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GOVERNMENT OF BOTSWANA/UNFPA 5th COUNTRY PROGRAMME 2010-2016

End of Programme Evaluation

Map of Botswana

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Botswana Council of Churches
BOFWA	Botswana Family Welfare Association
BONELA	Botswana Network on Ethics Law and HIV/AIDS
CATCH	Community Act Together to Control HIV and AIDS
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CCA	Common Country Assessment
CCM	Country Coordinating Mechanism
CCP	Comprehensive Condom Programming/Programme
CEO	Chief Executive Officer
CMS	Central Medical Stores
CNR	Civil and National Registration Department
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CTA	Chief Technical Advisor
DAC	Development Assistance Committee
DaO	Delivering as One (UN)
DCS	Department of Clinical Services
DPH	Department of Public Health
DHAPC	Department of HIV/AIDS Prevention and Care
DMU	Drug Management Unit
DSS	Department of Social Services
EM	Evaluation Manager
eMTCT	Elimination of Mother to Child HIV Transmission
ERG	Evaluation Reference Group

ESARO	Eastern and Southern Africa Regional Office
ET	Evaluation Team
EU	European Union
FGD	Focus Group Discussion
FP	Family Planning
FSW	Female Sex Worker(s)
GBV	Gender Based Violence
GDP	Gross Domestic Product
GeAD	Gender Affairs Department
GF	Global Fund for HIV/AIDS, Tuberculosis and Malaria
GL	Gender Links
GoB	Government of Botswana
GoB/UNPOP	GoB/United Nations Programme Operational Plan
HIMS	Health Information Management System
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
IP	Implementing Partner
JPA	Junior Programme Assistant
JRMPS	Joint Resource Mobilisation and Partnership Strategy
KI	Key Informant
KSWS	Kagisano Society Women's Shelter
LMIS	Logistics Management Information Sysem
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MBGE	Men and Boys for Gender Equality
MIC	Middle Income Country
MoFDP	Ministry of Finance and Development Planning
MoH	Ministry of Health
MoLHA	Ministry of Labour and Home Affairs
MoYSC	Ministry of Youth, Sports and Culture
MMR	Maternal Mortality Rate

MNH	Maternal and Neonatal Health
MTCT	Mother to Child HIV Transmission
MTP	Medium Term Plan
MTR	Mid Term Review
NACA	National AIDS Coordinating Agency
NCC	National Census Coordinator
NPO	National Programme officer
NDP 10	National Development Plan 10
NDP 11	National Development Plan 11
NPPP	National Professional Programme Person
NGO	Non-Governmental Organisation
ODA	Overseas Development Assistance
OECD	Organization for Economic and Cultural Development
OFID	OPEC Fund for International Development
P&D	Population and Development
PCME	Programme Coordination and Monitoring and Evaluation
PMTCT	Prevention of Mother to Child HIV Transmission
PSM	Procurement Supply Management
RHCS	Reproductive Health Commodity System
RHR	Reproductive Health and Rights
RRF	Results and Resources Framework
SADC	Southern Africa Development Community
SB	Statistics Botswana
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SDP	Service Delivery Point
SRH(R)	Sexual and Reproductive Health (and Rights)
SSI	Stepping Stones International
TFR	Total Fertility Rate
UCC	UNAIDS Country Coordinator
UN	United Nations
UN Women	United Nations Entity for Gender Equality & the Empowerment of Women
UNAIDS	United Nations Joint Program on AIDS

UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Fund
UNPOP	United Nations Programme Operational Plan
VEN	Vital, Essential, Necessary (relating to drugs and commodities)
WAD	Women's Affairs Department
WHO	World Health Organization
WID	Women in Development Unit

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Key Facts Table

Land	
Geographic Location	Southern Africa, north of South Africa (1)
Land Area	581,730 square km (1)
Terrain	Predominantly flat to gently rolling tableland, Kalahari Desert in southwest (1)
People	
Population Size	2,073,035 (2013 est.) (2)
Population Density per square kilometre	3.5 (2011) (3)
Urban Population	64.1% (2011) (3)
Population Growth Rate	1.9% (2011) (3)
Birth Rate	25.7 (2011) (3)
Death Rate	6.25 (2011) (3)
Net Migration Rate	4.62 (2014 est.) (1)
Sex Ratio at Birth	1.03 (2014 est.) (1)
Sex Ratio (Total Population)	0.955 (2011) (3)
Dependency Ratio	56.7 (2011) (3)
Mean Age	26.2 (2011) (3)
Median Age	23.0 (2011) (3)
Age Structure	32.6% 0-14 years; 20.3% 15-24 years; 37.6% 25-54 years; 4.5% 55-64 years; 5.0% 65 and over (2011) (3)
Government	
Government	Democratic republic; constitution adopted and effected on 30th September 1966 (1)
Key Political Events	Independence (ex British Protectorate)1996 (1)
Seats held by women in national parliament	9.5% (4)
Economy	
GDP per Capita US$	US$7,726.92 (Equivalent to BWP 66,290) (2014) (5)
GDP Real Growth Rate	4.8% (September 2014) (5)
Main Industry	Mining (Diamonds, and other mineral) & Tourism & Hospitality (5)
Social and Health Indicators	
Unemployment rate (Overall)	Overall: 17.9% (2009/10) (6) 15 to 19 Years: 41.4% (2009/10) (6)

	20 to 24 Years: 34% (2009/10) (6)
Human Development Index Ranking	109 (2013) (7)
Life expectancy at birth	68.0 years (2011) (3) Male: 66 years (3) Female: 70 years (3)
Infant Mortality Rate	17 deaths/1000 live births (3)
Under-Five Mortality Rate (per 1000 live births)	27 deaths/1000 live births (3)
Maternal Mortality Rate (deaths of women per 100, 000 live births)	182.6 deaths/100,000 live births (2014 est.) (8)
Health expenditure (% of GDP)	5.4% (2013 est.) (1)
Total Fertility Rate	2.7 (2011) (3)
Mean Age at Childbearing (all births, not 1st)	27.8 (2011) (3)
Births attended by skilled health personnel	94% (2014) (4)
Adolescent Fertility Rate (births per 1000 women aged 15 to 19) – Teenage Pregnancy	39 (2011) (3)
Condom use among 12-49 years	15 to 49 years: 41.7% (9) 15 to 24 years: No data
Contraceptive Prevalence Rate	Any Method: 52.8% (2007/08) (9) Modern Method: 51.2% (2007/08) (9)
Unmet need for family planning	No data
% of women ever experiencing GBV	67% (10)
HIV national prevalence	18.5% (2014) (4)
HIV Prevalence	National: 18.5% (2013) (11) 10-14 years: 4.5% (2013) (11) 15-19 years: 7.9% (2013) (11) 10-24 years: 9.5% (2013) (11)
Adult literacy (% age 15 years and above)	88.6% (2013) (2)
Total net enrolment in primary education	93.1% (2013) (5) (male and female)
Youth Index	0.545 (12)
Millennium Development Goals (MDGs): Progress by Goal	
1. Eradicate Extreme Poverty	**Achieved** global target of halving the proportion living below poverty datum line in 2010 (19.3%) (13)
2. Achieve Universal Primary Education	**Nearly achieved:** 93.1% in 2012, but slow improvement since then and target of 100% by 2015 not certain (13)
3. Promote Gender Equality and Empower Women	**Limited** achievements and **largely off track**. Decline in cabinet positions held by women from 27% in 2002 to 17% in 2012 but an increase among women holding high positions in the civil service from 28% to 42% during same period (13). Serious gender inequality still prevalent in income, high GBV and other indicators. Gender parity reached in primary school (4, 10)
4. Reduce Child Mortality	**Partially achieved** with significant reduction in IMR from 57 in

	2007 to 17 in 2011.**Not fully on track** (13)
5. Improve Maternal Health	**Off track.** MMR increased from 135 in 2005 to 182.6 in 2011. (8)
6. Combat HIV/AIDS, Malaria and Other Diseases	**Partly on track**, overall target unlikely to be met except for reduction in malaria deaths (achieved). Decline in HIV incidence rate from 2.9% in 2008 (14) 12 to 2.5% in 2013 (11)
7. Ensure Environmental Sustainability	**Some targets met** but ongoing challenges in managing biodiversity (13)
8. Global Partnership for Development	**On track** with strong supportive environment (13)

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EXECUTIVE SUMMARY

Context

The report presents the results of the final evaluation of the Government of Botswana (GoB)/UNFPA country programme 2010-2016. The purpose of the evaluation was to enhance UNFPA's accountability and contribute to the evidence base to inform the next country programme (CP). The evaluation covered all activities planned and /or implemented during the period 2010 – 2014. The target audience for the evaluation includes decision makers within UNFPA and the Executive Board, government counterparts in Botswana, the UNCT and other key development partners.

Objectives

The objectives of the evaluation were to:

1. Provide an independent assessment of the progress of the CP towards achieving the programme outputs and outcomes in the CP results framework

2. Assess the extent to which the implementation framework (partnership strategy; capacity building, quality support and assurance, execution/implementation arrangements; cash transfer modalities; and monitoring and evaluation) enabled or hindered achievement of the results chain, i.e. what worked well and what did not work well

3. Assess country office (CO) positioning within the development community and with national partners, including its ability to respond to national needs and to add value to country development results

4. Identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination.

Methodology

The evaluation was structured around two categories of evaluation criteria: i) relevance, effectiveness, efficiency, sustainability, and ii) the criteria of UNFPAs responsiveness, coordination with UNCT and UN Delivering as One, Cross cutting themes of human rights , gender mainstreaming as well as South to South cooperation.

Specifically the evaluation team followed the following processes; i) Developing an approved design report according to UNFPA Handbook guidelines. This presented the country situation and national development responses, UNFPA country programme and alignment, stakeholder mapping, and the overall process, methodology and main tools for the evaluation; ii) Undertaking extensive document review including inter alia: key Government of Botswana (GoB) development reports, policies, strategies and guidelines; UN documents; UNFPA and implementing partner annual work plans and reports; (see Annex for complete list); iii) Undertaking key informant semi-structured interviews with key stakeholders and with UNFPA staff; and undertaking site visits and beneficiary focus group discussions where feasible; iv) Weighting and triangulating data from the various information sources and analyzing the data to generate robust findings. Inconclusive findings were probed further but, if not resolved, were either discarded or included with acknowledgement of their incompleteness or tentative nature; v)Drawing and weighting conclusions and recommendations that flowed from the findings, including strategic and programmatic areas; vi) Drafting the evaluation report and sharing it with the UNFPA CO, Evaluation Network and regional office (ESARO), and then presenting it to the CO and ERG for quality assurance prior to stakeholder presentation and finalization of the report according to feedback from all sources.

Main Findings and Conclusions

Botswana is an upper Middle Income Country (MIC) although it continues to face high inequalities in wealth distribution, shortage of human resources, environmental and other development concerns. In relation to the UNFPA mandate, the country faces an extreme HIV and AIDS epidemic and other sexual and reproductive rights concerns, marked gender inequality and high levels of gender based violence (GBV). The quality and skills for gathering and dissemination of strategic information are insufficient. The UNFPA programme is highly relevant and responsive to these needs, and fully aligned with international and national goals. The huge decline over decades in overseas development aid (ODA) and the recent cutbacks in UN system financial resources resulting from the upper MIC status

pose challenges for how the UN can optimise its potential to do more with less, how to maximise its effectiveness, efficiency, relevance and accountability to the government and the population; and, especially, in how to deliver as one.

UNFPA has recognised the need for transition from direct service support to high level advocacy, brokering strategic partnerships, strategic knowledge management and utilising resources in the most efficient way to achieve catalytic results. At the start of the CP, the CO led the development of the UN MIC Strategy for Botswana and, despite many outstanding challenges, has contributed fairly well to delivering as one (DaO). The transition has also incurred challenges for both government and civil society implementing partners, however, as direct funding for services largely ceased at the end of 2014, posing challenges for sustainability of some results. Also, the actualisation of high level advocacy, brokering strategic partnerships, and strengthening monitoring and evaluation and providing highest level technical assistance are not yet fully in place. These appear hampered by the current office typology and dropping of the diplomatic country representative and SRH specialist posts, amongst others, insufficiently streamlined and efficient operating modalities and excessive staff time taken up with office processes and other non-core work (as evidenced by wide ranging interviews both within and outside the CO). This reduces opportunities for advocacy and high level technical assistance to IPs.

Across all programme areas the implementation rate and achievement of outputs in the results chain was generally high, although the results chain logic focused on only a narrow range of outputs and indicators, and did not reflect UNFPA DaO lead areas. Financial management appeared good. With regards each programme component additional conclusions follow below.

Population and Development: The CP had high achievement of results. These included support for the development of several key products, notably the Revised National Population Policy and the highest quality census for Botswana to date. It also supported a range of national and district level capacity development, including for civil registration and vital statistics and for people with disabiilties and the elderly. The CP supported a pilot project to strengthen the integration of population into development in two districts and, since the withdrawal of funds, the government has absorbed the two pilot sites. This is sustainable as permanent posts have been created. The scale up of district population offices by government has still not been given priority, mainly owing to budget constraints. As the result of a UNFPA-funded conference early in the CP, UNFPA also assisted in the setting up of the Population Association of Botswana amongst other initiatives.

Reproductive Health and Rights: The programme has strengthened the focus on young people, in particular for adolescent sexual and reproductive health (ASRH). The SRH/HIV Linkages Project is demonstrating strong results and is considered an example of good practice from which many lessons can be learned for the planned roll out nationwide. However, neither the Linkages Project nor the RHR programme overall, including for ASRH, integrate gender based violence (GBV) or gender mainstreaming sufficiently. UNFPA support for reproductive health commodity logistics has become ineffectual for FP commodities because of changed ministry ownership and other commodity priorities and logistics, but UNFPA has nonetheless provided crisis support for condom procurement in the face of national stockouts.

Gender Equality: The outputs overall have been largely strategic, including contributions to policies, strategies and, especially, leading on the development of joint UN programmes on gender mainstreaming and for GBV. The Gender Affairs Department (GeAD), however, lacks technical and financial capacity and has insufficient influence to play an effective lead role to achieve gender mainstreaming to promote gender equality, or to tackle GBV. Until the GeAD status in terms of authority and capacity becomes commensurate with its mandate so that it can exert high level influence on other government ministries and sectors, gender mainstreaming and efforts to address GBV are highly unlikely to achieve comprehensive results. The CO has engaged with several civil society organisations to address GBV and male involvement in SRH.

Main Recommendations

The 6th CP needs to remain closely aligned and responsive to changing international and national commitments, with strengthened capacity for and

realisation of the MIC requirements and for delivering as one. To remain effective, relevant, efficient and accountable it will need to optimise its declining resources for catalytic upstream results, and to maximise programming synergies. This should include a review of the human resource requirements to ensure the optimal capacity to deliver thinking not services. This will need the requisite typology, assessing and building capacity of existing staff as indicated to address the UN MIC strategy, and for the CO to become more internally efficient in several documented respects. High level technical support for implementing partners should emphasise linkages, mutual sharing of good practice, challenges and lessons learned, and mechanisms to achieve this are proposed. UNFPA's partnership base should include strong and strategic implementers who can catalyse community action with smaller community based organisations and smaller NGOs, rather than UNFPA having a large number of direct civil society partners. Reporting mechanisms need to be better streamlined to reduce the administrative burden on both the CO and partners, with harmonised accounting and reports as part of DaO. The 6th CP should strengthen the quality of monitoring and evaluation of IPs, and the capacity of its own staff for M&E, including the emphasis on achieving sustainable results. Human rights should remain at the heart of the 6th CP, with greatly strengthened gender mainstreaming across the whole reproductive health and rights programme and with consistent sex disaggregation of data.

In addition, in population and development: further technical capacity building will be needed among all the key government and parastatal partners, including for the census of 2021. Advocacy is needed for the establishment of district population offices, and for symbiotic relations between academic institutions and Statistics Botswana to develop training progammes. The CO should see how best to strengthen the National Council on Population and Development and revive the Population Association of Botswana so they can play a facilitatory and contributory role in evidence-based analysis on population dynamics and their liks to sustainable development.

Regarding reproductive health and rights: the 6th CP should continue to lead on and strengthen ASRH, and explore how the other four prongs of the UNFPA youth strategy can be optimised with and through UN system support, delivering as one. The opportunities afforded by the Global Fund should be fully taken up. The 6th CP should continue to provide support to government for the scale up of the SRH/HIV Linkages pilot sites to achieve national coverage, and the CO should continue to advocate and intensify technical assistance effectively to incorporate GBV.

With respect to gender equality: the key recommendation is that UNFPA engage with partners to address the current low status and capacity of the Gender Affairs Department through the highest level advocacy campaigning. This should be developed through the joint UN and partners involved in the gender mainstreaming and GBV joint programmes. The 6th CP should plan on expanding the current two-year joint UN programmes for gender mainstreaming and GBV over time for sustainable results. Strategic assistance for IPs is noted earlier, and applies to gender partners as well as to other IPs, particularly emphasising the integration of gender responsiveness and GBV into RHR programming.

Key Lessons Learned

- Although Botswana has upper MIC status, many development issues remain and the designation itself is controversial in terms of benefits for development. Support for strategic information and knowledge management, high quality technical assistance, brokering relationships, resource mobilisation, capacity development and high level advocacy are essential

- The importance of working smarter not harder, with effective and efficient use of both staff time and the limited resources to address the core mandate priorities and avoid excessive time commitments to routine office processes and multiple new requests from all sources

- Not to spread too thin but focus on a smaller number of upstream catalytic inputs for results, working through a small number of strategic partnerships and ensuring high level technical support

- Capacity development and other efforts need to be effectively tracked to assess long term sustainability of results

- With strong policies and strategies in place, the emphasis now should be on advocating for and supporting effective implementation.

CHAPTER 1: Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

The UNFPA Country Office (CO) commissioned the Government of Botswana (GoB)/UNFPA country programme evaluation (CPE) in order to enhance UNFPA's accountability and contribute to the evidence base to inform the next country programme (CP).

The specific objectives[1] are to:

- Provide an independent assessment of the progress of the CP towards achieving the programme outputs and outcomes in the CP results framework
- Assess the extent to which the implementation framework (partnership strategy; capacity building, quality support and assurance, execution/implementation arrangements; cash transfer modalities; and monitoring and evaluation) enabled or hindered achievement of the results chain, i.e. what worked well and what did not work well
- Assess CO positioning within the development community and with national partners, including its ability to respond to national needs and add value to country development
- Identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination.

1.2 Scope of the Evaluation

The evaluation focused on both programmatic and organisational/management aspects of the 5th CP, taking into account responsiveness to recommendations from the mid term review of 2012 and of the changing strategic orientation of UNFPA. This relates to the global strategic plan of UNFPA and the business model in line with Botswana as an upper Middle Income Country (MIC). The period covered was 2010-2014 plus, where possible, included data from the first half of 2015 for the revised MIC focus, although limited information was yet available.

The CPE focused on UNFPA-supported programmes and projects at national and, where possible, sub-national levels, reviewing the three component areas of reproductive health and rights including HIV prevention; gender equality, with a particular focus on gender-based violence (GBV); and population and development. It also included the cross-cutting aspects of a human rights based approach, gender mainstreaming, coordination and partnerships and reviewed the integration of different programme areas and related synergies.

[1] Final ToR of CPE

Table 1.1: Main Activities and Deliverables of the Country Programme Evaluation

Main Activities and Deliverables	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Orientation, desk review, design report & tools												
Present design report, ERG/CO review, finalise												
Approval of design report												
Continue desk review, field work/site visits												
Data collation, analysis and write up												
Submit for CO, ERG, Eval Network, ESARO review												
Incorporate feedback, present to ERG, CO												
Incorporate feedback, present to stakeholders												
Incorporate stakeholder feedback, submit report												
ESARO/HQ final review, incorporate final comments												
Submission of final report												

1.3 Methodology and Process

1.3.1 Overview and evaluation questions

The evaluation utilised several data collection methods and undertook systematic data triangulation to ensure robust analysis and understanding of the theory of change underpinning the programme logic.

The CPE utilised four of the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG)/Organization for Economic Cooperation and Development (OECD relevance, efficiency, effectiveness and sustainability. Additional criteria to UNFPA, with view of addressing responsiveness, coordination with the UNCT and the UN Delivering as One, and added value to the national development goals were used. Also relevant are cross-cutting themes of human rights, gender mainstreaming within UNFPA's work, and synergies between programme areas as well as south-south cooperation. The evaluation team revisited the key evaluation questions developed by the ERG and EM, and refined them further during data analysis to be optimally streamlined and avoid duplication, while not losing any focus on the key evaluation criteria that were utilised in field work. The key changes are: strategic alignment, responsiveness and relevance are addressed in one overarching question rather than as three separate questions; efficiency and the implementation framework are addressed in one question as they address the same issues; and the stand- alone question on good practice and lessons learned has been integrated where appropriate in the programme findings (good practice) and in the recommendations (lessons learned), to avoid duplication.

EQ 1: Strategic Alignment, Relevance and Responsiveness

To what extent is the 5th CP and CO supportive of: a) The global UNFPA mandate and corporate strategic plans; b) The MDGs and ICPD; b) National needs and policies, including the changing national status to upper Middle Income Country and response to 4th CP evaluation and mid term review; c) The Botswana UNDAF, UN system coordination and delivering as one (including avoiding overlap), and the priorities of the programme/project stakeholders and beneficiaries; and d) adding value?

EQ 2: Effectiveness

a) To what extent were the CP outputs achieved, and how far did the outputs contribute to the achievement of the outcomes (the theory of change logic in the CP Results and Resources Framework and the intervention coverage geographically and by target group); b) Were there any unforeseen consequences of the CP?

EQ 3: Efficiency and Implementing Framework

To what extent is the CO overall appropriate, effective and efficient in relation to: a) Financial resource management; b) Focusing on a limited set of activities to produce significant results; c) Office structure, implementation arrangements and capacity building; d) Monitoring and evaluation and quality assurance; e) Partnership strategy.

EQ 4: Sustainability

a) To what extent has UNFPA been able to support its partners in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? b) To what extent are stakeholders ready/likely to continue supporting or carrying out specific programme/project activities; to replicate the activities in other regions or sectors of the country; and to adapt programme/project results in other contexts?

EQ 5: Cross-cutting issues

To what extent has the CP: a) included a human rights focus across all programme areas; b) mainstreamed gender into its programming.

1.3.2 Methods for Data Collection

The methods of data collection were key stakeholder interviews using semi-structured interview schedules, focus group discussions, field visits and observation to provide primary data to supplement the extensive document review. The data collection methods are elaborated below. At all stages of data collection and analysis, the team had regular exchanges as needed with the CO programme managers and the evaluation manager to clarify issues and contribute to validation. The CPE was a participatory process actively involving UNFPA staff, key stakeholders, and beneficiaries where possible. The annexes provide the tools utilized.

Document Review

Extensive review of documents formed the basis of the CPE, informing evaluation design, including the evaluation matrix and data collection tools, and providing the most extensive data to triangulate with primary sources. The evaluation manager identified and provided the main documents for the evaluation team as per UNFPA Evaluation Handbook guidelines. These were supplemented by further thematic, planning, monitoring and evaluation documents from programme and administrative staff and from implementing partners. With the exception of IEC materials, the documents obtained for review are listed in Annex 2.

Key informant interviews and SWOT analysis

Key informant (KI) interviews were held with stakeholders using semi-structured schedules built on the key evaluation questions. Interviewees included policy makers and programme leads in government, the UN and civil society organisations. No donors were in country (the European Union funds the SRH/HIV Linkages project direct from Brussels, and the representative was unavailable during the CPE). Interviews were held at national level and in one district of the three where UNFPA piloted SRH/HIV Linkages. The

evaluators also interviewed management, programme and administrative staff in the CO and, in addition, conducted a strengths, weaknesses, opporunities and threats (SWOT) analysis with technical and finance and administrative staff.

Focus group discussions

The ET held focus group discussions (FGDs) with two groups of beneficiaries, young people reached by the SRH/HIV Linkages project, and fathers who are both primary and secondary beneficiaries of the Mencare programme. The FGDs provided qualitative insights into the respective interventions. Each utilised a semi-structured schedule appropriate to the group, with key questions around which to probe. The FGDs aimed to capture qualitative data regarding beneficiary experience of project and programme activities supported by UNFPA. In the time available and with a team of three consultants, only one team member was available to conduct each FGD, therefore having both to facilitate and to record the discussion.

Observation

Although field observation of IP project and programme sites can make a valuable contribution to the data in various ways, actual site visits were mainly limited to head offices of IPs. This was because of the distance involved to most project sites and the CO view that the financial and opportunity costs meant that visits were not cost effective. However, two sites were visited in one nearby district. Field observations were systematised by the development and use of a basic checklist.

1.3.3 Methods for data analysis and validation

The CPE included quantitative and qualitative data from both primary and secondary sources. Findings were weighted and systematically triangulated from the various sources to ensure robustness. In particular, quantitative and some qualitative data came from the many documents reviewed, both qualitative and quantitative data from KI interviews, and the two focus group discussions and site visit particularly provided qualitative information.

Where there were conflicting data, the team analysed the basis for this and decided whether or not the data could be reliably included. Qualifications are noted where data were not fully corroborated, although every effort was made to strengthen data where necessary, by follow-up interviews or phone calls, discussion in the CO, or further document review. Where it was not possible to find data or to reach agreement on its status, this is noted as a gap in reporting.

The evaluation team undertook content analysis based on the extensive document review, interviews, and to a limited extent focus group discussions and site visits; contribution analysis, in other words assessing the results chain logic in the CPD and the effectiveness of the UNFPA CP in achieving activities and outputs and their contribution to outcome results in the component areas; and looked at changes over time. All the evaluation criteria were addressed and analysed for the component areas and also with respect to implementation modalities and efficiencies and with regards the extent of monitoring and evaluation. The combined analysis allowed the drawing of conclusions and recommendations.

1.3.4 Selection of stakeholders

The UNFPA Evaluation Handbook stipulates comprehensive stakeholder selection criteria. The country programme in Botswana is relatively small, however, and the consultants included all stakeholder/partner organisations for all three components and UN Country Team partner organisations including UNAIDS, UNDP and UNICEF. The one donor (European Union, EU representative) was not available. Implementing partners identified beneficiaries for the gender and RHR components, and two site visits were undertaken as well as visits to most head offices. For RHR a nearby site was selected for convenience, others being too distant to be cost beneficial in the limited time frame. The annexes provide the final list of stakeholders consulted.

1.3.5 Evaluation Process Overview

The evaluation process followed the guidelines in the revised UNFPA Evaluation Handbook, October 2013. The consultant team adhered to the Evaluation Quality Assessment Grid (EQA), the Norms and Standards of the UN Evaluation Group (UNEG) and the Ethical Code of Conduct for UNEG/UNFPA

Evaluations. The overall process had five phases including the preliminary preparation phase prior to consultant recruitment, as follows:

Phase 1: Establishment of the evaluation reference group (ERG) and development of terms of reference (CO evaluation manager, EM, and ERG); and recruitment of consultants (CO). The consultants conducted Phases 2, 3 and 4 with technical, logistics and administrative support from the CO, especially the evaluation manager.

Phase 2: Evaluation design phase by consultants that terminated in a presentation to the ERG and CO, and the final design report that outlined the process of the evaluation, the draft evaluation matrix and main tools, and stakeholder mapping and selection. The final design report incorporated feedback from the ERG and the CO and was formally approved at the start of the field work phase.

Phase 3: Field work, continuing extensive documentation review and capturing primary data through key informant interviews, focus group discussions and site visits as determined in the evaluation design. This phase allowed for testing and refinement of the evaluation matrix and tools and involved documentation of findings.

Phase 4: Synthesis of data, triangulation and analysis, development of the draft report, and presentation for critique and validation. The ESARO Evaluation Network, CO and the ERG review the draft report, and the evaluation manager provides consolidated feedback for the consultants to undertake further revision and to develop a presentation first for the ERG and CO and then, with further feedback, to stakeholders. This iterative process allows for repeated clarification and validation of the findings, conclusions, recommendations and lessons learned.

Phase 5: Final review and incorporation of comments from the UNFPA ESA Regional Office (ESARO) and UNFPA headquarters. The evaluation manager and the CO then prepare a management response to the recommendations of the evaluation for UNFPA ESARO and headquarters.

1.3.6 Limitations

Table 1.2 Limitations and Risks and Mitigation Responses

Limitations	Mitigation Responses
Challenges with timely KI interviews, as data gathering coincided with public and UN holidays and KI travel	Interviews continued into first week of analysis and report writing phase to ensure sufficient coverage
Limited site visits outside Gaborone because of distance, limited FGDs	Visit to one nearby district, two sites; interview held in Gaborone with KI from a distant site, two FGDs held

To ensure evaluability of the CPE, the evaluation team and the evaluation manager streamlined the ToR and removed inconsistencies, and reviewed the CPE timelines, the evaluation questions, the planned field work logistics and stakeholder and site selection, and the overall process and methods. Issues arising were successfully resolved. Table 1.2 indicates the main limitations during the CPE and the mitigation efforts. The consultants consider that the limitations were not major and there was no significant impact on validity and credibility of the evaluation results.

CHAPTER 2: Country Context

2.1 Development Challenges and National Strategies

2.1.1 Overview

Botswana is a landlocked country in Southern Africa, bordering South Africa, Namibia and Zimbabwe. The country covers an area totalling 581 730 square kilometres with the Kalahari Desert in the south-west. It is a peaceful parliamentary democracy with 10 districts and six town councils[2], and a constitution that is the supreme law of the country providing for consitutitonal and democratic governance[3]. It provides for three principal organs of state: the Executive, Parliament and the Judicature.

