



# GOVERNMENT OF THE KINGDOM OF ESWATINI / UNFPA 6TH COUNTRY PROGRAMME EVALUATION (2016 – 2020)

AUGUST | 2019



## Map of the Kingdom of Eswatini



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It is the team's hope that the findings and recommendations presented in this report will positively contribute to building a sound foundation for the development of 7<sup>th</sup> UNFPA Eswatini country programme, national development plans and UNSDCF in the Kingdom of Eswatini.

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## **Abbreviations and Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AWP	Annual Work Plan
YFS	Youth-Friendly Services
AYFHS	Adolescent and Youth-friendly health services
BRO	Boys Reaching Out
CANGO	Coordinating Assembly of Non-Governmental Organisations
CO	Country Office
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSO	Central Statistics Office
DAC	Development Assistance Committee
DaO	Delivering as One
DFID	Department for International Development (UK)
DGFI	Department of Gender and Family Issues
DHS	Demographic Health Survey
DPM	Deputy Prime Minister
DPMO	Deputy Prime Minister's Office
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EM	Evaluation Manager
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
GBV	Gender Based Violence
GBV	Gender-based Violence
GBV-RN	Gender Based Violence Referral Networks
GDP	Gross Domestic Product
GLOW	Girls Leading this World

GoES	Government of the Kingdom of Eswatini
HCW	Health Care Workers
HIV	Human Immuno-deficiency Virus
HR	Human Resources
ICPD PoA	International Conference on Population and Development Programme of Action
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IMF	International Monetary Fund
IUCD	Intra-uterine contraceptive device
IPs	Implementing Partners
KII	Key Informant Interview
LARC	Long acting reversible contraceptives
LSE	Life Skills Education
M&E	Monitoring and Evaluation
MHA	Ministry of Home Affairs
MIC	Middle Income Country
MICS	Multi-Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOH	Ministry of Health
MOJ	Ministry of Justice
MTR	Mid-Term Review
NDMA	National Disaster Management Agency
NGO	Non-Governmental Organizations
NPU	National Population Unit
ODA	Overseas Development Assistance
OECD	Organization for Economic Cooperation and Development
P&D	Population and Development



PD	Population Dynamics
PHC	Population and Housing Census
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PRC	Peer Review Committee
PRSP	Poverty Reduction Strategy Paper
SACU	Southern African Customs Union
SDGs	Sustainable development Goals
SHIMS	Swaziland HIV Incidence Measurement Survey
SODV	Sexual Offences and Domestic Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TA	Technical Assistance
TFR	Total Fertility Rate
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Violence against Children
WHO	World Health Organization

## Kingdom of Eswatini: Key Facts

Indicators	Facts	Source/ Year
<b>Land</b>		
Geographical location	Southern Africa	UN 2019
Land area	17,364 sq km	UN 2019
<b>People</b>		
Population	1,093,238 people.	2017 Census Preliminary Results
<b>Crude Birth rate</b>	28.5%	
<b>Crude Death rate</b>	9.38%	
<b>Sex ratio at birth</b>	94 per 100	2017 Census Preliminary Result
<b>Population Growth rate</b>	0.7%	2017 Census Preliminary Result
Infant mortality rate	50/1,000 live births	World Bank 2018, Eswatini Population Reference Bureau 2018, Eswatini
Child mortality rate	18%	MICS (2014)
Under-5 mortality rate	67%	MICS (2014)
Adolescent birth rate	87%	MICS (2014)
Teenage pregnancy rate	16% %	MICS(2014)
Contraceptive use rate	66.1%	MICS (2014)
Maternal Mortality ratio	452/1000 live birth	Population census 2017
Life expectancy at birth	F 61/M 54 years	World Bank 2018, Eswatini Population Reference Bureau 2018, Eswatini
<b>Total fertility rate</b>	3.03 children per woman	World Data Atlas 2019
HIV prevalence (aged 15 years and older)	27% (20.4% males, 32.5% females)	Swaziland HIV Incidence Measurement Survey 2 (SHIMS2) 2016-2017. Final Report
HIV prevalence rate among young people(15-24 years)	4.1%(4.7% males, 3.4% females)	Swaziland HIV Incidence Measurement Survey 2 (SHIMS2) 2016-2017. Final Report
HIV incidences among adults	1.36% ((1.02% among males and 1.70% among females)	Swaziland HIV Incidence Measurement Survey 2 (SHIMS2) 2016-2017. Final Report
<b>Government</b>		
Type of government	Dual Monarchy	The Constitution of the Kingdom of Swaziland Act 2005
Head of government	Prime Minister, appointed by the King	The Constitution of the Kingdom of Swaziland Act 2005
Seats held by women in national parliament	23.3%)	Eswatini Parliamentary Records
<b>Economy</b>		
GDP Growth rate	2.0%	World Bank 2018

Per capita income:	\$8,520	Eswatini Population Reference Bureau 2018, Eswatini
Economic Growth	0.5	
<b>Social and Development Indicators</b>		
Human Development Index Rank	0.588	UNDP Human Development Reports 2018
Unemployment rate	22.5 %.	UNDP Human Development Reports 2018
Multidimensional poverty index	42%	UNDP Human Development Reports 2018
Population living below the national poverty line (%)	63%	2017 Eswatini Household Income and Expenditure Survey
Literacy	76.7%	UN 2019
Gender inequality index	0.569(141 out of 159)	UNDP Human Development Reports 2018
Women experienced GBV	1 in 3	UNICEF 2007
Child Marriage rate	5%	MICS (2014)

## EXECUTIVE SUMMARY

### Purpose and intended audience

This report presents the process, findings, conclusions and recommendations of the Kingdom of Eswatini/UNFPA 6th programme cycle (2016 – 2020) Country Programme Evaluation (CPE). The purpose of this evaluation was to assess the programme performance, and document lessons for continued improvement, greater accountability and transparency. The intended audience for the CPE report are UNFPA Eswatini CO, ESARO, and Headquarters; UN agencies; government; and non-government partners.

### Objectives, scope and intervention

The CPE aimed at enhancing accountability of UNFPA for the relevance and performance of the country programmes; broadening the evidence base for the design of the next programming cycle (2021 – 2025); and generating a set of clear forward-looking and actionable recommendations logically linked to the findings and conclusions. The specific objectives were to; a) provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress of the UNFPA Programme towards the expected outputs and outcomes set forth in the results framework of the country programme; b) provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results; c) assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e. what worked well and what did not work well; and d) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle. The scope of the

evaluation covered the four geographic regions of Eswatini where UNFPA implemented interventions and assessed its performance in the technical areas of Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender equality and women's empowerment, and Population Dynamics, in the period from January 2016 to July 2019.

The overall goal of the Sixth UNFPA Country Programme is to contribute to the development and establishment of equal opportunities for men and women in order to improve the quality of life in the Kingdom of Eswatini. Its implementation is guided by an understanding of population dynamics, human rights and gender equality, driven by country needs and tailored to the country context in order to empower and improve the lives of underserved populations, especially women, adolescents and youths. It was developed within the framework of the four outcomes areas of Sexual and reproductive health; Adolescents and youth; Gender equality and women's empowerment; Population dynamics.

### Methodology

The CPE was theory-based and the design followed the structure provided in the UNFPA Handbook for Evaluation (UNFPA 2019). The CPE phases were preparatory, design, data collection, analysis and reporting. The design was structured based on the OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, and sustainability; and UNFPA strategic positioning on coordination.

The data collection for the evaluation was implemented using four main methods; namely a) Desk review; b) Semi-structured group and individual interviews with stakeholders; and staff of UNFPA Eswatini CO; c) Focus group discussions with stakeholders and beneficiaries; and d) Site visits to CP targeted areas. Forty-five interviews, seven FGDs and three site visits were

conducted towards generating primary data. Triangulating the sources and methods of data collection, evaluation used both qualitative and quantitative data in the analysis and generation of the evaluation report. There were no major challenges encountered during the field phase, and the purpose and objectives of the CPE were fully met with invaluable support from the CO team.

## **Main Conclusions**

The country programme evaluation found that the Eswatini country programme is aligned with national development objectives, the UNFPA Strategic Plan, the International Conference on Population and Development Programme of Action (ICPD POA), SDGs, UNDAF and its implementation framework, the Eswatini Programme is relevant to the country's development priorities, population needs, UNFPA mandate and within UNCT coordination. UNFPA effectively responded to the Elnino induced drought experienced by the country between 2016 and 2017, in addition to mobilizing resources to fund the same from other sources, including within the UN. Its strength in facilitating development of policies, LSE curriculum, guidelines and frameworks, conduct and implementation of household and population census, capacity building processes and strengthening the knowledge base were relevant in addressing existing gaps in SRHR, among adolescents and youth, gender equality and women empowerment, and population dynamics. Strategically, UNFPA Eswatini continues to maintain its strong presence in all policy and key decision functions related to UNFPA's mandate, with its strengths well identified and recognized within the UNCT, in addition to improving the coordination mechanism.

Across all programme components, the implementation rate and achievement of outputs in the results chain was generally high, save for the unclear targets in the M&E Framework. UNFPA made significant progress towards realization of results in all its four programme

component areas. Through the programme, UNFPA contributed to strengthening of capacities of the health systems prioritizing access to sexual and reproductive health and rights information and services. UNFPA facilitated and coordinated the development of National FP guidelines, National Condom Strategy, National ASRH pre-service module for nursing & midwifery schools, National AYPFHS standards, National AYPFHS in-service manual, FP-ART SOPs and National SGBV Guidelines. Further, UNFPA supported the MoH through training in the use of the guidelines and SOPs, orientation of health workers, dissemination and on mentorship and supportive supervision to health facilities. More efforts are still needed to be put in place to ensure follow-up and support supervision in utilization and availability of the guidelines.

Towards ensuring competent workforce to deliver high quality integrated SRHR services and information, in particular for adolescents and in humanitarian settings, UNFPA spearheaded, through a tripartite arrangement involving the Ministry of Health, Southern Africa Nazarene University and Family Life Association of Swaziland (NGO) a Competency-Based Family Training. The clinical or practicum module enhanced the capacity of the nurse midwives leading to high level of competency in the provision of FP services, especially to adolescents and youth. The competency-based FP training was led from negotiation process, from its launch to certification and publicity. There is a need though to evaluate the programme from a college perspective, also build on its continuity and sustainability, in addition to considering its rollout to other colleges. The CO also supported the training and orientation of health care workers on Adolescent Youth Friendly Health Service (AYFHS) standards, developed through a comprehensive assessment on the state of Youth friendly services in health facilities facilitated by UNFPA.

The CO also supported the establishment and capacity to manage the FP Logistics Management

Information System (LMIS) used for reporting, ordering, and enhanced quantification processes, significantly reducing stock-outs of FP commodities. There was also improved LMIS for FP commodity security at national and regional levels.

Through UNFPA support in CSE curriculum development, capacity building, development of a manual for core support and learning, SRH and GBV learning, building capacity of teacher training institutions, building capacity of in-service teachers, technical capacity on programming, support on strategic capacity empowered the youth and adolescents to make informed choices about their sexual and reproductive health and rights and well-being. It has also led to the creation of demand to learn more about SRH issues amongst the young people and adolescents. Integrating competency-based education in all subjects at primary school level assures sustainability. There is though a need to include entrepreneurship as a significant component of the LSE curriculum; build capacity of youth on leadership skills; provide access to counselling/psychosocial support services; regular awareness and ensure the youth lead development or facilitation of their own programmes.

The gender equality and women empowerment component has contributed to improving policy and legislative frameworks in the country context. UNFPA endeavoured to address the needs and priorities of the targeted populations contributing to increased awareness, coordination and improved responses to GBV. Collective advocacy by the Gender consortium and other development partners including UNFPA has led to the enactment of the Sexual Offences and Domestic Violence Act of 2018. UNFPA also contributed to the development of National Strategy to End Violence in Swaziland 2017-2022 and the Costed Action Plan for the National Strategy to End Violence in Swaziland. Collectively working with other UN agencies (UNDP, UNICEF, WHO), UNFPA supported the

review of the Marriage Act, National Gender Strategy and the Persons with Disability Act. There were however, concerns of inadequate national systems to capture reports on violation in addition to myths and misconceptions around SODV Act, that need concerted efforts to address.

UNFP collaboratively financed and technically supported the development of the National Guidelines for the Multi-Sectoral Response to Gender-Based Violence Eswatini and the Guidelines for Health Sector Response to Sexual Violence (Clinical Management) enabling stakeholders in the GBV sector to understand their roles and responsibility and integration of gender equality. In addition, UNFPA supported capacity building initiatives for GBV referral Network Members/organizations and health care workers to understand issues of GBV and improve handling of GBV survivors and prosecution of GBV perpetrators and GBV in emergencies in the context of the SODV Act and the guidelines. On another hand UNFPA in collaboration with Peace Corps –Eswatini to implement community-based clubs targeting girls and boys. The Girls Leading Our World (GLOW) and Boys Reaching Out clubs were designed to mitigate and prevent gender inequality and social norms and the role of men to end injustice and promoting gender equality. Outdated data and lack of a robust monitoring system for GBV and gender equality in the country, affects both program response and advocacy.

Under the PD Component, UNFPA made significant contributions through successful facilitation of ICT-enabled household and population census, in addition to capacity building of national government institutions towards generation, analysis and dissemination of data on population, SRH, HIV/AIDS, gender and youth enabling mapping of inequalities and inform interventions in times of humanitarian crisis. Generation of thematic reports of the census report increases focus on vulnerabilities. Supporting the production of the annual CRVS reports elicited interest, in addition to research with recommendations on how to improve civil

registration. Findings of the National Demographic Dividend study enabled rethinking towards focusing development investments in young people; ICPD@25 put Eswatini in the world profile on population; Status of the Youth report also contributed to providing necessary data to inform the Youth Strategic Plan; among others. However, inadequate government commitment and accountability, in addition to resource constraints inhibit full realization of the demographic dividend bonus which could be realized when investing in population programming and planning processes.

