the implementation of subsequent DHS and similar exercises.

3.2 Output Six

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

3.2.1 Introduction – Output Indicators and Strategy

Output Six has three output indicators. According to the first indicator, by 2010, there will be 10 national institutions and 13 district councils with skilled staff in population, reproductive health and gender mainstreaming. The annual programme implementation reports and programme training activity reports are to be used in assessing progress.

By the second indicator, at least 10 proactive initiatives on population, gender and reproductive health policies and programmes would have been undertaken by decision makers and religious and community leaders. Assessment criteria depend on media alliance reports and annual programme implementation reports.

The last indicator states that by 2010, an updated and approved national population policy and programmes would have been available. This is assessed using the annual programme implementation reports and policy documents.

The CPAP has a combination of strategies for the achievement of this country programme output. One strategy employed in the implementation process is advocacy and policy dialogue on gender and reproductive health and rights to increase awareness on the need to improve integration into policies and plans at all levels of development.
The activities supported are as follows: (a) to evaluation and update the national population policy in line with the ICPD+10 and the MDGs; (b) undertake advocacy and develop IEC/BCC materials on population, reproductive health, gender issues, Security Council Resolution 1325, the CEDAW, ICPD, MDGs and Poverty Reduction Strategy Paper (PRSP), (c) reactivate the National Population Commission (NPC) to support policy and programme formulation and implementation, and (d) undertake the integration of population variables into the design of the PRSP and related monitoring and evaluation (M&E) frameworks.

Another strategy is to build and use a knowledge base on the inter-linkages between population, gender, reproductive health and development. The programme supports the following activities: (a) provide technical and financial support to the Institute for Population Studies to undertake training of students and research, document and publish findings, and (b) provide equipment, materials and technical support to the documentation and resource centre at the Institute for Population Studies.

The third strategy is to promote, strengthen and coordinate partnerships among government and civil society organizations for information sharing and resource mobilization for population programme implementation. The main activities are: (a) support skill training and provide materials/equipment to the National Population Commission Secretariat, Ministry Finance and Economic Development to coordinate population programmes and foster partnerships, and (b) support the Population and Human Resources Section (PHRS) of MoFED to develop and implement annual M&E plan for the national population programme.

The last strategy is to employ the national execution (NEX) modality to deepen the confidence of collaborating partners and partnerships and help to strengthen networking among programme implementers. Based on lessons learnt from results of past CP implementation, human resource and local capacities are strengthened to facilitate the execution of the NEX modality. Capacity building endeavours include training, recruitment, placing people with the right competencies in the requisite positions and detailing.

Activities are to be implemented in six target districts (Bo, Kenema, Moyamba, Port Loko, Tonkolili and the Western Area) out of 13 districts.

The Secretary, NPC Secretariat, acts as overall Programme Component Manager and Coordinator and also oversees a partnership alliance consisting mainly of the Government of Sierra Leone (MoFED), IPS (USL) and SLBS. Other partners in the alliance are the UNFPA Goodwill Ambassadors for Sierra Leone, Sierra Leone Parliamentary Action Group on Population and Development (SLPAGPD), Sierra Leone Union for Population Studies (SLUPS), Network of Women Ministers and Parliamentarians (NEWMAP), National Islamic Network for Population and Development and members of the Media Alliance for Population and Development Issues (MAPDI) in the specific implementation of Output Six.
3.2.2 Achievement of Results

For the achievement of results under Output Six, the responsible parties are Ministries of Finance and Economic Development; Health and Sanitation; Social Welfare, Gender and Children’s Affairs, and Education, Youth and Sports, Statistics Sierra Leone (SSL) and Institute for Population Studies, University of Sierra Leone. Activities undertaken under this output fall within the broad areas of population and development interrelationships; including crosscutting issues like advocacy, youth and gender, as enumerated below.

National Population Commission, MoFED

The National Population Commission of the Ministry of Finance and Economic Development is generally responsible for coordination and management of population and development issues. But these issues have attracted only passing comments in this section because it is the main focus of analysis in Sections Five and Six of the report which deal with Monitoring and Evaluation, and Management of the entire CP.

Specifically, however, the NPC manages UNFPA programmes through oversight functions like holding of quarterly and end of year evaluation meetings. The NPC, MoFED, successfully held quarterly, mid year, end of year and mid term evaluation meetings during the course of implementation of the Fourth CP. The results of this stocktaking informed the programme implementation process for re-strategizing for better service delivery: they served as forums for enhancing knowledge on the Fourth CP, sharing of results and charting the way for future programme implementation.

NPC also successfully staged sensitization on the State of the World Population events on 11th July 2008 and 2009 through a series of programmes. It maintained a number of internet connections that were accessible to students and other users of the public at Youyi Building but the service has been disrupted due to lack of accommodation at its new location. The evaluation of the population policy document has progressed to an advanced stage. Nationwide consultations were completed in early May 2009 and comments were received for incorporation into the latest draft in readiness for national validation. But MoFED has not given these processes the attention that they deserve.

Institute for Population Studies

In contributing to Output Six, the Institute for Population Studies undertook the following planned activities:

1. Conducted a research on the SRH issues (the value of children) in major slum areas in the Freetown community. The report is being finalized;

2. Conducted one workshop on population and development issues for 48 youths (15-30 years) in the rural areas of Jui, Kossoh Town, Hastings and Grafton;

3. Provided training to over 200 students in population and development issues. Four postgraduate students received financial support to pursue their courses in population and development;
4. Increased the seating capacity at the Institute’s Library, and

5. Ensured that the support facilities for students are in working condition – vehicle, internet facilities, photocopier and computers (purchased two computers and accessories in the first half of the year).

**Sensitization, Advocacy and Policy Dialogue Partnerships**

Advocacy and policy dialogue are undertaken by three partners of the CP – Sierra Leone Parliamentary Action Group on Population and Development (SLPAGPD) and UNFPA Goodwill Ambassadors, Network of Women Ministers and Parliamentarians (NEWMAP) and Media Alliance for Population and Development Issues (MAPDI).

The SLPAGPD consists of Parliamentarians who advocate in and out of Parliament for population issues to be mainstreamed into development planning. They influence policy change especially with the institution of laws. Part of the achievements of the planned activities for the CP outputs includes the following:

(a) establishment of a functional Advocacy and Communications Centre in Parliament equipped with a high speed internet facility connected to six computers, resource documentation on population issues and plans for basic computer literacy for Parliamentarians;

(b) organization of orientations for Parliamentarians on reproductive and child health strategy, maternal mortality and gender budgeting;

(c) sensitization of Parliamentarians and raising awareness and advocating for the implementation of the ICPD PoA on the ground and the need for Government of Sierra Leone to pay its contribution to the UNFPA global fund, and

(d) Parliamentarians pay field monitoring visits to UNFPA P and D implementing partners to know how far they are contributing to activities aimed at reducing maternal and infant mortality and related reproductive health issues.

The Goodwill Ambassadors perform similar functions as the Parliamentarians except that they lack the legislative powers at the disposal of the latter.

The Network of Women Ministers and Parliamentarians (NEWMAP) is an advocacy group of past and present female Ministers and Parliamentarians whose activities are more gender-oriented and have therefore been reported under the gender section.

The Media Alliance for Population and Development Issues (MAPDI) is an assortment of journalists from private, civil society print and electronic media interested in the activities of UNFPA. MAPDI cover these activities in their respective media houses on a day-to-day basis. UNFPA sponsors a newsletter that is published quarterly. It is very comprehensive and has contributed towards creating awareness and increasing sensitization on issues of gender equality, equity and empowerment; reproductive health and rights; and the interrelationships between population and development.
3.2.3 Facilitating Factors

The main facilitating factor for all the IPs was funding from the UNFPA. In addition, teamwork among the CP IPs also impacted positively on the work of the NPC. Other factors include community cooperation and capacity within IPS to undertake teaching (Staff, students and data entry facilities). The SLPAGPD enjoyed the interest of the Speaker, Parliamentarians and Staff of Parliament, and the collaboration of the Goodwill Ambassadors in the successes that they scored. Quarterly and mid term evaluations and collaboration with MoSWGCA, MoFED, MoEYS, MoHS, the media, UNDP, UNICEF and UNAIDS helped to shape and facilitate the advocacy programme implementation.

Unfettered access to high level government functionaries and traditional and religious leaders has made advocacy easier for NEWMAP. Collaboration with NGOs like Women in Crisis Movement (WiCM), Campaign for Good Governance (CGG) and Legal Assistance for Women Yearning for Equality Rights and Status (LAWYERS), UNIFEM and Club de Paris (some former Presidents and Prime Ministers enhancing democracy), Sierra Leone Police Family Support Unit (FSU), Reproductive Health Division of MoHS and MoFED has been a key facilitating factor for the successes scored in advocacy.

3.2.4 Constraining Factors

(a) A big problem with the CP implementation is the total lack of Government counterpart funds to government MDAs since the start of the Fourth CP;

(b) There is a geographic coverage problem of overconcentration of programme activities in Freetown and in easily accessible parts of the provinces;

(c) The problems associated with the definition of youth and sex disaggregation hampers effective service delivery which at the moment treats all young persons as a homogenous whole;

(d) NPC staffing is inadequate both in quantity and quality and cannot, therefore, perform its functions well. This is the main reason why no M&E has been done on the Fourth CP;

(e) Ageing of the equipment and inadequate funding are preventing some IPs from effectively implementing programme activities; e.g., IPS cannot undertake publication of survey reports;

(f) Limitation of the classroom accommodation and limited number of documents at the documentation center at IPS are a constraint to the institute’s desire to increase student intake at all levels – certificate, undergraduate, postgraduate diploma and master level courses;

(g) Advocacy issues are not clearly spelt out in the CPAP and there is no National Advocacy Strategic Plan to guide the advocacy programme;

(h) The Parliamentary Action Group works with ad hoc staff without the right population orientation, and

(i) The low level awareness of law enforcement agencies like the Sierra Leone Police about existing legislations and the patriarchal nature of the society pose a huge challenge to the advocacy drive.
3.2.5 Relevance

This output also contributes to UNDAF Outcome One and with respect to the expected CP outcome, it seeks to build capacity, provide relevant data and establish systems that will facilitate, monitor and evaluate good governance as well as national and internal goals set by and/or agreed to by the Government. The main activities are to conduct specialized skills training, provide equipment, strengthen resource/documentation centre, evaluation the National Population Policy, strengthen focal points in the ministries, department and agencies (MDAs) of Government both at district and provincial levels, hold joint meetings and share information, and to develop a monitoring and evaluation system. This would lead to the actualization of the expected CP output of strengthening technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

3.2.6 Sustainability

Sustainability of the programmes ongoing under the Fourth CP is questionable due to lack of Government’s financial commitment to its implementation. The CP results, which are already part of the core functions of the NPC and IPS, are not likely to be sustained if UNFPA should withdraw support. The partnerships developed with civil society are also unlikely to persist as the institutions are not financially resourced to independently perform the advocacy and sensitization functions on their own.

3.3 Lessons and Recommendations

3.3.1 Lessons Learned

An important lesson learnt at the start of the implementation of the DHS programme was the need for advocacy and adequate sensitization to the respondents on the administration of blood samples to be taken to minimize refusal cases. In addition, field officers should have been told to be cautious in asking sensitive questions in order to collect the right answers from the respondents. A major challenge was the handling of questions relating to female genital mutilation (FGM) so as to minimize refusal cases.

The serious lack of technical capacity within the MoFED has delayed the setting up of the National Population Commission (NPC) and executing the planned training programmes. As a result, not much evidence exists to justify the sub-output of strengthening the technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes. Thus, the integration of population variables into the design of the PRSP and related monitoring and evaluation (M&E) frameworks suffered some setbacks.