According to the 2011 Census, the total population was about 2,024,900. Population was estimated at just over 2,073,000 in 2013[4], concentrated in the east of the country. The growth rate is estimated at 1.9 percent per annum, and the dependency ratio at 56.7 percent. Roughly 64.1 percent of the population is urban, with urbanisation increasing at around 1.3 percent per annum. Botswana has grown from Least Developed Country status at independence in 1966 to Middle Income Status (MIC) in 1997 and upper MIC status today[5], success largely driven by effective management of extensive mineral resources, particularly diamonds that made Botswana one of the fastest growing economies in the world. Despite this, unemployment has remained of major concern, partly because the mining sector is capital rather than labour intensive and has provided little employment for the growing population – a mere 3 to 4 percent.[6] Gross Domestic Product (GDP) per capita was estimated at USD 7,726 by 2014.[7] Income disparities are huge, however, with high levels of rural poverty and wealth being highly concentrated. The reported Gini Coefficient in 2013 was 0.645. The lowest unemployment rate was 13.9 percent in 1991, and the highest was 23.8 percent in 2006. This declined to 17.8 percent in 2010 and rose to 20 percent in 2013.[8] Unemployment, particularly among young people, remains a serious concern. Also human capacity in many areas of government and civil society is insufficient, so that both technical support and capacity development remain essential. The government is relatively well resourced and contributing the bulk of development funding rather than relying on ODA. Botswana has attained upper Middle Income Country status but, despite this and the strong overall policy environment for development, according to KI interviews, finances are not necessarily utilised in the most cost-efficient and effective manner for sustainable development.

The Government of Botswana has utilized revenue from diamonds and other sectors extensively to invest in social and physical infrastructure, in particular for education and health. As a result, Botswana has achieved a substantial increase in access to 10 years of basic education[9] with little gender disparity. The main challenges remain: the need for economic diversification to increase economic security and reduce unemployment, and to achieve further poverty reduction; health concerns and especially HIV and AIDS; environment and climate change threatening biodiversity; the needs of children and youth and to empower women and reduce gender inequalities (including gender based violence, GBV); and overall strengthening of governance and human rights in certain areas. These consequently form the main focus of the United Nations Development Assistance Framework (UNDAF) to support the priorities in the National Development Plan 2010-2016 (NDP10) and Vision 2016.

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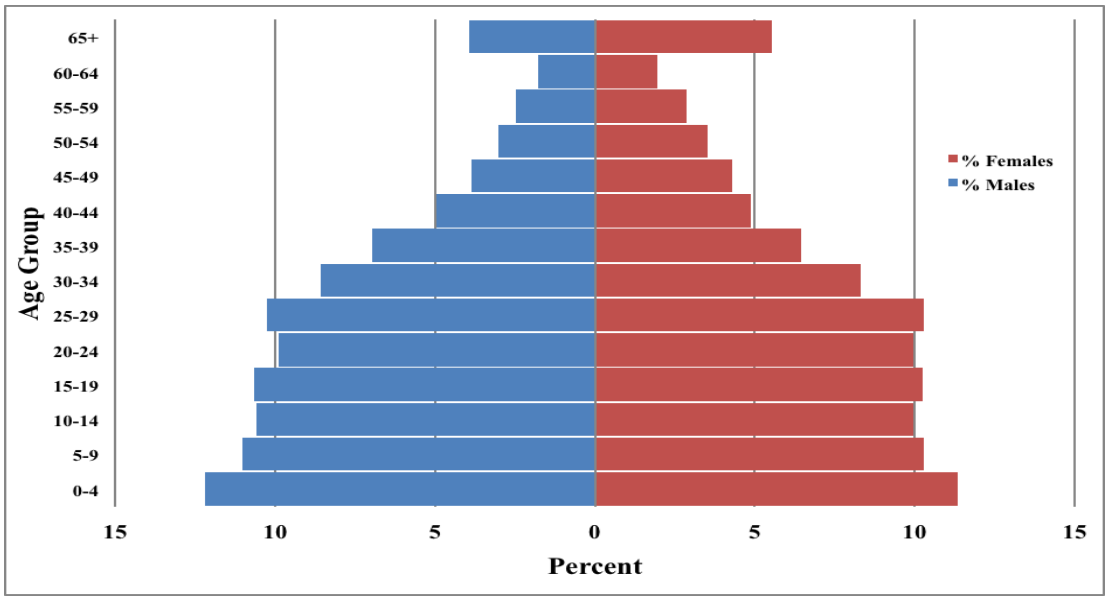
[2] CIA: The World Fact Book – Botswana, Washington DC, CIA; cited 2014 December; http://www.cia.gov/library/publications/the-world-fact book/geos/bc.html.
[3] GoB-UN Programme Operational Plan 2010-2014
[4] 2013 Botswana Literacy Survey
[5] Government of Botswana-United Nations Programme Operational Plan 2010-2014 (UNDAF Action Plan 2013-2014)
[6] Review and Assessment of the Implementation of the International Conference on Population and Development Programme of Action. Botswana ICPD Country Report 2013.
[7] Botswana Vision 2016 and Millennium Development Goals Indicator Report, 2014.
[8] ibid.
[9] Botswana Millennium Development Goals Status Report 2010.

2.1.2 Situation Analysis: Population and Development

Botswana has experienced a decline in the population growth rate from 2.4 percent[10] in 2001 to 1.9 percent[11] in 2011, mainly due to declining fertility (and despite reduced mortality). The demographic transition has resulted in a shift in the population age structure to increase the proportion of young adults over time as shown by the 2011 Botswana population pyramid in Figure 2.1.

Figure 2.1: The Population Pyramid of Botswana 2011



The increase in the proportion of young adults (with 32.7 percent aged below 15) provides an opportunity to capitalise on the demographic dividend provided by the maturing of these young people entering the labour force. The demographic dividend can help produce a sustained period of economic growth given the right kind of policy environment. This means that Botswana has the potential to benefit considerably from the demographic dividend with large numbers of young people available to contribute to the economy provided they can access education and training and te requisite infrastructure and jobs are available. Despite low population growth being notable progress towards a stable population, and indicative of an advanced stage of the demographic transition, the revised National Population Policy 2010 raises a concern that population growth may be insufficient to sustain the high economic growth the country has seen[12]. Compared to many developing countries Botswana has achieved very low fertility, with the Total Fertility Rate dropping from 3.27 in 2001 to 2.7 in 2011. Further decline could jeopardise replacement level fertility. One of the demographic targets of the revised National Population Policy 2010 to address these concerns is to maintain the total fertility rate at three children per woman.

The country has also experienced rapid improvement in various population health statistics owing to sustained growth in investment in public health and social services[13]. As a result, there have been significant achievements in reducing death rates until the early 1990s. The serious HIV and AIDS epidemic, however, greatly increased the death rate among infants and young-middle aged adults. Life expectancy decreased substantially, but is gradually rising again mainly because of the successful prevention of mother-to-child HIV transmission and the extensive antiretroviral treatment programme.

[10] 2010 Revised National Population policy
[11] Botswana Population and Housing Census 2011, Analytical Report.
[12] 2010 Revised National Population Policy (page 10)
[13] 2010 Revised National Population policy

However, the population still remains youthful with 32.7% below 15 years of age[14]. This means that Botswana has the potential to benefit considerably from the demographic dividend with large numbers of young people available to contribute to the economy provided they can access education and training, and the requisite infrastructure and jobs are available.

Urbanization, which has increased from 41.9 percent[15] of the population living in urban areas in 1990 to 64.1 percent[16] by 2010/11, is a challenge that threatens balanced population distribution. The level of per capita income in Botswana has been increasing[17] during the last three decades but income inequalities are also increasing. There are huge disparities between the rich and the poor and between rural and urban areas. Unemployment among youth is estimated at 41.4 percent among 15 to 19 year olds and 34 percent among those aged 20 to 24 years. Other challenges for population and development include limited capacity to integrate population parameters into planning processes, to utilize data for decision making, and for monitoring and evaluation. Skills are needed to enable disaggregation of data by population-related sub-groups to inform national policy and programmes, for example, skills in data collection, data analysis and dissemination of disaggregated data.

2.1.3 Situation analysis: sexual and reproductive health (SRH) and HIV and AIDS

Compared with many countries in the region, Botswana has achieved considerable progress in many areas of health, including SRH. Investment in health has resulted in Botswana experiencing one of the greatest fertility declines during 1980-2006, with the total fertility rate decreasing from 7.1 in 1981 to 3.2 in 2006[18]. This could be attributed in part to a strong family planning programme by the Ministry of Health (MoH). By 2011, the total fertility rate was estimated at 2.7[19], and 2.41 births per woman in 2013.[20] Earlier data from the 2010 ANC Sentinel Surveillance Survey reported that 51 percent of current pregnancies were unplanned, with women aged 15-19 years reporting the highest rates of unplanned pregnancy at 68 percent. Unplanned pregnancies were higher among HIV-positive women (56 percent) than HIV-negative women (49 percent).[21]

Botswana has achieved a marked improvement in several health outcomes such as the infant mortality rate and deaths from some infectious diseases (e.g. malaria and AIDS). SRH problems such as teenage pregnancy, sexually transmitted infections (STIs), pre-term delivery and low birth weight are nonetheless still issues of concern. According to the Botswana Youth Risk Behavioural Surveillance Survey, teenage pregnancies were 9.4 percent in in-school youth[22], with pregnancy accounting for nearly half of all female school drop outs in secondary education in 2013[23]. The average age of sexual debut was between 17 and 18 years of age. There remain serious gaps in youth friendly services for SRH. Data for the period 2007-2011 show that 18.3 percent of maternal deaths that occurred amongst 15-24 year olds were due to unsafe abortion. Despite the high proportion of women delivering with assistance of skilled health personnel, reported at 95 percent in 2007, maternal mortality has on the whole remained high. The MMR decreased from 193 in 2010 to 148 deaths per 100,000 births in 2014 (CP summary table). Of the estimated 182.6 women per 100, 000 who died due to pregnancy related causes in 2013, 70 percent were related to poor quality of services and weak referral process.[24] Further issues of concern are poor commodity logistics management, and inadequate condom programming.

One of the most serious issues facing Botswana is the HIV and AIDS epidemic. Botswana (with Swaziland) has experienced the highest HIV prevalence globally, with a hyper endemic generalised

[14] Botswana Population and Housing Census 2011, Analytic Report
[15] Ibid.
[16] Botswana Population and Housing Census 2011, Analytical Report.
[17] Botswana Vision 2016 and Millennium Development Goals Indicator Report, 2014
[18] Fertility Decline in Botswana 1980–2006: A Case Study: http://siteresources.worldbank.org/INTPRH/Resources/376374-1278599377733/Botswana61810PRINT.pdf accessed on 4th July 2015
[19] Botswana Population and Housing Census 2011 Analytical Report.
[20] World Bank 2013
[21] Voetsch et al; Unplanned pregnancy in the 2011 Botswana ANC Sentinel surveillance
[22] Botswana Youth Risk Behavioural Surveillance Survey
[23] Secondary Education STATS BRIEF-2012.
[24] Statistics Botswana 2014

epidemic that has impacted heavily on health, social and economic indicators, greatly increasing the death rate and reducing life expectancy. Estimated adult prevalence (15-49) was 21.9 percent in 2013[25]. Women are more affected than men, with new infections over three times higher in females 15-19 than males[26]. Women remain more heavily impacted than men until around the age of 55. The most recent (2013) Botswana AIDS Impact Survey estimates that HIV is increasing in 10-19 year olds. Incidence of new infections through mother to child HIV transmission has dropped massively in recent years, however, as have AIDS-related deaths, a tribute to Botswana's prevention of mother to child HIV transmission (PMTCT) and treatment programming.

2.1.3 Situation analysis: gender equality

Botswana society has strong patriarchal norms and men continue to dominate decision making including within political and traditional fora such as the "Kgotla", Ntlo ya Dikgosi (House of Chiefs) and parliament. In 2012, only 17 percent of cabinet positions were held by women, a decline from 27 percent in 2002. In 2002, 18.2 percent of the seats in parliament were held by women and this fell to 9.5 percent in 2014.[27] There is, however, an increase of women in decision making positions in the civil service, with 85 women for every 100 men[28]. Overall, women's political, social and economic status lags behind that of men on most indices. At a superficial level, the 2012 Gender Based Violence Indicator[29] study found that over 80 percent of male and female respondents endorsed the idea of gender equality; but the conclusion from probing was that 'women are beginning to understand and assert their rights, but men are not yet walking the talk' (p59). There is still a long way to go in achieving gender equality across all areas of life.

In addition, women face widespread gender based violence (GBV). The 2012 Gender Based Violence Indicators Study found that 67 percent of women reported experiencing some form of violence in their lifetime, the greatest threat being intimate partner violence[30]. In the same study, 44 percent of surveyed men admitted to perpetrating violence against women. Despite being the most serious and prevalent human rights abuse in Botswana[31], few politicians prioritised it in public speeches (6 percent of 188 speeches in 2009-2011), and few women report GBV. Of those that do, it is rare that they achieve full justice and comprehensive support from all service providers, i.e. the police, the judiciary, the health and the welfare system. Only two shelters for abused women are currently in place. Alcohol abuse is one contributing factor to GBV, but also the low economic status of women compared to men means that many are forced to stay in abusive relationships. If they leave they risk losing their home and possessions, their children, their economic security, and family support. Yet in the media, the indicator study found that two-thirds of stories on GBV portrayed male views.

2.1.4 National Development Responses

Botswana's current development strategies are guided by Vision 2016 and the National Development Plan 10 (NDP10) developed in relation to the Millennium Development Goals in particular. The country has made tremendous progress in meeting some relevant MDG targets: MDG 1 to eradicate extreme poverty and hunger, with the target to halve the proportion of people living below the poverty datum line, has been exceeded. In 1993, 47 percent of the population was living below the poverty datum line. The proportion fell to 30.6 percent and further to 19.3 percent by 2010.[32] There is the possibility of achieving universal primary education for girls and boys. In 2003, the net primary education enrolment rate was 90 percent. In 2008, Botswana experienced a decline in the enrolment before the rate increased to 93.1 percent in 2012. There was a 91.4 percent decline in death attributed to malaria between 2000 and 2012.[33] In addition, the

[25] http://www.unaids.org/en/regionscountries/countries/botswana/
[26] Botswana AIDS Impact Survey IV, 2013, Preliminary Results. Statistics Botswana.
[27] UN Data, A World of Information; https://data.un.org/Data.aspx?d=MDG&f=seriesRowID%3A557, accessed 1st July 2015
[28] Botswana Population and Housing Census 2011 Analytical Report
[29] 2012 Gender Based Violence Indicators Study Botswana, Gender Links and WAD
[30] ibid.
[31] Police data and survey findings reported in the GBV Indicators Study
[32] 2013/2014 Annual Report. UNDP Botswana
[33] 2013/2014 Annual Report, UNDP Botswana

government developed a national vision (Vision 2016) precipitated by the need to define and manage the path to 'Prosperity for All', as well as to explore how the nation adjusts to the rapidly changing global economy and social order. Together with the National Development Plan 10, the Vision 2016 complements the MDGs in tackling population and development issues. Across all three of UNFPA programme areas, legislation and policies are in place, although in some instances they are outdated and need, or are in process, of being revised. This is addressed further in Chapter Four.

2.1.5 National Responses for Population and Development

In addition to the points raised above, owing to the changes in the demographics, the economy and to institutional developments, the 1997 National Population policy became outdated and required review. The resultant 2010 Revised National Population Policy maintains the goal of 'improved quality of life and standard of living of all people in Botswana'[34]. The policy emphasizes the need to sustain population growth and to avoid the total fertility rate dropping below replacement level, and to ensure a high survival of women during their reproductive years. There is also need to counter urbanization to maintain a balanced population distribution. The policy emphasizes the need to invest in human capital and social development. The goal is to empower families to improve their quality of life through investments including in education, training and development of skills, creation of employment opportunities, housing, and public health and social security systems. The Population and Development Coordination Section in the Ministry of Finance and Development Planning is mandated with the implementation of the policy, also serving as the secretariat to the National council on Population and Development.

2.1.6 National responses for sexual and reproductive health, HIV and AIDS

In Botswana, the HIV prevention aspect of MDG is lagging behind. However, Botswana is realising major success in antiretroviral roll out which, over time, will impact on HIV prevention in adults as well as in infants. A rapid assessment of SRH and HIV and AIDS linkages in 2008 found that, although the concept was reflected in some policies and guiding documents, its implementation on the whole was weak. Since then Botswana has been part of a multi-country five-year project to implement integrated services, the SRHR/HIV Linkages Project that started in 2011[35].

The 2010 Revised National Population Policy (RNPP) goal of improved quality of life and standard of living forms the basis for all population related programmes including sexual and reproductive health. In line with the RNPP, the GoB developed the National Sexual and Reproductive Health Programme that aligns with the International Conference on Population and Development (ICPD) Programme of Action. This is supported by SRH frameworks and tools to re-orientate health services[36]. An Adolescent Sexual and Reproductive Health (ASRH) Implementation Strategy was also developed to guide national and international players on priority needs of young people. The core objectives of the SRH programme are to: improve knowledge of SRH and ASRH issues; strengthen family planning (FP); integrate STI management and the HIV response strongly into wider SRH; and to reduce maternal and perinatal morbidity and mortality. Integration of services is a major platform of the response.

2.1.7 National responses to gender inequality

To strengthen the national response to gender inequality and GBV, in the 1990s the GoB upgraded the unit of Women in Development in the Ministry of Labour and Home Affairs to a full department, the Women's Affairs Department (WAD). This was upgraded again to become the Gender Affairs Department (GeAD) in 2014. While it remains small, understaffed and poorly funded, the GeAD has spearheaded the development of several laws and policies to raise gender equality and tackle GBV. Most importantly, in 1995 the WAD developed the Policy on Women in Development that is now being replaced by a new National Policy on Gender and Development (approved by the cabinet in July 2015). In 2008, the Domestic Violence Act was passed. Regarding international and regional commitments, Botswana is signatory to

[34] 2010 Revised National Population policy
[35] Sexual and Reproductive Health and Rights and HIV & AIDS Linkages Integration Strategy and Implementation Plan, 2010
[36] National Sexual and Reproductive Health Programme Framework and Policy Guidelines and Service Standards for the National Sexual and Reproductive Health Programme

CEDAW and is committed to the ICPD Programme of Action, but the GoB (together with Mauritius) has not ratified the 2008 SADC Protocol on Gender and Development (it is deemed too rigid with certain elements GoB cannot achieve). Despite this, the GoB has worked on most key areas of the protocol and enshrines many of the protocol's recommendations in the new Gender Policy. For example, WAD has spearheaded projects with UN and other partners on GBV capacity development, implementing GBV strategies for HIV prevention, supporting the establishment of gender focal points in the Botswana Police Service and setting up a GBV referral system to coordinate the various service providers.

Various studies have been undertaken to expand strategic information on gender equality and GBV, with efforts at all levels from the national executive to community campaigns to protect and promote women's rights, including through male involvement. Gender is being mainstreamed into line ministries and local councils. Focal points have been established in at least eight ministries to guide and monitor the process.

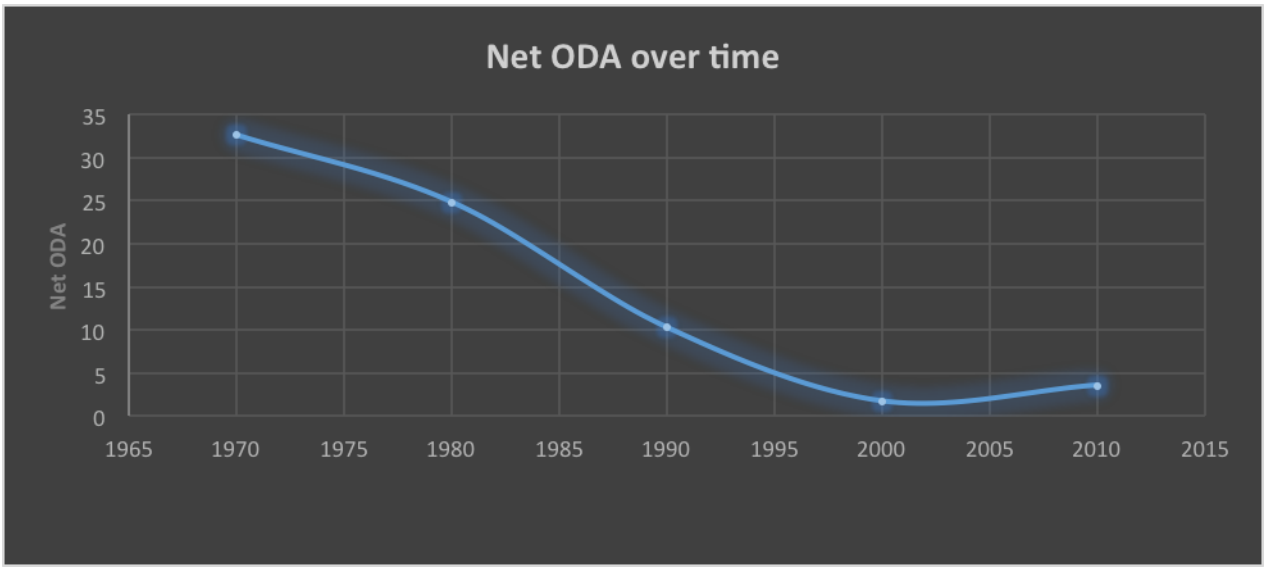
On the ground, CSOs are playing a key role in implementing gender and GBV-related projects and programmes, including programmes for young people. Gender is also partly integrated into ASRH and HIV and AIDS programming. Nonetheless, there is far to go substantially to reduce GBV and ensure justice for survivors, and to ensure effective gender mainstreaming throughout all development sectors. The key challenge now that policy is being updated, is implementation.

2.2 The Role of External Assistance

2.2.1 Overseas Development Assistance

The net Overseas Development Assistance (ODA) to Botswana (percentage of gross national income) has declined steeply since the country achieved independence in 1966 as illustrated. At that time the value was 159.25 percent. The lowest value of 1.15 percent was in 2003, with the highest pre-independence value of 224.27 percent in 1961, and the highest post-independence value of 122.37 percent in 1967. The highest value after year 2000 was 18.99 percent in 2008. In 2011 the value stood at 2.33. Figure 2.1 illustrates the overall decline in ODA over the decades, with a marginal rise from 2003 and further decline from 2010 to 2011.

Figure 2.2: Net ODA to Botswana Since Independence



Different official member agencies of the Development Assistant Committee (DAC) together with non-DAC countries and multilateral institutions have made varying but generally declining disbursements to Botswana over the years. The main recipients of ODA have been the Ministry of Health (MoH), National

AIDS Coordinating Agency (NACA), Ministry of Science Infrastructure and Technology, Water Utilities and Botswana Power Cooperation. The government budget is almost entirely domestically funded, however, in line with the status of Botswana as an upper Middle Income Country, and ODA overall is likely to continue to decline. The UN has developed a joint resource mobilisation and partnership strategy, recognising that extreme poverty still exists, the distribution of wealth is very uneven, access to basic services including health (including for SRH and HIV), and GBV and significant gender inequality (amongst other areas) remain challenges. CSOs, in particular, continue to require external funding but the UN system financial base has dramatically declined with the changed status to upper MIC.

At the beginning of the 5th CP the top three external donors to Botswana were the United States of America, European Union Institutions and Japan. In 2009 most of the ODA resources were directed towards the health and population sectors.[37] The USA contributed 36 percent to health, including for treatment for AIDS; and 56 percent to poverty alleviation. The EU institutions contributed 23 percent respectively to health and to education, with no other sector receiving more than 15 percent. While the evaluators were not able to access more recent data, KI interviews and document review indicated that ODA is unlikely to increase in the near future because of Botswana's upper MIC status. Thus domestic funding for development will remain the main contribution, and civil society organisations will require increased government support to supplement declining support from external donors.

Table: 2.1 Top Ten Donors of Gross ODA to Botswana (2010-2011)

Top Ten Donors of Gross ODA (2010-2011)	
Donor	**Amount US$ million**
United States	78
EU Institutions (eight)	30
Japan	11
Kuwait (KFAED) and France	4 per organisation
Sweden, OFID, Germany, UNHCR, Australia	2-3 per organisation

[37] Joint Resource Mobilisation and Partnership Strategy, United Nations Botswana. 2013-2016

CHAPTER 3: UNFPA Response and Programme Strategies

3.1 UN and UNFPA Strategic Response

As a Middle Income Country (MIC) since 1997 and now an upper MIC, Botswana is unlikely to receive extensive donor aid in the medium term despite facing capacity and other development challenges[38]. The GoB already invests substantially in the social sectors, therefore the main gains must be in strengthening efficiency and effectiveness, doing more with less. This is where the UN system can best contribute, bringing to bear its global experience and high technical capacity. This means that agencies need to ensure typologies and technical capacity to contribute to highest level advocacy as well as to assist government and other development partners to optimise results. In many areas Botswana already has in place quality policies and strategies, and the main challenges during the 5th CP lay in strategic implementation, coordination, efficiency, ensuring complementarity of effort and in effective monitoring of results.

In 2008 the UN agencies agreed to develop the approach of delivering as one, DaO, as a self-starter. DaO began to be operationalized in 2010. The UN Country Team (UNCT) acknowledges challenges in fully implementing the DaO approach but KI interviews and document review indicate that progress is being made (see EQ 1). The DaO focus is an important part of the joint UN system response to the changed status of Botswana as an upper MIC.

Botswana UNDAF 2010-2016 aims to contribute to the development goals of the Government of Botswana (GoB) as expressed in the 10th National Development Plan (NDP 10) 2010-2016, Vision 2016 development goals and the Millennium Development Goals (MDGs) for 2015. The GoB/UN Common Country Assessment (CCA) of 2007 identified the following main areas for UNDAF support: inclusive economic growth; social development and access to social services; governance and public administration; and environmental sustainability and environmental management issues. Five UNDAF thematic areas are:

- Governance and human rights promotion
- Economic diversification and poverty reduction
- Health and HIV and AIDS
- Environment and climate change
- Children, youth and women's empowerment.

Among these areas, UNFPA contributes primarily to human rights (particularly in relation to GBV), to SRH and HIV prevention, and the empowerment of children, youth and women. The P&D ativities fall within Governance and Human Rights promotion and economic diversification. The population and development mandate also cuts across all areas regarding strategic information and monitoring and evaluation, and strategic information and the integration of population issues throughout.

According to the 2010-2016 UNDAF, fifteen UN agencies contribute to development in Botswana, of which 10 are listed as resident[39]. UNFPA links primarily with UNICEF, WHO, UNAIDS, UNDP and, to some extent UNESCO to provide technical and/or financial assistance. According to the UNDAF Results Matrix, UNFPA has a wider range of possible UN partners within the DaO framework, but interviews in the UN Country Team (UNCT) and the CO indicated that all agencies were requested to include themselves across their fullest range of interest, although this did not indicate capacity to contribute to all deliverables. Finance allocations are indicative of needs, not pledges (CO interview).

Resource mobilisation targets for the UNDAF for 2010-2016 totalled USD 138.83 million. The largest recipient outcome area was health and HIV and AIDS (USD 46.72 million) followed by economic diversification and poverty reduction. The least funded outcome target area was children, youth and women's empowerment, at USD 8.96 million.

[38] Joint Resource Mobilisation and Partnership Strategy 2013-2016
[39] FAO, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNIDO, UNOHCHR, and UNV within UNDP

3.2 UNFPA Response through the Country Programme

3.2.1 The 4th Country Programme Strategy, Goals and Achievements

The overall goal of the 4th Country Programme was to 'support the implementation of the Government's National Population Policy with the view to improving the quality of people's lives'. The CP is aligned to the MDGs and ICPD Programme of Action and to the UNFPA corporate mandate and Strategic Plan 2008-2013. It was aligned to key national development priorities for Botswana enshrined in the National Development Plan and Vision 2016. The CP contributed directly to the United Nations Development Assistance Framework (UNDAF), and to discussions and preparation for the UN delivering as one in the forthcoming programme cycle. The two component programmes of the 4th CP were population and development and sexual and reproductive health. While there was no explicit gender component, gender concerns were integrated within the other two programmes.

The outcomes to which the 4th CP 2003-2009 contributed were:

- **Outcome 1:** Improved integration of population concerns into national and district development plans and programmes
- **Outcome 2:** Increased supportive environment for people to exercise their individual and collective SRH rights, to be addressed by
- **Outcome 3:** Increased safe sexual and reproductive health practices (dual protection) to prevent HIV/AIDS/STDs and unplanned pregnancies
- **Outcome 4:** Increased use of comprehensive, high-quality, gender sensitive and integrated SRH services.

These were addressed by a large number of outputs and activities that led to the following key achievements identified in the Final Evaluation Report[40]:

- Overall results exceeded targets in several cases, albeit meeting various challenges identified in the 4th CP final evaluation
- Resource mobilisation was undertaken for population activities
- Incorporation of reproductive health, HIV and AIDS and gender equality in the health sector policy/plan and budget
- Contribution to a chapter on P&D to the National Development Plan (NDP 10), and strengthening the gender focus
- Initiating assessment of the integration of HIV and AIDS and sexual and reproductive health to inform policy, programmes and services.

3.2.2 Current UNFPA Country Programme 2010-2016[41]

The 5th CP aimed to build on the achievements and lessons learned from the 4th CP, 2003-2009 (see 4.1.6), and to respond to the changing development environment and national priorities. Table 3.1 below indicates the outputs, outcomes of the 5th CP for 2010-2014 and the extension into 2016, and their alignment to the Millennium Development Goals (MDGs), the UNDAF and the NDP 10. These are elaborated further in EQ 1 with respect to international and national alignment.

[40] GoB/UNFPA Fourth Country Programme 2003/2007-2009 Final Evaluation Report, December 2009.
[41] UNFPA Country Programme Document for Botswana, 6 July 2009

Table 3.1 Linkages in CPD RRF between MDGs, UNDAF Outcomes, NDP 10 & CP

	RHR	P&D	Gender
MDG Goals	MDG 4: Reduce child mortality MDG 5: Improve maternal health MDG 6: Combat HIV/AIDS, malaria and other diseases	P&D focuses on data collection, interpretation and use, and is essential across all MDG goals.	MDG 3: Promote gender equality and empower women MDG 5: Improve maternal health
NDP10 Priority Area	(a) Affordable and high-quality health care; b**)** reduce infant and maternal mortality (c) Prevent new HIV infections	(a) Transparency and accountability in all public and private institutions; (b) Reduced corruption; (c) Enhanced and sustained participatory democracy; and (d) Rule of law	(a) Adequate social protection; and (b) Strong national unity and identity
UNDAF Outcome Areas	National capacity to address health and HIV and AIDS challenges to achieve universal access to high-quality services is strengthened by 2016	Effective and efficient delivery of services for the fulfilment of human rights	Effective and efficient delivery of services for the fulfilment of human rights Outcome YY: Increased empowerment and participation of children, youth and women at all levels
CP 5 2010 - 2016 Outcomes	By 2016, access to and utilization of high-quality services for sexual and reproductive health and HIV/AIDS are enhanced	Strengthened, accountable and responsive gov-erning institutions, & evidence-based decision-making	Gender is mainstreamed into laws, policies, plans and programmes, and gender-based violence is reduced

The outcome for **population and development**, P&D, was to be addressed through two outputs:

- Effective coordination of the collection, analysis and dissemination of high quality disaggregated data
- Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels.

