The Kingdom of Swaziland

END-Term Evaluation of GoS/UNFPA 5th Country Programme [2011-2015]

January 2015

MAP OF SWAZILAND

Figure 1 MAP OF SWAZILAND

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
ADB	African Development Bank
BADEA	Arab Bank for Economic Development in Africa
BSS	Behavioural Surveillance Surveys
CCA	Complementary Country Analysis
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CMS	Central Medical Stores
CO	Country Office
COAR	Country Office Annual Reports
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CSO	Central Statistics Office
CSPro	Census and Survey Processing System
CSW	Commission on the Status of Women
DEX	Direct Execution
DGFI	Department of Gender and Family Issues
DPM	Deputy Prime Minister
EmNOC	Emergency Neonatal and Obstetric Care
ERG	Evaluation Reference Group
FACE	Funding Authorization and Certificate of Expenditure
FLAS	Family Life Association of Swaziland
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFIU	Gender and Family Issues Unit
GIS	Geographical Infrastructure System
GoS	Government of Swaziland
HIV	Human Immuno-deficiency Virus
IATI	International Aid Transparency Initiative
ICPD	International Conference on Population & Development
IPs	Implementing Partners
IUCD	Intrauterine Contraceptive Device
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MEPD	Ministry of Economic Planning and Development
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality
MoH	Ministry of Health
MoScYA	Ministry of Sport, Culture and Youth Association
MoV	Means of Verification
MTE	Mid-Term Evaluation
MTR	Mid-Term Review
NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV/AIDS
NEX	National Execution
NGOs	Non-Governmental Organizations
NGP	National Gender Policy

NPP	National Population Policy
NPPP	National Professional Programme Personnel
NPU	National Population Unit
ODA	Official Development Assistance
OVI	Objectively Verifiable Indicators
P&D	Population and Development
PERPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PRSAP	Poverty Reduction Strategy Action Programme
QA	Quality Assurance
RBM	Result Based Management
RDTs	Regional Development Teams
RH	Reproductive Health
RHCS	Reproductive Health Commodities Security
RRF	Results and Resources Framework
SADC	Southern African Development Community
SBCC	Social Behaviour Change Communication
SD	Swaziland
SDP	Service Delivery Points
SHIMS	Swaziland HIV Incidence Measurement Surveys
SP	Strategic Plan
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
SRHU	Sexual and Reproductive Health Unit
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
SWAGAA	Swaziland Action Group Against Abuse
ToR	Terms of Reference
TWR	Technical working Group
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations population Fund
UNIADS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VAA	Vulnerable Assessment Analysis Survey

Table 1 Key facts on Swaziland

LAND	
Geographical location	Southern Africa, between Mozambique & S. Africa
Land area and terrain	17,364 sq. km
PEOPLE	
Population size	1,080,337 with 246,441 being urban population[i]
GOVERNMENT	
Government	Monarchy; Independence granted in 1968 from Britain
Availability of a NDS; PRSAP	YES; YES
Seats held by women in national parliament, percentage	13.6- House of Assembly[ii]; 37%- House of Senate
ECONOMY	
GDP per capita PPP US$	$5,900[iii]
Poverty levels	63[iv]
Unemployment rate: Total; male; female; youth[v]	28.5 %; 25.7%; 31.3%; 52%
SOCIAL INDICATORS	
Human Development Index Rank	0.536[vi]
% budget that is allocated to health of the national budget	8.2%[vii]
Health expenditure (% of GDP)	3.3 [viii]
Adult literacy rate (young women)	94.2[ix]
MATERNAL HEALTH	
Maternal mortality ratio	589 per 100,000 live births[x]
Infant Mortality rate	79 per 1,000 live births
Under-5 mortality rate	104 per 1,000 live births
Percentage of Delivery assisted by any skilled attendant	82%
Antenatal care coverage, at least one visit; at least 4 visits	96.8%; 79.3%[xi]
Testing coverage for the prevention of mother to child transmission of HIV among women attending health units	77.4%
Mother to child transmission of HIV rate	10.3%
FERTILITY	
Total fertility rate; urban and rural	3.8; 3.0 and 4.2
Adolescent fertility rate (births per 1000 women 15-19 yrs)	89 per 1,000
Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child	44.5%
MARITAL STATUS	
Percentage of women and men by current marital status	40.1women and 34.9% men
Percent of women 15-19 and men 15 – 19 years reporting to be currently married	6.9% and 0.1%
SEXAUL BEHAVIOUR	
Median age of sexual debut	17 years
Condom use at last high risk sex among women and men age group 15-24 years	68.6% and 84.5%
Condom use in sex with multiple partners: women; men	71.5%; 73.6% and 71.0%
Condom use with non-regular partners (women; men)	73.1%; 90.6%
Percentage of women and men who had sex with more than one partner in last 12 months	2.7% and 15.4%
COMPREHENSIVE KNOWLEDGE ON HIV AND AIDS	
Comprehensive knowledge about HIV prevention women (15-49 years) and men (15 – 49 years)	58.7% and 54.6%
Proportion of population; women and aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS	56.7; 58.2% and 53.6%
Women (15-49 years) and men (15 – 49 years) who have been tested for HIV and know the results	40.1%; 47.3% and 31.3%
FAMILY PLANNING	
Contraceptive prevalence rate among married or in union women (15-49)	65%
Unmet need for FP amongst currently married or in union (15–49 years)	34.8%
HIV PREVALENCE AND INCIDENCE	
People living with HIV, 15-49 years old, percentage	26%; 31% and 19%
Prevalence of HIV among pregnant women	41%
HIV prevalence among 15-19 women; men 15 - 19	10.1%; 1.9%
HIV Incidence rate (18-49): Total; Women; Men	2.3%; 3.14%; 1.65%[xii]
GENDER EQUALITY	

Prevalence of Sexual Violence experienced prior to Age 18	33.3%[xiii]
Lifetime Prevalence of Sexual Violence	48.2%
Ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner	7.7%
Women and men aged 15-49 who believe that there are some circumstances when a man is justified in hitting their female partner	39% and 33%

Sources: Population and Housing Census 2007, Women in Decision Making Positions Survey Report 2013, IMF world Economic Outlook 2014, Human Development Report 2013, Swaziland Household Income and Expenditure Survey 2010, Labour Force Survey 2010, Budget Estimates Book FY 2014/15, MICS 2010, SDHS 2007, PMTCT Programme report 2013.

1. Executive Summary Purpose: This Country Programme Evaluation, commissioned by the UNFPA Country Office of Swaziland was aimed to assess the progress of the 5th GoS/UNFPA Country Programme towards achieving the Country Programme of Action Plan outputs and outcomes, and identify and analyse factors that may have facilitated or inhibited the achievement of the results in order to document lessons learnt and make recommendations for the 6th Country Programme.

The target audience for the evaluation include Swazi national government stakeholders, UNFPA decision makers, key development partners and other programmers.

2. Country Programme Overview and Objectives of the Evaluation

The 5th Country Programme of the United Nation's Population Fund (UNFPA) covered the period of 2011-2015. The three principal components of the programme were population and development integration, sexual and reproductive health and rights, and gender equality. The geographical focus was Shiselweni region where there are huge adverse sexual and reproductive health needs. The Country Programme aligned with national priorities of Swaziland articulated in the Poverty Reduction and Strategic Programme, national development strategy etc. The goal of the CP was to address the key drivers of sexual and reproductive health problems, promote the use of population data in national development and gender equality. The CP responds to Millennium Development Goals 3 (gender equality), 5 (maternal morbidity and mortality) and 6 (HIV intervention). CP outputs contribute to five outcomes: 1)increased access to and utilization of quality HIV/STI prevention services especially for young people, with a focus on HIV and SRH integration; 2) increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions; 3) population dynamics and its inter-linkages with the needs of young people, SRH, gender equality and poverty reduction addressed in national and sectoral development plans and strategies; 4) improved data availability and analysis resulting in evidence-based decision-making and policy formulation and 5) gender equality and reproductive right advanced through advocacy and implementation of laws and policy, and gender-based violence prevention and response.

The overall objectives of the CPE were to:

a) Provide an independent assessment of the progress of the CP towards the expected outputs and outcomes as set out in the CPAP results framework.
b) Provide an assessment of the Country Office positioning within the development community and national partners in view of its ability to respond to national needs while adding value to the country development results.
c) Identify success stories, if any, and document lessons learnt in programme implementation, management and coordination.
d) Provide a set of recommendations that will inform the general development of the next CP and enable UNFPA CO organisational capacity to deliver on the CP outputs and outcomes.

The CPE covers CO strategic positioning and its CPAP activities and focuses on the regional level with UNFPA-funded projects for SRHR, HIV prevention, gender equality, and population and development. The primary evaluation criteria are relevance, effectiveness, efficiency, sustainability and strategic positioning and added value.

3. Methodology of the CPE: The evaluation was conducted between October and December 2014.There were four stages in the evaluation process, namely, the inception stage, desk review, the field work and analysis. Field work involved the use of qualitative tools to collect data from the stakeholders, implementers and beneficiaries. Key informant and in-depth interviews were held with stakeholders and beneficiaries at the national and regional levels. Field visit was also conducted. The evaluation was structured around four key criteria identified from the 2013 edition of the UNFPA Evaluation Handbook while additional criteria specific to UNFPA with a view to assessing its strategic positioning within Swaziland UNCT were selected. These criteria were relevance, effectiveness, efficiency, sustainability and strategic positioning and added value. The evaluation questions, study guides and the report were validated with the UNFPA CO, Evaluation Reference Group and the UNFPA Regional Monitoring and Evaluation Advisor for quality assurance purposes before the final report was submitted to the UNFPA.

4. Findings:

4.1 Sexual and Reproductive Health (SRH) and HIV Prevention: The SRH/HIV component had two outcomes namely *increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration* and *increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.*. The strengthening of social and behaviour change communication, integration of HIV and SRH services, reproductive health commodity security (RHCS) strengthening, midwifery support and family planning support were strategic interventions employed in the 5th CP cycle with a special lens given to the needs of young people.

SRH and HIV prevention has been programmed as the largest component of the three focal areas of the 5th CP in terms of both funding and implementation. The interventions were linked towards reducing spread of HIV especially for women and young people in Shiselweni. Youth priorities in SRH were met through provision of youth friendly services on health.. Youth dialogues with ultimate goal of effecting social behaviour change communication were held.

Initiatives and policy strategies useful for planning and monitoring SRH and HIV interventions help in the continuity of the programme. Examples include: national HIV prevention policy; National SRH policy, Integrated SRH strategic plan ASRH guidelines, M & E framework for National Youth Policy and MTR of SRH strategy. Interventions on male involvement in SRH and HIV services, midwifery training, maternal death audits and integration of family planning and condom use in service delivery areas were strengthened. UNFPA has collaborated with UN agencies, and CSOs/donors to leverage resources in SRH programmes. UNFPA has also worked with CSOs on the HIV prevention kit to deliver SBCC interventions. Document reviews and interviewees reported increased access to and utilization of quality HIV- and STI- prevention services especially for young people, especially in Shiselweni region. Of note is the improved policy environment for integration of HIV in SRHR programmes with five functional models of SRH/HIV integration health centres of excellence and increased Government's commitment to roll out integration of HIV in all health facilities. The national distribution of this increased access can be validated in a national survey.

UNFPA technical and financial support was effective in integrating RHCS into national systems and the RHCS LMIS was strengthened with new tools and rolled out to all health facilities. The capacity of the CMS improved with 5 year projection of RHC; coordination and monitoring of national procurement and supplies leading to reduced stock out of RHC at the facility level ; capacity of health workers on the LMIS was increased coverage and use of the LMIS at facility level. This contributed to the marked improvement in no stock outs of contraceptives including condoms in almost all health facilities in Shiselweni.

4.2 Population and Development: The Population and development of the 5th Country Programme contributed to the achievement of two outcomes: i) Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectorial development plans and strategies and ii) Improved data availability and analysis resulting in evidence-based decision-making and policy formulation The key strategies are advocacy for integration of population variables and promoting evidence-based planning, developing guidelines for integration of population variables into plans and policies, review and implementation of the National Population Policy, and strengthen coordination, monitoring and evaluation of the Country Programme. Another is support to conduct in-depth analysis and dissemination of major population surveys and studies.

The 5th Country Programme supported the training of planners in government ministries and civil society organisations in the integration of population issues in development plans and policies. Integration guidelines were also developed. However, the integration of population issues into development plans and policies still remains general and ad-hoc. It lacks in-depth analysis of population and development inter-relationships. The review of the National Population Policy is yet to be undertaken. Its implementation has not been effective in that there is no costed implementation plan and budget. Additionally, a number of structures stipulated in the policy have not been put in place. NPU coordinates the implementation of the 5th Country Programme with the support of UNFPA. The high staff turnover has affected implementation of some activities. UNFPA has supported some of the staff positions through NPPPs. However, there is too much dependence on UNFPA financial and technical support which raises concerns about sustainability.

Data availability for evidence-based planning were enhanced, although their effective use still needs strengthening . UNFPA supported the Central Statistical Office to conduct a number of

surveys as well as trainings to meet data demands. Through this support Central Statistical Office produced National Population projections; Sectoral Projections; Population projections by *Tinkhundla*; conducted the 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Cluster Indicator Survey (MICS); conducted in-depth analysis training workshops which produced the Market Segmentation Analysis on Family Planning. UNFPA has been supporting the preparatory activities of the 2017 Population and Housing Census. The Central Statistical Office, however, has challenges with respect to high staff turnover of skilled professional staff which slowed down the implementation of some activities. The institution also lacks a strategic plan to guide national data generation, analysis, dissemination and encouraging use .

4.3 Gender Equality: The gender equality component has a special focus on promoting gender equality and response and prevention of gender-based violence. The key strategies under this outcome were; to strengthen capacity for gender responsive programming and capacity development of Government, Civil Society and Communities for prevention of and response to GBV.

UNFPA 5th Country programme supported the Department of Gender and Family Issues as part of strengthening government's capacity to implement policies and international agreement. UNFPA was effective in that it supported the development of tools for the operationalization of the National Gender Policy such as the NGP Action Plan and the Monitoring Evaluation framework, the development of country progress reports on international agreements, the drafting of the Sexual Offences and Domestic Violence Bill and the National Strategy to End Violence Draft (2013-2018).

The CP also contributed to enhancing community capacity to prevent and respond to gender-based violence as evidenced by the establishment of the Gender Referral Network in Shiselweni, Men Engage Network in Swaziland, sensitization meetings for chiefs, *tinduva*, chief runners and chief inner council and community mobilisation through dialogues that were designed to educate and inform communities about GBV, SRH, HIV and Human rights. Through advocacy, the Domestic Violence and Sexual Offences Bill was passed into law by parliament although it delayed to get royal assent. Unfortunately the bill has to be re-tabled for fresh debate.

However much still needs to be done to improve mainstreaming of gender in all sectors including women empowerment as exemplified by women's representation in positions of decision making where their voices matters. Also there is still need for advocating for the amendment of some laws that still disadvantage women for example the marriage act and the Domestic Violence and Sexual Offences Bill..

4.4 Management and coordination of the Country Programme:

The successful implementation of the 5th CP depended on the management and coordination systems in place to ensure the achievement of CPAP outputs and outcomes. The 5th Country Programme Action Plan Monitoring and Evaluation Framework 2011-2015 was developed as a tool to facilitate the management and coordination of the CP. The coordination of the CP was done by the Ministry of Economic Planning and Development (MEPD) through the National Population Unit (NPU). The NPU was, therefore, responsible for consolidating and reporting progress as well as ensured that the CPAP was implemented according to agreed modalities and standards. The UNFPA supported and collaborated with NPU in the management and coordination of the implementation of the CP.

The UNFPA supported the implementation of the Population and Development of the 5th CP through the NPU. The Reproductive Health and Rights component was implemented through support to the Ministry of Health-Sexual and Reproductive Unit. The Gender Equality component was supported through the Deputy Prime Minister's Office-Gender and Family Issues Unit.

The UNFPA 5th CPD and CPAP are consistent with the NDS, PRSAP & UNDAF. They contribute to priorities and needs for basic social services for the Government of Swaziland such as on HIV/AIDS; poverty and sustainable livelihoods; human development and governance. UNFPA participated in the development of the NDS and PRSAP. UNFPA chaired and coordinated the UNDAF M&E group which was responsible on country's needs on strategic information and data.

4.5 Strategic Positioning and Added Value

UNFPA CO was active in various technical working groups (TWG): national HIV prevention TWG, SRH/HIV integration TWG, Social and Behaviour Change Committee and Condom Committee. UNFPA is funded by the EU project on the integration of SRH and HIV. With UNICEF a concept note in integrating adolescents' reproductive health issues was developed. Partnership occurred with WHO in developing Midwifery curriculum. Partnership with UNESCO on delivering the Comprehensive Sexuality Education initiative approach also was also established. Joint programmes on HIV and AIDS with UN agencies and other partners such as NERCHA, PSI, PEPFAR, C-CHANGE, and CSOs in providing technical support and leveraging resources in SRH programmes were done in the 5th CP.

UNFPA demonstrated leverage in delivering its mandate on condom programming, family planning and supply chain management.

The added value of UNFPA to the CP as its strength was support to generation of data as well as in sexual and reproductive health. Other partners perceived UNFPA as a reliable partner to work closely with and its importance was recognized.

5. Conclusions

5.1 Strategic Level

UNFPA CO has demonstrated excellence in forging strategic partnership among national stakeholders and development partners with a focus on the strategic area of promoting sexual and reproductive health of young people and other vulnerable populations. It has added value to the thematic areas by its singular ability to intervene in population issues listed in the 5th CP.

Stakeholders agreed that CO adds value only to the extent of its ability to mobilise resources and facilitate effectively policy dialogue. An additional aspect of its value added can be seen in its ability to intervene in critical areas of national development importance, like census and survey. While stakeholders acknowledge these qualities, they called for joint decision-making on matters of defining programme including changes of scope and resource envelope. The need for an exit strategy for most of the interventions of the CP is also viewed as critical.

5.2.1 Programmatic Level

2.1 The 5th CP has a huge programmatic relevance and properly aligned to the country's national priorities and international development priorities as found in ICPD, Beijing Declaration and MDGs**.** The 5th CP is derived from and aligned to national objectives in the Constitution, the National Development Strategy and PRSSAP, National Population Policy, National Youth Policy, National Gender Policy, National Health Sector Strategic Plan and extended National Multi-sectoral HIV and AIDS strategic framework, amongst others.

The SRHR component was made more relevant to Swaziland context by integrating it with HIV and AIDS issues due to the high level of HIV prevalence and its impact on the development agenda. The generation of national data and integration of population data into national development for sectoral planning has been an on-going plan that will yield high outcomes for development planning in Swaziland. The gender equality activities are relevant especially since the county has high rates of gender-based violence.

5.2.2 The UNFPA 5th CP in Swaziland has demonstrated real effectiveness in the three programmatic areas namely access to youth friendly integrated SRH/HIV health service, availability of family planning commodities, availability of population data for evidence based planning, and creating awareness on GBV and improving the coordination of GBV service provision for survivors. UNFPA has supported an enabling environment for productive delivery of SRHR services and integration of population data into development issues. It is noted that some of the impact/outcome indicators have not been tested but there is evidence that the effectiveness can be measurable in the future by changes in attitude and behaviour.

5.2.3: UNFPA CO and its implementation partners have demonstrated efficient use of human and financial resources, though some of the partners have issues about how funds disbursements affect the delivery of results. Some noted that in most cases funds are released during the 3rd quarter and they would be expected to produce project and financial report**.**

5.2.4 While there is no clear exit strategy in the CP, it is noted that this is an important aspect of programming that should be addressed.

It is noted that the 5th CP is relevant to the Swaziland development context. Its implementation is effective and resources well-used. However, the issue of how to sustain the tempo in both downstream and upstream activities, at the end of the programme cycle remains a concern to most partners. This is more pronounced as most of the implementing partners have no clear alternative resource mobilization strategy. How to sustain these activities so that meaningful and impactful behavioural changes will be observed remains a challenge to partners.

6. Lessons Learnt

6.1 For a country programme to be acceptable it is important that such programme be grounded in community involvement and participation. The benefit of the involvement of community-based associations in interventions like this can be found in the excellent effort of such community based group like NATTIC in Shiselweni region. For any community outreach to work beneficially, it has to be grounded in the model of the approach being adopted by NATTIC in its outreach programmes in Shiselweni.

6.2 There is evaluation overload in the life of this 5th CP. Two different evaluations were done on this same programme and the preceding two were never actioned. One was a process evaluation with recommendations on how to design the intervention activities in Shiselweni. In 2013, a mid-term evaluation also observed the same issues in the CP and made recommendations almost similar to the process evaluation. The final report was published in 2014.Two important lessons in this CP is the need to use evaluation reports in country programming and the need to space evaluation processes so that they do come closer to each other. And this explains why the lessons learnt and recommendations in each of the reports remain the same. While the CO endeavours to conduct studies, more in-depth analysis of data and production of quality reports remain critical. Document reviews and interviews showed evidence of low capacity to integrate population data into sectoral policy. Thus the capacity to analyse data and utilise the research results for policy and programming requires attention.

6.3 It is difficult to infer impact in a country programme so designed as this. In Shiselweni, while UNFPA CO contributed some resources to the Matsanjeni Health Facility, other NGOs are also actively involved in similar SRH interventions in the same facility. The best that can be said is that the 5th CP contributed to noticeable improvement in the integration of HIV/AIDS services in the health facility with model health facilities of excellence in

integration. Another flagship of Shiselweni intervention is the Youth Dialogue. The evaluation team's interaction in this region did not show that the coordinators understood the other components of SRH as the only component emphasised by them is prevention of teen pregnancy.

6.4 Another important lesson is the need to maintain highest level of integrity in CP implementation. Once the partners and beneficiaries have doubts about the intention of a programme or that an aspect of the intervention is not straightforward, it can undermine the basis of the intervention. Transparent and simplified communication on the mandate of UNFPA with IPs, especially the ones in the local communities, helps to increase understanding of the purpose for UNFPA collaboration with them.

6.5 The need for CP to include element of alternative resource mobilisation by implementation partners will defuse their attention from seeing CP as the core source of fund availability for their intervention activities. One of the things to be included in AWP is evidence of sourcing for additional fund to promote interventions. This is one way to maintain continuity after the CP funding cycle.

It is important to have a local capacity building initiative involving relevant departments in the national university to help the CO and its IPs in capacity building on research, project design and implementation. Most country programs for example have this element. Bringing in consultants to run a week workshop is not an enduring strategy for capacity-building. It is financially wasteful and does not promote local ownership. This explains why the population integration and in-depth analysis could not continue because the international consultant identified to do such was not available. Whilst on the other hand the involvement of the University of Swaziland in the training on in-depth analysis of data is a plausible effort and it is recommended that it should be further strengthened. Next Country Programme should emphasise local capacity building partnership with tertiary institutions in the country.

6.6 UNFPA CO plays critical role in the UN Country system. It is well respected by other UN organisations in the country. Leveraging this important social capital to strengthen its value added to the CP interventions in Swaziland cannot be overemphasised.

7. Recommendations

7.1 Strategic Level

Its strategic partnership with national and development partners should be strengthened so that the ability to deliver as one should be enhanced.

Strategic partnership has proven to be an important prerequisite for successful implementation of a country programme. The role of UNFPA CO in this direction was well acknowledged by all the stakeholders. The need for joint decision-making in formulating country-specific programmes to promote genuine and sustainable partnership cannot be underestimated.

UNFPA, no doubt, has an added value in its programme areas but its financial muscle and being a global institution, has allowed it to act as facilitator of programme components. Stakeholders agreed that CO adds value only to the extent of its ability to facilitate effectively policy dialogue and its ability to intervene; example, support for data generation through census and surveys.

7.2 Programmatic Level

7.2.1 The CP has been effective as it addressed issues of immediate concern to the country and made it easier for ownership and sustainability. The next country programme should be made to focus on issues that properly fit into the global agenda for post-2015 development framework. Issues of reproductive health, gender equality, data for planning, migration, sustainable development will continue to take the front row. However, Country Programmes must be made more flexible to address emerging needs of a country.

7.2.2 The purpose of evaluation is to identify what is good practice or lessons learnt whether good or bad with a view to implementing effective programmes that will contribute to sustainable development. Both the mid-term evaluation report and this current one have identified programmatic issues that need to be factored into next country programming. It will be worthy for the global audience to know what worked in Swaziland and what did not work, so that it can be a lesson to others. There are various issues in the current CP that need to be further interrogated. Such things as attitudes to GBV among political and traditional institutions; whether there has been any behavioral change as a result of all the interventions

in the programme areas, need to be further explored. Understanding the dynamics that contribute to any of the outcomes will assist in making CP more effective.

7.2.3 Efficiency involves transparency and accountability. Funds should be accounted for, and IPs with qualified audits should be continuously trained to improve their capacities for sound financial management. Timely sourcing of national and international consultants so that activities cannot be delayed should be encouraged. International consultants can be sourced for if there is no national capacity. Timely signing of AWPs and disbursement of funds should be encouraged. Training of IPs and national stakeholders in financial management should be pursued to improve their capacities in sound grant fund management.

7.2.4 Through stakeholder engagement processes, UNFPA and its implementing partners should develop a negotiated exit strategy and have this integrated into the CPAP. Furthermore, a capacity building and technical assistance strategy must be put in place that distinguishes once-off capacity development efforts that are largely a result of lack of resources by implementing partners to undertake activities such as training as opposed to actual lack of capacity to conduct training, to plan effectively or implement a strategy. [MTE, 2014]. It is important that efforts should be put in place to develop capacities of strategic partners or share knowledge such as delivering trainings, workshops, providing technical assistance, positioning national and international expert within an overall capacity development programme. This also calls for a clear capacity development strategy that will also address the capacity development needs of CO staff and management and IPs, especially in the areas of programme planning, design, coordination and implementation. It is recommended that CO consider local initiative in capacity-building with a view to promoting ownership of such initiative. This will also reduce programme costs.

7.2.5 Implementing partners made the observation that the calibre of UNFPA CO programme staff and consultants was not different from their own and in some cases, less experienced and competent. The quality of international consultants was also called into question by most of the stakeholders. The issue of quality technical advisory support including consultants clearly come to the fore when some of the analytical results from surveys and commissioned reports present with quality issues.

While capacity issues are raised in several of the documents reviewed and interviews, the CP has no clear-cut plan to build or strengthen the capacity of the national stakeholders. Lack of capacity could be identified in the quality of data interpretation, and report writing. CO

should continue to invest in the building of national capacity to improve the quality of analysis and reports from the IPs and CO, and to promote sustainability. There have been a lot of research but evidence provided by these studies has not been adequately utilized in planning. It is important that CO explores how to build local capacity in utilising population research results for policy and programming at all levels of government. Training of planners on integration of population issues into development should be made practical and result-oriented. CO should also target beneficiaries who will be the catalysts for this in their ministries.

7.2.6 There must be a coherent approach to Capacity-Building in the CPAP

How is capacity-building defined? Is it one hour workshop or seven day workshop? The UNFPA CO should initiate a long term capacity building collaboration with national training institutions like the Universities and Colleges, a capacity building programme that can add local content and value to the country.

7.2.7 Human right approach should be adopted while sensitization efforts should highlight the socioeconomic consequences of GBV and benefits of a gender-based violence free society. Most of our respondents did not see GBV as a human right issue and did not know that high prevalence of GBV has negative socioeconomic consequences.

7.2.8 In Shiselweni, the model of community dialogues being employed by NATICC with support from UNFPA should be used to influence community attitudes towards eradication of GBV. It is recommended that the NATICC model of community mobilization and sensitization should be used in any other initiatives that demand community involvement.

7.2.9 In planning for the next country programme, the following issues should be given attention:

i) The current M & E system in the CO and among its IPs needs to be re-examined. The focus will be on how to improve the quality and validity of the data collected from the IPs and how to define measurable indicators

ii). CO should continue engaging in in-depth analysis of country wide surveys and conduct advocacy on how the findings can be used for national and sectoral planning.

iii). CO should promote a platform for sharing the findings of these surveys, thereby promoting intellectual exchanges and knowledge among national stakeholders.

iv). The above platform can also help to generate knowledge issues and how to manage with broad-based national stakeholders forum

Chapter 1: Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

This Country Programme Evaluation was designed to achieve broad and specific objectives, both of which aimed at determining the outcomes and value added by the UNFPA 5th CP in Swaziland. In the broader context, the objectives included to enhance accountability of UNFPA and its CO for the relevance and performance of its country programme, and to provide a broadened evidence-based data for the design of the next programming cycle. Overall the evaluation assessed how the key activities contributed to achieving the main priorities to reverse the spread of HIV, promote gender equality and enhance the centrality of population issues in development planning. It also looked at the factors fostering or hindering the achievement of the broad objectives of the 5th CP.

The specific objectives were (i) to provide an ***independent assessment*** of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the CP; (ii) to provide an 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, (iii) to identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination and (iv) to provide a set of recommendations that will inform the general development of the new country programme and enable UNFPA CO organisational capacity to deliver on the CP outputs and outcomes.

1.2 The Scope of the CPE

This End-Term Evaluation covered all the activities planned and implemented by the UNFPA CO and its implementing partners for the three CP thematic areas of the 5th Country Programme. It focused on the CP relevance, effectiveness, efficiency and sustainability of the CP and the degree of UNFPA's CP fulfilment of its commitment to deliver on results, accountability and transparency. Programme aspects for 2011, 2012, 2013 and mid-2014 and the Country Programme Action Plan were evaluated. Furthermore the scope of the evaluation included assessing how the 5th CP aligned with UNFPA global strategic plan of 2014-2017; UNFPA's comparative advantage and its proposed modes of engagement and its responsiveness to the developmental needs of Swazi government. Recommendations on the

structure of next country programme in the context of national and international development agenda would be made. The target population for the evaluation included CO programme staff and management, direct, indirect partners and strategic stakeholders and beneficiaries of the 5th CP at national and regional levels.

1.3 Methodology and Process

The evaluation team ensured independence, impartiality and objectivity by relying on and adopting a systematic triangulation of data sources and data collection methods and tools. Qualitative evaluation methods were used to answer the different evaluation questions. The data collection tools were designed around the assumptions and indicators found in the evaluation matrix as identified in 2013 edition of UNFPA Handbook on Evaluation of Country Programme. Quantitative data were only collected from programme reports obtained from the CO and IPs.

There were four stages in the evaluation process. First is the inception stage during which the evaluation team met with the evaluation management committee and evaluation reference group to seek input confirm and approve choice of methods and data collection and analysis plan. The questions developed and used were based on the evaluation terms of reference, CPD and CPAP Monitoring and Evaluation Framework, which articulated the re-aligned indicators to the revised UNFPA Strategic Plan. There were several meetings with CO staff to gain a broad better understanding of the 5th CPAP.

Second stage was the desk reviews and analysis. This involved collecting, analyzing and synthesizing background documents, all of which focus on the three thematic areas of the 5th CP. The documentary review was important to understand the country context and UPFPA country programme; identifying the sample of stakeholders, collecting quantitative secondary data, identifying specific interview questions, completing the evaluation matrix and validating and crosschecking preliminary findings. Information and data collected from the document review included the description and analysis of needs among beneficiaries, demographic data on health, education, income disaggregated at sub-national levels; inputs/resources, activities, planned and actual outputs, planned CPAP outcomes, actual achievements at the level of the CPAP outcomes etc. Specific focus was on how 5th CP is in alignment with national and international priorities. A list of national policies and strategic frameworks and associated UNFPA programme documents and reports were reviewed. A sampler of documents reviewed are listed in Annex 5

The third stage was the field work. Field work involved data collection through key informant, in-depth and group interviews.

Key Informant Interviews*:* Separate semi-structured interviews were designed for key informants (CO staff, government partners, direct and indirect implement partners, other UN agencies, national and international partners) in Mbabane, the country capital and Shiselweni, the region of focal intervention. These were selected because of their knowledge of and participation in the country programme. The policy makers provided information on the policy aspect of the CP while the implementing partners and CO staff gave broad exposition on the 5th CP implementation processes, successes and challenges. Interview meetings with these key stakeholders lasted between 45 minutes and 1 hour 30 minutes. In some cases follow ups were made after the interview session for clarification of some ideas.

In-depth Interviews: With the assistance of implementing partners, programme beneficiaries for each of the programmatic areas were identified and randomly selected for in-depth interviews. Interviews also collected information on the way and the extent to which assets, human resources, or other direct deliverables associated with UNFPA support were utilized to improve key programme outcomes in the country. No focus group discussion was held because of logistic and time challenges.

Field Visit: The evaluation team visited Shiselweni region to interview implementation partners and beneficiaries in the region. The selection of stakeholders interviewed was based on the evaluation questions and the activities of the relevant components.

Stakeholders selected and interviewed for Population and Development programme area were: National Population Unit, Central Statistics Office, Planning Officers in the Ministry of Economic and Development Planning. The number of stakeholders interviewed in this component was 15.