3.3.2 Best Practices

The best practice recorded in the P and D component was the effective project designs and linkages, and monitoring of field activities that enhance the achievement of results.
3.3.3 Recommendations

The following recommendations are made for immediate remedy during the remaining life term of the current CPAP:

1. Provide permanent staff with population orientation for the Parliamentary Action Group and build the capacity of Parliamentarian by the provision of a monitoring vehicle, increasing the space accommodation within and number of computers, books and periodicals at the advocacy centre;

2. It is necessary to get the female Parliamentary Caucus involved in experience-sharing programmes to improve on their general performance and effectiveness specifically in relation to youth, gender, RH and related issues;

3. UNFPA should organize basic training sessions in programme management and reporting formats for IPs;

4. The IPS should concentrate on teaching, research and publication and not on outreach and sensitization programmes as were reported during this evaluation;

5. Set up and make the NPC functional;

6. Complete the evaluation and validation process of the National Population Policy and hasten its implementation

In extending the CPAP beyond 2010, it will be necessary to take care of the design defects by making gender and youth issues separate programme areas. Also, advocacy issues should be clearly spelt out in the CPAP and part of the activities should be to develop a National Advocacy Strategic Plan to guide the advocacy programme.
4.0 Gender Mainstreaming in the 2008-2010 CPAP

4.1 Introduction

The achievement of gender equality and women empowerment is a key Millennium Development Goal and a fundamental benchmark for the alleviation of poverty and improvement of the quality of life for women, men, boys and girls. All Member Nations of the United Nations have committed themselves to achieving this goal by 2015. Gender equality is also a critical variable for the realization of all other MDGs.

This chapter determines the extent that gender equality goals are being addressed in the RH and P and D in the Fourth Country Programme mid way in the implementation of the CPAP. It examines how the planned outputs and activities in the CPAP are contributing to the achievement of gender equality objectives as outlined in the United Nations Development Assistance Framework (UNDAF), UN Joint Vision for Sierra Leone and national development priorities set in Sierra Leone’s Poverty Reduction Strategy (2008-2010). Gender equality is identified as a separate programme in the 2008-2011 UNFPA Strategic Plan but was not set as a separate programme in the current CP. It was mainstreamed across the two programme components and was specifically more pronounced in the Output 2 and sporadically in output 5 and 6 of the PD component. It should be mentioned that in of the reproductive health component. In spite of this oversight, the CP and its CPAP addressed gender equality issues in each of its programme components as outlined below.

4.2 Gender Mainstreaming under the Reproductive Health Component (RH)

The outcome of this component has four outputs whose overall achievements of gender related results are discussed below.

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

Assessment of Results

The proposed strategies and planned activities under this output are largely targeted on strengthening health delivery systems and HIV prevention. Gender specific interventions are silent. However, the Reproductive Health Department (RHD) is undertaking several gender related initiatives in Behavioural Change and Communication (BCC) activities that are addressing pertinent gender issues in the country such as domestic violence, teenage pregnancy, rape and male involvement in combating GBV. These were integrated with messages promoting safety in delivery and RH.

Gender mainstreaming in the RH programme is also evident in the work of one of UNFPA community based partners, CIDA (Community Integrated Development
Association) who are implementing an innovative RH, HIV and AIDS awareness project including adult literacy, peer education and women empowerment through micro credit. Women empowerment is being realized through a revolving loan scheme provided to women to do ‘gara’ tie and dye, batik and tailoring. Adult literacy and condom distribution are integrated in the programme. The main target is women and youths because of the disproportionate impact that the war had on them as specific groups.

Another unique RH intervention under this output is the Community Motorized Ambulances (CMA). These were introduced to facilitate transportation of pregnant women to a central hospital in case of labour complications. This initiative has promoted male involvement in RH and integration of agricultural activities such as the growing of sweet potatoes, rice and cassava in 18 CMA centres that have 62 acreages in seven districts, using the tractors that are attached to the ambulances when the ambulance is not required. The produce from the community gardens is sold to raise money for buying fuel for the ambulances. The ambulances are self-sustaining and they have also enhanced community and male involvement in reducing MMR.

There are also activities that several IPs are implementing which have a gender focused targeting. Good examples of these are SRH and HIV/AIDS programmes that contribute to increasing the availability of high quality gender sensitive reproductive health services and information among uniformed men (Police, Armed Forces) including their wives and dependants. The Sierra Leone Maritime Administration (SLMA) on the other hand is focusing on mobile communities (seafarers and women fish mongers) to address their vulnerability to HIV and AIDS and reduce risk of transmission because of their mobility.

Other commendable initiatives under the RH component addressing GBV and SRH include HIV and AIDS that target community and religious leaders through community dialogues that organizations like Centre for the Promotion of Sexual Health and Reproductive Education (CePSRHE) and Women in Crisis movement (WiCM) are undertaking. These initiatives effectively contribute towards building mechanisms to address the supply and demand sides of RH, providing information to change attitudes and perceptions of women’s role in child birth and male involvement; apart from addressing the critical gender issues impacting on the SRH of women and girls. They are in tandem with Outcome Two of the UNFPA Strategic Plan that aims at achieving gender equality through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices. Implementation is in the right direction and is contributing to strengthening the demand and utilization of health services, reduction in maternal mortality and gender based violence in the long term.

**Gender Issues under this Output**

1. High maternal mortality, low contraceptive prevalence and inadequate information about family planning particularly in rural areas remain a challenge to attainment of higher standards of reproductive health for women.
2. Acceptability and uptake of the female condom is still a challenge due to frequent stock outs and concerns about it being noisy, too long and does not fit properly with different male sizes.

3. Female Genital Mutilation with its health consequences is still not appreciated among health workers and because the issue is political and sensitive.

**Lesson Learned**

Empowering women and young girls with livelihood skill reduces the risk of HIV transmission through increased self reliance.

**Best Practice**

Integration of Sexual and reproductive Health, HIV and AIDS with Micro credit and women empowerment

**Recommendations for Next Programme Cycle**

1. UNFPA should support the RHD to carry out research on the medical repercussions of FGM and its linkages to fistula and other sexual dysfunctions so as to provide a basis for its elimination.

2. UNFPA IPs should focus on addressing the supply side of FGM through sensitization of girls and young children who are victims, parents, husbands and partners who insist on marrying a circumcised woman. This recommendation was also made by the evaluation team of the Third Country Programme.

3. Strengthen partnerships with cultural and faith based leaders, NGOs and policy makers to address the issue of high maternal mortality, FGM and early marriages among girls.

4. Support NEWMAP and Sierra Leone Parliamentary Action Group on Population (SLPAGPD) to lobby for development of legislation against FGM. Seek support for its elimination by involving the leadership of the country, Parliament and the country’s First Lady.

5. Support capacity building for health personnel on Gender, GBV and management of sexual violence cases and how to manage data for prosecution of such cases. Ideally such training should include the Police, Magistrates and Social workers.

**4.2.2 Output 2: Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence.**

It is noteworthy that a substantial amount of gender activities and planned results were put under this output in the entire CPAP document and, hence, UNFPA efforts to promote gender equality and women empowerment as per MDG 3 will stem from the achievement of this planned output and its activities.
The activities under this output are largely being implemented by the Ministry of Social Welfare, Gender and Children’s Affairs (MoSWGCA). It spearheads and coordinates gender responsive development and ensures the improvement of women’s status. The Gender Division is doing this through a number of strategic partnerships with key Ministries like Health, Education, Youth and Sports; and Statistics Sierra Leone. Other key players directly contributing to the realization of results are NGOs like, WiCM, CePSRHE; traditional leaders (the Council of Tribal Heads and Paramount Chiefs) and the Network of Women Ministers and Parliamentarians (NEWMAP). The programme of work in gender is also supported by the UN Theme Group on Gender chaired by UNFPA. The programme is also working with law enforcement officers, e.g., the Family Support Unit of Police (FSU), the Judiciary and the Female Lawyers known as Legal Assistance for Women Yearning for Equality Rights and Status (LAWYERS).

Assessment of Results

The achievement of results is assessed against the two indicators outlined under this output: 15 national and 25 Community leaders promote the prevention of GBV and treatment for the victims of such violence; and 20 institutions provide information on FP, GBV and RH. As noted under the RH section, the indicators for measuring this output were too narrow when compared to the results of the activities implemented by several partners under this output. The Gender Division and its partners received a total of US$150,000 to carry out various activities. Results show that most of the planned activities are on course and some have been 100 percent fulfilled according to results from the 2008 and part of the 2009 AWPs. The output had four strategies as follows:

Strategy 1: Advocacy and capacity building for the implementation of the national strategic plan on gender.

Achievement of Results: National Strategic Plan on Gender

A National Strategic Plan on Gender has been developed and a Consultant has been engaged to cost the plan in readiness for implementation. It is noteworthy that this plan has received a lot of support in its development from the UN Theme group on Gender and the process was commissioned by the First Lady of Sierra Leone. Parliamentarians also contributed to the process through an information sharing and validation meeting, and regional and national validation forums have been held with other civil society organizations in the 12 districts in Sierra Leone. These processes were strategic in terms of facilitating implementation of the plan and promotion of national ownership. The strategy is a key blueprint for promotion of gender equality in the country as it addresses emerging gender issues that were not addressed by earlier gender mainstreaming instruments in the country.

Achievement of Results: Advocacy for the Enforcement of Gender Laws.

Several partners worked with the Ministry to disseminate the three gender laws (Domestic Violence Act, Registration of Customary Marriage and Divorce Act and the
Devolution of Estates Act) that were enacted in 2007 using different advocacy channels. These included press conferences, radio and TV discussions and seminars. Parliamentarians were trained on the Acts to increase their appreciation and understanding of the provisions contained in the Acts. Community sensitizations targeted traditional and religious leaders, men and women, chiefs leaders and youths in forums that covered about 120-150 people. MoSWGCA carried out regional consultations (in Moyamba, Magburaka and Kailahun) on the enactment of the Sexual Offences and Matrimonial Causes Bills which are yet to be enacted. It also obtained inputs from 180 stakeholders that included civil society, NGOs, and Local Councils on the enactment of the two Bills. These advocacy initiatives have created an enabling environment for the enactment of these laws which should play a significant role in raising women’s status before the law and strengthen the legal framework for dealing with several areas that prevent women from attaining both de facto and de jure equality.

Achievement of Results: Improvement of Legal Support Service for Women

LAWYERS received a grant through MoSWGCA to support the improvement of legal support service for women who are victims of GBV. A Women’s Legal Aid Clinic has been set up at the LAWYERS Secretariat and public interest litigation on the three Acts passed in 2007 through two domestic violence cases are currently being heard at the Magistrate Courts. The group has also undertaken three key activities to strengthen the Judiciary’s capacity in gender issues and increase access to justice for women. They conducted a workshop to train Judges on the three enacted laws and facilitated the establishment of an Information Center at the Law Courts Building. However, their affiliation to FIDA has not been accomplished.

Strategy 2: Advocacy for the establishment of accountability mechanisms to ratify and implement protocols and treaties on human rights, especially those relating to women.

Achievement of Results

The country has shown commitment to strengthen its international commitments through a number of measures. UNFPA has supported the MoSWGCA to compile its Sixth CEDAW periodic report as a follow up to the Combined First to Fifth Reports submitted in 2007. During the evaluation, the Gender Division had organized workshops to disseminate the CEDAW Committee recommendations to the Government of Sierra Leone after the submission of the first Combined Report. They were also working in partnership with the Department of youth to popularize the Youth Charter. UNFPA supported MoSWGCA and its partners to disseminate UN Security Council Resolution 1325. However, it should be noted that mechanisms to observe international events pertaining to women are absent in the proposed activities.

Another critical element in this CPAP was to strengthen the capacity of MoSWGCA to implement gender focused programmes. This activity was fully implemented. MoSWGCA is one of the least funded Ministries and it lacks the clout to address gender
issues because of low financial base and human resource. UNFPA has contributed to capacity building of the Gender Division of the Ministry through the provision of office equipment, computers, printers, installation of internet services and a motor vehicle. A Gender Budgeting and Training Coordinator has been recruited and a Gender Budgeting Desk has been established at the Ministry. The Gender Division had been upgraded in status to become a full Gender Directorate. It is hoped that this will contribute to strengthening its coordination role.