Both outputs are highly relevant to achievement of the MDGs and the ICPD PoA, in that neither can be achieved without being evidence based, and neither can be evaluated without strong M&E. The outcome remained unchanged through the extended period of the 5th CP 2015-2016. The outcome is cross-cutting, as all national development requires robust strategic information and accountable and responsive government institutions.

The outcome for **reproductive health and rights**, RHR, was to be addressed by two outputs:

- Enhanced capacity of the Ministry of Health, the Ministry of Local Government and civil society organisations to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities
- Strengthened evidence based interventions to prevent HIV/AIDS and sexually transmitted infections, including their integration with sexual and reproductive health services, with a focus on young people and pregnant women.

The outcome for **gender equality** was to be addressed by two outputs:

- Strengthened institutional and technical capacity of key gender institutions in government and civil society to accelerate gender mainstreaming and gender-responsive programming
- Strengthened institutional mechanisms to accelerate the prevention of and response to GBV.

The phrasing of the outcome and outputs was slightly changed after the mid term review compared with those in the original results and resources framework, but with the same areas of focus. Chapter 4 elaborates further. A number of indicators were also changed with the new ones reported on in EQ 2. The revised framework for the extension 2015-2016 is annexed. Chapter 4 elaborates further.

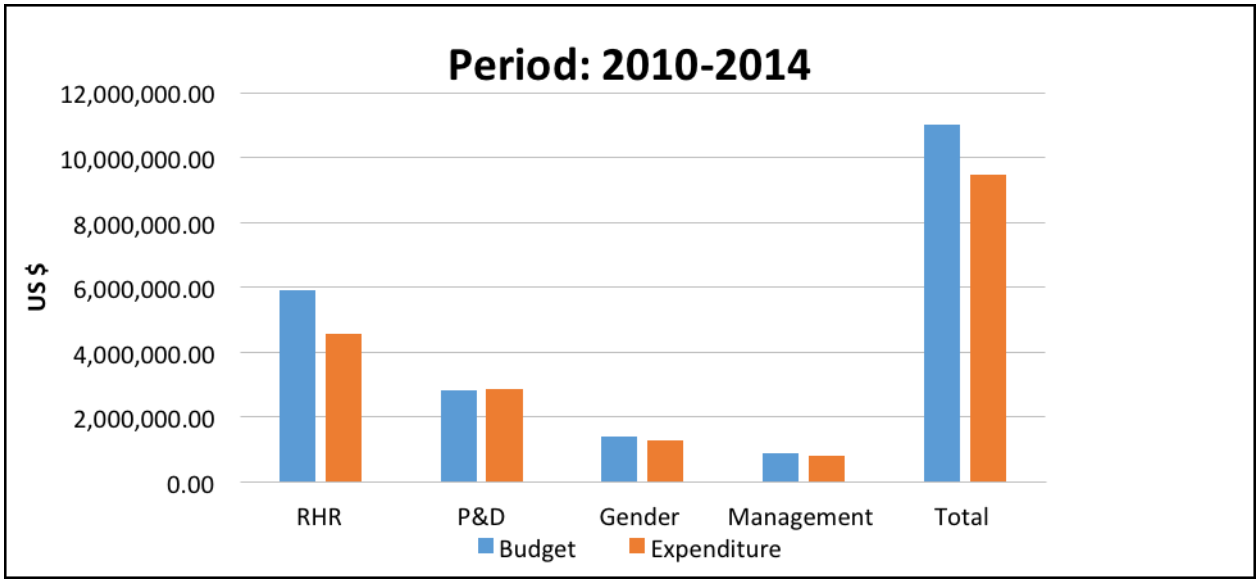
3.2.3 The Country Programme Financial Structure

The overall budget for UNFPA in the period 2010 to 2014 stood at USD11 016 426.10. The programme breakdown was USD 5 908 232.92 (RHR), USD 2 824 327.50 (P&D), USD 1 394 985.08 Gender and USD 888 880.60 (Programme Coordination Assistance). Total expenditure for the 5th CP from 2010-2014 stood at 9 463 018.15 giving an implementation rate of 86 percent.

The budget consists of regular and non-regular funds. Regular funds are internally sourced within UNFPA, and non-regular funds are mobilised from various development cooperation partners and include the contribution of the Botswana Government.

Government has contributed every year to the 5th CP (as it has to the 3rd and 4th CPs), with funds utilised by UNFPA in all focus areas as required. Non-core funding for gender equality was not sought in 2010-2011 as UNFPA had only taken on this component area in 2010 and regular resources were sufficient for requirements. For population and development, government and other non-regular funds were particularly required while UNFPA funded two posts in Statistics Botswana to support the census.

Figure 3.1: Comparison of Budget to Expenditure (2010-2014)



For the extension period 2015 – 2016, a further indicative budget of USD 3,800,000 was presented. Chapter Four (EQ 3 on efficiency) provides further information on the implementation rate across programme components, the donors involved, and the modalities for financial management.

Table: 3.2 Budget & Expenditure by Source of Funding and Programme Area, USD

	Regular Resources		***Government contribution***		***Other non-core resources***	
	Budget	***Expenditure***	***Budget***	***Expenditure***	***Budget***	***Expenditure***
REPRODUCTIVE HEALTH AND RIGHTS						
2010	*603 955.98*	*587 743.85*	*80 000*	*81 394.54*	*144 672.48*	*134 182.84*
2011	*477 355.22*	*441 956.89*	*6 900*	*6 771*	*739 002.66*	*374 155.90*
2012	*468 729.28*	*423 971.03*	_	_	*791035.15*	*596 876.47*
2013	*353 099.00*	*344 280.47*	*15 000*	_	*878 380.42*	*553 496.24*
2014	*179 200*	*185 831.48*	_	_	*1 170 368.74*	*757 708.66*
Totals	*2 082 339.48*	*1 983 783.72*	*101 900.00*	*88 165.56*	*3 723 459.45*	*2 416 420.11*
POPULATION AND DEVELOPMENT						
2010	*143 530*	*143 574.80*	*8 150*	*3196.35*	_	_
2011	*1 185 522.00*	*1 223 069.92*	*150*	*139.94*	_	_
2012	*452 313.00*	*453 000.92*	*54324*	*51 826.89*	*8 000*	*7 103.40*
2013	*498030*	*487699.85*	*76 607.50*	*76190.79*	_	_
2014	*320570*	*334252.73*	*77131*	*59752.36*		
Total	*2 599 965*	*2 641 598.22*	*216 363*	*191106.33*	*8 000*	*7 103.40*
GENDER EQUALITY						
2010	*69621.4*	*69023.57*	_	_	_	_
2011	*210840.6*	*183554.78*	_	_	_	_
2012	*239300*	*23990.68*	*7811*	*7291.6*	*17500*	*17425.76*
2013	*341538.34*	*347247.68*	*25000*	*19513.41*	*64848.48*	*55060.11*
2014	*253675.26*	*209234.9*	_	_	*164850*	*103013.5*
Total	*1114975.6*	*833051.61*	*32811*	*26805.01*	*247198.48*	*175499.37*
	PROGRAMME COORDINATION AND ADMINISTRATION (PCA)					
2010	*264384.6*	*249569.61*	_	_	_	_
2011	*158500*	*143614.13*	*96*	*100.29*	_	_
2012	*248300*	*233764.15*	*6600*	*5699.93*	_	_
2013	*131000*	*101206.58*	_		_	_
2014	*80000*	*67404.61*	_		_	_
Total	*882184.6*	*795559.08*	*6696*	*5800.22*	_	_

CHAPTER 4: Findings

1.1 Evaluation Question 1: Strategic Alignment, Relevance and Responsiveness

To what extent is the 5th CP and CO supportive of: a) the global UNFPA mandate and corporate strategic plans; b) the MDGs and ICPD Programme of Action; c) National needs and policies, including the changing national status to upper Middle Income Country; d) The Botswana UNDAF, UN system coordination and delivering as one (including avoiding overlap), and the priorities of the programme/project stakeholders and beneficiaries; e) Response to 4th CP evaluation and mid term review; and f) adding value?

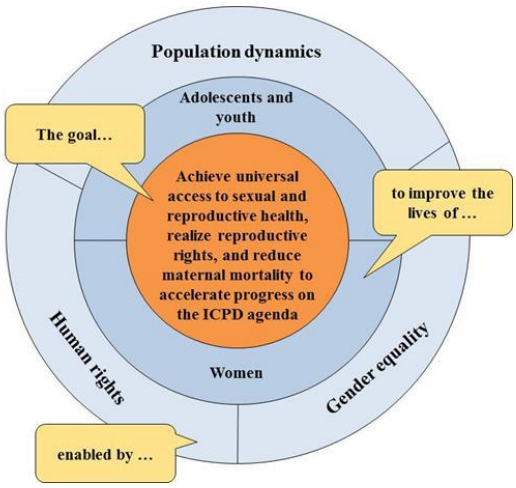
1.1.1 Introduction

The focus on strategic alignment, relevance and responsiveness addresses how the UNFPA CO priorities relate to international development commitments, to national development priorities, and to the changing corporate UNFPA and UN system functions as Botswana attained the status of an upper Middle Income Country. It also includes elements of the responsiveness of the UNFPA CO to the changing environment, and to lessons learned from the 4th CP and, in particular, to the mid term review (MTR) of the 5th CP. A mid term review is optional in UNFPA, and the Botswana CO requested this primarily to review its realignment to the UN system delivering as one (DaO)[42].

1.1.2 UNFPA Global Mandate and Corporate Strategic Plans

The UNFPA mandate for population and development, sexual and reproductive health and rights, and gender equality is elaborated in its corporate strategic plans. The UNFPA Strategic Plan 2008-2013 clearly guided the development of the 5th CP to focus within seven strategic outcomes[43]. The corporate level outcomes were reviewed in 2011 and a new UNFPA Strategic Plan 2014-2017 was put in place. UNFPA depicts the new strategic direction recommended in 2011 as the 'Bullseye' in the figure below[44], that guided the extension of the original CP into 2015-2016.

Figure 4.1.1: UNFPA 'Bullseye' Goal



[42] CO interview

[44] UNFPA Strategic Plan, 2014-2017, p4

The new strategic plan sharpens the focus of UNFPA in the changing external environment in order to contribute more effectively and efficiently to substantive results of the ICPD agenda and MDGs. The revised UNFPA Strategic Plan, 2014-2017 addresses the following four outcomes, all of which are addressed in the 5th CP. The revised results framework for the extension 2015-2016 actually utilizes Strategic Plan outcomes as CP outcomes.

1.1.3 Millennium Development Goals and International Conference on Population and Development Programme of Action

With respect to the Millennium Development Goals (MDGs), UNFPA 5th CP is aligned primarily to MDG 3 on gender equality, MDG 5 on reducing maternal morbidity and mortality, to MDG 6 with respect to combatting HIV, and indirectly to MDG 4 on reducing infant and child mortality (through the UNFPA focus on reducing maternal mortality and on family planning including among HIV positive women). The Key Facts Table provides an overview of national progress towards achieving the MDGs.

The 5th CP is in line with the ICPD Programme of Action[45]. The ICPD sets out key principles for action and the 5th CP contributes directly to Principle 4, which includes gender equality and equity and reducing gender based violence; and to Principle 8 on health, which includes sexual and reproductive health. In addition, UNFPA espouses the values of human rights and the need to support adolescents and young people. The ICPD focus also includes interrelationships between population, sustained economic growth, health, education, economic status and the empowerment of women. Developing these links requires skills for the collection, analysis and dissemination of high quality disaggregated data, all of which fall in the remit of P&D in the CP.

1.1.4 Alignment with National Needs and Policies, and Changing Status as an Upper Middle Income Country

1.1.4.1 Alignment with key national development priorities

The UNFPA CP has strong overall alignment with national development priorities in Botswana. The overarching documents defining development priorities are the National Development Plan 2010 and Vision 2016 to which the CPD contributes. The contributions of UNFPA regarding sexual and reproductive health and gender are clearly in line with these national development priorities, given the unmet SRH needs and high levels of gender based violence and gender inequality. The provision of relevant data informs policies, transparency and accountability, and strategic planning, and therefore contributes to the evidence base required across all areas of governance, policy and planning. NDP 10 places strong emphasis on strengthening monitoring and evaluation and developing strong results based management. In addition, the NDP 10 emphasises implementing the revised National Population Policy to which UNFPA is well placed to contribute.

Population and Development

The aspirations of Vision 2016, NDP 10 and the MDGs are complementary. As well as alignment with these, the P&D focus of UNFPA is also aligned with and responsive to the 2010 Revised National Population Policy, 2010 Revised National Youth Policy, 1996 National Policy on Care for People with Disabilities, 1997 National Strategy for Poverty Reduction, Strategic Framework for Community Development in Botswana. Implementation of the 2010 Revised National Population Policy is coordinated by the P&D Coordination Section at the Ministry of Finance and Development Planning, MoFDP, a key partner for UNFPA. The 2009 Statistics Act provides the legal framework for information regarding population groups and their integration into national policies and plans, and UNFPA works within this framework. UNFPA also provides technical and financial assistance to various bodies such as the Civil and National Registration Department, the custodian of various Acts such as the 1986 National Registration

[45] The Programme of Action of the International Conference on Population and Development (ICPD), and Key Actions for Further Implementation of the ICPD PoA 1999, 20th Anniversary edition, 2014

Act, 1992 Birth and Death Registration Act (revised in 2014), 2009 Children's Act and the 2008 Matrimonial Causes Act.

Reproductive Health and Rights

Sexual and reproductive health and rights are enshrined in the NDP priorities; Affordable and high-quality health care; b) reducing infant and maternal mortality (c) Preventing new HIV infections and contribute to Vision 2016. The UNFPA 5th CP is fully aligned with and responsive to these, particularly with the focus on strengthened SRH care access and uptake, and contributing to reduced maternal mortality and HIV infections. The programme is aligned with the National Sexual and Reproductive Health Programme Framework of 2002 and, the National Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality 2008.

Gender

With respect to gender, the contributions of UNFPA are aligned with and relevant to the National Gender Programme Framework of 1998 and the Policy on Women in Development 1995 which are currently being revised. UNFPA contributions will remain aligned to the new National Policy on Gender and Development[46] and to the Beijing Declaration and Programme of Action and of CEDAW. Gender based violence as well as gender inequality is identified as critical issues to be addressed in the country. Government is also developing a National Strategy to End GBV by 2020, to which UNFPA is also contributing technical support and will remain fully aligned in the next CP.

1.1.4.2 Response to the changing needs of an upper Middle Income Country

The UN system as a whole and UNFPA CO specifically have been responsive in a number of ways to the changed national development needs in Botswana as an upper MIC. Within the overall alignment to the national development priorities, and in consultation with the GoB, in 2011 UNFPA spearheaded the development of an MIC strategy within the UN system[47] to provide joint UN support for the country's national development. This builds on international experience within the UN on working strategically in MICs. A consequence of MIC (and even more so, upper MIC) status is that the UN needs to strategise effectively to remain relevant, efficient, effective, sustainable and accountable, while having declining resources in both staffing and finance. Key among what the UN can bring to the table are its global experience, and highest level advocacy and technical expertise. More specifically, the MIC strategy in Botswana commits the UN to: deliver as one; broker finance; focus on support for performance and M&E; do fewer things well rather than spreading too thin; strengthen UN leadership; facilitate coordination and partnerships; consider policy advice and dialogue at different levels; broker high level technical assistance; and build knowledge hubs, advocacy on sensitive issues.

Nonetheless, a concern is that the designation of Botswana as an upper MIC reduces the availability of UN resources in both funding availability and staffing, including the withdrawal of direct service support. While it remains essential that UNFPA and the UN system as a whole concentrate on upstream deliverables, the risk remains of generating gaps in critical support for both Government and CSOs.

1.1.5 The Botswana UNDAF, UN system coordination and Delivering As One (DaO)

Priorities of the Botswana UNDAF and related National Operational Plan are indicated in Chapter Three. The modality for UN system coordination from 2011 is intended as delivering as one (DaO) to optimize synergies, joint planning and joint programming and programmes where appropriate, and to help ensure UN relevance (as addressed above regarding being in an MIC).

There are many challenges identified in implementing DaO fully. Several areas are not yet aligned after five years of development. For instance agencies still require separate reporting and accounting from joint implementing partners thus creating a heavier administrative burden than harmonized reporting would require. Country Offices primarily report to their individual HQ not to the UN system, therefore agency

[46] Complete and at cabinet for ratification in July 2015
[47] UN Botswana Middle Income Country Strategy Strategic Plan 2011-2016, December 2011

mandates tend to take priority over DaO commitments. UNFPA and other agencies still undertake agency flag waving as opposed to developing a corporate UN system identity. In UNFPA for instance this is evidence in having the UN logo on CO and also IP vehicles supplied by the agency, and individual logos of all individual agencies are prominent on publications, video and other products. Many UN supported projects are reported not to be sufficiently closely aligned. However, progress has clearly been made and UNFPA has contributed positively to DaO, as well as to the MIC strategy, through at least the following:

- Full and active engagement in the UN Country Team and in relevant bodies such as the Joint UN Team on AIDS; UNFPA is reported as contributing valuable insights across the areas of its mandate.
- The Joint Resource Mobilisation and Partnership Strategy has been finalized and is being utilized (The Joint Programmes for Gender Mainstreaming and Gender Based Violence respectively, 2015-2016, were led by UNFPA, and finalized in 2014, with implementation beginning in 2015; these are strong documents with clear roles and engagement of partners, coordination mechanisms, and priority strategies
- The Communication Strategy for the UN Botswana 2015-2016 has been developed; this is behind schedule awaiting final UNCT review and confirmation. UNFPA led the process and drafted the first line document, working mainly with UNICEF, and the strategy provides a useful framework for joint action
- yetharmonised UN agreed to improve their reporting by reporting results as opposed to beginning of 2015activitiesUNFPA is implementing this and, although results were not yet available, the potential is there for a significant improvement in IP monitoring e.g. on milestones, skills and resources, challenges, opportunities, lessons learned and recommendations
- UNFPA is using the Harmonised Approach to Cash Transfer system, although the full benefits of this will only be realized when partner agencies follow suit. Agencies collaborated with other Country Coordination Mechanism partners, led by government, on the Global Fund Concept Note[48] (grant making is under way at the time of writing); UNFPA contributed to resource mobilisation together with other agencies and provided TA for the drafting of the proposal
- Alignment is in place with respect to shared office vendors (e.g. travel, cleaning), contributing to efficient use of resourcesand several agencies occupy one UN building.

Potential overlapping of roles does not appear to be an issue, given that across the UN there is a relatively low financial contribution and agencies have limited and declining staff numbers. On the contrary, UNFPA is particularly valued as the only UN agency that has a dedicated gender specialist, with UNDP having recently (2015) recruited a broader human rights and gender programme officer. Also, UNFPA is one of only three agencies to have a monitoring and evaluation analyst and a specialist on population and development.

With regards to the needs of stakeholders and beneficiaries, as indicated in Chapters Two and Three, UNFPA's mandate is fully aligned with priority needs in the population. With respect to civil society stakeholders, the move to more upstream advocacy and withdrawal of service support is a challenge, but if UNFPA can position itself to undertake effective advocacy for high political commitment, broker strategic partnerships and provide other catalytic support that increases IP capacity, linkages and efficiencies, this should lead to considerably increased benefits over time.

1.1.6 UNFPA Response to 4th CP Evaluation and Mid Term Review

The 5th CP demonstrates general responsiveness to the evaluation of the 4th CP and lessons learned, and to the 5th CP mid term review. EQ 2 elaborates on these further. Key lessons learned from the 4th CP evaluation were summarized in the 5th CPD as the need to:

- Integrate HIV and AIDS and SRH programmes for maximum impact

[48] The Global Fund is not a DAO mechanism in itself, however.

- Strengthen the capacity and coordination of youth organisations to scale up and streamline the provision of youth-friendly services
- Build capacity for managing stocks of reproductive health commodities
- Mainstream gender in policies and programmes, in particular the involvement of men in scaling up HIV prevention and in improving maternal health
- Ensure the availability of reliable and timely statistics
- Strengthen partnerships, sustain investments in catalytic areas, and adopt a multisectoral approach to scale up HIV prevention interventions
- Promote national ownership and coordination of development programmes.

Of these, the strongest responses in the 5th CP are for integration of SRH and HIVthrough the Linkages project; and ensuring the availability of reliable and timely statistics that included support for the census. Strengthening capacity for provision of youth friendly services has also been a focus of the 5th CP. UNFPA supported reproductive health commodity security(RHCS) through building capacity on Logistics Management Information System and development of the RHCS strategy., UNFPA has also responded with emergency procurement when stockouts occurred, for instance of male condoms in 2012 and in relation to shortages of female condoms. Gender mainstreaming has been an output area for gender with some but limited results. Support for male involvement on GBV and HIV prevention has recently been expanded. The transition to the MIC has meant changing partnership priorities and support. Promoting national ownership and coordination of development programmes has been a focus through provision of technical assistance including on integration of SRH and HIV and Population, housing Census and prevention of GBV. However, there are still limited capacities in the respective ministries and their utilization of staffd for coordination of development programmes.

The mid term review of the CP[49] made over 40 recommendations under the various programme component areas and with respect to the CO position and functionThe final evaluation explored which main recommendations had been addressed and, where they had not been, attempted to find out the reasons. The most significant factor is the change of classification of Botswana to an upper Middle Income Country (MIC), and also the revision of the UNFPA global corporate strategic plan[50]. These changes meant that the CO had to revise some of its priorities and ways of delivery, and therefore some recommendations became inappropriate. For example its commitment to service provision including through salary payments and other modalities was no longer feasible. On the other hand, there were several recommendations related to strengthening DaOIn all programme areas there were also recommendations to change some indicators and/or targets to strengthen the programme logic, and several revisions were made and are utilized in the current achievements matrix. Further revisions for the extension into 2016 are available in the annexes. Ensuring skills transfer in all long-term consultancies was another key recommendation of the MTR for sustainability, and again this is addressed in the relevant EQ. Throughout the document, references are made to further responses to MTR recommendations where appropriate.

1.1.7 Added Value

UNFPA has added considerable value to what would have been achieved without the CO as evidenced by document review and KI interviews with government, the UN, civil society IPs and the CO. With regards the transitioning to an upper middle income country, UNFPA led the development of the UN MIC Strategy which is key to guiding the transition required to ensure that the UN remains effective, efficient, relevant and accountable while experiencing reduced human and financial resources. Within the UN system UNFPA is the only agency with a dedicated gender and P&D specialists, and one of the three monitoring and evaluation analysts. These are key posts to take forward the process of delivering as one DaO, and these staff have chaired key joint committees for DaO, and ensured that areas of UNFPA's mandate remain strong. They have provided extensive capacity support to key government departments and CSOs.

[49] GoB/UNFPA Mid Term Review of the 5th Country Programme 2010 – 2014/2016, December 2012
[50] UNFPA. The UNFPA Strategic Plan 2014-2017

Regarding gender, the most notable added value has been UNFPA leading the development of the joint gender mainstreaming and gender based violence programmes and providing UN leadership in their implementation. UNFPA also helped raise national awareness on GBV prevalence through support for the 2012 GBV Indicator Study. In addition UNFPA contributed in development of the joint communications' strategy for the UN**.** The SRH/HIV Linkages Project, supported by UNFPA with funding and provision of TA, has been instrumental in achieving not just the results at the pilot sites, but extensive learning opportunities to expand the programme nationwide, to which the government is committed. UNFPA support for extensive training of health staff for emergency obstetric and neonatal care is another example of clear added value. The ASRH efforts of UNFPA have been instrumental in giving direction and momentum to addressing the SRH needs of young people in Botswana. During this period UNFPA provided support to youth centres as a way of increasing access and utilization of RHR services for young people.

P&D programme provided TA and financial support for the undertaking of a quality Population and Housing Census (PHC). The (REDATAM) indicator database that UNFPA advocated for will enable effective monitoring and evaluation of population and development.The results of the disability study supported by UNFPA'are used to inform revision of the Disability Act. The technical and financial support to the Ministry of Labour and Home Affairs on Civil and National Registration System is improving civil and vital statistics, with marked improvement of birth and death statistics in particular. This technical capacity and these actions all indicate UNFPA's added value to what might not have been achieved in the absence of UNFPA.

1.2 Evaluation Question 2: Effectiveness

a) To what extent were the CP outputs achieved, and how far did the outputs contribute to the achievement of the outcomes (the theory of change logic in the CP Results and Resources Framework and the intervention coverage geographically and by target group); b) Were there any unforeseen consequences of the CP?

4.2.1 Introduction

In EQ 2 on effectiveness, the evaluation unpacks the RRF further regarding the overall results chain logic, that is how the overall activities and outputs contribute to the outcomes, the appropriateness of indicators and the completeness or otherwise of the RRF as a planning guide. It then reviews the achievements against the outputs in each programme area, noting good practices. Finally, this section reviews any unintended consequences arising from implementation of the CP.

4.2.2 Results and Resources Framework and the Results Chain Logic

The summary results matrix indicates achievements to the end of 2014, and results are reported under the programme components below. The overall achievement of results against indicators in the RRF was quite high. However, few output indicators are included, leaving significant gaps in terms of the RRF monitoring of achievements towards the outputs. This is of concern as the RRF appears incomplete as an overarching planning and monitoring tool. For annual planning and monitoring purposes the CO utilized the annual work plans (AWPs) and Country Office Annual Reports (COARs) that are based on overarching strategies identified in the CPD. However, the evaluation team found that additional actions and achievements in the 5th CP were effectively aligned and relevant to the RRF.

The CPD indicators of 2010 were revised after the mid term review in 2012, and the summary achievement results matrix was provided for evaluation. Changes to outputs are relatively minor, and there are no changes to the programme outcomes and outcome indicators. By and large the original output indicators were more focused on strategic results, e.g. number of health facilities with basic and comprehensive emergency care, compared with the revised indicator of number of service providers trained on emergency obstetric and neonatal care, EmONC. There is an advantage in focusing on strategic results to show the effectiveness of activities, rather than just indicators for numbers trained, for example, provided the CP activities are commensurate with CO responsibility and accountability for their

achievement and are evaluable. For instance, regarding training in SRH, a stronger output indicator could have been 'Number of service providers trained on EmONC and providing quality EmNOC care'. While this indicator would require stronger monitoring and evaluation to track, it would considerably strengthen assessment of the effectiveness of the training on improving standards of service. However, the overall results chain logic, whereby activities contribute to outputs that contribute to outcomes was clear and logical, and the contributions by UNFPA would have been stronger in relation to outcomes had further and more strategic output indicators been included.

Several outcome indicators are in effect impact indicators (e.g. reduction in the maternal mortality ratio, HIV incidence, and changes in the poverty rate) rather than indicators for the outcome level results to which the CO contributed. This suggests a lack of clarity on what is an outcome measure and what is an impact result. These impact indicators are derived directly from the UNDAF outcome indicators.

The 5th CPD did not have a Country Programme Action Plan (CPAP) and the M&E framework and plan, as it was meant to use the DaO structures. However, the DaO M&E framework and plan were never completed nor fully utilised. In this case it is particularly important that the specific areas of UNFPA commitment and leadership in the DaO and national operational plan be more fully reflected in the CPD and RRF, otherwise they may get lost and not be fully evaluated. Equally, the CO could take more credit in the CP summary for its output achievements had further indicators been included.

When comparing the results chain and indicators in the UNDAF operational plan[51] where UNFPA is dignated the lead and the CP RRF, there is significant gap. For instance UNDAF Key result area 3.2.2.4 'Increased male involvement in SRH' as a contribution to UNDAF Output 3.2.2 on a strengthened health sector for MNCH. It would have been appropriate to include this in the RRF. The contribution for population and development appears complete with regards alignment to the UNDAF, and there appears to be an error in attributing one output to UNFPA on women in leadership that falls under the mandate of UNDP.

4.2.3 Achievement of Results by Programme Area

4.2.3.1 Population and Development

Table 4.2.1 is the CO summary table of P&D achievements from 2010 to 2014 (provided by CO), using the revised indicators after the mid term review. During 2014, indicator and outputs were revised again for the extension into 2015-2016 (annexed).

Table 4.2.1: Summary Achievements Table for P&D 2010-2014

CP Outcome: Strengthened, accountable and responsive government institutions and evidence-based decision making; indicator Poverty rate: Baseline 30%; Target 23%; Actual: 20.7 %		
Output	**Key Activities**	**Key CP Achievements**
Output 1 Effective coordination of the collection, analysis and dissemination of high quality disaggregated data **Output indicators:** Census Project Document in place	UNFPA was the main partner in the 2011 Census providing TA and financial assistance to government (CTA and NCC posts. Training of stakeholders on analysis of census	Census Project document produced and available after census was conducted and completed 4 of 5 census survey reports related to ICPD produced (youth, gender, disability, the elderly)

[51] GoB-UN Programme Operational Plan 2010-2014, December 2009

Baseline: no master plan Target: in place; Actual: in place 2011 census and survey reports related to ICPD Baseline: 0; Target: 5; Actual: 4 Number of functional census coordination structures established Baseline: 0; Target: 4; Actual: 4	data. Supported a study aimed at improving quality of data recording on civil and vital statistics.	4 census coordination structures planned and all achieved[52]
Output 2 Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels. **Output indicators:** ICPD+20 report in place Baseline: 0; Target: in place; Actual: in place Population Policy M&E framework in place Baseline: 0; Target 1; Actual: in place	CO supported Disability Study Development of the M&E for the Revised National Population Policy Training of stakeholders on research techniques	ICPD+20 report was produced and disseminated The M&E framework for the Population Policy was developed

In relation to **Output 1** on making availableKey In relation to **Output 1** on availing high quality disaggregated data, key CPachievements noted included the provison of TA and financial support on the 2011 Population and Housing Census and strengthening the National Civil Registration System.