UNFPA CP design and implementation approaches and initiatives are likely to be sustained beyond the current programme period. Development of policies, guidelines, SOPs, manuals, study reports and tools, and implementation within the national development frameworks and government institutions, effective partnerships with international partners and funding sources, learning institutions are well placed to sustain the CP results. Ineffective implementation framework and weak monitoring processes, inadequate data, frequent transfers of staff within the ministries, inadequate commitment of the government and inadequate funds for the interventions at the government level inhibits sustainability.

Overall, the CP Interventions were efficiently implemented towards the achievement of outputs for all programme components. Use of strategic partnerships for wider coverage and strengthening capacities of implementing partners, in addition to the provision of trainings and manuals to guide on processes of compliance, enhanced level of achievement of the CP outputs. Amid limited staff and fund capacity, with high targets and needs, UNFPA has managed to achieve most of the planned results in the CP for implementation. It was also efficient in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs). All M&E activities were implemented for the period. The oversight role by the government was limited to attending stakeholder planning and review meetings due to limited human resources, technical and financial capacities to undertake the same. The monitoring

of results by IPs, especially at the field level was limited, in terms of capturing the processes. There were also weaknesses in defining results measurements with vague statements.

### **Main recommendations**

At the strategic level, UNFPA needs to strengthen national capacity development based on identified gaps to enhance the delivery of services by the national stakeholders; and strengthen strategic partnerships with key government, civil society organizations and academic institutions for enhanced outcome achievement; while maintaining or strengthening coordination within the UNCT. Relevant strategic partnerships with key government and non-government and even private institutions to ensure strong presence in UNFPA's mandate, considering the dwindling funding prospects for the country.

In designing the next CP, UNFPA needs to enhance high-level advocacy to influence strategy and policy implementation, especially at government level, in addition to investing in a more robust results-based M&E framework that promotes objective tracking of performance throughout the programme cycle. Strengthening of M&E mechanisms at individual UNFPA sector levels should also be instituted throughout the CP cycle to enhance results focus and capture.

Programmatically, under SRHR, the CO should consider increasing investment in MNCAH and FP; and strengthening supportive supervision and mentoring of the programme participants. On the other hand, increase focus on building capacity of adolescents and youth networks to meaningfully participate in international, regional and national decision-making platforms, and strengthen CSE to include economic empowerment for the youth and the adolescents. In gender equality and women empowerment, the CO should strengthen evidence-based response through more investment on research and surveillance systems. Further, the CO should aim at strengthening statistical systems capacity for data generation, analysis, and dissemination, as well as advocacy

on use of data to inform development planning to address data needs or gaps in the country.



## CHAPTER 1: INTRODUCTION

The United Nations Population Fund (UNFPA), Eswatini country office is currently implementing 6<sup>th</sup> cycle of the Government of Eswatini / UNFPA Country Programme, which started in 2016 and slated to end in 2020. The country programme addresses population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and Sustainable Development Goals (SDGs)<sup>1</sup>.

The UNFPA Eswatini Country Office commissioned the Country Programmes Evaluation (CPE) in compliance with the 2019 UNFPA Evaluation Policy and UNFPA Evaluation Handbook on how to design and conduct a Country Programme Evaluation<sup>2</sup>. The policy and handbook guided the design, management and governance of the CPE process, in addition to the ten general UNEG principles as well as the four institutional norms.

### 1.1 Purpose and Objective of CPE

The purpose of this evaluation was to assess the programme performance, and document lessons for continued improvement, greater accountability and transparency<sup>3</sup>. The objective of the CPE was threefold: (i) enhancing accountability of UNFPA for the relevance and performance of the country programmes; (ii) broadening the evidence base for the design of the next programming cycle; and (iii) generating a set of clear forward-looking and actionable recommendations logically linked to the findings and conclusions.

The UNFPA Eswatini CO, national partners and relevant government departments, development partners including Civil Society Organizations, Communities and Independent Evaluation Office

(IEO) and the UN agencies represented in the country are the intended audience and users of the CPE process and the findings.

The Specific objectives of the CPE were:

1. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress of the UNFPA Programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
2. To provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results
3. To assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e. what worked well and what did not work well;
4. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

### 1.2 Scope of the Evaluation

The evaluation covered all the four geographic regions of the Kingdom of Eswatini where UNFPA implemented interventions and assessed its performance in the technical areas of Sexual and Reproductive Health, Adolescents and Youth, Gender equality and women's empowerment and Population Dynamics, in the period from January 2016 to July 2019. Development Assistance Committee - Organization of Economic Cooperation and Development (DAC-OECD) evaluation criteria of relevance, effectiveness, efficiency and sustainability; as well as coordination with the UNCT, guided the conduct of the evaluation.

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<sup>1</sup> See The UNFPA Eswatini 6<sup>th</sup> Country Programme Evaluation Terms of Reference

<sup>2</sup> Ibid

<sup>3</sup> Ibid

## 1.3 Methodology and Process

### 1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation design was a non-experimental mixed method, which was informed by the revised UNFPA Evaluation Handbook on how to design and conduct a CPE and followed four OECD-DAC<sup>4</sup> criteria of Relevance, Effectiveness, Efficiency and Sustainability as well as those on strategic positioning of UNFPA within the UNCT of Coordination<sup>5</sup>. The evaluation design intended to evaluate the outcome level results achieved by the country programme, following its theory of change and logic model, evaluation purpose and questions. From this understanding, the CPE took into consideration two levels of analysis, where the four OECD-DAC evaluation criteria entailed analysis of UNFPA programmatic areas; and analysis of UNFPA's strategic positioning in the UNCT and country. On the other hand, the level

of analysis of the across the evaluation criteria and related questions took the form of both programmatic and strategic positioning respectively. Since the evaluation was majorly qualitative in nature with the amount of data collected being large, from and a small number of participants, in addition to being nonnumeric, non-experimental design best fitted this purpose.

The ToR further suggested the ten Evaluation Questions (EQ) under each of the evaluation criteria, which the consultants adopted, with modification to the efficiency questions to ensure completeness. The Evaluation Matrix<sup>6</sup> guided data collection and analysis during the evaluation. These EQ were as stated in Table 1.1 below. The methods for data collection and analysis were determined by the type of evaluation questions formulated to test the assumptions, as contained in the matrix. On the other hand, Table 1.2 gives the relationship between the evaluation questions and the CPE analysis strategy.

*Table 1.1: Evaluation Questions by Criteria*

EQ No.	Criteria
EQ1	<b>Relevance:</b> To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners. To what extent did the country office has correctly analysed and interpreted the ongoing needs in the country and respond in light of changes and/or additional requests from national counterparts, and shifts caused by external factors.
EQ2	<b>Relevance:</b> To what extent is the current programme reflective of UNFPA policies, strategies and transformative results agenda as well as global priorities including the goals of the ICPD Program of Action and SDGs? Was the programme aligned with the Government Priorities and Strategies throughout the programme period?
EQ3	<b>Effectiveness:</b> Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?
EQ4	<b>Effectiveness:</b> What were the constraining and facilitating factors and the influence of context on the achievement of results?

<sup>4</sup> The OECD/DAC Criteria for International Development Evaluations  
<https://www.oecd.org/dac/evaluation/49756382.pdf>

<sup>5</sup> See The UNFPA Eswatini 6<sup>th</sup> Country Programme Evaluation Terms of Reference

<sup>6</sup> Annex 2

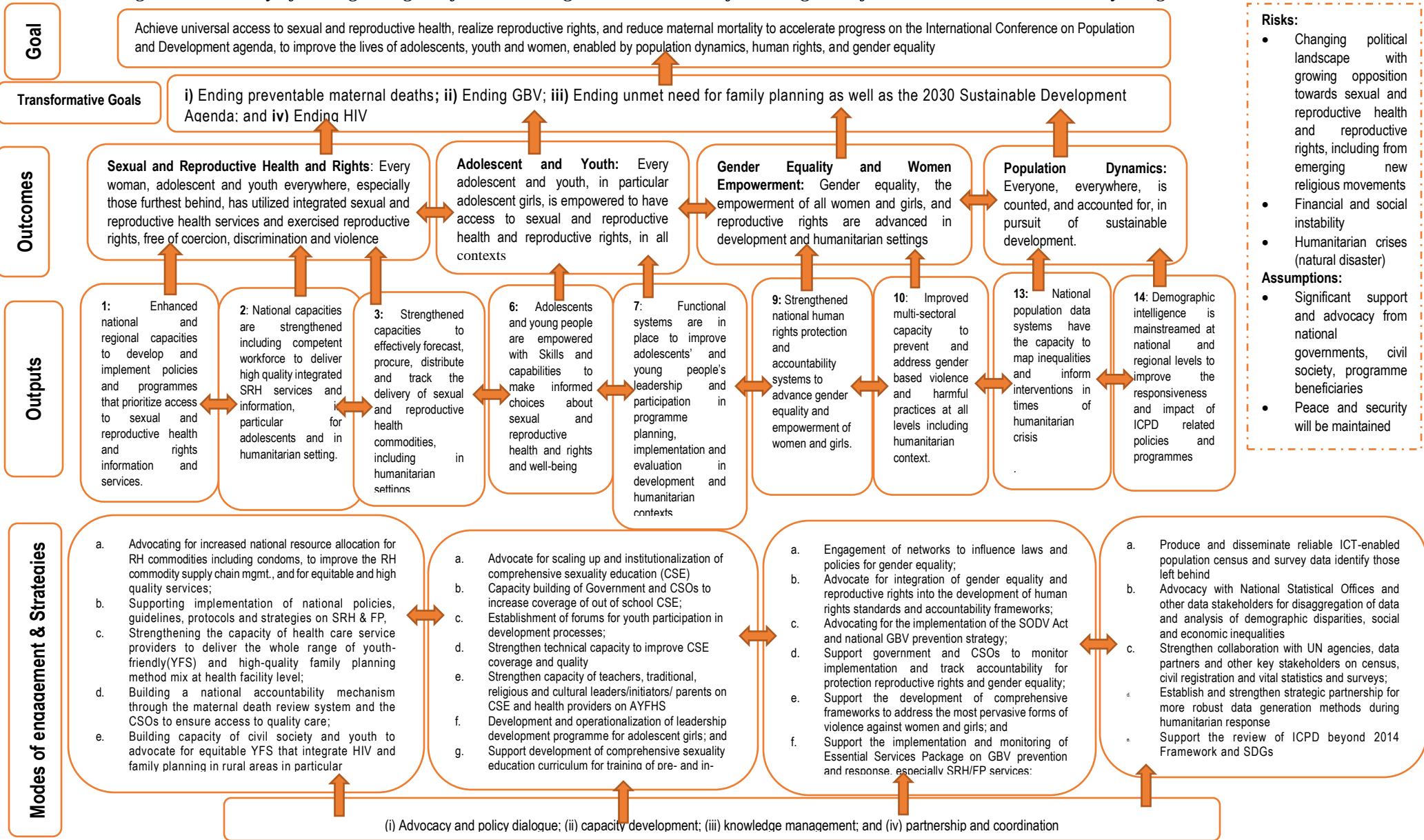
EQ5	<b>Efficiency:</b> To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the country programme? To what extent are results effectively and efficiently measured and contributing to accountability in programming?
EQ6	<b>Sustainability:</b> Are programme results sustainable in short and long-term perspectives? How has UNFPA Eswatini ensured sustainability of its programme interventions?
EQ7	<b>Sustainability:</b> Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?
EQ8	<b>UNCT Coordination:</b> To what extent has the UNFPA Eswatini country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
EQ9	<b>UNCT Coordination</b> To what extent is the UNFPA Country Office coordinating with other UN agencies in the country, particularly in the event of potential overlaps.
EQ 10	<b>UNCT Coordination:</b> To what extent does the UNDAF/CPD fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

In compliance with and to guide the evaluation process, an Evaluation Matrix (**Annex 4**) was developed, including the ten evaluation questions, assumptions, indicators, data sources and data collection methods. It guided the framework on which the evaluation was based, including the reporting and analysis levels.

The evaluation was conceptualized based on the country programme’s theory of change (ToC). This entailed analysis of the expected results from the various components interventions, approaches and strategies employed, in addition to the contextual factors (both risks and assumptions) as well as their influence on the desired results. The ToC, developed during alignment of the CP to the global UNFPA

Strategic Plan provided the framework for this design. The evaluation team however reconstructed this into a framework, linking the various results emanating from the interventions by components, in addition to the modes of engagement and strategies, risks factors and critical assumptions across the results chain. The reconstructed ToC incorporated the transformational goals, modes of engagement and strategies in each component. The reconstructed ToC is contained in Figure 1.2. The reconstructed ToC guided the development of the evaluation matrix which in turn provided the framework within which data was collected and analysed, in addition to presentation of findings, conclusions and recommendations.

**Figure 1.1: Theory of Change Diagram for the Re-aligned Government of the Kingdom of Eswatini/UNFPA 6<sup>th</sup> Country Programme**



### 1.3.2 Selection of the Sample of Stakeholders

The need to ensure objectivity in providing feedback on the performance of the CP informed the sampling strategy for the country programme evaluation. The stakeholder selection employed purposive sampling technique to represent the country programme as comprehensively as possible, and was finalized in consultation with the CO staff and ERG members. These included national level stakeholders including UNFPA CO staff and implementing partners at national, regional and constituency levels, strategic partners, and beneficiaries.

The selection of the stakeholders in the CPE depended on the size of resource allocation, type of implementing partners, length of engagement with the CP and the interventions implemented during the period of review. The team strived to ensure that a balance was struck based on the magnitude of the programme component, as recommended in the UNFPA Evaluation Handbook on how to conduct CPE. The final sample size for key informant interviews/FGDs/site visits included stakeholders and beneficiaries from all the four components of the CP. A full list of the participating stakeholders is contained in Annex 2.