Those selected and interviewed for sexual and reproductive health programme area included Ministry of Health Sexual and Reproductive Health Unit, Family Life Association of Swaziland, M2M, Aids Health Care Foundation, Swazi National Youth Council at National Level, Regional Coordinator of SYNC, Regional Director of Regional Health Management Committee in Shiselweni, Senior Matron, Matsanjeni Health Clinic, four CO programme

officers responsible for the SRH portfolio, Regional trained peer educators, Lusweti. About 24 partners were interviewed in this group

For gender equality, the stakeholders interviewed were the Assistant Representative of the UNFPA CO, Director of GFIU in the Deputy Prime Minister's Office, Gender Programme Officer, beneficiaries of Gender equality activities in Shiselweni region. In this case, all direct implementing partners were selected and interviewed. One indirect partner was selected who was a sub-contractor of the implementing partner and direct beneficiaries were interviewed. The total number of people that were interviewed for the GBV component was 17 (individual interviews plus group discussions).

The evaluation team was made up of 5 evaluators with expertise in different aspects of monitoring, evaluation, and project and research management. The evaluation team and evaluation management committee spent considerable time to plan for the field work. Interviews were conducted in October 2014.

Throughout the field phase, the team leader ensured that the evaluation team used the evaluation matrix for the formulation of appropriate interview guides and other collection tools; reviewed the selection of interviewees and other documentary sources of information with the team, and ensured that interview questions and entries into the evaluation matrix reflect the required level of detail for the subsequent data analysis. Continuous quality assurance was provided by the evaluation manager at the Country Office. There were regular evaluation team meetings and daily interactions with evaluation management committee. The Country Office provided all the documents pertaining to UN evaluation guidelines and standards and the team went over these carefully and with guidance from the Evaluation Manager acting on behalf of the Evaluation Reference Group. However where important document is missing, request was made to the evaluation manager who immediately facilitated the submission of the document.

Evaluation Criteria

The evaluation was structured around the four key evaluation criteria identified from the 2013 edition of the UNFPA Evaluation Handbook while two additional criteria specific to UNFPA with a view to assessing its strategic positioning within Swaziland UNCT were included. These criteria are

i). Relevance : the extent to which the objectives of UNFPA Country Programme correspond to population needs at country level and aligned with government priorities and strategies of UNFPA;

ii). Effectiveness: the extent to which CPAP outputs have been achieved and the extent to which these outputs have contributed to the achievement of the CPAP outcomes;

iii). Efficiency: the extent to which CPAP outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs);

iv). Sustainability: likelihood that benefits from the CP should continue after UNFPA funding is terminated and corresponding interventions closed;

v). Strategic positioning: the contribution of the UNFPA CO to the UNCT and how it has positioned itself vis-à-vis the UNCT and the extent to which UNFPA CO has been an active member of, and contributor to the existing coordination mechanisms of the UN Country Team;

(vi). Added Value: whether there were any visible benefits specifically resulting from the UNFPA Country Programme and or any value that UNFPA CO brings on board of the Country Team.

Additional evaluation questions aimed at translating the abstract analytical perspectives of evaluation criteria into concrete language and conceptual components of the UNFPA country programme were formulated. These questions captured the main elements of UNFPA Country Programme. The key questions around each of the criteria were identified. Evaluation matrix **(Annex 4)** was used to summarize the core aspects of the evaluation exercise. It specified what were evaluated, particular assumptions assessed, indicators, sources of information and tools for the data collection. The evaluation matrix is a reference framework to check that all evaluation questions were answered.

1.4 Data analysis

Analysis was done based on the three thematic areas of the country programme. Quantitative data were reviewed as secondary data from Strategic Programme Reports, Annual Reports and others. The formats of the UNFPA Evaluation Office were used for tabulation and analysis to organize the findings within the main body of the report. The presentation of the findings is as follows: (i) text of the evaluation question; (ii) short summary of the answer

within a box and (iii) detailed answer to the evaluation question. Conclusions are arranged in two-cluster sequence: strategic and programmatic levels.

1.5 Limitations Encountered

The first limitation in the data collection process was the timing of the evaluation exercise. Conducting interviews at the end of the year is not the best because even where informants were contacted, they had little time to spend for the interview.

The other challenge is that some interviewees' perspective of the evaluation was that it is an audit exercise and such became there was notably discomfort with the exercise.

Another limitation is that it is not possible within the timeframe of the CP to measure its impact on behaviour change, expected to be engendered by the various outputs. Inability to conduct quantitative survey did not allow the evaluation to have independent quantitative behaviour change indicators, as the team depended on the program data collected by the CO and IPs.

1.6 Structure of the Evaluation Report

The Evaluation Report is structured according to the Table of Contents and in line with Handbook requirements. After the required starter pages including executive Summary and Key Facts Table, Chapter One introduces the evaluation including purpose and objectives, scope and methodology. Chapter Two addresses the country context, development challenges and national strategies, and indicates the role of external resistance. Chapter Three elucidates the UN and UNFPA response and strategic positioning, the current UNFPA 5th Country Programme; and provides a brief outline of the previous cycle strategy, goals and achievements. It also highlights the financial structure of the current CP. Chapter Four provides the key evaluation findings and analysis for each thematic area in relation to relevance, effectiveness, efficiency and sustainability, and addresses cross-cutting themes as noted earlier, UNFPA added value and responsiveness. Chapter Five provides the strategic and programmatic conclusions reached by the evaluation and Chapter Six the recommendations for CP that flow from the triangulated evidence and analysis of the findings and conclusions. The Annexes provide the Terms of Reference, the indicator/results matrix to date, the evaluation matrix, full sources of primary and secondary data (interviews, focus group discussions, and documents reviewed).

Chapter 2: Country Context

2.1 Development Challenges and National Strategies

The Kingdom of Swaziland in Southern Africa is a small, landlocked country with an area of approximately17, 364 square kilometres**.** It is a constitutional monarchy and uses a dual modern and tradition system of Governance. There are four regions namely Hhohho, Lumbombo, Manzini and Shiselweni; 55 local constituencies (called Tinkhundla) and 12 urban local authorities and 360 chiefdoms. It is a monolithic society characterised by one ethnic group, a common language, culture and strong traditions. The spatial distribution of Swaziland population is uneven, wherein a majority of the population live in rural areas and only 22 percent residing in urban areas. The distribution of the population by administrative region shows that Manzini has the largest share of the Swazi population with 31.3%, followed by Hhohho (28%) and Lubombo (20.4%).

Economic growth which had moderated from averages of 3.7 percent in the 1990s has been on a steep descent to averages of 2.3 percent over the 2000s and plummeted to 1.3 percent in 2011. This resulted in the widening of the county's fiscal deficit from 0.5 percent of GDP in FY 2008/09 to 13.8 percent in FY 2010/11. More recently, the country's economic position has improved with economic growth in 2013 being estimated as 3.5%. In 2013, nominal GDP per capita stood at $3,691.31 placing Swaziland amongst lower middle-income countries. However, despite the relatively high Gross Domestic Product per capita, 63% of the Swazi population lives in poverty. Unemployment is high and the human development index which reached a peak of 0.623 in the 1990s has declined to 0.530 in 2013 (Human Development Report, 2013). The official unemployment rate is 30% and 50 percent of this is for the youth (Labour Force Survey, 2010). The unemployment rate is higher among women at 31.3% than for men (26%). Current Weak human development and fragile basic services delivery are a major challenge in Swaziland. This is exacerbated by a declining population, improving yet fragile social protection systems as well as an increased burden of communicable, non-communicable and epidemic diseases.

The population of Swaziland is 1.02 million according to the 2007 Population and Housing census. The rural/urban distribution of Swaziland population is uneven, with 78% of the population live in rural areas and 22 percent residing in urban areas. The distribution of the population by administrative region shows that Manzini has the largest share of the

population with 31.3%, followed by Hhohho (28%) and Lubombo (20.4%). The population age structure is relatively young. Forty percent are below 15 years and 52 percent younger than 20 years. About 4 percent is aged 65+. The median age of the population is 17.6 years. The youthful nature of the population reflects the high level of fertility in the country, with a high age dependency ratio of 76.1. Sex ratio is 89.6. Total fertility rate is 3.8 with urban and rural variations of 3.0 in urban and 4.2 in the rural areas. Childbearing commences early in the country (19.4 years) and is universal (Swazi Census Report, 2007). According to the Swaziland Demographic and Health Survey [SDHS] of 2006-2007, 23 percent of women aged 15-19 have begun childbearing. There is a high level of unplanned childbearing as 36.5 of births that occurred were wanted at the time of their conception and 37% unwanted. Teen pregnancy accounts for 25 percent of all reported pregnancies. Adolescent fertility is 89 per 1000 while teen pregnancy is reported to be 45 percent. Despite high knowledge of contraceptive methods, contraceptive use is low, with a contraceptive prevalence rate of 48%.

In terms of mortality estimate, crude death rate is 31/1000, with clear-cut sex differential in favour of women. Infant mortality is high, estimated at 85 per 1000 live births while under-five mortality is 120 per 1000 live births. While there is increase in the rate of immunization for children aged 20-23 months, the most frequently cited childhood illnesses are respiratory infection, fever, diarrhoea and malaria. There are differences in infant and child mortality levels by socioeconomic and demographic characteristics. Maternal mortality is estimated at 589 deaths per 100,000 births and it is estimated that 60% of all maternal deaths are among women who are HIV positive although different ratios are often reported, depending on the sources. Maternal deaths are mainly attributed to preventable or treatable conditions such as haemorrhage (22%), hypertension (11%), unsafe abortion (1.6%), sepsis (12.7%), other direct causes (6.4%) and indirect causes (46%) (MOH, 2011). The lifetime risk of maternal death is estimated at one woman in 120 women (RBM, 2008).

HIV/AIDS remains a major challenge to development in Swaziland, which has a high national prevalence rate of 25.9% among those aged 15-49 and 18.8% among people aged 2 and older. The SHIMS (2011) reported HIV prevalence of 31.1% among those aged 18-49; 38.8% among women and 23.1% among men. Women are disproportionately more affected and HIV infection is ten times more among girls aged 15-19 years compared to boys in the same group; and three times more in women than men for the age group 20-24. According to the SHIMS, the national HIV incidence rate is 2.38%, fewer than two percent (1.7%) among men and 3.1% for women. New infections are highest among young women aged 18-24,

older women aged 35-39 and men aged 30-34. Consequently, 23% of young women in the general population aged 15-24 are living with HIV and higher (38%) among those who are pregnant. HIV testing varies among men and women (32.2% and 47.3%, respectively). Although awareness about HIV is very high for both men and women, this has not translated into appropriate behavioural change with the major driver of HIV infection being risky sexual behaviours.

Knowledge of family planning methods in Swaziland is universal, with the most commonly known methods as male condom (99%), injectable (96%), pill (95%) and female condom (91%) [MICS 2010]. The Contraceptive Prevalence Rate (CPR) has increased as 65 percent of currently married or cohabiting women age 15-49 years are using a contraceptive method. The unmet need for family planning is reported to be 13% (MICS 2010). Teen pregnancy accounts for 25 percent of all reported pregnancies. Unmet need for family planning among HIV positive women is high at 64% (MTE 2014). The Service Availability Mapping (SAM 2010) noted that 73% of health facilities that offer family planning services and 88 percent of the facilities had at least one stock of any method of family planning. Commonly available methods include pills (71%), male condoms (60%) and IUCD (17%).

Gender inequality and gender based violence are other challenges for the country Gender inequality is exemplified by low female enrolment in tertiary institutions, low participation in paid formal employment and at national decision making levels. . Due to the patriarchal nature of the society, gender inequality is prevalent in all socio-cultural, economic and political spheres of the society. Women are regarded and treated as minors. This status is reinforced by customary marriage and general common law. Decision-making on matters of sexuality, reproduction, family size and use of contraceptive use remain the exclusive domain of men. Women are frequently disposed of their property when the male head of household dies. This contributes to disparity in poverty level, with 63 percent of female-headed households living in poverty. Access to land ownership by Swazi women is a big challenge. Representation of women in Parliament is low; only 21% of the Members of Parliament [Session 2013-2019] are female. Traditional leadership continues to be the domain of men, with women empowered to act only in case where the incumbent is young or has not yet been identified. Gender-based violence is still a major problem affecting women and children. There is feminisation of poverty and HIV/AIDS. Unsafe sexual practices combined with behavioural and socio-cultural and economic factors exacerbate female vulnerability to the pandemic. National level statistics show that 56% females aged 13-17 years' experience two

or more acts of sexual violence before attaining the age of 18. Also 48% of girls aged 15-24 years are reported to have had sex before the age of 18 years and 23 percent of teenage girls aged 15-19 years have already had their first child (MOEPD/NPU 2012). In terms of HIV prevalence, women are more significantly infected than men; with a prevalence of 12 percent for males and 38% for women aged 20-24and the prevalence peaks in younger age groups for females than among similarly aged males.

The National Study on Violence against Children and Young Women in Swaziland (2007) indicated that 48 percent of women in Swaziland experience sexual violence within their lifetime. Attitudes towards wife beating indicated that 39 percent of women and 33 % of women agree that it is justifiable for a husband to beat his wife on some occasions (MICS 2010).

According to the 2012 Swaziland Millennium Development Goals progress the country has made some significant progress and is on course to achieving Goals 2, 3, 6, 7 and 8 which have resulted in an increase of school enrolments for girls and boys, improving women's labour participation rate, high immunization rates and improved nutritional status of children under the age of 5, reductions in new HIV infections and near elimination of Malaria, and high access to water and sanitation. The country is still lagging behind in Goals 1, 4 and 5 with major challenges being poverty, high HIV prevalence which results in increased mortality among mothers and infants, drought and poor economic performance. Despite the existence of national and sectoral action plans and strategic frameworks, there remains inadequate integration of population variables in development planning. There is also a challenge with competency among key human resources in the health sector. [PRB, 2010].

2.2 The role of external assistance

There are a number of bilateral and multilateral development partners providing official development assistance to the Kingdom of Swaziland. These include the African Development Bank, Arab Bank for Economic Development in Africa [BADEA], European Union, Global Fund, United Nations, United States and World Bank, Japan and China. Six of these are multilateral and three are bilateral, while four are resident in the country. UN agencies in the country represented in the UN Country team are FAO, UNDP, WFP, UNICEF, UNAIDS, UNFPA and WHO. Several of these development partners are signatories to the International Aid Transparency Initiative [IATI] which aims to increase the transparency of aid in order to improve its effectiveness in tackling poverty. Through the

Ministry of Economic Planning and Development's AIDS Coordination and Management Unit (ACMS), the country is in the process of harmonising all Aid coming into the country.

A large portion of ODA to Swaziland is for supporting the health sector and HIV-related interventions. In FY2011/12 the total volume of ODA provided to the country was approximately US$132.9 million with the biggest provider being the United States who disbursed approximately USD 29.2 million in the same year through the President's Emergency Plan for AIDS Relief [PEPFAR], to tackle the menace of HIV/AIDS. Higher proportion of the external assistance received in 2011/2012 came from bilateral sources.

Chapter 3: UNFPA Response and Programme Strategies

3.1 United Nations and UNFPA Response

All UNFPA interventions are guided by a global corporate strategy set out in the UNFPA Strategic Plan, established to provide overall direction for guiding UNFPA support to country programmes to achieve their national development agendas. Originally there were three programme areas, and following a Mid-Term Review of the Strategic Plan adopted a set of seven interrelated outcomes which in turn support a single overarching goal to wit: achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and MDG5. This MTR led to a significant refocusing of UNFPA support with SRHR placed squarely at the centre of its work.

The UNFPA Global Strategic Plan for the period 2014-2017 led to the reaffirmation of strategic direction represented by the 'bull's-eye' and organised under four outcomes:

- Outcome 1: Increased availability and use of integrated sexual and reproductive health services that are gender-sensitive and meet human rights standards for quality care and equity in access;
- 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 services;
- Outcome 3: Advanced gender equality, women's and girls' empowerment and reproductive rights including for the most vulnerable and marginalised women, adolescents and youth
- Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRHR, HIV and gender equality.

The Global SP presents new organisational changes to improve management effectiveness with a strengthened results framework, a new business model and funding arrangements.

The CPAP developed was aligned to the UNFPA Global Strategic Plan (2008-2013). Soon after the CPAP had been developed and signed off the UNFPA Mid-Term Review report of the Strategic Plan was released setting out a new strategic direction for the organization (one goal and 7 outcomes) and countries were requested to align with the new Mid-Term Strategic Plan. In aligning the CPAP to the MTR-SP the Swaziland Country office did not revise the CPAP again rather the programme alignment was incorporated into the Country Programme Action Plan Monitoring and Evaluation framework 2011-2015. The CPAP M&E framework is therefore the document that superseded the original CPAP and is now the guiding document for references of implementation. The process of aligning the CPAP involved Ministry of Economic Planning and Development, Implementing Partners and other key stakeholders. The prioritised areas of focus include SRHR/HIV integration, family planning, population dynamics and its interlinkages with development, data availability, gender equality and reproductive rights. Efforts to realign with the current UNFPA Strategic Plan 2014-2017 are currently underway.[1] Yearly, Annual Work Plans (AWPs) are developed together with the implementing partners to operationalize the activities outlined in the CPAP. The implementing partners are expected to submit quarterly reports to the CO.

The documents used throughout the UNFPA Programming process were CCA, UNDAF, UNFPA Strategic Plan, CPD, CPAP, Annual Work Plans and Surveys. These documents formed the basis of the intervention logic of the CP.

The theory of change of the 5th GoS/UNFPA Country Programme is premised on the cause-effect and incremental results underlying principle of logic models in monitoring and evaluation. The logic is that inputs lead to activities which translate into outputs which also result into outcomes that eventually lead to impacts. The evaluation of the 5th Country Programme focuses on the outputs and how they contribute to the attainment of the outcomes of the CPAP, UNFPA Strategic Plan, and UNDAF.

A documentary analysis of the CPAP (2011-2015), UNFPA Strategic Plan (2008-2013, 2014-2017) and UNDAF (2011-2015) reveals the cause-effect linkages and highlights the relationships between outputs and outcomes (intervention logic) of the 5th Country Programme. The figure below shows the effects diagram of how the intervention logic of the 5th Country Programme is linked to the outcomes of the UNFPA global Strategic Plan and the UNDAF.

[1] UNFPA CO

It is shown that the outputs of the sexual and reproductive health programmatic focus area of the Country Programme are aligned to two outcomes of the UNFPA Global Strategic Plan which are also linked to two outcomes of the UNDAF.

Figure 8: Intervention logic of the 5th UNFPA Country Programme in Swaziland 2011-2015

3.2 UNFPA Response through the Country Programme

3.2.1 Brief description of UNFPA Previous Cycle strategy, goals and achievements

The current 5th CP builds on previous 4th CP. Each CP continually aligns with and responds to the evolving global and country contexts. Designed within the period when Swaziland is facing a serious HIV epidemic, the 4th CP had prioritised its focus towards young people and HIV prevention.

The mid-term evaluation of the 4th country programme identified two major areas of success: i) Establishment and strengthening of strategic partnerships between the Government, Parliament, United Nations, the media and civil society, including faith-based organizations and; ii) Undertaking Programme activities that were socially and culturally sensitive, particularly in addressing vulnerable groups. Limitations included i) over investing in HIV and AIDS activities beyond those that contribute to the promotion of health and family planning; and ii) Delays in implementation of planned activities due to prerequisite processes that are outside of the influence of a particular implementing partner.

The recommendations and lessons of the 4th CP formed a basis for programming in the 5th CP. In particular, the promotion and improvement of integrated SRH/HIV programming and service delivery; investing in HIV and AIDS activities that contribute to the promotion of health and family planning; and building the capacity for monitoring and evaluation (M&E) among implementing partners, especially government.

The programmatic evolution of the UNFPA Country Programme for Swaziland is illustrated below:

Table 2 the programmatic evolution of the country Programme

Programmatic areas	4th Country Programme Cycle Outcomes	5th Country Programme Cycle Outcomes	
		Before realignment	**After MTR re-alignment**
Sexual and Reproductive Health	**Outcome a)** Reduced incidence of risky behaviour especially among vulnerable groups, through comprehensive interventions **Outcome b)** increased access to reproductive health services, commodities and supplies by high-risk and vulnerable groups especially youth and women **Outcome c)** Establishment of planning, coordinating partnership, monitoring and evaluation and resource mobilisation systems and mechanism to improve the capacity to respond to the HIV/AIDS pandemic	**Outcome 1:** National health institutions to deliver high-quality integrated sexual and reproductive health services, including HIV prevention, family planning and maternal health services	**Outcome 1:** Increased access to and utilization of quality HIV- and STI-prevention services especially for young people, with a focus on HIV and SRH integration **Outcome 2:** Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions
Population and Development	**Outcome a)** Strengthened national statistical system to ensure the effective development and application of tools for evidence-based policy-making **Outcome b)** Forge better	**Outcome:** National planning and decision-making institutions formulate policies and plans that reflect population and development linkages	**Outcome 3:** Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in

	understanding of the linkages between population dynamics, poverty and the demographic and socio-economic causes ad consequences of the HIV/AIDS epidemic **Outcome c)** Formulate and implement national policies and programmes aimed at mitigating the consequences of the socio-economic and demographic ills, especially the HIV/AIDS pandemic, alleviating poverty and achieving gender equality and equity		national and sectoral development plans and strategies **Outcome 5:** Improved data availability and analysis resulting in evidence based decision-making and policy formulation
Gender equality		**Outcome:** Government, civil society and community leaders enhance gender equality and promote the rights of women and girls	**Outcome 4:** Gender equality and reproductive right advanced particularly through advocacy and implementation of laws and policy and gender-based violence prevention and response

3.2.2 Current UNFPA 5TH Country Programme

The 5th GoS/UNFPA Country Programme was conceptualized in 2010 when Swaziland was facing a serve fiscal crisis which resulted in an 11 percent loss of GDP in the fiscal year that ended March 31, 2011 (FY 2010/11). During the period, economic growth had plummeted to 1.3 percent in 2011 resulting in a widening of government fiscal deficits to as much as 13.8

percent[2] in FY 2010/11. At the time an estimated 69% of the population lived below the poverty line.

The 5th GoS/UNFPA Country Programme is premised on the national needs and priorities of Swaziland as articulated in the Poverty Reduction Strategy Action Plan and other sectoral strategic programmes. It has three programmatic areas: sexual and reproductive health; population and development, and gender equality. It has five key outcomes namely to (i) increase access to and utilization of quality HIV and STI-prevention services especially for young people, with a focus on HIV and SRH integration; (ii) increase access to and utilization of quality voluntary family planning services for individuals and couples according to reproductive intentions; (iii) population dynamics and its interlink ages with the needs of young people, sexual and reproductive health, gender equality and poverty reduction are addressed in national and sectoral development plans and strategies; and (iv) advances that gender equality and reproductive rights , particularly through advocacy and implementation of laws and policies, as well as prevention of and response to gender-based violence and (v) data availability and analysis resulting in evidence-based decision-making for policy formulation and programming around population issues, young people, gender equality and sexual and reproductive health.

The CP was focused on UNFPA mandate to promote the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries to reduce poverty and to ensure that every pregnancy is wanted, every birth safe and every young person is free to HIV/AIDS, and every girl and woman treated with respect and dignity.

The sexual and reproductive health programmatic area outputs aim at contributing to the achievement of two outcomes: first, *increased access to and utilization of quality HIV- and STI - prevention services especially for young people, with a focus on HIV and SRH integration* though the outcome is on 'increased access and utilization' while the outputs are more focused on capacity building and knowledge provision seemingly indicating an indirect link. However, the outputs are still relevant to the achievement of the outcome as capacity building is required in increasing access and utilization. The outputs also contribute to the achievement of the UNDAF outcome on reducing new HIV infections. The second outcome is, *increased access to and utilization of quality family planning services for individuals and*

[2] The IMF and World Bank recommend a fiscal deficit threshold of no more that 5% of GDP as sustainable.

couples according to reproductive intentions. This is to be achieved by strengthening the national systems for reproductive health commodity security (RHCS) through interventions such as ensuring availability of contraceptives, integrating RHCS into existing pharmaceutical and logistics system, addressing unmet need of family planning for HIV positive women. The outputs also contribute to the achievement of the UNDAF outcome on increasing access to utilization of quality basic services.

The Population and Development Component is aligned to contribute to the achievement of two outcomes of the UNFPA Strategic Plan and one outcome of the UNDAF. The first outcome of the UNFPA Strategic Plan is *Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies*. The output aims at contributing to the achievement of this outcome by building capacity to integrate population variables into development plans and strategies as well as by supporting the development of tools for integration, advocacy and research in Swaziland. The outputs also contribute to the achievement of the UNDAF outcome on increased access of the poor to assets and resources for sustainable livelihood. The second outcome is, *improved data and analysis resulting in evidence-based decision-making and policy formulation.* The ultimate aim is to ensure that in Swaziland, evidence-based decision-making for planning and programming on population issues, young people, and SRH and gender equality is utilizing available data. This outcome is to be achieved by supporting the conduct of in-depth analysis and dissemination of Swaziland Population and Housing Census, Demographic and Health Survey, HIV Behavioral Surveillance Survey, Multiple Cluster Indicators Survey and other surveys. This output also contributes to the same UNDAF outcome.

The gender equality programmatic area has two outputs that contribute to the achievement of one UNFPA Strategic Plan outcome of strengthening national capacity for the promotion and protection of women's rights. The two outputs are g*ender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender-Based Violence prevention and response*. To achieve these outcomes is done by mainstreaming gender into sectoral plans of government; implementation of the Prioritized National Gender Action Plan; addressing Gender-Based Violence at national and community level; advocacy and promotion of gender equality and reproductive rights; and supporting the GBV referral system, medical care, counseling services and legal support for GBV survivors in Shiselweni region of Swaziland. Activities to strengthen national capacity for prevention

of and response to GBV are the development of government capacity, civil society and communities for the prevention of and response to GBV. These include supporting community mobilization targeting youth and male involvement as partners against GBV.

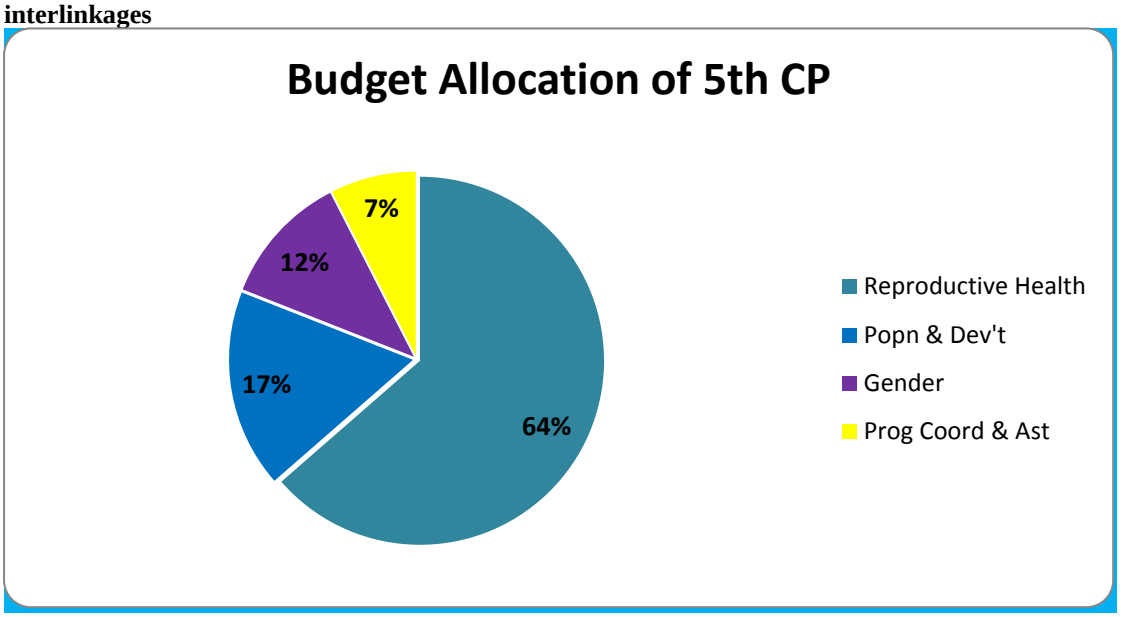
The 5th UNFPA Country Programme Action Plan 2011-2015 is aligned with the Swaziland 2011-2015 United Nations Development Assistance Framework (UNDAF) which calls for collaboration of the UN agencies in the formulation and implementation of joint development programmes and projects to enhance their effectiveness and impact in the host country. Three UNDAF pillars are involved namely: Pillar 1 (HIV/AIDS - to contribute to reducing new infections and improving the quality of life of persons infected with and affected by HIV; Pillar 3 Human Development and Basic Social Services- increased access to and utilization of high-quality basic services, especially for women, children and disadvantaged groups and Pillar 4 Governance- strengthened national capacity for the promotion and protection of rights[3]. The country programme is also aligned to the Government of Swaziland national priorities as articulated in the National Development Strategy (1999), the Poverty Reduction Strategy and Action Programme and the National Population Policy.[4] It also contributes towards the achievement of Millennium Development Goals 3(gender equality); MDG 5 Maternal health and MDG 6 (halt and reverse HIV) in Swaziland. The 5th Country Programme Action Plan was formulated to operationalize the commitments outlined in the CPD and the UNDAF.[5]

3.2.3 The Financial Structure of the Programme

The Executive Board approved the 5th CPAP budget of US $9.1 million- made up of US $5 million to be obtained from regular sources and US $4.1 million through co-financing and other sources- to support the three thematic areas of Sexual and Reproductive Health and Rights, Population and Development, and Gender Equality, as well as programme management. However, by October 2014, a total of US $9,982 million was spent on the various intervention activities at the national level and in the region of focus, Shiselweni, through a combination of upstream and downstream interventions. The figures below show the budget allocation to the programme areas and along the six outputs by source of funds.

[3] CPAP M&E, 2011-2015, page 22
[4] CPAP 2011-2015
[5] CPAP M&E, 2011-2015, page 11

Figure 9 Pie Chart Showing Budget Allocation for RH, Gender and Population Dynamics and its interlinkages



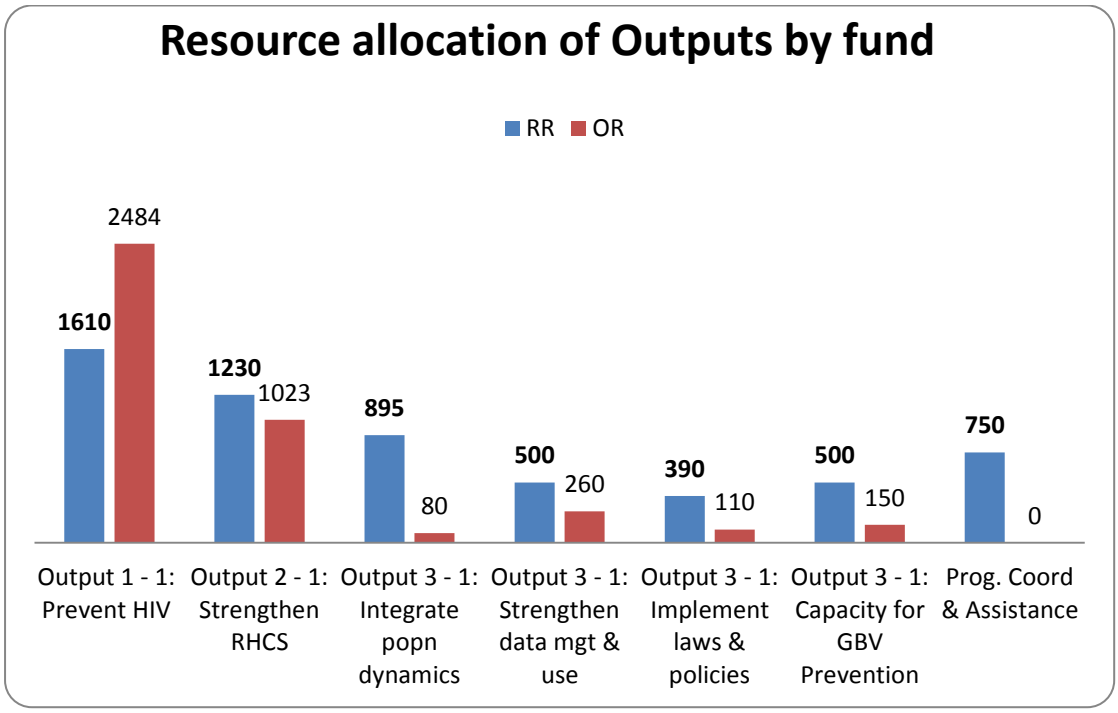


Figure 10 Bar Chart showing outputs by planned source of funding

The UNFPA CP in Swaziland supports the following ministries and departments: Ministry of Health, Ministry of Economic Planning and Development, Ministry of Sports, Culture and Youth Affairs, and such units as National Population Unit, Central Statistical Office, Gender and Family Issues Unit (now a Department). Notable implementation partners are the Family Life Association of Swaziland [FLAS]; Lusweti, SAFAIDS, SWAGAA etc. The regional

focus of the 5th CP is Shiselweni. This region was chosen because the 2007 Swaziland Demographic and Health Survey showed that HIV/AIDS prevalence was highest in this region, and other development indicators showed that Shiselweni lagged behind other regions. Current information indicated that 37% of country's health facilities are based in this region. Reproductive indicators show a TFR of 3.8; CPR of 46% and HIV prevalence of 40.2% among pregnant women attending ANC.