2011 Population and Housing Census

Good planning, policy development and decision-making are based on reliable, up-to-date, accurate and detailed information on the state of the society in Botswana, making it possible to plan better services, improve the quality of life and solve existing problems. This is essential for the democratic process as it makes the government and local authorities more accountable and responsive to the needs of the people. The production of good quality census data ensures that there is basic information for planning purposes for development and improvement of the quality of life as stipulated in the revised NPP. The success of the census exercise required human resources, strategies of key processes, resource mobilisation, and production of census products and dissemination.

The human resource for the census undertaking was strengthened by the appointment of the Chief Technical Advisor (CTA) and National Census Coordinator (NCC) who provided strategic guidance in the development of the annual census activity plan and its execution, increasing knowledge and skills in strategic planning, management and implementation of census activities at both national and district level. Also, the census human resource required for planning, management and execution of census processes for personnel at all levels and management was intensified by capacity building through training, participation in regional experience sharing workshops and embarking on benchmarking for application of best practice.

[52] These were the Census Central Committee, National Census Advisory Committee, Census Standing Committee & District Census Committees

Training was also extended to stakeholders mainly on on analysis of census data. Several key technical and management structures were established.

Census processes were facilitated through the production and implementation of the Census Project Document. The Census Project Document contained key process strategies such as: the Communication, Publicity and Advocacy Strategy; Resource Mobilisation Strategy; Quality Assurance Strateegy; Data Collection and Enumeration Strategies; Data processing and Analysis strategy, and; the Results Dissemination Strategy.

Production of reports related to ICPD ensures that there are disaggregated data on vulnerable groups such as women and girls with the aim of fulfilling their rights. Four of the five census reports related to the ICPD Programme of Action were produced through UNFPA's technical support. These include information of evidence based decision making and planning for the needs of vulnerable groups, addressing disability, adolescents and young people, gender dimensions and gender and development . This is an effort to ensure that appropriate information is provided to government institutions to make informed decisions for their programmes. KIs indicated that utilisation of existing census and survey data to inform national programmes is generally low because of lack of capacity by stakeholders to analyse and disseminate disaggregated data.

Key products of the census include: i) Population and Housing Analytical Report, ii) District Monographs iii) Population of Towns, Villages and Associated Localities, and iv) Establishment of an Integrated Management Information System - REtrieval of DATa for Small Areas by Microcomputer (IMIS-REDATAM) database (an on-line disaggregated tabulation tool used to process and calculate indicators, produce customized tables and thematic maps at any administrative level from censuses and surveys datasets).

UNFPA also contributed to other related results that are not contained in the summary table but were identified from annual work plans, Country Office Annual Reports (COARs), IP reports and from KI interviews.

National Registration System

A good and reliable record of civil and vital statistics ensures that there are accurate measures of fertility, mortality and other vital events to inform appropriate policy development and decision making. To improve the quality of data on civil and vital statistics, UNFPA supported the Department of Civil and National Registration (CNR) to conduct a study 'Improving Civil and Vital Statistics' as a basis for implementing improvements. A CRVS strategy has consequently been developed to ensure the completeness of vital events coverage in the country. UNFPA also provided technical and financial assistance to develop the investment plan for the CNR. Staff from both Statistics Botswana and CRN have been supported to participate in regional workshops and conferences to strengthen institutional capacity. CO financial assistance has been reduced owing to the reclassification of the country as a MIC and a refocus of the programme based on the Strategic Plan. This has affected the implementation of other stages of the project, although UNFPA technical assistance continues.

In relation to **Output 2**, strengthening coordination of the implementation of population policy and programmes and M&E at national and district levels, the two indicators were fully met, which were: a) the production of the ICPD+20 report and b) the the development of the M&E framework for the National Population Policy. The main implementing partner for this output is the P&D Coordination Section. The Section is responsible for the coordination and implementation of the population policy[53], which was revised and approved by parliament in 2010. UNFPA provided technical and financial support through the establishment of two pilot district population offices in Ghanzi and Kasane to ensure the implementation of the population policy at both the district and community level. In addition, the programme supported the production of two district Population and Development Profiles (Ghanzi[54] and Chobe[55] Districts). The goal

[53] ibid
[54] Ghanzi District Population and Development Profile 2014
[55] Chobe District Population and Development Profile 2014

is to produce P&D district profiles for all the districts which will facilitate access to district level population and development data for district level planners, policy makers and the community. Evidence from the KIs indicates that the CO also financially supported the P&D Section with a vehicle and a driver to assist in coordinating the implementation of the National Population Policy.

Regarding the Population Policy Monitoring and Evaluation (M&E) Framework, key informants confirmed that the framework has been presented to the Technical Advisory Sub-Committees of the National Council on Population and Development. However, they also reported that the framework has not yet been utilized as it proved to be difficult to implement. Further probing around this was not undertaken during the evaluation. Nonetheless, the KIs indicated that it will soon be integrated with M&E recommendations from the current ICPD report to suit the local context. The production of the M&E Framework ensures systematic collection, processing and analysis of M&E data and will facilitate standardization of methodologies and tools for data collection. It will also enhance comparative analysis of results, performance and change over time and across geographical locations. This will enable effective utilization of reliable information for policy development and decision making by incorporating population issues. Production of population and development district profiles makes information on population and development accessible to policy and decision makers at district level, making them responsive to the need of populations at that level. Further activities in line with Output 2 include, for example, UNFPA technical support for the development of the Social Development Policy Framework document that supports the implementation of the National Strategy for Poverty Reduction[56]. UNFPA also supported the review and assessment of the ICPD Programme of Action (Botswana ICPD Country Report – 2013).

An effort to provide technical assistance to ensure integration of population issues into national plans, policies and strategy frameworks is still at an infancy stage in Botswana. As such, skills needed to integrate some of the vulnerable population groups, such as for people with disabilities, are still scarce. The CO supported both technically and financially a study on 'Review of Legal Instruments, Policies, Strategies and Programmes for the Integration of issues for People Living with Disability'. In addition, a database on disability was developed with technical expertise from UNFPA to help inform the development of policies that incorporate the rights of people with disabilities. The incorporation of disability issues into national programmes should help strengthen government institutions to address the concerns of people with disabilities. This is a strong contribution to human rights as noted in EQ 5. The CO reports also supporting CBOs working with the elderly, notably Pelegano Support Group in Makaleng Village and Beno Society for orphans, people with disabilities and the elderly. At national level, the CO has made advocacy statements regarding the development of policies and strategies to address the elderly.

Document review[57] and KI interviews indicate that many other activities that strengthened national capacity to incorporate population issues in public policies, plans and expenditure frameworks were financial and technically supported by UNFPA. These include support for conferences, training to build capacity, presentation of awards to media, policy briefs and encouragement of youth participation in policy dialogue. One salient contribution was the funding of a conference early in the CP[58] that established the Population Association of Botswana (PAB). The function of the PAB is to raise public awareness of population and development issues and to contribute to development policy formulation, implementation and evaluation at national level. Its mandate involves carrying out activities such as population seminars and conferences where population related issues are discussed. It also fosters debate on population issues and encourages production of population policy briefs to ensure policy makers are made aware of emerging population issues. However, although initially active in these areas, it has since lost momentum.

For the UNFPA 5th CP extension into 2015-2016, some activities are underway although it is too early to document results against indicators. For example, however, the University of Botswana has been engaged in advocating for the importance of the demographic dividend in reviewing population policies. UNFPA financially and technically supports the demographic dividend study which is on-going.

[56] 5th CP Mid-term Review
[57] CO AWPs and COARs and IP reports
[58] National Population Conference 2010 on 'Population and Development in Botswana and Emerging Issues of the 21st Century, and Assessment of the IPCD+15'

4.2.3.2 Reproductive Health and Rights

Table 4.2.2 provides the CO summary table for RHR, although several achievements were made beyond those captured by the narrow range of output indicators. Revisions were made for the extension into 2015-2016 as annexed.

Table 4.2.2: Summary Achievements Table for Reproductive Health and Rights 2010-2014

CP Outcome: By 2014, access to and utilization of high-quality services for sexual and reproductive health and HIV/AIDS are enhanced; Outcome indicators: Maternal mortality ratio Baseline:193 deaths per 100,000 live births; Target: 150 death per 100,000 live births; Actual: 148 deaths per 100,000; HIV incidence; Baseline:2.5% Target:75% reduction (0.63%); Actual: 1.35%		
Output	**Key Activities**	**Key CP Achievements**
Output 1: Enhanced national capacity to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities. **Output indicators:** ● No of service providers trained on EmONC Baseline: 45; Target:150 Actual:125 ● % of selected SDPs with staff trained on LMIS submitting VEN reports within established reporting periods Baseline:50 Target:90 Actual:83 ● % of selected SDPs with at least five modern methods of contraception during last quarter Baseline:55 Target:90 Actual:80	Development of strategies; National Condom Strategy, Condom Social Marketing strategy (Total Market Research) Service providers trained on FP, comprehensive condom programming and EMOC Training of 51 service providers (including pharmacists, pharmacy technicians and IT officers) on inventory control software and logistics management has been conducted 26 Nurses and doctors were trained on Post abortion care 33 Nurses and Doctors were trained on the revised obstetric records, service standards and protocols for management of obstetric complications Revised the Post abortion care training manual and the family planning Fact booklet	Of 150 service providers targeted, 125 service providers were trained on EmONC Of 90% of selected SDPs targeted, staff of 83% trained on LMIS and submitting VEN reports within established reporting periods Of 90% of SDPs targeted, 80% of SDPs had at least 5 modern FP methods during the last quarter
Output 2: Strengthened integration of SRH/HIV /GBV interventions **Output indicators:** % of HIV positive young people provided with dual FP Baseline: 0 Target:60 Actual: 67% of HIV-infected women accessing dual FP services (PNC,	Established 9 pilot sites for SRH/HIV linkages to integrate SRH and HIV services Supported development of SRH/HIV Linkages strategy Supported SRH/HIV Linkages Baseline Study	60% of HIV positive young people targeted, achieved 67% of HIV positive young people provided dual FP services Of the 80% of HIV positive women targeted, 66% now access dual FP services (PNC, FP, IDCC)

FP, IDCC) Baseline: 20 Target:80 Actual: 66 % of FP clients tested for HIV Baseline: 20 Target:80 Actual: 92		Of 80% of FP service clients targeted, achieved 92% of FP clients tested for HIV
Output 3: Improved programming for essential sexual and reproductive health services to adolescents and young people. **Output indicators:** No. of health facilities with functional youth-friendly services Baseline:10 Target:20 Actual: 16 No. of Young people reached with SBCC programmes (radio and campaign) Baseline: 0 Target: 35,000 Actual: 7,867	Development of ASRH Implementation Strategy Established Social Media platform to engage youth to dialogue on SRH and HIV/ GBV Prevention. Advocacy on Youth Charter Provision of Comprehensive Sexuality Education in Three Youth Centres in the district Capacity Building for Curriculum developers and Ngos on Comprehensive Sexuality Education Training on implementation of SBCC campaigns	20 health facilities targeted and 16 facilities have functional youth friendly services Of 35,000 young people targeted for SBCC coverage, 7,867 were reached with SBCC programmes through a teen magazine whilst many ohers (numbers not determined) were reached through radio and campaign

UNFPA support in RHR include strategy formulation, community engagement/ dialogues, capacity building of service providers and intended beneficiaries, engaging churches on GBV prevention and SRH involvement, public education and health education campaigns, and advocacy at all levels of government and through the engagement of different players such as media houses.

In relation to **Output 1** national capacity for the MNCH road map was strengthened through trainings and development of strategies and guidelines. For example, UNFPA supported the development of the Guidelines for Antenatal care and the Management of Obstetric Emergencies and Prevention of Mother to Child Transmission of HIV-MOH Revised 2010, the Comprehensive Post abortion Care Reference Manual, September 2013 and the Emergency Obstetric and Newborn Care Training Manual 2010. UNFPA was also greatly involved in the launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa CARMMA initiative[59]. These are contributions to significant results[60], responding to gaps identified[61] in the quality of services for maternal and neonatal health.

UNFPA was heavily involved in improving FP logistics management, a weak area at all levels of government[6263]. UNFPA was instrumental in the procurement of hardware and software for districts to strengthen the logistics information management system (LMIS). According to the MTR and endorsed by KI interviews, the relocation of clinics to MoH from MoLG led to the collapse of the LMIS then in place. KI interviews corroborate that effective forecasting and uptake of condoms is not being tracked, leading,

[59] UNFPA,' Launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)'. 2011
[60] Yet only revision of post abortion care training is noted as an activity in the table
[61] Government of Botswana, ' 5 year Maternal Mortality Report (2007 – 2011); MOH 2013
[62] Government of Botswana, 'Essential Health Services Package 2010-2015' Ministry of Health
[63] USAID/Deliver Project: Botswana: 'Condom Programming National Condom Quantification and Supply Chain Strengthening'. March, 2013

for example, to stockouts in 2012 of male condoms and currently of female condoms. The mitigation efforts of UNFPA in times of national stockouts of male condoms are important in regardto family planning, STIs and HIV prevention services.

With respect to **Output 2** of Strengthening integration of SRH/HIV /GBV interventions, the most salient achievement is the roll out of the five-year SRH/HIV Linkages Pilot Project in nine sites from 2011[64]. This is a strong example of good practice

Good Practice: SRH/HIV Linkages Project

The SRH/HIV Linkages project is supported by UNFPA through European Union funding. Support to expand the project into a nation-wide programme will come from the Global Fund provisions, with MoH commitment to expand the approach when the pilot ends in December 2015. The project includes:

- The core focus of systematic integration of HIV and SRH so that clients receive all related services at one site in a coordinated manner, thus providing multiple opportunities to provide more holistic counselling, prevention and care services
- The organisational basis in a regional project to facilitate documentation of results and to facilitate South-South learning as well as learning within Botswana
- Ministry of Health engagement as the implementing partner, with UNFPA support through placement of a coordinator in the ministry who worked closely with ministry counterparts to build knowledge and experience
- A well-established advisory system and monitoring system through the Technical Advisory Committee and the Reference Committee that meet regularly, and include wider development partners
- Secure five-year funding to allow year on year building with long lead time to promote long term ministry buy in to expand the initial pilot sites nationwide
- High motivation and job satisfaction of government clinic staff through working together in an efficient manner, and seeing the strengthened results for the beneficiaries.
- An area for further strengthening of the pilot sites concerns mainstreaming of gender and GBV (that KI interviews and documentation indicated remained at best ad hoc).

Other achievements include support towards the development of key policies and guidelines to promote further linkages for example; the eMTCT Strategic Plan 2012 – 2016, SRHR and HIV/AIDS Linkages Integration Strategy and Implementation Plan, and SRH Policy guidelines and service standards.

Despite the achievement of the SRH and HIV linkages, KI interviews and documentation indicate that over the whole RHR programme gender mainstreaming remains relatively weak. However, initiatives for male involvement from made in 2014 are a positive development that will be carried over in the extension period. The development of referral tools between health facilities and the legal system regarding GBV is also important. UNFPA has also provided technical and financial.

Output 3, focusing on improved programming for adolescent sexual and reproductive health (ASRH) is of central importance to UNFPA in the current corporate Strategic Plan. The second output indicates low coverage of social and behaviour change communication campaigns for youth, and that this element needs to be scaled up with stronger M&E to measure results. Three radio programmes and a teen magazine were also supported by UNFPA, however with presumably much wider reach (although this has not been assessed.

The main activities for Output 3 were implemented through the MoH and civil society. One key partner, the Ministry of Youth Sports and Culture does not appear involved in the partnership framework although

[64] SRH/HIV Linkages Evaluation Report

is a key players to achieve the five prongs of the global UNFPA youth strategy[65]. Howeever, civil society organisations are not sufficiently strong to achieve effective youth participation without CO support. In collaboration with BOFWA and the BNYC, UNFPA has financed and facilitated youth advocacy and leadership training to catalyse setting up of the UNFPA-facilitated African Youth and Adolescents Network (AfriYAN) chapter in Botswana. With leadership and participation of youth being key in determining matters related to their sexual and reproductive health, the absence of a strong youth voice and an over reliance on the government machinery to avail youth a platform to influence policy and programming is not ideal. There is on the whole a weak youth voice in Botswana on matters of policy and also health.

The YFS concept has government support[66]. For BOFWA, which operates five youth health centres, two sites were supported by UNFPA during the 5th CP (Kasane and Mochudi). In addition to the Government there were 21 YFS facilities in place at the end of 2014, and, at the time of the evaluation, UNFPA had engaged a consultant to support government to undertake an assessment of youth friendliness of these facilities. This should lead to better understanding of how effective they are and what challenges they face to inform the way forward.

Beneficiaries at the Mochudi District BOFWA YFS clinic expressed great satisfaction with the quality of SRH services. Young peopleare comfortable discussing issues with the nurse and the counsellor as both are 'youth friendly', including for young people who have same-sex orientation. FP, STI management, HCT and other counselling services are available, and for circumcision and other minor theatre procedures referral is made to the local clinics. As part of the Linkages initiative, the BOFWA nurse runs a youth oriented ART clinic two mornings a week, in the local government health facility. BOFWA conducts outreach work to nearby villages to inform young women and men about SRH issues including proper condom use, HCT, and provides a basic range of SRH clinical services. UNFPA had previously funded four positions (two nurses and two counsellors) that facilitated continuity of service at the centre, but with only one nurse and one counsellor undertaking outreach work as well as service provision, full-time coverage at the centre is not possible. The current positions are funded by BOFWA but funding for their continuity is uncertain.

The YFS BOFWA clinic is linked with a youth centre providing volleyball and drama, but few other activities, so apart from the clinic there is not a great deal on offer to draw a large number of youth. The site is reported as not highly accessible because of its located in outskirts of the villageUNFPA has supported comprehensive sexuality education (CSE) through gaps analysis studies[67] and curricula development capacitation (online and face to face). Government is yet to adopt the recommendations made on changing from the current life skills programme to CSE. Despite the slow uptake of recommendations to strengthen RH matters in schools, UNFPA has supported schools in two districts through the youth centre model.

One key achievement under this output also is the the initiative by UNFPA was to provide support for the Botswana roll out of the regional Condomize Initiative in 2014, coinciding with the 2nd Africa Youth Games. This involved a partnership between UNFPA, the National AIDS Coordinating Agency (NACA), and MoH, and included training youth volunteers, media houses and service providers. Government IPs interviewed valued this highly. However, thiswas limited to three districts. The Safeguarding Youth Programme launched in 2014 aims at empowering young people on ASRH and promoting gender equality. While not assessed, this appears to have potential to strengthen both ASRH and gender mainstreaming.

[65] ww.unfpa.org/resources/unfpa-strategy-adolescents-and-youth. The prongs relate to advocacy for policy and programme development, comprehensive sexuality education, SRH services, reaching the most marginalized, and supporting youth leadership and participation, particularly by girls

[66] Government of Botswana, 'ASRH Training Manual for Service Providers', Ministry of Health , 2012

[67] Sexuality Education: A Ten Country Review of School Curricula in East and Southern Africa

UNFPA contributions and current level of achievements for SRH outputs have made a difference to the country and added to the increase in access to SRH services for the general public, but more importantly for key populations such as youth and other vulnerable groups.

4.2.3.3 Gender Equality

Unlike the 4th CP, the 5th CP has a specific gender outcome to be addressed through two outputs. Indicators and outputs were revised for the extension into 2015-2016 as in the annex, and results are reported in Table 4.2.3 against the current 2010-2014 results framework.

The two outputs are well targeted to contribute to the outcome with respect to gender mainstreaming and reducing GBV. KI interviews and document reviews including UNFPA COARs and IP reports indicate significant contributions by UNFPA for several other notable achievements (see below). Taking on board the full range of UNFPA CO activities, analysis indicates that the focus has been strategic in terms of selected actions to contribute to the outcomes. This includes in particular, achievements for policy and strategy development, capacity building and generation of strategic information to inform policies and programming.

Table 4. 2.3 Summary Achievements Table for Gender Equality 5th CP 2010-2014

CP Outcome: **Gender is mainstreamed into laws, policies, plans and programmes and GBV is reduced. Outcome indicators: Botswana Gender Development Index is in place; Baseline: no data; Target: not given; Actual: Index in place (measurement: 0.74%);** **% of women who have experienced GBV in their lifetime; Baseline: 67% (2011); Target N/A; Actual: no data till 2016**		
Output	**Key Activities**	**Comments/ Key CP Achievements**
Output 1: Strengthened institutional and technical capacity of key gender institutions in the government and civil society to accelerate gender mainstreaming and gender-responsive programming **Output indicators** Number of Local Councils with gender action plans. Baseline: 12; Target: 30; Actual: 27 Indicators and tools for M&E of gender policies available Baseline: 0: Target: in place; Actual: in place	UNFPA supported the development of: The draft Gender and Development Policy (awaiting cabinet approval) The Domestic Violence Act Regulations Evaluation of implementation of CEDAW and Beijing platform for action provisions	27 of 30[68] targeted local councils have gender action plans Gender analysis indicators and tools for M&E of gender policies are available
Output 2: Strengthened institutional mechanisms to accelerate the	Strengthened capacity of CSOs including faith based organisations to implement	3 NGOs supported to implement GBV prevention programmes (BCC, Gender Links and KSWS)

[68] Although this is the result reported in the CO summary table, final review found that UNFPA's contribution was to 10 local councils, bringing the total to 22, with five more being reached by UNDP in 2015

prevention of and response to GBV **Output Indicators:** Number of CSOs supported to implement GBV prevention programme Baseline: 1; Target: 3; Actual: 3	GBV prevention programme Supported Gender Affairs Department to carry out GBV Indicator Study in 2012	GBV Indicator Study undertaken and provides baseline data for GBV

During the course of the 5th CP, UNFPA has worked with five main partners for gender mainstreaming and/or to reduce GBV: the Gender Affairs Department (GeAD) in the Ministry of Labour and Home Affairs (MLHA) is the key government partner; and in civil society the regional organisation Gender Links, the Kagisano Society Women's Shelter (KSWS), and the Botswana Council of Churches (BCC). In 2014 a new partnership was established with Stepping Stones International (SSI) that received funding under the RHR budget for promoting male involvement in SRH (Mencare project). In 2015 Men and Boys for Gender Equality were brought on board as partner to augment the Mencare project still under RHR budgetThese two partners strongly promote the the gender focus in SRH. Further gender-relevant work has been undertaken through the population and development programme regarding strategic information, and gender mainstreaming is further addressed in EQ 5. The main gender-related activities and products to which UNFPA contributed financial and technical assistance during the 5th CP in support of Government and CSOs, are noted below according to each output area, with indications of their relevance to achieving results.

In relation to **Output 1** on gender mainstreaming and gender responsive programming, UNFPA provided support to Gender Links, working with the Ministry of Local Government and Rural Development and Botswana Association of Local Authorities, to reach 10 of the overall target of 30 district councils (baseline 12) to develop local gender action plans. These are aimed at mainstreaming gender and mapping interventions to reduce violence in each local council.UNFPA had also planned in the original RRF to support GeAD to mainstream gender in eight ministries.This was instead supported by UNDP. However, the evidence for significant gender mainstreaming by these ministries remains weak as indicated by GeAD. GeAD lacks the authority, status and capacity to advocate at high levels within the ministries (Permanent Secretaries or higher) to ensure effective implementation. Thus it remains a serious gap area.

In contributing to mainstreaming of gender in laws and policies, the supported the evaluation of progress on achieving the country's commitment to CEDAW which culminated in 4th CEDAW country report. UNFPA also contributed to the CEDAW domestication process, with a focus on nationwide community consultations on law and policy reviews and the packaging of the recommendations from these consultations. The CEDAW domestication process is currently at the stage of review and drafting of legislation to incorporate the provisions of this Convention into Botswana laws, including further community discussions and UNFPA will continue to provide technical support in this area. In addition, UNFPA has supported evaluation of the country's progress in implementing the SADC Gender and Development Protocol through the production of the annual SADC Gender Protocol Barometers. This is important upstream work in advocating for the Government to ratify the Protocol.

Further notable UNFPA achievements for gender mainstreaming, through technical support include: the Baseline Study on Gender in Botswana, development of the African Gender Development Index for Botswana, and development of the National AIDS Council Women's Sector Strategy.

In relation to **Output 2** on prevention and response to GBV, UNFPA provided support for the national GBV Indicators Study, 2012[69], that has been highly influential in drawing political and public attention to

[69] The Gender Based Violence Indicators Study, Botswana, Gender Links and Women's Affairs Department, 2012, one of a set of country studies in Southern Africa led by GL

the pervasiveness of GBV in the country and its destructive impacts.This study has greatly strengthened the information base on GBV.

UNFPA has contributed immensely to expanding the stakeholder base for prevention and response to GBV including through engagement of traditional and religious leaders. The CP in efforts to promote gender equality and prevention of GBV by traditional leaders supported the first national Bogosi Gender Pitso[70] in 2012, and follow-up district based Bogosi Gender Pitso. This initiative resulted in engagement of traditional leaders in exploring and challenging the entrenched patriarchal norms that endorse gender inequality and GBV. The church community was engaged in GBV prevention through the launch of the TAMAR Campaign, an intitiave that uses the Tamar Bible story about abuse to promote GBV prevention. The TAMAR campaign was documented through a video for wider distribution to churches around the country. The Botswana Council of Churches reported that the programme reaches the church communities in several villages in underserved districts (north, west and central).

The CP also increased public education on GBV through funding of various campaigns including media engagement by radio and television and the national campaign on GBV (16 Days campaign). UNFPA also provided support to Kagisano Society Women's Shelter to develop their capacity as the first shelter for women survivors of GBV, with a focus on provision of counselling services.The support also extended to the establishment of a GBV SMS-line through to expand GBV support services for a much wider reach in the country and access to information on GBV. Support for the women's shelter is not merely addressing a serious unmet need for beneficiaries in Botswana, given the level of GBV, but has also been an important flagship service that highlights a serious gap in national service provision. UNFPA funded the documentation and publication of women's experiences of GBV ('I' Stories) as a means of raising public awareness of GBV in a personalised and engaging manner. This aims to also promote help-seeking behaviour among GBV victims and survivors The CO partnered with Botswana Post to raise awareness on GBV through having a GBV stamp on all letters mailed over a given period, and is seeking further engagement with the organization for other activities in 2015.

At policy and strategic level, UNFPA supported the development and dissemination of the Regulations for the 2008 Domestic Violence Act, an important follow on to promote the implementation of the Act for greater protection of GBV survivors. The CO also contributed to the development of the National Strategy towards Ending Gender Based Violence in Botswana by 2020. This strategy is waiting for approval by cabinet. In addition, UNFPA supported CSOs to participate in global and regional platforms, and promoted community engagement through a community leaders' project.

The achievements noted include some initial work undertaken in 2015, as part of the extension period 2015-2016 (see annex). Amongst other revisions, the extension includes indicators for male engagement and strengthened civil society organisations for reproductive rights and GBV prevention, as well as continuing the existing commitment to strengthen national protection systems to prevent GBV. From 2010-2014, UNFPA provided direct service support such as salaries, but from 2015 it is moving into more upstream work in advocacy and brokering partnerships towards advocacy on GBV prevention and gender mainstreaming, as addressed in EQ 1.

With respect to advocacy work around gender, CO and KI interviews indicated that the transition to prioritizing high level advocacy, brokering strategic partnerships and systematic South-South cooperation over support to services is beginning but still has far to go. Engagement with IPs also included technical support to work at a more strategic level rather than simply providing local services.

An example of good practice with UNFPA support is the Mencare programme implemented by Stepping Stones International and Men & Boys for Gender Equality under the SRH/HIV Linkages Project to promote male involvement in SRH issues. This is a regional initiative project of Sonke Gender Justice in South Africa who provided guidelines and training manuals and other support for different NGOs in the region to increase the involvement of men in fatherhood from pregnancy through to early child care. It is at

[70] A traditional consultation forum with chiefs and other traditional leaders

an early stage of development in Botswana, but appears to be a success story from which lessons can be learned for wider scale up.

Success story: Mencare[71]

Traditionally in Botswana male involvement with both their pregnant partners and their newborn offspring has been strongly discouraged, with a taboo that is still pervasive in some rural areas (FGD, KI interviews and documentation). This reportedly leads to some men leaving their partners permanently, or to engage in concurrent sexual partnerships, and creates risks for STIs and HIV infection and serious problems for the abandoned mothers to support their children. Mencare aims to challenge this by contacting fathers through mobile numbers obtained from their partners at antenatal clinics and offering them a course of sessions on fatherhood. To date, five fathers who graduated from the course have been trained as trainers of trainers, and are expanding the programme within the first four pilot areas of the progamme (Gaborone, Mochudi, Mahalapye and Letlhakeng). A focus group discussion with these fathers/trainers found that their perceptions of fatherhood and of their relationships with their partners had fundamentally changed. Two had been present at childbirth, and all five indicated that their communication and relationships with their partners had greatly improved; their bonding with their children was reported as very good and included a full range of infant care. One commented, 'I have far more respect for my sisters now I see what they go through'. All five were highly motivated to expand the programme. The intention is that clinic records document the increase in men bringing their babies for follow up visits as one indicator of active fatherhood involvement. Currently more 'graduates' of the courses are being trained to act as facilitators to cascade the programe. In addition to learning about pregnancy and the needs of and risks for expectant mothers, and about supportive fatherhood, the sessions focus on SRH, GBV, masculinity and gender equality, communication and relationships, and other related areas. The intention is to expand the programme geographically and into the changing needs of children as they grow. The programme is low cost and would appear to be a strategic and cost-effective use of UNFPA resources towards achieving a fundamental change in male involvement in SRH, improving maternal health, reducing GBV and promoting gender equality.

4.2.4 Unforeseen Consequences

Two main challenges to the effectiveness of programming arose because of the changed corporate priorities of UNFPA (and the UN with DaO) and with the wider implications of the MIC status of Botswana. These relate to withdrawal of funding support for services, notably IP salaries, and the changed skills base needed in the CO.