### 1.3.3 Methods for Data Collection and Analysis

A mixed method was undertaken for the evaluation process to collect primary and secondary data, and to analyse the data guided by evaluation question as relevant from each of the sources. Both qualitative and quantitative data was collected. The evidence in this evaluation included data collected from the field, literature review, direct observations, structured and semi-structured interviews, key informant interviews (KII), focus group discussions (FGD), and secondary sources. Quantitative data majorly entailed review and analysis of programme and related literature. The methodologies and the

target respondents are explained in the section that follows.

The CPE also adopted participatory approaches to engage the stakeholders, to ensure ownership discuss freely about the programme, and allowed to propose what would work for them to make the programme better in their own context. Extensive consultations with key stakeholders represented in the ERG were undertaken to conceptualize and build consensus on the study approach (including the tools to be used) and to clearly articulate the desired output.

The evaluation team also made deliberate efforts to consider collection of data allowing for analysis of gender-disaggregated data, where possible to allow for in-depth understanding of the various population groups targeted by the programme.

#### 1.3.3.1 Data Collection Process

**I. Literature Review:** This process entailed review of programme-related documents and analysis of the content to elicit the CP design, implementation and management, including structural delivery processes within the implementation framework. The consultants conducted the initial review of programme documents to inform the design report of the CPE, and continued with the process, including sourcing for evidence from programme reports, enriching the quality and content. A list of documents reviewed are contained in Annex 3. These are referenced appropriately in the report, providing evidence-based feedback on the programme performance.

**II. Focus group discussion (FGD) –** The FGDs were essentially designed to gather information among primary programme beneficiaries, including those benefiting from UNFPA capacity building interventions. These included government institutions, research partners, health facility staff, adolescent and youth centres, and community level beneficiaries, among others.

The discussion guides used were designed thematically to gather information regarding the extent to which the programme achieved its intended results, in addition to establishing some of the arising needs or unintended results. This tool was used based on its advantage of collecting data quickly and effectively from a large number of programme beneficiaries. It also has the ability to provide further insights into data obtained from other categories of respondents. Purposive sampling was used for selecting participants in the FGDs to ensure balanced representation of respondents from all the different backgrounds. Seven FGDs were conducted with various cadres of programme beneficiaries across the four programme outcomes.

**III. Semi-Structured Interviews (SSI):** This tool was used to have an insight into the CP implementation process. Information gathered from this method provided clarity on observed trends, experiences and gaps for each component area of analysis. Key informant interviews were held with national stakeholders using semi-structured interview guides. Interviewees included policy makers, government department CP focal points, the UN agencies, UNFPA staff and civil society organisations (CSO) and development partners and donors. All stakeholders supporting the country programme directly/indirectly were interviewed as well as implementing partners. SSI guides were developed along programme thematic areas of SRHR, Adolescents and youth, gender equality and women empowerment, and population dynamics. Cross cutting themes like M&E, protection, HIV among others were also included in the design, guided by the evaluation questions and criteria. The total number of key informants conducted during the CPE was 41.

**IV. Site visits/observations:** The evaluation team undertook site visits to three intervention sites at the national, regional and constituency levels to observe on-going activities and interview implementation partners and beneficiaries. The places visited included ENYC

site in Nhlngano (in the Shiselweni region), Men groups in Siphocosini and the Mbabane Police Station (both within the HHohho region).

### 1.3.3.2 Data Validation Mechanism and Analysis

The evaluation team validated collected data on a routine basis at the end of every data collection day through debriefing sessions, building themes along the CPE objectives. Data analysis methods employed depended on the type of data gathered to contribute to the findings of the report. Qualitative data analysis took the form of content analysis, generating themes along the evaluation questions and criteria. This helped in the transformation of the data from various sources into common themes and understanding of the extent to which results were realized. Secondary data obtained through documentary review complemented primary data (obtained through interviews and focus groups), and sources cited in the text to authenticate the findings. Quantitative data (Country Programme financial data) analysis benefited from MS Excel software, generating graphs and tables to present the findings. Data collected from multiple sources were triangulated to support and validate the evaluation findings. Additionally, the validation of data and report content was sought through regular exchanges with the CO programme staff.

### 1.3.4 Evaluation Limitations

**I.** This CPE was based primarily on qualitative information collected from government counterparts and implementing partners (direct beneficiaries) rather than from programme indirect beneficiaries for evaluation of outcome level results, due to the nature of the design of the CP interventions, which were aimed at strengthening the capacity of the government and its stakeholders to deliver in key areas. The evaluation assessed achievement of the CP outputs and the likelihood of results on the outcome level. The scope of this exercise did not

allow the team to collect quantitative data from the field, thus the analysis and conclusions are based on quantitative data collected from the Country Office through secondary sources. This is already a source of bias. However, the evaluation team triangulated the data sources to make conclusion on arising phenomenon, mitigating on any bias that would have arisen based on data sources.

**II.** The timing of the evaluation has implication concerning the observation of actual effects of the CP interventions. Effects could not be measured, as this required time to monitor the effects of the interventions in the CP. The evaluation team mitigated on this limitation through designing the interview guides to assess the extent to which the CP had contributed to arising changes, while at the same time triangulating with more than one source, especially literature review, to establish status.

**III.** Availability and quality of relevant documents and reports given to the evaluation team. Where these were not available, the evaluation team struggled to get reliable and quality documents that had the required information. The evaluation team used cross validation from stakeholders and staff, in addition to using expert opinions for objective evidence, to mitigate the potential bias. On the other hand, none of the limitations was sufficient to invalidate the evaluation, and the team is confident that a wide, sufficiently representative range of stakeholders was reached at national and community levels.

**IV.** Weak M&E posed inherent gaps in making conclusions on the performance of the CP in various result areas in the framework, especially on a number of achievements at the output levels. However, the evaluation team used triangulation, to qualitatively describe the extent of achievement through a number of data sources.

**V. Unclear Intervention logic.** In analysing the realigned intervention logic, there were inherent weaknesses, and made it challenging assessing the performance of the programme<sup>7</sup>. Establishing the causal linkages between interventions, outputs and indicators was not clear, with some subjectively described, limiting understanding the causal effects. In addition, there is an unclear link in planning processes against the specific results. The evaluation team therefore looked into assessing the contribution of the CP to the bigger picture, as opposed to attribution of the interventions to the results.

### 1.3.5 Ethical Considerations

The evaluation team ensured that ethical standards of confidentiality and protection of human subjects were met. All participants' provided an informed consent following the provision of information regarding the programme and intention of the CPE. As much as possible, all identifiers have been removed to achieve a de-identified data set to protect the respondents. All data that the evaluation team collected were kept in accordance with data security standards as agreed upon with UNFPA.

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<sup>7</sup> See reconstructed Theory of Change in the realigned country programme to the UNFPA Strategic Plan 2018 - 2021

## CHAPTER 2: COUNTRY CONTEXT

### 2.1 Development Challenges and National Strategies

The Kingdom of Eswatini is a landlocked country in Southern Africa with an estimated land area of 17,364 km<sup>2</sup>, making it the smallest country in Southern Africa. The Republic of South Africa surrounds the country from north, west and south directions, except in the east where it shares borders with the Republic of Mozambique. The country is divided into four ecological and topographic zones` namely: the highveld, middleveld, lowveld, the Lubombo plateau, and four administrative regions namely Hhohho, Manzini, Lubombo and Shiselweni.

The people of Eswatini are homogenous as they are one tribe and share a common language (SiSwati), culture and tradition. The country is a constitutional monarchy and uses a dual modern and traditional system of governance. There are 59 *Tinkhundla* with approximately 360 chiefdoms, whereby the Chiefs are a footstool of the King and the King rules through the Chiefs. On the other hand, there exists a Judiciary, Legislature (two Houses of Parliament) and an Executive arm of government led by the Prime Minister.

#### 2.1.1 Socio-Economic Status

Eswatini is classified as a lower middle income country, with a real Gross Domestic Product (GDP) per capita of USD 4,347 in 2019 (World Bank 2019). However, poverty has persisted despite the country's lower-middle-income status. Nationally, 58.9% of Emaswati lived below the national poverty line in 2017. Around 39.7% of the population is estimated to have been living under the international \$1.90 poverty line in 2016 and 88 percent of the people in rural areas are living below the national poverty line.

In the past three years, economic growth has hardly surpassed 2%. In 2014, Eswatini's real GDP growth rate was 2.4% and projected downward to 1.9%. According to the Economic Review and Outlook Report (MOEPD, 2019), the economy 's performance as measured by GDP, was weak in 2018. However, when compared to previous projections from 2018, it is estimated that real GDP grew by 0,6% which is an improvement from the projected -0,4% in August 2018. This was due to improvements in agriculture and agro-processing subsectors, owing to unexpected increases in sugar production.

The slow economic growth attributed to recurrent droughts and falling commodity prices, which have reduced Southern African Customs Union (SACU) revenues (IMF, 2016). It should be noted that the country is also affected by the dynamics at regional level given that it receives revenue disbursements from SACU. Over the past years, SACU receipts consistently made up about half of the revenue for Eswatini, but these have been steadily declining since 2012/13.

SACU receipts declined by 18 percent to E5.8 billion in 2018/19 compared E7.1 billion received in the 2017/18 fiscal year. It is expected that SACU revenues will contribute to approximately 37% of total revenue in the FY2019/20 (Budget Speech, 2019). The Economic Review and Outlook report (2019) projected a 3% decline in total revenues as a result of decline in SACU receipts. Nonetheless, Government is proactively exploring different sources of revenues in order to reduce the reliance on SACU receipts.

The decline in SACU revenues is not the only risk to the economic growth of the country. Other risks include heavy reliance on short-term financing, high unemployment and poverty rates, as well as the new HIV infections and the growing incidence of non-communicable diseases. Youth unemployment in particular is estimated at an alarmingly 44.15% (ILO, 2018) which is a cause for concern as it implies the economy is unable to generate adequate jobs for



new entrants into the market. A demographic dividend analytical study conducted in 2017 revealed that Eswatini is well within the window of opportunity to reap the demographic dividend. The study therefore recommended the need for innovative strategies to address education gaps and the high youth unemployment, which would rapidly lead to the creation of decent employment opportunities and improve human capital, however the country does not have an adequate period remaining to put in place the required strategies as the analysis revealed that the demographic dividend will peak in 2020.

In order to bolster economic growth, the government has tightened fiscal expenditures and further launched an ambitious agenda: to attain first world status by 2022. The government identified five key growth sectors to achieve this agenda, namely, Education and ICT, Mining and Energy, Agriculture, Manufacturing and Agro processing and Tourism. In the short to medium term, the focus would be on ensuring inclusive growth which encompasses the creation of social safety nets to protect vulnerable citizens whilst in the longer term, the goal would be to ensure realization of macroeconomic stability. Of particular note is that the health sector's role in contributing to this agenda is recognized.

### **2.1.2 Population and Health Status**

The recent census conducted in 2017 showed that the population of Eswatini is estimated to be 1,093,238, which is an increase of 74,789 persons from 2007. Notably though, the population growth rate has been on a declining trend over the years. In fact, the census postulates that growth has been less than one percent in the past 20 years. Indeed, this correlates with the Total Fertility Rate (TFR), which has also been on a decline. According to the MICS 2014, total fertility rate is now estimated to be 3.3 births per 1000 women indicating a significant decline from a previous 6.4 and 3.8 in 1986 and 2006/7, respectively. This could mean more and more

women are able to make decisions with regard to their fertility, which augurs well for their health and economic well-being.

It should be noted though that a disaggregation of the indicator reveals that the TFR is higher amongst women residing in rural areas than those in urban areas. According to the Demographic Health Survey (DHS, 2006/07), the rate for urban areas was 3.0 in 2006 and 4.2 births per woman in rural areas. The difference could be due to access to information on family planning, literacy rates or socio-cultural diversity.

### **2.1.3 HIV/AIDS**

The Kingdom of Eswatini has made significant strides in the fight against HIV/AIDS, with more than 85% people enrolled on antiretroviral therapy (ART). The Eswatini HIV Estimates and Projections Report (2018), estimated the national HIV prevalence rate to be 26.77% amongst 15-49 age group. By end of 2018 there were 193 771 adults (15 years and over) and 12 632 children (0-14 years) living with HIV, of which 169,766 whilst for children it is 9,750 are on ART representing 85% of people living with HIV. Prevalence is more pronounced amongst women aged 35-39 at 54.5% whilst it is estimated to be 48.8% among men aged 45-49. On the other hand, HIV incidence is estimated to be 1.78 times higher among women than in men. The period 2015-2018 witnessed a decline in HIV incidence among young people (15-24) from 1.6% to 0.96%.

The enrolment of more people on ART has meant that parents can live longer and as such continue to participate in economic activities and thus take care of their children. It is worth noting though that there are ongoing efforts to enrol pregnant women on lifelong ART. Current estimates show that there has been a reduction in the number of mothers in need of ART from 10,508 in 2015 to 9,932 in 2018 with a projected further decline to 8,148 in 2023.

There is also a relatively high coverage of PMTCT services at 95% which is an increase from 89% in 2013. The 95% coverage is projected to be sustained and/or improve over the next five years.

The Government has demonstrated strong commitment to HIV prevention and response since it was declared a national disaster in 1999, and aims to have an “AIDS free generation” by 2022. The National Emergency Response Council on HIV and AIDS was established in December 2001 to coordinate efforts towards mitigating the HIV/AIDS epidemic. A specific budget exists for procurement of all ARVs and TB drugs leading to a stabilization of the HIV epidemic. Further, the “Umgubudla HIV Investment Case” aims to ensure that investments bear the desired results. HIV/AIDS strategies are now aligned with the global 90-90-90 strategy.

#### **2.1.4 Family Planning**

The provision of universal access to quality comprehensive Family Planning Services is a key aspect of the Essential Healthcare Package and the Swaziland National Family Planning Action Plan. Clients have access to a range of different short and long acting reversible contraceptive (LARC) methods in health facilities at all levels.