**Strategy 3: Building and using a knowledge base on GBV to support social mobilization and BCC strategies that actively engage men and boys.**

Activities were to: a) undertake a GBV scan and analysis; b) establish and develop a disaggregated data base on RH/FP and GBV in Statistics Sierra Leone; c) document and disseminate good practices and lessons learned on RH, FP and GBV, and d) contribute to the establishment of a Documentation Centre at MoSWGCA. But since the planned activities and strategy are not congruent, the BCC strategy targeting men and boys had no corresponding activities and, therefore, could not be realized under this strategy.

**Achievement of Results**

A National Study on Gender Based Violence resulted in a comprehensive analysis of the extent, nature and prevalence of GBV in Sierra Leone and provided elaborate information on the legal and policy framework including key players involved in the fight against GBV. The results of the study are currently being disseminated to other players.

Processes to establish and develop a disaggregated data base on RH, FP and GBV statistics in Sierra Leone are underway through combined efforts between MoSWGCA, SSL and RHD. The Ministry with Statistics Sierra Leone is conducting a gender mapping exercise to determine partners doing gender-related work in Sierra Leone to assist in enhancing the coordination of gender work through a clear identification of roles in the gender field and facilitate close collaboration among partners engaged in similar activities.

SSL is also helping to collect data to support CEDAW reporting and WiCM received funding to document best practices and case studies on treatment of victims of sexual and gender-based violence to ensure that survivors are treated appropriately and their human rights are respected. To date, they had undertaken some documentation and developed six case studies. Evidence of the establishment of a documentation centre at MoSWGCA was not determined.

**Strategy 4: Strengthen partnerships with community leaders, chiefs, NGOs, community-based organizations, women ministers and parliamentarians.**

**Achievement of Results**
The Ministry through CePSRHE undertook a number of activities to strengthen prevention and safety responses to GBV survivors and to enhance male participation in the promotion of gender and sexual reproductive rights and GBV prevention in communities. A total of 84 Chiefs and Community Leaders (far beyond the 25 targeted) were trained on GBV, gender laws and ICPD thematic issues in selected chiefdoms and Districts. In addition 25 women leaders received a similar training in Kenema District. Other activities were community theatre, interschool debates on GBV and holding of post training support to Traditional Leaders in the western area to undertake community outreach sessions on GBV and gender acts.

Another partner which is contributing to achievement of results through this strategy is the Council of Tribal Heads composed of sixteen Tribal Leaders in the Western Area. The group was formed to sensitize subjects on Gender and SRH rights using different languages. This is a powerful partnership that has taken cognizance of the role that Chiefs as leaders and custodians of different cultures can play to influence change in the elimination of harmful cultural practices including GBV.

The activities targeting Chiefs with GBV messages were also undertaken by other NGOs. WiCM conducted several sensitizations and trainings on GBV prevention and continues to provide support to survivors. Based on NEWMAP’s membership, it can be concluded that the number of national leaders providing information on GBV, RH and FP that was set in the CPAP (15) has been exceeded. A number of FSUs have been established in almost all Police Stations to promote the prevention of GBV but not to care for survivors. Social Welfare Officers have been attached to some of the FSUs to provide immediate counseling to victims of GBV and sexual abuse. FSUs are playing a significant role in addressing the escalating cases of GBV and offering assistance to survivors through facilitation of speedy prosecution of the cases, access to justice and redress and collection and preservation of prosecution evidence through hospitals.

**Facilitating factors:**

1. Partnerships with Traditional Leaders and the introduction of community bye laws have been useful in addressing issues of maternal mortality, GBV and increasing awareness in gender related laws and issues.
2. Change in attitude among chiefs from patriarchal resistance to advocates of social change. Many are keen to address the ICPD agenda after sensitization and training.
3. The current restructuring of the Ministry and transformation of the Gender Division into a Directorate is an opportunity for addressing gender issues more comprehensively.
4. Availability of funding from development partners and existence of vibrant NGOs willing to undertake advocacy on critical gender issues.
5. The involvement of Parliamentarians and the Women’s Caucus of Parliament.
6. Partnerships with networks such as the National Gender-Based Violence Committee (NacGBV)
Constraining Factors:

1. The low funding base of the Gender Division affected the implementation of some of its core functions as government subvention is very low (only 0.8 percent of total national budget) with no funding from government in 2009.
2. Ineffectiveness of Gender Focal Points in Ministries because many of them are lowly ranked and lack authority to influence gender related activities.
3. Weak institutional capacity of the MoSWGCA as exemplified by understaffing, inadequate human and financial resources, and inadequate skills for gender analysis and mainstreaming among MoSWGCA partners.
4. Frequent changes of leadership in the MoSWGCA particularly at the level of the Permanent Secretary affect implementation of some gender related work.
5. Delays in processing of proposed gender Bills into law and low implementation of policies on the ground do not show serious commitment to women’s advancement and key issues remain unaddressed.
6. Prohibitive medical charges inhibit some victims from seeking both medical and legal redress. Examinations for common assault costs from Le5,000-Le35,000. This fee is not standardized and is demanded by medical officers to the detriment of the victims. However, for cases of sexual assault, medical examination is free.

Lessons Learned

1. Working in partnership is crucial in addressing pertinent gender issues as the current CPAP has brought together Parliamentarians, Chiefs, NGOs, faith-based organizations to address common issues.
2. Legal literacy and test cases are critical tools for rolling out application of new gender laws for both law enforcers (Police and Judiciary) and the general populace as without them the laws remain on paper.
3. Men who experience violence at the hands of their wives fail to report because of stigma that they are not real men; thus, there is need to encourage men to speak out.

Best Practice

Using Traditional Leaders to address issues of RH, GBV and harmful cultural practices is commendable.

Recommendations for Next Programme Cycle for Output Two

1. Support processes towards the enactment of the Sexual Offences Act and Matrimonial Causes Bill.
2. Support the training of Gender Focal Points in the Ministries of Health and Education, Police, Judiciary and other IPs outside Government in gender analysis and mainstreaming.
3. Support NEWMAP and Women NGOs to identify and train prospective women candidates for the 2012 elections.
4. Lobby the Ministry of Health to provide free examinations in all cases of GBV.
5. Strengthen partnership between Parliamentarians, Traditional Leaders and leaders of faith based organizations in addressing harmful traditional practices.

4.2.3 **Output 3:** Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behaviour and to prevent sexually transmitted infections and HIV.

This output had four strategies aimed at capacity building, policy and programme development, strengthening of partnerships for ASRH and capacity development for the integration of SRH, HIV/AIDS and gender into youth development frameworks. The output and its proposed strategies, except for one, are all gender neutral. The treatment of youths in the entire CPAP is not holistic and does not adequately address the different challenges that male and female youths meet in realizing their sexual and reproductive rights. There is a blanket proposal of activities to improve youth’s sexual and reproductive health without isolating, for example, the disproportionate impact that challenges like war/crisis and its aftermath, and puberty and growing up have on female and male youths. Literature clearly shows that Sierra-Leone youths are grappling with high unemployment, increased prostitution and sex work and higher HIV/AIDS infection rates among girls amongst other challenges articulated below.

**Assessment of Gender Related Results**

The planned activities under this output are largely being implemented by the Ministry of Education, Youths and Sports and targeted both in- and out-of-school youths. A number of planned activities, e.g., conducting a nationwide survey on existing youth networks, establishment of a Youth Network and a Youth Advisory Panel have been done. These initiatives are quite strategic in terms of strengthening partnerships for addressing issues that are pertinent to youths. Some advocacy meetings were undertaken for the ratification and domestication of the Youth Charter and its popularization. This was done through sensitization meetings and development of IEC materials. The Youths and Sports Division also reproduced the youth SRH and HIV and AIDS training manuals.

The POP/FLE Guidance Unit of the Ministry also undertook a number of activities targeting youths. Activities undertaken to date include evaluation of the Teachers Code of Conduct (part of strategy to address the high cases of teachers who impregnate or sexually abuse school girls) and training of education stakeholders on issues of ASRH, GBV, HIV/AIDS, girl child and women empowerment. It is discouraging to note that sexual harassment and molestation of school girls by teachers still continue. The Unit has also developed a peer education manual and trained 50 HIV/AIDS Counselors. However, there are a number of issues and challenges identified below which the next programme cycle should try to address.

**Gender Issues under this Output:**

1. High preference for the education of the male child particularly in the rural areas
2. Problem of abortions, early marriage and teenage pregnancy among girls is highly prevalent.
3. High drop out from school among girls is affecting gender parity at junior secondary level (1.6 males to 1 female) and 1.9 males to 1 female at higher secondary level.
4. Low enrollment of girls particularly in the North and East of the country, e.g., Pujehun District.
5. Higher infection rates of HIV (prevalence of 1.7% among girls is higher than the national prevalence).
6. High incidences of poverty and illiteracy levels as key influencing factors of early marriage, teenage pregnancy and vulnerability to HIV and AIDS.
7. Many post war youths (boys) are involved in criminal activities because of poverty, illiteracy and not having anything to do.
8. High unemployment, early sexual activity affecting both boys and girls.

Constraining Factors

1. Project design was found to be restrictive, e.g., youth friendly activities are not holistic in coverage and even categorization of youths and their needs is not clearly defined.
2. Inadequate focus on youths with disabilities and this constrains their access to RH information, social services and life skills training.

Recommendations for Next Programme Cycle

1. Conduct a gender differentiated causality analysis of the challenges of male and female youths in Sierra Leone (baseline survey).
2. Develop deliberate youth friendly services that serve the ASRH needs of male and female youths with disabilities. This can be done through peer educators that provide services door to door.
3. Undertake a robust youth friendly program addressing teenage pregnancy, early marriage and school drop out among girls.

4.2.4 Output 4: Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms.

Assessment of Results

The three strategies identified to meet this output are aimed at strengthening partnerships, management of logistics and advocacy and dialogue for RH commodity Security at the highest level; i.e., with Government and development partners on one hand, and RH National Steering Committee and health development partners on the other. The indicators that were set are 40 percent in the number of male and female condoms, 15 percent increase in condom delivery points and 50 percent reduction in RHCS stock outs. The formulation of strategies, activities and indicators under this output are gender
neutral because there was no deliberate articulation of the gender dimensions that are addressed in the issue of RHCS and condom distribution.

**Issues and Challenges**

There is very low distribution and uptake of the female condom. Data show that 14,923 pieces of male and only 135 female condoms were distributed during the Second Quarter of the CPAP and 20,160 pieces of male condoms were distributed in the Third Quarter with no indication of the number of female condoms. This is a serious anomaly because it underlines that women are not being provided with the autonomy and means to directly protect themselves from HIV and AIDS or unwanted pregnancy.

**Recommendations for Next Programme Cycle**

1. Strengthen mechanism to facilitate availability and popularization through social marketing of the female condom to facilitate its uptake and increase women’ capacity to protect themselves from unwanted pregnancy, STIs including HIV and AIDS.
2. Conduct male focused awareness training programmes on the FC targeting both men and women to facilitate its adoption.

**4.3 Gender Mainstreaming under the Population and Development Component.**

Planned results under this output are assessed under the PD section of this report but this part assesses the work of key Implementing Partners (IPs) in contributing to the stated gender-related activities in the CPAP and their contribution to the Country Programme outcome.

**4.3.1 Output 5: Expanded database for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels**

**Assessment of results**

Assessment of gender-related results under Output 5 shows integration of gender concerns in the planned activities in the CPAP was obscure and gender appears to have been ‘an add on.’ Activities undertaken by different players under this output actually confirm this oversight in programming. Consultations during the MTR showed that staff at Statistics SL for example has not been trained in gender or gender statistics. This is a key prerequisite for facilitating the collection of gender disaggregated data and increasing the capacity of staff to look for other gender dimensions in data that are often not captured by sex disaggregation alone. It was gratifying to note that SSL is working with MoSWGCA and Ministry of Health to establish a gender data base and a statistician has been attached to MoSWGCA to strengthen management and storage of data.
4.3.2 Output 6: Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes

Assessment of Results

There was good integration of gender issues in the planned strategies and activities but implementation focus has largely leaned on the core population issues. This output had opportunities for strengthening capacity for gender analysis and mainstreaming which were not utilized. For example, the training that the Institute of Population Studies offers to its students could easily integrate gender studies as one of the subjects for both undergraduate and post graduate studies.