4.2.4.1 Changes in resource provision

During the CP, priorities began to move away from service provision towards advocacy and the demands of an upper Middle Income Country and, in addition, the CO has experienced and will continue to experience core funding declines. At the end of 2014 this led to the withdrawal of funding support from the IPs particularly for salaries, and also to the planned ending of support for youth centres (this was also a corporate UNFPA decision based on limited success of this strategy internationally[72]). The consequence of these decisions was uncertainty (reported by most IPs) regarding sustainability of operations (see EQ 4), challenges for securing alternative funding at short notice, and sometimes abrupt closure impeding effective monitoring and evaluation in some projects (for instance for Botswana Council of Churches supported districts).

[71] Focus group discussion with male trainers of trainers who were primary beneficiaries

[72] Instead of supporting stand-alone youth centres to provide SRH services, UNFPA's global strategy is moving towards supporting capacity development throughout health facilities for youth and gender friendly services.

In a few cases, IPs reported that they were relatively confident that their operations would not be jeopardized, but they indicated that a longer lead time from UNFPA would have been appreciated. All KI interviews with IPs found that the designation of Botswana as an upper Middle Income Country poses challenges for civil society organisations (CSOs), as the UN system provides less financial and technical support if it has reduced key staffing positions, and other international donors, notably bilaterals, have also cut back financial support. Yet, as addressed in Chapter Two, many development challenges remain that CSOs can and need to address.

An issue for government in particular is the non-alignment of the UN and national financial years, although it may not be feasible for them to become aligned. Government planning and budget allocation processes are reported by all key informants to be long, slow and complex Funds not expended in December when UNFPA closes its books cannot be utilised in the first quarter of the following year as they are returned to HQ. Thus if line ministries experience delays in allocation or in expenditure, they risk losing finance from UNFPA for activities in first quarter of the .New Year.UNFPA needs to ensure that all partners in government and civil society fully understand the agency's funding processes and requirements to avoid this unintended outcome.

4.2.4.2 Changing skills base required in UNFPA

The transition to more upstream strategic advocacy work, brokering strategic relationships with government, facilitating synergistic relationships and work between IPs, and the potential for South-South cooperation requires highly developed advocacy and communication skills, and to 'deliver thinking' rather than to deliver services. In other words, the priority for UNFPA must be to achieve more with fewer resources, requiring highly strategic and catalytic advocacy and technical assistance focused on a narrow set of activities that can make a difference. The capacity to manage effective relationships at the right levels, particularly within government, is essential. The MIC also requires strengthened and innovative resource mobilization efforts. Yet the office typology, without an international diplomatic post or senior SRH officer and other loss of posts, does not appear ideal for this reorientation. Also, although no staff skills assessment was undertaken for this evaluation, it is likely that skills gaps exist for the new orientation and that capacity building is needed. These findings on typology and skills requirements were emphasised in multiple KI interviews with IPs in government and civil society and also by several CO interviews.

4.3 Evaluation Question 3: Efficiency

To what extent is the CO overall appropriate, effective and efficient in relation to: a) Financial resource management; b) Focusing on a limited set of activities to produce significant results; c) Office structure, implementation arrangements and capacity building; d) Monitoring and evaluation and quality assurance; e) Partnership strategy.

4.3.1 Introduction

This question addresses a wide range of issues that reflect on the efficiency of the country office in utilizing its human and financial resources, and ensuring efficient management and coordination processes and structures to deliver its mandate. Information that contributed to the findings comes from an in-house strengths, weaknesses, opportunities and threats (SWOT) analysis, in addition to individual interviews with all staff, and to extensive document review that included annual work plans, annual reports, IP reports, the CPD and revised results and resources framework, and both 4th CP and MTR evaluations.

4.3.2 Financial Resource Management

Overall, the financial resource management system has contributed effectively and efficiently to the achievement of results. During the 5th CP there has been no qualified audit of IP expenditures, indicating a high level of consistent and efficient tracking of resources to ensure accountability. The ATLAS system appears to function well, with financial and administrative staff able to ensure effective financial resource management and oversight. One issue identified in the MTR in 2012 was that disbursements were sometimes made prior to official signing of memoranda of understanding, and this situation has been resolved.

Table 4.3.1 indicates budget against expenditures by programme component and Programme Coordination and Assistance (PCA). The implementation rate of regular and non-regular funds up to the end of 2014 has generally been high (see Chapter Three for the overview of resources and expenditures by source per programme component and administrative expenditures). Where the implementation rate has been lower, the main reasons were: late disbursement of funds to the CO, so that programming was unavoidably delayed; delays in receiving adequate reports from IPs and non-disbursement until they were signed; and staff not in place. For instance, with regards to gender, the lower expenditure in 2014 (75 percent) was because gender specialist was not on board for several months and therefore low total salary expenditures for the year. The highest consistent implementation rate has been for P&D, with RHR implementation rate ranging from 67 to 97 percent. Regular resources provided by far the most funding across all component areas (see breakdown in Chapter Three), followed by Government contributions, and the European Union specifically for the SRH/HIV Linkages Project and a small amount for gender. Lessor amounts came mainly from UBRAF, MDTF, Sida and the SDC[73].

Table 4.3.1 Budget against Expenditures by Programme Component and PCA

	Year	Budget	Expenditures	Imp. Rate (%)
Reproductive Health				
	2010	828,628.46	803,321.23	97
	2011	1,223,257.88	822,883.81	67
	2012	1,260,304.43	1,020,847.50	81
	2013	1,246,479.42	897,776.71	72
	2014	1,349,562.73	1,025,497.89	76
Sub-total		**5,908,232.92**	**4,570,327.14**	**77**
Population and Development				
	2010	744,516.00	758,402.02	102
	2011	592,836.00	611,578.15	103
	2012	514,637.00	511,931.21	99
	2013	574,637.50	563,890.64	98
	2014	397,701.00	394,263.64	99
Sub-Total		**2,824,327.50**	**2,840,065.66**	**101**
Gender Equality				
	2010	69,621.40	69,023.57	99
	2011	210,840.60	183,554.78	87
	2012	264,611.00	264,618.10	100
	2013	431,386.82	421,821.20	98
	2014	418,525.26	312,248.40	75
Sub-Total		**1,394,985.08**	**1,251,266.05**	**90**
Programme Coordination Assistance				
	2010	264,384.60	249,569.61	94
	2011	158,596.00	143,714.42	91
	2012	254,900.00	239,464.08	94
	2013	131,000.00	101,206.58	77
	2014	80,000.00	67,404.61	84
Sub-Total		**888,880.60**	**801,359.30**	**90**
Grand Total		**11,016,426.10**	**9,463,018.15**	**86**

[73] Unified Budget and Resources Assistance Framework, Multi-Donor Trust Fund, Swedish International Development Agency and Swedish Development Corporation respectively

For the extension 2015-2016, the total budget request was USD 900,000 from regular resources and USD 2,800,000 from other resources for programming, and USD 100,000 for programme coordination assistance[74] (total USD3, 800,000). Of this amount, by July 2015 close to USD1397, 000 had already been received of which around USD 895,000 had been expended.

The CO has adopted the Harmonised Approach to Cash Transfer (HACT) model, essentially employing the first modality of direct cash transfer to IPs[75]. This helps ensure regular reporting by IPs and increases their sense of ownership. It appears to be generally working well and most IPs reported timely transfer within one – two weeks once their quarterly reports are satisfactory. A smaller number had experienced delays either because they had not fully understood the reporting requirements or because of delays in the CO. The main challenge occurs at the end of the financial year, because reports need to be in earlier in the quarter than at other times of year, and expenditures have to be finalized by 15 December when books close. Several factors contribute to delayed implementation in the first quarter January to March particularly reporting issues, delayed disbursements and holiday closures. It takes time, also, for new IPs to familiarize themselves fully with the reporting requirements, leading to delays. Additional challenges occur with government partners, because of the non-alignment of financial years, the GoB financial year being April to March. Thus government is closing its books during the first financial quarter for UNFPA, inevitably leading to delays in implementation. Civil society IPs did not all agree on how effective they found the disbursement system. Also, if delays occur in programme implementation, government and civil society IPs need to take into account that unspent financial commitments from UNFPA cannot be carried over beyond the UN financial year and will be returned to headquarters.

HACT is intended for use by the whole UN system as part of delivering as one (DaO). When this is fully in place, it should reduce the reporting burden on IPs. However, UNFPA appears to be ahead of other agencies in implementing HACT, and further synergies will be achieved when other UN partners contributing to the same IPs and projects are also utilizing the system.

4.3.3 Focus on a Limited Set of Strategic Activities

According to the CPD and the summary table of activities, outputs and outcomes for 2010 – 2014, the 5th CP focused on a relatively narrow set of strategic activities. EQ 1 analyses the results chain logic in some detail. However, CO and IP interviews and document review indicate that a great many more significant activities took place than those identified in the summary of achievements. These arose from numerous new requests being made by implementing partners including government and civil society organisations, and a high level of CO responsiveness to address them. While this has merit in showing flexibility to emerging needs and opportunities, it has contributed to work overload and to UNFPA appearing to spread itself too thin, a finding also endorsed by CO interviews and SWOT analysis (and see Section 1.4 below).

Given the reduction in resources in line with the MIC status, tighter prioritizing on upstream, strategic inputs is needed (particularly in line with the MIC business model). The CO reports having more IPs than most if not all UN agencies, although this was not verified, but overall the number of IPs has not been reduced. For instance, although one IP was dropped in 2014, two new ones were taken on board (Stepping Stones International, (SSI), and Men and Boys for Gender Equality, MBGE). If UNFPA is to contribute to community level advocacy, however, in the MIC, then modalities have to be found to work with and through a small number of strategic and strong IPs. Small grants and start up funds will no longer be provided, which should reduce the administrative and tracking load on the CO.

[74] UNFPA Submission Form for Country Programme Extension March 2014.

[75] The other two options within HACT are to have IPs source vendors for procurements that the CO then pays for directly, and for IPs to seek CO support to pay directly for activities such as workshops etc. The latter poses a particularly heavy work load on the CO and reduces ownership and control of activities by the IP. Government procurement processes are complex and slow, however, so at times having the option for UNFPA to undertake procurement can speed things up

4.3.4 Office Structure, Implementation Arrangements and Capacity Building

The office structure and implementation arrangements have been fairly efficient in contributing to the achievement of results, but there is scope for improvement. One key factor is the change of status with Botswana becoming an upper Middle Income Country that has incurred some challenges. With regards to the office typology, it has led to downsizing during the 5th CP, particularly the loss of the post of Country Representative, the only diplomatic post. Reduction in technical posts appears to have reduced the availability of technical assistance, e.g. for maternal mortality, and also at the advocacy level, gaps that are not sufficiently addressed by other UN partners.

The reduced staffing complement and also reported high turn over of staff in 2014 have incurred increased pressure on both administrative and programme staff, and also some loss of institutional memory (CO KI interviews and CO SWOT). Long gaps in recruitment, particularly for the operations manager at over one year (despite the recommendation of the MTR to speed up recruitment), have also increased pressure on existing staff. Programme specialists have had to take over responsibilities for considerable periods of time, thus taking them away from their core technical focus and supportive TA to IPs. Three examples are the P&D specialist being required to take on communications and resource mobilization duties, the M&E analyst taking on the gender programme for five months, and the SRH/HIV Linkages coordinator filling in for a significant amount of the wider unmet RHR work. Government and several civil society partners reported on the low availability of programme staff for TA at a time when high quality technical support is an essential contribution of UNFPA, given that financial support is declining.

Effective time management was reported as a serious challenge. Staff reported that juggling multiple requests from the regional or head office usually with a tight timeline challenge completion of the work planned; multiple new requests throughout the year; and getting bogged down in office processes and administration. Staff acknowledged that this greatly contributes also to reduced IP technical support. The increased work pressures, challenges for time management and the short one year contracts risk contributing to a degree of demoralization but a formal in-house climate assessment was not undertaken. Such an assessment as well as a time utilization study could be valuable prior to a human resources assessment. Staff wish to work smarter not harder. The fact that CO has been informed that further funding cuts will occur annually also creates uncertainty.

The evaluators explored the typology of the office also with regards lines of reporting and supervision, this having potential to help streamline and coordinate the work to achieve greater efficiencies. The evaluation found that, during the first four and a half years of the CP, there was a clear hierarchy and sharing of supervisory responsibilities. The current flat structure, with all post holders in administration and programme posts reporting directly to the Assistant Representative[76], will change with recruitment of an operations manager.

Staff have regular management and programme meetings, the main functions being to update on progress and on upcoming requests to the CO. These meetings were reported to have been lengthy and unduly time consuming in the past, but to have been reduced since, saving valuable time (some staff reported that earlier in the 5th CP extensive in-house meetings could take up to two days a week). With regards to programming, synergies and coordination, the in-house SWOT analysis and CO interviews found that, despite wanting to collaborate more, staff tends to work in silos because of sheer work pressure; this reduces opportunities for synergies, and joint support to partners. It also means that UNFPA risks missing opportunities to document good practices, and share experiences and lessons learned within Botswana with key partners and more widely in the region.

During most of the 5th CP, while UNFPA had a CR (till late 2014), a wide range of stakeholders reported higher visibility of and advocacy by UNFPA than can be provided by an Assistant Representative. This is not a comment on personal capacity, as the Assistant Representative appeared highly respected in the UN, but on how the different posts are viewed in government and in the UNCT, and the weight they carry. The

[76] Only the drivers, junior programme officers based in youth centres and interns do not report directly to the Assistant Representative

comment was made that by dint of being an international diplomat a CR has the potential for greater and different leverage with government than a national post holder. Key partner UN agencies have reportedly not cut their most senior post for this precise reason. At the highest level fora, the Resident Representative reportedly acts for UNFPA as well as for UNDP, risking that the mandate of UNFPA may not be as fully represented as that of UNDP, and again that the visibility of UNFPA is reduced. With the changing mandate towards high level advocacy and 'delivering thinking', programme staff reported that they require capacity development. For example, they were primarily recruited on the basis of technical expertise in their respective areas rather than on high level advocacy experience and capacity for MIC strategy delivery. The absence of an SRH specialist to provide high level advocacy and technical support was a concern expressed by several IPs and some CO staff. Nonetheless, the presence of a broad-based youth specialist is important and relevant to the centrality of young people in the revised UNFPA mandate. A major role of the UN in the MIC is managing strategic relationships, particularly with government, to utilize existing staff and resources in the most efficient and strategic way. Managing this type of relationship requires a skill base reportedly lacking in the office (CO and UN interviews).Given that the role of UNFPA regarding monitoring and evaluation needs to expand as part of the MIC priorities, further staff training on M&E would be relevant as well as reviewing available tools and indicators, and creating opportunities to assess long-term results. When the annual performance appraisals are done, staff indicate training requests but it is understood that there is no budget for this, and the main training options are on-line courses and occasional opportunities afforded by the regional office or other partners. Finance and administrative staff indicated that recruitment of the operations manager should resolve their main capacity challenges.

The office has reportedly requested a human resources review that should take place as a norm prior to planning for the 6th CP. The evaluators consider this highly appropriate, particularly taking into account the requirements for an MIC. Finally, none of the three drivers has undertaken an advanced or defensive driving course, and this is both wanted and recommended given the reported high accident rate in Botswana. Although the accident rate was not verified, it is sound policy to ensure that drivers have advanced training.

4.3.5 Monitoring and Evaluation and Quality Assurance

Monitoring and evaluation and quality assurance have clearly contributed to measuring achievement of results, although various limitations and inconsistencies are noted. In particular these relate to the results chain framework and the lack of a full M&E framework that would have been developed had a Country Programme Action Plan.Strengths in CO M&E include regular and adequate quarterly and annual reporting by IPs, consistent production of CO annual reports, and undertaking the optional mid term review and the final CPE in good time to contribute to planning. The CO requested the MTR particularly to facilitate review of the UN delivering as one. Reporting by IPs appears compliant with the standard criteria and format provided by the CO. Initially the programme officers review reports on progress against planned deliverables, and then the M&E analyst consolidates the reports quarterly to assess overall progress. Operations staff undertake spot checks with IPs and financial verification every quarter, and no qualified audits have occurred throughout the CP as noted earlier. The table below highlights the main monitoring and evaluation processes taking place in the CO.

Table 4.3.2 Outline of Functions and Frequency of M&E in the UNFPA CO

Component	Type of Report	Frequency
Planning	• CPD and M&E matrix • Annual Work Plan • Office Management Plan	• Every 5 years (and for 2-year extension for 4th and 5th CPs) • Every year
Monitoring	• AWP Monitoring Tool • AWP Progress Report • External audits of IPs • External audit of CO	• Every year • Quarterly • Sporadic selection of IP by HQ • Very occasional by HQ (not during 5th CP)

Evaluation	• MTR optional • CPE over a year before end of cycle to inform next CP • GoB/UNPoP MTR • UNDAF evaluation	3rd year of implementation 6th year of implementation • 3rd year of implementation • 6th year of implementation
Reporting	• Country Office Annual Report to HQ • Standard Progress Report for Each Output • Donor reports • DaO quarterly and annual reports to Programme Steering Committee	• Annual • Every quarter • Annually • Quarterly and annual

IP reporting was activity based without clear relation to higher level resul. . In 2015, as part of delivering as one, a new reporting format was developed, following a recommendation from the DaO Programme Steering Committee (PSC)[77]. The UN Programme Committee for Monitoring and Evaluation (PCME), facilitated by UNFPA and other UN partners on a rotational basis, developed the new reporting tool at output level. Mid year results were not available at the time of the country programme evaluation, but the evaluators considered the new format to be more strategic, and it should be carried forward with any modifications needed over time.

Challenges in M&E include that, except for financial monitoring, checking quarterly reports against AWPs, and monitoring visits to SRH/HIV linkages sites, the opportunity is lost for qualitative assessment and TA through site observation, beneficiary and staff discussion and so forth. This to some extent limits assessment of whether funds and resources are optimally used for results. In addition, during the 5th CP there were initially quarterly and then twice-yearly meetings of IPs to discuss progress and share reporting experiences as part of programme monitoring. As noted in EQ 2, however, these meetings were reportedly not sufficiently utilized for strategic purposes, but mainly for updating progress and basic knowledge sharing. IPs also felt there were too many meetings, taking into account the results group meetings of the DaO. However, meetings that are more strategic (whether DaO or UNFPA-organised) could increase both the efficiency and effectiveness of UNFPA's support for IPs, and contribute to quality assurance and the documentation of good practice and lessons learned.

Finally, as addressed in EQ 2, the results and resource framework (RRF) is relatively thin and does not adequately reflect the range of significant activities undertaken to contribute to outputs, with some DaO output areas for which UNFPA has lead responsibility such as male involvement not identified in the RRF. In addition, however, the CO has an extensive activity budget and progress matrix for UNFPA contributions to the DaO. The RRF is reported to be drawn up as a joint process between the whole CO and IPs, but it is intended to be supplemented by a full M&E plan as part of the Country Programme Action Plan (CPAP). This was not developed because of the DaO focus, hence the lack of detailed year on year monitoring against a wider range of indicators. The DaO tracking of achievements has been done quarterly since 2014. For the 2015-2016 extension, additional outputs have been included, with new indicators and targets across the programme areas that are more inclusive than in the original (see annex). The new framework should better reflect the achievements of the overall CP. Final summary achievement matrices for the whole CP will reflect the entire 2010-2016 period, although the present evaluation can only determine results to the end of 2014. For CO annual planning and M&E purposes, the key documents are the annual work plans and COARs, with the IP reports.

4.3.6 Partnership Strategy

A Joint Resource Mobilisation and Partnership Strategy (JRMPS) 2013-2016 was developed to which UNFPA contributed together with the other UN agencies, led by UNDP. UNFPA also led on the MIC strategy, working with other partners, for which developing the JRMPS was one key result. During the CP

[77] This is the highest level of DaO and a multi-sectoral body that is co-chaired by the Permanent Secretary in the Ministry of Finance and Development together with the UN Resident Coordinator

UNFPA was considered by other UN agencies to be a consistent partner in this as in several other areas (see EQ 1). The document is well articulated with clear purpose, rationale, principles, analysis of options, identification of challenges and recommended actions. It has potential to contribute significantly to strengthening partnerships, although various aspects of the strategy remain to be fully addressed.

In terms of implemention to date, various joint partnership actions are in place in line with delivering as one, with a joint resource mobilization plan developed annually. It is reported (CO interview) to be functioning relatively well and examples of the UN delivering as one with joint programmes and partnerships are documented in earlier questions. Briefly, two examples are a joint communication strategy and joint programming for gender mainstreaming and GBV. Gaps in efficiency, also noted elsewhere, include that most agencies have not yet implemented the HACT resource disbursement system, unlike UNFPA, nor aligned IP reporting mechanisms.

The JRMPS also calls for innovative forms of resource mobilization and partnership building for optimal results. This includes exploring options with the private sector, which in Botswana remains quite narrow. This has been supported by UNFPA regional office, however, that mapped the private sector with a view to exploring opportunities for support in finance or in kind (noted in EQ 2).

4.4 Evaluation Question 4: Sustainability

a) To what extent has UNFPA been able to support its partners in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? b) To what extent are stakeholders ready/likely to continue supporting or carrying out specific programme/project activities; to replicate the activities in other regions or sectors of the country; and to adapt programme/project results in other contexts?

4.4.1 Introduction and Overview

The issue of sustainability becomes particularly important given the changed business model of UNFPA for an upper Middle Income Country (MIC), with reduced financial and human resources across the UN system, including UNFPA CO. In particular, the withdrawal of direct support for services, notably for salaries, poses a potential threat to the sustainability of projects and programmes let alone for scaling up. This section explores the extent to which sustainable results may nonetheless remain, despite changes in the agency's mode of operation. The nature of support to partners for durable effects, and the extent to which stakeholders are likely to continue and/or to expand or adapt programmes and project activities, are reviewed jointly under each UNFPA component programme.

Considerable effort during the 5th CP went into capacity building within national institutions and in local government and among civil society partners. This included direct training support and contributing to guidelines. In addition, UNFPA contributed to the development of national policies, regulations, and strategies that contribute to a positive overall environment. To the extent that monitoring and evaluation took place, the agency has contributed to identifiable good practices and lessons learned that, if well documented and disseminated, can have wider impact. There are limits to how far this evaluation can assess the sustainability of the support of UNFPA for institutional capacity development, individual capacity development and capacity development at societal level. However, this is provided to the extent possible within the different programme components below.

4.4.2 Partnership Support for Durability of Effects and the Likelihood of Continued or Extended Programming

4.4.2.1 Population and Development

Government stakeholders are likely to sustain activities for the following main reasons[78]. Most important, high level political commitment is evident to integrate population issues in development and ensure strategic information is available, disseminated and utilized. This is evidenced by the status and line reporting of the National Council on Population & Development (NCPD) that coordinates the national

[78] KI interviews with stakeholders and CO, plus document review

population policy development and its implementation. According to its organasational strucrure, the NCPD is the highest advisory body on population and development matters, thus promoting monitoring and accountability on population matterss. The political motivation for having a robust data on the status of population indices and strong monitoring and evaluation, as well as being essential for development planning across the board, lies also in security reasons and the need to promote good governance and accountability. Government has committed to expanding the number of District Population Officers from those capacitated through UNFPA technical and financial support. This has been postponed because of financial constraints linked to the global downturn but it remains on the plans and appears likely (KI interviews) to receive a budget allocation as the economic situation stabilises.

The Disability Unit is based in the Office of the President, also reflecting high level of political commitment to the integration of disability issues in development and a focus on long term support. UNFPA provided technical and financial assistance to the Disability Unit to conduct a study on the 'Review Of The Legal Instruments, Policies, Strategies And Programmes For The Integration Of Issues For People With Disabilities' and to develop a mainstreaming strategy on disability. This should raise the profile of the needs of people with disabilities, increase their reflection in key population development documents and ensure that this is explicitly monitored. From the KI interviews, it is clear that more training on data management and integration of disability into national policies is still needed to ensure ownership and durability of effects, but a strong start has been made that should, with the expressed political commitment, lead to sustained results.

Regarding technical support for products, the achievement of a high quality census and subsequent related reports is largely owing to UNFPA placement of two consultants, a Chief Technical Advisor and a National Census Coordinator in Statistics Botswana. The contribution to improved population data for development is a substantive achievement with clear sustainable effects[79]. The consultants' remit included training at national level.

Nonetheless, UNFPA contributed both financially and technically to considerable capacity development of individuals for P&D in the key government partners at national and district levels and in civil society partners. Training, including workshops and training courses fully funded by UNFPA, should lead to sustainable results subject to constraints noted in section 1.1 above. For example, Statistics Botswana is continuing to produce reports related to the census and other surveys although UNFPA funding has now ceased. Government and civil society staff capacity development for M&E at national and district level should have a sustained ripple effect in quality of analysis and the effective dissemination of information in relation to the Revised National Population Policy. These again contribute to sustainable results from the inputs of the 5th CP. In addition, Statistics Botswana and the Civil and National Registration Department are now collaborating on strengthening vital statistics. Nonetheless, KI interviews indicated the need for further capacity development.

UNFPA provided support for a situational review of national registration and vital statistics in 2013 that identified issues and shortcomings, with findings presented early 2014. This led to multiple activities by the Civil and National Registration Department, to which UNFPA co – funded with with Government. UNFPA financial support ended at the close of 2014, however. While delays have occurred in the CNR taking this forward, KI interviews indicated that further funds have been identified elsewhere. The programme should become sustainable, particularly as it is seen to contribute to national security, although further technical assistance is still needed for the CNR to improve the civil and vital statistics.

The University of Botswana was also engaged by UNFPA to train stakeholders on research methods and tools so as to promote conduct of sectoral/operational research. Policy briefs on emerging population issues in the context of Botswana and the ICPD+15 Country Status Report have been presented to the National Parliamentary Committee on Population and Development so that there is appreciation of population issues at a higher level.

[79] KI interviews and document review indicate that the latest census is a major improvement on the previous one in every respect

Also at the institutional level, UNFPA contributed technical assistance to establishing the Population Association of Botswana (PAB) based in the university. UNFPA fully financed the population conference in 2010[80] that led to the establishment of the PAB, a body to raise public awareness of population and development issues and to contribute to development policy formulation, implementation and evaluation at national level. Currently (KI interviews) it is reported not to be very active although in the earlier part of the CP PAB ran seminars and conferences for diverse practitioners. To achieve more sustainable results from the establishment of the PAB, further inputs from UNFPA in the remainder of the 5th CP and 6th CP would be valuable.

Although it is a challenge to assess lasting results, UNFPA has continued to contribute to public awareness of the linkages between population and the broad development agenda through statements in diverse fora, and to strengthen the capacity of young people to participate in related policy dialogues.

4.4.2.2 Reproductive Health and Rights

The most significant potential for sustained results from the current CP, at least in the near future, lies in the recently approved three-year Global Fund application. This includes a strong focus on youth and on marginalised populations (e.g. sex workers and men who have sex with men) regarding HIV prevention, and including an integrated and wider SRH focus. It also focuses on mainstreaming gender and GBV. The granting mechanism was due to begin shortly after submission of the present evaluation report, so further information on the roles and responsibilities of UNFPA is not yet available. UNFPA was, however, fully involved in the Country Coordination Mechanism for the Global Fund application and also provided technical inputs for the drafting of the document, thus taking the opportunity to ensure continued sustainability of these core areas of its mandate.

Also with regards to adolescent sexual and reproductive health, government has made political commitment towards providing youth friendly services and has allocated a budget for this. Importantly, regarding long term results, UNFPA contributed technical assistance to the development of policy, strategy and training guidelines and standards for ASRH and comprehensive sexuality education (CSE), thus creating a strengthened institutional framework for the future. The lessons learned from the multi-country SRH/HIV Linkages Project also creates an expanded knowledge base, and the pilot sites will be taken over and expanded by GoB. Planning for this is already well underway, in preparation for the ending of the regional project by end of 2015, with strong commitment by the Ministry of Health. Thus it appears highly likely that the project will result in significant sustained improvements in the efficiency and effectiveness of service provision.

Despite these positive results for sustainability, civil society IPs felt that UNFPA did not support them sufficiently to become sustainable in the long run and for programme durability. This was in part because of working to annual work plans and budgets with no guarantee of continuity in the following year, and the reported changing of districts covered for some IPs, that meant that initiatives in one geographical area were not necessarily able to continue after the IP pulled out[81].

Even short term financial funding was appreciated and facilitated activities by civil society partners, including some opportunities to network with other organisations and to link with public health interventions. The view of most IPs, however, was that UNFPA could have done significantly more to facilitate strategic networking and partnerships between IPs and to have provided stronger TA (a finding noted in EQ 2 and 3 and confirmed in CO interviews). This could have contributed significantly to capacity building, sharing good practice and lessons learned through sufficient monitoring and evaluation, incorporating a rights based approach and developing mutually beneficial synergies that would have contributed to sustainability of results.

The cessation of UNFPA support for IP staff salaries also posed challenges for some IPs to sustain staff and activities. Where other agencies provide staff funding, their activities will likely prioritise the focus areas of

[80] Conference on Population and Development in Botswana and Emerging Issues of the 21st Century and Assessment of the ICPD+15

[81] The change of location reportedly occurred to achieve alignment with SRH/HIV Linkage sites

those agencies rather than those of UNFPA, for instance some of the outreach work from clinics for community mobilisation for ASRH.

Another aspect of potential non-sustainability of programming is the ending of UNFPA support for youth centres. With respect to expansion of ASRH services, these centres had not proven to be sufficiently beneficial, so it is not clear how far their closure or transitioning to serve other youth related needs may in reality impact on youth access to RHR services. MYSC is reported to have taken a decision to support all youth centres country wide going forward. The UNFPA support for peer educators stopped abruptly and most are reported to have dropped out, but in any case the extent of their involvement was not assessed by the CO as extensive enough to be cost effective.

UNFPA direct technical support to the Ministry of Health, particularly through the SRH/HIV Linkages national project coordinator, had a pairing arrangement to transfer skills to two MoH counterparts. However, owing to their high work load they were not available full time to learn from the coordinator or to be fully engaged in the project. Also, individual capacity building in the form of workshops and so forth were not systematically evaluated, to measure the results of training in terms of improved quality of service. High reported staff turnover may jeopardise the sustainability of results of training. The extent of health staff training at different levels for EmNOC, however, although the evaluators could not validate this, should have led to significant capacity development with lasting results. Government is committing funds and developing mechanisms for ongoing evaluation of services in this critical area.