There was a significant increase in contraceptive prevalence rate (CPR) from 19% in 1990 to 66.1% in 2014. The increase in the CPR is largely attributed to the use of the condom, strengthening and expansion of programmes on raising awareness and knowledge of family planning methods as well as dissemination of information that have contributed to this positive result. According to the DHS (2006-07) over 90% of women aged 15-49 knew about the male condom, injectable, pill, and female condom. Furthermore, the Ministry of Health SRHR annual reports, 83,7% (190) of all health facilities providing FP services.

Generally, the unmet need for family planning decreased markedly from 24% in 2007 to 13% in 2010. However, current estimates show that it has slightly increased to 15.2% (MICS 2014). This shows good progress towards meeting FP needs of Emaswati women. However, there is still a higher proportion of unplanned pregnancies estimated to be around 64% in 2010. Notably, unmet need amongst the youth and women living with HIV is estimated to be above 30% and 26% respectively.

UNFPA working with Government has put in place relevant FP policies and guidelines. These include the National FP guidelines and the National Condom Strategy (2018-2022) to encourage the use of condoms as a triple protection method for FP, STI and HIV prevention. Further, UNFPA working with the MOH-SRHR Unit and FLAS supported the competency based training of midwives on family planning with a focus on short or long term methods as well as the integration of FP / SRHR services into other services like ART, maternity and gynaecology. According to an FP assessment conducted in 2018, at least 75% health workers were trained on short and long term methods whilst 65% were trained on permanent methods. At least 80% of health workers were trained on integration of family planning with other health services.

#### **2.1.5 Maternal and New-born Health**

Eswatini has made significant strides to increase access to maternal health care services. This is evident by the high skilled antenatal care at 98.5%, skilled birth attendance, 88% and institutional deliveries at 87.7% (MICS, 2014). However, the country has not performed well with regards to the reduction of maternal mortality. In 1990 the MMR was estimated to be 229 /100 000 live births and increased to 589/100 000 live births in 2007 and further to 593/100 000 live births in 2012. Currently, the recent

population and housing census estimated the MMR to be 452/100,000.

Several initiatives were introduced in yesteryears to improve maternal and newborn health and these include Eswatini being part of the Global plan on eliminating MTCT, World Bank support on EmONC, improving quality in service delivery, infrastructure development, (assisting the country in building maternity units. Repositioning of family planning services, integration of SRHR/HIV services, LLAPLA initiatives for HIV positive pregnant women to improve their lives (Lifelong ART and establishment of a surveillance system to monitor maternal deaths, which includes verbal autopsy at community level to capture the maternal deaths at community level (Demographic Dividend Report, 2015).

### 2.1.6 Youth and Adolescents

Eswatini has a very youthful population, with about 37% of the population aged 15 - 34 years, which translates to over 400,000 young Swazis. Of which more than 120, 000 are between the age group 15-19 years. The country has a relatively high adolescent birth rate estimated to be 87 per 1000 and early childbearing at 16.7% (MICS, 2014). Adolescents and youth in the country encounter a broad range of sexual and reproductive health challenges, in particular, youth within the age category of 15-24. These include HIV incidence, SGBV (33%), teenage pregnancy (16%) and school drop out. This was also collaborated by the State of the Youth Report (MOSCYA, 2016). In 2018, the primary school net enrolment rate was estimated to be 95% but at secondary school the net enrolment rate was estimated to be 46.3%. This means that there are less children transitioning to secondary school pointing to low education attainment.

The 2016 study on the extent and drivers of teenage pregnancy in Eswatini revealed that 32,6% of women had begun childbearing by the age of 18 years and 10% were primary school dropped out and 45% senior secondary level. According to a research conducted by the Eswatini Economic Policy Analysis and Research Centre (SEPARC) in 2019, the country has had about 52,000 school drop-outs in the last 10 years of which 8,000 were girls who had to leave school due to pregnancy.

Notably though, the percentage of adolescents giving birth has gradually declined from 17% in 2013 to 15% in 2017 (SRHR report, 2017) and adolescents dying through pregnancy complications comprised 10.5% of all maternal deaths<sup>8</sup>. Nonetheless, the report showed that there needs to be more attention paid to early child bearing. Several programmes have been created to empower the youth on life skills education and AFYHS. Government has been instrumental and pioneered the provision of LSE for both in and out of school youth. Strengthened the capacity of stakeholders and CSOs to design and implement comprehensive sexuality education for out of school youth. Reaching about 90,000 out of school young with SRH, HIB & GBV information. On the other hand, efforts to improve access to sexual and reproductive health information and services (SRHR), by implementing Integrated Adolescent Youth Friendly Health Services programmes, which is a package of healthcare services targeted specifically at young people. Training programmes for Health Care Workers (HCW) have also been established to enhance understanding of sexual and reproductive rights, and dynamism of young people, and to provide services in an accessible and non-judgemental way. In addition, an innovative social media platform was developed and rolled out to increase the reach of young people will accurate and youth

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<sup>8</sup> A Triennial Report 2014-2016 on Confidential Enquiry on Maternal Deaths

friendly messages. About 65,000 registered are using the platform called *TuneMe!*

### 2.1.7 Gender

The Kingdom of Eswatini launched the National Gender Policy in 2010 in recognition of a renewed national focus on gender equity and the empowerment of women. The Policy has a focus on nine thematic areas considered critical in the overall advancement of gender equality in Eswatini: family and socialisation; poverty and economic empowerment; health, reproductive rights and HIV/AIDS; education and training; legal and human rights; politics and decision-making; gender based violence; information, communications and arts; and environment and natural resources. It is important to note that the policy is currently under review and the thematic areas may be modified to address current issues. Most recently, The Kingdom of Eswatini launched the GBV Strategy and Action plan of 2018.

Gender based violence (GBV) is currently a huge health and socioeconomic problem in the country with 48% women in the country experience sexual violence within their lifetime<sup>9</sup>. The DPM's Office also reported from their data that 78% of the perpetrators of violence are male with only 22% being female. Largely, this is due to the nature of the Swati society being patriarchal<sup>10</sup>.

Linked to GBV is violence against children which is also prevalent in the country, with the most prevalent forms of violence against children (VAC) as being violent discipline (88%), sexual violence (38%), bullying (32%), physical violence from an adult/carer and emotional violence (28,5%)<sup>11</sup>.

In order to address both GBV and VAC, the Government put in place the National Gender

Policy 2010 and a costed Swaziland National Strategy and Action Plan to End Violence in 2017. Further, the Sexual Offences and Domestic Violence Act of 2018 establishes an enabling policy environment for responding to GBV and VAC cases.

### 2.2 The role of External Assistance

The net Overseas Development Assistance (ODA) received by Eswatini was US\$224.2 million in 2016/17 of which 78% were grants. In 2017/18, the total ODA declined to US\$ 195,171,885<sup>12</sup>.

The United States was the largest donor accounting for approximately 30% of the total grants received. The health sector claimed the largest share of external assistance estimated at 31.7% in 2017/18. A significant percentage of ODA were allocated to three diseases: HIV/AIDS, TB and Malaria. with the United States and Global Fund being the largest funders at 43% and 34%, respectively. HIV/AIDS getting the biggest share of the allocation. A report by Swaziland Health Financing Services Project; Final Analytical Report (MOH, 2017) highlighted the concern of the huge amount of funds allocated to HIV/AIDS which besides posing potential distortions to the health system, also point to the dependency by government on this one disease area yet it affects only about 30% of the population. Nonetheless, there are attempts by other donor agencies including UNFPA to expand the focus on other areas such as health systems capacity strengthening, SRHR and Youth and Adolescents, among others.

The 2018 Report on External Assistance does not project future ODA trends. However, a previous study to 'Establish a Donor database in the Kingdom of Eswatini' conducted in 2012 by

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<sup>9</sup> National Study on Violence against Children and Young Women in Swaziland (2007)

<sup>10</sup> Patriarchical it's whereby cultural values and norms uphold men's privileges and tend to constrain women's decision making in matters of, amongst others, sexuality and reproductive health.

<sup>11</sup> The National Study on the drivers of violence affecting children in Swaziland (2016)

<sup>12</sup> External Assistance to Eswatini (2018)

MOEPD, predicted a decline of ODA in future years. The decline in ODA would be due to a number of factors including classification of Eswatini as low-middle-income country, which disqualifies it for concessionary lending, poor implementation and absorptive capacity in the public sector”. Nonetheless, there would need to

be a further analysis of the trends to determine the trajectory of ODA in the future.

Of note also is that non-state actors who play an important role in delivering ODA programmes in the country. However, information is lacking on the overall level of contribution by NGOs.

## CHAPTER 3: UNITED NATIONS/UNFPA RESPONSE AND PROGRAMME STRATEGIES

### 3.1 UNFPA Strategic Response

Globally, UNFPA Strategic Plan identified and defined three broad programmatic areas (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. The Strategic Plan places SRHR squarely at the centre of the work of UNFPA. The new UNFPA Strategic Plan for the period of 2018-2021, colloquially known as the “bull’s eye”, reaffirms the strategic direction organized under four outcomes. The

UNFPA Strategy embraces the vision set forth in the 2030 Agenda. UNFPA organized its work around three transformative and people-centred results in the period leading up to 2030. Its goal similar to the SP 2014-2017, is to achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the ICPD PoA. UNFPA has designed its strategic plan to be the first of three consecutive strategic plans that will contribute cumulatively to the achievement of the SDGs<sup>13</sup>.

The UNCT in Eswatini delivers its overall support to the country through the UN Development Assistance Framework (UNDAF 2016-2020), developed according to the principles of UN Delivering as One (DaO). UNFPA is one of the six resident UN entities

present in Eswatini with the country programme aligned to the framework<sup>14</sup>.

### 3.2 UNFPA Response through the Country Programme

#### 3.2.1 Brief Description of UNFPA Previous Cycle Strategy, Goals and Achievements

UNFPA started operating in Eswatini in 1974 and implemented its 5<sup>th</sup> country programme of assistance from 2011 to 2015, whose main goal was address the key drivers of sexual and reproductive health problems, promote the use of population data in national development and gender equality. The programme focused on the UNFPA’s three components of population and development integration, sexual and reproductive health and rights, and gender equality. The programme contributed to the development of key policy documents among the partner ministries and enhanced the capacities of the implementing partners and stakeholders, including enhancing coordination of responses among the CP stakeholders through establishment and support operations of key delivery networks and working groups. The evaluation of the 5<sup>th</sup> country programme cycle recommended the need to develop capacities of national and strategic partners, including collaboration with local institutions to strengthen sustainable approaches to national capacities and enhance sustainability. The evaluation also found it a weakness in the CP where decisions were more top-down than bottom-up, especially in the design and planning for programme activities limiting ownership at the IP level and missing on the underlying factors at the bottom.

#### 3.2.2 Current UNFPA Country Programme

The sixth country programme document (CPD) of the Government of Eswatini and United

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<sup>13</sup> Ibid

<sup>14</sup> <http://sz.one.un.org/content/unct/swaziland/en/home/our-work/resident-un-entities.html>

Nations Population Fund (UNFPA) 2016-2020 was developed during the 2014-2017 UNFPA Global Strategic Plan period, but is currently aligned to the current 2018-2021 UNFPA Global Strategic Plan. This alignment ensured that the CPD incorporated the three UNFPA transformative results, of ending preventable maternal deaths, ending gender based violence and ending unmet need for family planning as well as the 2030 Sustainable Development Agenda. Further, the re-alignment ensured incorporation of the fourth transformative result of ending HIV in line with the East and Southern Africa Regional focus<sup>15</sup>. The CPD is also aligned with the National Development Strategy 2022 and beyond, and the United Nations Development Assistance Framework, 2016-2020<sup>16</sup>.

The overall goal of the UNFPA Country Programme is to contribute to the development and establishment of equal opportunities for men and women in order to improve the quality of life in the Kingdom of Eswatini. Working with and for women and young people through partnerships with the Government, UN agencies, development partners, civil society and private sector partners and stakeholders, UNFPA Eswatini strives to attain universal health access and people centred transformative positive change through the following interventions;

- i. Empower women and the youth, girls and boys, with skills to fulfil their potential, avoid risky behaviours, express themselves freely and contribute to development;
- ii. Promote access to quality integrated sexual and reproductive health information and services that are youth-friendly and gender-sensitive;
- iii. Uphold the rights of women and young people, specifically adolescent girls, to grow up healthy and safe;
- iv. Encourage women and young people to participate fully in design, planning, implementation, monitoring and evaluation of development and humanitarian programmes; and

- v. Leave no one behind in national development plans, policies and programmes.

Guided by an understanding of population dynamics, human rights and gender equality, driven by country needs and tailored to the country context in order to empower and improve the lives of underserved populations, especially women, adolescents and youths, the 6<sup>th</sup> CPD was developed within the framework of the four outcomes namely:

- Outcome 1: Sexual and reproductive health and rights
- Outcome 2: Adolescents and youth
- Outcome 3: Gender equality and women's empowerment
- Outcome 4: Population dynamics

Implementing nine of the 14 outputs set in the UNFPA Global Strategic Plan 2018-2021. Based on the above outcomes, the sixth Country Programme interventions were based on nine outputs.

### **Outcome 1: Sexual and Reproductive Health**

Under this outcome, UNFPA aims to ensure that every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. To achieve the planned outcome, UNFPA aims to achieve the following three outputs

- **Output 1:** Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services.
- **Output 2:** National capacities are strengthened including competent workforce to deliver high quality integrated SRHR services and information, in particular for adolescents and in humanitarian setting.

<sup>15</sup> See Alignment of the Country Programme Document to the New Strategic Plan 2018 -2021

<sup>16</sup> UNFPA Swaziland Country Programme (2016 – 2020) Document

- **Output 3:** Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings

### Outcome 2: Adolescents and youth

Under this outcome, UNFPA seeks to ensure that every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. To realize the outcome, UNFPA aims to achieve the following two outputs

- **Output 6:** Adolescents and young people are empowered with Skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being
- **Output 7:** Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts

### Outcome 3: Gender equality and women's empowerment

In this result area, UNFPA aims at ensuring that gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings. The following two outputs are targeted for realization of the outcome.