Chapter 4: Findings: Answers to the evaluation questions

This chapter presents the answers to the evaluation questions in accordance to the evaluation framework criteria and the three themes in which the 5th CP operates.

4.1 Sexual and Reproductive Health

UNFPA CP outcomes in this component were: 1) increased access to and utilization of quality HIV and STI prevention services especially by young people, with a focus on HIV and integration of services; and 2) improved access to and utilisation of quality family planning services for individuals and couples according to reproductive intentions. The associated outputs were; i) enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV; and ii) strengthened national systems for reproductive health commodity security (RHCS).

4.1.1 Relevance

Evaluation Question 1: *To what extent is the 5th CP consistent with global priorities, national priorities, UNFPA Priorities and strategies, expectations of beneficiaries? (ii) To what extent the needs of young people have been taken into account in the planning and implementation of all UNFPA-supported interventions under the country programme?*

Summary

The 5th CP support for the Sexual and Reproductive Health component is aligned well to priorities and needs of Swaziland as reflected in National Development Strategy (NDS) and Poverty Reduction Strategy Action Programme (PRSAP), National Health Policy, National Policy on Sexual and Reproductive Health, National Youth policy, the National Multi-sectoral HIV and AIDS Strategic Framework (NSF) as well as the UNFPA Strategic Plan, UNDAF and international policy frameworks such as ICPD and MDGs in particular Goals 5 and 6. This is demonstrated by the main thrust of the SRH component of the country programme that focuses on increased access and utilization of integrated SRH/HIV services with a view to reducing maternal mortality and new HIV infections.

The SRH focus area is a continuation of priorities set out in the 4th country programme (2006-2010), which aimed at improving quality of life through improving reproductive health, and reducing HIV transmission, in particular for vulnerable groups, that is, women

and youth. The goals and priorities in SRH came through a collaborative planning and consultative process among implementing partners and beneficiaries. Primary beneficiaries for the 5th CP are Youth aged 15-24 years and women. The need to focus on the youth is compelled by the youthful population structure of the country and that the youth in Swaziland are faced with an increased vulnerability to HIV acquisition and are at higher risk to maternal mortality due to early sexual debut and child bearing. The CPD and the CPAP reflects that the major strategies that were used included SBCC, strengthening policy environment for integrated SRH/HIV services targeting women, youth including adolescents.

Implementing partners for the 5th CP SRH thematic confirmed that the UNFPA CP filled in a service and financial gap by strengthening youth friendly services provision and stimulating awareness for behavioural change community dialogues and advocacy, and that this is in line with the objectives of the Sexual and Reproductive Health policy as well as the Prevention of Mother to Child Transmission (PMTCT) and Social and Behaviour Communication Change SBCC) Programmes as outlined in the NSF, 2009-2014.

The SRHR component is aligned to the needs, priorities and strategies of the country. It is the largest component of the CP in terms of funding and implementation of programmes. The goals and priorities in SRH came through a collaborative planning and consultative process among implementing partners and beneficiaries. The SRH area is consistent with the UNDAF framework, in particular pillar 1 (HIV and AIDS), pillar 3 (human development) and pillar 4 (governance); PRSAP priority goals (e.g. human capital development, good governance, poverty reduction, improving provision of social services, mitigating new infections and spread of HIV). The CP on SRHR is in full agreement with issues addressed by ICPD on access to and utilization of quality family planning services and STI preventions services including HIV/AIDS. Millennium Development Goal 5 (improve maternal health) and MDG 6 (combat HIV/AIDS) are fully addressed by the SRH component of the CP. It is also well aligned with relevant policies and strategies such as the National Development Strategy, National Population Policy, National Health Policy, and Strategy, National Multi-sectoral HIV and AIDS framework, national integrated sexual and reproductive health policy and strategy, the national condom strategy, the national SBCC strategy, and National Youth Policy. These are in line with the UNFPA strategic plan which interlocks with the international agendas and strategies of ICPD and MDGs. Further the goal, outcomes and activities of the CPAP contribute to the achievement of related national and global development goals.

The CPAP (outcome 1) responds to the SRHR needs of the young people as they are faced with increased vulnerability to HIV and at higher risk to maternal mortality. Youth have need for comprehensive knowledge about HIV and sexuality, sound reproductive health decisions, services that are youth friendly, and participation in the design and implementation of their own programmes. As such the SRH component included comprehensive sexuality education, condom programming, improvement of youth friendly services, youth mobilisation through community dialogues.

Whilst the CP focus for policy and capacity building interventions was at the national level, youth SBCC interventions targeted mainly the Shiselweni region, which is one of the undeserved regions in Swaziland[6]**.** *For example, Shiselweni has the lowest Contraceptive Prevalence Rate (CPR) of 51% among sexually active women and consequently the highest unmet need for family planning (29%), in particular among the youth: 32.7% and 28.5% for 15-19 and 20-24 age groups, respectively*[7].

4.1.2 Effectiveness

Evaluation Question 2: *To what extent has the country programme contributed to improving the quality and affordability of SRH services provided? To what extent has UNFPA support helped to increase access of young people (including adolescents) to quality SRH services and sexuality education? To what extent has UNFPA support in the area of HIV/AIDS contributed to improvements in sexual and reproductive health in particular by (i) helping to increase access to quality HIV and STI prevention services for young people, and (ii) the prevention of mother to child transmission of HIV??*

Summary

Milestones have been achieved on a number of SRH/HIV issues supported by 5th CP. UNFPA advocacy initiatives have created an enabling policy environment for integrated SRH/HIV programming in the country. These include the integration of SRH/HIV in the revisions and/or development of National Population Policy, National Development Strategy,

[6] Market segmentation analysis on family planning, 2012, CSO

[7] Market segmentation analysis on family planning, 2012, CSO

National Youth Policy, etc. national gender policy, SRH policy and integrated SRH strategy, extended National Multi-sectoral HIV and AIDS strategic framework, amongst others. Finalizations of the HIV Prevention policy, National Policy on Sexual and Reproductive Health, MTR of National Health Sector Strategic Plan and Sexual Reproductive Health Strategy, condom strategy, Adolescent Sexual and Reproductive Health guidelines have been successful. All these policies and strategies have integrated SRH/HIV issues and have prioritized young people

UNFPA has supported the health sector to effectively coordinate its national stakeholders, implementing and development partners to address the SRH concerns and needs of young people. Through UNFPA and partner support all health facilities in the country have at least one service provider trained on youth friendly service provision. Consequently there has been a dramatic increase in the number of facilities providing youth friendly services by almost triple values with the Shiselweni region improving from 6/37 to 28/36 facilities between 2010 and 2013, respectively.

UNFPA supported the successful integration of reproductive health commodity security in national health systems by strengthening commodity procurement, management to capacitating Health Care Providers in all facilities on commodity security. This has resulted in fewer reported stock outs of all FP commodities with 95% of government facilities in the Shiselweni region reporting no stock out in the past 12 months.

The 5th CP has been effective at policy and strategic levels. At the policy level, national development instruments, policies or frameworks which strengthen SRH services have been developed through UNFPA support. For example, technical support was provided to develop National Youth Policy and M&E framework to coordinate the multi-sectoral youth programmes with a key focus area on SRH/HIV, the integrated Sexual and Reproductive Health Policy and Strategy including the condom strategy were developed to strengthen government capacity to deliver SRH programs. UNFPA also contributed to the development of the National Health Sector Strategic plan and the extended National Strategic Framework on HIV/AIDS 2014-2018. To ensure that SRH needs of young people are addressed, the SRH policy and strategy has a focused pillar on adolescents and youth sexual and reproductive health. UNFPA has played a critical role in the development of key SRH guidelines which include Adolescent Sexual and Reproductive Health (ASRH) guidelines, EMTCT plan and FP/ART SOPs. o ensure delivery of harmonization of CSE messages and life skills for both

in and out of school young people. However, most stakeholders believe that operationalizing the Comprehensive Sexuality Education at the local level remains a huge challenge because of the sensitivity of the topics in terms of age appropriateness of the information as well as cultural sensitivities. The government is developing a national Comprehensive Sexuality Education (CSE) Framework to ensure delivery, harmonization of CSE messages and life skills for both in and out of school young people. However, most stakeholders believe that operationalizing the Comprehensive Sexuality Education at the local level remains a huge challenge because of the sensitivity of the topics in terms of age appropriateness of the information as well as cultural sensitivities.

The CP supported the establishment and functionality of the HIV prevention TWG, Condom Technical Working Group (TWG), Adolescent SRH TWG for the effective coordination of youth issues. The Shiselweni Regional Multi-sectoral Coordination Committee was also supported to ensure continued coordination of HIV issues. Other successful effort include the advocacy strategy for CSO on Maputo plan of action commitments and forming partnerships with community based organizations and mobilizing them for outreach HIV and AIDS programmes.

Through the CP, several SBCC dialogues and condom promotion and distribution, tailored youth SRH mobile and outreach clinics were undertaken. Sporting events and the annual Reed Dance offered a wide base for distribution of condoms and SBCC messages to youth to curb the spread of HIV, although evidence of 'behaviour change' is not yet ascertained.

UNFPA supported the development and training of 216 out of 229 targeted youth serving organizations were trained on the HIV prevention tool kit which harmonizes the key prevention messages that address the drivers of HIV. A total of 128 health care workers from the Lubombo and Shiselweni regions were trained on the provision of youth friendly services. UNFPA strengthened the capacity of the SRH civil society Task Force through the development of the advocacy strategy to ensure government's commitment to the implementation of the Maputo plan of action Support was given to a civil society organisation to provide mobile and outreach youth friendly services including to the Shiselweni region. This saw a total 9840 young people being reached with UNFPA supported SBCC interventions in Shiselweni region, exceeding the target for the 4th year. As well 6561people aged 15-24 years were reached with integrated SRH/HIV services showing an increase from 1898 in 2010 to 6561 in 2014.

Whilst the programme had planned to ensure that 35/38 health facilities provide integrated SRH services in 2014, the 2013 Service Availability Mapping (SAM) revealed that only 16/36 health facilities are providing integrated SRH services in Shiselweni from a baseline of 27/38. Of concern is the decline in the number of facilities as well availability of integration guidelines (HTC, PMTCT, and FP) in facilities. Evidence from programme officers revealed that the decline was as a result of closure of two facilities and non- availability of integrated guidelines in facilities, at the time of evaluation through the SAM.

Table 3 Sexual and Reproductive health programmatic Performance for Outcome 1, 2011-2014

Sexual and Reproductive Health Programmatic Performance: Outcome 1, Output 1.1, 2011-2014											
Outcome 1: Increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4).											
Output 1:1: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV (MTR-SP Output 10).											
No.	**Objectively Verifiable Indicators**	**2010**	**2011**		**2012**		**2013**		**2014**		**Status**
		Baseline	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	
1.1.1	Number SDP providing integrated RH and HIV services and information in Shiselweni region	27/38	30/38	no data	32/38	no data	34/38	no data	35/38	16/36	P
1.1.2	Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni	400	1500	no data	4000	3095	6500	7918	9000	9840	A
1.1.3	Number of institutions with personnel trained on the HIV Prevention Toolkit	0	69	no data	149	50	189	184	229	216	P
1.1.4	Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally	1898	2000	no data	4000	1746	6000	4581-3rdQ	8000	6561	P

P= In Progress A=Achieved

With regards to strengthening the capacity to deliver Emergency Neonatal and Obstetric Care (EmNOC), document reviews show that, UNFPA distributed 100 copies of EmNOC guidelines as tools for SRH service delivery, supported the training of 130 midwives and purchased EmNOC equipment for four regional hospital and five centres of excellence facilities in all 4 regions of the country. Twenty five health workers were trained on FP/ART integration of HIV counselling and testing, treatment, family planning and condom programming in service delivery with the aim of strengthening /improving unmet need delivery for family planning services amongst women living with HIV. However, the indicator to inform the output performance was pitched at the outcome level and the last ante-

natal care clinic HIV sero-surveillance survey which is the data source for the indicator was last conducted in 2010.

The CP supported government to develop midwifery standards for training and service delivery as well as a competency based national midwifery training curriculum framework. These standards are being used to regulate midwifery training and practice and the schools of midwifery training have aligned their training curriculum to the national competency based framework.

The national supply chain management coordination committee was set up in 2011 and through UNFPA advocacy, the government succeeded in integrating RH commodities in national pharmaceutical systems which has strengthened the management, distribution and supplies of SRHC in the LMIS. UNFPA has been instrumental in developing the capacity of health facilities in LMIS for RH commodities. A total of 592 out of a target of 574 health care workers have been trained on LMIS and this has improved the proportion of government health facilities reporting no stock outs for RH commodities to 95% from 0% at baseline and far outweighing the 70% target for 2014. All health facilities in the Shiselweni region have at least one person trained in logistics management and nationally at 98%. In the Shiselweni region for example 95% of health facilities reported no stock out of contraceptives in the last 12 months.

UNFPA succeeded in integrating RH commodities in national pharmaceutical systems which strengthened the management, distribution and supplies of SRHC in the LMIS. Institutional capacity for RHCS coordination has been enhanced through coordination initiatives of the MOH through the inter-agency task coordinating committee. UNFPA (together with other stakeholders) has provided technical support in the quantification of commodities for the period 2014-2018[8]. Clearly from all indicators this programme has been effective in addressing the programme outcome.

Table 4 Sexual and Reproductive health programmatic Performance for Outcome 2, 2011-2014

Sexual and Reproductive Health Programmatic Performance: Outcome 2, Output 2.1, 2011-2014											
Outcome 2: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3)											
Output 2.1: Strengthened national systems for reproductive health commodity (MTR-SP Output 8).											
No.	**Objectively Verifiable Indicators**	**2010**	**2011**		**2012**		**2013**		**2014**		**Status**
		Baseline	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	
2.1.1	% of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region	0%	0%	no data	30%	69%	50%	no data	70%	95%	A
2.1.2	Unmet need of FP among HIV positive Women attending ANC services	63.90%	63.90%	no data	60%	no data	60%	no data	50%	no data	NS
2.1.3	Number of personnel trained in logistics management through UNFPA support	112	312	no data	412	316	462	553	574	592	A

P= In Progress NA= Need a survey A=Achieved

4.1.3 Efficiency

Evaluation Question 3*: To what extent did UNFPA make good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 5th country programme?*

Summary

The efficient use of human, financial and technical resources have remained one of the hallmarks measuring the efficiency of the CP. UNFPA has responded sufficiently in providing NPPPs and technical assistance to Ministries of Health and Sport, Culture and Youth Affairs to strengthen their support to implement programmes. UNFPA had sound administrative and financial procedures which allowed smooth financial management through its NEX and DEX execution modalities. There were no qualified audits in the last four years. Audit support and spot checks were done including continuous support for implementing partners. Support to key TWGs on condom programming, HIV prevention and ASRH were

instrumental. Programmatic performance and the financial burn rate of the SRH Thematic is very high (more than 90% of the budget was expended). However, in some instances there were reported delays in some instances of the implementation of programmes were due to some delays in receiving and disbursement of funds, inadequate staff within the ranks of implementing partners.

The UNFPA Country Office has robust administrative and financial procedures through which it disburse funds to implementing partners using the NEX and DEX modalities. Through regular monitoring visits implementing partners were provided with technical assistance on financial procedures or management, and trainings on UNFPA policies and accountability measures. All implementing partners were expected to account for funds they utilized and were provided continuous support on auditing and reporting. In the first year all five IPs were audited, while 3 each year were audited in the second and third years y. None of these received qualified audits. Efficiency measures that ensured smooth implementation of the country programme and accountability of UNFPA resources were used and these included for example the Fraud Risk Assessment and Office Management Plan and Internal Control Framework. Programme efficiency measures included strengthening the capacity for access to quality services provision through the use of HIV prevention toolkit and support for delivery of youth friendly services to realize the first outcome. One of the best practices to increase efficiency noted was the use of mobile money using MTN services for payments to workshop participants.

There were some incidences where planned disbursement of resources to IPs were delayed, received in part or not received at all. Most partners acknowledged delays in disbursing funds for HIV and family planning and associated activities as a challenge that consequently lead to delays in programme implementation. The delays in releasing funds for programme implementation had multiplier effects as it affected programme performance. [9]. Although inadequate financial and human capital limited the capacity to implement activities, UNFPA managed to fill the gap through its interagency partnership.

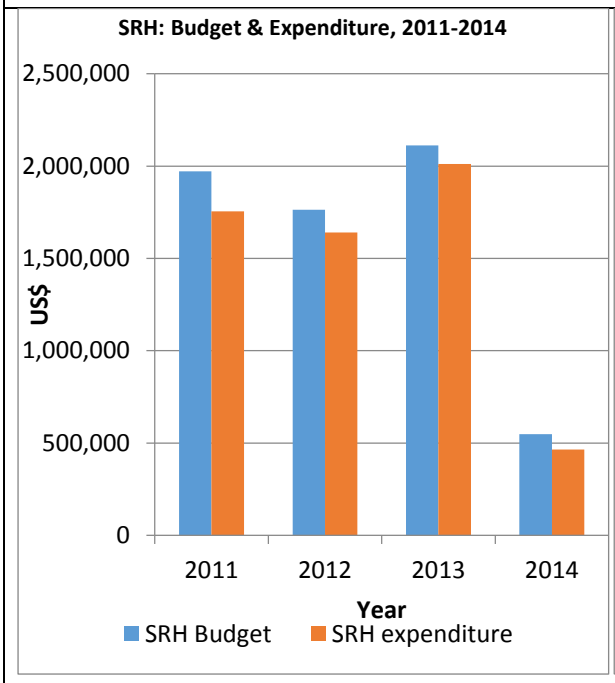
Certainly there is value for money in the CP SRH Component, despite the observed challenges. Greatest efficiencies were seen in reaching young people with SBCC interventions, logistics management and the provision of contraceptives in health facilities,

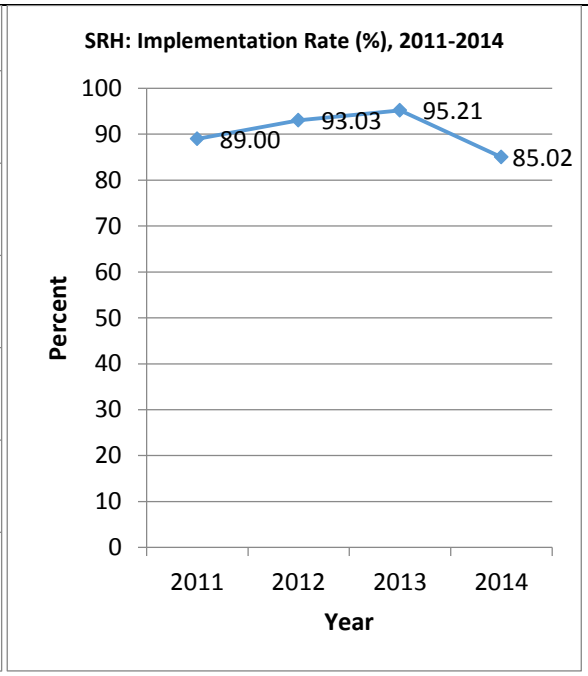
[9] Standard Progress Report, 2011 & 2012

whose performance exceeded planned targets at same resources, as per the programme outcomes.

In terms of financial drawdowns, the average burn rate for this component is 91%. The figures below show the financial trends.

Summary: Total budget, expenditure and implementation rate for Sexual and Reproductive Health programmatic area





4.1.4 Sustainability

Evaluation Question 4: *To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of the effects of CP?*

Summary

Sustainability is possible in SRH because it is a highly prioritised and biggest component of the CP agenda as supported and identified by the government and its various partners in national policies and frameworks. As it is, Government has a collaborative approach with multiple partners to undertake or support SRH /HIV services delivery and reproductive health commodities intervention. Within the SRH component, the SBCC interventions are most vulnerable and require strengthening of community systems, engagement of local authorities and increasing funding amongst others.

Overall, implementing partners acknowledged that even though the SRH component is prioritised within the development agenda, shrinking global funding for intervention services and sustaining the tempo of activities started have begun to be a big challenge. Some of the

partners reported that they might be forced to downsize staff size and activities if they would be effective, efficient and sustainable in their mandate.

The SRHR component of the CP has the most sustainable as it has many partners including the Ministry of Health supporting its planning and execution. The 2013 MTR evaluation of the 5th CP identified rudimentary exit strategies and capacity building mechanisms. UNFPA has provided hospital equipment, reproductive health commodities, financial and technical (skilled resource on short/medium term) which have scaled up interventions by implementing partners. Documentary reviews and interviews indicated that challenges encountered by implementing partners such as inadequate staffing of skilled personnel, affected the timely execution of planned activities may persist.

Capacity strengthening for SRH/HIV would ensure sustainable provision of services. While community dialogues are hyped to be of success in the implementation of SBCC interventions on SRH, concerns regarding the regarding the intervention include: lack and weak of documentation of intervention processes for replication, weak monitoring mechanisms, and 'dialogue overdose' in the community as multiple development partners with similar or different interventions are not delivering a coordinated program[10].

On the positive side, though, UNFPA had ensured sustainability measures in acquisition of modern contraceptives through policy dialogue and advocacy. The government has increased its budget to strengthen RHCS. Further UNFPA initiative on the "integration of RHCS into national pharmaceutical systems", "has also enhanced ownership and commitment toward supporting RHCS within the government; Central Medical Stores has taken the initiative as a model for integration of other commodities in various programmes"[11].

4.2 Population and Development

The 5th CP outcomes for the Population and Development component focused on; 1) Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction

[10]Evaluation of the Government of Swaziland/UNFPA 5th Country Programme supported community interventions in Shiselweni, 2011-12

[11] Country Office Annual Report, 2012, page 11

addressed in national and sectoral development plans and strategies; and 2) improved data availability and analysis resulting in evidence-based decision making and policy formulation. The outputs were i) strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes; ii) strengthened national capacity for the production, utilisation and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH.

4.2.1 Relevance

Evaluation Question 1: *To what extent is the 5th CP consistent with global priorities and national priorities, and strategies, expectations of beneficiaries?*

Summary

The GoS/UNFPA 5th Country Programme Population and Development component is aligned and relevant to the priorities and needs of the Government of Swaziland as reflected in various national policies such as the National Development Strategy (NDS) and Poverty Reduction Strategy Paper (PRSP) as well as the UNFPA Strategic Plan, UNDAF and international policy frameworks such as the ICPD and MDGs. These strategic initiatives emphasise the need for population-based data on issues of youth and women to enhance national development and service delivery, accountability and transparency. At the international level, ICPD and MDG emphasize the need for data to measure and assess the performance of development programmes and plans. The UNFPA CP was developed through a participatory and consultative process with the Government of Swaziland and other national stakeholders.

The participatory and consultative process of developing the 5th UNFPA Country Programme ensured that the Population and Development component is relevant and aligned to national priorities and needs of the Government of Swaziland as well as linked to international development frameworks and strategies.

The Population and Development component of the 5th Country Programme was developed to ensure that national planning and decision-making institutions formulate and implement policies and plans that reflect population and development linkages based on reliable and up-

to-date data.[12] This component is linked to the national priorities in the PRSAP, that is, to reduce poverty by more than 50 per cent by 2015 and to eradicate it by 2022; and to create an environment that empowers the poor to participate in improving their living standards. The component is also relevant to the National Population Policy goal of improving the quality of life by influencing the population trends as well as the response to emerging challenges such as HIV/AIDS.[13] It is also linked to UNFPA's global Strategic Plan 2008-2013, Outcome 1 which emphasises that population dynamics and its inter-linkages with sexual and reproductive health, gender equality and HIV/AIDS are incorporated in public policy, poverty reduction plans and expenditure frameworks. It is also linked to Outcome 3 which focuses on making data available, data analysed and is used at national and sub-national levels to develop and monitor policies and programme implementation.[14] The Population and Development component is also linked to the UNDAF Outcome 2 which also emphasises the need for increased and equitable access for the poor to assets and other resources for sustainable livelihoods.[15]

At the policy level, UNFPA supported the review of the National Development Strategy and played an advocacy role to include population and development, reproductive health and gender equality issues. The UNFPA also provided financial and technical support to review the national health sector strategic documents including Mid-Term review of the National Health Strategic Plan, the *(draft)* National Health Strategic Plan, the National Sexual and Reproductive Health Policy and Integrated Sexual and Reproductive Health Strategy. The reviews advocated for the inclusion of topical issues from the ICPD agenda, integration of HIV and SRH, gender equality and adolescent SRH and alignment with the post 2015 development agenda.

The 5th CPAP supported the implementation of region focused interventions in Shiselweni for young people.[16] This was done by supporting the Ministry of Sports, Culture and Youth Affairs to train youths in leadership, reviving youth associations and establishing an inter-ministerial committee on youth forum. The 5th CPAP also supported the development of the Youth Policy Action Plan and M&E framework was also developed and adopted.[17]

[12] 5th Country Programme Action Plan, page 12
[13] 5th Country Programme Action Plan, page 12
[14] Ibid
[15] Ibid
[16] 5th UNFPA Country Programme Action Plan
[17] UNFPA Country Office Annual Report, 2012 & 2013

The Ministry of Economic planning and Development's National Population Unit, in collaboration with UNFPA, have been leading the advocacy for the integration of population issues into plans and policies. The population issues focus on sexual and reproductive health, gender equality and HIV/AIDS. The advocacy activities have included trainings and development of guidelines in the integration of population issues into plans and policies at national, sub-national and sectoral level. The commemoration of World Population Day, International Women's Day, International Day of the Girl Child and launch of the State of the World Population Report provided opportunities for advocating the integration of population issues.[18]

4.2.2 Effectiveness

Evaluation Question 2: *To what extent has UNFPA support in the 5th CP in Population and Development Component helped to ensure that population dynamics are appropriately integrated into national development instruments and sector policy frameworks?*

Summary

UNFPA advocacy initiatives on Population and Development have created an enabling policy environment for the integration of population dynamics in development planning and programming in the country. Key policy instruments support through the 5th CP include the National Development Strategy, National Population Policy, National Gender Policy, National Youth Policy and M&E Framework, Integrated SRH strategy, and the extended National Multisectoral HIV and AIDS Strategic Framework. UNFPA also supported advocacy discussions for the inclusion of topical issues from the ICPD agenda, integration of HIV and SRH, gender equality and adolescent SRH and alignment with the post 2015 development agenda.

The integration of population issues into sectoral plans and policies is still at the early stages as support in the 5th CP support focused on training of sectoral planners to incorporate population dynamics in developments. Effectiveness will be realised when the planners trained in integration processes and procedures begin to use the acquired skills for planning.

[18]UNFPA Country Office Annual Report

During the 5th CP, UNFPA supported the Central Statistical Office to conduct the Inter-censal Demographic and Housing Survey, Multiple Indicator Cluster Survey (MICS), Vulnerability Assessment Analysis (VAC), Behavioural Surveillance Surveys (BSS), Women in Decision-Making Positions Survey and the production of national and sectoral population projections 2007-2030. These data sources are widely used in country status reports, including the Global AIDS Progress Reports, State of the Swaziland Population Report, and the annual national Budget amongst others. These have also been used in the development of the NDS, eNSF, National Health Sector Strategic Plan II, and Integrated SRH strategy.

The major objective of the Population and Development component of the 5th CP is the integration of population issues into plans and policies of the Swaziland government. UNFPA supported and participated in the development of all policies and strategies targeted to be supported during the 5th CP. These include the National Development Strategy, National Population Policy, Second National Health Sector Strategic Plan (*currently a draft*), National Gender Policy, National Youth Policy and M&E Framework, Integrated SRH strategy, and the extended National Multisectoral HIV and AIDS Strategic Framework.

The major objective of the Population and Development component 5th CP is the integration of population issues into plans and policies of the Swaziland government. UNFPA supported and participated in the development of all policies and strategies that were targeted to be supported during the 5th CP. These include the National Development Strategy, National Population Policy, Second National Health Sector Strategic Plan (*currently a draft*), National Gender Policy, National Youth Policy and M&E Framework, Integrated SRH strategy, and the extended National Multisectoral HIV and AIDS Strategic Framework.

The National Population Unit was supported to develop guidelines for integrating population issues into development plans and policies and supported the training of Planners from 12 of the 18 Government ministries in the integration and procedures for incorporating population dynamics and inter-linkages in national development plans and policies.

Unfortunately, the integration of population issues in regional and sectoral plans is still at infancy because so far the acquired skills have not been utilised in the actual integration process. Current integration is therefore, generic rather than specific. The causes and consequences of the population and development inter-relationship are absent at sectoral level planning. For example, Sectoral level data is not readily available for planning and UNFPA efforts to support in-depth analysis of census and survey data to produce thematic

reports for use in planning has not yet produced the desired result. Interviews with some key informants revealed that, despite the appreciation of the importance of population issues, there are gaps in knowledge and skills in the integration of population issues between the planners and their supervisors (senior management). However, the UNFPA supported programme sensitised Principal Secretaries of all Government Ministries to increase their understanding of the principles of integration of population variables in development programmes. This was done to bridge the gap in knowledge between the planners and their supervisors. As a result, 12 out of a target of 10 advocacy activities aimed at sensitising policy makers and the public were undertaken. However, a critical activity on the sensitization of members of parliament was scheduled to be undertaken but was not conducted.

UNFPA supported the Mid-term review of the National population policy. Subsequently the National Population Policy is being revised as part of strengthening the institutional capacity for its implementation since a number of supporting structures have not been established for example, Population Programme Coordinators, Regional Population Committees and Population Officers.[19] [20] However, the review of the policy has not been undertaken.

In order to improve the NPU's coordination of population issues function, UNFPA supported the NPU with technical assistance and operational funds[21,22] to the NPU to strengthen their monitoring and evaluation and oversight function. This ensured that the 5th country programme is collaboratively and effectively monitored by both the government and UNFPA. UNFPA also provided Technical support to develop a Population Situation Analysis document, the State of the Swaziland Population Report, and Population and Development Bulletin. In collaboration with the UNCT, Country Office was responsive to changes in national priorities and needs by providing support to conduct an assessment of the impact of the financial crisis in Swaziland on the general population, particularly vulnerable groups. This provided useful information for evidence-based decision-making and planning for the needs of the vulnerable groups.

[20] National Population Policy Framework for Swaziland ,2002
[21] Interviews with Planners
[22] 5th UNFPA Country Programme Action Plan

In terms of advocacy around the ICPD issues, UNFPA supported the government to commemorate international days such as World Population Day, International Women's Day and International Day of the Girl Child. These events were used for advocacy for the integration of population issues in development plans and policies.

Table 5 Population and Development programmatic Performance for Outcome 3, 2011-2014

Population and Development Programmatic Performance: Outcome 3, Output 3.1, 2011-2014											
Outcome 3: Population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)											
Output 3.1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)											
No.	**Objectively Verifiable Indicators**	**2010 Baseline**	**2011 Target**	**Actual**	**2012 Target**	**Actual**	**2013 Target**	**Actual**	**2014 Target**	**Actual**	**Status**
3.1.1	Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans	6	7	5	12	18	14	12	16	12	P
3.1.2	Institutional Framework of the revised population policy in place and supported	No (2010)	Mid-Term Evaluation		No target	-	Population Policy Revised	-	Institutional Framework in place	-	UA
3.1.3	Number of advocacy activities aimed at sensitising policy makers and the public on the inter-linkages on population dynamics, SRH, and gender	4	4	2	6	3	8	11	10	12	A
3.1.4	Number of National sexual and Reproductive Health and Gender Policies and Strategies supported	1	1	2	3	2	3	2	3	3	A

P = In Progress **UA= Unlikely to be Achieved** **A= Achieved**

UNFPA supported the Central Statistical Office to undertake data collection, generation and analysis activities to meet data needs and demand for population and development, sexual and reproductive health, and gender equality issues. These activities included the publication and dissemination of ; the 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Indicator Cluster Survey (MICS); 2011 Vulnerability Assessment Analysis Survey (VAC); Women in Decision-Making Positions Survey; Market Segmentation Analysis on Family Planning; National Population Projections, 2008-2030 and Sectoral Population Projections, 2007-2030; Swaziland HIV Incidence Measurement Survey 2010-2012; Catchment Populations of Health Facilities; Population Projections by *Tinkhundla* (constituency level) 2009-2013 for use in revising the budgeting system to ensure constituency budgets are based on population size were also produced. The data collected through these reports have created an increased volume of data which has been used for evidence-based decision making and planning of national policies, strategies and programmes.

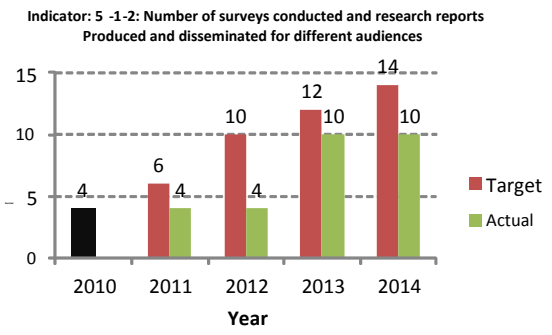
UNFPA supported the training of Multi-sectoral stakeholders in in-depth analysis of secondary data. Further training was supported to the CSO on use of CSPro, and Geographic Information System (GIS). This has enabled to the CSO to use these skills and softwares to manage large data sets, thereby improving the quality of national data. However, achievements in this component were compromised by high staff turnover of skilled personnel and this further compromised the sustained availability of data.