4.4.2.3 Gender

The UNFPA leadership or contributions to policy, strategies and guidelines addressed in earlier questions have considerably strengthened the institutional basis for gender mainstreaming and to address GBV. Likewise, the leadership by UNFPA for the joint UN programming on gender mainstreaming and GBV is a major step forward that is likely to contribute to long term sustainable results in both areas, particularly with the Global Fund support.

Many of the IP issues discussed under RHR around sustainability of results at different levels and of the capacity of IPs to continue their UNFPA-supported activities were also identified in the gender component and are not elaborated at length here. Briefly, for example the IPs reported that the cutting back of salary payments was of concern for sustainability. Greater support for alternative resource mobilization from UNFPA would have been appreciated to ensure programme sustainability. One or two larger, and particularly regional IPs were relatively confident about being able to resource funds elsewhere, however, assisted by their international base. All would have appreciated a longer lead time for planning and resource mobilization, although IPs and UNFPA CO disagreed on the length of lead time provided. Again, the awarding of the Global Fund should make a significant difference to the sustainability of activities by several IPs.

Activities supported by UNFPA with regards to male involvement appear to have strong potential to influence public awareness and to change attitudes and behaviours over time. Again with Global Fund support entering the picture, the potential is there for these activities to expand and to have increasing impact. Likewise, the support for gender mainstreaming in local councils has potential for sustained results.

The key concern for sustainability of gender related programming, however, was identified in CO interviews, within the Gender Affairs Department and among IPs, to lie with the strengthening of the capacity and political status of the GeAD to fulfill its role more effectively as the lead body to ensure gender mainstreaming and to address GBV. As well as needing to influence government ministries at the level of Permanent Secretaries and above, the GeAD needs to be able to achieve more effective coordination, synergies and strategy development among civil society organisations. The requirement of UNFPA is to advocate at the highest level for this to happen so that existing efforts do lead to sustainable results.

4.5 Evaluation Question 5: Cross-cutting issues

To what extent the CP has: a) Included a human rights focus across all programme areas; b) Mainstreamed gender into its programming?

4.5.1 Introduction

The mandate of UNFPA includes taking a human rights based approach to all its programming and also mainstreaming gender throughout. With respect to population and development, incorporating gender essentially means promoting and maintaining sex as well as age disaggregation of population data and emphasising the inclusion of a gender lens in data analysis. Examination of data in various documents and publications indicates that gender disaggregation and utilising a gender lens is not as extensive as desirable. However, in the UNFPA-supported census, for example, gender disaggregation is clear regarding many indicators, and reports and analysis therefore reflect gender inequalities.

With regards to human rights, the most salient issue in Botswana has been stated in many documents (e.g. the NDP 10 and UNDAF) as the extent of gender based violence. Thus the human rights focus remains highly related to gender, as well as to the needs of marginalised, stigmatised and vulnerable groups.

4.5.2 The Incorporation of a Human Rights Focus

UNFPA has taken a rights based approach across all programmes. With respect to P&D, all M&E related activities usually have a human rights aspect. The human rights component is cross-cutting and, generally, national programmes are people-centred. For example, the Disability Unit that UNFPA has supported (see EQ 2) deals with human rights, and the birth of children with disabilities is now documented in the revised registration index by the Civil and National Registration Department. All activities to improve the quality of civil and vital statistics has a human rights element.

There is need to have some aspects such as geographical coverage to reach the most marginalised and vulnerable, and a focus on particularly stigmatised groups such as sex workers and men who have sex with men, to be more specifically and strongly addressed. Nonetheless, UNFPA has contributed to human rights through its support to IPs who are directly engaged with marginalized groups, such as Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana Family Welfare Association (BOFWA) (that includes support for female sex workers though not with direct UNFPA support) and the Kagisano Society's Women' Shelter (KSWS) (that supports women and children who have experienced GBV and works to reduce GBV in the community). With these organisations and others, such as Stepping Stones International, a new partner in 2014, and Men and Boys for Gender Equality (MBGE), a new partner in 2015, UNFPA has expanded its human rights and gender focus into male involvement for gender equality, fatherhood and reducing GBV. This also has an element of meanstreaming gender in SRH. Efforts have included UNFPA support for community dialogues in a number of districts through these and other IPs such as Botswana Council of Churches and Makgabaneneng to sensitize the community, males and females, of their sexual and reproductive health and rights.

During the 5th CP there has been strong emphasis on the rights of stakeholders to access services and to be active participants in assuring them. UNFPA has particularly supported the rights of adolescents and young people, in line with the priorities of the revised UNFPA Strategic Plan. For example, the CO through Safeguarding Youth Programme (SYP) has supported and and advocated for the establishment of the Botswana chapter of AfriYAN, the Africa Youth and Adolescents Network, youth advocacy and leadership training and the comprehensive sexuality education (CSE) programme (jointly with UNICEF).

UNFPA has also been instrumental through its support of the MoH in shaping the approach that government takes in the formulation of policy and strategy in the area of SRH. For example the Reproductive Health Commodity Security Strategic Plan (2009-2013) which was in place before the 5th CP makes strong pronouncements around the rights of individuals and how these are entrenched in the constitution of the country and are to be made realities through well trained service providers[82]. UNFPA

[82] Ministry of Health Republic of Botswana. Reproductive Health Commodity Security

contributed to this in the previous cycle and it remains the guiding document in the present cycle (despite major challenges). UNFPA has aided in procurement of male condoms in 2012, at a time when there was a nation wide shortage which was compounded by a widespread public dissatisfaction with the brand of male condom in public facilities. With national procurement challenges UNFPA is currently supporting the process of procurement of female condoms which are reported to be in short supply.

UNFPA has also played an active role through technical support to the Gender Affairs Department to achieve reforms within the legal system, such as the hearing of sensitive GBV cases in camera, thereby fostering the protection of survivors as a human right. In addition the rights of GBV survivors have been strengthened by advocacy and support to the Ministry of health to enact guidelines adapted from WHO for medico-legal care for rape survivors[83].

4.5.3 Gender Mainstreaming in UNFPA

As per the 1997 ECOSOC definition[84], gender mainstreaming can be defined as, 'The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality.'

The 5th CP prioritises gender mainstreaming as a key result area, one of the two outputs of the gender programme. The increasing emphasis on male involvement in sexual and reproductive health also indicates a strong gender focus. This reflects the changing approach of UNFPA towards gender mainstreaming beyond simply women's empowerment. In line with this, UNFPA has taken on as new partners MBGE and SSI (noted above) who both take a strong approach to gender mainstreaming in SRH. However, most KI interviews with IPs in civil society and the Ministry of Health, found little emphasis on gender mainstreaming despite the engagement with UNFPA.

With regards to P&D, census data analysis involved disaggregation of data by gender. Two census survey reports, Gender Dimensions and Gender and Development were produced with technical and financial support from the UNFPA CO with Statistics Botswana.

In various areas of SRH in UNFPA-supported programmes and projects, data were not found to be disaggregated by gender, which also leads to concern as to how far programming is as gender specific as needed. A case in point is access to services for young people and HIV testing rates in supported youth sites, where data are not disaggregated thus preventing analysis of the extent to which uptake is by males or females. The youth programmes did not appear from KI interviews to be clearly designed to address male and female needs separately, although this finding was not systematically corroborated. Opportunities for focusing on gender appear to have been missed also in projects such as the Condomize campaign which promoted safe and correct condom use, rebranding condoms and so forth but from review of the project did not appear to address related gender issues. The overall impression of the evaluation team, from KI interviews and document review, was that there was insufficient emphasis on gender mainstreaming in the RHR component of the 5th CP.

The review of maternal and neonatal health in early 2015 for the Ministry of Health[85] found little evidence of a deliberate gender focus in provision of services with regards male involvement. In health services in general, uptake by women is considerably higher than that by men (document review and interviews), but this issue has not been systematically addressed. As well as in support to the ministry, it is important that the IPs that UNFPA supports who are emphasising male involvement to reduce GBV and promote gender

Strategic Plan (2009-2013).

[83] http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/

[84] http://www.ilo.org/public/English/ bureau/gender/newsite2002/about/defin.htm, Gender Equality Tool: Definition of Gender Mainstreaming

[85] Final document not available but review of the draft

equality, strengthen further the focus on male access to health services in their own right (and as a responsibility).

The SRH/HIV Linkages project focuses essentially on SRH and HIV linkages with limited programming on issues of gender and GBV, although the intention of the regional project is to include GBV and gender mainstreaming also. In the Botswana project the focus on gender has been weakened (KI interviews and document review) because of limited capacity and mechanisms within the Ministry of Health. For instance, there is one programme officer for male involvement (PEPFAR[86] had supported a male involvement unit with more staff, and UNFPA was involved, but when this support ended, the Ministry only retained one staff member). There is thus no clear mechanism or platform from which to promote gender mainstreaming in the thinking and practice of the ministry overall (see also the discussion in EQ 2). Nonetheless, as the CO reports, the project has now been reviewed to have a strong component on male involvement in SRH, including access to services, through partnering with SSI and MBGE in the project sites.

[86] The (US) President's Emergency Plan For AIDS Relief

CHAPTER 5: Conclusions

5.1Strategic Level

5.1.1 Introduction

This section includes responses to all five evaluation questions at a strategic level; including responses relevant across all programme areas in general. Additional programme specific conclusions, good practices and lessons learned, where available, are reported under the relevant sections. UNFPA has achieved a considerable amount at different levels in the 5th CP including, across all programme components: extensive support to develop policies, strategies and guidelines; capacity development in government structures and among civil society partners; extensive contributions to strategic information to inform the way forward; and, in various ways contributing to sustained results to address national priority needs across all areas of the UNFPA mandate. This is a strong basis from which to build the next country programme. These are elaborated below together with challenges to implementation. In various instances these were beyond the control of the CO itself but are areas where high level advocacy and management of strategic partnerships will be key to achieve stronger results in the 6th CP.

5.1.2 EQ 1: Strategic Alignment, Relevance and Responsiveness

The 5th CP is fully aligned to the MDGs, ICPD Programme of Action, UNDAF, UNFPA strategic plans and the national development and stakeholder priorities of Botswana. The UNFPA country office (CO) is transitioning towards delivering as one and other modalities of working as indicated in the strategy for working in the upper Middle Income Country (MIC) that Botswana has attained because of its relatively strong economy. This status is not matched by the human resource capacity in Botswana, however, and the country still faces many critical development challenges (not least being the highly unequal distribution of wealth, high unemployment, severe HIV and AIDS epidemic and high maternal mortality, for example). **Recommendation EQ1: 1.**

While transitioning to the business model for an upper MIC and for DaO has been a challenge for the whole UN system, UNFPA has made gradual progress in a number of respects, most critically leading on the joint UN Botswana MIC strategy development itself. With reduced financial and human resources because of the upper MIC status, to remain effective, efficient, relevant and accountable, the UN system as a whole needs to deliver high level strategic results, or deliver thinking rather than delivering services. The UN brings global experience to the table and should provide top level technical support including the capacity to manage complex high level political communications and to broker effective partnerships. However, UNFPA CO has a reduced top level typology[87], as addressed below that is not in line with the changing needs of an MIC and for DaO. Evidence also abounds of individual agency flag waving, rather than the adopting a joint UN system approach although there are also benefits to maintaining individual agency visibility. **Recommendation EQ1: 2,3**

With respect to the 4th CP evaluation and the mid term review of the 5th CP, key lessons from the former have, by and large, informed the 5th CP; and some key recommendations from the MTR have been responded to, while some others have become redundant with the changing operational mechanisms.

UNFPA has added value to what would have been achieved in its absence with respect to its core mandate and also in relation to the UN system. Notably the CO led on developing the UN Botswana MIC Strategy Document that guides the UN system in responding to the requirements of an upper MIC and on delivering as one - a highly significant contribution. UNFPA also adds value to UN system capacity in having the only gender specialist, one of only three M&E specialists and the only population and development specialist. Consequently the CO has coordinated advisory groups for the three areas and led on the joint gender mainstreaming and GBV programmes, and on a joint communication strategy that is nearing completion. Finally, the CO has added value regarding most core areas of its mandate in the UN division of labour. Two limitations are: training has not always succeeded in sufficient skills transfer for various

[87] Notably loss of international diplomatic Country Representative post

reasons; and there is insufficient M&E and analytic documentation of good practice and lessons learned that, amongst other benefits, could have indicated more areas of value added. **Recommendation EQ1: EQ2 and EQ3.**

5.1.3 EQ 2: Effectiveness

There is a degree of overlap conceptually between effectiveness and efficiency of programming, as effectiveness is affected by office implementation modalities. However an attempt has been made to minimize duplication in the evaluation report as noted.

During the 5th CP, UNFPA has made substantial contributions to the development of policies, strategies and guidelines across the programme areas, as well as to the production of strategic information. Given this increasingly strong policy environment, however, effective implementation of policies, strategies and guidelines is of primary concern given limitations in national capacity in government and civil society. **Recommendation EQ2: 1**

Documented achievements against outputs were generally high across the programmes but, although the results chain was largely logical, it is insufficiently developed as a monitoring framework for contribution of outputs to outcomes. A narrow range of indicators is included, and they tend to be number counting rather than being more strategic. In addition, several impact results are given as outcomes (e.g. rate of new HIV infections, or poverty reduction). Many significant contributions to outputs are not reflected as they do not have indicators. The lack of a CPAP[88] with a full monitoring and evaluation framework is a drawback. Nonetheless, despite the limitations to monitoring and evaluation, when taking the results framework and additional information from COAR and IP reports and interviews, the outputs do appear likely to have contributed well to all the respective outcome areas. **Recommendation EQ2: 2**

The evaluation found that the CO is insufficiently tracking the effectiveness of its programmes, and partner coordination is insufficiently effective, despite the existence of DaO mechanisms for coordination. Opportunities are being missed for documenting good practice and sharing lessons learned among IPs, both within Botswana and for South-South cooperation (except to a varied extent within regional projects such as SRH/HIV Linkages). No IP site visits for quality assurance are reported to take place, for example[89], since the cutting of funds. Also, the CO reported recently dropping the regular (quarterly then half-yearly) IP report back meetings in favour of DaO meetings, although the focus of these coordination and advisory group meetings, when they take place, was reported as being of mixed value. Many IPs reported low levels of technical advice and support from the CO and requested more, including for M&E. Technical inputs that were made, however, were generally highly valued. **Recommendations EQ2: 3; EQ3**

Cutting back direct service support is inevitable as part of the transition to working at a higher and more strategic level with reduced core funding of the CO, but there is a need to ensure that implementing partners understand in good time the reasons for this, and the alternative ways in which the CO can assist them in future, to avoid cessation or weakening of programmes. Brokering of significant new resources was reported as relatively low for partners (apart from the Global Fund), despite the positive development of a partnership and resource mobilization strategy. However, national success in gaining the recent Global Fund award (for HIV and tuberculosis) is a highly significant achievement towards ensuring sustainability of UNFPA efforts with adolescent sexual and reproductive services, and strengthened support for gender mainstreaming and GBV. **Recommendations EQ2: 4,5,6**

Unforeseen consequences arose from the changing corporate priorities of the CO in relation to two areas: challenges resulting from cutting back on service support to IPs; and the need to strengthen CO capacity for upstream delivery while CO capacity was in fact being reduced. **Recommendations EQ1: 1,2; EQ2: 4,5,6**

5.1.4 EQ 3: Efficiency

The evaluation explored CO efficiency from a number of perspectives: financial resource management; focus on a limited number of strategic areas; office structure, implementation arrangements and capacity

[88] Country Programme Action Plan
[89] Reportedly only once for Linkages sites years ago

development; monitoring and evaluation and quality assurance; and partnership strategy. Each is addressed below.

Financial resource management: this appears strong. Regular follow up is made with implementing partners (IPs) for financial tracking, and no qualified audits have occurred. Disbursements are made on the basis of satisfactory standard quarterly reporting. Most IPs reported that this worked well, although new ones in particular found it problematic and inefficient (requiring repeated amendments). All IPs reported challenges at year end when the reporting requirements are required much earlier than in other quarters, and for government partners this is exacerbated by the non-alignment of the financial year with that of the UN. The Harmonised Approach to Cash Transfer (HACT) is in place and appears to work well. Currently IPs still face a relatively heavy reporting burden, however, having to report to different agencies separately, and full alignment for DaO will be preferable. Full alignment of financial management may make it difficult to track individual agency expenditures, however. A relatively high implementation rate was observed across all programme areas and, where it was lower, explanations were provided. **Recommendation EQ2:**

Focus on a limited number of strategic areas: The CP appears to have spread itself too thin during the CP, with multiple grants, often for small amounts, and perhaps too many implementing partners. However, at the end of 2014, the CO withdrew substantially from direct service support and funding. The number of key implementing partners has not declined but certain programmes have ended (such as UNFPA support for youth centres). **Recommendations EQ2: 4; EQ3: 1**

Office structure, implementation arrangements and capacity development: With respect to efficiencies, the office systems and typology are not optimal for the changing roles of UNFPA in the MIC and in delivering as one. For example the lack of an international diplomat as country representative poses constraints on the visibility and weight of CO advocacy at the highest levels[90]; there is no SRH specialist in the office, inevitably limiting technical assistance for SRH as documented; and excessive time is required of all programme staff to address office processes and to respond to multiple new demands from the regional or head office, or from stakeholders. This results in staff tending to work in silos despite lengthy programme meetings. These and related factors seriously limit the extent of the CO to provide high quality technical support to the extent required, and curb office efficiencies. This has occurred at the time when transitioning to Botswana's upper MIC status and implementing all aspects of the UN MIC strategy and DaO require greatly enhanced capacity for strategic, upstream delivery and influence. **Recommendations EQ3: 2,3,4**

A number of factors lead to risk of staff demoralisation, e.g. a sense of work overload, frequent interruptions of planned work and requirements to undertake work outside staff's core job description. It is also exacerbated by staff turnover and the reduced typology, and long delays in some recruitment. All staff being on one-year contracts and therefore having little job security is another felt concern. **Recommendations EQ3: 2,3,4**

With respect to CO staff capacity development, a training plan is drawn up based on annual staff assessments, but there is reportedly no budget for this (although it was not ascertained when a training budget may have been dropped). Whilst this evaluation could not undertake a formal staff capacity assessment, multiple sources indicated that further training is required to enable staff to operate optimally for high level technical and political advocacy, brokering partnerships, strong monitoring and evaluation and resource mobilization as required in the new business model. **Recommendation EQ3: 2**

Monitoring and evaluation is in place with clear, regular reporting mechanisms. Recently, IP reporting formats have been changed to be more strategic in focusing on contribution to meaningful results rather than simple documentation of progress. However, limited quality assurance is in place, and overall M&E needs to be strengthened to document sustainability of results, good practice and lessons learned. M&E

[90] UNDP now (according to reports) represents UNFPA at the highest level meetings of international country representatives with government; both UN and other partners reported with concern on reduced CO visibility

capacity within the CO and among IPs needs to be built further and, as noted in 5.1.3, the results chain and summary achievements table are inadequate as M&E tools. **Recommendations EQ3: 5; EQ4: 2**

An impressive **resource mobilisation and partnership strategy** has been developed, and this needs further operationalisation to achieve signficant results. **Recommendations: EQ4: 1**

5.1.5 EQ 4: Sustainability

The changing business model of UNFPA requires that diminishing resources are utilized in the most strategic way to achieve sustainable results. The extent of sustainability of programmes and the likelihood that they can be scaled up without UNFPA support varies considerably. Brokering of significant new resources was reported as relatively low, despite the positive development of a partnership and resource mobilization strategy and intentions to pursue innovative engagement with the private sector. However, country success in being awarded Global Fund money (for HIV and tuberculosis) is a highly significant achievement to which UNFPA actively contributed, that should ensure sustainability of UNFPA efforts with adolescent sexual and reproductive services, and for gender mainstreaming and GBV. Funding also prioritises sex workers and men who have sex with men. **Recommendations EQ4: 1, EQ5: 2**

Extensive training and skills development across the programmes, provided trained individuals remain in post and in a position to utilize their training effectively, should be a sustainable result. At institutional level, again across all programmes, the 5th CP has contributed to key policy and strategy documents, guidelines, and strategic information. These contribute to sustained results in strengthening the policy and strategy environment and national capacity for implementation. **Recommendation EQ4: 2**

On the other hand, the withdrawal of direct service support, including salaries, has challenged some IPs to sustain let alone expand programmes; the geographical coverage of most supported programmes has not been high enough for widely sustained results without scaling up; and opportunities have been missed for strengthening synergies between IPs. Limitations in the monitoring and evaluation of programmes and projects, particularly evaluation at the point of closure (for instance of youth centres), and lack of quality assurance has impeded assessment of results with regards sustainability of results (amongst other factors). Although longer term consultances and staff placements in ministries have achieved key technical results, the extent of skills transfer for sustainability has not been clearly measured and presumably varies, being particularly at risk where staff turnover is high. **Recommendations EQ4: 1, 2**

5.1.6 EQ 5: Cross-Cutting Issues

The evaluation addressed these in terms of human rights and gender mainstreaming. The CP has taken a human rights based approach throughout. It has focused on the needs and rights of vulnerable people, including young people, women, people with disability and survivors of GBV, GBV being the most pervasive human rights abuse in the country. It has not had a strong focus on sex workers or men who have sex with men, however, two key populations regarding HIV and AIDS, SRH and human rights. Some other key vulnerable populations such as some of the most vulnerable adolescents are also not targeted. Gender is insufficiently mainstreamed in Botswana as a whole, however, and there is insufficient evidence that the SRH programmes and projects supported by UNFPA have systematically addressed this. The CP gender component itself focuses strongly on gender mainstreaming, but this does not appear to have promoted gender mainstreaming throughout the RHR programme. **Recommendations EQ5: 1,2**

5.2 Programme Level: Additional Conclusions by Programme Component

5.2.1 Population and Development

The contribution by the P&D component overall has been upstream and critical, with high achievement of results. The CP provided key technical support (two consultants) and capacity building for the census, both at national and district level and leading to a high quality census; four additional high quality thematic reports have also been developed. However, utilisation of existing census and survey data remains low because of lack of capacity to analyse and disseminated good quality disaggregated data. Some institutions

where staff have been trained remain unable to utilise data because of staff attrition, transfer or change to new roles and responsibiltiies. **Recommendations P&D: 1,2,4**

During the CP UNFPA also supported the Population and Development Coordination Section of the Ministry of Finance and Development Planning technically and financially to run two District Population Offices as a pilot project, but later withdrew funding. Although government took over these two offices, it did not scale this up nationally because of funding constraints. The absence of District Population Offices has had a negative impact on integration of population issues within district plans and by extension national plans, including with respect to including vulnerable population groups. **Recommendations P&D: 3,5,6**

Early in the CP, UNFPA supported a conference that led to the creation of the Population Association of Botswana that contributed to the integration of population into development planning in a number of ways. However, it has become largely inactive, thus potentially constituting a waste of UNFPA resources for long term results. **Recommendation P&D: 7**

5.2.2 Reproductive Health and Rights

The achievement of activities and outputs towards outcomes has been considerable.

The 5th CP has focused strongly on young people, with notable achievement on adolescent sexual and reproductive health (ASRH) service delivery, and development of associated policies. With respect to the other four prongs being CSE, advocacy for policy and programme development, reaching the marginalized and supporting youth leadership, the achievements have not been as significant, as demonstrated by absence of tangible political commitment and a reorientation of programming. Whilst the other four prongs continue to lag it is highly unlikely that the investment made in service provision will yield as much as it can. The lack of synchronization of inputs risks being detrimental, as it may appear that the five pronged approach does not work. **Recommendation RHR:1**

The five-year multi-country SRH/HIV/GBV Linkages Project has been operationalized successfully in Botswana with full UNFPA support (funding secured from the EU and a coordinator placed in the Ministry of Health). It is a strong example of good practice from which many lessons can be learned to integrate and streamline HIV and SRH services, and the government is committed and preparing to etake it forward when the pilot ends at the end of 2015. In a country where the concept of a Sector Wide Approach is in its nascent stage, this initiative has afforded the country a mechanism of improving patient care and better coordination of partners in SRH. Despite its impressive achievements, one limitation in Botswana is that the Linkages project has not yet incorporated the GBV element, however, and is simply referred to as SRH/HIV Linkages Project. **Recommendation RHR:2**

Mainstreaming gender concerns into all areas of the RHR programme has been weak, with little evidence of any systematic focus, although this is a core output area of the gender component. This adds to the conclusion that technical staff in the CO tend to work in silos and do not collaborate sufficiently to learn from each other and ensure synergies (as addressed in 5.2). **Recommendation RHR:3**

Considerable training has been undertaken for emergency obstetric and neonatal care, as well as significant contributions made to policy and strategy development in several related areas. These contribute to addressing serious needs in the country. Maternal mortality has declined, but it remains far too high. Skills and knowledge of staff were deemed to be a constraint to quality services at the time of the 5th CP. **Recommendation RHR: 4**

Despite UNFPA efforts to strengthen reproductive health commodity management, this area remains weak, largely owing to government prioritizing of other commodities and the choice of logistic management system. UNFPA efforts are best directed towards advocacy for hedging of funds for FP commodities and increasing the range of options rather than in engaging directly in procurement. **Recommendation RHR:5**

5.2.3 Gender Equality

Overall, the output from the gender component has been high and largely strategic for gender mainstreaming and GBV. The key government counterpart GeAD, however, lacks the position of authority and influence, financial resources and human capacity to be sufficiently effective in leading implementation of the gender mainstreaming or GBV response. Without correct positioning and capacity development of GeAD, the policies and strategies already in place or being finalized, to all of which UNFPA contributed, are unlikely to be fully implemented, nor the SADC Gender Protocol to be signed. **Recommendation GE 1.**

UNFPA has continued throughout the CP to provide high level support to the GeAD, including financial and some technical support for gender mainstreaming in local councils. UNFPA supported GeAD with technical and/or financial support for several key products for strategic information, for instance the GBV indicator study, ICPD and Beijing Platform evaluation, and defining the Botswana gender index amongst others. Such support will continue to be needed. **Recommendations GE: 2,3.**

One key result is the leadership of UNFPA to develop the joint UN programmes on gender mainstreaming and GBV with wide UN and stakeholder buy in. Regarding this, the civil society response has been strong to date but the response by GeAD is extremely limited, and there are challenges in taking it forward on schedule. Also, some IPs expressed concern as to the extent to which UNFPA could continue to fulfill its mandate regarding the changed operating modalities (e.g. re funding service delivery). The UNFPA gender specialist remains the key UN coordinating person for the programme. **Recommendation GE: 4**

The CO provided highly valued financial support to various IPs for salaries, specific products including generation of strategic information and for IEC materials and other project support. One notable area was financial support for the first women's shelter in Botswana. CSOs report, however, that direct technical assistance and opportunities for networking and strategic learning is relatively weak (as addressed earlier). (**Recommendations under EQ2 and GE: 5**). Male involvement is a critical part of the response, and the CO has increased its focus on this in the latter part of the CP through several civil society IPs, notably supporting the Botswana implementation of the regional Mencare programme. The Global Fund provides the opportunity for strengthening this and GM and GBV as a whole, particularly for key populations left behind. **Recommendation GE: 6**

CHAPTER 6: Recommendations

1.1 Introduction

As with the conclusions, the overarching and strategic recommendations for both the implementation framework and the programmes overall are presented at the strategic level, while additional programme specific recommendations appear under the component areas. These are flagged as high or lower priority, and, where possible, are presented in approximate order of importance. However, it is not possible to present all recommendations in order of importance given that they often relate to different focal areas that are both or all of high significance and may have overlapping relevance and impact. All recommendations flow from the findings and conclusions drawn from the findings and, for ease of tracking, follow the numbering provided in the conclusions chapter. Unless otherwise stated, the recommendations are directed to the UNFPA CO.