Two partners, Media Alliance for Population and Development (MAPDI) and the Sierra Leone Parliamentary Action Group on Population (SLPAGD) are playing a significant advocacy role to popularize the ICPD agenda, the CEDAW and Security Council Resolution 1325. SLPAGD received funding from UNFPA for the establishment of an office with Internet facilities. This is playing a significant role in increasing access to information, research and capacity building. This has increased parliamentarians vigour to advocate for the implementation of the ICPD agenda. The group is in the process of forming sub committees to address specific issues in the ICPD which includes girl child and women empowerment. MAPDI continues to profile UNFPA work in the areas of RH, Population and Gender through production of a newsletter and radio programmes.

Recommendations for the Next Programme Cycle

1. Support the training of staff from Statistics Sierra Leone and select staff from the MoHS and MoSWGCA in gender statistics.
2. Support IPS to integrate gender studies in its training programmes for post graduate studies.

4.4 Overall Contribution of the UNFPA CPAP in Gender to the UNDAF/UN Joint Vision and Poverty Reduction Strategy

This section of the report provides an overview of the relevance of the UNFPA programme of support to the Government of Sierra Leone in light of the Priority Objectives set in the UNDAF and national development agenda for change and the attainment of MDG 3: gender equality and empowerment of women.

4.4.1 Policy Environment

Evidence shows that UNFPA is contributing to creating an enabling environment for gender equality in line with the UNDAF outcome for governance and human rights. At the higher level, UNFPA support towards the evaluation and dissemination of gender-related pieces of legislation, introduction of mechanisms to reduce gender-based violence and provision of support services to survivors of GBV are in line with the aim of strengthening institutional mechanisms and socio-cultural practices to promote and
protect the rights of women and girls. The efforts are also in tandem with many international instruments such as the Beijing +5 Goal of removing discriminatory provisions through evaluation of laws. UNFPA and its sister agencies UNIFEM, UNDP and UNIOSIL have increased the popularity of the UN Security Council Resolution 1325 on Women, Peace and Security through awareness raising, meetings and advocacy in collaboration with the MoSWGCA. Its support towards meeting international reporting schedules contributes to raising awareness at the highest level on the key gender issues which the country should address if gender equality goals are to be attained.

4.4.2 Linkages, Partnerships and Collaboration

The strategic partnerships established under the current CPAP include partnerships with Parliamentarians through NEWMAP and the Women Parliamentary Caucus (advocating for gender issues) and with Traditional leaders, faith based organizations and NGOs. In addition, Gender Focal Points have been allocated in all Ministries, including in the MoHS to address critical gender issues in the country. Social Welfare Officers have been attached to all FSUs to provide immediate counseling to victims of GBV and sexual abuse. Another key partnership which UNFPA facilitated is the establishment of a Gender Budgeting Committee comprising of MoSWGCA, International and Local NGOs and line ministries of agriculture, health, education and finance. This should facilitate gender sensitive allocation of resources and promote civic engagement on how the national cake should be allocated to address areas of greatest need such as reduction of MMR, and other key national challenges that affect men, women, boys and girls and of vulnerable groups. However, it was noted that UNDP, UNICEF and UNCDF are supporting the establishment of another Gender Budgeting Coordinator’s desk at the Ministry of Internal Affairs. This could be a challenge in Joint programming and ‘delivering as one’.

Other partnerships are with SSL, MoEYS and the MoHS. The development of the Strategic Plan for Gender is another good example of collaboration. This should be used as a resource mobilization tool and to get many development partners and donors to buy in. UNFPA leadership in the UN Theme Group on Gender is another success story of how UNFPA is driving the gender agenda in the country. However, there are still elements of other partners trying to raise their visibility through parallel support and this is contrary to UN reform and the Paris Declaration.

4.4.3 Capacity Building

UNFPA has played an important role in building capacity for its partners in various ways. This includes provision of office equipment such as computers, printers and furniture, project vehicles and various trainings for different groups. In the area of training, the capacity of policemen and law enforcers has been enhanced in handling survivors of GBV and appreciation of the recently enacted gender laws. MoSWGCA and its partners have undertaken a number of activities to build the capacity of several stakeholders such as Ministry staff, local councilors, MDAs who were trained in GBV prevention and management including Gender budgeting. The Ministry also conducted a Gender
Budgeting Training for Parliamentarians in June 2009. This was done to increase Parliamentarians’ capacity to critically analyse the national budget with a gender lens and to assess the impact of the budget on men, women boys and girls. At national level, chiefs, men, women, boys and girls had their capacity enhanced through community sensitization, TV and Radio programmes and various IEC materials that were developed.

4.5 Summary of Constraints

There are a myriad of challenges that have affected the achievement of some of the results related to gender equality and overall results in the CPAP. These are provided below:

4.5.1 Legal and Socio-Cultural Constraints

1. Commitment to gender equality provided in the Sierra Leone Constitution (1991) Chapter 2, Section 8 is compromised by some claw back provisions in Section 27 (d) that allows discrimination in matters of adoption, marriage, divorce, burial and property rights. Delays in finalizing evaluationed pieces of legislation are seen as a major obstacle in the attainment of Gender equality for women.

2. Rampant cases of Gender based violence and human rights abuses as reflected by prevalence of FGM, forced marriage, domestic Violence , rape defilement

3. Low participation of women at all levels of decision making structures. In addition high illiteracy and persistence of poverty is affecting women’s participation and attainment of rights in the family and public arena.

4.5.2 Coordination

There are some co-ordination problems for gender because MSWGCA is not able to fulfill its leadership role adequately. This has affected the fulfillment of its mandate. Her low funding base should be understood from the perspective that it has not done enough to prioritize issues and put them on government agenda for more funding.

4.5.3 Capacity for Gender Mainstreaming

Evidence collected during consultations show that skills in gender analysis and mainstreaming have remained low. Although evidence shows that UNFPA has supported a number of gender related trainings, almost 35 percent of all IPs said they had not received any systematic training in gender while the rest said they had not been trained at all. It can be concluded that there is limited technical capacity for gender mainstreaming as noted among UNFPA IPs, government Ministries and staff in the UN itself. The Programme Officer for Gender in UNFPA has a lot of demands to support capacity building of partners and IPs which she cannot adequately address.

4.6 Recommendations

The following recommendations are suggested to provide a basis for planning for the next programme cycle of activities but also to assist in recasting some of the activities in
the CPAP. The recommendations have both short and long term projections and should be adopted in relation to specific recommendations in all the 6 outputs that have already been provided in the report.

4.6.1 Recommendations for the Remaining Project Cycle (2009-2010)

1. Support MSWAGCA to build capacity in Gender through more systematic training in gender analysis, budgeting and mainstreaming. The trainings should be designed to create more synergies between the two Programme components of RH and PD. This should target health personnel, Police, Judiciary and IPs in NGOs including UNFPA Programme staff.
2. The passing of the sexual offences and Matrimonial causes Bill should be a top priority. This should be done through more lobbying activities with Parliament, Cabinet and Ministry of Justice.
3. Strengthen the collection of gender disaggregated data through the development of a comprehensive data base on GBV and other services that are offered by the police, Hospital and Judiciary disaggregated by gender. This should include training in gender statistics.
4. Refocus and prioritize youth activities to address critical gender issues affecting the girl child, e.g., high illiteracy, teenage pregnancy, early marriage and FGM.

4.6.2 Recommendations for the Extended Programme (2010-2012)

1. Reposition Gender to become a separate component/focus area (Gender Equality) in line with the UNFPA Strategic Framework (2008-2011)
2. Lobby for increased availability of psycho social support, medical and legal redress and other protective measures for survivors of GBV. The establishment of a One Stop GBV Centre for survivors of GBV would assist in easing the pressure that victims go though in trying to seek redress such as getting a medical report and submission of a statement.
3. UNFPA should consider development of specific strategies and employ a gender differentiated approach to address the challenges that male and female youths face. Addressing the root causes and the influencing factors that increase the risk for girls and boys to contract STI and HIV AIDS cannot be over emphasized.
4. Identify strategies to strengthen women’s role in peace building and involvement of communities in rehabilitation programmes particularly of women and girls. UNFPA contribution in this area would significantly contribute in meeting the UNDAF and Joint vision outcomes for governance.
5. The NEWMAP and the Women’s Caucus should be supported to undertake advocacy and lobbying for the increase of women in decision making structures through a robust civic education programme. This should target prospective female candidates and the sensitization of the general populace to vote for women in the next elections.
6. In partnership with UNICEF, UNESCO, and UNIFEM, develop a comprehensive programme to address the high level of illiteracy among women and strengthen the provision of formal and non formal education including adult literacy programmes so that girls can attain their full potential and contribute to national development.
7. Use UNFPA’s leadership in the UN Theme Group to develop a UN Joint Programme on Gender based on the gender strategic plan.
5.0 Monitoring and Evaluation

5.1 Introduction

The effectiveness of monitoring, evaluation and reporting was assessed through a document evaluation. The evaluation focused on assessing:

a. Existence of a clear framework for M&E;
b. Partnerships and linkages with national M&E institutions and frameworks;
c. Extent to which performance monitoring was undertaken;
d. Extent of utilization of results from the M&E system for programme and project management, and
e. Existence of capacity enhancement measures for results based monitoring.

The documents evaluated were CPAP (2008-2010), M&E Plan (2008) and progress reports. The CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool and the CPAP M&E Calendar were assessed for adequacy of measuring programme results and for completeness. The M&E Plan was assessed for appropriateness of content to guide the programme in achieving and measuring results. Effectiveness of reporting was assessed by examining the number of Quarterly Reports that were submitted in 2008 and 2009.

5.2 Framework for Monitoring and Evaluation

The CPAP Results and Resources Framework: The CPAP Results and Resources Framework is incomplete. Some of the output indicators have no baselines and targets. All indicative resources for the programme areas are not shown.

The CPAP Planning and Tracking Tool: The CPAP Planning and Tracking Tool does not have annualized targets (for 2009). This makes it difficult for programme managers to focus on achieving yearly/annual targets. Missing yearly targets may also lead to missing the final CPAP targets due to lack of focus on achieving intended results.

The CPAP Monitoring and Evaluation Calendar: The CPAP M&E Calendar is complete. There is, however, no annual update of the M&E Calendar. This makes it difficult to assess progress if all the activities in the M&E Calendar were carried out as planned (see Annex E for an analysis of implementation of the activities in the M&E calendar).

Monitoring and Evaluation Plan: The CO has a guiding M&E Plan which is, however, in draft form. It is yet to be presented to partners for endorsement/adoption. A formal adoption of an M&E Plan, especially reporting mechanism, is necessary for ownership by partners. The sections on reporting and implementation mechanism or institutional structure needs strengthening to make them more clear. In addition, there is no clear indication of input and output key performance indicators.
5.3 Partnerships and Linkages with National M&E Institutions and Frameworks

The Population and Human Resources Unit (PHRS) in the Ministry of Finance and Economic Development is the government institution responsible for overall CP coordination. The CO has established linkages with the PHRS. It is also responsible for coordinating monitoring and evaluation. There were a number (as reported by the Unit) of programme and M&E coordination related meetings/activities between 2008 and 2009. There are, however, no minutes or any records to indicate that these meetings took place. Most important, there are no records to indicate the partners that attended those meetings.

5.4 Extent of Performance Monitoring

The CO has not adequately engaged in performance monitoring over the course of the CP. There are no Field Monitoring Plans. In 2008, a draft field monitoring plan was drawn but not implemented. There are no quarterly reports and the M&E calendar is not updated annually. There has not been a single Joint Monitoring visit since at least December 2008. Most Implementing Partners are not aware of the Field Monitoring Visit Tool that is supposed to be used in such joint monitoring visits.

The CO produces Monthly Reports based on progress briefs of activities as reported by Programme Officers. It is not clear if they are based on information obtaining currently with IPs. The CO also conducts quarterly evaluations based on quarterly reports from IPs. These reports are, however, not synthesized into CO Quarterly Reports.