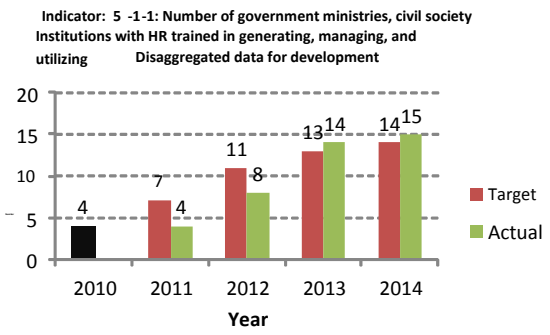
Figure 11 Population and Development Programmatic Performance Outcome 5, 2011-2014

Population and Development Programmatic Performance Outcome 5: Output 5.1, 2011-2014

Outcome 5: Improved availability and analysis resulting in evidence-decision making and formulation (SP Outcome 7)

Output 5.1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (MTR Output 17)





4.2.3 Efficiency

Evaluation Question 3: To what extent did UNFPA make good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 5th country programme?

Summary

UNFPA support has been generally efficient with timely response while that of government has been slow. UNFPA uses both the National Execution (NEX) and Direct Execution (DEX) to fund partners. The implementation rate in Population and Development focus area has been around 98%, implying that 98% of the budgeted amounts were expended. There were isolated incidences of over expenditure. High staff turnover at both the National Population Unit and Central Statistical Office has affected the timely implementation of some of the activities. National and international consultants are often recruited to assist in the implementation of certain activities.

The UNFPA funded the implementing partners through either a National Execution (NEX) or Direct Execution (DEX). The Population and Development component implementing partners, that is, National Population Unit and Central Statistical Office were funded by NEX modality. UNFPA released funds into a specific government account at Central Bank and then the implementing partner requested for the funds through the normal government financial procurement procedures. While UNFPA released funds in a timely manner, the government process of requesting for funds may slow or delay the implementation of an activity. Annual Work Plans (AWPs) for implementing partners are signed on a timely basis; however, there was a noticeable delay in the release of funds in the first quarter of each year. While UNFPA released funds in a timely manner, the government process of requesting for funds was slower resulting in delays in the implementation of some activities.

Generally, the AWPs have been implemented without major delays, except for some components where additional information might be required. There are activities that should have been implemented in a particular year but deferred to another year either because of competing tasks or lack of expertise to lead the activity. For example, the training of planner in the integration of population issues into development plans and policies could not be undertaken in 2013 but deferred to 2014 due to the non-availability of the consultant. Even in 2014 this activity has not been undertaken – the same with the trainings in in-depth data

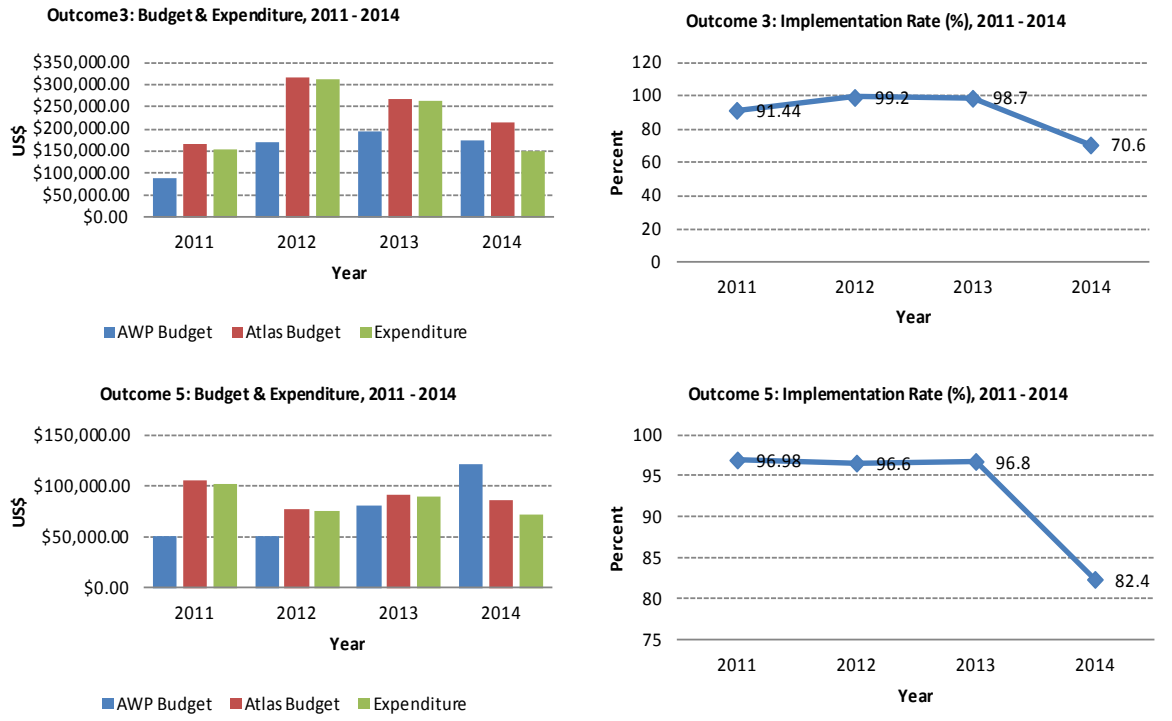
analysis. These were supposed to be a series of trainings but only one was undertaken due to lack of expertise to lead this activity. The National Population Policy was supposed to be reviewed in 2014; has not been reviewed; however, at the time of the evaluation preparatory meetings had begun.

UNFPA has been the major supporter of technical assistance to the NPU and CSO which face challenges of understaffing and high staff turnover of skilled personnel, which in turn affects the pace of implementation. The NPU was complemented with more human resources for the positions of Monitoring and Evaluation Manager and Communication/Advocacy, and Policy Analyst. Unfortunately, the M&E Officer resigned in mid-2014. The Central Statistical Office also received technical assistance supported by UNFPA to conduct Population and Housing census analysis, population projections, prepared a budget, resource mobilization strategy and census master plan for the 2017 Population and Housing and in-depth analysis training workshops. In fact, UNFPA has been the major supporter of census and survey undertaking in Swaziland and this helped to eliminate some of the inefficiencies that would arise from inadequate funding.

With the support of UNFPA, local and international consultants have been recruited to either build capacity or undertake/lead some specialized activities where local skills are inadequate or not available. UNFPA also supported capacity building of staff through short-term training abroad as well as procuring equipment for implementing partners. The quality, content, delivery and impact of these capacity building activities have not been assessed. However, there is a noted concern about the quality of the products from the UNFPA supported consultants which often required extensive review by the CO and partners.

Figure 12 Budget, expenditure and implementation rate for the Population and Development programmatic area, 2011-2014

Summary: Budget, expenditure and implementation rate for the Population and Development programmatic area.



4.2.4 Sustainability

Evaluation Question 4: *To what extent has UNFPA been able to support its partners and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of the effects? To what extent have partnerships with ministries, agencies and other representatives allowed the country office to make use of the comparative strengths of UNFPA while at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?*

Summary

Generally, the 5th Country Programme in the area of Population and Development lacks sustainability mechanisms as evidenced from the CPAP and AWPs where there is no exit strategy clearly specified. The CPAP also lacks a capacity building strategy that is supposed to ensure sustainability. Consequently, UNFPA will continue supporting institutions like the

National Population Unit and Central Statistical Office. UNFPA is the major supporter of data collection efforts such as the census and surveys, and supports NPU in advocacy for integration of population variables in development planning through hosting commemoration of international days such as the World Population Day, International Women's Day and International Day of the Girl Child. Notably there is no clear exit strategy for sustenance of these activities. However, there is high sense of ownership of the population programme by government as often joint implementation is reported. This can be viewed as potential for programme sustainability in the population and development component.

The sustainability component of the Country Programme is lacking since the NPU and CSO are heavily dependent on UNFPA support and there is no clear exit strategy that has been initiated. The National Population Unit relies on UNFPA to host commemoration international days such as the World Population Day, International Women's Day and International Day of the Girl Child. As well CSO relies on the support of UNFPA to conduct the census and national surveys. Respondents believe that the absence of UNFPA support to these institutions would slow down the pace of implementation in this component. However, this will not halt activities completely since UNFPA complements funding gaps in existing government activities.[23]

A close examination of the CPAP and AWPs indicates that there are generally no sustainability mechanisms in place. As a result the huge data collection, generation and analysis activities such as the national census and surveys will still require UNFPA support. The discontinuation of support from UNFPA would slow down the initiated advocacy and integration of population issues into development plans and policies. The National Population Unit would be most affected as it receives most of its operational funding (NPPPs salaries, progress review meetings, observation of international days (WPD), stationery, internet subscription, fuel, newspapers, tea, etc.) from UNFPA. It is also unclear what would happen to the UNFPA supported NPPPs positions, whether government would take over or not.

Furthermore, despite the trainings undertaken to build capacity of staff, there are no follow-ups on how the knowledge and skills are utilised. The capacity building is ad-hoc and there is no strategy for its sustainability. This is exacerbated by the high staff turnover in supported IPs.

[23] Interview 02VHC

The country programme design of joint implementation and management with the NPU offers a sense of ownership by the government. UNFPA support to the CSO for the production of national data and its subsequent use by stakeholders to inform their planning has created an appetite for quality data and this presents an opportunity for programme sustainability. Additionally, the availability of this data has enabled the country to report on its international and national obligations (MDGs, ICPD, GARP, etc) and it is to be expected that the Government will want to maintain the status quo.

4.3 Gender Equality

The 5th CP outcomes for the Gender Equality component focused on promoting Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy. This focused on strengthening national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights; and national capacity for prevention of and response to GBV.

4.3.1 Relevance

Evaluation Question 1: To what extent is the 5th CP consistent with global priorities, national priorities, UNFPA priorities and strategies, expectations of beneficiaries?

Summary

The Gender component of the 5th CP is well aligned and relevant to the needs and priorities of the Government of Swaziland as expressed in the key national strategic policy documents such as the Constitution of Swaziland 2005; National Development Strategy (NDS) and Poverty Reduction Strategy Action Programme (PRSAP) National Gender Policy (2010), National Multi-sectoral HIV and AIDS Strategic Framework (NSF) and Sexual and Reproductive Health policy. It is also aligned to the UNFPA Strategic Plan, UNDAF, ICPD, Millennium Development Goals in particular Goals 1, 2, 3, 5 and 6 and other international agendas and human rights commitments on gender equality and gender based violence.

The priorities in the gender equity component were developed through a collaborative and consultative process among multi-sectoral stakeholders who reflected the importance of

gender issues and as a result the gender equality area was made standalone component in the 5th CP. The primary focus was in promoting the implementation of the National Gender Policy (2010) and a geographic focus on the Shiselweni region which has high reported rates of gender based violence.

The gender component of the 5th CP contributes to UNDAF Pillar 4 – Governance, which focuses on ensuring gender equality, more specifically Output 4.3.2 (national response against gender-based and other forms of violence increased). It also contributes to the implementation of the National Gender Policy 2010, whose main goal is to "align and promote Government's effort with regional and international commitments in providing equitable opportunities for women and men, boys and girls at all levels for the attainment of gender equity, women empowerment and social justice". The component contributes to three (3) thematic programme areas of the National Gender Policy 2010, namely gender based violence, reproductive health and rights; and legal and human rights. It is also aligned with national gender equality imperatives as articulated in the key documents e.g. the Constitution of Swaziland 2005, Poverty Reduction Strategy and Action Programme (PRSAP). The 5th CP gender component is well aligned with global priorities on promoting gender equality, prevention of gender-based violence, elimination of discrimination against women and equal access to basic services. The programme interventions contribute to the implementation of international commitments on gender equality and human rights, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the 1995 Beijing Declaration and Platform for Action, SADC Protocol on Gender and Development and Millennium Developmental Goals 1, 2, 3, 5 and 6. UNFPA goal towards eliminating gender inequality is "*to ensure that women's concerns and experiences are taken into consideration and for and integral part of the design, implementation and evaluation of various legislations."* The gender equality component is aligned with Goal 3 of the UNFPA Global Strategic Plan (2008-2013) and Outcome 3 of the UNFPA Strategic Plan (2014-2017).

UNFPA interventions in the gender component have been guided by evidence on to the needs of people based on the 2007 Swaziland Demographic and Health Survey, 2007 Violence Against Children and Young Women Survey, UNICEF and the Multiple Indicator Cluster Survey 2010. They aim to promote the acceleration of the implementation of the National Gender Policy and address gender based violence and attitude towards it. Also subsumed with this component are issues of reproductive health and rights. The CP is also addresses the need for government to implement laws and regulations through supporting the

Department of Gender and Family Issues. The population of interest for this component is women, children and youths. The geographical focus for the gender base violence aspect of the component is the Shiselweni region.

4.3.2 Effectiveness

Evaluation Question 2: To what extent have gender equality interventions contributed to i) raising awareness on GBV and ii) positioning this theme on the national agenda. To what extent has UNFPA support to advance gender equality and reproductive rights contributed to the improvement of sexual and reproductive health? To what extent have partnerships with ministries, agencies and other representatives allowed the country office to make use of the comparative strengths of UNFPA while at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Summary

UNFPA advocacy initiatives for gender equality have created an enabling policy environment for gender and rights programming in the country. According to the Complementary Country Analysis, UNFPA interventions are addressing the need for elimination of gender inequalities at all levels. At the policy and advocacy level, the gender component has supported the adoption of the National Gender Policy; development of key tools for the operationalization of the National Gender policy; provided institutional support to the Department of Gender & Family Issues; technical support to CEDAW and Beijing +20 Country Reports; and advocacy for gender equality during international days.

UNFPA advocacy support has seen the institutionalisation of the Department of Gender & Family Issues under the Deputy Prime Ministers office, from the Ministry of home Affairs. The DGFI has been supported to effectively coordinate gender, equality and reproductive rights mainstreaming into various sectors of government, as well as make sure that policies and plans that are gender sensitive and responsive.

Respondents have reported that the community dialogues on GBV in the Shiselweni region have been successful in sensitizing and asserting rural communities on GBV. This has resulted in a reported increase in the reporting of GBV cases as well as service delivery for GBV survivors in the region.

At the Policy level, UNFPA supported the Department of Gender and Family Issues with financial and technical assistance for the coordination of gender, equality and reproductive rights mainstreaming into various sectors of government. The main objective for this is to promote the development of policies and plans that are gender sensitive and responsive. The CP supported the coordination of Gender Focal points in various ministries and set up of a multisector working group to facilitate sector reports on achievements and challenges in the implementation of the nine (9) thematic areas in the National Gender Policy.

UNFPA supported the development and finalization of the National Gender Policy 2010 and Prioritized Action Plan & M&E Framework. Country programme support has also contributed to the integration of gender and gender-based violence into the 2013 Sexual and Reproductive Health Policy and the extended National Multi-sector Strategic Framework on HIV and AIDs. The 5th CP also supported the government to develop the *Draft* National Strategy & Action Plan to End Violence (2013-2018) and the development and submission of the State Response to Issues and Questions raised by the Committee on the Elimination of Discrimination Against Women (CEDAW) on the country's initial and 2nd State Report[24] and the National Beijing +20 Report. [25] Senior staff members from SWAGAA and the Deputy Prime Minister's Office were supported to participate in key international conferences such as the Commission on the Status of Women, 2014 SADC Gender Protocol Summit, and ICPD Beyond 2014. This has also contributed to increased advocacy and dialogue on key issues on the gender equality in the country. UNPFA support for advocacy contributed to the ratification of the SADC Protocol on Gender and Development and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. UNFPA has supported workshops targeting parliamentarians and Senators to equip them on how to advocate for women and children's rights and the role of government in addressing these issues. This facilitated the passing of the Sexual Offences and Domestic Violence Bill (SODV) the 9th Parliament. However, the Bill has not been signed into law.[26]

As part of efforts to strengthen the gender machinery, the CP supported the development of the National Gender Policy's NGP Action Plan and its Monitoring and Evaluation Framework. To strengthen the capacity of the implementation team at the DGFI, UNFPA also supported the recruitment of a National Professional Programme Personnel to assist the

[24] Standard Progress Report, 2012
[25] Standard Progress Report, 2014
[26] COAR

DGFI department in the coordination and implementation of the National Gender Policy Action Plan, for the duration on the CP. As a result, out of a target of 75%, seventy percent of interventions in the prioritized gender and action plan were implemented. However, the department is still under staffed, relying on 3 officers including the NPPP, and has limited M&E capacity due to the absence of a full-time M&E technical person within the Department.

The UNFPA's 5th CP supported that training of 12 government, civil society and communities, from a target of 13 institutions. This created an increased awareness on GBV as well as service delivery for GBV survivors. As a result, a total of 3,992 GBV survivors in the Shiselweni region utilized GBV services, far surpassing the target to reach 3,000 survivors.

To strengthen the capacity of the DGFI to coordinate the mainstreaming of gender into various sectors, the CP supported the coordination of Gender Focal points in various ministries and a multi-sector working group that facilitates sector reports on achievements and challenges in the implementation of the nine (9) thematic areas in the National Gender Policy. However due to high staff turnover in government most ministries no longer have the gender focal persons that were trained. Furthermore the gender focal persons face difficulties in consolidating their roles in the ministries and their gender focal points position; hence there is limited impact of the mainstreaming process.

The mainstreaming of gender and its institutionalization into various sectors within Government is however, still lagging behind. This is due to high staff turnover of the trained government gender focal persons and difficulties of the focal persons to consolidate their role. The department is under staffed with only three (3) qualified staff members including the NPPP who are responsible for the implementation of the programme. The department also has limited M&E capacity due to the absence of a full-time M&E technical person within the Department.

Table 6 Gender Equality Programmatic Performance of Outcome 4, Output 4-1, 2011-2014

Gender Equality Programmatic Performance: Outcome 4, Output 4-1, 2011-2014											
Outcome 4: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender Based Violence prevention and response											
Output 4-1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12)											
	Verifiable Indicator	**2010**	**2011**		**2012**		**2013**		**2014**		**Status**
No.		**Baseline**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	
4.1	Percentage of interventions in the prioritized gender policy action plan implemented	0	25%	0	40	20%	60%	60%	75%	70%	Target missed by 5%

On the efforts towards preventing and responding to GBV, a total of 12 government, civil society and communities comprising of police officers, traditional leaders, community based volunteers and youth leaders were trained on GBV, from a target of 13 institutions. UNFPA also supported the establishment of a Gender Based Violence Referral Network and Partnership of all organizations dealing with GBV in Shiselweni as part of capacity building for prevention and response to GBV in that region. This created an increased awareness on GBV as well as improved and coordinated service delivery for GBV survivors. [27] For example, the police stations have established special rooms with sensitized police officers to deal with GBV cases. It has been reported that traditional courts are now treating GBV cases as important cases than previously before the sensitization meetings.[28] Also community based volunteers are now able to identify GBV cases in their communities and know the proper channels to follow when handling GBV cases. All the efforts have resulted in a total of 3,992 GBV survivors[29] (including men) utilizing GBV services, far surpassing the target to reach 3,000 survivors. It is however not possible to ascertain whether these activities have been able to reduce the incidence of GBV or changed attitudes towards it.

UNFPA supported a Court Watch Program that was conducted to monitor how timely finalization of GBV cases that were already before court. The main objective of the Court Watch Program was to identify areas within the court that require targeted interventions for an improved case management. Findings revealed bottleneck in the system and UNFPA supported and advocacy and sensitization activity. The

[27] Interviews with members of the GBV referral network
[28] Interviews with Traditional leaders in Shiselweni
[29] This is a national figure, not solely for the Shiselweni region

knowledge gained from the workshops and trainings is being implemented as evidenced by improved flow of GBV case management and the establishment of special rooms with sensitized police officers at the police station to deal with GBV cases. Interviews with traditional leaders showed that GBV cases are now being treated as important like any other reported cases in the traditional courts which was not so before the sensitization meetings.[30]

UNFPA has supported the establishment of the National Men Engage Network with the aim of strengthening the national capacity to engage men and boys in addressing Sexual and Reproductive Health Rights and GBV. The Men Engage Network (MEN-Swaziland) was officially launched in December 2013 and it has a membership of over 35 organizations (government, NGOs and community based organizations) working in the areas of gender, GBV, HIV and SRH. The network has a Steering Committee, code of conduct, a Memorandum of Understanding with MEN-Africa Network, a five year strategic and action plan draft. It is too early to assess the impact of this Network on GBV prevention and responses.

The continued annual commemoration of international day such as the International Women's Day, The Day of a Girl Child and 16 days of Activism Against Gender Based Violence that are part of advocacy campaigns to place gender equality issues and rights of woman on the national agenda of Swaziland. These events have also contributed to increasing GBV awareness at national level as evidenced by the increase in the number of people using the toll free helplines, counselling centres and reporting GBV cases at police stations especially during the 16 days of Activism against GBV.

Table 7 Gender Equality Programmatic Performance Outcome 4, Output 4-2, 2011-2014

Gender Equality Programmatic Performance: Outcome 4, Output 4-2, 2011-2014											
Outcome 4: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender Based Violence prevention and response											
Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13)											
	Verifiable Indicator	**2010**	**2011**		**2012**		**2013**		**2014**		**Status**
No.		**Baseline**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	
4.2.1	Number of government civil society institutions and communities trained on Gender Based Violence in Shiselweni	0	5	-	8	14	10	17	13	12	Close to being achieved
4.2.2	Number of Gender Based Violence survivors utilizing response services in the Shiselweni region and Nationally	49	100	987	1000	1173	2000	2239	3000	3992	Achieved

4.3.3 Efficiency

Evaluation Question 3: To what extent did UNFPA make good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 5th country programme?

Summary findings

The Country Office has sound administrative and financial procedures which allowed for smooth financial management through its NEX and DEX execution modalities. Programmatic performance and the financial burn rate of the Gender Equality component is very high (more than 95% of the budget was expended, with over expenditures in some areas). There were reported late start of implementation as well as erratic changes in the scope of the activities during implementation.

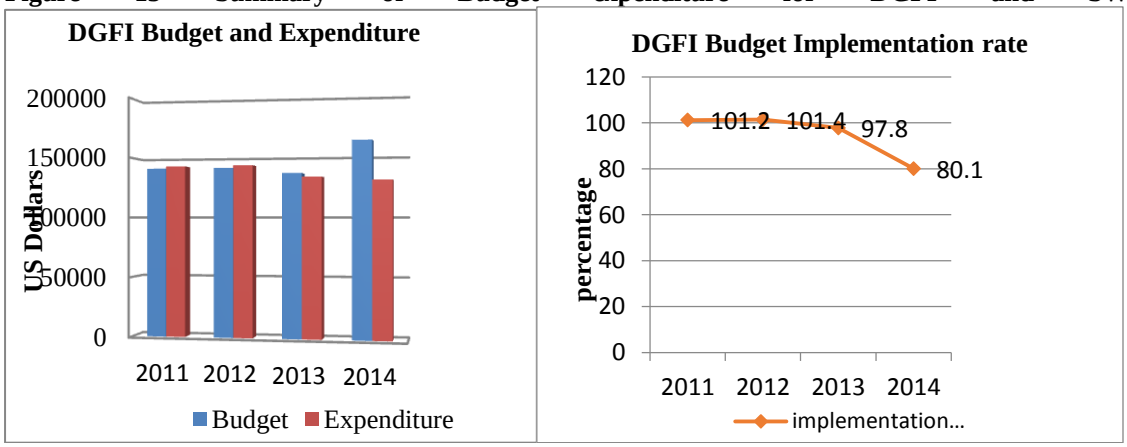
UNFPA funds the gender component activities mainly from its regular resources and were disbursed to implementing partners though either the NEX or DEX modalities. Under the gender component the DFGI is funded through the DEX modality because of weak capacity for financial management. The use of the DEX modality therefore enabled the CO to ensure that interventions of the programme are being implemented properly and in an efficient manner as allocated funds for the DGFI are kept by the CO and are only released upon request and submission of the necessary paperwork. However the release of funds for implementation is usually timely.

Annual Work Plans for implementing partners were normally signed off towards the end of January every year since the inception of the programme in 2011 which shows that implementation of the activities is delayed by close to a month in the first quarter. In 2011 the AWP for the GFIU was signed in February.[31] However once the AWPs were signed, the funds are disbursed immediately to IPs without further delaying the implementation process.

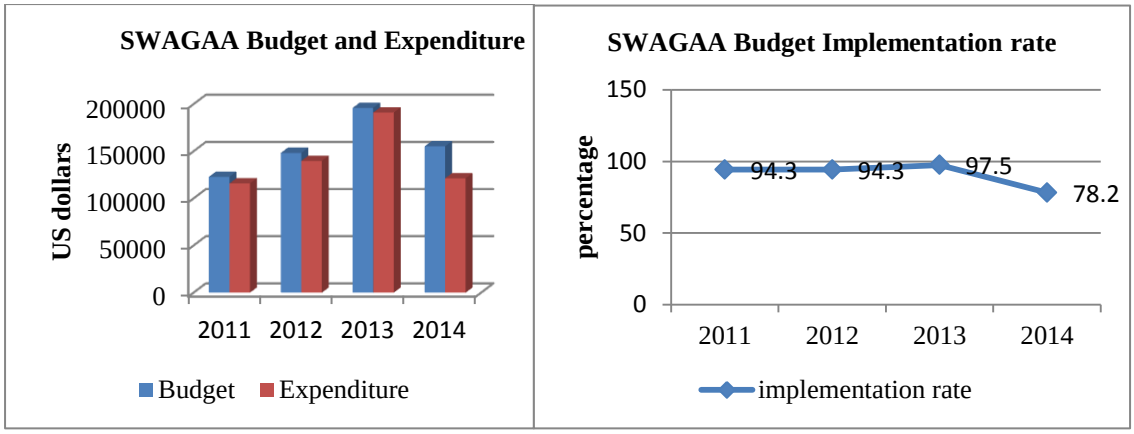
Generally most of the major activities outlined in the AWP have been implemented according to plan except for activities related to the commemoration of international days which are usually implemented later than planned because they require government approval and the process usually takes long.

The implementation rate for both partners has been favorable at 95%. The implementation rate for SWAGAA has been within the budget since 2011 while for the GFIU the budgeted funds were slightly exceeded by 1.2% and 1.4% in 2011 and 2012 respectively but from 2013 the implementing rate has been within the budget.[32] The CO has also used its resources to address some of the challenges that are facing IPs such as financial crisis, high staff turnover and understaffing to ensure that the implementation process is not affected by these challenges. For example it has continued supporting the DGFI with NPPP staff and also provided the department with financial resource to carter for the department's basic needs such as communication and stationery. UNFPA also supported capacity building of the programme analyst through short-term training abroad.

Figure 13 Summary of Budget expenditure for DGFI and SWAGAA



[31] Annual Work Plans, 2011-2014
[32] Atlas Project, 2011-2013



4.3.4 Sustainability

Question 4: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of the effects?

Summary Findings

It is likely that some of the UNFPA's gender equality and gender based violence initiatives may lack sustainability mechanisms. Some initiatives will continue beyond the 5th CP termination, while others will fail to do so. UNFPA interventions at policy level are likely to go beyond the 5th CP because the implementing partner, Gender and Family Issues Unit is now a full government department. As well, other activities that were supported in collaboration with other organizations such as the UN team on Gender and the NGO consortium have potential to continue.

However the CPAP does not have a clearly stated exit strategy for ownership and sustainability of the programmes. The effectiveness of NATICC community outreach strategy in Shiselweni has the potential to generate sustainability of this component. However it will be dependent on the availability of funding. Overall sustainability for this component will depend on how well the DFIU is able to mainstream gender into all sectors of development as well as the political will for gender equity, rights and inclusiveness.

Generally the CPAP does not have a clear exit strategy and sustainability mechanisms in place that ensures that interventions of the CP will go beyond funding cycle. This point was

also noted in the mid-tern evaluation report "the CP lacks hallmarks of sustainability" [MTE, 2014]. However based on the evidence available it is likely that some of the UNFPA's initiatives on gender equality and gender based violence will continue beyond the 5th CP funding cycle.

One of the milestones that occurred during the 5th CP that is likely to ensure the continuity of UNFPA interventions at policy level beyond the CP is the elevation of the Gender and Family Issues Unit from being a unit in the Deputy Prime Minister's Office to a full government department. This shows some level of commitment from the government towards addressing gender related issues. However the department has no capacity in terms of human and financial resources to fully implement these interventions. The department relies mainly on UNFPA financial resources and technical support. This will affect especially the mainstreaming of gender into various sectors which is still weak.

The networks that were established as a result of UNFPA support such as the GBV Partner Referral Network and the National Men Engage Network have potential to continue beyond the funding cycle. For example the National Men Engage Network has structures put in place such as the steering committee, code of conduct and MOU with the MEN-South Africa which shows that it is a sound network with committed members who can go further. As for the GBV Partner Network, continuity is highly dependent on the willingness of partners to continue with the network because the network mainly relies on UNFPA financial support for its meetings and activities.

The continuity of UNFPA interventions on advocacy activities such as the commemoration of international days like the International Women's Day, Day of a Girl child and 16 Days of Activism against Gender Based Violence beyond CP funding cycle is likely because these activities were undertaken by UNFPA in collaboration with other UN organizations under the Gender Theme Group and the NGO consortium and these are still interested to continue with the activity.

The sustainability of GBV awareness raising initiatives such as the community mobilization and community dialogues is likely to continue because implementing partners are well established and what can be affected is the coverage of the intervention.

4.4 Strategic Positioning

Evaluation Question 5: What is the extent the UNFPA CO contributed to the functioning and coordination of UNCT coordination mechanisms, would the same results have been achieved without UNFPA support and what is the UNFPA added value in the country context as perceived by national stakeholders and partners?

The UNFPA CO contributes significantly to the functioning and coordination of United Nations Country Team activities in Swaziland. The UNFPA CO chairs the Joint PPSG and M & E Group. It is also a signatory to comprehensive agreement between GoS, European Commission in the context of the contribution agreement linking HIV and SRHR in Southern Africa.

It coordinates activities such as Joint United Nations Programmes on Gender. The objective of the JUNPG is to provide a coordinated and harmonised assistance of the UN to the government of Swaziland to ensure the empowerment of women and the achievement of gender equality and equity through the development and implementation of gender responsive legislation, policies and programmes. This JUNG responds to MDG 3 and builds on key national development policies including the National Gender Policy 2010 and PRSAP. It is also aligned to UNDAF 2011-2015 outcomes. UNFPA CO plays active role in the Joint UN Programme on HIV/AIDS. The thematic group on prevention, treatment, care and support is convened by UNFPA CO. The development of the JUNPS is aligned to the National Strategic Framework on HIV and AIDS. Its goal lie in reaching universal access to prevention, treatment, care and support.

In-country development partners were positive of the strategic importance of UNFPA CO especially on population issues especially in data generation and utilization. Other development partners in the UNCT acknowledged that UNFPA' s ability to intervene on specific population-related issues, like data generation through census and survey, is a unique contribution which no other agency in the Country Team can handle. With the roles UNFPA has played so far, its participation in Delivery as One will ensure that programmes by UNCT do not overlap, thereby improving efficiency and accountability. It was observed that the added value of UNFPA CO in Swaziland is its global reach and ability to engage on population issues. Respondents from the partners noted that they derived satisfaction by

working with UNFPA and acknowledged that '*without UNFPA CO, we would not achieve our goals*'.

Chapter 5: Conclusions

The conclusion chapter reaffirms the evaluation findings, discusses analytically the evaluation findings at strategic and programmatic levels and then finally reaches a final judgment based on the evaluators reasoning and on the evidence accumulated. The evaluation sought to answer the four following questions:

1. ***Evaluation Question 1:*** *To what extent is the 5th CP consistent with global priorities, national priorities, UNFPA Priorities and strategies, expectations of beneficiaries? (ii) To what extent the needs of young people have been taken into account in the planning and implementation of all UNFPA-supported interventions under the country programme?*

2. ***Evaluation Question 2:*** *To what extent has UNFPA support in the 5th CP helped to ensure that sexual and reproductive health and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks?*

3. ***Evaluation Question 3****: To what extent did UNFPA make good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 5th country programme?*

4. ***Evaluation Question 4:*** *To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of the effects of CP?*

The evaluation was set out to evaluate the GoS/UNFPA 5th cycle CP implementation to determine whether it was implemented as planned or not as well as to document gaps, challenges and lessons learnt to improve in future. The evaluation judgment criteria were:

Relevance
Effectiveness
Efficiency
Sustainability
Strategic position and
Added value

5.1 Strategic Level

UNFPA CO has demonstrated excellence in forging strategic partnership among national stakeholders and development partners with a focus on the strategic area of promoting sexual and reproductive health of young people and other vulnerable populations. It has added value to the thematic areas by its singular ability to intervene in population issues listed in the 5th CP.

Origin: Evaluation question on strategic positioning and added value

Evaluation Criteria: Strategic position and added value

Associated Recommendation: 6.1.1

UNFPA forges a strategic partnership with national and international partners with the goal of working together to achieve programme goals. UNFPA country programme is derived from and aligns itself to national objectives. Its value addition in the programme areas are widely acknowledged. The UNFPA's financial muscle, rather the technical expertise of the staff has made it possible for it to facilitate all the programmatic areas. Stakeholders agreed that CO adds value only to the extent of its ability to mobilise resources and facilitate effectively policy dialogue. An additional aspect of its value addition can be seen in its ability to intervene in critical areas of national development importance, like census and survey. While stakeholders acknowledge these qualities, they called for joint decision-making on matters of defining programme including changes of scope and resource envelope. The need for an exit strategy for most of the interventions of the CP is also viewed as critical.