- **Output 9:** Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.
- **Output 10:** Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context.

### Outcome 4: Population dynamics

Under this outcome, UNFPA seeks to ensure that everyone, everywhere is counted, and accounted

for, in the pursuit of sustainable development. The planned outputs under this outcome are,

- **Output 13:** National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis
- **Output 14:** Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes

The UNFPA Eswatini 6<sup>th</sup> cycle programme is implemented with direct oversight by the Ministry of Economic Planning and Development, with national execution as the preferred implementation modality, aligned to the capacity of partners and using United Nations 'delivering as one' modalities<sup>17</sup>. In addition, the implementation is through partnership with the Government, the private sector, civil society, academia and development partners and co-financing. Various interventions of the CP are implemented in the four geographic regions of Eswatini namely Hhohho, Manzini, Shiselweni and Lubombo.

### 3.2.3 The Financial Structure of the Programme

UNFPA approved US\$ 7.5 Million as the indicative budget for the sixth Kingdom of Eswatini Country Programme, with US\$ 3.0Million and US\$ 4.5Million designated to come from regular and other sources respectively<sup>18</sup>. This represented a US\$ 1.6Million reduction in budget approved for the Fifth Country Programme financing, which was US\$ 9.1 Million<sup>19</sup>. Out of the approved US\$ 7.5, the Sexual and Reproductive Health and Right component got allocation of US\$ 3.1Million; Adolescent and Youth's allocation was US\$1.8, Population Dynamics had US\$ 1.3; while Gender Equality, and Programme Coordination and Assistance had 0.9 Million and US\$ 0.3 Million

<sup>17</sup> See Alignment of The Country Program Document to the New Strategic Plan 2018 -2021

<sup>18</sup> CPD 2016 - 2020

<sup>19</sup> CPD 2011 – 2015

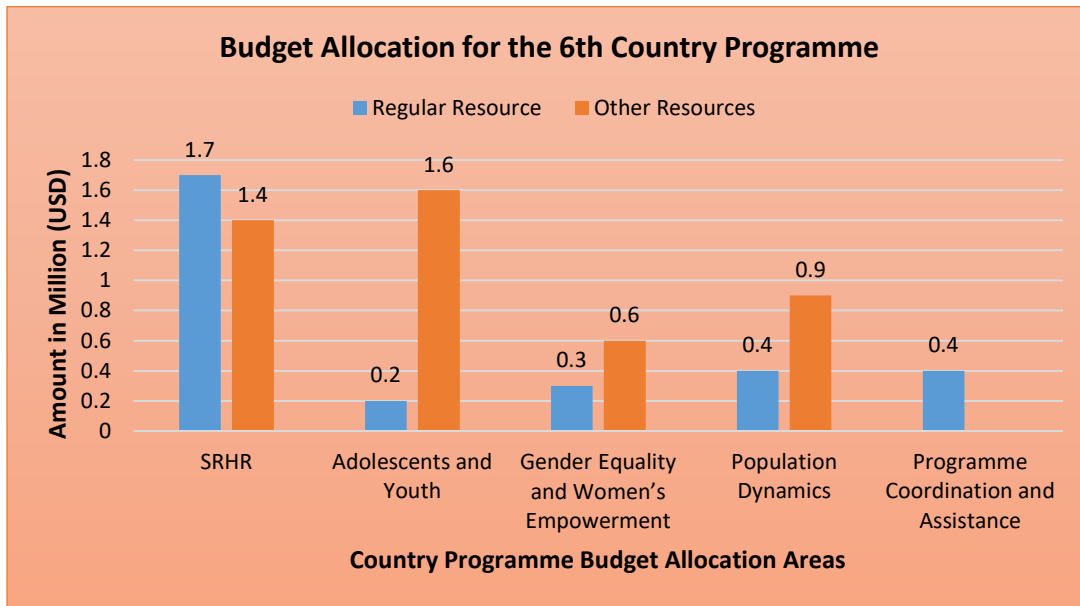


respectively. Figure 3.1 below represents this allocation by sources of the funds.

At the time of the evaluation, the country programme had mobilized US\$ 6.417,787<sup>20</sup>.

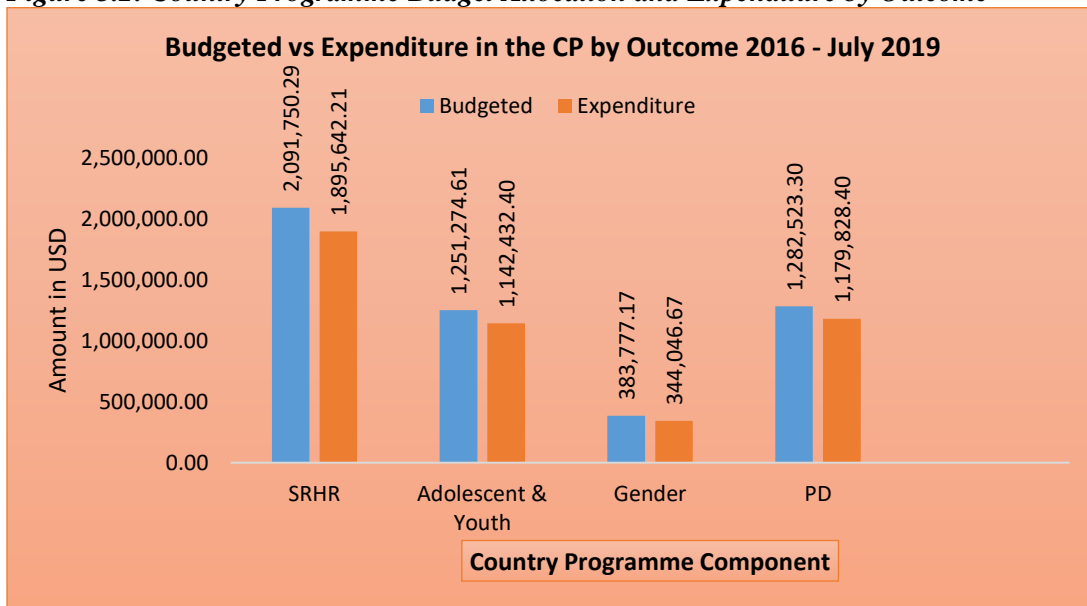
Figure 3.2 shows how this was distributed across the outcomes, in addition to the expenditure levels at the end of July 2019.

**Figure 3.1: Budget Allocation for the 6th Country Programme areas by Sources of Funds**



Source: UNFPA Eswatini CO Financial Analysis Reports (2019)

**Figure 3.2: Country Programme Budget Allocation and Expenditure by Outcome**

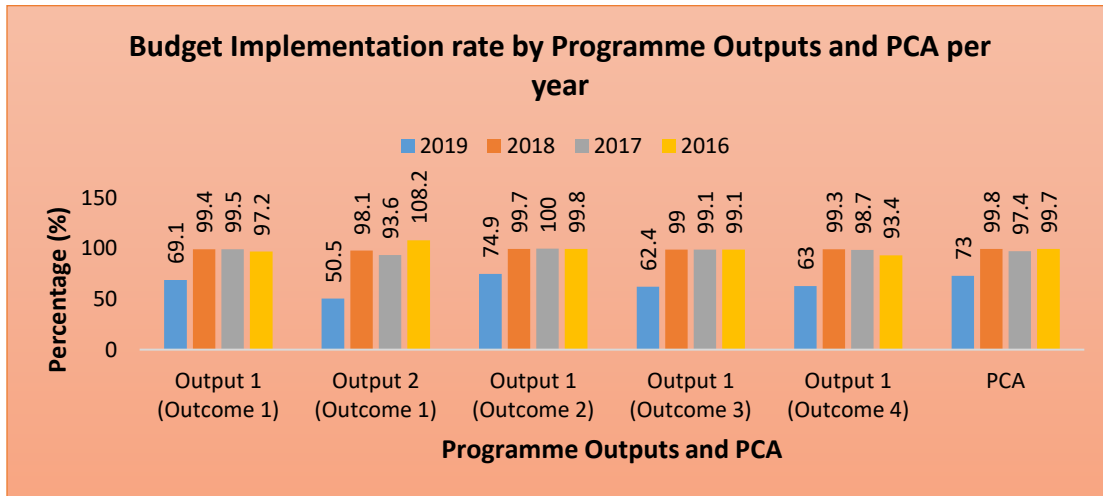


Source: UNFPA Eswatini CO Financial Analysis Reports (2019)

<sup>20</sup> See the CP Financial records capturing the budget and expenditures. This covers up to the 2019 budget amount.

On the other hand, the financial performance of the CP by year per output and PCA shows exceedingly high level of efficiency, with nearly all the rates on expenditure compared to the budget showing more than 97%, except in Output 2 of Outcome 1 in 2017 and Output 1 of Outcome 4. Figure 3.3 shows this presentation across the components.

**Figure 3.3: Financial Performance rate by Programme Output and PCA per Year**



*Source: UNFPA Eswatini CO Financial Analysis Reports (2019)*

## CHAPTER 4: FINDINGS: ANSWERS TO THE EVALUATION QUESTIONS

### 4.1 Introduction

This chapter presents the findings of the CPE, in compliance with the UNFPA Evaluation Handbook on how to conduct Evaluation. It involves addressing the evaluation questions according in relation to the evaluation criteria. The findings have been guided by the evaluation matrix, triangulating multiple data sources as elaborated in the methodology design. The extent to which the results have been realised is described in the text, with some generalized for the interventions of the CP as the feedback is based on opinions expressed on the performance of the programme, especially on the result areas.

### 4.2 Answers to Evaluation Questions on Relevance

***EQ1:** To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners? To what extent did the country office correctly analyse, interpret the ongoing needs in the country, and respond in light of changes and/or additional requests from national counterparts, and shifts caused by external factors*

***EQ2:** To what extent is the current programme reflective of UNFPA policies, strategies and transformative results agenda as well as global priorities including the goals of the ICPD Program of Action and SDGs? Was the programme aligned with the Government Priorities and Strategies throughout the programme period?*

#### Summary of findings:

The UNFPA Eswatini sixth Country Programme is fully aligned with the UNFPA Strategic Plan

2018 – 2021, SDGs and ICPD POA. It is also aligned to the national priorities as stipulated in the NDS 2022 and beyond. It addressed the needs of Eswatini, especially the vulnerable segments such as women, girls, boys and other key populations. The CP was responsive and responded to the UNDAF outcomes addressing women's, adolescents and youth sexual and reproductive health, gender and population and development needs. The CP also demonstrated responsiveness to changes in national needs, particularly during the drought in 2016 and 2017 by committing resources and participating in the response. There was also evidence of incorporation of recommendations from the fifth CP cycle CPE recommendations. Weak M & E mechanisms and limited capacities as well as inadequate commitment to sustain CP results, by making budgetary allocations, and accountability within government and CSOs as well as development partners.

UNFPA CO played a key role in enhancing coordination mechanisms within the UNCT and development partners and government platforms through joint programmes, participating in the development and implementation of UNDAF thematic groups. In addition, UNFPA is taking a lead role in areas of mandate such as SRHR, youth, gender equality and population dynamics. Inadequacy of collective planning processes with the UNCT and resources limited implementation of some activities e.g. H6.

### 4.2.1 Alignment of the Country Programme to UN and UNFPA Global Strategies

#### 4.2.1.1 Alignment with ICPD POA and SDGs

The realignment of the sixth Country Programme interventions and strategies saw the deliberate efforts to strengthen the contribution of the CP in improving the international conference on

population and development (ICPD)-related policies. Throughout the CP, it is evident that the focus is on achievement of the ICPD Plan of Action<sup>21</sup> to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.

The UNFPA global strategic plan that the CP was realigned to is explicit as well as the programme contribution to the Sustainable Development Goals (SDG). Out of the possible 17 SDGs, UNFPA CP directly contributes to SDG 3 on health, SDG 5 on gender, SDG 10 on reduced inequalities, SDG 16 and SDG 17 in the country. The CP is therefore contributing significantly to both the ICPD POA and SDGs.

#### **4.2.1.2 UN Delivering as One (DaO)**

The United Nations Development Assistance Framework (UNDAF), 2016-2020 subscribes to the principles of the “Delivering as One (DaO) approach, which seeks to foster government ownership and to ensure UN agencies and programmes work in a harmonized and unified manner in delivering their mandate in the country. The UNDAF was designed to respond to national priorities as encapsulated in the overarching national strategies including, Vision 2022 and National Development Strategy and implemented by the United Nations Country Team (UNCT), led by the UN Resident Coordinator.

Despite notable efforts amongst the UN agencies to work together in implementing the UNDAF, the concept and aspirations of the DaO are yet to be fully realized. The report of the medium term review of the UNDAF noted that the application of the principles of the DaO exists in as far as having one leader, one office, one budgetary framework and one programme document are concerned.

Notably, opportunities exist to improve joint programming especially in implementing global strategies and supporting multisectoral national programmes<sup>22</sup>. Existing TWGs and National committees also provide an opportunity and platforms for strengthening joint planning and programming which the UN mechanism could fully exploit in its endeavour to ‘deliver as one’.

In adopting the recommendations of the MTR, the UN is in the process of transitioning from an Assistance Framework to a Cooperation framework, which is also a result of reform on development throughout the UN. The transitioning from ‘assistance’ to ‘partnership’ is also based on SDG 17, which emphasizes equal balanced relationship between all key players and avoiding working in isolation<sup>23</sup>. Collaboration and communication amongst UN agencies also needs to be improved to avoid duplication and enhance harmonization. UN Eswatini has inadequate funding to implement its mandate<sup>24</sup>. As such, there is a need to adopt a more innovative delivering strategy suitable for Middle Income Countries and consider south-south cooperation. The UN could also learn and consider being part of triangular cooperation.