Performance monitoring has, therefore, been hampered by lack of clearly stated Key Performance Indicators (KPIs) which should be tracked on a periodic basis (quarterly or annual) to assess trends towards outcomes. Short term evaluation information has also been missing. For example, the CO does not have a mechanism to evaluate immediate (3 to 6 months) benefits of trainings, workshops and meetings.

5.5 Utilization of M&E Results

In the absence of sufficient documentation on performance monitoring, it is difficult to assess extent of utilization of results from monitoring processes for programme and project management.

5.6 Existence of Capacity Enhancement Measures for Results Based Monitoring

It is reported in the 2008 COAR that staff participated in training and learning activities on RBM. However, this is not supported by activities indicated in the Annual Work Plans. The CO needs to plan for deliberate capacity building initiatives in results based management including monitoring and evaluation. Ad hoc invitations from ARO/SRO should only compliment training and learning activities set by the CO.
5.7 **Reporting**

The CO produces monthly reports. These reports are based on narrative reports provided by Programme Officers. Quarterly Reports are not produced although the CO compiles a report after every quarterly evaluation meeting. A evaluation meeting, however, focuses on presentations made and discussions that followed. There is usually no extra analysis of results. Apart from the project funding the DHS and the SDHSP, there were no Standard Progress Reports (SPRs) at the end of the year 2008. The CO produces the mandatory Country Office Annual Report.

5.8 **Summary of Monitoring and Evaluation Issues**

The PHRS in the Ministry of Finance, Development and Economic Planning is responsible for overall programme coordination including monitoring and evaluation. In M&E, the unit is responsible for coordinating all Component Management meetings, coordinating Joint Monitoring Visits and coordinating Quarterly Programme reporting. The Unit has in the last half of CP held meetings for component Managers. It is not known how many meetings were held and there are no minutes for these meetings. It has not organized any Joint Field Monitoring Visits in the period under evaluation.

5.9 **Best Practice**

The CO’s Monthly Programmes Report is a best practice. This should be used as a basis of reporting on a quarterly basis. The report should, however, focus on analysis of results and not documenting activities completed. Programme Officers should share the report with all IPs as a tool for improving programme delivery.

5.10 **Recommendations**

The PHRS should carry out its role of coordinating M&E effectively. If necessary, the PHRS needs to be appropriately capacitated. The M&E Plan should be shared with all partners. After comments, the CO should organize a meeting for all partners to formally adopt the Plan. The CO and the PHRS should establish a multi-sector M&E TWG for the CP.

M&E activities should have a separate Work Plan. This may mean pulling out and consolidating M&E activities from the three programme areas. This needs not be a Project in ATLAS. Budgets would still be held within the programme areas. This would enable those responsible for M&E to be more focused in their support for M&E to NPOs and IPs.

Programme monitoring should include monitoring operations and financial compliance and accountability, including reporting. The M&E Annual Work Plan should have specific budgeted items for capacity building in RBM.

The M&E Calendar should be update annually. The CPAP should have annualized targets for each year of the CP.
The M&E Plan should have Key Performance Indicators that should be collated and monitored periodically (quarterly) for trends towards outputs.

The CO should develop a Meta Data/Indicator Definitions for all indicators in the CPAP and the M&E Plan. This should be shared with all IPs.

The CO should ensure that there is an annual (or at least quarterly) field monitoring plan with costed Joint Monitoring visits that are justified with Concept Notes. There should be quarterly reports submitted by IPs to component managers and subsequently submitted to the CO. The CO should take a lead in providing TA to this process. The need for feedbacks to all data sources of each report necessitates the existence of an enhanced electronic and paper filing of programme documentation at both the CO and PHRS.

The CO should recruit a dedicated full time M&E Officer at NOC level. Such a senior level officer will assist the CO with RBM and performance management related issues and not only focusing on M&E (measurement issues). In addition, she/he will interact at par with senior level government officers, leaders of IPs and UNFPA Programme Officers heading RH, P&D and Gender components.
6.0 Management

Management effectiveness was assessed through examining compliance to guidelines to implementation coordination, partnerships, human and financial resources management as outlined in the CPAP. Progress reports and audit reports were examined for deviations from management guidelines. The overall framework of assessment comprised assessing:

a. Compliance with CP implementation and coordination arrangements;
b. Compliance with fiduciary guidelines;
c. Compliance with CO Human Resources Typology;
d. Compliance with regulations for managing nonexpendable items, and
e. UNFPA-IP partnerships management.

6.1 Management of CP Implementation and Coordination

The management arrangements of the CP implementation and coordination are outlined in the CPAP. National coordination was through the PHRS of the Ministry of Finance and Economic Development. The Ministries of Health and Sanitation (Reproductive Health Division) and Ministry of Social Welfare, Gender and Children’s Affairs led in the RH and Gender programme components respectively. The PHRS takes a lead in the Population and Development Component.

The CO collaborated with other UN agencies to develop the Joint Vision for Sierra Leone (2009-2011). There was also collaboration with UN agencies to develop the UN Joint Programme for Reproductive and Child Health and to conduct the first Demographic and Health Survey for the country. The CO has also partnered with the Office of the First Lady to engage Traditional and Religious Leaders in interventions on maternal and mortality reduction. The CO was part of the National Gender-Based violence Committee that championed the cause of the Sexual Offences and Matrimonial Causes Bills. There was a partnership between the CO, UNIFEM and the Ministry of Social Welfare, Gender and Children’s Affairs and Statistics Sierra Leone to conduct the first National Gender Based Violence Study. To advance gender equality, UNFPA collaborated with the Women’s Rights Coalition and the Association of Female Musicians to conduct a nationwide sensitization on women’s rights, gender based violence and reproductive health rights. The CO chairs the UN Gender Theme Group. Management of the CP implementation and coordination was multi-sectoral and as envisaged in the CPD.

6.2 Financial

The approved resources for the CPD 2008-2010 were US$9.4m. US$4.2m was from regular resources and US$5.2 through co-financing and other means including regular resources. Indicative amounts per programme were: Reproductive Health ($2.9m regular; $4.2m other); Population and Development ($1m regular, $1m other); and programme coordination and assistance ($0.3m). Based on regular resources, the percentage allocations were: Reproductive Health (75.5 percent); Population and Development (21.3 percent); and Programme Management (3.2 percent). The actual allocations for Regular Resources were as in Table 6.1.
In subsequent years, each of the programme areas was allocated resources as per (close) the CPD. NEX and DEX were the two main funding modalities. Implementation rate for regular and non-regular resources for 2008 was 83 percent.

The CO mobilized close to the resources committed to mobilize in the CPD. A total of US$3.0 was mobilized against the US$5.2 which was envisioned to be mobilized in the CPD. This excludes US18 million mobilized for RH from ADB through a grant to the Government of Sierra Leone. The CO has performed extremely well in resource mobilization.

### 6.2.1 Cost Effectiveness

In 2008, the average performance rating at output level of the programme coordinated by the RH Division, MoHS, linked to financial management was 98.8 percent as was monitored by the quarterly evaluations. All planned and budgeted for activities were implemented. However, the targeted number of facilities agreed upon for refurbishing could not be met. The verity of these is reflected by the service data and the 2008 Audit Report. Thus, the implementing capability of the programme was highest in 2008. Evaluation of AWPs and progress reports at mid term for 2009 also show that the Reproductive Health Component is on track with utilization of funds as per slated activities. Delays have been noticed in the implementation of activities of some of the HIV Grantees. For the ADB, SDHS project, the average implementation rate for the period under evaluation was 60.75 percent with the lowest implementation rate being 19.14 percent for UNFPA account.

Assessing the cost effectiveness of other components proved to be very challenging. The implementing partners had very small amounts of money provided to them and as a result activities in most cases were completed and funds fully utilized with exception for those of the Ministry of Youth and Sports. It is, however, difficult to determine true cost effectiveness as detailed financial reports were not made available.

### 6.3 Human Resources

The CP was to be implemented by a Representative, Assistant Representative, Operations Manager and support staff. An additional National Programme Officer was to be hired to fill an existing vacancy in RH. In addition to the above staff in the CPD, the CP was implemented with the assistance of an extra three officers and four support staff. Due to

**Table 6.1: Financial Allocations to Programme Components and Coordination and Assistance**

<table>
<thead>
<tr>
<th>Programme Component</th>
<th>2008 (%)</th>
<th>2009 (%)</th>
<th>2010 (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH</td>
<td>1,669,800 (60.9)</td>
<td>1,864,800 (71.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;D</td>
<td>922,200 (33.6)</td>
<td>564,600 (21.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Management</td>
<td>150,000 (5.5)</td>
<td>170,600 (6.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,742,000</strong></td>
<td><strong>2,600,000</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
a large number of resources mobilized, staff managing two large projects (Mano River Union and Strengthening District Health Services Project) were also recruited to assist in implementing the CP.

6.4 Non-Expendable Property/Material Resources

Audit reports were used to assess management and use of material resources particularly equipment. The general observation is that management complied in all material respects with the provisions on procurement and use of equipment. Although issues related to transfer and disposal of equipment were raised by the auditors, various programme compliance issues were, however, noted.

6.5 UNFPA-IP Management Relationship and Partnership

The overall coordination of the CP is through the Population Unit. The Unit is, however, weak and this has affected the overall partnership management of the CP. This is exemplified in lack of consistence in holding coordination meetings, lack of minutes when such meeting are held and lack of quarterly reports for the CP.

6.6 Recommendation

The CO should strengthen the coordination capacity of the Population Unit. This should include orientation on the role of the Unit, focusing on management and monitoring aspects of the Country Programme. The Unit should also beef up its staff by employing a Project Officer or M&E Officer to enhance its CP oversight role.
7.0 Rationale for Extension of Fourth Country Programme to 2012

7.1 Context of Formulation of Fourth Country Programme

The current Country Programme of the United Nations Population Fund (UNFPA) in support to the Republic of Sierra Leone is in line with the ongoing CPs of the Ex.Com. Agencies (UNDP, UNFPA, UNICEF and WFP) which were formulated in a harmonized manner with an operational lifespan of January 2008-December 2010. The Country Programme Document (CPD) is guided by the United Nations Development Assistance Framework (UNDAF) 2008-2010 and addresses three of the five priority areas of the UNDAF, namely:
(a) Governance and human rights;
(b) Maternal health and child health care, and
(c) HIV/ AIDS and Tuberculosis and related diseases.
Its Goal is “to contribute to consolidation of peace, sustained democratic governance and reduce poverty through improved maternal health, HIV/ AIDS prevention, improved gender equality and empowerment and increased availability of social demographic data”. UNFPA has translated these UNDAF outcomes into two major programmes of work – Reproductive Health (RH) and Population and Development (P and D). Gender and youth are identified as crosscutting issues and are integrated into the two programme outcomes and outputs.

The Country Programme is informed by UNFPA Strategic Plan (2008-2011), the International Conference on Population and Development and its Plan of Action (ICPD PoA) and the MDGs, particularly MDG 3, 5 and 6. It was also informed by the current thinking within Government of Sierra Leone at the time of its formulation and therefore responded to priorities identified within the second generation PRSP that was being prepared. The direction was to move away from relief and humanitarian assistance to that of human development through sustained growth and good governance.

7.2 Reasons for Extension of the Programme

7.2.1 The Agenda for Change: PRSP 2008-2012

Following a democratic change of government in September 2007, the new Government finalized a new PRSP – The Agenda for Change – in early 2009 with a period of implementation as 2008-2012. As an agenda for economic and social empowerment, it is the major national blueprint that all development initiatives, including UNFPA programme of work, have to align with based on the spirit of the Paris Declaration and UN Reform. The Agenda for Change is structured around the four pillars of energy, transport, agriculture and human development along with the preconditions of security, good governance, private sector development and management of natural resources. The strategy recognizes the need to work with every stakeholder to address widespread poverty, hunger, unemployment as well as high infant and maternal mortality. To address
these and transform the economy, it proposes substantive investment in supportive infrastructure, improved delivery of social services and private sector development.