5.2 Programmatic Level

5.2.1 The 5th CP has a huge programmatic relevance and properly aligned to the country's national priorities and international development priorities as found in ICPD, CEDAW and MDGs.

Origin: Evaluation question on relevance

Criteria: Relevance

Associated Recommendation: 6.2.1

The 5th CP is derived from and aligned to national objectives in the Constitution, the National Development Strategy and PRSSAP, National Population Policy, National Youth Policy, National Gender Policy, National Health Sector Strategic Plan and extended National Multisectoral HIV and AIDS strategic framework, amongst others. Documentary reviews of annual reports and Strategic Progress Reports and interviews from partners and other national stakeholders confirmed that the implementation of the three programme areas of the 5th CP was relevant to national priorities as stipulated in national development agendas.

The SRHR component was made more relevant to Swaziland context by integrating it with HIV and AIDS issues due to the high level of HIV prevalence and its impact on the development agenda. The CP has consistently maintained and highlighted the themes of youth and HIV and AIDS throughout the outcomes and outputs. The generation of national data and integration of population data into national development for sectoral planning has been an on-going plan that will yield high outcomes for development planning in Swaziland. Under this CP, it becomes more relevant as it provided relevant data to monitor progress in government performance, and enables the assessment of social, economic and human rights indicators that the country is signatory to at national and international levels. The gender equality activities are relevant especially since the county has high rates of gender-based violence.

The 5th CP has been able to use evidence for targeting beneficiaries and geographic regions. The youth, women, institution and the region are the primary beneficiaries of the CP. The country has a youthful population and carries the highest burden of HIV in the world with a prevalence of over 26% for age 15-49. The Shiselweni region was targeted because of it has higher rates of teenage pregnancy, high incidences of HIV and GBV.
In that regard, the CP brought a focus to the deployment of resources.

5.2.2 The effectiveness of the 5th CP in Swaziland is demonstrated by the impressive results recorded in each of the thematic areas, although some targets may not have been reached, but it is clear that those targets can be reached at the end of the programme cycle.

Origin: Question on Effectiveness

Criteria: Effectiveness

Associated Recommendation: 6.2.2

The UNFPA 5th CP in Swaziland has demonstrated real effectiveness in the three programmatic areas namely access to youth friendly integrated SRH/HIV health service, availability of family planning commodities, availability of population data for evidence based planning, and creating awareness on GBV and improving the coordination of GBV service provision for survivors.

Its technical expertise and financial support has enabled the three programme areas to be implemented. It has supported an enabling environment for productive delivery of SRHR services and integration of population data into development issues. It is noted that some of the effective indicators have not been tested but there is evidence that the effectiveness can be measurable in the future by changes in attitude and behaviour. While the various activities for SRHR have carried been carried out and targets of indicators reached, it will be important to understand whether these interventions have become catalysts for behavioural change.

5.2.3 UNFPA CO and is implementation partners have demonstrated efficient use of human and financial resources, though some of the partners have issues about how funds disbursement affect the delivery of result. Some noted that in most cases funds are released during the 3rd quarter and they would be expected to produce project and financial report.

Origin: Question of efficiency

Criteria: Efficiency

Associated Recommendation: 6.2.3

While reviews and interviews indicated high implementation rate, signifying that resources are maximally used, what is not clear is whether these resources are used on relevant areas.

The issue of quality of technical assistance provided by some consultants and the CO staff were raised.

5.2.4 While there is no clear exit strategy in the CP, it is noted that this is an important aspect of programming that should be addressed.

Origin: Question on Sustainability

Criteria: Sustainability

Associated Recommendation: 6.2.4

It is noted that the 5th CP is relevant to the Swaziland development context. Its implementation is effective and resources well-used. However, the issue of how to sustain the tempo in both downstream and upstream activities, at the end of the programme cycle remains a concern to most partners. This is more pronounced as most of the implementing partners have no clear alternative resource mobilization strategy. How to sustain these activities so that meaningful and impactful behavioural changes will be observed remains a challenge to partners.

Chapter 6: Recommendations

The evaluation offers an evaluative perspective of the performance of the GoS/UNFPA 5th CP and this chapter presents the evaluation recommendations in order to improve and sustain the CP performance.

6.1 Strategic Level

6.1.1 Its strategic partnership with national and development partners should be strengthened so that the ability to deliver as one should be enhanced.

Priority: High
Target level: CO, Regional office and HQs
Based on Conclusions: 5.2.1

Strategic partnership has proven to be an important prerequisite for successful implementation of a country programme. While the role of UNFPA CO in this direction was well acknowledged by all the stakeholders suggested that the design of programme contents should be more bottom-up instead of the top-bottom approach of identifying a programme and throw it to the country to pursue. They noted that most CP component areas are drawn from national policy documents; UNFPA defined the types of interventions (activities) without the thorough involvement of relevant stakeholders. The need for joint decision-making in formulating country-specific programmes will promote genuine and sustainable partnership as this would encourage ownership of the programmes at the end of programme cycle.

UNFPA, no doubt, has an added value in its programme areas but its financial muscle and being a global institution, has allowed it to act as facilitator of programme components. Stakeholders agreed that CO adds value only to the extent of its ability to facilitate effectively policy dialogue and its ability to intervene; example, support for data generation through census and surveys.

6.2 Programmatic Level

6.2.1 Continue to make CP aligned to national and international priorities with a view to achieve goals of equality, prosperity and sustainable development.

Priority: High

Target level: CO, RO and HQs

Based on Conclusion: 5.2.1

Operational Implications

The 5th GOS/UNFPA CP has been able effective as it addressed issues of immediate concern to the country making it easier for ownership and sustainability. The next country programme should be made to focus on issues that properly fit into the global agenda for post-2015 development framework. Issues of reproductive health, gender equality, data for planning, migration, sustainable development will continue to take the front row. However, Country Programmes must be made more flexible to address emerging needs of a country.

6.2.2 Make CP more effective by identifying all facilitating factors and using them for programming, and identifying factors that have contributed to not less than positive performance.

Priority: High

Target level: CO and IPs

Based on Conclusions: 5.2.2

The purpose of evaluation is to identify what is good practice with a view to implementing effective programmes that will contribute to sustainable development. Both the mid-term evaluation report and this current one have identified programmatic issues that need to be factored into next country programming. It will be worthy for the global audience to know what worked in Swaziland and what did not work, so that it can be as a lesson to others. There are various issues in the current CP that need to be further interrogated. Such things as

attitudes to GBV among political and traditional institutions; whether there has been any behavioral change as a result of all the interventions in the programme areas, need to be further explored. Understanding the dynamics that contribute to any of the outcomes will assist in making CP more effective.

6.2.3 Continue to use human, financial and technical resources more efficiently so that the outcomes of CP can be achieved.

Priority: High

Target Level: CO

Based on Conclusions: 5.2.3

Operational Implications

Efficiency involves transparency and accountability. Funds should be accounted for, and IPs with qualified audits should be punished in a way that will deter others. Timely sourcing of national and international consultants so that activities cannot be delayed. International consultants can be sourced for if there is no national capacity. Timely signing of AWPs and disbursement of funds should be encouraged. Training of IPs and national stakeholders in financial management should be pursued.

6.2.4 Create conditions for sustainability effects by building national partnership that can elaborate an exit strategy at both programming and implementation levels and develop a capacity development strategy for the entire programme cycle.

Priority: High
Target level: CO
Based on Conclusions: 5.2.4

Operational Implications

Through stakeholder engagement processes, UNFAP and its implementing partners should develop a negotiated exit strategy and have this integrated into the CPAP. Furthermore, a

capacity building and technical assistance strategy must be put in place that distinguishes once-off capacity development efforts that are largely a result of lack of resources by implementing partners to undertake activities such as training as opposed to actual lack of capacity to conduct training, to plan effectively or implement a strategy. [MTE, 2014]. It is important that efforts should be put in place to develop capacities of strategic partners or share knowledge such as delivering trainings, workshops, providing technical assistance, positioning national and international expert within an overall capacity development programme. This also calls for a clear capacity development strategy that will also address the shortcomings of CO staff and management, especially in the areas of programme planning, design and implementation. It is recommended that CO consider local initiative in capacity-building with a view to promoting ownership of such initiative. This will also reduce programme costs.

6.2.5 Quality of technical assistance offered by UNFPA CO to selected implementing partners falls short of expectations.

Priority: High
Target level: CO, Regional office and HQs
Based on Conclusions: 5.2.2

Operational Implications

Implementing partners made the observation that the calibre of UNFPA CO programme staff and consultants was not different from their own and in some cases, less experienced and competent. The quality of international consultants was also called into question by most of the stakeholders. The issue of quality of personnel including consultants clearly come to the fore when some of the analytical results from surveys and commissioned reports show faulty calculations and conclusions.

The CO should devise a system of recruiting high quality professionals, devoid of primordial sentiments, to deliver professional services to the organisation. While capacity issues are raised in several of the documents reviewed and interviews, the CP has no clear-cut plan to build or strengthen the capacity of the national stakeholders. Lack of capacity could be

identified in the quality of data interpretation, report writing and analysis and data recording by both the CO staff and IPs. CO should continue to invest in the building of national capacity to improve the quality of analysis and reports from the CO, and to promote sustainability. There have been a lot of research but evidence provided by these studies has not been adequately utilized in planning. It is important that CO explores how to build local capacity in utilising population research results for policy and programming at all levels of government. Training of planners on integration of population issues into development should be made practical and result-oriented. CO should also target beneficiaries who will be the catalysts for this in their ministries.

6.2.6 The CP has led foundation for community sensitization of SRH in Shiselweni but revisit the youth dialogue in order to have a maximum impact on content and delivery.

Priority: Minimum
Target Level: CO and IPs
Based on Conclusions: 5.2.2

Operational Implications

Participants interviewed in Shiselweni region acknowledged an increase in service utilization in Health clinics because of their youth friendliness. While we recommend that this approach be extended to other SRH issues, it is important to note that the way and manner the youth dialogue was organised and implemented was problematic. It is recommended that the NATICC model of community mobilization and sensitization be adopted in any community level intervention.

6.2.7 A Strong National Coordinating Body need to be set up

Priority: High
Target Level: CO, Government
Based on Conclusions: 5.2.2

Operational Implications

Execution modalities for the CP are such that government, through the NPU, takes a leading role in coordination, monitoring and review of the CP with UNFPA playing a supporting role in ensuring resources and materials are available for the NPUs role to be effective. However, the NPU's role to effectively coordinate the implementation of the CP is not clearly understood by other stakeholders. This may be because of lack of legal status for this function.

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Annex 1: Terms of Reference

EVALUATION OF THE GoS/UNFPA 5th COUNTRY PROGRAMME (2011 – 2015)

Swaziland Country Office – Mbabane

I. INTRODUCTION

The Swaziland 5th Country Programme 2011-15 Evaluation (CPE) is undertaken within the context and provisions of the UNFPA evaluation Policy which operationalizes the Joint Executive Board decision of 2010 which requires all programmes to conduct end of programme evaluations that are independent, and meet the highest of standards. The Swaziland CPE therefore forms an objective basis for presenting evidence of results achieved as part of the accountability for the investments made in the outgoing Country Programme. The Evaluation will also contribute to more effective programming of the 6th Cycle Country Programme. The 5th Cycle CP and its Action plan 2011-15 operationalizes the Swaziland UN Joint commitments outlined the United Nations Development Assistance Framework (UNDAF), the Poverty Reduction Strategy and Action Programme (PRASP) which operationalizes the National Development Strategy (NDS) the National Population Policy and other sectoral and thematic policies and strategies. Considering that Swaziland is set to review and develop a number of these policies and programmes including the UNDAF and the UNFPA supported country programme, the CPE will therefore not only contribute to the UNFPA Executive Board decisions but will also benefit the Government of Swaziland in developing the National Development strategy, the National Population Policy, the Health Sector Strategic Plan 11 and the UNDAF 2016-20.

The M&E framework of the CPAP 2011-15 outlines a variety of monitoring activities and these are being implemented accordingly. In the process and upon the request of the Government of Swaziland, mid-term evaluation (MTR) of the 5th CP was undertaken in 2013. The focus of the MTR was to establish progress made towards achievement of results set out in the M&E Framework of the CPAP or the lack thereof and to document challenges, lessons learned and present recommendations that will facilitate the refinement of the CPAP and its indicators and targets, as well as the implementation arrangements. The end of CP evaluation will therefore build on the routine monitoring activities and the findings of the MTR but will put more emphasis on the issues of sustainability, a forward looking approach to possible areas of alignment with the UNFPA Strategic Plan (2014-2017) and Swaziland's classification within the new Resource allocation system. The CP evaluation will also inform how the UNFPA's mandate can be situated

within the structure and scope of the UNDAF 2016-20 as the Swaziland UNCT has resolved to become a "Delivering as One" team.

II. CONTEXT

The GoS and UNFPA 5th country programme was premised on the national needs as articulated in the Poverty reduction strategy action plan (PRSAP), National strategic Framework on HIV and AIDs (NSF), the UNDAF 2011-15 and other sectoral strategic programmes. At the inception of the CP, the Country was faced with a triple threat of food insecurity, weak governance systems and HIV and AIDs epidemic. HIV continued to be a generalised epidemic which undermined gains made over the years on a number of social fronts including maternal health. With a population age structure which is generally young and the effects of the high and unyielding HIV epidemic on mortality, there was need to engage a strategy which had a strong HIV prong. Evidently youth and women were viewed as vulnerable and hence the need to make these a target population. At the point of alignment of the country programme of support with the UNFPA interim strategic plan outcomes and outputs, the New UNFPA focus became even more relevant. Although the country programme document was not revised, the CPAP had to be realigned to enable proper accountability within the new global strategic focus. The 5th CP had a geographical focus targeting the Shiselweni region with some of the outputs. 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 current Country Programme, therefore, as articulated in the revised CPAP has five key outcome areas that have been prioritized and identified in collaboration with the Government of Swaziland, and other implementing partners. i) The first outcome is focused on ensuring increased access to and utilization of quality HIV- and STI-prevention services especially for young people, with a focus on HIV and SRH integration. Among the key activities under this outcome include strengthening capacity for SRH/HIV integration at policy and service delivery levels, scaling up of comprehensive condom programming addressing HIV prevention in high risk populations as well as strengthening social and behaviour change communication in the target region of Shiselweni. At the population level, the Programme aims at increasing comprehensive knowledge on HIV and behaviour change towards increased condom uptake and use as well as HIV testing among young people and women and particularly those living with HIV; ii) The second prioritized outcome is to ensure increased access to and utilization of quality voluntary family planning services for individuals and couples according to reproductive intentions. The Programme focuses on strengthening reproductive health commodities security by ensuring availability of contraceptives both at the national and regional levels and supporting the integration of family planning commodities and supplies into the national pharmaceutical and logistics systems. It also supports strengthening demand for family planning through downstream

interventions at the community level; iii) Outcome 3 is committed to ensuring that population dynamics and its interlinkages with the needs of young people, SRH (including family planning), gender equality and poverty reduction are addressed in national and sectoral development plans and strategies. The Programme focuses on ensuring that the population variables are integrated into the national development plans and strategies including related national capacity building and development of integration tools, advocacy and research; iv) The fourth outcome is on ensuring that gender equality and reproductive rights are advanced, particularly through advocacy and implementation of laws and policies, as well as prevention of and response to Gender-Based Violence. The focus is on the coordination of the national gender response, particularly on mainstreaming gender into the various sectoral plans of government, as well as building capacity to prevent and address Gender-Based Violence both at the national and community levels. The Programme also engages men and boys in prevention of GBV and promotion of gender equality and reproductive rights; v) The final outcome is dedicated to ensuring data availability and analysis resulting in evidence-based decision-making for policy formulation and programming around population issues, young people, gender equality and SRH.

I. OBJECTIVES AND SCOPE OF THE EVALUATION

The scope of the end of evaluation of the 5th Country Programme (2011 – 2015) is fully aligned with the UNFPA evaluation policy of 2012/13 which requires that the focus of evaluation will include relevance, impact, effectiveness, efficiency and sustainability and the degree of the UNFPA's CP fulfilment of its commitment to deliver on results, accountability and transparency. The evaluation will focus on all the programme aspects contained in the 5th CPAP Monitoring and Evaluation Framework (for 2012, 2013, and 2014 review), and Country Programme Action Plan (CPAP).

The evaluation will also assess the alignment of the UNFPA 5th Country Programme retrospectively to the UNFPA global strategic plan (2014-2017), and how the new country programme can fully align to the new SP, UNFPA's comparative advantage and its proposed modes of engagement, and its responsiveness to the developmental needs of the Government of Swaziland. The evaluation will also explore and inform on the implications of "Delivering as One" country team on the comparative advantage of UNFPA, and to make recommendations on the structure of next country programme in the context of DoA.

The evaluation is proposed to be undertaken between June 2014 and October 2015 (see work plan below).

The overall objectives of a CPE are: (i) an enhanced accountability of UNFPA and its country offices for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle

The specific Objectives will be:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;

2. To provide an assessment of the country office (CO) 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.

3. To identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination.
4. To provide a set of recommendations that will inform the general development of the new country programme and specifically its implications on DaO.

III. EVALUATION QUESTIONS

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

Relevance

- To what extent is the 5th CP programme consistent with global priorities, the country priorities, UNFPA priorities and strategy, expectations of beneficiaries
- Is there synergy or complementarity between UNFPA's intervention and that of other development partners?

- How effective has the programme being in establishing partnerships that promote the ICPD agenda?

- Who are other partners who UNFPA can leverage their support in realizing results and effectively reaching the proposed coverage

Effectiveness (focus on the processes)

How did inputs and activities lead to outputs and contribute towards the realization of outcomes?

- What progress is the programme making in terms of coverage – were the planned geographic area and target group reached, and will the programme likely reach its targets in 2015?
- What is the functionality level and effectiveness of the proposed programme coordination structures and mechanisms
- How effective are the planning Monitoring and evaluation mechanisms in ensuring a result focused implementation?

Efficiency

- Were the most cost-saving approaches and activities considered?
- In what proportions have the resources been used to achieve the outputs in the most cost-efficient manner?
- What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs) of outputs?

Sustainability

- What are sustainability measures the programme is employing during implementation-

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?

Strategic Alignment (Systemic Dimension)

- To what extent is the UNFPA Country Programme aligned to the UNDAF the country?

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? (What extent was the programme able to respond to changes in national priorities and to additional requests from national counterparts, as well as to shifts caused by major external factors and the evolving country context without prejudice to development results?)

Added Value (Stakeholder's perception about UNFPA in the Country)

- How do the national counterparts and other development actors perceive, recognize and think of UNFPA's programme of support (resources, technical skills, contribution to collective results) in the country?

The final evaluation questions and the evaluation matrix will be finalized by the evaluation team in the design report

IV. METHODOLOGY AND APPROACH

In general, the methodology will include desk review of literature; data collection through key informants interview and stakeholders discussions and meetings. 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 Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups discussions and field visits to the project sites as appropriate. Appropriate tools for data collection will be developed and later refined by the team. The team will specifically conduct a preliminary desk review to

- Familiarise with the context and the country programme of support.
- Prepare an inception/design report, which will present the final evaluation questions and the evaluation matrix, an elaborate evaluation methodology framework and a plan for assuring the quality of the products. The inception/design report will be discussed with and agreed on by the Evaluation Management Committee (EMC).
- Further review of available documentation to obtain a general overview of programme design and progress

And will collect data through

- Key informant interviews at with key Government of Swaziland officials including implementing partner Programme Outcome Managers; Selected CO programme and operations staff, relevant UN Agency focal officials, and relevant Development Partners, implementing partners and civil society,
- Interview key persons associated with the programme including programme beneficiaries

- Conduct site visits programme sites to assess physical conditions of the facilities, equipment and supplies and use participatory observations

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 regular exchanges with the CO programme managers and the national programme coordinating agency core team.

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 including international NGOs, policy makers (mainly parliamentarians) the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

Data analysis and report preparation

The Evaluation team will further

- Conduct data analysis and prepare a report that responds to the final evaluation questions and in accordance and as per the annexed " structure of the final report" template
- Facilitate a Stakeholders Meeting to validate and to disseminate the evaluation findings
- Brief and consult with the Evaluation Management Committee on a regular basis
- Incorporate management response in the Management Response platform as well as use the recommendation of the evaluation to inform the new CP

V. EVALUATION PROCESS

The evaluation process will include the following phases and steps: (i) preparation; (ii) design; (iii) field; (iv) reporting and (v) management response, dissemination. The main steps with will unfold in three phases, each of them including several steps as follow.

1) Design phase

This phase will include:

- a documentary 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 work plan 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.

2) 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. At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

3) 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 staff, Government sector ministries, UN agencies, Implementing partners, private sector, youth organisation, NGOs (national and international), CBOs, parliamentarians and development partners.

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

VI. EXPECTED OUTPUTS/ DELIVERABLES

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

- The design report (maximum 70 pages);
- The debriefing presentation at the end of the field phase;
- The evaluation report (maximum 50 pages plus annexes)

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 debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of 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 Mbabane, Swaziland
- a final report, based on comments expressed during the dissemination seminar.

VII. WORK PLAN AND INDICATIVE TIME FRAME

The Country Programme Evaluation work plan is as shown in the table below.

Key activities	Timelines in Months-2014										
	Feb	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Draft ToR for review by CO and ESARO M&E Advisor											
Draft Terms of Reference for the evaluation with inputs from CO team											
Submit TOR to Representative and Government for review and inputs (and incorporate comments)											
Establish and inaugurate the Evaluation Reference Group (REG) with leadership of GoS											
Submit TOR FOR quality assurance and clearance by ESARO											
Finalize Terms of Reference with inputs from QA team through ESARO											
Recruit and appoint Consultants											
Brief the Evaluation team (by CO and ERG)											
Undertake preparatory activities, prepare and submit inception report to UNFPA and ERF											
Collect data, prepare and present a debriefing presentation of preliminary results											

Key activities	Timelines in Months-2014										
	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Undertake further analysis of data and prepare the first draft report, submit to the ERG for comments and prepare a final draft report											
Submit the final draft report and present in a seminar to key stakeholders and counter parts											
Prepare final report and submits to UNFPA											
UNFPA CO prepares a management response on the report recommendations submitted as per template											
Conduct CPE Dissemination Workshop and utilize the Report to inform CPD/UNDAF Development											

I. COMPOSITION OF THE EVALUATION TEAM

The technical evaluation will be undertaken by a core evaluation team (individual consultants or consultancy firms) which will be made up of the following: -

- a team leader with 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 will also be responsible for the quality assurance of all evaluation deliverables. He /she will also be responsible for ensuring that the evaluation is undertaken using an HIV lens. The team leader should have a good knowledge of the national development context, sound technical expertise in HIV and AIDs prevention programming and be fluent in English. At the synthesis phase,

she/he will be responsible for putting together the first comprehensive draft of the evaluation report, based on inputs from other evaluation team members.

- 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). 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 of the final evaluation report, including (but not limited to) sections relating to reproductive health and rights.
- a population 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.
- a gender equality expert (consultant) to 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.

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;
    - Master Degree in Demography, Reproductive Health, Population and Development management, or any social science related field; a PhD will be an added advantage
    - Minimum of 10 years in development programmes
    - A record of research or and programme evaluation in the development areas relevant to the country programme
    - Experience in Monitoring and Evaluation
    - 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

- Master's Degree in Demography, Reproductive Health, Population and Development or n social sciences, political science, economics or related fields;
- Minimum of 10 years in development programmes
- Experience in programme evaluation of development programmes including those for UN agencies and/or other international organizations
- Analytical and writing skills, and excellent oral communication and interpersonal skills and the ability to work in team
- Significant knowledge and experience of complex evaluations in the field of development aid;

Remuneration and duration of contract

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

- Upon satisfactory contribution to the design report: 20%
- Upon satisfactory contribution to the draft final evaluation report: 50%
- Upon satisfactory contribution to the 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.

VIII. MANAGEMENT AND CONDUCT OF THE REVIEW

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 Swaziland UNFPA country office, the national counterpart, the UNFPA regional office as well as from UNFPA relevant services in headquarters.

The main functions of the reference group will be:

- to discuss the terms of reference drawn up by the evaluation manager;
- to provide the evaluation team with relevant information and documentation on the programme;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Annex 2 List of Persons Consulted.

UNFPA Country Office

Name	Position	Institution
Bongani Dlamini	Program Analyst -SRH – HIV Integration	UNFPA
Happiness Mkhatshwa	Program Analyst - SRH	UNFPA
Lucas Jele	Program Analyst - Monitoring and Evaluation	UNFPA
Marjorie Mavuso	Assistant Representative	UNFPA
Rachel Shongwe Masuku	Programme Analyst - Population and Development	UNFPA
Sanelisiwe Tsela	SRH/HIV Specialist	UNFPA
Thamary Silindza	Programme Analyst - Maternal Health	UNFPA

Government

Name	Position	Institution
Amos Zwane	Director	Central Statistical Office
Bheki Thwala	Director	MoSCYA
Banele Mavimbela	Planner	Ministry of Economic Planning and Development
Bongiwe Siyaya		Swaziland National Youth Council
Duduzile Dlamini	Director	National Population Unit
Gideon Gwebu	National Professional Programme Personnel	Gender and Family Issues Department
Irene Dlamini	Matron	Matsanjeni Health Facility
Lungile Ginindza	Regional Planning Officer	Manzini Regional Planning Office
Mbongeni Shabhangu	Youth Chairperson	Swaziland National Youth Council-Shiselweni Region
Mfanawenkhosi Maseko	Head	Regional Health Management Team (RHMT)
Makhosonkhe Petros Dlamini	Acting Director	Swaziland National Youth Council
Phumzile Mabuza	Programme Manager	Ministry of Health (SRHU)

Nkosinati Fakudze	Planner	Ministry of Agriculture
Peter V. Ndlela	Senior Planner	National Population Unit
Sabelo Dlamini	Planner	Ministry of Defense
Sharon Neves		NERCHA
Siphiso Ndhlovu	Planner	Ministry of Health
Siphiwe Sibanze	Senior Planner	Ministry of Economic Planning and Development
Thuli Dhlamini-Teferi		National Population Unit
Thembinkosi Hlatshwayo		Swaziland National Youth Council
Winile Dlamini	Senior Planner	Ministry of Public Works
Zanele Dlamini	Director	University of Swaziland CTC

Civil Society Organizations

Name	Position	Institution
Casile Masilela		Lusweti
Cynthia Mhlanga	Head of Prevention Department	Nhlangano AIDS Training, Information and Counseling Centre Programme (NATICC)
Hlobsile Motsa	Director	Lusweti
Mduduzi Nkonyane	Gender Based Violence Prevention Officer	NATICC
Nokwanda Dlamini	Programmees Manager	Swaziland Action Group Against Abuse (SWAGAA)
Sibongile Maseko	Director	Mother to Mother
Tenele Mkhabela	Legal Officer	Swaziland Action Group Against Abuse
Thabani Ndlovu	Director of Programme	NATICC

International Organizations

Name	Position	Institution
Phelele Fakudze	Researcher, M&E Manager	Population Services International
Siphesihle Mabuza Dlamini	M&E Officer	University Research Company
Zelda Nhlabatsi	Director	FLAS

Beneficiaries

Name	Position	Institution
Betty Mamba	Community based Volunteer	Shiselweni Region
Jabu Kunene	Community based Volunteer	
Nonhlanhla	I story "GBV survivor"	
Shorty Khumalo	Community based Volunteer	
Aaron Nxumalo Khetha Maduma Simphiwe Zikalala	Tinkhundla Young Leaders Committee	Swaziland National Youth Council-Shiselweni Region
	Traditional Leaders	Shiselweni Region
	Police Officers	

Annex 3: Country Programme Performance Summary

A. Country Information		
Country name: Swaziland		
Category per decision 2007/42: A	**Current programme period:** 2011 - 2015	**Cycle of assistance: 5th**

B. Country Programme Outputs Achievement (*please complete for all your CP outputs)*

Reproductive Health and Rights

CPAP Output 1-1: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV (MTR-SP Output 10).

Indicators	Baseline(2010)	Target (2014)	End-line data (2014)
• Number SDP providing integrated RH and HIV services and information in Shiselweni region	***27/38***	***35/38***	***16/36***
• Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni	***400***	***9000***	***9840***
• Number of institutions with personnel trained on the HIV Prevention Toolkit	***0***	***229***	***216***
• Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally	***1898***	***8000***	***6561***

Key Achievements

The partnership of UNFPA with Ministry of Sports, Culture and Youth Affairs (MoSCYA), Swaziland National Youth Council (SNYC), Ministry of Health-Sexual and Reproductive Health Unit (SRHU), *Tinkhundla* Youth Associations and Civil Society Organisations (for example, FLAS and Lusweti) proved essential in delivering of HIV and SRH information and services to young people and Shiselweni region through community structures and as well the government administrative structure. Youth development networks were resuscitated and established. Access points to youth were through traditional events such as reed dance, sports, radio programmes, mobile clinic outreach, and peer educator programmes. The capacity building helped to promote and deliver SRH and HIV prevention messages and services to young people. Through UNFPA support Social Behaviour Change Communication (SBCC) interventions were given in 2014 to 9840 youths in Shiselweni communities from a base target of 400 in 2010. A marked improvement was in delivering of HIV prevention toolkit to 216 institutions at the end of programme cycle from nothing as indicated in the baseline year. An M& E framework for National Youth Policy was finalized to facilitate coordination of Multisectoral youth programmes and implementing Comprehensive Sexuality Education youth pilot projects in communities.

Community Service Organisations (CSOs) and health workers had training on integration of family planning and condom programming in ART through UNFPA support. The support extended to male sensitization on SRH and HIV services, training of midwives on EmNOC, PMTC trainings, provision of EmNOC equipment to a regional hospital and developing a standardized family planning manual for health workers. In addition to these planning, implementing and monitoring measures UNFPA played an important role in finalization of useful planning tools amongst others such as the SRH policy, MTR of National Health Sector Strategic plan, ASRH guidelines, Education policy, extended National Strategic Framework on HIV/AIDS 2012-2018.

CPAP Output 2-1: Strengthened national systems for reproductive health commodity security (RHCS) (MTR-SP Output 8).

Indicators	Baseline(2010)	Target (2014)	End-line data (2014)
• % of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region	***0%***	***70%***	***95%***

• Unmet need of FP among HIV positive Women attending ANC services	***63.90%***	***50%***	***No data***
• Number of personnel trained in logistics management through UNFPA support	***112***	***574***	***592***

Key Achievements

UNFPA has supported the integration of reproductive health commodities in the LMIS and national pharmaceutical systems. This resulted in strengthened supplies and distribution of reproductive health commodities to health facilities as monthly stock flow could be estimated or quantified as per needs of the country. Through this initiative the government the Central Medical Stores (CMS) has managed to integrate other commodities in various programmes and increasing its budget allocation on acquisition of modern contraceptives. Technical support by placing a NPPP in CMS to strengthen the integration of reproductive health commodities was made by UNFPA. Moreover end-line data shows that 592 government personnel (including UNFPA staff) were equipped with logistic management training, which is 5 times the baseline figure and well above the end-line (2014) set target. The strengthening of the LMIS (rolled out to almost all health facilities) has resulted in effective and efficient monitoring of stock outs and acquisition of modern contraceptives.

Population and Development

CPAP Output 3.1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)

Indicators	**Baseline (2010)**	**Target (2014)**	**End-line data (2014)**
• Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans	***6***	***16***	***12***
• Institutional Framework of the revised population policy in place and supported	***No (2010)***	***Institutional Framework in place***	***No***
• Number of advocacy activities aimed at sensitizing policy makers and the public on the inter-linkages on population dynamics, SRH, and gender	***4***	***10***	***12***
• Number of National sexual and Reproductive Health and Gender Policies and Strategies supported	***1***	***3***	***3***

Key Achievements

UNFPA supported the National Population Unit to develop tools for the integration of population issues into development plans and policies. The support included a recruitment of an international Technical consultant to lead the development of the guidelines for integration of population issues into sectoral development plans. The technical consultant also led the write-up of the ICPD Beyond 2014 Country Report. Twelve (12) government ministries have at least one trained planner in the integration of population variables into development plans.

UNFPA through NPU supported the sensitization of Regional Development Teams (RDTs) in the four regions of Swaziland in the integration of population variables in sectoral development plans. The NPU through UNFPA support sensitized the Principal Secretaries, who are the Technical Heads of government ministries, on the importance of integrating population issues into sectoral development plans.

With UNFPA support, the NPU on an annual basis commemorated international days such as World Population Day, International Women's Day and International Day of the Girl Child, used them as an avenue for advocacy activities around the integration of population issues in development plans and policies. Brochures, Factsheets and Policy briefs are given out. UNFPA also supports the annual launch of the State of the World Population. UNFPA also provided Technical support to develop a Population Situation Analysis document.