#### **4.2.1.3 Alignment with UNFPA Global Strategy**

At the time of the CP, the CPD 2016 – 2020 had fully been realigned to the UNFPA Strategic Plan (SP) 2018 – 2021, with programmatic reports submitted in the global format incorporating all the components of the SP. The CPD was initially implemented under the 2014-2017 SP, guiding the deliverable under the core components of the programme. The realignment saw incorporation of the three UNFPA transformative results, of ending preventable maternal deaths, ending gender based violence and ending unmet need for family planning as well as the 2030 Sustainable

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<sup>21</sup> See Alignment of The Country Program Document to the New Strategic Plan 2018 -2021

<sup>22</sup> KI interview

<sup>23</sup> Ibid

<sup>24</sup> Interviews and document review

Development Agenda and deliberately produced a costed compact of commitment document on ending preventable maternal deaths. This is what is being used to guide the CP programme interventions. The Eswatini 6<sup>th</sup> CP was designed in line with the four outcome areas highlighted in the UNFPA Global Strategy Chapter 3. These components are re-organized under four clusters: (a) **Sexual and reproductive health and rights** focusing on building national capacity for human resources for health and implement policies and programmes. (b) **Adolescents and youth** seeks to ensure empowerment for adolescents and young people and development of policies, programmes and advocacy on adolescent sexual and reproductive health and rights (ASRRH). (c) **Gender equality and women’s empowerment** aims at ensuring national human rights protection

and accountability systems and improved multi-sectoral capacity to prevent and address gender based violence. (d) **Population dynamics** on the other hand seeks to build capacity of the national population data systems and demographic intelligence mainstreaming. These focus areas contribute to the UNFPA bull’s eye aligned to the 2030 agenda for Sustainable Development in figure 4.1.

On the other hand, the country financial reporting is still not aligned to the SP. Financial documents accessed from UNFPA indicated that the CP outputs on which reports were made, were still having two output in outcome 1, and one output each for the other three outcome areas<sup>25</sup>.

*Figure 4.1: UNFPA Strategic Plan 2018-2021 incorporating the SDGs*



<sup>25</sup> See financial documents with budget and expenditures. These are reported with the previous Outputs areas and PCA,

showing that the financial systems did not change with the alignment to the SP

## 4.2.2 Relevance and Responsiveness to the Country's Needs

### 4.2.2.1 Sexual and Reproductive Health and Rights

The SRHR component and related outputs are appropriately aligned to existing national policies and strategies. These include the National Health Sector Strategic Plan (2014-2018), National Sexual Reproductive Health and Rights Strategic Plan (2014-2018), National Condom Strategy 2018-2022, National Family Planning Action Plan 2013-2015, Compact of Commitment on Maternal Health – 2018-2020, National Multisectoral HIV and AIDS Strategic Framework and *Umgubudla* HIV Investment Case 2015-2022. The CP fully operationalises the National SRHR policy of 2013 and the National AYFHS standards of 2017. These strategies collectively address the issues of quality service provision especially women, adolescent and young people. Implementation of the CP strategic interventions led to the reduction of unmet need for family planning, increasing the contraceptive prevalence rate and provision of integrated SRHR for all groups<sup>26</sup>.

The CP interventions under the SRHR outputs were also designed to respond to Vision 2022, which is the overarching strategy for the country, as well as the National Health Sector Strategic Plan, National Development Strategy and Poverty Reduction Strategy and Action Plan. UNFPA CO has contributed through leadership and Technical guidance in developing policies, strategies and guidelines to improve knowledge and skills of policy makers and health service providers.

The CP response was informed by evidence of priority population needs highlighted particularly in the Demographic and Health Surveys and various national studies (see Chapter Two). This informed the need to expand the evidence base and inform programming were also undertaken with several surveys and assessments conducted such as the Survey on the availability of

contraceptives and life-saving maternal health drugs within health service delivery (2017). The CO supported national assessments such as socio-cultural factors promoting and or hindering SRHR service access by young people to inform evidence-based programming and ensured that the programme remains relevant to the needs on the ground.

### 4.2.2.2 Adolescent and Youth

The outputs under the Adolescent and Youth component are aligned to the National Youth Policy 2009, National Multisectoral HIV and AIDS Strategic Framework 2015-2018, Free Primary Education Act of 2010, Education Sector Policy (2018) and Children's Protection and Welfare Act 6 of 2012. At the macro level, the government of the Kingdom of Eswatini has also espoused the importance of the protection of the rights of the child and young persons in the Constitution and as well as the realisation of basic needs (especially education and health) captured in Vision 2022.

Programming and design of interventions were informed by available evidence sourced from various studies and surveys including the analytical work on the DHS (2006-2007), MICS (2014), National Demographic Dividend and the Population Census (2007). Other evidence bases included the study on Socio Cultural Factors influencing utilization of sexual and reproductive services by among youth in Swaziland (2016) as well as the Annual Education Census reports which are derived from the Education Management Information Systems. The State of the Youth Report (2015), also informed the design of the activities under each of the outputs in this component.

Technical documents to guide service provision were jointly developed by UNFPA, CSOs and government. These included National LSE curriculum/manual for both in and out of school youth. In addition, a draft National Policy 2019 and National Youth Strategy (2019) has been reviewed. On the other hand, National AYFHS

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<sup>26</sup> Women, young people and adolescents.

standards and guidelines to promote access to health services by young people.

#### **4.2.2.3 Gender Equity and Women Empowerment**

The sixth Country programme is aligned to the county needs and the needs of the beneficiaries in Eswatini. This is supported by its alignment to the national objectives as outlined in the National Development Strategy (vision 2022) and the Action Plan, which provides the guiding framework for macro-economic policy and strategy formulation. It outlines government commitment to gender equality and equity and mainstreaming gender into all national programmes, plans and activities. The NDS is further operationalised through the Poverty Reduction Strategy and Action Plan (PRSAP), which identified gender issues as key to eradicating poverty, which affected women the most.

The design and interventions of the 6<sup>th</sup> Country Programme was also in support to the implementation of the Constitution of Eswatini (2005), National Gender policy (2010), National Children's Policy 2009, National Plan of Action for children 2011-2015, Social Development Policy (2010): Education Sector Policy 2018 and the National SRHR Strategy 2013. This was evident to the choice of interventions that created an enabling environment for responding to GBV in the country which has been a challenge. The CO supported the enactment on the Sexual Offences and Domestic Violence Act 2018, National Strategy to End Violence in the Kingdom of Eswatini 2017-2022, Guidelines for Health Sector Response to Sexual Violence-Clinical Management (2018), National Guidelines for the Multi-sectoral Responses to Gender Based Violence Eswatini.

#### **4.2.2.4 Population Dynamics**

The population dynamics (PD) component of the programme is consistent with the national

priorities and designed to address development needs of the country. In the realigned programme document, the PD focuses on enhancing the ICPD programme of action, which puts population at a central position towards attainment of sustainable development. In the Kingdom of Eswatini Strategic Roadmap 2018 – 2022, identification of skills requirement for employment creation, inadequate response to gender diversity and that on the needs of the special groups e.g. youth and people living with disability. These are in agreement with the PD component's focus on strengthening the capacity of various development stakeholders to availing data on the same for a more focused response to reduce inequality. As evidence, UNFPA supported production of analytical annual CRVS Report, which is aimed at improving accuracy of demographic benchmarks in the country.

There is evidence of consultation of the targeted beneficiaries of the CP on the existing needs to be addressed, to ensure they are consistent to and take into account the needs of vulnerable populations during implementation of the programme. Planning processes during the design and implementation of the programme also indicate decisions targeting areas of gaps and selection of target beneficiaries of the CP interventions<sup>27</sup>. In addition, experience during the 5<sup>th</sup> CP highlighted the need for in-depth disaggregation and up-to-date data was needed to strengthen capacity in data generation, and advocacy for implementation of development policies and programmes<sup>28</sup>. In the course of engagement during implementation of the CP component, there was evidence of responsiveness of UNFPA in addressing arising needs that may not have necessarily been planned for in the CP, especially on technical assistance, but were necessary for the realization of national development agenda or strengthening capacities in the areas of needs. Government leadership and enabling policy environment facilitated the implementation of the CP strategic interventions. All these bring out the relevance and

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<sup>27</sup> Interviews with IPs and UNFPA staff

<sup>28</sup> See Alignment of The Country Program Document to the New Strategic Plan 2018 -2021

responsiveness of the CP in addressing population needs of the country.

### 4.3 Answers to Evaluation Questions on Effectiveness

*EQ3: Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?*

*EQ4: What were the constraining and facilitating factors and the influence of context on the achievement of results?*

#### Summary of findings

- a. UNFPA contributed immensely to the national coordination of the planning process and implementation of interventions through TWGs and various committees, which eased implementation of the country programme. This further resulted in the strengthening of capacities within the MOH, IPs and CSOs to lead implementation of their respective programmes
- b. Notable progress was achieved regarding integration of programmes within the SRHR component (e.g. FP-HIV-SRHR & GBV integration). This has improved the delivery of services at regional and health facility level as confirmed by the stakeholders interviewed.
- c. Capacity building including development of guidelines, SOPs and standards as well as training of health care workers has improved the quality of service provision and consequently improved some of the key indicators related to FP, SRH and MNCH.

- d. Successfully supported the government to roll out Life Skills Education for in and out school. More than 98 % (271/272) secondary schools are providing LSE. Reaching approximately 130,000 learners. On another hand, UNFPA increased reached of young people through social media and or technology (Eswatini Tune Me Application). The country office continued to reach hard to reach youth through the Girls Leading Our World and Brothers Reaching Out Initiatives in 60 communities reaching about 1300 adolescents girls and 1200 young men. The CO piloted a PCC initiative. A total of 80 mothers were reached. Involvement of different actors at different levels including the youth and adolescents themselves was key in achieving planned activities. The CO's interventions with regard this aspect has created demand for services directed at youth and adolescents. UNFPA improved coordination and partnership as well as leveraging of partners working in the youth development agenda in Eswatini. Government leadership was instrumental in the implementation of the contentious LSE.
- e. The CP significantly contributed towards creating an enabling environment towards GBV prevention, response and management. This is evident in the CP support towards the development of, strategies, guidelines, response structures and engagement of men and boys strategies to mitigate and prevent gender inequality and social norms and the role of men to end injustice and promoting gender equality. However unavailability of up-to-date data and lack of a robust monitoring system for GBV and institutionalisation of response system are still a gap.

#### 4.3.1 Sexual and Reproductive Health and Rights

**Table 4.1: Summary Table with planned and achieved results of the CP in the Sexual and Reproductive Health and Rights Outcome**



**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Outcome 1 Indicators:

- Skilled birth attendance rate; Baseline: 88.3% (MICS 2014); Target 92% (2020)
- Contraceptive Prevalence Rate; Baseline: 66.1% (MICS 2014); Target 70% (2020)
- % of health care facilities integrated sexual and reproductive health services; Baseline: 9% (SAM 2013); Target 50% (2020)
- FP Unmet need; Baseline: 15,2% (MICS 2014); Target 10% (2020)
- % of young people aged 15 -24 reporting usage of condom during first sex; Baseline:49% (male) and 43% (female); Target 70% (2020)
- % of service delivery points at national level with no stock outs of contraceptives in the last six months; Baseline:71%; Target 95%
- Adolescent birth rate; Baseline:87/1000; Target 70/1000 (2020)
- Percentage of health facilities reporting no stock out of three modern contraceptives in the last three months; Baseline:71%; Target: 95%

**Output 1:** Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services including resources through.

<b>Output Indicators, Baseline and Targets by June 2019</b>	<b>Key interventions (planned in CPD)</b>	<b>Achievements against Output Indicator Targets</b>
Number of Maternity Care facilities with at least one SOPs derived from the national guidelines; Baseline: (2/11); Target; (11/11)	<ul style="list-style-type: none"> <li>● Supporting implementation of national policies, guidelines, protocols and strategies on integrated family planning, including dual protection. This is done through;               <ul style="list-style-type: none"> <li>○ Supportive supervision to maternity care facilities</li> <li>○ Development of National Antenatal Care Guidelines and tools to contribute to safe deliveries</li> <li>○ Conducting Continued Medical Education (CMEs) quarterly meetings for maternity care facilities</li> </ul> </li> <li>● Supporting quarterly maternal death audit confidential enquiry in health facilities providing maternity services.</li> </ul>	Upon alignment of the Country Programme with the UNFPA Strategic Plan 2018 - 2021, this is among the new indicators that were introduced for capturing. Since the alignment took place after the 2019 work plans, the results in this could not be captured, while the activities continue to be implemented by the SRHR sector and planned for reporting in 2020.
Number of up-to-date guidelines, protocols and standards for health-care workers for the delivery of high-quality integrated sexual and reproductive	Supporting implementation of national policies, guidelines, protocols and strategies on integrated family planning, including dual protection.	<b>Seven guidelines and or protocols/ standards developed.</b> These are: 1. National FP guidelines 2. National Condom Strategy

<p>health/HIV and gender-based violence management services for adolescents and youth; Baseline: 2; Target: 8</p>		<ol style="list-style-type: none"> <li>3. National ASRH pre-service module for nursing &amp; midwifery schools</li> <li>4. National AYPFHS standards</li> <li>5. National AYPFHS in-service manual</li> <li>6. FP-ART SOPs</li> <li>7. National SGBV Guidelines</li> </ol> <p>All the practicing documents have disseminated and more than 1500 HCWs had been oriented on its use.</p>
<p>Percentage of health facilities integrating family planning in all maternal and HIV service entry points. Baseline:74%; Target: 90%</p>	<p>Strengthening the capacity of health-care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level.</p>	<p>This indicator is planned for reporting in 2020 according to the newly aligned reporting format. The CO however conducted FP/ART Integration assessment in health centres, hospitals and ART Sites; and Supporting supportive supervision and mentoring at health facilities. FP/ART SOPs developed, capacity building of Health Care Workers conducted, and introduction and expansion of Implanon NXT with reduced side effects suitable for HIV with the aim of expanding FP-HIV integration.</p>
<p>Percentage of health facilities providing youth-friendly integrated family planning services; Baseline: 59%; Target:80%</p>	<p>Strengthening the capacity of health-care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level.</p>	<p>From the Service availability and readiness assessment (2018), a total of 87% facilities are providing adolescent youth-friendly health services.</p>
<p>Comprehensive HIV/SRH Package in place; Baseline: No; Target: Yes</p>	<p>Strengthening the capacity of health-care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level.</p>	<p>A comprehensive HIV&amp; SRH Package in place and a total of 10 MoH staff trained; SRHR IEC materials printed and health sector response guidelines rolled out with 20 staff oriented on it; and SRHR scorecard updated<sup>29</sup>.</p>
<p><b>Output 2:</b> National capacities are strengthened including competent workforce to deliver high quality integrated SRH services and information, in particular for adolescents and in humanitarian settings.</p>		