Under social services, one of the focus areas that are directly related to UNFPA programme of work is reduction of maternal mortality, making available minimum maternal and neonatal health care systems and combating HIV and AIDS. On education, the strategic priority is increasing access to and completion of primary schooling especially for girls and out of school children. This is in tandem with MDG Goals 2 and 3. The strategy identifies some of the challenges to girls’ education as cultural barriers, lack of mechanisms for reporting or referral systems for victims of abuse, exploitation and harassment within the school structure. It should be emphasized that girl child education is a strategic gender issue for increasing the number of women in decision making as per MDG 3 and for addressing the social and cultural factors such as early marriage, illiteracy and maternal mortality that hinder women’s advancement. It is significant to note that the PRS proposes the development of an Information Management System (IMS), to provide timely and reliable data and strengthening of health information tools. This need is also identified under its education priorities. This area is relevant to UNFPA work under P and D and important for programming in areas of gender and RH as it enforces the ICPD Principle 5.

7.2.2 The United Nations Joint Vision for Sierra Leone

Since the mandate of the UNCT is to support Government to achieve her objectives and aspirations, the UNCT has developed a Joint Vision for Sierra Leone 2009-2012 to replace the United Nations Development Assistance Framework (UNDAF) in support of the implementation of the Agenda for Change. The UN Joint Vision responds to the PRSP in the areas where the UN has a mandate and comparative advantage, notably in health, education and agriculture as well as on security and good governance.

But unlike the UNDAF, the Joint Vision has no clear cut outputs and outcomes. It goes along the lines of the UN’s principle of “delivering as one” and its implementation should be in accordance with the Paris Declaration, the use of national institutions in service delivery, building capacities of national institutions and joint programming. Since the Joint Vision and the Agenda for Change were launched in May 2009, it raises the issue of alignment between the CPAP (2008-2010) and these overarching frameworks and the national electoral cycle which runs through to December 2012.

7.2.3 Limitations of the Fourth Country Programme

This evaluation has shown that after 18 months of programme implementation, the current CPAP exhibits certain strengths and weaknesses. In a nutshell, the analysis has revealed that the fundamental basis of their formulation still stands to a very high degree and the need for drastic substantive changes cannot be anticipated. Secondly, the observed implementation time horizon is considered too short for the achievement of concrete, substantive results or achievements. Therefore, the justification for an extension of the current CPAP to 2012 can be considered in the light of these arguments.
But the CPAP is considered to generally have weak or no baseline indicators in several areas; judging from the CPAP tracking tool and CPAP monitoring and evaluation tool. Therefore, the extended programme should use baseline data for programme tracking without which success or failure cannot be measured with certainty. There are also other design issues that impact unfavourably on programme implementation which this evaluation has amply documented in the various sections. In addition, it will be necessary to also note the following:

1. A major programme design weakness noted is that in an attempt to integrate gender and create linkages between programme components, some activities under RH were turned into strategies under P and D. A good example of this is the activity to develop a gender data base in RH. It would have been more appropriate to include it under the P and D component **Output 1**: Expanded database for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and sub-national levels. This activity is actually repeated in the PD output through an activity b: Contribute to setting up an integrated database in Statistics Sierra Leone for gender sensitive population and reproductive health data.

2. There are too many players that UNFPA supported under Output Two. This makes it more difficult to isolate results but in some cases the funding was also very thin. Thus, some partners, e.g., NEWMAP and LAWYERS had only two activities while others like WiCM had multiple tasks.

3. There is a geographic coverage problem. Although the projects are found in all provincial areas, their location favours settlements on or nearer the main transport arteries. Such localities already enjoy higher than average endowment of social services, amenities and infrastructure than the rest of the country. The need to give a more national character to the interventions should not elude an extended CPAP.

4. Invisibility of girls in youth targeted programs because of lack of differentiation. Notable in the CPAP is that girl child interventions are inadequate. Even in the UN Joint Vision for Sierra Leone, the focus on youth empowerment is male-oriented and issues affecting girl youths are not well-articulated. This is a setback in programming as it conceals multiple inequalities that exist between boys and girls and other vulnerable groups.

5. There are lack of mechanisms in the CPAP to address some critical gender issues such as FGM, low representation of women in decision-making structures and the disproportionate impact of war on women and girls.

6. There are some co-ordination problems for gender and population and development components because MoSWGCA and MoFED are not able to fulfill their leadership roles adequately. This has affected the fulfillment of their mandate. Their low funding bases should be understood from the perspective that they have not done enough to prioritize issues and put them on government agenda for more funding.

7. There is need to refocus and prioritize gender and youth activities by making them separate components/focus areas in line with the UNFPA Strategic Framework (2008-2011) and to address critical issues affecting them.
8.0 Summary, Policy Options and Conclusions

8.1 Summary of Key Findings and Policy Options

The current Country Programme Action Plan (2008-2010) has two main component areas – Reproductive Health and Rights and Population and Development – and gender and youth concerns were treated as crosscutting issues across the programme spectrum. But in terms of UNFPA, gender was declared as a separate programme component since 2004. The evaluation revealed that gender would have been articulated better if it stood out at the programme formulation stage. It is, therefore, recommended that an extended CPAP should incorporate a new programme component of “Gender, Culture and Human Rights” in tandem with current international practice. The strategy for implementation should be partnership oriented with much room for dialoguing and advocacy.

Another major weakness of the programme design was in the treatment of adolescents and youths. The vibrancy of the interventions was not felt because the subprojects were too fragmented. The objectives were mis-communicated among the various implementing partners and there were no strong linkages even at the level of the Country Office. There was a tendency to consider the youth as a homogenous group when in fact there are vast differences between different categories of young people and within the various identifiable subgroups with respect to sex, rural-urban residence, age, level of education and some life experience variables. All these call for an ingenious strategy of intervention employing a multi-sectoral approach to create the much needed impact. The youth sector should be revamped especially with respect to sexual and reproductive health issues put under the Reproductive Health Management. The issue of employment of youth, especially the empowerment of the females, should be given the overemphasis that policy documents accord it.

The various grantees are basically subcontractors. The ceiling for this kind of operations modality is US$30,000 but some grantees exceed this limit. This could have been normal in the emergency phase but should now be phased out since the country is transiting into a phase of long term growth and development. The multiplicity of grantees is responsible for poor audit reports. Big grantees with ample capacity report well but small grantees either report poorly or not at all. With strategic planning, UNFPA should formulate big projects, in few sectors, very comprehensive, national in character and with big impacts.

An associated problem is the lack of clarity in belonging to sectors. This makes for blurred reporting lines. In addition, AWPs are split by source of funding and the impression is giving that UNFPA is working in only two districts. The evaluation established that the two model districts are well-resourced and have excellent value for money. But UNFPA also operates in five other districts and actually services to the rest of the districts through the provision of reproductive health materials and staff support. The apparent confusion of compartmentalizing funding can be removed if all UNFPA interventions are considered as one country programme but the contribution of respective donors are recognized in the funding columns of the respective AWPs.
With respect to programming, there is a human resource capacity gap in the CO. Programme Officers are overloaded whilst a number of vacancies exist in the establishment. Some middle management staff personnel are not in post. This leaves an office structure of a Resident Representative, an Assistant Resident Representative, an Operations Manager and a host of National Programme Officers acting as Programme Managers; making the middle level cadre that should support the machinery to be ill-defined. As an immediate remedy, there will be need to revised the office organogram to show the respective layers of authority relationships and reporting lines. Also, it is recommended that steps should be taken to fill the existing vacancies after a careful assessment of the programme needs. Accordingly, it will be necessary that a Sexual and Reproductive Health/HIV National Programme Officer in-charge-of a revamped youth component should be employed because the sector is too large for a lone Programme Associate and the Programme Manager for the Gender Component should be assisted by a Junior Programme Officer.

8.2 Conclusions

The Fourth Country Programme has achieved a lot of results but much still needs to be done. To be able to respond to the changing programme environment, i.e., the redefinition of national aspirations along an Agenda for Change and in keeping with the United Nations Joint Vision for Sierra Leone in line with other international consensus aid delivery modalities like the Paris Declaration, the CP has to be realigned accordingly and extended to December 2010. Government of Sierra Leone and UNFPA should build an exit strategy for sustainability into all projects.

There are a couple of best practice areas like in the use of community motorized ambulances; women’s empowerment issues subsumed into reproductive health projects; the strategic partnerships with FSUs, chiefs, community leaders and faith based organizations, and the demonstration that big and comprehensive interventions can be more developmentally productive. The lessons learned from the mid term evaluation should, therefore inform the reformulation of an extended country programme which is not expected to be significantly different in content because the initial justification for the interventions still remain valid.
Annexes

Annex A: Terms of Reference for the Evaluation

TITLE: Mid-Term Evaluation of Fourth Country Programme of Sierra Leone (2008–2010)

Background

The decade-long civil war (1992–2002) devastated much of the country leaving more than half of the population displaced and rendered destitute. Consequently, all the human development indicators were at an unacceptably very low level with rampant poverty. The Government declared the war over in 2002 and developed the transitional plan for peace consolidation and poverty alleviation. Against this backdrop, the UNFPA and Government of Sierra Leone signed a third country programme (CP) of Assistance to Sierra Leone for the period 2004–2007 in the context of the UN Development Assistant Framework (UNDAF) 2004–2007.

At the end of the Third Country Programme, a fourth, the current programme, was developed for a period of three years, 2008–2010. We are now half-way in the implementation of this programme and hence the need for a Mid-Term Evaluation.

The goal of the programme is to contribute to the national objectives, that is, consolidation of peace, sustained democratic governance and reduce poverty through improved maternal health, HIV/AIDS prevention, improved gender equality and empowerment and increased availability of socio-demographic data. The programme is aligned to national priorities, the UNFPA Strategic Plan, The ICPD Programme of Action and the Millennium Development Goals. Meanwhile, the UNCT is now implementing the UN “Joint Vision for Sierra Leone” 2009-2012. The Vision, however, provides for each Agency to continue with its planned activities under its current programme. As the Country Programme has to be aligned to the Vision, but only runs up to 2010, it would be necessary for the evaluation to ascertain what needs to be done and suggests a way forward to catch up with the Vision by 2012.

Purpose of Evaluation

The evaluation is to assess the programme over the operational period 2008 to date in order to measure performance and progress made towards achieving outputs as well as documenting lessons learnt.

Specifically, the evaluation will be done in order to:

1. Ascertain the level of achievement of the stated results;
2. Identify the facilitating factors in the implementation of the programme activities, including unplanned ones;
3. Identify bottlenecks and constraints in programme implementation;
(4) Ascertain the need for extending the programme for another two years;

(5) Hold discussions with strategic IPs and stakeholders to ascertain their views on the implementation process;

(6) Identify and articulate the key lessons learnt;

(7) Make recommendations for improving the implementation of the 4th country programme (2008–2010) in the context of the Joint vision, and

(8) Produce and submit three copies of the mid-term report.

**Use of Evaluation Report**

The evaluation report will be used for providing information to those involved in the management and oversight of the 4th country programme (Government, UNFPA, and other UN Agencies and implementing partners) to enable them improve on programme quality and implementation in terms of achieving the programme efficiency and effectiveness. The report will also be used by UNFPA Headquarters, Sub-Regional Office, Regional Office, communities and Country Office staff.

**Evaluation Questions**

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

Example questions that may be covered are:

**Effectiveness**

- How efficient have implementing partners and the UNFPA CO been in the application of the established resource transfer modality?
- What is the progress in the implementation of project activities and the delivery of the programme outputs?
- How and to what extent have data/information and materials produced in the 4th CP been utilized?
- What evidence is there to indicate that the results of training activities as well as equipment supplied under the programme are being utilized and have resulted in new ways of doing business?
• How frequent were the Field Monitoring Visits to the project sites by Programme Officers of the UNFPA and the Executing Partners, and to what extent have the field monitoring data been utilized by project managers to ensure results-based management of project operations?
• What was the constraining factors impeding implementation of project activities and the delivery of the outputs?
• How effective were the logistics of procurement and distribution of project non-expendable equipment and supplies in the implementation of the programme?
• To what extent is the programme implementation in line with geographic coverage stated in the CPD and how effective is the stated coverage?