1.2 Strategic Level

6.2.1 Strategic Alignment, Relevance and Responsiveness

EQ1: Overarching Recommendation 1 to UNFPA/UN Corporate Level: Relook at the implications for United Nations assistance with Botswana being accorded the status of an upper Middle Income Country. **High priority**

EQ1: Recommendation 2: UNFPA and the UN as a whole need to greatly strengthen their response to all key areas of the UN Botswana MIC Strategy.**High priority**

EQ1: Recommendation 3: Dropping individual agency flag waving would carry symbolic weight for DaO and could usefully be discussed, although reducing the visibility of individual agencies could also incur costs. **Low priority**

6.2.2 Effectiveness

EQ2: Recommendation 1: The priority in the 6th CP should be, across all programme areas, high level advocacy and providing high level technical assistance for the implementation of policies, strategies and guidelines that are in place or about to be finalised, taking on board new strategic information and supporting research where there are gaps. **High priority**

EQ2: Recommendation 2: The results chain in the next CP Results and Resources Framework needs to be strengthened including for the following: it should be inclusive of all lead areas for UNFPA in delivering as one, and include a wider range of SMART[91] indicators across all programme areas. The decision on developing a CPAP and M&E framework for UNFPA CP could be reviewed, even in light of DaO. **High priority**

EQ2: Recommendation 3: Linking with Recommendation 2, UNFPA needs to step up its own monitoring and evaluation and quality assurance of IPs, including to consider site visits at key points in time, and to build IP capacity for these activities. These efforts should be utilized in part also to document good practice and lessons learned including for South-South cooperation.**High priority**

EQ2: Recommendation 4: The CO needs to narrow down the range of activities and partners to those most likely to lead to synergistic, strategic and sustainable results. It needs to explore how to capacitate strong NGOs to play an effective role in scaling up projects and programmes nationwide through community organisations, and to broker new partnerships in a strategic manner. **High priority**

EQ2: Recommendation 5: It is recommended that UNFPA re-establish a regular forum for its IPs to meet, perhaps six-monthly, for strategic purposes as, despite the existing DaO mechanisms.**Medium priority**

[91] Specific, measurable, achievable, relevant and time bound (or slight variations on these as used by different development organisations)

EQ2: Recommendation 6: Linked with Recommendation 5, UNFPA needs to step up its technical support to IPs in strategic and time-efficient ways to remain relevant despite the cessation of direct service support. **High priority**

6.2.3 Efficiency

EQ3: Recommendation 1: The 6th CP should focus on a narrow range of strategic partnerships. **High priority**

EQ3: Recommendation 2: A human resources review should take place to advise on streamlining the typology, prior to the planning for the 6th CP, to ensure the optimal balance of posts and skills to address the key MIC strategy and DaO needs in the new business model[92]. Prior to this it is recommended that a staff capacity and training needs assessment and formal in-house climate assessment take place to help inform the human resources review. Staff recruitment processes should also be speeded up. A training/capacity building budget is required and opportunities should be created for inter-staff sharing and capacitating and for other low cost modalities utilising the UN system and DaO and other stakeholders. **High priority**

EQ3: Recommendation 3: UNFPA at corporate level reconsider dropping the international diplomatic post of country representative. The CO should have the highest level technical posts across the board and should continue to consider high level international consultant placements for strategic results. These should ensure strong mechanisms for skills transfer at national and district levels that is adequately monitored and evaluated. **High priority**

EQ3: Recommendation 4: Staff need time and regular fora to generate more synergistic thinking and collaborative working, to share skills and provide in-house capacity development across all programme areas to address the changing business model for MIC and DaO. This should lead to greater programme synergies, greater internal efficiency, better monitoring and evaluation and greater job satisfaction. **High priority**

EQ3: Recommendation 5: Capacity building is needed in the CO and among IPs to strengthen M&E to measure results to inform future planning and programming and assess sustainability of results. **Medium priority**

EQ3: Recommendation 6: The 6th CP should implement further the joint resource mobilisation and partnership strategy, building also on the opportunities in the Global Fund grant. **Medium priority**

6.2.4 Sustainability

EQ4: Recommendation 1: UNFPA needs to broker new resources for IPs to ensure that, where UNFPA direct support has been dropped, programmes and projects can continue and expand. The joint resource mobilisation and partnership strategy needs to be more fully implemented to sustain results, and the opportunities afforded by the Global Fund allocation should be utilised and monitored effectively in the remainder of the 5th CP and into the 6th CP to sustain results. **High priority**

EQ4: Recommendation 2: Monitoring and evaluation and quality assurance across programmes and projects needs to be stepped up (by the CO and through M&E capacity development of IPs) to measure sustainability of results and whether expansion takes place despite withdrawal of UNFPA funding for services. This is particularly important when projects are closing so that good practice and lessons learned can be transferred. **High priority**

6.2.5 Cross-Cutting Issues

EQ5: Recommendation 1: The key recommendation is that gender be effectively mainstreamed throughout all of UNFPA RHR programming and that data at all levels be routinely disaggregated by sex. **High priority**

[92] Particularly to ensure high level advocacy, brokering partnerships, monitoring and evaluation and documentation of good practice and lessons learned, strategic information and knowledge management and innovative resource mobilization

EQ5: Recommendation 2: UNFPA should continue to emphasise a human rights based approach, as at present, with the focus on disadvantaged groups. It should consider, with partners, how best to expand its strategic and advocacy support for sex workers, sexual minorities, vulnerable adolescents and other key and vulnerable populations in the next CP. **High priority**

1.3 Programme Level

1.3.1 Population and Development

P&D Recommendation: Where UNFPA funding and technical support has ceased, it is important that the CO explore mechanisms to ensure that what has been developed does not collapse. **High priority**

P&D Recommendation 1: UNFPA CO should discuss with Statistics Botswana the possibility of providing once-off high level technical assistance (a consultant) to develop skills among key SB staff so that they can provide technical assistance on monitoring and evaluation to key government institutions and civil society organization where these skills are lacking. **High priority**

P&D Recommendation 2: UNFPA should advocate for government scaling up of District Population Offices throughout the country. **High priority**

P&D Recommendation 4: Advocacy is needed to create a symbiotic relationship between the university and other academic institutions with Statistics Botswana to develop annual training programmes to capacitate government and civil society organisations with skills to collect, analyse and disseminate high quality disaggregated data, and to incorporate population issues into national programmes. **High priority**

P&D Recommendation 5: UNFPA should seek to be involved in the National Council on Population and Development. This is important for the transition of the CO to the new business model for the MIC strategy, and would enable the CO to have greater influence at a high level on P&D related issues.

P&D Recommendation 6: Advocacy is required to ensure that population and development issues are highlighted as key in the development of national frameworks such as the NDP 11 process and the Post-Vision 16. **High priority**

1.3.2 Reproductive Health and Rights

RHR Recommendation 1: The focus on young people needs to continue to be strengthened, with exploration of how the four prongs that are lagging behind can be more strategically implemented. Key to all this is to explore mechanism of having greater involvement of youth in advocating for their own RHR. **High priority**

RHR Recommendation 2: UNFPA should continue to provide strategic technical assistance to the SRH/HIV Linkages Project, collaborating with the Ministry of Health to support country-wide roll out. UNFPA should also advocate and provide support for the initiative to expand to include GBV. **High priority**

RHR Recommendation 3: Mainstreaming of gender into all UNFPA supported RHR projects and programmes needs to be strengthened. **High priority**

RHR Recommendation 4: UNFPA should focus on supporting efforts of government towards ensuring quality of service provision, through development of tools to facilitate supportive supervision. **High priority**

RHR Recommendation 5: UNFPA needs to explore how to assist government to get back on track regarding male and female condom logistics management. **High priority**

1.3.3 Gender Equality

GE Recommendation 1: UNFPA should engage with partners to address the current low status and capacity of the GeAD through the highest level advocacy campaign developed through the joint UN and partners involved in the gender mainstreaming and GBV joint programmes. **Key priority**

GE Recommendation 2: UNFPA should advocate for and assist GeAD to identify and establish mechanisms to ensure implementation of gender mainstreaming and gender-responsive strategies at national and district levels. **High priority**

GE Recommendation 3: UNFPA should support the GeAD to set up a strong, systematic, efficient and, above all, supportive mechanism for coordinating IPs with regards gender mainstreaming and GBV. **High priority**

GE Recommendation 4: UNFPA should continue leadership of the joint UN programmes on gender mainstreaming and on GBV into the next CP, and explore how best to promote the full involvement of all partners to fulfill their roles and commitments. **High priority**

GE Recommendation 5: Strengthened strategic support is needed for CSOs and government to build capacity for GM and around GBV, building on current programming and achieving greater synergies, strategic partnerships and M&E of results (as highlighted above and at the strategic level across programmes). **High priority**

1.4 Key Lessons Learned

Some key lessons learned from the evaluation of the 5th CP are as follows:

- Although Botswana has upper MIC status, many development issues remain and the designation itself is controversial in terms of benefits for development. Support for stategic information and knowledge management, high quality technical assistance, brokering relationships, resource mobilisation, capacity development and high level advocacy are essential
- Not to spread too thin but focus on a smaller number of upstream catalytic inputs for results, working through a small number of strategic partnerships
- Capacity development and other efforts need to be effectively tracked to assess long term sustainability of results
- With strong policies and strategies in place, the main emphasis now should be on advocating for and supporting effective implementation.

ANNEXES

Annex 1: Terms of Reference

ANNEX 1

Terms of Reference

Government of Botswana/United Nations Population Fund (GoB/UNFPA) Country Programme 2010 – 2016 end evaluation

1. Introduction

The Government of Botswana (GOB) / United Nations Population fund (UNFPA) 5th Country Programme (CP) was developed in 2009 and spans a five year period 2010 – 2014. The CP has been extended by two years to end in 2016 to align to the United Nations Development Assistant Framework (UNDAF) 2010 -2016 and the National Development Plan (NDP) 10. As part of the UN reform agenda the CP is implemented within the framework of Delivering-as-One.

The 2013 UNFPA Evaluation Policy requires Country Programmes to be evaluated at least once every two cycles. The mid-term review of this CP was conducted in 2012. The purpose of the MTR was to establish progress made towards achievement of results of the CP, to document challenges and lessons learned, and make recommendations that will facilitate the refinement of the CPD results framework. The results of the MTR are continuously being used to inform the implementation of the country Programme. According to the new UNFPA strategic Plan 2014 – 2017 business model, Botswana as an upper middle income country should provide advocacy and policy dialogue/advice and move away from service delivery and capacity building. This country programme evaluation will therefore document achievements made, and be forward looking in identifying opportunities for operationalizing this vision. The gradual transition to the new business model started with the 2014 annual workplans. The evaluation will also be used to account to donors, other partners who are stakeholders in the country programme. The primary user of the evaluation are the UNFPA Executive Board, the government of Botswana and other implementing partners, UNFPA programme managers and other Development Partners, and donors .

2.0 Context

Botswana is among the countries with highest HIV prevalence in the world. The Botswana AIDS Impact survey of 2013 estimated the HIV prevalence rate at 18.5 per cent for the general population. Women, especially young women of are more vulnerable to HIV infection. Young women aged 15-24yrs are twice (10.7 %) more likely to be infected by HIV than their male (4.8%) counterparts. The HIV epidemic has also unveiled the health system weaknesses which include among others parallel and not harmonised monitoring and evaluation systems. Botswana is likely to reach MDG 5a target by 2015. The maternal mortality ratio, while declining, is relatively high at 148 deaths per 100,000 live births in 2012. While the country has made many strides in gender mainstreaming, inequalities persist. Women still experience higher poverty and unemployment rates than men. According to the 2012 GBV Prevalence Study, two out of every three women in Botswana have been subjected to GBV. While the study is not disaggregated by age, anecdotal indicates that GBV is also high among young people.

At the inception of the CP, the country was faced with generalised HIV epidemic, which had impact on families. Since women and girls provide the bulk of care for those living with HIV and AIDS, their participation in income-generating activities was hampered, exacerbating poverty among women and female-headed households. The epidemic had

also burdened the public health system, diverting attention from other health programmes. Moreover, HIV and AIDS and reproductive health services are not well integrated, as agreed in the Maputo Plan of Action. Despite investments in youth development initiatives, young people faced a number of challenges, including HIV and AIDS, teenage pregnancy, poverty, unemployment and gender-based violence. Feeling alienated and disempowered, some young people adopt risky behaviours such as alcohol abuse and unsafe sex. The coordination and integration of youth programmes across sectors was weak, which limits their effectiveness. A mix of downstream and upstream activities characterises the CP in the following areas: Service delivery, Advocacy and policy formulation; Knowledge Management and Capacity Building.

The broad strategic focus of the CP is on enhancing Sexual Reproductive Health Rights, in particular enhancing capacity of the Ministry of Health, to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities. Botswana is one of the six countries that are piloting SRH/HIV linkages. The pilot project is implemented in nine sites in three districts.

The Population and Development component focuses on strengthening coordination of the population policy, and programme implementation, monitoring and evaluation at national and district levels. This includes strengthening collection, analysis and dissemination of high-quality disaggregated data.

The Gender Equality component focuses on strengthening institutional and technical capacity of key gender institutions in the Government and civil society to accelerate gender mainstreaming and gender-responsive programming including prevention of and response to gender-based violence.

The specific focus of the CP are;

a. Effective coordination of the collection, analysis and dissemination of high-quality disaggregated data
b. Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels
c. Enhanced capacity of the Ministry of Health, the Ministry of Local Government and civil society organizations to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities.
d. Strengthened evidence-based interventions to prevent HIV/AIDS and sexually transmitted infections, including their integration with sexual and reproductive health services, with a focus on young people and pregnant women.
i. Strengthened institutional and technical capacity of key gender institutions in the Government and civil society to accelerate gender mainstreaming and gender-responsive programming
e. Strengthened institutional mechanisms to accelerate the prevention of and response to gender-based violence.

As a consequence of Botswana's upper middle income status, many donors have left the country, and the remaining ones prefer direct support to the government. Traditional resource mobilisation has therefore been difficult. On the other hand UNFPA has also reduced funding to the country. This then calls for a shift of development aid towards

partnerships with government and private sector. A shift towards upstream engagement to focus the little resources on a set of strategic areas and also building expertise of government in policy analysis are important. This has implication on the future country programmes. The UN family in Botswana therefore developed a Joint Resource Mobilization Strategy which includes building partnerships with private sector, advocating for increased and leveraging resources from the government.

Objectives and Scope of the Evaluation

The overall objective of the CPE is to enhance UNFPA's accountability and contribute to the evidence base that will inform the design of the next Country programme. The evaluation will focus on all the programme aspects contained in the 5th CPD Results Resource Framework (for 2010, 2011, 2012, 2013 and 2014 review), and UN Programme of Operational Plan (UNPoP).

Specific objectives are:

1. To provide an independent assessment of the progress of the programme towards achieving country programme outputs and outcomes set forth in the results framework of the country programme.
2. To assess the extent to which the implementation framework (Partnership Strategy; capacity building, quality support and assurance, Execution/Implementation arrangements; Cash Transfer Modalities; and Monitoring & Evaluation) enabled or hindered achievement of the results chain i.e. what worked well and what did not work well
3. To provide assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.
4. To identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination.

4.0 Evaluation Criteria and Evaluation Questions

The key evaluation questions will include but are not limited to the following:

Relevance

1. To what extent is the 5th CP programme consistent with beneficiaries requirements, partners', country needs, UNFPA's policies and strategies; as well as global priorities
2. Is the programme/project design in line with: national needs and policies; priorities of the programme/project stakeholders and target groups; the goals of the ICPD Program of Action and the MDGs; and

Effectiveness

1. To what extent did the outputs contribute to the achievement of the outcomes and, the degree of achievement of the outcomes?
2. What was intervention coverage – were the planned geographic area and target group successfully reached?

Efficiency

1. How appropriately and adequately were the available resources (funds and staff) used to carry out activities?
2. To what extent were UNFPA resources focused on a limited set of core activities likely to produce significant results?

Sustainability

1. To what extent has UNFPA been able to support its partners in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
2. Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities in other regions or sectors of the country; adapt programme/project results in other contexts?

Strategic Alignment (Corporate Dimension):

- To what extent is the Country Programme and CPAP aligned to the UNFPA corporate mandate as set out in the Strategic Plan?
- The extent to which UNFPA has been an active member of and contributor to the existing coordination mechanisms of the UNCT.

Strategic Alignment (Systemic Dimension)

- To what extent is the UNFPA Country Programme aligned to the UNDAF in the country?
- To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly in the event of potential overlaps?

Responsiveness

- Is there a need for the CP to shift its focus in response to socio political factors and which outcome areas of the CP need to shift and how? ***Added Value (Stakeholder's perception about UNFPA in the Country)***

The extent to which the UNFPA country programme adds benefits to the results from other development actors' interventions. The final evaluation questions and the evaluation matrix will be finalized by the evaluation team in the design report

5.0 Methodology and Approach

In general, the methodology will include desk review, data collection of both quantitative and qualitative data and an in-depth analysis to reach concrete conclusions through key informants interview and stakeholder's discussions and meetings.

Data Collection

Document Review

The document review is useful in view of the following;

- Understanding the country context and UNFPA country programme
- Identifying the sample of stakeholders
- Collecting qualitative and quantitative secondary data
- Identify specific interview questions

- Completing the evaluation matrix
- Validating and crosschecking preliminary findings

Interviews

While document reviews help evaluators to learn about the formal structure of implementation and coordination mechanisms, or the official and formally stated objectives of UNFPA support, interviews often allow evaluators to;

- Put the information in context
- Ask for interpretations of statements in the documents
- Solicit feedback on aspects of the performance of UNFPA that might not have been discussed in official reports

Focus Groups

Group discussions allow evaluators to solicit information and feedback from more than one or two interviewees at a time. In this way, evaluators can gain insights not only of the opinions and beliefs of single individuals, but observe how members of a group interact and how opinions on a particular topic differ.

Data collected through documentary review will be triangulated with primary data obtained through interviews and focus groups.

Appropriate tools for data collection and analyses will be used. The data will be analysed and organised into a CPE report in line with the outline proposed for such. The approach will be as follows:

Data Analysis

In order to reinforce the credibility and validity of the findings, judgments and conclusions obtained on the basis of primary qualitative data, evaluators should use triangulation techniques as well as evidence based approaches.

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through the following;

- Regular exchanges with the CO programme managers
- Presenting and discussing preliminary findings with the CO and the reference group

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. Partners who do not work directly with

UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders will include representatives from the government, civil-society organizations, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme. This will also be useful for UNFPA strategic positioning questions.

6.0 Evaluation Process

The evaluation will unfold in three phases, each of them including several steps as explained below.

Design phase

This phase will include:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- A stakeholder mapping – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- An analysis of the intervention logic of the programme, - i.e. the theory of change meant to lead from planned activities to the intended results of the programme;
- The finalization of the list of evaluation questions;
- The development of a data collection and analysis strategy as well as a concrete workplan for the field phase.

At the end of the design phase, the evaluation team will produce a **design report**, displaying the results of the above-listed steps and tasks.

Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions final list consolidated at the design phase.

Synthesis phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting.

This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This **second draft final report** will form the basis for an **in-country dissemination seminar**, which should be attended by the CO as well as all the key programme stakeholders (including key national counterparts).

The **final report** will be drafted shortly after the seminar, taking into account comments made by the participants.

7.0 Expected Outputs

The evaluation team is expected to deliver the following major outputs in English:

- The design report (maximum 30 pages);
- The evaluation report (maximum 70 pages)

The specific deliverables (all draft and final documents in English) will be as follows:

- a design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;
- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);
- a PowerPoint presentation of the results of the evaluation for the dissemination seminar to be held in Gaborone, Botswana.
- a final report, based on comments expressed during the dissemination seminar.

All deliverables will be drafted in English

8.0 Composition of the Evaluation Team

A local team led by an international consultant will undertake the evaluation. The team leader will have overall responsibility of providing guidance and leadership, and in coordinating the draft and final report. The local consultants will provide the expertise in the core subject areas of the evaluation, and be responsible for drafting key parts of the report (for example: on reproductive health, gender and on population and development issues);

Qualifications of the team

- A team leader with have overall responsibility for the production of the draft and final evaluation reports. He/she will lead and coordinate the work of the evaluation team and provide quality assurance of all evaluation deliverables. The team leader should have a good knowledge of the national development context, and be fluent in English. At the synthesis phase, she/he will be responsible for putting together the first comprehensive drafts of the Inception Report, an evaluation design methodology, data collection tools and the final evaluation report, based on inputs from other evaluation team members

The team leader will also be responsible for the gender component. He /She will provide expertise on gender equality issues (women and adolescents reproductive rights, prevention of discrimination and violence against women, legal reform processes. Besides her/his technical expertise, the gender expert should have a good knowledge of the national development context and be fluent in English Language. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and the final evaluation report, including (but not limited to) sections relating to the national context and gender equality.

- A sexual and reproductive health expert (consultant) will provide expertise in reproductive and maternal health (including national and local capacity development in SRH service delivery, family planning, Reproductive Health Commodity Security including condom programming; adolescent sexual reproductive health and comprehensive sexuality programming, SRH/HIV Linkages). Besides her/his technical expertise, the expert should have a good knowledge of the national development context and be fluent in English Language. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to reproductive health and rights.
- A Population and Development expert (consultant) will provide expertise in population and development issues (including census, democratic governance, population dynamics and its integration in development programming, legal reform processes, national and local capacity development and national statistical systems including M&E systems). Besides her/his technical expertise, the expert should have a good knowledge of the national development context and be fluent in English. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development.
- The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Qualifications of the evaluation team

1. The qualifications of the team leader include;
    a. Master Degree in Demography, Reproductive Health, Population and Development management, or any social science related field; a PhD will be an added advantage
    b. At least ten years' experience evaluating national programmes
    c. Analytical and writing skills, and excellent oral communication and interpersonal skills and the ability to work in team

2. The experts in Sexual and reproductive health expert, population and development and gender
    a. Master's Degree in Demography, Reproductive Health, Population and Development or n social sciences, political science, economics or related fields;
    b. At least of ten years' experience evaluating national programmes
    c. Analytical and writing skills, and excellent oral communication and interpersonal skills and the ability to work in team
    d. Significant knowledge and experience of complex evaluations in the field of development aid

Remuneration and duration of contract

Repartition of workdays among the team of experts will be the following:
44 number of workdays for the team leader
29 number of workdays for the SRH expert
21 Population and Development expert
Workdays will be distributed between the date of contract signature and (end date of evaluation)

Payment of fees will be based on the delivery of outputs, as follows:

- Upon approval of the design report: 20%
- Upon submission of satisfactory draft final evaluation report: 50%
- Upon submission of satisfactory final evaluation report: 30%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

9.0 Management and Conduct of Evaluation

The management and conduct of the CPE will be under the overall leadership of the **Evaluation Manager** who will be working with the **Evaluation Reference Group (ERG).** The E**valuation Manager** will support the Evaluation team in designing the evaluation; will provide on-going feedback for quality assurance during the preparation of the design report and the final report. She will be supported by the ESARO M&E adviser.

The reference group will be composed of representatives from the Botswana UNFPA country office, the national counterpart, the UNFPA regional office as well as from UNFPA **Evaluation Office** and **Programme Division** in headquarters.

The main functions of the reference group will be:

1. to discuss the terms of reference;
2. to provide the evaluation team with relevant information and documentation on the programme;
3. to facilitate the access of the evaluation team to key informants during the field phase;
4. to discuss and approve the reports produced by the evaluation team;
5. to advise on the quality of the work done by the evaluation team;
6. To assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Evaluation Audience

The evaluation is intended for wider use UNFPA headquarters, UNFPA Regional Office, other Development Partners, Implementing Partners, Government and Civil Society Organization and staff in the Botswana CO.

10.0 Bibliography and Resources

The following documents will, among others be shared with the consultants:

1. GOB/UNFPA 5th Country Programme Document
2. GOB/UNFPA Mid Term Review of the 5th Country Programme Report
3. UNFPA Strategic Plan (2008-2011)
4. Revised UNFPA Strategic Plan (2012-2013)
5. Re-aligned 5th Country Programme Results and Resources Framework
6. United Nations Development Assistance Framework (2010-2016) Botswana
7. GOB/UNPOP 2010 -2014
8. GOB/UNPOP 2010 -2014 Review Report
9. National Development Plan 10
10. National Development Plan 10 Review report
11. Vision 2016 Review Report
12. UNFPA Strategic Plan 2014-2017
13. Annual Work Plans for Implementing Partners (2010, 2011, 2012)
14. Quarterly and Annual Progress and Financial Reports from Implementing Partners (2010, 2011,2012)
15. Audit Reports for all Implementing Partners (2010, 2011,2012)
16. Minutes of Joint Programmes, Working Groups, etc
17. Field Monitoring Reports

18. Final country programme evaluation report of the 4th Country programme

19. Country Office Annual Reports (COARs) to the UNFPA Executive Director

20. Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA"

21. MIC Strategy

22. SRH/HIV Linkages Evaluation Report

11.0 Annexes

- Ethical Code of Conduct for UNEG/UNFPA Evaluations
- List of Atlas projects for the period under evaluation
- Information on main stakeholders by areas of intervention
- Short outlines of the design and final evaluation reports
- Evaluation Quality Assessment template and explanatory note
- Management response template

ANNEX 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

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

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

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

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

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

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

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

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

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

ANNEX 2: The structure of the final report

Cover page

UNFPA COUNTRY PROGRAMME EVALUATION: *NAME OF THE COUNTRY*

Period covered by the evaluation

FINAL EVALUATION REPORT

Date

Second page

Country map *(half page)*

Table *(half page)*

Evaluation Team	
Titles / position in the team	Names

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Acknowledgements

Fourth page

Table of contents

Section	Title	Suggested length
EXECUTIVE SUMMARY		*3-4 pages max*
CHAPTER 1:	**Introduction**	
1.1	Purpose and objectives or the Country Programme Evaluation	*5-7 pages max*
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2:	**Country context**	
2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3:	**UN / UNFPA response and programme strategies**	
3.1	UN and UNFPA response	5-7 pages max
3.2	UNFPA response through the country programme	
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA country programme	
3.2.3	The financial structure of the programme	
CHAPTER 4:	**Findings: answers to the evaluation questions**	
4.1	Answer to evaluation question 1	25-35 pages max
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	
4.4	Answer to evaluation question X	
CHAPTER 5	**Conclusions**	
5.1	Strategic level	6 pages max
5.2	Programmatic level	
CHAPTER 6	**Recommendations**	
6.1	Recommendations	4-5 pages max
(Total number of pages)		50 – 70 pages

ANNEX 3: Evaluation Quality Assessment template and explanatory note

Title of Evaluation Report:

Name of Evaluation Manager:

Name of EQA Reviewer (if different to above):

Budget and time frame allocated for this evaluation:

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

Quality Assessment criteria	Assessment Levels			
	Very Good	**Good**	**Poor**	**Unsatisfactory**
1. Structure and Clarity of Reporting *To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.* Checklist of minimum content and sequence required for structure: • i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable) • Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used.	*Please insert assessment level followed by your main comments.*			
2. Completeness and concision of the executive summary *To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.* Structure (paragraph equates to half page max):				

• i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); iv) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 page	
3. Justification of the design and of the methodological approach *To provide a clear explanation of the following elements/tools* Minimum content and sequence: • Explanation of methodological choice, including constraints and limitations; • Techniques and tools for data collection provided in a detailed manner; • Triangulation systematically applied throughout the evaluation; • Details of participatory stakeholders' consultation process are provided. • Details on how cross-cutting issues (vulnerable groups, youth, gender equality) were addressed in the design of the evaluation.	
4. Reliability of Data *To clarify data collection processes and data quality* • Sources of qualitative and quantitative data have been identified; • Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit; • Disaggregated data by gender has been utilized where necessary.	
5. Soundness of the analysis and credibility of the findings *To ensure sound analysis and credible findings* <u>Findings</u> • Findings stem from rigorous data analysis; • Findings are substantiated by evidence; • Findings are presented in a clear manner <u>Analysis</u> • Interpretations are based on carefully described assumptions; • Contextual factors are identified. • Cause and effect links between an intervention and its end results (including unintended results) are explained.	

6. Validity of the conclusions *To assess the validity of conclusions* • Conclusions are based on credible findings; • Conclusions must convey evaluators' unbiased judgment of the intervention.	
7. Usefulness of the recommendations *To assess the usefulness and clarity of recommendations* • Recommendations flow logically from conclusions; • Recommendations must be strategic, targeted and operationally-feasible; • Recommendations must take into account stakeholders' consultations whilst remaining impartial; • Recommendations should be presented in priority order	
8. Meeting Needs *To ensure that evaluation report responds to requirements (scope & evaluation questions/issues/DAC criteria) stated in the ToR (ToR must be annexed to the report).* *In the event that the ToR do not conform with commonly agreed quality standards, assess if evaluators have highlighted the deficiencies with the ToR.*	

Quality assessment criteria (and Multiplying factor *)	**Assessment Levels (*)**			
	Unsatisfactory	**Poor**	**Good**	**Very good**
5. Findings and analysis (50)				
6. Conclusions (12)				
7. Recommendations (12)				
8. Meeting needs (12)				
3. Design and methodology (5)				
4. Reliability of data (5)				
1. Structure and clarity of reporting (2)				
2. Executive summary (2)				
TOTAL				

ANNEX 4: Evaluation Quality Assessment template and explanatory note

UNFPA **Management response**	**Country Programme Evaluation *(from-to): ……(name of the country)***

*Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations and recommendations associated with the country programme. Within each cluster, recommendations should be ranked by priority levels (***high, medium, low***).*

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations		
Recommendation #	**To ……. *(e.g Office of the Executive Director*)**	**Priority Level: high, medium, low**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……… …… ……… ……..……..……………………………….…………………………………………………………………………………… …… ……………………………

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Recommendation #	To ……….(*e.g. Country office*)	Priority level …..