<sup>29</sup> See 2019 Q2 Report

Number of facilities conducting Continued Medical Education (CME) at least twice a quarter on MNCAH issues; Baseline: 3/11; Target: 11/11	Building the capacity of health-service providers on integrated non-discriminatory youth-friendly service provision;	This indicator is planned for reporting in 2020 according to the newly aligned reporting format. The CO however conducted where two maternal death reviews and focused skills building sessions in MNH were conducted respectively. multidisciplinary team discussions were also conducted at health facilities with regards to strengthening CME. At the time of the CPE four facilities had been reached.
Health sector rapid response programme incorporates sexual and reproductive health rights/HIV and gender-based violence in humanitarian preparedness plans. Baseline: No; Target: Yes	Providing technical assistance to integrate sexual and reproductive health and HIV in the health sector's emergency preparedness plans to cater for the needs of affected populations.	<b>Yes.</b> The health sector response programme successfully incorporated SRH/HIV/GBV issues in planning, implementation and preparedness plans.
<b>Output 3:</b> National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings.		
Percentage of generic contraceptives and RH medicines procured; Baseline:60%; Target;90%	Provide TA on supply chain management and partner with regional institutions on cross- border supply chain solutions.	This is among the new indicators that were introduced for capturing due to alignment. Since the alignment took place after the 2019 work plans, the results in this could not be captured, while the activities continue to be implemented by the SRHR sector and planned for reporting in 2020. At the time of the CPE report, 70% had been achieved, according the SRHR unit.
Country adopted total market approach (TMA) to increase access to and uptake of FP services; Baseline: No; Target: Yes	Provide TA on LMIS M&E; Commission research on supply chain management, policy and programming.	<b>No.</b> More sub-analysis required to inform decision on adoption, and this did not happen.

This component of the country programme had three key implementing partners, namely Ministry of Health (MoH), AIDS Health Care Foundation (AHF) and The Family Life Association of Swaziland (FLAS). In addition, the component had strategic partners, which contributed immensely to its delivery. These included; Population Services International

(PSI), Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), National Emergency Response Council on HIV/AIDS (NERCHA), President's Emergency Plan for AIDS Relief (PEPFAR), United Nations Children's Fund; Joint United Nations Programme on HIV/AIDS, World Health Organization; the media; and academia.

When designed, the SRHR component was to ensure increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access, targeted to be realised through two output areas. This however changed in 2018 during realignment of the CP to the UNFPA Strategic Plan 2018 – 2021. This led to the component aiming to ensure that every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. This also led to the component aiming at realization through three output areas. UNFPA facilitated implementation of this component through technical and financial support.

#### **4.3.1.1 National and regional capacities enhanced to develop and implement policies and programmes on access to sexual and reproductive health and rights information and services.**

UNFPA contributed immensely to building national and regional capacities to deliver quality healthcare services. A key approach adopted was coordinating stakeholders involved in SRHR, FP and MNCAH through several platforms including TWGs, clusters and providing technical and financial support in policy development and capacity building. The TWGs contributed to the development of practicing documents and/or strategies in each area and present progress reports on a quarterly basis<sup>30</sup>.

UNFPA succeeded in pioneering the establishment of a National Condom TWG, which has strengthened partnership between players in addition to guided delivery of services, messaging and coordinated response<sup>31</sup>. This

brought in order, with all partners currently focusing on one goal, eliminating competition; in a field where partners previously followed their individual targets for condom distribution, campaigns, among other decisions. Resources are also pooled together in order to realise aspirations of the Condom strategy which encompasses approaches for improving and implementing a comprehensive condom programming for the country as well as the correct and consistent use of condoms.

The TWG has worked collaboratively to dispel myths and misconceptions on condom use, engaging the public in forums and disseminating information on access to condoms, including the correct and consistent use of condoms. Quarterly data reported by partners is consolidated to inform planning and feed into HIV prevention. Progress has been made to put systems in place to generate data from partners and to produce condom data reports. UNFPA further provided technical support in building the capacity of CSOs to perform their oversight role. There is however, inadequate evidence on condom preference in the country, and this limits decision-making for adequate response. There is however a planned Condom Preference Study which may inform this.

The CO collaborated with other partners to support the Ministry of Health SRH Unit to develop standards, guidelines and SOPs in order to improve the quality of service provision in healthcare facilities. The following were developed in the period of review;

- National Adolescent Sexual and Reproductive Health Training Manual for Health Workers (2016),
- National Family Planning Service Guidelines (2018)
- Family Planning and HIV integration Standard Operating Procedures (2018)
- Family Planning Literacy Module (2018)

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<sup>30</sup> KI Interviews

<sup>31</sup> Ibid

- Guidelines on clinical management of GBV cases (2018)

The CO further supported the MoH on training in the use of the guidelines and SOPs, orientation of health workers, dissemination and on mentorship and supportive supervision to health facilities<sup>32</sup>. Even though, most of the guidelines are being used by healthcare workers on a daily basis, more effort still has to be done towards disseminating them to all health facilities and training and full utilization<sup>33</sup>.

The CO made notable strides in supporting the integration of FP into SRH, GBV and services. There is registered improved service provision of FP in HIV care sites. At the end of 2018, 74% of health facilities had integrated FP into HIV and maternal care services, a 39% increase from 2013.

The period also saw the review of FP/HIV Care Integration SOPs (2013), with dissemination planned for towards the end of 2019 for operationalization. On the other hand, efforts and discussions are ongoing to integrate FP into ART service delivery points<sup>34</sup>.

UNFPA supported the MOH to implement a comprehensive HIV/SRH package through training of health workers on VIA and cryotherapy. All facilities are now able to provide cervical cancer screening as part of the services package offered, with educational materials on cervical cancer produced and distributed in all health facilities and communities.

The CO facilitated the development of Cervical Cancer Guidelines and trained 10 healthcare workers on the same. The training encompassed theory and practical sessions conducted off-site enhancing competency. Notably, UNFPA catalysed the focus on cervical cancer, which galvanised more support in this area by other

partners including PEPFAR who injected more funding for the training of health workers on cervical cancer. The MOH now intends to integrate all cancers because of the effectiveness of the cervical cancer guidelines<sup>35</sup>.

The CO supported the Ministry of Health to develop the Compact of Commitment on Maternal Health – 2018-2020, which primarily aims to address the relatively high maternal mortality ratio in the country. Evidence for developing the Compact of Commitment was also drawn from the Triennial Confidential Enquiry on Maternal deaths (2018). To strengthen coordination on this area, the CO also supports the functions of the National Maternal Death Review Committee

(MDRC).

In order to improve the provision of youth friendly services in health facilities, the CO increased the capacity of the Ministry of Health to institutionalize adolescent and youth friendly health services. This is evident by the policies, strategies and standards developed. The CO developed a National AYFHS standards and pre and in-service modules to standardize service prevention. More than 1500 HCWs have been trained on these practising documents. The development of the AYFHS standards was informed by a comprehensive assessment on the state of Youth friendly services in health facilities. Notably, 87% of health services are providing adolescent youth-friendly health services.

An ASRH training manual was successfully piloted and rolled out which has led to the improvement of services for adolescents. Further, ASRH standards were developed and disseminated to all health facilities in an effort to improve service provision. The MOH has fully

UNFPA is a success story around integration. They are the drivers behind integration of FP into HIV, Cervical cancer into HIV response, and facilitating development of integrated M&E system for data capture in the service register – *KI from Ministry of Health*

<sup>32</sup> Ibid

<sup>33</sup> Ibid

<sup>34</sup> KI Interviews and document review

<sup>35</sup> KI Interviews

embraced the initiative to ensure that each health facility is adolescent youth-friendly health services, providing the necessary services required by the youth and adolescents<sup>36</sup>. The CO further reported that 37, 877 adolescents and youth were reached with SRH, HIV and GBV information and services through mobile clinic outreach services.

#### **4.3.1.2 National capacities strengthened to deliver high quality integrated SRHR services and information, in particular for adolescents and in humanitarian settings.**

The CO conducted several capacity building initiatives aimed at improving the quality of services in health facilities.

One of the notable initiatives was the Competency-Based Training for FP implemented through a tripartite arrangement involving the Ministry of Health, Southern African Nazarene University (Nurses Training Institution) and Family Life Association of Swaziland (NGO)<sup>37</sup>. The SANU offered the training in four capacity building sessions comprising 2 weeks of theory and 4 weeks of practicum. The clinical practicum was conducted in high volume sites resulting in over 300 midwives being trained on all family planning methods. The trainees were mainly nurses from clinics, public health units, health centres and hospitals (maternity wards). There were also 45 National Nurses Trainers trained on the insertion of the Implanon NXT, and tasked with cascading the trainings to other health facilities. Skills and knowledge were also imparted to the trainees on other family long acting reversible contraceptives (LARC) including IUCD and Jadelle.

The competency based training for FP made a significant difference on health workers skills due to its strong practicals and post training evaluation that were done. It added value to them

by being enrolled in a recognized training institution and they attested to gaining good skills in FP. What also made the programme highly successful was that it was an MOH led negotiation process from its launch to certification and publicity. There is a need though to evaluate the programme from a college perspective and also build on its continuity and sustainability and consider rolling it out to other colleges. (MOH interview). This effort resulted in the increased uptake of implants from 3,616 in 2014 to 6,782<sup>38</sup> in 2017 as well an increased uptake of IUD.

Furthermore, the trainees' understanding of the rights of adolescents to FP was improved hence they became more open to accepting adolescents at health facilities seeking services. Clients who were previously referred to private or NGO clinics for implant insertion can now access this service at a health facilities closer to them. On the other hand, the training improved the capacity of the faculty at SANU to offer similar programmes, in addition to making considerations of introducing a Master's programme on FP<sup>39</sup>.

The CO supported the execution of Maternal Death surveillance throughout the implementation period. Thirty health workers were trained on MDSR implementation including the Regional Health Management Team from Hhohho region<sup>40</sup>. The support also involved conducting national confidential audit reviews of maternal deaths which essentially was part of monitoring services provided to pregnant women who delivered in health facilities. The maternal death reviews were used to inform the Triennial report whilst on the other hand there is a database now in existence ensuring ease of monitoring by the MOH<sup>41</sup>.

The CO supported on development of MDSR guidelines and this aided quality assessments, which are conducted on a periodic basis. Staff

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<sup>36</sup> Ibid

<sup>37</sup> KI Interviews and document review

<sup>38</sup> Ibid

<sup>39</sup> Interviews

<sup>40</sup> Ibid

<sup>41</sup> Ibid

continue to be sensitized and supported on compliance with the existing protocols and guidelines. Mentoring and support supervision on the application of the guidelines were also strengthened.

An FP literacy module for expert clients, rural health motivators and community health workers was developed through support from the CO. The purpose of the Module is to provide these lay cadres with evidence based SRH knowledge, which they can transmit to communities to ensure referrals for families are done on time. This effort also involved orientation of 47 community health workers on the module.

#### **4.3.1.3 Capacities strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in health units, health centres and hospitals (maternity wards) for integration of FP**

UNFPA successfully supported the strengthening of LMIS, quantification of FP commodities and strengthened capacity to track deliver of FP commodities at the CMS and regional level<sup>42</sup>

The CO supported the establishment and capacity to manage the FP Logistics Management Information System (LMIS) used for reporting, ordering, and enhanced quantification processes. Because of the support, feedback indicated that stock-outs of FP commodities significantly reduced and hardly experienced. Jadelle was however reported to be out of stock for almost the whole of 2019 due to supplier-related challenges.

Further, the FP warehouse is now merged with the main CMS warehouse ensuring the integration of warehousing, distribution and procurement. Staff that were previously supported by the UNFPA were absorbed into government, ensuring continuity and strengthening of CMS capacity to manage FP commodities. The CMS is now able to monitor

quantities that are being distributed and render support to health facilities that are lagging behind especially in terms of reporting. Notably though, there is improved frequency of reporting amongst health facilities. The CMS is also able to calculate consumption of FP commodities as part of the tracking and reporting process. There is also improved monitoring of FP commodities which are placed separately from other pharmaceuticals.

The CO was able to build capacity of pharmacists on quantification and further supported the quantification of commodities over a three-year period. Staff at CMS were also capacitated on the aspects of ordering, reporting, product use and storage in health facilities for medicines and pharmaceutical products and services. In an effort to ensure the availability and accessibility of FP commodities, the CO supported the MOH with procurement of injectable, IUCDs, and implants which significantly reduced the occurrence of stock outs in health facilities.

The CO also facilitated the implementation of the market approach for FP study whose purpose was “to apply total market principles and methodologies to a range of available modern contraceptive commodities, to support the design of more effective FP programmes that meet the contraceptive needs of women (and men) in the Kingdom of Eswatini, and contribute towards universal FP coverage”.

Even though there was consensus amongst stakeholders on the importance of the TMA, it is yet to be adopted in the country. Stakeholders raised several bottlenecks that may hinder adoption of the TMA including potential compromise of the quality of products with the opening up of the market, variation of skills amongst FP providers which may affect the quality of service provision; new taxes that would likely drive up commodity process and absence of a system to monitor private FP providers. Generally, there is a need to conduct further FP cost-benefit analysis and research, reaching more

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<sup>42</sup> Ibid

adolescents and rural women and engaging of the private sector.