Relevance

• Are there major changes in the national policy and programme environment that may have implications for the programme design and performance?
• To what extent is the 4th CP aligned with Government priorities, the ICPD PoA, the objectives of the ICPD+10 and the MDGs?
• Are the interventions/strategies proposed in the CPAP sufficient for the delivery of the planned outputs?
• How effective is the project institutional framework of each implementing partner in the implementation of project activities;

Sustainability

• How supportive has Government been to the implementation of project activities?
• What has been the level of collaboration between the CP implementers and the implementers of other donor-supported programmes, especially those of other UN agencies?
• To what extent is sustainability well-integrated in programme design and implementation?

Management

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

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

Location

The evaluation team will be based mainly in Freetown but will travel to programme sites in the operational districts in the Northern, Eastern, and Southern provinces as and when necessary.

Evaluation Methodology

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

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

Documentation and Literature Evaluation

Background documents to be provided to the Evaluationers will include:

- Reports of quarterly evaluation meetings.
- Individual project reports.
• The “UNCT Joint Vision” for Sierra Leone document
• Any other relevant document as may be required by the Evaluationers.

**Evaluation Team Composition**

The evaluation team will comprise persons with competencies in:

- Reproductive health
- Population and Development Strategies
- Gender.
- Monitoring and Evaluation

**Management of the Evaluation Activities**

- The UNFPA Representative is responsible for the overall organization of the evaluation.
- The Assistant Representative, assisted by the National Professional Project Personnel (P&D-data for Development) will be the responsible officers and will be the evaluation Managers. The officers will also attend to all of the evaluationers’ demands relating to the evaluation.
- The Leader of the evaluation team will present the final report to the UNFPA Country Office.

**Outputs of the Evaluation**


**Date/Duration**

The evaluation will be undertaken for four weeks in September-October 2009. The evaluationers will be expected to work on Saturdays as well in order to complete the work without any delays.

**NOTE**

Contact persons in UNFPA Country Office for the evaluation are:
Mrs. Mariama Diarra (diarra@UNFPA.org); (mariama.diarra@undp.org)
Mr. Vandy Sovula (sovula@unfpa.org); (vandy.sovula@undp.org).
### Annex B: List of Persons Met

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organisation/MDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Phillip Maheyni</td>
<td>Senior Youth Development Officer</td>
<td>Youth and Sports Division, MoEYS</td>
</tr>
<tr>
<td>Ms. Maybelle A. Gamanga</td>
<td>Assistant Director/ Head of Counseling Department</td>
<td>Ministry of Education, Youth and Sports</td>
</tr>
<tr>
<td>Olive Musa</td>
<td>Director</td>
<td>Non Formal Division – MoEYS</td>
</tr>
<tr>
<td>Mrs. Elizabeth M. Sam</td>
<td>Lecturer – Focal Point UNFPA Project</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Ms. N. Conteh- Khali</td>
<td>Teaching Assistant</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Mr. Ibrahim M. Fofanah</td>
<td>Lecturer II</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Mr. Samuel Weekes</td>
<td>Director, IPS</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Mrs. Fatu Kargbo</td>
<td>Component Programme Manager</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Ms. Fatmata J. Daboh</td>
<td>Woman Inspector, Line Manager</td>
<td>Institute for Population Studies (IPS)</td>
</tr>
<tr>
<td>Mr. Joseph B. Momoh</td>
<td>Station Officer</td>
<td>FSU (Bo), Sierra Leone Police</td>
</tr>
<tr>
<td>Mr. Foday M. Jabati</td>
<td>NCO Crime</td>
<td>FSU (Bo), Sierra Leone Police</td>
</tr>
<tr>
<td>Mr. Bryan Randall</td>
<td>Programme Officer</td>
<td>NEWMAP</td>
</tr>
<tr>
<td>Mr. Philip Lukuley</td>
<td>Executive Director</td>
<td>SLMA</td>
</tr>
<tr>
<td>Mrs. Isatu Kajue</td>
<td>Programme Officer-Gender</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Ms. Fiona Kaikai</td>
<td>Programme Associate, Youth</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mr. Aiah Lebbie</td>
<td>Programme Analyst – P and D</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mdm. Ratidzai Ndlovu</td>
<td>Resident Representative</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Alhaji V. M. Sovula</td>
<td>National PPP Officer</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mrs. Daisy</td>
<td>Operations Manager</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mrs. Mariama Diarra-Sesay</td>
<td>Assistant Representative</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mr. Emmanuel Tofoatsi</td>
<td>Procurement and Logistics Specialist, SDHSP</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Dr Jarrie Kabba-Kebbay</td>
<td>NPO, Reproductive Health</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Mrs. Hawa Moseray</td>
<td>Electronic Coordinator</td>
<td>MAPDI</td>
</tr>
<tr>
<td>Mr. Amadu Daramy</td>
<td>Executive Coordinator</td>
<td>MAPDI</td>
</tr>
<tr>
<td>Mr. Kongbap Sumner</td>
<td>Editor</td>
<td>MAPDI</td>
</tr>
<tr>
<td>Mr. Sheku Sumaila</td>
<td>Public Relations Officer</td>
<td>MAPDI</td>
</tr>
<tr>
<td>Mr. Mohamed Koroma</td>
<td>Secretary General</td>
<td>MAPDI</td>
</tr>
</tbody>
</table>
## Annex B: List of Persons Met (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organisation/MDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Yakuba Madina Bah</td>
<td>District Medical Officer, Kenema</td>
<td>SDHSP Programme, Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Dr. A.P. Koroma</td>
<td>Medical Superintendent/ District Medical Officer, Bo</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Dr. Michael M. Koroma</td>
<td>Nurse Anaesthetist Project Manager and Head, PCMH</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Dr. Sarian Kamara</td>
<td>RH Programme and Component Manager, PCMH</td>
<td>RH Division, Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Alhaji A.M Kamara</td>
<td>Admin/ Finance Officer</td>
<td>RH Division, MoHS</td>
</tr>
<tr>
<td>Dr. Santigie Sesay</td>
<td>District Medical Officer, Bombali (Model District)</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Mr. XXXXX Makeni</td>
<td>XXXXX Makeni</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Ms. Mabinty Koroma</td>
<td>Nurse, Makama PHU</td>
<td>Ministry of Health and Sanitation</td>
</tr>
<tr>
<td>Mrs. Victoria V. Lebbie</td>
<td>Coordinator, Community Motorized Ambulances</td>
<td>Ministry of Agriculture, Forestry and Food Security</td>
</tr>
<tr>
<td>Mr. Moses Williams</td>
<td>Director of Censuses and Surveys/ Focal Point</td>
<td>Statistics Sierra Leone</td>
</tr>
<tr>
<td>Mr. Andrew Johnny</td>
<td>Director of Geographic Information Services</td>
<td>Statistics Sierra Leone</td>
</tr>
<tr>
<td>Mr Mohamed K. Lebbie</td>
<td>Secretary, NPC/PCM, P and D</td>
<td>Ministry of Finance and Economic Development</td>
</tr>
<tr>
<td>Mr. Sheriff Parker</td>
<td>Co-Director/Programme Manager</td>
<td>CIDA</td>
</tr>
<tr>
<td>Pastor David Bangura</td>
<td>Pastor-in-Charge/Focal Point</td>
<td>Jesus is Lord Ministries Faith Clinic</td>
</tr>
<tr>
<td>Pastor Kalilu Kamara</td>
<td>Deputy Director</td>
<td>Women in Crisis</td>
</tr>
<tr>
<td>Mr. Henry P. Leigh</td>
<td>Advocacy Coordinator</td>
<td>SLPAGPD/Goodwill Ambassadors</td>
</tr>
<tr>
<td>Hon. (Mrs.) Elizabeth</td>
<td>Chairperson</td>
<td>Parliamentary Action Group on Population and Development</td>
</tr>
<tr>
<td>Alpha-Lavalie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Marian Samu</td>
<td>Programme Manager</td>
<td>CePSRHE</td>
</tr>
</tbody>
</table>
Annex C: Documents Evaluationed (Reports and Publications)


Government of Sierra Leone (2008) – Gender-Based Violence in Sierra Leone: A National Research, Volume 1, UNFPA/Statistics Sierra Leone/UNIFEM, Freetown, Sierra Leone


Statistics Sierra Leone (2008) – Sierra Leone Demographic and Health Survey 2008: Preliminary Report, Statistics Sierra, Freetown, Sierra Leone


RH

2. Reproductive Health Services, Reproductive Health Division, Progress Report, 2007
3. Reproductive Health Services, Reproductive Health Division, Midyear Progress Report, 2008
4. Reproductive Health Services, Reproductive Health Division, Annual Progress Report, 2008
5. Reproductive Health Services, Reproductive Health Division, Midyear Progress Report, 2009
6. Annual Work plan 2009 for Reproductive Health Services, Reproductive Health Division
10. Annual Work plan Report Matrix for AWP Title: Access to Maternal and Neonatal Care, reporting period April- June 2008

- 66 -
18. Report on The Assessment of Emergency Obstetric and Newborn Care Services at The Princess Christian Maternity Hospital, 17th-23rd April,2008
26. Ministry of Health and Sanitation, Strengthening District Health Projects, quarterly progress report, No 6, April-June 2009
32. AWP Quarterly Report Matrix; NEWMAP for reporting period September-December 2008
33. AWP Report Matrix; CePShIRE for reporting period January-December 2008
37. Youth and Sports Division, Ministry of Education, Youth and Sports, Half year narrative report of activities undertaken with support from UNFPA, January – June 2009
38. MEYS, Non-formal Progress Report for the Period, January –March 2009
39. MMCET (Youth Friendly Services and Peer Education Networks Expanded to Promote Responsible Sexual Reproductive Health Behaviors and to prevent STIs and HIV) Quarterly Report for reporting period, January –March 2008
40. MMCET (Youth Friendly Services and Peer Education Networks Expanded to Promote Responsible Sexual Reproductive Health Behaviors and to prevent STIs and HIV) Quarterly Report for reporting period, April- June 2008

41. MMCET (Youth Friendly Services and Peer Education Networks Expanded to Promote Responsible Sexual Reproductive Health Behaviors and to prevent STIs and HIV) Quarterly Report for reporting period, January –March 2009

42. MMCET (Youth Friendly Services and Peer Education Networks Expanded to Promote Responsible Sexual Reproductive Health Behaviors and to prevent STIs and HIV) Quarterly Report for reporting period, April-June 2009

43. AWP Quarterly Report Matrix; PPASL for reporting period April-June 2008
44. AWP Quarterly Report Matrix; PPASL for reporting period 1st January-31st March 2009
45. UNFPA Sierra Leone Programme on Youth, July 2009
46. Annual Work Plan 2008 - Output 4
Annex D: Data Collection Instruments

Annex D1: Questionnaire for Programme Managers/Coordinators/Donors

UNITED NATIONS POPULATION FUND
MID TERM EVALUATION OF THE FOURTH COUNTRY PROGRAMME
FOR SIERRA LEONE 2008-2010

A. IDENTIFICATION

1. Name of Respondent…………………………………………………………………………………

2. Organization…………………………………………………………………………………………

3. Responsibilities………………………………………………………………………………………

4. Programme Activities
   a. ………………………………………………………………………………………………………
   b. ………………………………………………………………………………………………………
   c. ………………………………………………………………………………………………………

B. RELEVANCE OF COUNTRY PROGRAMME

5. The 4th Country Programme Action Plan, 2008-2010 between the GOSL and UNFPA outlined its role in contributing to the improvement of the quality of life of the people of Sierra Leone through a number of goals. Please indicate how appropriate you think each of these goals was

<table>
<thead>
<tr>
<th>Programme Goal</th>
<th>Highly Appropriate</th>
<th>Appropriate</th>
<th>Not Appropriate</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing poverty through:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Sexual and reproductive health and</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>rights</td>
<td></td>
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<tr>
<td>b. Increased availability of</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>socio-economic data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Gender equality and empowerment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Consolidation of peace</td>
<td></td>
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</tr>
<tr>
<td>e. Youth-friendly interventions</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