To build the staffing capacity of NPU for the implementation of the population policy, UNFPA supported the placement of NPPP staff in positions of monitoring and evaluation, communication and advocacy, and policy analysis. UNFPA also supported participation in the Population Conference of Southern Africa; Post 2015 ICPD Conference; 47th & 48th Session of the Commission on Population and Development; 69th Special Session of the General Assembly on the follow-up of the ICPD Programme of Action; General Assembly of the Forum of African Parliamentarians; Fifth International Parliamentarian Conference on the implementation of the ICPD Programme of Action.

UNFPA participated and supported in the revision of the National Development Strategy (NDS) to ensure the integration of the population issues and alignment to the post 2015 development agenda. UNFPA also supported the development, finalisation, launch and dissemination of the Sexual and Reproductive Health Policy (SRH) in the four regions of Swaziland. Furthermore, UNFPA supported the development of the SRH strategy, Adolescent SRH guidelines, Extended National Strategic Framework, National Family Planning Training Manual, and Family Planning Action Plan.

UNFPA provided Technical support to Ministry of Health to strengthen capacity for the development of the National Health Sector Plan (NHSSP II). The NPU was supported by UNFPA to work with other government ministries, NGOs, CSOs, academia, UN agencies and other relevant institutions to prepare a Country Report on the Rio+20 Agenda on the integration of population issues in sustainable human development. UNFPA supported the Mid-Term Review of the 5th CPAP, and an evaluation of the community based interventions in Shiselweni region.

CPAP Output 5.1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (MTR Output 17)

Indicators	**Baseline (2010)**	**Target (2014)**	**End-line data (2014)**
• Number of government ministries, civil society institutions with HR trained in generating, managing, and utilizing disaggregated data for development	***4(2010): MoH, MEPD, MoPWT, MoLSS***	***14***	***15***
• Number of surveys conducted and research reports produced and disseminated for different audiences	***4(2010): 2010 MICS, 2010 SAM, Stigma Index, 2011 VAA***	***14***	***10***

Key Achievements

UNFPA supported the Central Statistical Office to conduct training in in-depth analysis of survey data among government and civil society organisation. Fifteen (15) officers were trained in in-depth data analysis, of which 8 were from civil society organisations working in the field of population and development. The product of this particular training was the Market Segmentation Analysis of Family Planning report.

UNFPA also procured equipment for the Central Statistical Office to improve data availability. The Central Statistical Office through UNFPA support produced National Population Projections 2008-2030; Sector Projections Report 2007-2030. Population projections by *Tinkhundla* (constituency level) covering the period 2009 - 2013 for use in revising the budgeting system to ensure constituency budgets are based on population size were also produced. Through the same support Central Statistical Office collaborated with the Ministry of Health to produce a report on the Catchment Populations of Health Facilities using the 2007 census data and HMIS data.

UNFPA supported the undertaking of the 2012 Inter-censal Demographic and Housing Survey. UNFPA supported sensitization on the usefulness and relevance of data for evidence-based decision-making through dissemination of brochures, factsheets at World Population Day, International Women's Day and International Day of the Girl Child.

UNFPA supported the training of ten (10) officers from Ministry of Health, Central Statistical Office, NERCHA and UNFPA in the application of GIS in Public Health to improve presentation of research findings using maps. Furthermore, an officer was supported to train in CS Pro to enhance the processing of the 2014 MICS survey.

UNFPA supported the conduct and production of the Women in Decision Making Survey report which aims to assess progress made towards national and international commitments. Additionally, UNFPA supported capacity building for utilization of data for the four Regional Development Team officers from the sectors of education, health, agriculture and environment. The same workshop was conducted for budgeting officers and for the civil society sector.

Furthermore, the Central Statistical Office collaborated with Ministry of Health-SRHU, Ministry of Sport, Culture, Youth Associations, Deputy Prime Minister's Office Gender and Family Issues Unit, National Population Unit and University of Swaziland to package information through factsheets and brochures for different audiences.

The Central Statistical Office through UNFPA support developed capacity for data collection tools such as manuals and questionnaires from a series of training sessions. UNFPA also supported the Central Statistical Office to collect high quality MICS data through a vigorous training of personnel on the conceptual framework of the MICS and effective approaches for collecting quality data.

UNFPA supported the Central Statistical Office capacity for planning the 2017 Population and Housing Census through the provision of Technical Assistance which resulted in the production of the 2017 PHC Resource Mobilization Strategy, Budget and the Census Work plan.

Gender

CPAP Output 4.1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12)

Indicators	Baseline (2010)	Target (2014)	End-line data (2014)
• % Interventions in the prioritized gender policy action plan implemented	***0***	***75%***	***70%***

Key Achievements

UNFPA has been supporting the Department of Gender and Family Issues (DGFI) in the Deputy Prime Minister's Office with financial and technical support required for the implementation of the National Gender Policy (NGP). It has supported the development of the 3 year Prioritized National Gender Policy Action Plan and its Monitoring and Evaluation Framework, as well as the translation of the NGP into SiSwati language. UNFPA also recruited National Professional Programme Personnel to assist the DGFI in the coordination and implementation of the National Gender Policy Action Plan. UNFPA also supported the development of the Sexual Offences and Domestic Violence Bill and the National Strategy to End Violence Draft (2013-2018). Furthermore UNFPA supported the development and submission of the State response to Issues and Questions raised by the Committee on the Elimination of Discrimination Against Women (CEDAW) on the country's initial and 2nd State Report on CEDAW and the National Beijing +20 Report on country progress on the implementation of the 1995 Beijing Declaration and Platform for Action.

UNFPA also supported the DGFI staff and the Deputy Prime Minister to participate in international conference such as the 56th, 57th & 58th Commission on the Status of Women and other regional conferences such as 2014 SADC Gender Protocol Summit and ICPD Beyond 2014.

UNFPA support for advocacy contributed to the ratification of the SADC Protocol on Gender and Development and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. UNFPA also supported the development of a Policy Brief entitled 'Gender Equity and Empowerment of Women. It also launched the commemoration of the International Women's Day and the International Day of a girl Child in Swaziland.

CPAP Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13)

Indicators	Baseline (2010)	Target (2014)	End-line data (2014)
• *Number of government , civil society institutions trained prevention of and response to Gender based Violence in Shiselweni region*	***0***	***13***	***12***
• *Number of Gender Based Violence survivors utilizing response services in Shiselweni region*	***49***	***3000***	***3992***

Key Achievements

UNFPA supported the establishment of the Gender Referral Network of all the organizations dealing with GBV in the Shiselweni region for a more coordinated approach towards GBV prevention and response. UNFPA also supported the establishment of the National Men Engage Network with the aim of strengthening the national capacity to engage men and boys in addressing Sexual and Reproductive Health Rights and GBV. The Men Engage Network (MEN-Swaziland) was officially launched in December 2013 and it has a Memorandum of Understanding with MEN-Africa Network and a membership of over 35 organizations. Furthermore UNFPA supported community mobilization and community dialogues that were held in Shiselweni aimed at strengthening the community capacity to prevent and respond to GBV. These community dialogues have contributed to the increase in GBV, HIV and Human rights awareness in the Shiselweni region and over 70 communities have been reached so far. Five GBV survivors counselling sites nationwide and 1 site in Shiselweni were supported by UNFPA and about 3992 GBV survivors have utilized these services. UNFPA also supported the Court Watch Program which was conducted to identify areas within the court that require targeted interventions for an improved response. A draft report has been developed and shared with the Prosecutors in the Director of Prosecution's Office. UNFPA support also contributed to the provision of basic training on GBV prevention and response to government and civil society institutions, traditional leaders, community based volunteers, counsellors and youths. It also launched the commemoration of 16 Days of Activism against Domestic Violence as part of raising awareness against GBV and a platform for advocacy.

C. Overall Summary of Findings from Final Country Programme Evaluation

Sexual and Reproductive Health (SRH) and HIV Prevention: The SRH/HIV component had two outcomes: *increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4)* and *increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3)*. The strengthening of social and behaviour change communication, integration of HIV and SRH services, reproductive health commodity security (RHCS) strengthening, midwifery support and family planning support were strategic interventions employed in the 5th CP cycle with a special lens given to the needs of young people.

SRH and HIV prevention has been programmed as the largest component of the three focal areas of the 5th CP in terms of both funding and implementation. The interventions were linked towards reducing spread of HIV especially for women and young people in Shiselweni. Youth priorities in SRH were met through provision of youth friendly services on health. UNFPA has achieved this in key alliance with strategic implementing partners as CSOs (e.g. Lusweti) and Youth Serving Organisations (YSOs)/GoS (e.g. MoSCYA, SNYC, Tinkhundla Youth Associations) in training on national HIV prevention toolkit. Community sexuality education, sports entertainment, peer education, radio programmes, mobile health clinics, and traditional youth events (reed dance) were avenues utilized to provide youth friendly health services on SRH and HIV, family planning, and condom use. Community Youth Associations, Adolescence Sexual and Reproductive Health (ASRH) Technical Working Group (TWG), inter-ministerial committee on youth forum and MoSCYA and SNYC forums were mechanisms which were re-established or set up to increase participation of youth in SRH, HIV prevention, family planning, condom use and PMTCT interventions. Youth dialogues with ultimate goal of effecting social behaviour change communication were held.

Initiatives and policy strategies useful for planning and monitoring SRH and HIV interventions help in the continuity of the programme. Examples include: SRH policy, ASRH guidelines, M& E framework for National Youth Policy and MTR of SRH strategy. Interventions on male involvement in SRH and HIV services, midwifery training, maternal death audits and integration of family planning and condom use in service delivery areas were strengthened. UNFPA has collaborated with UN agencies, and CSOs/donors to leverage resources in SRH programmes. UNFPA has also worked with CSOs on the HIV prevention kit to deliver SBCC interventions.

UNFPA technical and financial support was effective in integrating RHCS into national systems and LMIS. Thus training of health workers in database and information systems contributed to the marked improvement in no stock outs of contraceptives in almost all health facilities in Shiselweni. This has been necessitated by training in logistics management to improve the inflow and outflow

monitoring of reproductive health commodities in health facilities. The GoS also increased the funds to procure contraceptives and essential drugs.

Population and Development: The Population and development of the 5th Country Programme contributed to the achievement of two outcomes: *Outcome 3-Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)* with the output 3-1: *Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs, and other relevant national plans and programmes (MTR-SP Output 1)*. The key strategies are advocacy for integration of population variables and promoting evidence-based planning, developing guidelines for integration of population variables into plans and policies, review and implementation of the National Population Policy, and strengthen coordination, monitoring and evaluation of the Country Programme. The second outcome: Outcome 5-*Improved data availability and analysis resulting in evidence-based decision-making and policy formulation (MTR-SP Outcome 7)* with the Output 5-1: *Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (MTR-Output 17)*. The key strategy was to support the conduct, in-depth analysis and dissemination of major population surveys and studies.

The 5th Country Programme supported the training of planners in government ministries and civil society organisations in the integration of population issues in development plans and policies. Integration guidelines were also developed. However, the integration of population issues into development plans and policies still remains general and ad-hoc. It lacks in-depth analysis of population and development inter-relationships. The knowledge and skills gained by planners from the training in integration of population issues into plans and plans remains unutilized and there is no follow-up. The review of the National Population Policy is yet to be undertaken. Its implementation has not been effective in that there is no costed implementation plan and budget. Additionally, a number of structures stipulated in the policy have not been put in place. NPU coordinates the implementation of the 5th Country Programme with the support of UNFPA. The high staff turnover have affected implementation of some activities. UNFPA has supported some of the staff positions through NPPPs. However, there is too much dependence on UNFPA financial and technical support which raises concerns about sustainability.

A lot of progress has been made through UNFPA support under the 5th Country Programme to ensure that data are available for evidence-based decision making and planning. UNFPA supported the

Central Statistical Office to conduct a number of surveys as well as trainings to meet data demands. Through this support Central Statistical Office produced National Population projections; Sectoral Projections; Population projections by *Tinkhundla*; conducted the 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Cluster Indicator Survey (MICS); conducted in-depth analysis training workshops which produced the Market Segmentation Analysis on Family Planning. UNFPA has been supporting the preparatory activities of the 2017 Population and Housing Census. The Central Statistical Office, however, has challenges with respect to high staff turnover of skilled professional staff which slowed down the implementation of some activities. The institution also lacks a strategic plan to guide national data generation and analysis.

Gender: Outcome 4 (MTR-SP Outcome 5): *Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender Based Violence prevention and response* had two outputs; Output 4.1 *strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12)* and output 4.2 *strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13)*. The key strategies under this outcome were; to strengthen capacity for gender responsive programming and capacity development of Government, Civil Society and Communities for prevention of and response to GBV.

UNFPA 5th Country programme supported the Department of Gender and Family Issues as part of strengthening government's capacity to implement policies and international agreement. UNFPA was effective in that it supported the development of tools for the operationalization of the National Gender Policy such as the NGP Action Plan and the Monitoring Evaluation framework, the development of country progress reports on international agreements, the drafting of the Sexual Offences and Domestic Violence Bill and the National Strategy to End Violence Draft (2013-2018). It also provided technical support for all these activities.

The CP also contributed to enhancing community capacity to prevent and respond to gender-based violence as evidenced by the establishment of the Gender Referral Network in Shiselweni, Men Engage Network in Swaziland, sensitization meetings for chiefs, *tinduva*, chief runners and chief inner council and community dialogues that were designed to educate communities about GBV, SRH, HIV and Human rights.

However much still needs to be done to improve mainstreaming of gender in all sectors and women's representation in positions of decision making where their voices matters. Also there is still need for advocating for the amendment of some laws that still disadvantage women for example the marriage act.

Management and coordination of the Country Programme:

The successful implementation of the 5th CP depended on the management and coordination systems in place to ensure the achievement of CPAP outputs and outcomes. The 5th Country Programme Action Plan Monitoring and Evaluation Framework 2011-2015 was developed as a tool to facilitate the management and coordination of the CP. The coordination of the CP was done by the Ministry of Economic Planning and Development (MEPD) through the National Population Unit (NPU). The NPU was, therefore, responsible for consolidating and reporting progress as well as ensured that the CPAP was implemented according to agreed modalities and standards. The UNFPA supported and collaborated with NPU in the management and coordination of the implementation of the CP.

The UNFPA supported the implementation of the Population and Development of the 5th CP through the NPU. The Reproductive Health and Rights component was implemented through support to the Ministry of Health-Sexual and Reproductive Unit. The Gender Equality component was supported through the Deputy Prime Minister's Office-Gender and Family Issues Unit.

The UNFPA 5th CPD and CPAP are consistent with the NDS, PRSAP & UNDAF. They contribute to priorities and needs on HIV/AIDS; poverty and sustainable livelihoods; human development and governance. UNFPA participated in the development of the NDS and PRSAP. UNFPA chaired and coordinated the UNDAF M&E group which was responsible on country's needs on strategic information and data.

UNFPA CO was active in various technical working groups (TWG): national HIV prevention TWG, SRH/HIV integration TWG, Social and Behaviour Change Committee and Condom Committee. UNFPA participated as part of technical team in the EU project on integration of SRH and HIV. With UNICEF a concept note in integrating adolescents' reproductive health issues was developed. Partnership occurred with WHO in developing midwifery curriculum. Partnership with UNESCO, UNAIDS, PSI, etc. on delivering the Comprehensive Sexuality Education initiative approach. Joint programmes on HIV and AIDS with UN agencies and other partners such as NERCHA, PSI, PEPFAR, C-CHANGE, and CSOs in providing technical support and leveraging resources in SRH programmes were done in the 5th CP.

UNFPA demonstrated leverage in delivering its mandate on condom programming, family planning and supply chain management.

The added value of UNFPA to the CP as its strength was support to generation of data as well as in sexual and reproductive health. Other partners perceived UNFPA as a reliable partner to work closely with and its importance was recognized.

D. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
***Outcome 1*: Increased access to and utilization of quality HIV - and STI - prevention services especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4)**					
HIV prevalence in youth (15-24 years)	23.9%	2007			
Adolescent birth rate	89/1000	2010			
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	58.2%	2010			
Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale	Not implemented	2011			
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse	69% men & 53% women	2010			

Summary of National Progress

Teenage pregnancy and High HIV prevalence among the youth remain high in spite of interventions to ameliorate the situation. The policy agendas and strategies are in line to stem the transmission of HIV and reduce fertility responding to vision 2022 of improving quality of life comparable to the status of first world. Sexual risk behaviour in both males and females of having multiple sexual partners remain high although a significant proportion of people are aware and use condoms in sexual encounters. Comprehensive sexuality education currently is considered a controversial topic whose implementation is not yet standardized. However in 2012 an education policy was finalized on integration of ASRH in school curriculum although more work is needed to be done in its inclusion in national policies.

UNFPA's Contributions

UNFPA has provided technical and financial support towards SRH and HIV integration services. UNFPA supported through IPs Social Behaviour Communication Change (community dialogues and youth forums), PMTCT, and condom programming interventions nationally and in Shiselweni region. UNFPA has capacitated the implementing partners by training on SRH youth friendly services guidelines. Males and young people were sensitized on HIV prevention and SRH services in bid to reduce or stop HIV transmission.

***Outcome 2:* Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3)**					
Contraceptive prevalence rate (modern methods)	65%	2010			For 2014 a MICS survey is currently being undertaken
Unmet need for family planning	13%	2010			

Percentage of service delivery points (SDPs) offering at least three modern methods of contraception	No data				

Summary of National Progress

The government of Swaziland has increased its budget on acquisition of modern contraceptives. Database and logistics management information systems have been strengthened in monitoring and management of reproductive health commodities.

UNFPA's Contributions

UNFPA provides technical and financial support in acquisition of reproductive health commodities and development of national systems of monitoring reproductive health commodities. Health workers have been trained in logistics management and monitoring of RHCS and integration of family planning and condom programming in service delivery. The SRH policy, MTR strategy to integrate RHCS in national policies.

Outcome 3: **Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)**					
National development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its inter-linkages with the multi-sectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction	Vision 2022	1999	Poverty Reduction Strategy and Action Plan (PRSAP); Government Programme of Action 2013-2018; Revised National Development Strategy (2013-2022); Medium Term Expenditure Framework (MTEF)	2013	

National health policies and plans that have integrated sexual and reproductive health (SRH) services (including family planning)			Sexual and Reproductive Health Strategy; Adolescent Sexual and Reproductive Health guidelines; Extended National Strategic Framework; Family Planning Action Plan; National Health Sector Plan (NHSSP II)		
Summary of National Progress Swaziland has made some progress in the integration of population issues into development plans and policies. However, the integration has remained general and ad-hoc. More still needs to be done to ensure proper integration of population issues into development plans and policies. The national health plans and strategies have to integrated sexual and reproductive health services. **UNFPA's Contributions** UNFPA provided financial and technical support in the development of the national plans and strategies. It also participated the technical committees during the development of plans and strategies to ensure that population issues are to some extent integrated.					

Outcome 4: **Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender-Based Violence prevention and response (MTR-SP Outcome 5)**					
Percentage of women aged 20-24 who were married or in union before age 18	6.9%	DHS 2007	6.9%	2007	6.9%
Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights	National Gender Policy 2010		Sexual Offences and Domestic Violence Bill National Strategy to End Violence Draft (2013-2018)		National Gender Policy 2010

Summary of National Progress

Swaziland has made substantial progress towards achieving gender equality however women are still under-represented in the key decision making positions such as the parliament, cabinet and judiciary. In the current 10th Parliament women constitute 14.5% which is below the required 50% and only 1 woman won the 2013 elections. Also the mainstreaming of gender in various sectors is still weak and much still need to be done to address gender based violence which a problem in Swaziland. The Government of Swaziland established the Gender and Family Issues Unit which is now department and this department has been very instrumental in advancing gender related issues in Swaziland.

UNFPA's Contributions

UNFPA provided strategic support for policy planning and development, implementation and monitoring and evaluation at national level through supporting the department of Gender and Family Issues with financial and technical support.

UNFPA also supported community capacity building to prevent and respond to gender-based violence through the establishment of the Gender Referral Network in Shiselweni, male involvement in the prevention of gender-based violence and community dialogues.

Outcome 5: **Improved data availability and analysis resulting in evidence-based decision-making and policy formulation (MTR-SP Outcome 7)**					
2010 round of population and housing census completion status	1997 Census	1997	2007 Census	2007	
Number of national household surveys conducted (in the last five years) that allow for the estimation of all MDG 5B indicators	2010 MICS	2010	2014 MICS	2014	Data collection stage

Summary of National Progress

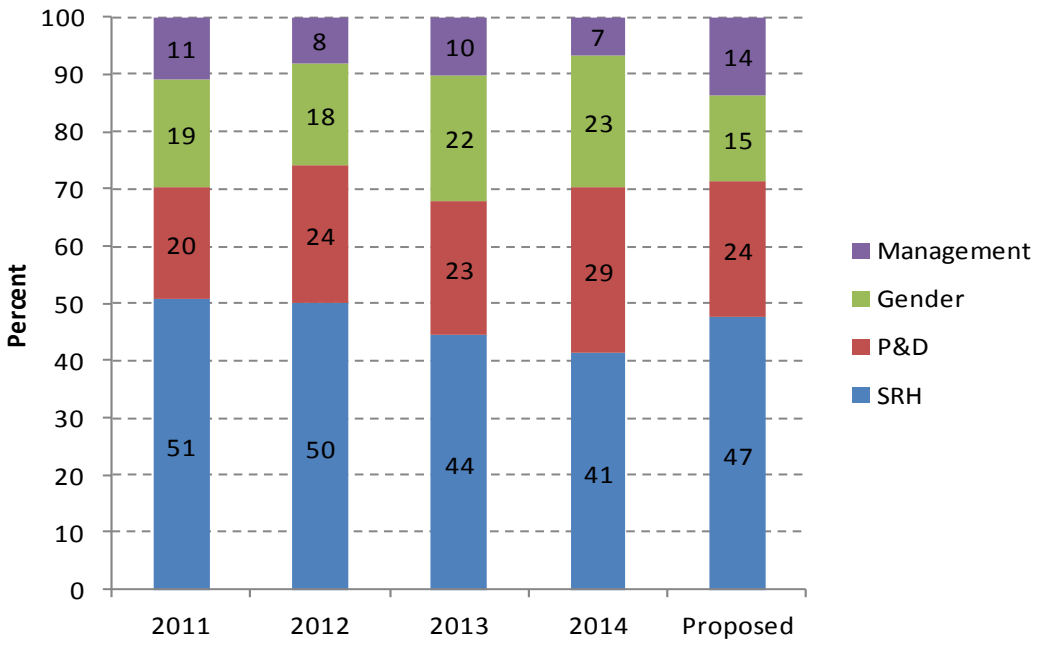
A lot of progress has been made by Swaziland in ensuring that data is available for evidence-based decision-making and planning. The 2007 Population and Housing Census analysis and dissemination was completed. National Population Projections-2008-2030; Sectoral Projections 2007-2030; and Population Projections by *Tinkhundla* 2009-2013 have been performed to make available data for evidence-based decision-making and planning. The 2012 Inter-censal Demographic and Housing survey, 2010 MICS and 2014 MICS have been undertaken to make data available. In-depth data analysis training workshops have been conducted to build capacity in data analysis. However, most of the data has not been translated into useful information for evidence-based decision making and planning. The Central Statistical Office is responsible for ensuring data availability and analysis for evidence-based decision-making and planning in Swaziland. However, the institution has suffered high staff turnover of skilled professionals, which has slowed down the implementation of some activities.

UNFPA's Contributions

UNFPA is the major supporter of large data collection and analysis activities in Swaziland. UNFPA has supported the undertaking of Population and Housing census and surveys. The contribution has been mainly financial and technical support. UNFPA has supported trainings in data analysis aimed at building capacity of staff. UNFPA is currently supporting the preparatory activities for the 2017 Population and Housing Census.

E. Country Programme resources

Percentage Allocation of Programmatic Resources -5th Country Programme 2011-2015



Source: Atlas Project Financial Reports, 2014

Proposed indicative assistance by core programme area (in millions of $) for New CP 2011-2015

Strategic Plan Outcome Area	Regular resources	Other	Total
Reproductive health and rights	2.2	1.8	4
Population and development	1.0	1.8	2.8
Gender equality	1.0	0.5	1.5
Programme coordination and assistance	0.8	-	0.8
Total	5.0	4.1	9.1

Source: DP/FPA/CPD/SWZ/5, 2010; CPAP M&E Framework page 77

Annex 4: List of Documents Consulted

Annual Work Plans for Implementing Partners (2011, 2012, 2013, 2014)

Atlas list of projects, 2014

Central Statistical Office - Market Segmentation Analysis on Family Planning

Central Statistical Office-Swaziland Sector Specific Population Projections 2008-2030

Country Office Annual Reports (COARs), 2011, 2012, 2013

Demographic and Health Survey Report, 2007

Evaluation of UNFPA-supported interventions in Shiselweni (2013)

Extended-Health Sector Strategic Plan (eNSF) 2014-2017

Field Monitoring Reports

Global Programme on Reproductive Health Commodities Security (GPRHCS)- Swaziland Report (2013)

GoS/UNFPA 4th Country Programme Evaluation Report

GoS/UNFPA 5th Country Programme Action Plan (CPAP) 2011-2015

GoS/UNFPA 5th Country Programme Document (CPD), 2011-2015

GoS/UNFPA 5th Country Programme Mid-Term Review Report

GoS/UNFPA 5th Country Programme Monitoring and Evaluation Framework, 2011-2015

ICPD beyond 2014 Swaziland Country Report (2013)

Implementing Partners Quarterly Reports, 2011 - 2013

Integrated SRH Strategy

Mid-Term Evaluation of CPAP (2013)

Millennium Development Goals Progress Reports (2007, 2010 &2012)

Multiple Indicator Cluster Survey Report, 2010

National Development Strategy (NDS) 2020

National Population Policy, 2002

National Population Unit - National Bulletin on Population and Development

National Population Unit-Guidelines for Integrating Population Issues into Development Planning

National Sexual Reproductive Health and Rights Strategic Plan 2014-2018

NEX Audit Reports for all Implementing Partners (2011, 2012, 2013)

Population and Housing Census Reports (Vol 3&4), 2007

Poverty Reduction Strategy and Action Plan (PRSAP)

Quarterly and Annual Progress and Financial Reports from Implementing Partners (2011, 2012, 2013, 2014)

Sexual and Reproductive Health Policy

Standard Progress Reports (SPRs), 2011, 2012, 2013 & 2014

State of the Population of Swaziland, 2009

Swaziland Common Country Assessment (CCA), 2011

Swaziland National Gender Policy (including NGPAP and its M&E Framework)

Swaziland National Population Policy (plus mid-term evaluation)

Swaziland National Youth Policy (including M&E Framework)

UNDAF Annual Review Reports for 2011, 2012 and 2013 and JUNPS (Joint United Nations Program on HIV and AIDS) reports

UNFPA Global Strategic Plan (2014-2017)

United Nations Development Assistance Framework (2011-2015) for Swaziland

United Nations Development Assistance Framework (UNDAF)

United Nations Population Fund (UNFPA) Strategic Plan, 2008 - 2013

United Nations Population Fund (UNFPA) Strategic Plan, 2014 - 2017

Women in Decision Making Positions Survey Report, 2013

Annex 5: Completed Evaluation Matrix.

EQ1: To what extent is the 5th CP consistent with global priorities, national priorities, UNFPA Priorities and strategies, expectations of beneficiaries? (ii) Is there a synergy/complementarity between UNFPA's intervention and that of other development partners? (iii) How effective has the CP being in establishing partnerships that promote the ICPD agenda? (iv) Who are other partners that UNFPA can leverage their support in realizing results and effectively reaching the proposed coverage?				
	Component 1: Analysis by Focus Areas			
Criteria/Focus Area	**Assumptions to be assessed**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Relevance				
	Objectives and strategies of 5th CP are consistent with global priorities, national priorities as reflected in the national development strategy/PRSAP as well as in the UNFPA strategic plan	• Number SDP providing integrated RH and HIV services and information in Shiselweni region • Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni • Number of institutions with personnel trained on the HIV Prevention Toolkit • Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally • % of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region • Unmet need of FP among HIV positive Women	• 5th Country Program Action Plan (CPAP) 2011-2015 • Annual Work Plans (AWP) 2011, 2012,2013, 2014; Atlas projects 2011, 2012, 2013, 2014	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries

		attending ANC services • Number of personnel trained in logistics management through UNFPA support		
Reproductive Health				
Data and information collected	The Sexual and Reproductive Health (SRH) component of the 5th Country Programme (CP) is consistent with the needs and strategies at the country and global level. The SRH component interventions stem from those programmed in the 4th CP (2006-2010) with the goal of improving reproductive health and reducing HIV spread and ultimately improving quality of life, for women and young people. The 5th CP consists mainly of two CPAP outcomes and outputs. The first outcomes aims at increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4). The corresponding output targets enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV (MTR-SP Output 10). The second CPAP outcome aims for and increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3). The matching output responds to strengthened national systems for reproductive health commodity (MTR-SP Output 8)[33]. In the prioritized areas, the SRH component is large consisting of focus on family planning, HIV and HIV/SRH interlinkages and gender and reproductive rights. The SRH component is a cross cutting theme of all the five CPAP outcomes and highly prioritized in terms of implementation and funding of programmes[34]. The design of the SRH programme component is aligned to the country UNDAF framework pillars: HIV and AIDS (Pillar 1), human development (Pillar 3) and governance (Pillar 4). The country has a high generalized HIV pandemic and on this cause most resources have been focused. The SRH component is in line with, amongst others, the UNPFPA strategic plan, National Development Strategy (NDS) framework, National Population Policy, National Emergency Response to HIV/AIDS Strategic Framework on HIV/AIDS and linked to PRSAP priority goals (including improving provision of social services, mitigating new infections and spread of HIV). The national and sectorial policies on SRH are in full agreement with international agenda, such as the Millennium Development Goals (MDGs) and ICPD goals. The MTR of the strategic plan of UNFPA was realigned to achieve universal access to SRH, including family planning, promote reproductive rights and maternal health and promote meeting ICPD goals towards empowering the disadvantaged, in particular young people and women. The objectives and strategies of the CPAP were agreed upon and came through a combined effort as a result of consultative meetings among various key players.			
Gender Equality				
		• % Interventions in the prioritized gender policy action plan implemented • Number of government , civil society	• 5th CPAP M&E 2011-2015 • Ibid • Women in Decision Making Survey 2013 • Swaziland Marriage Act	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries

[33] 5th Country Program Action Plan (CPAP) 2011-2015

[34] Annual Work Plans (AWP) 2011, 2012,2013, 2014; Atlas projects 2011, 2012, 2013, 2014

		institutions trained prevention of and response to Gender based Violence • Number of Gender Based Violence survivors utilizing response services in Shiselweni region	1964 and Women's Legal Status under Civil Law and Swazi Law and Custom by Tenille Brown • Women in Decision Making Survey 2013 • National Surveillance on Gender based Violence 2013 Report • CPAP M&E 2011-2015, page 21	
Gender Equality				
Data and information collected	The Gender Equality and Gender based violence component of the 5th Government of Swaziland (GoS) and United Nations Population Fund (UNFPA) Country Programme (CP) is **Outcome 4 (MTR-SP Outcome 5):** Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender Based Violence prevention and response and it consists of two outputs i) Output 4.1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12) and ii) Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13). The Direct Implementing Partners for the gender component are i) Gender and Family Issues Unit/Department (GFIU) in the Deputy Prime Minister's Office and Swaziland Action Group Against Abuse (SWAGAA). The GFIU is responsible for implementing output 4-1 and the key issue under this output is the coordination of the national gender response, particularly on mainstreaming gender into the various sectoral plans of government. For this activity UNFPA is supporting the GFIU with technical assistance for the coordination and implementation of the Prioritized National Gender Policy Action Plan. SWAGAA is the implementing partner for output 4.2 and the key issue under this output is to build national capacity to prevent and address Gender-based violence both at national and community level. The gender component of the 5th CP is aligned to the global priorities, national priorities, UNFPA global strategies and international agendas addressing gender rights, discrimination and violence against women. The Gender Component contributes to UNDAF Pillar 4- Governance: Strengthened national capacities for the promotion and protection of rights. Specifically UNDAF Outcome 4.3 Gender Equality Enhanced and UNDAF- Output 4.3.1 Support towards the enactment and implementation of gender equality laws and policies provided.[35] The CPAP is also aligned with the MDG Goal 3 on gender equality and women empowerment, SADC Protocol on Gender and Development and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).			