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……… …… ………

……..…….....
.....
.....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Cluster 2: Recommendations associated with the programme		
Recommendation #	**To ……..**	**Priority level …..**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……
……
…..……..…….....
.....
.....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Revised Timelines

Activities	No. of Days	Dates	Consultants
1. Establish Evaluation Reference Group		20 March 2015	
2. Recruitment of consultants		March 6 – May 6, 2015	
3. Consultants start work		29 June 2015	
4. Orientation of consultants on the tools		29 June 2015	All
5. Prepare and submit evaluation inception report ; Review of documents, program officers consultation and Development of evaluation data collection tools including stakeholder mapping	11	June 29- July 10	All
6. ***Submit Inception report / Design report to UNFPA to share with ERG***		7 July	HJ
7. Prepare presentation, further document review and contribute to agenda for interviews and meetings		July 7,8	All
8. UNFPA submits comments on Inception report to Consultants		July 9	
9. Present Evaluation Inception/ Design Report to the ERG		July 9 (14.30 hrs)	All
10. Incorporate comments on the Inception Report and submit Final Design Report & annexes		July 10 - 17	All
11. Data Collection (July 20-21 Botswana holidays available for document review but likely not stakeholder interviews)	10	July 13 – 24	All
12. Data analysis	13	July 27 – Aug 12	All
15. Draft report submitted to UNFPA to with ERG and ESARO Evaluation Network	2 additional	Aug 12 (changed to 14)	HJ
16. Submission of all synthesised comments to the consultants by UNFPA		Aug 21 (became 24-28 Aug)	UNFPA CO
17. Incorporation of comments from ERG & ESARO Evaluation, and prepare presentation	3	Aug 24-26	All
18. **Finalise presentation and** ***Present to the ERG***	1	Aug 27	All
19. Incorporation of final comments from ERG	1	Aug 28	All
20. Presentations to stakeholders for vailidation (IPs, UN agencies, Govt, NGOs)	1	Aug 31	All
21. Finalising the report	2	Sept 1-2	Mainly HJ
22. Submit Draft Final Report to UNFPA by COB (HJ leaves 3 Sept) viii		Sept 2	HJ
23. Submit Final Report to RO and HQ		Sept 3	UNFPA
24. Comments received from RO and HQ (further comments as received from CO)		Sept 14 revised to 21Sept	UNFPA
25. Incorporate comments and finalise	2	Sept 15,16 revised to 25 Sept	HJ
26. Submit final report to RO and HQ		Sept	UNFPA

Annex 2: List of Persons/Institutions Met

Stakeholder and CO Interviews and Focus Group Discussions

Type of Stakeholder: UN Partner			
Interviewee	**Organisation**	**Position**	**Consultant initials**
Scott Whoolery	UNICEF	Deputy Director	HJ
Lore Sisay	UNDP	Deputy Resident Representative	HJ
Gung Sun	UNAIDS	UCC	TP/HJ
L Maribe	WHO	NPO Family Health Programme	TP
Type of Stakeholder: Government and Parastatals			
Ms Thapelo Phuthego Ms P Maiketso	GAD, MoLHA	Director Chief of Programmes	HJ
V Leburu	SRH Division, DPH, MoH	Head	TP
K Ngombe	DPHAC, MoH	Focal Person for Condom Programming/CCP	TP
E Dintwa	SRH/HIV Linkages	SRH/Linkages Focal Peron	TP
M Mbewe	CMS	Inventory Manager	TP
J Kefas	NACA	Head BCIC	TP
L Chalashika	MoFDP	Director of P&D Section	EN
Patrick Seitiso	MoFDP	Principal Research and Evaluation Officer I, P&D Section	EN
Cesi Thothe	MoFDP	Principal Information, Education and Communication Officer I, P&D Section	EN
Tapologo Baakile	Statistics Botswana	Director, Socio-Demographic Statistics	EN
Grace Mphetolang	Statistics Botswana	Manager, Census and Demography, Socio-Demographic Statistics	EN
Thomas Motingwa	Disability Office, Office of President	Coordinator	EN

Neo Lepang	Civil & National Registration Office, MoLHA	Director	EN
Type of Stakeholder: Donor			
	EU	Planned but not available	
Type of Stakeholder: Civil Society			
Lorato Moalusi Sakufiwa G Rakaru	Kagisano Society Women's Shelter	Director Programme Director	HJ
Lisa Jamu	Stepping Stones International	Executive Director	TP, HJ
Gomolemo Rasesigo	Gender Links	Country Manager	HJ
Chada Kealotswe	Youth Centre, Mahalapye	UNFPA JPO, Youth Coordinator	HJ
Pastor Godfrey Jankie Madeline van Wyk	Botswana Council of Churches	Business Development Officer, till end 2014 Programmes Coordinator for Health and Wellness Finance and Admin Officer	HJ, TP
Desmond Lunga Peter Sejoe	Men & Boys for Gender Equality	Team Leader Programme Coordinator and finance Officer	HJ
Tresa Baitsile	Men & Boys for Gender Equality	Youth volunteer for social media	HJ
K Poloko	BOFWA	CEO	TP
K Kegaisang	BOFWA clinic	Assistant Project Officer	TP
	Linkages Project		TP
F Motimedi	BONELA	Programmes Manager	TP
T Buru	Makgabaneng	Programme Manager	TP
UNFPA Country Office			
Mareledi Segotso		Assistant Country Representative	HJ, TP
Judith Shongwe		M&E Analyst	HJ
Keaboga Dambuza		Gender Specialist	HJ
Josephine Tlale		National Coordinator SRHR/Linkages	TP

		Project (at MoH)	
Moses Keetile		P&D Specialist	EN
Nchidzi Smarts		Communication Analyst	HJ
Kefilwe Koogotsitse		NPPP ASRH	TP
Tebogo Seoromeng		Finance Associate	HJ
Sadimme Maritintshi		Administrative Associate	HJ
Kgomotsego Mogodi		Programme Assistant	HJ
SWOT with CO: technical and finance & admin			HJ, EN, TP
Focus Group Discussions with Primary Beneficiaries			
Young people	Linkages/BOFWA Clinic, Muchadi District	Primary beneficiaries	TP
Fathers Group participants/ facilitators	Men and Boys for Gender Equality	Primary beneficiaries	HJ

Annex 3: List of Documents Consulted/Reviewed

General Documents

GOB/UNFPA 5th Country Programme Document. Dec 2009

GOB/UNFPA Mid Term Review of the 5th Country Programme Report, 2012

UNFPA Strategic Plan (2008-2011), UNFPA New York

Revised UNFPA Strategic Plan (2012-2013), UNFPA, New York

Re-aligned 5th Country Programme Results and Resources Framework, UNFPA

United Nations Development Assistance Framework (2010-2016) Botswana, 2009

GOB/UNPOP 2010 -2014

GOB/UNPOP 2010 -2014 Review Report

GoB National Development Plan 10, 2010-2016

National Development Plan 10 Review report
GoB, National Development Plan 11 National Priorities, 16 June 2015
Vision 2016 Review Report

UNFPA Strategic Plan 2014-2017, UFPA New York

Annual Work Plans for Implementing Partners (2010 to 2014)

Quarterly and Annual Progress and Financial Reports from Implementing Partners (2010 to 2014)

Audit Reports for all Implementing Partners (2010 to 2014)

Minutes of Joint Programmes, Working Groups, etc

Field Monitoring and IP Audit Reports

GoB/UNFPA Final CPE report of the 4th Country Programme 2003/2007-2009. December 2009

Country Office Annual Reports (COARs) 2010 to 2014

UNFPA Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA", October 2013

UN Botswana, Middle Income Country Strategy, Strategic Plan 2011-2016, Dec 2011

SRH/HIV Linkages Evaluation Report

United Nations, 'Joint Resource Mobilisation and Partnership Strategy, 2013-2016', 2012

Government of Botswana/United Nations Programme Operational Plan 2010-2014: UNDAF Action Plan 2013-2014.

United Nations Development Framework 2010-2016 – Botswana.

Gender

Gender Links and Government of Botswana, 'Gender Based Violence Indicators Study Botswana', Gender Links and Women's Affairs Department, Ministry of Labour and Home Affairs, 2012.
Gender Links, 'Annual Report March 2011 – February 2012'.

Gender Links, 'Gender Mainstreaming in Local Government, Centres of Excellence Training Manual', 2011.
Government of Botswana, 'Botswana Country Report on the Implementation of the Beijing Platform for Action (Beijing plus 20 Years)', Gender Affairs Department, Ministry of Labour and Home Affairs. No date.
Government of Botswana, 'National Strategy Towards Ending Gender Based Violence in Botswana by 2020: Breaking the Cycle of Gender Based Violence', Gender Affairs Department, Ministry of Labour and Home Affairs. 19 May 2015 draft.
Government of Botswana, 'Factors Shaping Male Involvement in Sexual and Reproductive Health, Prevention of HIV/AIDS and Gender Based Violence in Selected Districts of Botswana', Public Health Department, Ministry of Health. No date.
Government of Botswana and UNAIDS, 'The Voices of Female Sex Workers in Botswana: A Documentation of Stories and Experiences of Female Sex Workers in the era of HIV and AIDS', Gender Affairs Department, NACA, UNAIDS, no date.
Government of Botswana, 'Draft National Policy on Gender and Development', Presentation by Ministry of Labour and Home Affairs.
Government of Botswana and UN, 'Situational Anaysis on Gender Based Violence in Botswana', Ministry of Labour and Home Affairs and UN System in Botswana, 2009.
Government of Botswana, 'Policy on Women in Development', Women's Affairs Division, Department of Culture and Social Welfare, Ministry of Labour and Home Affairs, 1995.
Government of Botwana, 'A Report on the Development of the Proposed Regulations for The Domestic Violence Act of 2008', Women's Affairs Department, Ministry of Labour and Home Affairs, September 2012.
Government of Botswana, 'Botswana Report on the Implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Fourth Periodic Report', June 2014.
Government of Botswana and UN, 'Directory of Organisations working on Women's Issues, Gender Based Violence and HIV/AIDS in Botswana', 2008.
Government of Botswana and UN, 'United Nations Joint Programme of Support for Gender Mainstreaming in Botswana: 2015-2016: Promoting gender equality', Ministry of Labour and Home Affairs, UNFPA, UN Women, UNDPA, UNICEF, WHO, UNHCR, UNESCO, UNAIDS, ILO, 2014.
Government of Botswana and UN, 'United Nations Joint Programme of Support to End Gender Based Violence in Botswana: 2105-2016', Ministry of Labour and Home Affairs, UNFPA, UN Women, UNDPA, UNICEF, WHO, UNHCR, UNESCO, UNAIDS, ILO, 2014.
SADC, 'Gender Protocol, Barometer Botswana', Baseline 2009, Barometers 2010, 2011, 2012, 2013.
UNAIDS 'Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, Operational plan for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV', 2010.
Government of Botswana and UN, 'National Gender Programme Framework', UNDP, UNFPA, 1998
UNFPA, 'Standard Progress Report 2014: Gender Mainstreaming'.
UNFPA, 'Standard Progress Report 2014: Gender Based Violence'.

Reproductive Health and Rights

Government of Botswana, 'Rapid Assessment of Sexual and Reproductive Health and HIV and AIDS Linkages in Botswana', Department of Public Health and Department of HIV/AIDS Prevention and Care, Ministry of Health, WHO and UNFPA, 2008.
Government of Botswana, 'ASRH Training Manual for Service Providers', Ministry of Health , 2012
Government of Botswana, 'National Sexual and Reproductive Health Framework', Ministry of Health, 2002
Government of Botswana, 'SRH Policy Guidelines and Service standards', MOH
Government of Botswana, ' Botswana AIDS Impact Survey report', NACA, 2008
Government of Botswana, ' Botswana AIDS Impact Survey report,' NACA, 2013
Government of Botswana, ' Botswana Youth Risk Behavioural Surveillance Survey' NACA
Government of Botswana, ' Botswana AIDS Impact Survey report', NACA, 2013
Government of Botswana, ' Five Year Maternal Mortality Report 2013' Ministry of Health
Government of Botswana, ' 5 year Maternal Mortality Report (2007 – 2011); MOH 2013
Government of Botswana, ' Botswana National Guidelines Prevention of Mother to Child Transmission (PMTCT) of HIV', Ministry of Health, 2011.
Government of Botswana, 'Essential Health Services Package 2010-2015' Ministry of Health
Government of Botswana, 'Integrated Health Service Plan: 2010-2020' Ministry of Health.
Government of Botswana, UNFPA; 'National Condom Strategy and Implementation Plan 2012-2016'. Ministry of Health, 2013
Government of Botswana, '2011 Botswana second generation HIV/AIDS Antenatal Sentinel Surveillance Technical report'. Ministry of Health, 2012

Government of Botswana, 'Botswana National HIV&AIDS Treatment Guidelines'. Ministry of Health, 2012.
Government of Botswana, 'Strategic Plan Towards the Elimination of Mother to Child Transmission of HIV and keeping their Mothers Alive, 2012-2015'. Ministry of Health
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Government of Botswana, 'Botswana Modes of Transmission Report', NACA. 2011
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Government of Botswana, 'Botswana AIDS Impact Study IV 2013(BAIS), Summary results'. NACA, 2014
UNFPA, WHO, IPPF, UNAIDS. 'Sexual and Reproductive health and HIV Linkages: Priority Framework'. WHO, 2005
USAID/Deliver Project: Botswana: 'Condom Programming National Condom Quantification and Supply Chain Strengthening'. March, 2013
World Bank 2013
Government of Botswana, 'Botswana National Guidelines Prevention of Mother to Child Transmission (PMTCT) of HIV,' Ministry of Health, 2011.

Population and Development

Statistics Botswana, 'Population and Housing Census 2011 Analytical Report', Gaborone, Botswana, 2014.
Statistics Botswana, 'Botswana - Causes of Maternal Mortality 2009-2013: Stats Brief', Gaborone, Botswana, 2014.
Statistics Botswana, 'Literacy Survey 2014: Stats Brief', Gaborone, Botswana, 2015.
Statistics Botswana, 'Vision 2016 and Millennium Development Goals Indicators Report, 2014', Gaborone, Botswana, 2014.
Government of Botswana and United Nations Botswana, 'Botswana Millennium Goals Status Report 2010', Ministry of Finance and Development Planning and Office of the Resident Coordinator (UN), Gaborone, Botswana, 2010.
Government of Botswana, 'Review and Assessment of the Implementation of the International Conference on Population and Development Programme of Action: Botswana ICPD Country Report 2013, Ministry of Finance and Development Planning and united Nations Population Fund (UNFPA), 2013.
Government of Botswana, 'Revised National Population Policy 2010', National Council on Population and Development, Ministry of Finance and Development Planning, Gaborone, Botswana, 2010.
United Nations Development Programme (UNDP), 'Human Development Report 2014 - Sustaining Human Progress: Reducing Vulnerability and Building Resilience, UNDP, New York, 2014.
Central Statistics Office (CSO), '2007 Family Health Survey IV Report', Gaborone, Botswana, 2009.

Annex 4: The Evaluation Matrix

ANNEX 4: Evaluation Matrix

Assumptions to be assessed	Indicators	Data Sources	Collection Method
EQ 1: Strategic Alignment, Relevance and Responsiveness: To what extent is the 5th CP programme and CO supportive of: a) the global UNFPA mandate and corporate strategic plans; b) the MDGs and ICPD Programme of Action; b) National needs and policies, including the changing national status to upper Middle Income Country and response to 4th CP evaluation and mid term review; c) The Botswana UNDAF, UN system coordination and delivering as one (including avoiding overlap), and the priorities of the programme/project stakeholders and beneficiaries; and d) adding value?			
The objectives and strategies of the three component programmes are consistent with MDGs, ICPD PoA, UNFPA's global policies and strategies The three component programmes support national needs and policies and Botswana UNDAF and relate to the changed status of Botswana as an upper Middle Income Country and to UN delivering as one The CP is responsive to the lessons learned from the 4th CP and 5th CP MTR review The CP addresses priorities of stakeholders and the needs of the population, especially of vulnerable groups UNFPA added value to what would have been achieved in its absence	CPD, COARs, standard reports compared with relevant documents CP operationalization and achievements	CPD, MDG, ICPD and UNFPA strategic plans, MIC strategy National policy and strategy documents, CPD, needs assessments and baseline and indicator studies, IP project documents UNDAF and national operational plan and reviews UN, CO, government and IP interviews	Document review KI interviews with IPs and CO staff Beneficiary FGDs Site visits/observation
EQ 2 Effectiveness: a) To what extent were the CP outputs achieved, and how far did the outputs contribute to the achievement of the outcomes (the theory of change logic in the CP Results and Resources Framework, and the intervention coverage geographically and by target group); b) Were there any unforeseen consequences of the CP?			

Assumptions to be assessed	Indicators	Data Sources	Collection Method
The 5th CP outputs for each CPD component were achieved and targets met for each component without extensive challenges and obstacles in the implementation.	Status of indicators and targets, including timelines for achievement; Any delays in implementation, challenges and obstacles affecting implementation Extent to which outputs for P&D, RHR and Gender programming were on track to contribute to outcomes	National Survey Reports, IP reports; UNFPA CP documents, COARs etc; KI interviews; Focus Group Discussions with beneficiaries; Review of CO documents; Progress reports; training reports and progress reports; needs assessments; M&E reports	Document Review; KI interviews Beneficiary FGDs Site Visits
CP supported coordination with other stakeholders to contribute effectively to outcomes in coordination with other partners.	Extent to which CP outputs were coordinated with other stakeholders to contribute effectively to outcomes in coordination with other partners	CPD, UNDAF, Evaluation Reports, IP Reports, UNFPA CO, IPs, Beneficiaries	Document Review; KI Interviews
UNFPA CO worked in close collaboration with other stakeholders and implementing partners to achieve outcomes.	Extent to which UNFPA CO worked in close collaboration with other key stakeholders and partners to achieve outcomes	CPD, UNDAF, Evaluation Reports, IP Reports, UNFPA CO, IPs, Beneficiaries	Document review; KI interviews FGDs with beneficiaries Observation
CP was able to respond to recommendations in the Mid-Term Review	Evidence that recommendations of the MTR were responded to.	UNFPA MTR document; UNFPA Annual Reports, IP reports, IP Interviews	Document review; KI Interviews
CP was able to respond to changing national priorities for an upper Middle Income Counry (MIC), and in line with the UNFPA corporate business model and priorities.	Extent to which country situation analysis and UNDAF is reflected in CPD; SWOT analysis Extent to which the analysis led to appropriate	UNDAF, GoB/United Nations Programme Operational Plan; UNFPA programme documents; 5th CP Mid-Term Review Document, 2014 UNFPA Annual Report, IPs, National Development Plan 10.	Document Review; KI interviews

Assumptions to be assessed	Indicators	Data Sources	Collection Method
	planning of programme		
EQ 3: Efficiency of Implementation Framework: To what extent is the CO overall appropriate, effective and efficient in relation to: a) Financial resource management; b) Focusing on a limited set of activities to produce significant results; c) Office structure, implementation arrangements and capacity building; d) Monitoring and evaluation and quality assurance; e) Partnership strategy			
Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner. UNFPA resources focused on a limited set of core activities that are likely to produce significant results. Implementation framework has enabled achievement of UNFPA outputs and contributed to attainment of outcomes, regarding financial resource management, focusing on a limited set of strategic activities, office structure and capacity, quality support and assurance and M&E, and partnership strategy	Extent to which UNFPA resources were utilized for P&D, SRH and Gender component outputs and contribution to their respective outcome results Evidence of focus on a limited set of core activities that produce significant results Extent to which different implementation frame-work areas effectively contributed to achieving CP objectives or hindered achievements of results Office structure and capacity and synergies M&E and quality assurance in place	Financial and administrative reports on budgeting and expenditures, ATLAS, UNDAF, UNFPA Country Staff and IPs interviews COARs and other CO documentation, IP reports IP reports; UNFPA CP documents	Document review KI interviews with semi-structured schedule in CO, with UN, IPs
EQ 4 Sustainability a) To what extent has UNFPA been able to support its partners in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? b) To what extent are stakeholders ready/likely to continue supporting or carrying out specific programme /project activities; to replicate the activities in other regions or sectors of the country; and to adapt programme/project results in other contexts?			

Assumptions to be assessed	Indicators	Data Sources	Collection Method
The resources provided by UNFPA to IPs have had a leverage effect to develop capacities and mechanisms to ensure ownership and durability of UNFPA supported programmes.	Evidence that resources provided by UNFPA ensured capacity building to ensure sustainability of programmes supported by UNFPA	UNFPA Annual reports (including finance/administrative documents), IP reports	Document Review KI interviews with semi-structured guides
Stakeholders are ready to continue supporting or carrying out specific programmes/project activities to replicate activities in other regions or sectors of Botswana and to adapt project results in other contexts.	Evidence of stakeholders (and IPs) carrying out activities to replicate activities in other sectors of Botswana	UNFPA annual reports, UNFPA Mid-Term Review documents, IP reports,	Document review, KI interviews, FGDs
EQ 5: Cross Cutting Issues: To what extent has the CP: a) included a human rights focus across all programme areas; b) mainstreamed gender into its programming			
The needs of vulnerable populations were well taken into consideration and human rights integrated across programmes Gender was mainstreamed into all components during the programming process	Evidence of identification of needs prior to programming in the three components Evidence of human rights focus in all programme areas Evidence of gender mainstreaming in programme areas	National development documents Project/intervention and design/programming documents COARS and IP reports; KI interviews with CO, IPs, UN, government	Document review KI interviews

Annex 5: Tools

Key informant interview schedule for CPE P&D/RHR/GE/Mgt

Interviewer **Interview #**

Date

Interviewee name(s)
Organisation
Position(s)

Semi-structured interview schedule with lead question areas to be adapted and probed according to KI and component area and focus of interview, further adaptation as appropriate for CO and for UN interviews.

Introduce self and purpose of interview, thank for time commitment

Read overarching questions for focus area for programme orientation as appropriate:

P&D: To what extent did UNFPA-supported interventions in the field of population and development contribute in a sustainable manner to a strengthened framework for the planning and implementation of national development policies and strategies?

RHR: To what extent did UNFPA-supported interventions contribute (or are likely to contribute) to sustainably increase the access to and utilisation of high-quality reproductive health services, particularly in underserved areas, with a focus on young people and vulnerable groups?

Gender: How far did UNFPA-supported activities contribute in a sustainable manner to i) the integration of gender equality and the human rights of women and adolescent girls in national laws, policies, strategies and plans; ii) the improvement of the prevention and protection from gender based violence at the national level?

1. What is the main function of the IP?

2. How does UNFPA contribute to this function?

3. SWOT re UNFPA contributions
Strengths
Weaknesses/limitations
Opportunities
Threats

Areas to probe as appropriate:

EQ1 Relevance
EQ1: To what extent is the 5th CP programme in line with: a) the MDGs, ICPD Programme of Action, and UNFPA's policies and strategies, as well as its changing global priorities; b) National needs and policies, Botswana UNDAF and the priorities of the programme/project stakeholders and beneficiaries?

EQ2/3 Effectiveness and Responsiveness
EQ2: a) To what extent were the CP outputs achieved, and how far did the outputs contribute to the achievement of the outcomes (the theory of change logic in the CP Results and Resources Framework, and

the intervention coverage geographically and by target group); b) Were there any unforeseen consequences of the CP?
EQ3: How far was the CP able to respond to: a) Recommendations in the mid term review; b) Changing national priorities for an upper Middle Income Country (MIC), and in line with the UNFPA corporate business model and priorities (in particular for advocacy and south-south cooperation)?

EQ4 Efficiency
EQ4: a) How appropriately and adequately were the available resources (funds and staff) used to carry out activities? b) To what extent were UNFPA resources focused on a limited set of core activities likely to produce significant results? c) How far did the CO achieve synergies and effective coordination in managing the programme areas?

EQ5 Sustainability
EQ5: a) To what extent has UNFPA been able to support its partners in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? b) To what extent are stakeholders ready/likely to continue supporting or carrying out specific programme/project activities; to replicate the activities in other regions or sectors of the country; and to adapt programme/project results in other contexts?

EQ6 Cross-cutting issues
EQ6: To what extent has the CP: a) included a human rights focus across all programme areas; b) mainstreamed gender into its programming; **c)** achieved synergies across the programme components?

EQ7 Good practice and lessons learned
EQ7: What are good practices and the key lessons learned from the 5th CP, including the extension from 2014?

EQ8/9 Strategic alignment (corporate and systemic) and implementation framework
EQ8: a) To what extent is the CP aligned to the UNFPA corporate mandate as set out in UNFPA Strategic Plans? b) How far has UNFPA been an active member of and contributor to the existing coordination mechanisms of the UNCT? c) How has the CO contributed to coordination in the event of potential overlap? d) How far did the CP add value to what would have resulted from other development actors' interventions without UNFPA?
EQ9: To what extent did the implementation framework enable or hinder achievement of the results chain: what worked well or did not work well and why, and what changes are required? (partnership strategy, capacity building, quality support and assurance, execution/implementation arrangements, cash transfer modalities, M&E).

Focus Group Question Guide: Beneficiary group Fathers in Mencare programme of MBGE, at training workshop

Interviewer, Participants:

The session starts with introductions, confirmation of confidentiality and the purpose of the FGD, thanking participants for their time. Four men. **The guide provides broad questions around which to probe. After the FGD the interviewer will undertake thematic and content analysis and summarise the main findings, and draw provisional conclusions and recommendations**
1) a) **Probe re what made you interested in joining Mencare; how were you reached; when did you first start coming to the programme and how often/ regularly do you participate?** b) **Please tell me how you have benefited from the Mencare programme. What are the most important things you have learnt?**
2) **What are the main activities/training? What do you think has worked best? What has not worked well?**
3) **What opportunities do you see for the future with Mencare in terms of expanding the activities to reach other fathers? What is the role you play in this?**
4) **How do you undertake follow up to see if you are having a lasting impact on the fathers that you meet?**
5) **If it were possible to make some changes in how the Mencare programme works, what changes would you make/like to see?**
6) Any final questions or comments that you would like to add?

Basic Observation Checklist Guide (supplements FGDs, staff interviews and document review at the site (e.g. records)

- **External environment (brief description)**
- **Ease of access (location, transport access, surroundings etc)**
- **Sufficiency of facilities: size, rooms, crowdedness, equipment (space for relaxation as well as service provision, whether all equipment is working, what sort of condition the rooms and equipment are in, etc)**
- **Range of services that can be accessed (and fully operational)**
- **Availability of IEC/BCC materials, leaflets and posters etc (e.g. variety, numbers, documents to take away etc, language, attractiveness, relevance, range)**
- **Male and female condoms – available, sufficient for clients to take all they want, and can they be privately obtained e.g. in toilets or only through provider**
- **Interactions between staff and clients**
- **Waiting times and streamlined flow of service provision/staff to client ratio**
- **Extent of privacy for consultation/counseling etc**
- **Gaps**

Other observations/comments

Focus Group Question Guide: Youth coming to SRH/Linkages site

Interviewer **FGD #** **Project and Site** **Beneficiary group (including number and gender)**

The session starts with introductions, confirmation of confidentiality and the purpose of the FGD, thanking participants for their time. **The guide provides broad questions around which to probe. After the FGD the interviewer will undertake thematic and content analysis and summarise the main findings, and draw provisional conclusions and recommendations**
1) a) Please tell me all the reasons why people come to the facility/centre. What is most important to you of the services provided? b) How has this facility/centre and its staff been sensitive and responsive to your needs? Probe re relevance, effectiveness, efficiency (e.g. re waiting times for services), reliability etc and overall satisfaction with the facility/centre and staff. Probe re how often beneficiaries come.
2) Are there any additional services or support that you would like to get from this facility/centre? Probe re gaps, and where else these services might be obtained, etc; probe re ease of access, opening times, barriers to access
3) How responsive do you find the staff to your needs? Are there issues that you find difficult to discuss? Probe why staff may find it difficult to respond or beneficiaries find it difficult to raise issues (e.g. re privacy, judgemental values, embarrassment, confidentiality, gender insensitivity or youth insensitivity etc)
4) If it were possible to make any changes at the facility/centre, what changes would you like to see?
5) Would you recommend this facility to others? Why or why not?
6) Any final questions or comments that you would like to add?

Annex 6: Results and Resources Framework for CP extensions

UNFPA Submission Form for Country Programme Extensions

Country:	Years covered by the original CP:	Period covered by prior extension(s) of the original CP, if any:	Period to be covered by the proposed extension of CP:
Botswana	**2010 – 2014**		**2015 - 2016**
Reason(s) for requested extension *see para 1 for guidance, and attach supporting documents from the UNCT and/or Government*			
Additional indicative resources for the requested extension period *(please enter '0' if none required)*	Programme Regular Resources (US$):	Programme Other Resources (US$)	PCA (US$):
	900,000	**2,800,000**	**100,000**

Results and Resources Framework for CP extensions requiring additional resources only:

UNDAF Outcome

Outcome 1.3: Gender mainstreamed in national laws and policies, and in national, district and community plans and programmes
Indicator: GDI index (*Baseline:* 0.74 *Target: Not available*)

Outcome 3.3: By 2016, access to and utilization of quality services for SRH, HIV/AIDS and TB enhanced
Indicator: Number of health facilities providing ASRH (*Baseline:* 16 (2012) *Target:* 25)

Outcome 5.1: Reduced gender based violence
Indicators: GBV Prevalence Rate (*Baseline:* 67 % (2012) *Target:* 18.5 %)

UNFPA Strategic Plan Outcome	New or existing CP Output(s) requiring additional resources for the extension period	Indicators, Baseline, Target	Government and other Partners	Indicative Resources
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	**Output 1.1:** Increased capacity of Ministry of Health to scale up implementation of integrated sexual and reproductive health /HIV& AIDS services. (**EXISTING)**	Existence of required guidelines, protocols and standards for the delivery of integrated sexual and reproductive health/HIV & AIDS services. *Baseline*: 2; *Target*: 4 **(NEW)**	Ministry of Health, National AIDS Coordinating Agency; UNAIDS; WHO; and Botswana Family Welfare Association	*Regular Resources:* 180,000 *Other resources:* 350,000
	Output 1.2: Strengthened capacity of key national institutions and youth organizations to design, implement, monitor and evaluate effective HIV prevention programmes. **(EXISTING)**	a) Existence of a national strategy on social behavior change communication for adolescents and youth on HIV prevention. Baseline: No ; Target: Yes **(NEW)** b) Number of identified hot spot areas with effective quality HIV prevention programmes for adolescents and youth. *Baseline*:0; *Target*: 2**(NEW)**		
Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	**Output 2.1:** Increased capacity of Ministry of Education and Skills Development to design and implement school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality. **(NEW)**	a) Existence of primary school curriculum with comprehensive sexuality education integrated that is aligned with international standard. *Baseline*: No; *Target*: Yes **(NEW)** b) Number of civil society organisations with the capacity to design and implement effective comprehensive sexuality education programmes. *Baseline: 0; Target: 2* **(NEW)**	Ministry of Education and Skills Development; UNESCO; UNICEF; and Makgabaneng	*Regular Resources:* 270,000 *Other Resources:* 800,000
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	**Output 3.1:** Strengthened national protection systems to prevent gender-based violence. **(EXISTING)**	Existence of a functional gender-based violence referral system. *Baseline:* No*; Target:* Yes **(NEW)**	Gender Affairs Department; Botswana Council of Churches; Gender Links; Media; and community-based organisations	*Regular Resources:* 360,000 *Other Resources:* 1,800,000

	Output 3.2: Strengthened capacity of civil society organisations to promote reproductive rights and address gender-based violence prevention **(NEW)**	Number of civil society organisations in selected areas with effective gender-based violence prevention programmes to engage men and boys. *Baseline*: 0; *Target*: 3 **(NEW)**		
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	**Output 4.1:** Increased availability of in-depth analysis of the youth-bulge and the achievement of the demographic dividend. **(NEW)**	a) Existence of a study report on demographic dividend. *Baseline*: No; *Target*: Yes **(NEW)** b) Existence of strategy on demographic dividend available. *Baseline*: No; *Target*: Yes **(NEW)**	University of Botswana; Botswana Institute of Development Policy Analysis; African Institute for Development Policy; and NPCD	*Regular Resources:* 90,000 *Other Resources:* 50,000
	Output 4.2: Strengthened national capacity to integrate the post-2015 agenda in national policies. **(NEW)**	a) Number of National Development Plans that integrates the post-2015 development agenda regarding SRH, gender equality, and adolescent and youth issues. *Baseline*: 0; *Target*: 4 **(NEW)** b) Number of tools available to integrate population dynamics (SRH, gender equality and adolescent & youth) in strategies, policies and programmes. *Baseline*: 0; *Target*: 2 **(NEW)**		
	Output 4.3: Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, SRHR, HIV, adolescents and youth and gender equality including in humanitarian settings	a) Number of policies and strategies that were developed or reviewed using scientifically sound monitoring and evaluation procedures *Baseline: 0* *Target:3* **(NEW)**		