6. The 4th Country Programme Action Plan 2008-2010 is being considered for extension up to 2012. Do you think that these goals should be included in the extended CPAP 2010-2012?
Programme Goal 

Yes 

No 

Don’t 

Reducing poverty through 

a. Sexual and reproductive health and rights 

b. Increased availability of socio-economic data 

c. Gender equality and empowerment 

d. Consolidation of peace 

e. Youth-friendly interventions 

7. Apart from these goals, state any other goal which you think should be included in the CPAP 2008-2012 

C. ASSESSMENT OF THE PROGRAMME DESIGN 

8. Who were the partners involved in the formulation of the 2008-2010 Country Programme? 

9. Did these partners adequately represent all potential stakeholders in the formulation process? 

Yes □ (skip to Q.12)  No □ (Ask Q.10)  Don’t know □ (skip to Q.12) 

10. If No in Q.9, specify the stakeholders you think should have been included? 

11. If No in Q.9, specify the stakeholders you think should have been excluded? 

12. How relevant was the Country Programme in meeting the following objectives? 

Policy Objectives of the 

Wholly Relevant Partially Relevant Not Relevant Don’t Know 

a. PRSP 

b. UNDAF 

c. MDGs 

d. ICPD 

e. UNFPA Strategic Plan 

f. UN Joint Vision 

g. Reproductive and Child Health Strategic Plan 

h. Any other? (Specify)………………..
13. Who was responsible for monitoring achievement of programme indicators?
   ………………………………………………………………………………………………………………………

14. What linkages did the programme establish among programme components?
   ………………………………………………………………………………………………………………………

15. What gender-related issues did the Programme address?
   ………………………………………………………………………………………………………………………

D. CONTRIBUTION TO NATIONAL CAPACITY BUILDING

16. Did the Country Programme include specific strategies to promote national capacity building?
   Yes ☐ No ☐ (Skip to 18) Don’t know ☐ (Skip to 18)

17. How significant a contribution has the Country Programme made to national capacity building?
   Highly Significant ☐ Significant enough ☐ Not significant ☐

18. Did the Country Programme include specific strategies to establish linkages with other development partners’ Programmes?
   Yes ☐ No ☐ Don’t know ☐

19. How significant has been the linkages which this Country Programme established amongst its components?
   Highly Significant ☐ Significant enough ☐ Not significant ☐

E. SUSTAINABILITY OF PROGRAMME

20. Can the Country Programme results be sustained after withdrawal of UNFPA assistance?
    Yes ☐ (Ask Q21) No ☐ (Ask Q.22) Don’t know ☐ (Ask Q.23)

21. If yes in Q20, what are the mechanisms for sustenance after UNFPA assistance ends?
    ………………………………………………………………………………………………………………………(Go to Q.23)

22. If no in Q20, what is the reason for your answer?
    ………………………………………………………………………………………………………………………

23. What strategies do you think should be adopted if the 2008-2010 Country Programme were to be extended to 2012?
    a. Similar strategies as for the 2008-2010 Country Programme ☐
    b. Similar strategies but with some modifications (Specify)
    ………………………………………………………………………………………………………………………
c. Fundamentally different strategies (Specify)

24. In the implementation of the current Country Programme, what were the facilitating factors for the results achieved?

25. Which factors acted as constraints in programme implementation?

26. Do you have any recommendations to be considered for inclusion in the design of an extended CPAP?

END OF INTERVIEW
ANNEX D2: QUESTIONNAIRE FOR PROGRAMME IMPLEMENTERS

UNITED NATIONS POPULATION FUND
MID-TERM EVALUATION OF THE FOURTH COUNTRY PROGRAMME
FOR SIERRA LEONE 2008-2010

A. IDENTIFICATION

1. Sector.............................................................................................................

2. Name of project..............................................................................................

3. Location of project...........................................................................................

4. Implemented by ............................................................................................... 

5. Planned Project Activities
   a. ......................................................................................................................
   b. ......................................................................................................................
   c. ......................................................................................................................

6. Target Groups
   a. ......................................................................................................................
   b. ......................................................................................................................
   c. ......................................................................................................................

B. ASSESSMENT OF PERFORMANCE – PROJECT RESULTS
   For each planned project activity in Q.5, state the resultant products and services in terms of (a) achievements (b) facilitating factors (c) constraining factors

7. Project Outputs

<table>
<thead>
<tr>
<th>Output Activity(ies)</th>
<th>Achievements by mid-term</th>
<th>Facilitating Factor(s)</th>
<th>Constraining Factor(s)</th>
</tr>
</thead>
</table>

8. Significant Unexpected Result
   For each planned project activity in Q7, state any output or, outcome which was significant but which was not expected.

<table>
<thead>
<tr>
<th>No.</th>
<th>Planned Activity</th>
<th>Unexpected Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. ASSESSMENT OF THE PROJECT DESIGN

9. Who were the partners involved in the formulation of the project?
   a. 
   b. 

10. Did these partners adequately represent all potential stakeholders in the formulation process?
    Yes [ ] (Skip to Q.14)  No [ ] (Ask Q.12)  Don’t know [ ] (Skip to Q.14)

11. If No in Q11, specify the stakeholders you think should have been included?
    a. 
    b. 

12. If No in Q11, specify the stakeholders you think should have been excluded?
    a. 
    b. 

13. What were the processes used in the formulation of the Country Programme?
    a. 
    b. 

14. How effective was the project design in facilitating implementation of the project?
    Very effective [ ]  Effective enough [ ]  Not effective [ ]

15. What is the reason for your answer?
    

D. ASSESSMENT OF STRATEGIES OF PROJECT IMPLEMENTATION, MONITORING AND EVALUATION

16. Who was responsible for monitoring the implementation of project activities?
    i. 
    ii. 

17. Was this division of responsibilities effective in monitoring the project?
    Yes [ ]  No [ ]  Don’t know [ ]

E. ASSESSMENT OF GENDER-RELATED ISSUES

18. What gender-related issues did the project address?
    i. 
    ii. 

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19. Specify the gender-related outputs

<table>
<thead>
<tr>
<th>Output</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity(ies)</td>
<td></td>
</tr>
<tr>
<td>Achievements by mid-term</td>
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</tr>
<tr>
<td>Facilitating Factor(s)</td>
<td></td>
</tr>
<tr>
<td>Constraining Factor(s)</td>
<td></td>
</tr>
</tbody>
</table>

F. CONTRIBUTION TO NATIONAL CAPACITY BUILDING

20. Did the project include specific strategies to promote national capacity building?
   Yes  ☐ (Ask Q.22) No  ☐ (Skip to Q.23) Don’t know  ☐ (Skip to Q.23)

21. How significant a contribution has the project made to national capacity building?
   Highly Significant  ☐ Significant enough  ☐ Not significant  ☐

22. Did the project include specific strategies to establish linkages with other projects?
   Yes  ☐ (Ask Q.24) No  ☐ (Skip to Q.25) Don’t know  ☐ (Skip to Q.25)

23. How significant has been the linkages which this project has established with other projects?
   Highly Significant  ☐ Significant enough  ☐ Not significant  ☐

G. SUSTAINABILITY OF PROJECT

24. Can the Country Programme results be sustained after withdrawal of UNFPA assistance?
   Yes  ☐ (Ask Q26) No  ☐ (Ask Q.27) Don’t know  ☐ (Ask Q.28)

25. If yes in Q25, what are the mechanisms for sustenance after UNFPA assistance ends?
   ………………………………………………………………………………………………………(Go to Q.28)

26. If no in Q25, what is the reason for your answer?
   ………………………………………………………………………………………………………

27. What are some of the key issues that an extended Country Programme should address?
   ………………………………………………………………………………………………………

28. What strategies would you suggest to be used to address these issues?
   ………………………………………………………………………………………………………

29. What recommendations do you have for consideration in the formulation of an extended CPAP?
   ………………………………………………………………………………………………………
Annex E: Analysis of CPAP M&E Calendar

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 1: 2008</th>
<th>Status</th>
<th>Year 2: 2009</th>
<th>Status</th>
<th>Year 3: 2010</th>
<th>Status</th>
</tr>
</thead>
</table>
| Surveys/Studies | **Activity 1:** Facility and Community Survey on Maternal and Newborn Care (EmONC) partners: MOHS (RHD) UNFPA, DHMTs, UNICEF  
                  Time: Qt 1  

**Activity 2:** Baseline Surveys on youth networks focus: data on youth net work/assessment of programme performance  
                  Partners: MEYS, IPS, SSL  
                  Time: Q2  

**Activity 3:** DHS Survey  
                  Focus: Demographic & Health Data  
                  Partners: UNFPA MOHS, EU, DFID, UNICEF, WHO & GOSL  
                  Time: Six months (March-August) |
### Monitoring Systems

| Activity 1: Joint monitoring and supervision of maternal and newborn care  
Focus: Maternal and newborn care  
Partners: MOHS, (RHD), UNFPA, DHMTs, UNICEF, WHO, LG, Community  
Time: Quarterly |
|---|
| Activity 2: Mortality evaluation in selected programme districts  
Focus: Maternal and newborn care  
Partners: MOHS (RHD), UNFPA, DHMTs, UNICEF, WHO, LG, Community  
Time: Quarterly |

### Evaluation

| Activity 1: CP Programme Evaluation  
Focus: Mid Term Programme Evaluation  
Partners: UNFPA, GOSL, Other Implementing Partners  
Time: Quarterly |

### Evaluations

| Activity 1: Quarterly evaluation meetings  
Focus: CP Programme performance  
Partners: UNFPA, All |
|---|
### Support Activities

<table>
<thead>
<tr>
<th>Activity 1: Technical Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong>: Programme Components</td>
</tr>
<tr>
<td><strong>Partners</strong>: (Implementing Partners), UNFPA</td>
</tr>
<tr>
<td><strong>Time</strong>: When necessary</td>
</tr>
<tr>
<td><strong>Activity 2</strong>: Field visit to program sites</td>
</tr>
<tr>
<td><strong>Focus</strong>: All Programme areas</td>
</tr>
<tr>
<td><strong>Partners</strong>: Implementing partners, UNFPA</td>
</tr>
<tr>
<td><strong>Time</strong>: Continuous</td>
</tr>
</tbody>
</table>

### UNDAF final evaluation milestones

<table>
<thead>
<tr>
<th>Activity 1: Joint UN Inter Agency Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong>: Annual evaluation of UNDAF</td>
</tr>
<tr>
<td><strong>Partners</strong>: All UN Agencies</td>
</tr>
<tr>
<td><strong>Time</strong>: Quarter 4</td>
</tr>
</tbody>
</table>

### M&E capacity building

<table>
<thead>
<tr>
<th>Activity 1: M&amp;E Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong>: Developing M&amp;E Plans</td>
</tr>
<tr>
<td><strong>Partners</strong>: All Implementing Partners</td>
</tr>
<tr>
<td><strong>Time</strong>: Quarter 1</td>
</tr>
</tbody>
</table>

### Use of Information

<table>
<thead>
<tr>
<th>Activity 1: Programme reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong>: Country Programme Implementation</td>
</tr>
<tr>
<td><strong>Partners</strong>: GOSL, NGOs, All Implementing Partners, UNFPA</td>
</tr>
<tr>
<td><strong>Time</strong>: Quarterly and annually</td>
</tr>
</tbody>
</table>
### Partner activities

**Activity 1:** Partnership with the M&E Department of Directorate of information and planning- MOHS, and SSL to generate comprehensive RH services data  
**Focus:** RH data collection  
**Partners:** MOHS SSL, MSWGCA  
**Time:** January- December 2008

| Activity 2: Participate in National International conferences  
**Focus:** Networking, consensus building, enhanced decision making and information sharing on country situation,  
**Partners:** GOSL, UN System, Donor Partners NGOs and other agencies  
**Time:** As per scheduled conferences |

**Co**  
**Time:** Quarterly and annually

**Activity 2:** Participate in National International Conferences  
**Focus:** Networking, consensus building enhanced decision making and information sharing on country situation.  
**Partners:** GOSL, UN System, Donor partners, NGOs and other agencies  
**Time:** As scheduled conferences