[35] 5th CPAP M&E 2011-2015

	Under the UNFPA Global Strategic Plan the 5th CP gender component is aligned to the Mid-Term Review of the UNFPA Strategic Plan (MTR-SP) Outcome 5. CPAP Output 4-1 is aligned to MTR-SP Output 12: Strengthened national capacity for implementation of international agreements, national legislation and policies in support gender equality and reproductive rights and Output 4-2 is aligned to MTR-SP Output 13 Strengthened national capacity for prevention of and response to Gender Based Violence (GBV).[36] The 5th Gender component is linked to the national priorities articulated in the **PRSAP (2007-2013)** 9.3.7 that is the "goal for Gender equality is to ensure gender equality and afford women and other disadvantaged groups increased opportunity to utilize factors of production and equal access to social services". It also linked to the main goal of the National **Gender Policy 2010** that is "*to align and promote Government's effort with regional and international commitments in providing equitable opportunities for women and men, boys and girls at all levels for the attainment of Gender equity, women empowerment and social justice*." Under this NGP goal CPAP Output 4-1: covers two thematic areas of the NGP (Legal and Human Rights and Reproductive Health Rights) and Output 4-2 covers two thematic areas NGP (Gender Based Violence and Legal and Human rights). Furthermore the component is linked to the National Development Strategy, 4.8 Gender- eliminating the gaps and offering equal opportunities to all citizens irrespective of their sex and the **Sexual and Reproductive Health Policy 2013:** 4.8 Gender, Sexual and Reproductive Health including Gender Based Violence "Policy statement SRH information and services shall be provided to community members, survivors of Gender Based Violence and affected others. UNFPA supported the development of the SRH 2013 policy and advocated for gender related issues to be integrated into the policy. With regards to the needs of the nation and the needs of beneficiaries based on the 2007 Swaziland Demographic and Health Survey, 2007 Violence Against Children and Young Women which was conducted by UNICEF, Multiple Indicator cluster Survey 2010 and other data sources the gender component responds to needs of the people of Swaziland in terms of gender equality and gender based violence. The targeted population of the 5th Country Programme are women, children and youth and the region of target Shiselweni region in Swaziland. **Needs of the people** In Swaziland Gender issues are well integrated in the national policy framework. However a wider gap between policy and implementation still exists for example the 2008-2013 Parliament did not implement the constitutional recommendation of increasing the women's quota to 30%[37]. Also, Some Swazi laws still need to be amended as they disadvantage women for example in the marriage act women are regarded as minors and the husband is the sole administrator of resources, women cannot freely divorce under customary law and a wife has virtually no succession rights.[38] Furthermore women are still under-represented in decision making positions in parliament, public and private sectors[39]. In the current 10th Parliament women constitute 14.5% and only 1

[36] Ibid

[37] Women in Decision Making Survey 2013

[38] Swaziland Marriage Act 1964 and Women's Legal Status under Civil Law and Swazi Law and Custom *by Tenille Brown*

[39] Women in Decision Making Survey 2013

	woman won the 2013 elections. UNFPA CP response to this need is to strengthen capacity for gender responsive programming to ensure that women's concerns and experiences are taken into account and form the integral part of the design, implementation, monitoring and evaluation of various legislation policies, strategies and programmes. It also supported the Women in Decision Making Survey 2013. Gender based violence is a problem in Swaziland. The Violence Against Children and Young Women Survey which was conducted by UNICEF in 2007 showed that about 1 in 4 females experience physical abuse as a child and about 9% of the females experienced sexual violence before reaching the age of 18 years. In 2010 the Multiple Indicator Cluster Survey showed that about 1 in 3 females Swazis has experienced any type of sexual violence before reaching the age 18. The prevalence of domestic violence in Shiselweni was estimated 18% among women aged between 15 and 49 years. Attitude towards GBV results showed that 39% of women and 33% of men still believe that wife beating is justified and the Shiselweni region had the highest percentage of respondents who justified wife beating. The National Surveillance on GBV Report 2013 showed that 79% of reported abuse is on women and in most cases it happens at home however this surveillance excludes those cases that were not reported. About 80% of the abusers are men.[40]NATICC annual report on GBV (2012-2013) in Shiselweni showed that women and children are victims of violence compared to men. UNFPA supported services with regards to gender based violence in the Shiselweni region are i) to support coordination mechanisms with other sectors to prevent GBV ii) Community Based awareness raising (community mobilization targeting youth and male involvement as partners against GBV) iii) comprehensive case management for GBV survivors (medical care and support, counselling services and legal support). [41] UNFPA is a member of the UNCT-Gender Theme group. UNFPA as part of the Gender theme group has supported the commemoration of the International Women's Day, The Day of a Girl Child and 16 Days of Activism Against Gender Based Violence together with other development partners. Also UNFPA Gender theme supported the Men Engage Network. UNFPA is also collaborating with the NGO Consortium in the commemoration of these international days and other activities such as the Men Engage Network.			
Population and Development				
		• Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans • Institutional Framework of the revised population policy in place and supported	• 5th Country Programme Action Plan, page 12 • Ibid • Interview	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries

[40]National Surveillance on Gender based Violence 2013 Report

[41] CPAP M&E 2011-2015, page 21

		• Number of advocacy activities aimed at sensitising policy makers and the public on the inter-linkages on population dynamics, SRH, and gender • Number of surveys conducted and research reports produced and disseminated for different audiences		
Population and Development				
Data and information collected	**Population and Development** The Population and Development component of the 5th Government of Swaziland (GoS) and United Nations Population Fund (UNFPA) Country Programme (CP) consists of two outputs (U3 and U7): (i) Strengthened national capacity to incorporate population dynamics and its linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national programmes (output 3) (ii) Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (output 5). Output 1 is being implemented by National Population Unit (NPU) and Output 2 is implemented by Central Statistical Office (CSO). Under output 1, the NPU is responsible for the integration of population variables into policies and plans. This done through training of Planners in the integration of population variables. NPU has also been involved in advocacy to increase awareness of population issues among policy makers especially ministers, parliamentarians, and others. NPU is the coordinator of the 5th CP. As result of staff turnover in this unit, UNFPA has placed staff who are responsible for Monitoring and Evaluation; Policy; and Advocacy. The staff turnover of this unit for the mentioned positions is due to the non-permanent nature of the jobs coupled with unattractive conditions of service. UNFPA is negotiating with GoS to take over the responsibility of these positions in the next country programme. The NPU is responsible for the revision of the National Population Policy in the 5th CP. A Mid-term evaluation of the policy was conducted to commence the process of revising the policy. The policy was not yet revised due to competing tasks, this has been postponed to 2015. Under this output, NPU is responsible for reporting on progress of the policies across the CP. The Central Statistical Office is responsible for output 2 (outcome 5), the activities centre around capacity building in conducting surveys, production and dissemination of reports; in-depth analysis of survey and census data; training of partners in data analysis. The Population and development component of the 5th CP is linked to the national priorities and needs in the PRSAP, that is, to reduce poverty by more than 50 per cent by 2015 and to eradicate it by 2022; and to create an environment that empowers the poor to participate in improving the living standards. The component is also relevant to the National Population Policy goal of improving the quality of life by influencing the population trends as well as the response to emerging challenges such as HIV/AIDS.[42] The Population and Development is linked to the UNFPA's global Strategic Plan 2008 - 2013, Outcome 1: population dynamics and its inter-linkages with sexual and reproductive health, gender equality and HIV/AIDS incorporated in public policy, poverty			

[42] 5th Country Programme Action Plan, page 12

	reduction plan and expenditure frameworks. It is also linked to Outcome 3: data on population dynamics, young people, sexual and reproductive health and HIV/AIDS available analysed and used at national and sub-national levels to develop and monitor policies and programme implementation.[43] The Population and Development component is also linked to the UNDAF Outcome 2: increased and equitable access of the poor to assets and other resources for sustainable livelihoods.[44] The population and development component of the 5th Country Programme is relevant in responding to the needs of evidence-based decision making in the formulation and implementation of intervention strategies. The 5th Country Programme identified the need for demographic and socioeconomic information and responded. UNFPA supported the Central Statistical Office to conduct the 2010MICS, 2014 MICS, 2010 SIM HIV incidence survey which provided data that was beneficial in HIV interventions. UNFPA supported the training in-depth analysis in 2012 on family planning which was useful for projecting comprehensive needs for the population. It also helped in segmenting the market for family planning and the reproductive health commodities. The 5th CP supported the analysis of the 2007 population and housing census; production of the population projections to estimate target populations; production of policy briefs to inform programmes; analysis of the marginalised populations; and behavioural study targeting young people. The alignment of the CP to the national priorities, UNDAF priorities with respect to population and development is linked in that the national priorities were the needs for demographic and socio-economic data for evidence-based decision-making and formulation of interventions. It was important to ensure that these data were available. UNFPA's support to ensure completion of analysis of the population and housing census was imperative. UNFPA supported the need for capacity building to generate, manage, analyse and utilise data at programme level. Skills for quick data analysis at programme level were missing hence the development of data analysis training modules.[45] Further, the integration of population variables into policies and plans led by the National Population Unit required demographic and socio-economic data and the skills in data analysis. The gap in the awareness of population issues needed filling through advocacy. The implementation of the national population policy has remained a challenge as there is no clear implementation plan. While population programmes are being implemented across ministries, there is lack of coordination and resources. The population and development component data provided the evidence to focus on the Shiselweni region because of the regional disparities, the region is the most impoverished.[46] The CPAP objectives and strategies were agreed upon with the participation of all partners and the GoS. The identification of national needs was done through further analysis of the demographic and socio-economic data. It is imperative to have policy rooted in evidence. As more data is analysed there is more information for evidence. There is need for further advocacy on integration of population issues and data to inform programmes and policy implementation. This makes a difference in that population dynamics were initially not taken into account in planning and policies. For example, in the area

[43] Ibid
[44] Ibid
[45] Interview
[46] Ibid

	of education, the sector is supposed to factor in population growth as to, how many teachers are required? This is supposed to filter through in the policies and plans for the future. Transitions in population structure should be taken into account as well for instance by building more tertiary education institutions as opposed to many primary schools. More youths are completing high school and need tertiary education.[47] The changes in needs during the implementation of the CP have not been much. The changes were the alignment of the CP to the new UNFPA strategic plan (2014-2017). There was a change also of conducting a MICS as opposed to the Demographic and Housing survey. The CP supported this change.			
EQ 2	**EQ2: To what extent did the UNFPA supported interventions contribute (or are likely to contribute) to sustainability increase the access to and utilization of high-quality reproductive health services, particularly in underserved areas, with a focus on young people and vulnerable groups?** (ii) To what extent have gender equality interventions contributed to i) raising awareness on GBV and ii) positioning this theme on the national agenda; (iii) To what extent has UNFPA support to advance gender equality and reproductive rights contributed to the improvement of SRH (particularly building national capacity to implement laws and policies that advance RH rights?; (iv) **To what extent did UNFPA supported interventions in the field of population and development contribute in a sustainable manner to strengthened framework for the planning and implementation of national development policies and strategies?**			
Criteria/Focus Area	**Assumptions to be assessed**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Effectiveness		• Number SDP providing integrated RH and HIV services and information in Shiselweni region • Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni • Number of institutions with personnel trained on the HIV Prevention Toolkit • Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally • % of government health facilities with no stock out	• 5th Country Program Action Plan (CPAP) 2011-2015 • Annual Work Plans (AWP) 2011, 2012,2013, 2014; Atlas projects 2011, 2012, 2013, 2014	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries

[47] Ibid

		of contraceptives in the last 12 months in Shiselweni region • Unmet need of FP among HIV positive Women attending ANC services • Number of personnel trained in logistics management through UNFPA support		
Reproductive Health				
Data and information collected	The UNFPA coverage for the 5th CP was in underserved areas of Shiselweni region as identified in the previous programme cycle. In SRH focus area Shiselweni region has the lowest Contraceptive Prevalence Rate (CPR) of 51.8% among sexually active women and hence the highest unmet need for family planning (29%) compared to other regions. The unmet need for contraception is highest among the youth aged 15-19 (32.7%) followed then by those aged 20-24 (28.5%)[48]. The outcomes and activities of SRH are linked to the integration of gender equality and improving the needs of women and young people. The young people also were also the focus in all prioritized outcome areas (1, 3, 4, 5 and 7) in aligning CPAP with MTR-SP and hence youth needs are cross cutting in all outcomes[49]. UNFPA support for youth forums has led to policy dialogues for young people. Inter-ministerial committee on youth forum was established to look at the multisectoral needs of young people. Through the MoSCYA and SNYC forums were held with representation from all 55 constituencies to determine youth priorities especially for the post 2015 development agenda and vision 2022[50]. In some occasions there were challenges in setting up and supporting youth activities due to lack funds and the target youth population could not be reached [51]. Inter-ministerial meetings could not be convened as planned due to low commitment to advance the youth agenda. The effectiveness of the 5th CP on SRH component in providing youth friendly health services criteria and protocols has gained some momentum but still more needs to be done in implementing of programmes and assessing their progress and influence. Through UNFPA support a number of youth initiatives have been done: i) capacity building of Civil Society Organisations (CSOs), Youth Serving Organisations (YSOs) (including MoSCYA and SNYC, community led Tinkhundla Youth Associations) from Shiselweni to develop theory based HIV prevention messages to train on national HIV prevention tool kit. This was done to increase knowledge on SRH and HIV among the youth/deliver standardized SBCC interventions, ii) MoSCYA was helped to develop a Comprehensive Sexuality Education community based approach to reach out of school youth through advocacy in the traditional structures in Shiselweni. Annual traditional events such as reed dance *Umhlanga* and Lusekwane (which occurs together with *Incwala*) for young girls and boys were the focal points			

[48] Market segmentation analysis on family planning, CSO 2012

[49] UNFPA Country Office Annual Reports (COARs) 2012, 2013

[50] COAR 2013

[51] Standard Progress Report (SPR) 2011

	of reaching out with HIV and SRH prevention message. Peer educators from various communities were trained to spread to reach to fellow youth of 40,000 or more with HIV prevention message, iii) sports entertainment was used as a criteria used to provide youth-friendly health services on SRH and HIV services as well as to provide condoms., iv) radio programme targeting the youth on condom promotion was launched and implemented by the young people, v) technical support to MoSCYA to develop and finalise M&E Framework for National Youth Policy for coordination of the multi-sectoral youth programmes and to implement Comprehensive Sexuality Education (CSE) in community pilot projects targeting in- and out-of school youth, vi) mobile clinic outreach offered integrated SRH and HIV services to young people vii) Community Youth Associations have been resuscitated to enable youth participation in population programmes, for example, SRH, HIV prevention and condom use information was targeted to out of school youth in 10 communities in Shiselweni through Social Behaviour Change Communication (SBCC) interventions Adolescence. Also the Sexual and Reproductive Health (ASRH) Technical Working Group (TWG) through MOH was supported to re-establish to improve the coordination of YSOs[52]. The effectiveness of youth activities in achieving an improved access and utilization quality of SRH, HIV and family planning services was stalled in the programme cycle due to a number of issues. The challenges include the socio-political sensitivity on areas pertaining young people and the difficulty in establishing youth participation in traditional structures[53], coverage issues as there was no proper coordination of HIV prevention interventions[54]. (COAR 2012). The CP through UNFPA technical and financial support was also effective in the area of delivering tools for SRH education such as distributing copies of EmNOC guidelines in Shiselweni and training 130 midwives in EmNOC by mentoring service providers in responding to pregnancy complications to improve quality of provision [55], developing a midwifery competence based curriculum at national level[56], and a standardized family planning training manual for health workers was developed to improve capacity for service delivery of a full range of methods at health facilities[57]. Door to door information and education sessions on PMTCT were conducted and the clients were linked with the health facilities and monthly follow-ups were ensured. Males were sensitized in the community on SRH and HIV services with the aim to also to support partners in seeking SRH services. In 2011 EmNOC equipment was bought for Shiselweni regional hospital. Quality of EmNOC provision was also improved by conducting MNCH assessment, production of triennial MDR report and maternal death audit reviews. Health workers and CSOs were trained on integration of family planning and condom programming in service delivery areas such as ART and maternal wards. The indicators for SRH outcomes 1 and 2 are displayed in the following tables. **CPAP Outcome 1**: Increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4). **CPAP Output 1-1**: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of

[52] SPR 2011, 2012 and COAR 2011, 2012, 2013

[53] COAR 2012

[54] SPR 2011

[55] SPR 2011

[56] COAR 2012, 2013

[57] SPR 2013

HIV (MTR-SP Output 10).

Indicator	2010	2011		2012		2013		2014		2015
	Baseline	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
Number SDP providing integrated RH and HIV services and information in Shiselweni region	27/38	30/38	no data	32/38	no data	34/38	no data	35/38	no data	36/38
Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni	400	1500		4000	3095	6500	7918	9000	no data	11500
Number of institutions with personnel trained on the HIV Prevention Toolkit	0	69	no data	149	50	189	184	229	no data	269
Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally	1898	2000	no data	4000	1746	6000	4581-3rdQ	8000	no data	10000

CPAP Outcome 2: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3).
CPAP Output 2-1: Strengthened national systems for reproductive health commodity (MTR-SP Output 8).

Indicator	2010	2011		2012		2013		2014		2015
	Baseline	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
% of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region	0%	0%	no data	30%	69%	50%	no data	70%	no data	95%
Unmet need of FP among HIV positive Women	63.90%	63.90%	no data	60%	no data	60%	no data	50%	no data	50%

	attending ANC services										
	Number of personnel trained in logistics management through UNFPA support	112	312	no data	412	316	462	553	574	no data	624

Gender Equality		• % Interventions in the prioritized gender policy action plan implemented • Number of government , civil society institutions trained prevention of and response to Gender based Violence • Number of Gender Based Violence survivors utilizing response services in Shiselweni region	• 5th CPAP M&E 2011-2015 • Ibid • Women in Decision Making Survey 2013 • Swaziland Marriage Act 1964 and Women's Legal Status under Civil Law and Swazi Law and Custom by Tenille Brown • Women in Decision Making Survey 2013 • National Surveillance on Gender based Violence 2013 Report • CPAP M&E 2011-2015, page 21	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries
Data and information collected	The programme has achieved much in advocacy, capacity building and institutional strengthening, raising awareness and responding to Gender Based Violence. To measure the effectives of the CP on achieving the two outputs for outcome 4 were analysed using the indicators stated in the CPAP. **Output 4.1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12)** UNFPA support has strengthened the national capacity for implementation as evidenced by i)the recruitment of a National Professional Programme			

	Personnel in the GFIU to assist in the coordination and implementation of the National Gender Policy Action Plan (the staff member was employed in 2011 and is still employed in the GFIU up to now[58],ii) UNFPA support to the drafting, reviewing and submission of the State response to Issues and Questions raised by the Committee on the Elimination of Discrimination Against Women (CEDAW) on the country's Initial and 2nd State Report on CEDAW and the Country progress report on the Implementation of the Beijing Declaration and Platform for Action 2015 (as part of UN team) . UNFPA in partnership with other UN agencies supported the capacity building workshop for parliamentarians (House of Senate). UNFPA support has also enabled GFIU staff members to participate in key international conferences like Commission on the Status of Women. The Deputy Prime Minister participated in the 56th Commission on the Status of Women (CSW) and follow-up meetings and activities, the director of the Gender & Family Issues Unit (GFIU) was supported participate in the 57th CSW[59] and the Program Analyst was supported to participate in the Review ICPD Beyond 2014 meeting as part of capacity building for country leadership. The purpose for this support was to enhance understanding and knowledge of leaders on how the rights of women and girls can be drawn from the global and regional agendas for integration into national legislation, policies and programmes. Under this output UNFPA support also contributed to the development of the National Gender Prioritized Action Plan (2012-2015) and its Monitoring and Evaluation Framework[60] as well as the development of the National Strategy to End Violence Draft (2013-2018), which provides a vision and action plan for a more coordinated multi-sector response to violence and abuse in Swaziland. However the Gender and Family Issues Department capacity to implement and achieve results is still weak because the department is under staffed (3 qualified staff) and lacks some of the critical skills required for effective implementation for example[61] : The Monitoring and Evaluation Framework for the Action Plan was developed but it is not being implemented because of lack of skilled personnel[62]. Mainstreaming of gender issues in other sectors which is the mandate of the GFI department is still lagging behind. Gender focal points were identified in various sectors and ministries and were trained however due to high staff turnover in government most ministries no longer have the gender focal persons that were trained. Furthermore lack of designated gender focal persons and gender responsive budgeting has also proved to be a barrier in the mainstreaming

[58] COAR 2011-2013

[59] COAR 2013

[60] COAR 2012 and GFIU interview

[61] Standard progress reports 2011-2013

[62] Interview with GFIU staff and UNFPA CO staff

of gender issues.

UNPFA Support for Advocacy under this output has contributed to the commemoration of the International Women's Day and The Day of the Girl child. It also contributed to the ratification of the SADC Protocol on Gender and Development of 2012, Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa of 2012 as well the approval of Sexual Offences and Domestic Violence bill which was passed by the 9th Parliament; however it was withdrawn because the parliament was dissolved before it was signed by the King. The Bill has to be tabled again in the 10th Parliament.

The table below shows that the above activities has resulted in the achievement of the set targets in the CPAP and the 5th CP is on track towards achieving the output based on the verifiable indicator in the CPAP (M&E)

Output 4.1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Output 12)

Verifiable indicator[63]

4-1-1- % Interventions in the prioritized gender policy action plan implemented.

Year	Target	Achieved	Comments
2010 (Baseline 0)			
2011	25%	0	
2012	40%	20%	Half of the interventions were achieved
2013	60%	60%	Target Achieved
2014	75%		

[63] CPAP M&E 2011-2015

2015	100%			
Source standard progress reports[64]				

Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13)

Verifiable Indicators:

- *4.2-1 Number of government , civil society institutions trained prevention of and response to Gender based Violence*
- *4-2-2 Number of Gender Based Violence survivors utilizing response services in Shiselweni region*

UNFPA support has strengthened the GBV Partner Referral Network, 4 meetings are held every year where partners share ideas and challenges as well as map the way forward. The membership in 2013 was about of 14 organizations (comprising government, civil society and Community-based partners).

UNFPA supported the training of the Swaziland Royal Police, community police, community leaders (traditional leaders (Chiefs), members of chief's advisory councils, traditional, and women's leaders), regional education officers, community based volunteers and nurses on GBV prevention and response. The Swaziland Police Gender Network was supported to conduct three gender and GBV awareness workshops for about 140 officers from the levels of Assistant Commissioner, Deputy Regional Commanders, Station Commanders, Assistant Station Commanders and Officers. In the Shiselweni region, the Royal Swaziland Police were supported to conduct three workshops on the Sexual Offence & Domestic Violence Bill 2009 and Children Welfare & Protection Act 2012.

UNFPA support for community mobilization and community dialogues has enhanced GBV awareness in Shiselweni. In 2013 about 49 communities had been reached, 149 community leaders were reached with GBV awareness/knowledge tailored to enhance community prevention strategies and the protection of the rights of GBV survivors. According to NATICC records community dialogues have resulted in the increase in the number of cases being reported (men also reporting), number of I stories recorded (GBV survivors stories), Increase in the number of GBV survivors who have received counseling[65]. The problem with community dialogues is that not all family members are able to attend at once to be educated together so it is difficult to implement what was taught in

[64] CPAP and Standard Progress Reports 2011-2013

[65] NATICC Records 2013 and 2014

	the dialogues to someone who didn't attended especially the women find it difficult to tell their husbands what they have learnt from the community dialogues[66]. Also the attendance of men is still low compared to women and this is of concern as these are usually In most cases the abusers. UNFPA also contributed towards the Court Watch Program that was conducted at the Magistrate Court in Manzini. The Court Watch Program was launched to monitor cases that were already before the courts, and identify challenges within the system. A draft report has been produced and shared with Prosecutors in the Director of Prosecution's Office and Magistrates**.**[67] The report will also be used for advocacy. The support that was provided by UNFPA towards engaging men and boys in the prevention of GBV and promotion of gender equality and reproductive rights resulted in the establishment of a National Male Engagement Network, which serves as a national forum for information sharing and capacity building for male engagement in GBV and HIV prevention and SRH. UNFPA supported five national GBV counselling sites one located in Shiselweni over 3000 GBV survivors have accessed these sites (new and revisits) with technical and financial support. UNFPA Support for Advocacy under this output contributed to the commemoration of 16 days of Activism Against Gender-based Violence However the programme was not effective in reaching the youth especially the young youth in school to some extent: Community mobilization and dialogues were conducted during school time and working days. Efforts to conduct dialogues in school were not approved.[68] Even the dialogues that were being conducted by the Swaziland National Youth Council in that region did not cover the younger youths but older youths as reflected by the ages recorded in the attendance register. [69]In 2014 the training that was schedule to train teachers was not held because of protocol issues[70]. Community based volunteers cited that there is need for the programme to reach those in school because most of the cases that are reported in their communities involve young youths which is an indication that they lack knowledge[71] . Some of the youths leaders that were trained in March 2014 (venue Manzini) that were interviewed during the

[66] Interviews at NATICC Office
[67] COAR 2013
[68] NATICC staff interviews
[69] Swaziland National Youth Council, dialogue attendance register
[70] Quarterly report July 2014-September 2014
[71] Group Discussion with Community Based Volunteers.

	evaluation process had no knowledge about GBV/ SRHR. This is of concern because these youth leaders attended the training workshop and were the ones mobilizing the community without full knowledge of the message. From the interviews it was pointed out there is need for programmes that are appealing to the youth if this group is to be reached. Furthermore there is no tool designed to measure the quality and the effectiveness of the trainings to inform future training progammes. The training is too short and also there in no post-training workshop and mentoring conducted. Training is treated as a once off-event and marked achieved once it is conducted. According to the CPAP the target is to increasing the number of those trained as a measure of achievement[72]. So to further understand the effectiveness of the trainings the training facilitator and traditional leaders, community based volunteers and youth leaders that were trained were interviewed. It was pointed out that the quality of trainers is usually compromised because the facilitation fee (E300) is little so the organizers of community dialogues end up settling for whoever is available who has a bit of understanding [73] Sometimes the facilitators are identified within the organization since there is no funding for hiring quality trainers or to further train the facilitators on board to improve their skills[74]. This has an implication on the quality of training that is passed on to those being trained. The youth leaders also pointed out that the facilitators for their training used jargon and they were not youth friendly in terms the way they were communicating the message "they did not use youth language to make it interesting, It was too formal and boring"[75] No capacity building support was offered to implementing partners staff especially the junior staffs who are actually implementing the programme. A check in the standard progress reports it showed that training/workshops were attended by high level staff such directors. During the interviews it was pointed out that there is need for capacity building for staff for better implementation for example the staff need to be equipped in terms of presentation skills, community mobilization, report writing skills, data collection, analysis and dissemination skills.[76] This compromise the quality of implementation sometimes. In terms of gender response the programme did not provide funding for the preparation of legal paper work and legal presentation for GBV survivors. The tables below shows a summary of what was achieved during the 5th programme. From the results is can be noted that the programme has been effective based on the set variable indicators. **Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP-Output 13)**

[72] CPAP M&E 2011-2015

[73] SWAGAA interviews

[74] NATICC interviews

[75] Youth Leaders Interviews

[76] Interviews with SWAGAA staff and NATICC staff

4.2.1 Number of government , civil society institutions trained prevention of and response to Gender based Violence

Years	Target of number of organizations to be trained	Trained organizations	Comment
2010 baseline 0			
2011	5	No data	
2012	8	14	Target achieved
2013	10	17	Target achieved
2014	13	pending	
2015	15		

4-2-2 Number of Gender Based Violence survivors utilizing response services in Shiselweni region[77]

Years	Target	Actual	
2010 baseline 49	-	-	
2011	100	947	
2012	1000	1173	Target achieved
2013	2000	3 343	Target achieved
2014	No data	No data	

[77] Standard Progress Reports 2011-2013

		2015	4000			
Population and Development			• Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans • Institutional Framework of the revised population policy in place and supported • Number of advocacy activities aimed at sensitising policy makers and the public on the inter-linkages on population dynamics, SRH, and gender • Number of surveys conducted and research reports produced and disseminated for different audiences	• 5th Country Programme Action Plan, page 12 • Ibid • Interview	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries	
Data and information collected	**Population and Development** The 5th GoS/UNFPA CP was effective in the area of population and development in that government line ministries and civil society were trained in in-depth analysis of census and survey data. UNFPA support has been appreciated in that the Central Statistical Office is able to produce more in-depth analytical reports; more reports are disseminated; and data user needs are being met. Further, the Central Statistical Office's capacity has been built in GIS and other short term training skills. The outputs of the CPAP in the area of population and development have been achieved; planners from line ministries and civil society organizations have been trained in integration of population variables and in-depth data analysis. UNFPA supported the revision of the National					

	Development Strategy. With respect to advocacy, NPU produced policy briefs and shared at national events and commemoration of international days such as World Population Day, International Women's Day, International Day of the Gild Child. Overall, the effectiveness of the 5th CP in the area of population and development is that more information is now available for evidence-based decision-making and planning than before. The UNFPA assistance has been effective to the Central Statistical Office in that it has benefited them in terms of building capacity to undertake the following activities during the 5th Country programme[78]: • 2014 Multiple Indicator Cluster Survey (MICS) • In-depth analysis training workshops • 2011 Vulnerability Assessment Analysis (VAA) • 2012 Inter-censal Demographic and Housing Survey • National Population, and Sectoral Projections (2008-2030) • 2013 Women in Decision Making Position Survey • Develop the Master Plan for the forth coming 2017 Population and Housing Census. Despite the availability of census and survey data, there is still need to further build capacity for in-depth analysis to transform the data into information useful for evidence-based decision making and planning in population and development, sexual and reproductive health and gender equality issues. UNFPA supported NPU by providing technical support needed in the unit. Two National Professional Programme (NPP) officers were seconded to the unit in M&E and policy analysis. The NPPS work in areas of advocacy and research. The NPPs, in particular, assisted in the review and finalization of the State of the Swaziland report. They trained institutions on the integration of population variables. In terms of integrating population variables into planning a lot needs to be done. The planners still need to be practical knowledge/application of this integration. This has been prevented by insufficient technical assistance and lack of finance for workshops. Advocacy is undertaken on regular basis (annually). For example commemoration of the world population day, actively involved in the day of girl child coordinated by DPM, 16 days of activism against GBV and activities in various schools on teenage pregnancy.

[78] Interview at Central Statistical Office

UNFPA also Assisted in the preparation and implementation of ICPD country reports (5 yearly progress reviews) which fit in the regional, continental and global review reports. It also assisted in the developing guidelines and building capacity for integration of population variables in planning. The NPU has initiated the process of revising the population policy to have the institutional framework.

The 5th CP has been effective since distribution (inflow and outflow) of contraceptives have been strengthened or improved. The number of health facilities with stock-outs has decreased. The Market Segmentation Analysis of Family Planning (2012) report indicates some pockets of those in need.

Outcome 3: Population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)

Output 3.1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)

Indicators	2010	2011		2012		2013		2014		2015
	Baseline	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans	6	7	5	12	18	14	12	16	No data	18
Institutional Framework of the revised population policy in place	No (2010)	Mid-Term Evaluation		No target	-	Population Policy Revised		No data	No data	No data

and supported										
Number of advocacy activities aimed at sensitising policy makers and the public on the inter-linkages on population dynamics, SRH, and gender	4	4	2	6	3	8	11	10	No data	No data
Number of National sexual and Reproductive Health and Gender Policies and Strategies supported	1	1	2	3	2	3	2	3	No data	No data

Outcome 5: Improved availability and analysis resulting in evidence-decision making and formulation SP Outcome 7

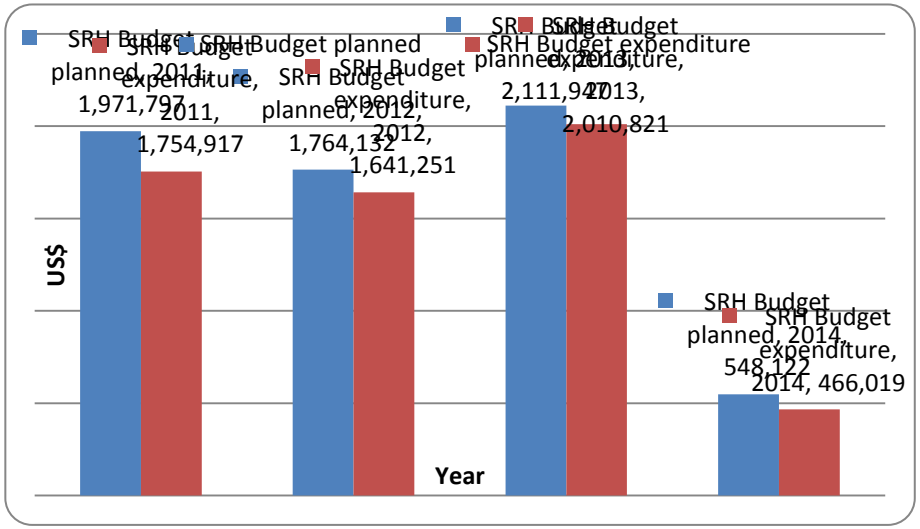
Outcome 5.1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (MTR Output 17)

Indicators	**2010**	**2011**		**2012**		**2013**		**2014**		**2015**
	Baseline	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**

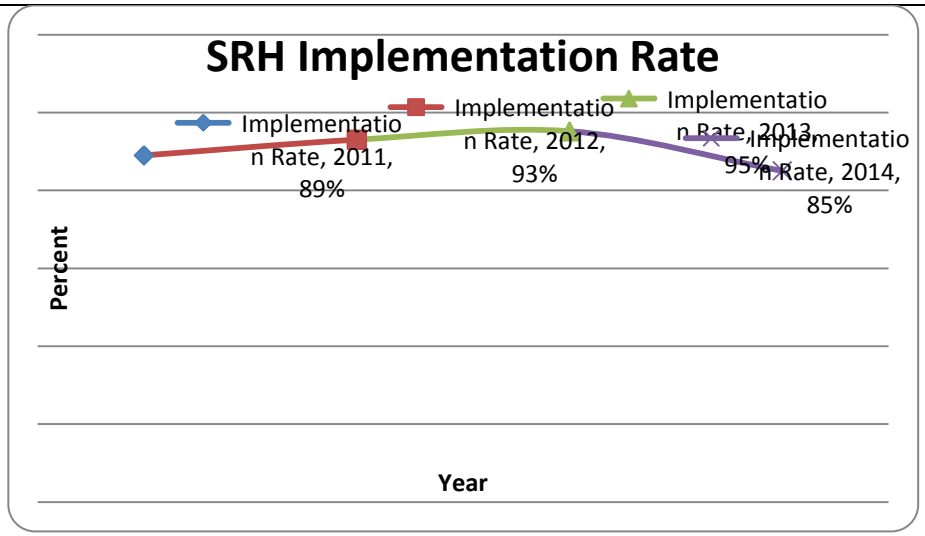
	Number of government ministries, civil society institutions with HR trained in generating, managing, and utilizing disaggregated data for development	4(2010): MoH, MEPD, MoPWT, MoLSS	7	4	11	8	13	14	14	No data	No data
	Number of surveys conducted and research reports produced and disseminated for different audiences	4(2010): 2010 MICS, 2010 SAM, Stigma Index, 2011 VAA	6	4	10	4	12	10	14	No data	No data

EQ3	**To what extent did UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 5th country programme?**			
Criteria/Focus Area	**Assumptions to be assessed**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Efficiency	**UNFPA support was received by beneficiaries in a timely and planned manner**	• Number SDP providing integrated	• 5th Country Program Action Plan (CPAP)	▪ Documentary analysis ▪ Interviews with UNFPA CO staff

	Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the programme	RH and HIV services and information in Shiselweni region • Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni • Number of institutions with personnel trained on the HIV Prevention Toolkit • Number of 15-24 year olds reached UNFPA supported SRH/HIV services in Shiselweni and Nationally • % of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region • Unmet need of FP among HIV positive Women attending ANC services • Number of personnel trained in logistics management through UNFPA support	2011-2015 • Annual Work Plans (AWP) 2011, 2012,2013, 2014; Atlas projects 2011, 2012, 2013, 2014	▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries • Annual reports from implementing partners • Audit reports • Monitoring reports • Interviews with implementing partners • Review of financial documents at the UNFPA (from projects' documentation) and interviews • with administrative and financial staff. • Beneficiaries of funding (including NGOs
Reproductive Health				

Data and information collected	To achieve efficiency in the 5th CP financial procedures were managed mainly through National Execution (NEX) modality as well as the Direct Execution (DEX). Technical support on financial procedures was also given to Implementing Partners (IPs). However, in implementation of programmes there are instances where some funds were delayed or not received timely. Delays also occurred due to unavailability of qualified local consultants and delays in finding international consultants, delays in securing a partner at local level, and shortages of staff in Ministry of Health. Although the Implementing Partners are appropriately chosen with technical assistance from UNFPA there is still limited capacity to implement activities mainly as a result of insufficient financial resources and inadequate staffing. The UNFPA CO has managed to source fund from the GoS and donors for the 5th CP. The funds were acquired to procure family planning equipment for ART facilities, integrate HIV and SRH in Service Delivery Point (SDP) centers, implement Comprehensive Sexuality Education (CSE) programme and procure RHCS. However it is noted that donor interest in Swaziland is low[79]. The Annual Work Plans (AWPs) budgets for 5th CP were much lower leading to revisions which are indicated in the Atlas Projects. The overall implementation rate in SRH is very high. The lower figure in 2014 is yet to be updated. 

[79] COAR 2012, 2013



National development planning were strengthened in the 5th CP by reviewing and developing policy frameworks, strategies and studies or surveys which are aligned to ICPD agenda themes on family planning, gender equality and reproductive rights and Reproductive Health and Commodity Security (RHCS). The documents which were produced (including work in progress*) with UNFPA support include Education policy, National Youth Policy*, , National Population Policy*, National SRH policy, MTR of National Health Sector Strategic Plan, MTR of SRH strategy, extended National Strategic Framework on HIV/AIDS 2013-2018, Adolescent Sexual and Reproductive Health (ASRH) guidelines, the National Family Planning Training Manual, the Family Planning Action plan quantification and projections of family planning commodities for 2014-2018, Market Segmentation Analysis on Family Planning report, Swaziland Vulnerability Assessment Analysis (VAA) 2011 and 2013, Swaziland HIV Incidence Measurement Survey (SHIMS) 2010-2012, MARPS Bio-Behavioural Surveillance Survey (BSS) 2010-2011 and Multiple Indicator Cluster Survey (MICS) 2014*. These are meant to increase information to enable quality integration of SRH/HIV services. The challenge is non-release of data on some surveys such as VAA or delaying release of data e.g. SHIMS for timely use and indepth analysis.

Database and information systems were set in place to improve effectiveness in RHCS. In 2011 a national supply chain management coordination committee was set up to coordinate to support the LMIS. UNFPA has supported the integration of RH commodities in LMIS and national pharmaceutical systems resulting in improved management of supplies and distribution. In addition LMIS was rolled out to health facilities. Software was put in place in Central Medical Stores (CMS) to monitor monthly stock flow to health facilities, to estimate or quantify the costs of all RH commodities and hence clarity on the needs of the country[80].

[80] COAR 2011, 2012

Gender Equality		• % Interventions in the prioritized gender policy action plan implemented • Number of government , civil society institutions trained prevention of and response to Gender based Violence • Number of Gender Based Violence survivors utilizing response services in Shiselweni region	• 5th CPAP M&E 2011-2015 • Ibid • Women in Decision Making Survey 2013 • Swaziland Marriage Act 1964 and Women's Legal Status under Civil Law and Swazi Law and Custom by Tenille Brown • Women in Decision Making Survey 2013 • National Surveillance on Gender based Violence 2013 Report • CPAP M&E 2011-2015, page 21	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries • Annual reports from implementing partners • Audit reports • Monitoring reports • Interviews with implementing partners • Review of financial documents at the UNFPA (from projects' documentation) and interviews • with administrative and financial staff. • Beneficiaries of funding (including NGOs
Data and information collected	The financial resources were allocated according to the priorities of the CP. The efficiency in implementing the 5th CP was ensured through the National Execution (NEX) and Direct Execution (DEX) modality. For the GIFU unit the DEX mechanism was used to ensure implementation of the programme because the unit has no capacity to absorb funds through the NEX. Using the DEX modality the funds are allocated and kept by UNFPA, then the GFIU request funds from the CO, so for every GFIU activity at least three quotations are sent to the CO and then the country office will chose and pay the supplier directly. The Annual working plans for both implementing partners were signed towards end of January for the period between 2011 and 2014. In 2011 the AWP for GFIU was signed in February. This shows that there is bit of delay in the implementation of the programme during the first quarter of the year. The spending pattern of the IPS is slow in the first quarter and then it increases toward the end of year. From the quarterly reports is was noted that some of the activities were not implemented within the specified quarter, however from the interviews is was noted that some delays in implementation were not a result of delays in funds disbursements for example the commemoration of the International Women's Day was done later than planned mainly because they were delays in the approval of the event by the government[81] . Weak capacity of implementing partners due to fiscal crisis, high staff turnover has affected implementation. The Country Office has therefore continued to provide with technical and financial resources to IPs to strengthen their capacity to implement for example some resources were used to provide basic			

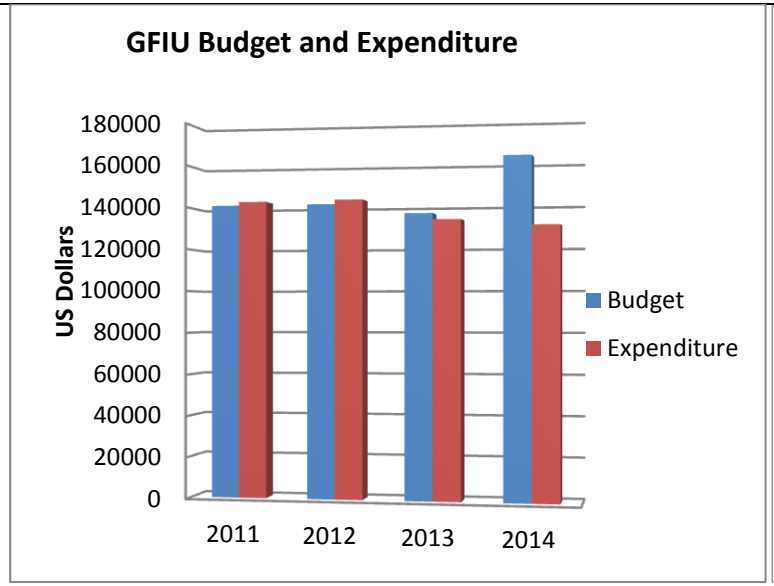
[81] GFIU Quarterly Reports

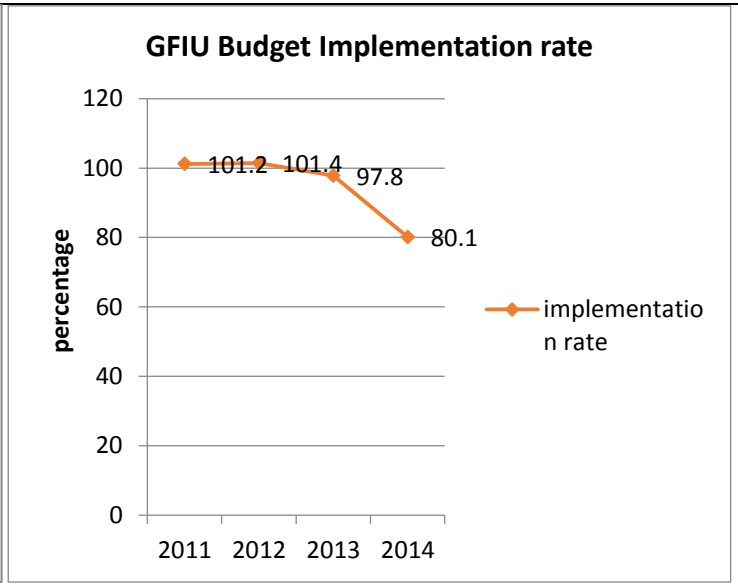
	support (communication, stationery) to implementing partners outside what was budgeted for in AWPs and the NPPP staff has continued to support the GFIU.[82] Implementing partners budget implementing rates GFIU- budgeted funds were slightly exceeded by 1.2% and 1.4% in 2011 and 2012 respectively but in 2013 (97.8) and 2014 (currently 80.1%) the implementing rate was within the budget.[83] SWAGAA- the implementation rate has been within the budget amount the budget for the since 2011 (2011- 94.3% 2012- 94.3% 2013 - 97.5 2014 currently 78.2)[84]

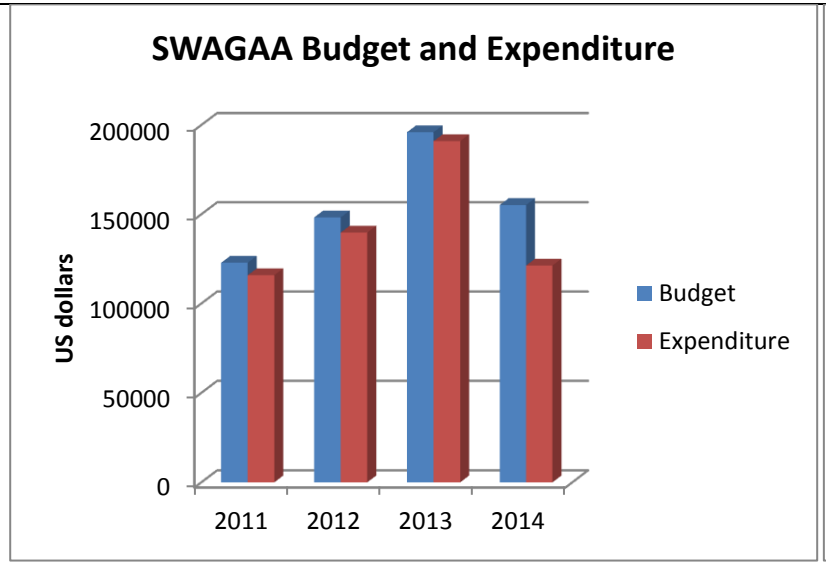
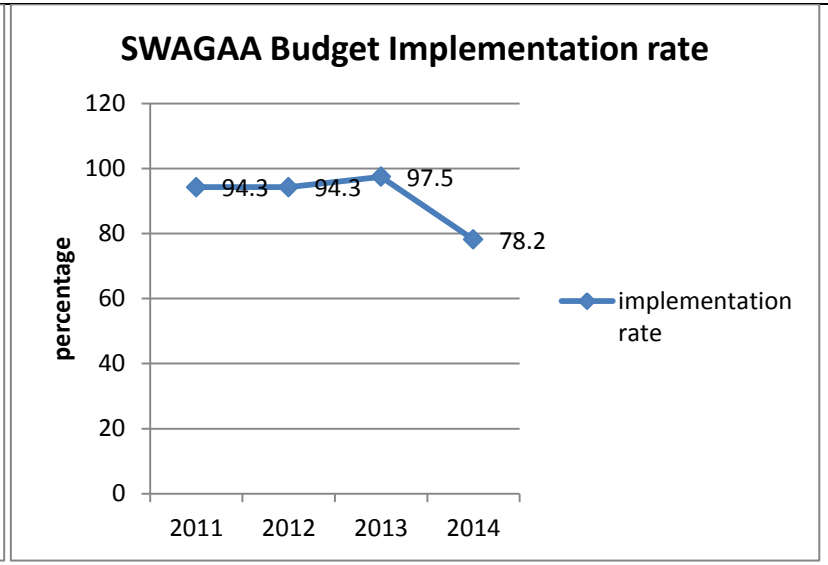
[82] Standard Progress Report 2013

[83] Atlas Project 2011-2013

[84] Ibid


GFIU Budget and Expenditure
US Dollars
180000
160000
140000
120000
100000
80000
60000
40000
20000
0
2011
2012
2013
2014
Budget
Expenditure


GFIU Budget Implementation rate
percentage
120
100
80
60
40
20
0
101.2
101.4
97.8
80.1
2011
2012
2013
2014
implementation rate

	 			
Population and Development		• Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans • Institutional Framework of the revised population policy in place and supported • Number of advocacy activities aimed at sensitising	• 5th Country Programme Action Plan, page 12 • Ibid • Interview	▪ Documentary analysis ▪ Interviews with UNFPA CO staff ▪ Interviews with implementing partners ▪ Interviews/Focus groups with final beneficiaries • Annual reports from implementing partners • Audit reports • Monitoring reports • Interviews with implementing partners • Review of financial documents at the UNFPA (from projects' documentation) and interviews • with administrative and financial staff. • Beneficiaries of funding (including

		policy makers and the public on the inter-linkages on population dynamics, SRH, and gender • Number of surveys conducted and research reports produced and disseminated for different audiences		NGOs ▪
Data and information collected	**Population and Development** The efficiency in implementing the 5th CP was ensured through the National Execution (NEX) mechanism, and where there was need through Direct Execution (DEX). The CP Implementers developed Annual Work Plans (AWPs) as a basis of receiving funds. Once funds are received implementers produced expenditure reports as evidence of implementing activities. UNFPA also implemented on behalf of partners for certain activities. However, the high staff turnover at NPU affected the pace of implementation. UNFPA responded by continuously replacing the staff that left. UNFPA will in the next CP not support these positions at NPU. Currently, the M&E position at NPU is vacant. On UNFPA side, the population and development area is a broad one and would have achieved more if more staff were recruited. The 5th CP also used consultants in implementing some activities. The quality of these consultants was either good or average. The preferred mode of hiring consultants was by individual rather than groups. The origin of the consultants was international. The UNFPA CO administrative and financial procedures were appropriate for the implementation of the CP in that the dispensation of funds was done within reasonable time. The reporting system was good. Though there were delays, these were not due to the system but as a result of competing interests among implementing partners and not lack of funds. The delivery of resources was timely, delays were only experienced at the beginning of each year. The solution was to finalize the AWPs early and have them signed. There was no over spending at any occasion. Some activities were postponed not because of lack of funds but as a result of competing tasks among partners, for example the revision of the national population policy. The GoS made its usual contribution to the CP during the period of implementation. The only obstacles during the implementation of the CP were delays due to competing task among implementing partners. The only new activity introduced during the implementation of the CP was the Population Situation Analysis.[85] At the Central Statistical Office (CSO) funds from 5th GoS/UNFPA Country Programme are received through an electronic cash transfer into a government bank account. The funds are accessed by following the normal government procedures of requesting funds. The account is audited by government. The Central Statistical Office considers this as an efficient way of implementing the CP activities. The only delays in releasing funds are in the first quarter of			

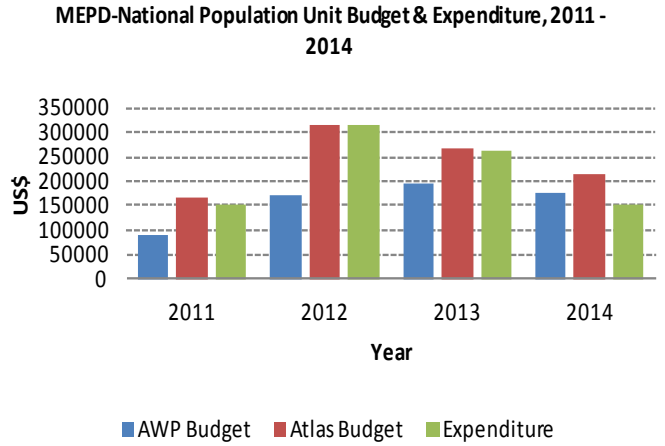
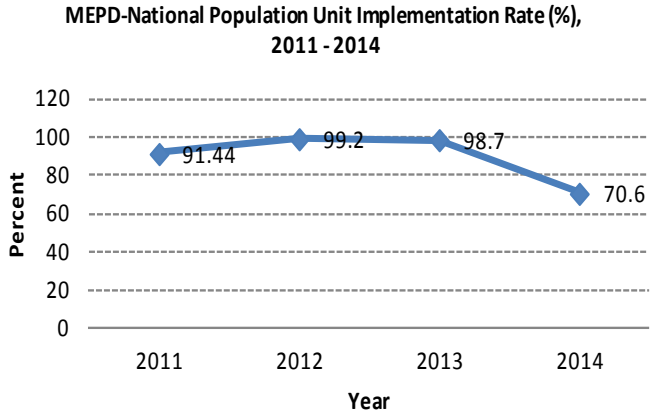
[85] Interview at UNFPA

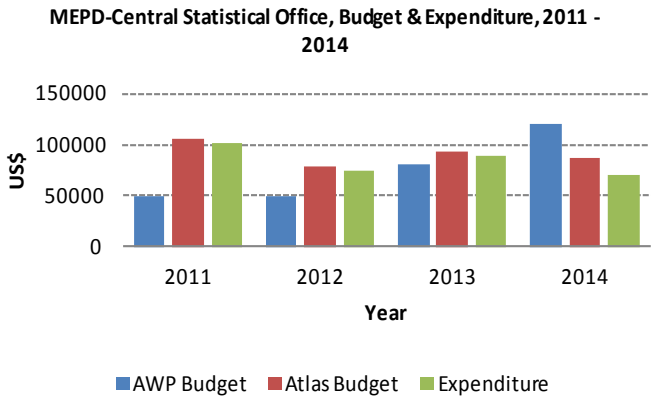
	each year, however, this is considered acceptable. It has been noted, however, that financial responsibilities of the CP have placed an extra burden on staff in the government financial unit. This at times may cause delays in accessing funds to implement activities. The Central Statistical Office reports quarterly on financial expenses to the UNFPA. The administrative and financial procedures are satisfactory. There were no activities that were neither cancelled nor postponed[86]. Staff turnover at Central Statistical Office has hampered the vision of the Office to become semi-autonomous into a bureau of statistics; this is further compounded by a reliance on the government for funding. The Central Statistical Office requires more staff with skills in Demography, GIS, Data Processing, Communication, etc for the 2017 Population and Housing Census. Consultants have been used in executing some of the activities at Central Statistical Office under the CP. Consultants were hired in the production of Population Projections, Women in Decision Making Survey; In-depth analysis trainings. Both local and international consultants have been hired. The quality of the consultants has been satisfactory[87]. For the National Population Unit the resources management system is based on two methods, direct execution modality (DEX) and the national execution modality (NEX). Using the DEX modality the funds are kept by (allocated) UNFPA, then the NPU write to UNFPA to pay service providers directly. In the NEX funds are transferred to NPU central bank of Swaziland account. The NPU then disburse to service providers. The service providers, NPU, and UNFPA together hold a meeting in which the IPs/Service providers account for what they have done. Preparation of AWPs usually starts in November which are finalized in the beginning of new year which are then approved by the permanent secretary (NPU in MEPD) and UNFPA representative[88]. The staff at NPU have a masters qualification (economics and gender studies), but need basic training in demography. International and national consultants are hired using normal recruitment procedures (advertise, panel review/evaluation of submissions by UNFPA and NPU) or from the UNFPA database. International consultants whose overall quality is good or satisfactory were given the following tasks: Development of country report for the ICPD review; MTR of CP; and training planners on integration of population variables in planning. The national consultant was mandated to review the NPP but the evaluation quality was not satisfactory.

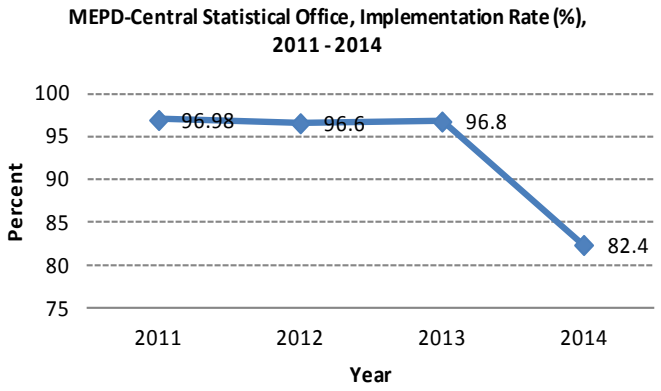
[86] Interview at CSO

[87] Ibid

[88] Interview at NPU

	The UNFPA CO administrative and financial procedures are appropriate but with a lot of processes to the extent that it is time consuming and long. Of recent there is an improvement in timely allocation of funds. Delays occurred in the late finalization and approval of AWPS in the past. This have been necessitated by ensuring enough time is given to work plans, usually 3-5 days retreat are given for this exercise. Following this planning process immediately the plans are finalized. No added activities to the current programme. The budget was not enough for the CP since a ceiling of about 1.5 million is given which is little. The limited capacity within the government to do professional work is due to the zero recruitment policy and it's difficult to get additional staff. The directorate is managed by 2 professionals. In the NPU one of the NPP position of M&E is now vacant and has not been replaced.  





EQ 4	**To what extent has UNFPA successfully facilitated the mainstreaming of provisions to advance gender equality in its country programme and interventions funded during the programme period? (ii) To what extent have the partnerships established with ministries, agencies and other development partners allowed the country office to make use of the comparative strengths of UNFPA, while at the same time safeguarding and promoting the national ownership of supported interventions, programmes and policies?**			
Sustainability				
Reproductive Health				
Data and information collected	The SRH component influences all spheres of country needs and hence support of the GoS and partners in strengthening SRH and HIV services. Continued support towards SRH is more likely to reach beyond 5th CP cycle NPPPs to Ministry of Health to stem staff turnover. In areas where UNFPA is stemming high Staff turnover by providing NPPPs especially in the Ministry of Health needs support and strengthening by the GoS. UNFPA has provided technical support and staff (NPPPs) to complement Ministry of Health in timely execution of activities in the short and medium term. The strengthening of the RHCS by integration into the LMIS and national systems of CMS has enhanced the commitment by the government towards supporting the programme. Through			

	this initiative other commodities in various programmes has been also been integrated. The government through UNFPA advocacy and policy dialogues has managed to increase its budget towards acquiring modern contraceptives and hence a sense of ownership has been further strengthened[89].
Gender Equality	
Data and information collected	The CPAP does not have a clear exit strategy plan in place[90]., however some of the UNFPA initiatives are likely to continue beyond programme termination The GFIU was elevated to be a department in the Deputy Prime Ministers' office in 2014. This is a sign that the interventions that have been developed in that department as result of UNFPA support are likely to continue because of the new position of the department. The tools that were developed to operationalize the National Gender Policy that is the NGP Action Plan and Monitoring and Evaluation Framework will go beyond the programme termination. However the implementation the plans will be highly affected because the department relies mainly on UNFPA financial support for the operationalization of these policies and plans. Upon termination of the programme the NPPP position is the GFIU is not likely to continue. There is no personnel absorption plan in place as yet but the CO has started advocating for absorption but its success is not certain because the government is not recruiting at the moment.[91] Advocacy activities will continue because there are other organizations that have been supporting the events such as other UN agencies in the Gender Theme Group and NGO consortium. However the success of these events will depend on the commitment of the organizations. The mainstreaming of gender into various ministries is still weak and its continuity is not guaranteed in the absence of designated gender focal points and gender responsive budgeting. Government commitment is low.

[89] COAR 2011

[90] CPAP and the Mid-term Review report

[91] Interview with UNFPA staff

	The key threat to sustainability is the weak capacity of implementing partner's evidenced by high staff turnover and high dependency on UNFPA financial and technical support. Weak capacity of implementing partners might result in some of the activities being discontinued if a funder is not found for example community dialogues require a lot of financial support and these might still continue but at a slow pace in terms of coverage[92]. The awareness raised for GBV will continue however there is still need for the message to reach other areas so that everyone is sensitized and behavior change is visible. Those who are aware also need to be constantly reminded. Changes in leadership are a threat to sustainability. The whole process of sensitization of leaders has to be undertaken again.[93] It also delays approval of policies, for example the 9th Parliament was dissolved before the Sexual Offences and Domestic Violence Bill was signed by the King now it has to be re-tabled again in the 10th Parliament. The GBV Partner Referral Network and the National Male Engagement Network are mostly likely to continue but this will depend on the commitment of the involved partners and organizations.
Population and Development	
Data and information collected	**Population and Development** The Population and development component of the 5th Country Programme has mainstreamed the gender issues in the National Population Policy. The commemoration of the International Women's Day and the International Day of the Girl Child are some of the activities in line with gender equality. The sustainability of the activities beyond the 5th CP are seen through capacity building in trainings; staffing at NPU. However, the trainings that were conducted were ad-hoc and not strategic for sustainability. The UNFPA supported staff at NPU, it is not yet clear whether government will take over the responsibility of these staff. There are currently no strategies in the area of Population and Development of the 5th CP to stem the high staff turnover either at the National Population

[92] Interviews

[93] Ibid

	Unit or Central Statistical Office. The joint implementation of activities between UNFPA and NPU gives a false sense of ownership on the part of NPU; when in reality without UNFPA funding NPU will have financial challenges.[94] For the Central Statistical Office, donors fit into government planned activities and they just complement funding gaps. The only impact in the absence of such funding is slow implementation. Generally, in the area of Population and Development there are no clear sustainability mechanisms in place as well as no exit strategy. Additionally, there is an absence of a capacity building strategy that would ensure sustainability.
	Component 2: Analysis of the Strategic Positioning
EQ5: To what extent is the implementation of the country programme aligned with UNFPA Strategic Plan dimensions? (And in particular with special attention to disadvantaged and vulnerable groups and the promotion of south-south cooperation (ii) To what extent is the country programme, as currently implemented, in line with the UNDAF? Are there any mismatches? If so, what measures have been adopted to reverse the situation? , (iii) To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly in the event of potential overlaps?, (iv) To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes and to specific ad-hoc urgent requests of partner country counterparts? What was the quality of the response? (v) What is the added value of UNFPA in the development partners' country context as perceived by national stakeholders? What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies?	
Strategic Alignment	
Corporate Dimension	
Data and information collected	**Sexual and Reproductive Health** The CPAP is aligned to UNFPA Strategic Plan. The goals, activities, outputs, and outcomes have been realigned to be consistent with the revised Global Strategic Plan (2008-2013) and national priorities. The realigned is reflected in the revised 5th CP M&E framework[95]. The CPD[96] is also in line with UNFPA strategic plan. The needs of young people were identified as a cross cutting theme in all CPAP outcomes in line with UNDAF outcome which aims at increasing access and utilisation of high-quality basic social services for disadvantaged groups, women and children. One of the remotest region Shiselweni

[94] Interviews at NPU.

[95] Fifth Country Programme Action Plan Monitoring and Evaluation Framework

[96] Swaziland CPD 2011-2015

	was the target in implementing programmes. **South to south cooperation** The UNFPA CO has participated in a number of south to south partnerships in knowledge sharing, capacity building and technical cooperation with countries such as South Africa, Lesotho, Botswana, Namibia, Uganda and Rwanda. For example, a M&E officer from Rwanda trained the Swaziland Co on results-based management, UNFPA policies and an operations staff from Botswana was involved in training in project monitoring training or correcting errors in Atlas entries. A team from Swaziland coming from Ministry of Health, UNFPA and WHO learnt in Rwanda best practices on Maternal Newborn and Child Health (MNCH) and community based SRH programmes. An HIV International Programme Specialist from Lesotho had an experience of learning on Swaziland experiences of implementing a regional project on linkages between SRH and HIV in Southern Africa which was supported by European Union[97].			
Systemic Dimension				
Data and information collected	The CPD and CPAP are consistent with the UNDAF. They contribute to all four UNDAF pillars on HIV/AIDS; poverty and sustainable livelihoods; human development and governance. The UNDAF takes into account the UNFPA strategic plan. UNFPA was responsible in chairing and coordinating the UNDAF M&E group which was responsible on country's needs on strategic information and data. UNFPA CO is active in various technical working groups (TWG): national HIV prevention TWG, SRH/HIV integration TWG, Social and Behaviour Change Committee and Condom Committee. UNFPA has participated as part of technical team in the EU project on integration of SRH and HIV. With UNICEF a concept note in integrating adolescents' reproductive health issues was developed. Partnership has occurred with WHO in developing midwifery curriculum. Partnership with UNESCO, UNAIDS, PSI, etc. on delivering the Comprehensive Sexuality Education initiative approach. Joint programmes on HIV and AIDS with UN agencies and other partners such as NERCHA, PSI, PEPFAR, C-CHANGE, and CSOs in providing technical support and leveraging resources in SRH programmes were done in the 5th CP.			
Responsiveness				

[97] COAR 2011, 2012, 2013

Data and information collected	Changes and additional requests from national counterparts Speed and timeliness of response			
Added Value				
Data and information collected	UNFPA has demonstrated leverage in delivering its mandate on condom programming, family planning and supply chain management. The added value of UNFPA to the CP as its strength is support to generation of data as well as in sexual and reproductive health. Other partners perceive UNFPA as a reliable partner to work closely with and its importance is recognized.			

Annex 6: Interview Guides

Swaziland UNFPA 5th Country Programme Evaluation

Interview Guide for UNFPA Country Office Staff and Implementing Partners adapted for Thematic Areas

Relevance

- What are the national priorities in Swazi in terms of development agenda? How relevant is the 5th CP to these needs and priorities? What aspects of the national and sectorial policies are covered in the 5th CP?
- Does the CP take into consideration the regional disparities in the country? How?
- Were the objectives and strategies of CPAP discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the SRH, P&D, GE?
- Are there any changes in national needs and global priorities along the line? How did UNFPA CO respond to these?

Effectiveness

- Has UNFPA support reached intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the interventions? For example?
- Are outputs achieved?
- Overall, how effective is the 5th CP in Swazi?

Efficiency

- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the implementation?
- What is quality of your consultants - groups or individuals? What informs their selection? How often do you use consultants in the implementation of the 5th CP? Where do these consultants come from?

- Do you think UNFPA CO admin and financial procedures are appropriate for the CP implementation?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?

- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Any additional funding from the GoS and other partners
- Are there obstacles in the effective implementation of the 5th CP in Swaziland?

Sustainability

- What are the benefits of the interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- How does CO ensure ownership and durability of its programmes?
- How does CO guarantee that capacities of beneficiaries and partners developed are translated into effective instrument for planning?

UNCT Coordination

- What is the role of UNFPA in UN Country Team coordination? Any specific contributions? Challenges?

Added value

- What are the special strengths of UNFPA?
- How is UNFPA perceived by implementing and national partners?

Swaziland UNFPA 5th Country Programme Evaluation

Interview Guide for Beneficiaries

Relevance

- What are the national priorities in Swazi in terms of development agenda? How relevant is the 5th CP to these needs and priorities? What aspects of the national and sectorial policies are covered in the 5th CP?
- Does the CP take into consideration the regional disparities in the country? How?
- Were the objectives and strategies of CPAP discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the SRH, P&D, GE?

- Are there any changes in national needs and global priorities along the line? How did UNFPA CO respond to these?

Effectiveness

- Has UNFPA support reached intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the interventions? For example?
- Are outputs achieved?
- Overall, how effective is the 5th CP in Swazi?

Sustainability

- What are the benefits of the interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- How does CO ensure ownership and durability of its programmes?
- How does CO guarantee that capacities of beneficiaries and partners developed are translated into effective instrument for planning?