Evidently, the CO made a significant contribution towards SRHR in the Kingdom of Eswatini. This is not only through the current programme cycle but also considering past programmes over the years which led to improvements in the total

fertility rate, HIV incidence and maternal mortality rate. However, there are still some gaps that remain to be addressed. These include the issues of internal migration (mostly involving job seekers migrating from rural to urban areas), SRHR for persons living with disabilities and key populations and inadequate investments on MNCH care and midwifery skills.

### 4.3.2 Adolescent and Youth

**Table 4.2: Summary Table with planned and achieved results by CO in Adolescent and Youth Outcome**

<b>Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</b>		
<ul style="list-style-type: none"> <li>Percentage of young people aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission; Baseline: 50.9% (male) and 49.1% (female); Target 70% (male and female)</li> <li>Proportion of women (aged 15-24 years) who are involved in decision making for contraceptive use.; Baseline:65%; Target: 75%</li> </ul>		
<b>CP Output 6:</b> Adolescents and young people are empowered with Skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being improved, including through comprehensive sexuality education.		
<b>Output Indicators, Baseline and Targets by June 2019</b>	<b>Key interventions (planned in CPD)</b>	<b>Achievements against Output Indicator Targets</b>
Comprehensive Sexuality Education Youth resource package in place; Baseline: No; Target: Yes	Advocate for scaling up and institutionalisation of comprehensive sexuality education both in and out of school.	A national LSE manual for out of school youth has been developed under the auspices of the Ministry of Sports, Culture and Youth Affairs. ENYC is using it to reach out of school youth . In addition, national LSE curriculum for in school youth has been rolled out to all (100%) secondary schools.
Number of adolescents and young people reached through <i>TuneMe</i> mobisite; Baseline: 35,414 (2018); Target: 60,000	Establishment of forums for youth participation in development processes.	A total of more than 90,000 young people have been reached with SRHR, HIV, GBV information and services, through tune me, reed dance and LSE session for out of school youth. In addition, more than 130,000 learners have been reached with same through the in-school LSE curriculum. <sup>43</sup>

<sup>43</sup> TuneMe platform



Existence of a comprehensive sexuality education curriculum for teacher training schools; Baseline: No; Target: Yes	Strengthen technical capacity to improve comprehensive sexuality education coverage and quality with a focus on curricula, pedagogy, monitoring and evaluation.	Work is ongoing on piloting CSE via CSTL in teacher training institutions. A draft pre-service module has been developed & printed. Teacher training institutions to pilot the module have been identified. Lecturers from the identified schools have been trained on LSE..
Number of government institutions and civil society organizations with capacity to implement comprehensive sexuality education programmes for out of school adolescents and youth; Baseline:1; Target: 4	Capacity building of Government and civil society to increase coverage of out of school comprehensive sexuality education programmes through the community engagement and mobilisation approaches.	Three government institutions supported as well as 3 CSOs were trained <sup>44</sup> .
<b>CP Output 7:</b> Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts.		
Number of youths serving organizations and associations trained on SRHR for participation on youth development programming; Baseline: 14; Target: 20	Continuous engagement to influence laws and policies and enhance adolescent and young people uptake of integrated SRH/HIV services and information.	A total of 23 YSOs and YLOs were <i>trained on SRHR, HIV, GBV and Leadership</i> '

The Adolescent and Youth component benefited from various partnerships aimed at ensuring 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 in the country. these were Deputy Prime Minister Office, Ministries of Health; Sports, Youth and Culture Affairs; Education; National Emergency Response Council on HIV/AIDS, Swaziland National Youth Council, United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), and the media. In 2018 during the alignment of the CP to the UNFPA Strategic Plan 2018 – 2021,

the focus of the component changed to enabling every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts in the Kingdom of Eswatini. It further led to the component having two output areas, which was initially one. UNFPA facilitated implementation of this component through technical, coordination and financial support.

#### **4.3.2.1 Empowerment of Adolescents and young people with Skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being**

<sup>44</sup> Annual Report 2017 and 2018

The CO made significant strides in implementing interventions under this output, working with several partners. UNFPA pioneered the coordination and partnership as well as leveraging of partners working in the youth development agenda in Eswatini. UNFPA and UNICEF worked on a joint national baseline on AYPHS, following the launch of the National AYPHS standards. UNFPA led the development and inclusion of HIV prevention component in the Global Fund grant, where CANGO, Bantwana Initiative, UNFPA, UNICEF collaborate in supporting the MoET to roll out LSE for in-school youth.

The CO supported the implementation of the Life Skills Education (LSE) programme in collaboration with the Ministry of Education and Training. Support was also given to the Ministry of Sports, Culture and Youth Affairs and Eswatini National Youth Council (ENYC) and CSOs to strengthen their capacity in designing and implementing LSE for out of school youth<sup>45</sup>.

The support toward LSE for in-school youth involved, curriculum development, capacity building (face to face and online training) support at pre-service level on developing a manual for core support and SRH and GBV learning. Building capacity of teacher training institutions, building capacity of in-service teachers, technical capacity on building capacity on programming, support on strategic capacity particularly attending regional meetings and participating in national dialogues (MOET interview). The expectation is that CSE will influence adoption of protective behaviour against HIV acquisition, early sexual debut and gender-based violence.

The support from the CO also encompassed integration of LSE at primary level in all subjects at the primary school level (matrix supported with SYP funds), trained curriculum designers who have developed lessons for Grade 1 and currently preparing designs for Grade 2. The Shiselweni region primarily benefits from the

support but the MOET has endeavoured to involve all other regions through leveraging of resources.

The CSE programme has led to the creation of demand to learn more about SRH issues amongst young people and adolescents. Another off-shoot of the programme is the integration of teenage pregnancy strategies in the revised National Education Sector Policy such as LSE, SRHR and gender equality. Some schools are already implementing the policy including the re-integration of dropouts (especially pregnant pupils) into the learning system. Feedback sessions were created for learners and teachers to share experiences on how the programme is working. The CO also supported Government to implement and scale up LSE for in-school youth whereby 100% secondary schools are providing LSE reaching out to about 130,000 pupils<sup>46</sup>.

On the other hand, the CO supported the ENYC to implement a programme on empowering out of school youth and adolescents on life skills education which included development of an LSE manual for out of school youth. The programme focused on the Shiselweni Region whereby 20 communities were engaged and over 400 young people and 40 per educators reached<sup>47</sup>. There is also a vibrant youth group meeting every Friday at the Nhlanguano ENYC Youth Centre with consistent participation. The interviews with the youth revealed immense benefits from the learning sessions using the Manual, especially on issues of values, rights, and adolescent development, which empowered them to make the right choices. At the time of the CPE, there were plans by the ENYC to establish a youth centre in the Lubombo region because of successful programme in Shiselweni region.

There is need to include entrepreneurship as a significant component of the LSE curriculum; build capacity of youth on leadership skills; provide access to counselling/psychosocial support services; regularly communicate with the

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<sup>45</sup> Interviews

<sup>46</sup> Interviews and document reviews

<sup>47</sup> Interviews and document reviews

youth in both print and electronic media and ensure the youth lead development or facilitation of their own programmes.

The CO also worked with several partners to establish teen clubs around the country, which are attached to health facilities, schools and *Tinkhundla* for ease of access to services and mentorship. At the time of the CPE, there were 34 teen clubs existing; 10 in Shiselweni and 24 in Hhohho regions<sup>48</sup>. The Teen clubs have incorporated MNCH and FP components into their activities, unlike previously when they were focused more on HIV. The CO also facilitated development of Teen clubs curriculum to standardize the messaging. The youth also participated in cultural events, especially at the reed dance, reaching more than 75,000 adolescent's girls with SRHR, HIV & GBV information and services.

UNFPA supported the implementation and scale up of the '*TuneMe!*' programme, which is an interactive online platform, geared towards the youth and adolescents, providing them with information on SRHR and other life skills. The platform is accessed through a website/mobisite and through a downloadable software application. There are approximately over 90,000 youth and adolescents enrolled and actively participating on the mobisite website with over 120,000 page views and approximately 15,000 youth subscribed with the *TuneMe!* app<sup>49</sup>. Youth in urban, peri-urban and rural areas are able to access and use the *Tune Me!* platform even though there needs to be more efforts made to increase access to rurally based youth and adolescents. The lack of promotional materials and equipment also hinders efforts to reach out to more youth and adolescents

#### **4.3.2.2 Leadership and participation adolescents' and young people's in programme planning, implementation and evaluation in development and humanitarian**

#### **contexts improved through establishment functional systems**

The CO has pioneered the establishment of adolescents and youth networks to advocate and meaningfully participate in international, regional and national decision making platforms. A total of more than 96 youth led and youth serving organizations have been brought together. These are from the community, regional and national levels. On the other hand, UNFPA is working with CANGO on the establishment of National Youth Consortium. This consortium involves all partners working in the youth arena.

Moreover, the CO provided support to Peace Corp and Kwakka Indvodza (KI) to implement community based resilient building and leadership initiatives among the youth namely the Girls Leading Our World (GLOW), Brothers Reaching Out (BRO) and Man of Tomorrow initiatives respectively. Peace Corps reached 3,926 girls and 1,160 boys and young men through 120 clubs for GLOW and 60 clubs for BRO in estimated 60 communities<sup>50</sup>. Whereas KI reached 235 boys and young men (15-25 years old, in and out-of-school)<sup>51</sup>, from underserved peri-urban communities underwent an intensive curriculum of HIV prevention knowledge and services, gender sensitivity, GBV and economic empowerment. KI male-focused youth centres based in community provided opportunity for service delivery, follow up and complementary services, such as psycho-social support and career guidance.

This was done with an aim of improving leadership skills and SRHR knowledge amongst the youth and adolescents (Document review). All the two approaches used involved young people and youth in the design and leadership of the program at community level, which acted as an advocacy platform lead by young people. Involving young people in adolescent and youth

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<sup>48</sup> Interviews

<sup>49</sup> Interview

<sup>50</sup> GLOW & BRO Eswatini 2018 stakeholders report

<sup>51</sup> Document review

in advocacy, capacity development and demand creation is a potentially high-impact intervention that the CO engaged in during the 6th CP<sup>52</sup>. The concepts used by the CO through its IPS developed capacity of young people and engaged young people in ASRH advocacy, peer education, youth outreach, and ASRH, this was noted by the number of clubs under Peace Corp were 92% of GLOW clubs and 83% of BRO clubs are being introduced and maintained by Swatis<sup>53</sup>. Though such examples of ownership are there, it sets an excellent showcase for other communities and IPs to follow and institutionalize same approach in order to address youth related challenges in a sustainable manner. The CO pioneered the coordination and partnership as well as leveraging of partners working in the youth development agenda in Eswatini. It is through this approach that a National ASRH TWG was established and meet quarterly to deliberate on youth issues and set targets and strategic direction.

The CO also capitalized on these clubs to engage in interventions that took SRH information to where young people are through *TuneMe* a platform for SRH learning and information, the club members acted as ambassadors/recruiters.

This integration of activities was viewed by beneficiaries to have greatly enhanced ease of access to SRH information by the youth through interesting, youth friendly solutions<sup>54</sup>. However, there is still a gap and challenge to measure the intensity or quality of these interventions and their outcome results<sup>55</sup>, an area requiring further IP focus.

### 4.3.3 Gender Equity and Women Empowerment

#### Summary Findings

The CP significantly contributed towards creating an enabling environment towards responding to GBV in the country. The CP support to the development of strategies, guidelines, response structures and engagement of men and boys strategies to mitigate and prevent gender inequality and social norms and the role of men to end injustice and promoting gender equality, showcased this. However, unavailability of up-to-date data and lack of a robust monitoring system for GBV and institutionalisation of response system are still a gap.

**Table 4.3: Summary Table with planned and achieved results of the CP in the Gender Equality and Women Empowerment Outcome**

#### Outcome 3: Gender equality, empowerment of all women and girls and reproductive rights are advanced in development and humanitarian settings

Outcome indicators:

1. Functional and compliant tracking and reporting mechanisms on sexual and reproductive rights and gender equality; Baseline: No; Target: Yes
2. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months; Baseline: 4831 /10504 (National surveillance system, 2016); Target:4500;
3. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the last 12 months; Baseline: 5673/10504; Target: 2400/5250
4. Gender inequality index; Baseline: (64%) (source: Gender & Development Index 2016, DPMO); Target:80%

<sup>52</sup> KI interview

<sup>53</sup> Document review, KI interview

<sup>54</sup> KI Interviews and FGD

<sup>55</sup> KI interviews, document review

<p>5. Percentage of women aged 15 - 49 years who think that a husband /partner is justified in hitting or beating his wife/partner under certain circumstances. Baseline 19.9%; Target :15%</p> <p>6. Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care; Baseline:66.1% CPR only (MICS,2014);</p>		
<p><b>CP Output 9:</b> Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.</p>		
Output Indicators, Baseline and Targets by June 2019	Key interventions (planned in CPD)	Achievements against Output Indicator Targets
Swaziland has a functioning referral system for gender-based violence response Baseline : No; Target : Yes	Coordinate and establish GBV referral networks in the four regions of Eswatini	Yes. Four regional GBV referral networks as a build up from the lessons learnt from the implementation of the Network in the Shiselweni region.  Even though it was not clear on what ‘functionality’ implies, interviews reported that the referral system that exists is prone to duplication due to variation of services offered by stakeholders, and that cases do not have unique identifiers, and therefore stakeholders would report the cases as unique.
Number of stakeholders capacitated on the objects and contents of the SODV Act; Baseline:0; Target 4	ToT for GBV referral networks	Yes. UNFPA participated in the build up to the enactment of the SODV act of 2018. A ToT for GBV referral network partners on the SODV Act 2018 was conducted with 15 participants from different stakeholders and each of the ToT was provided with a copy of the Act.
Availability of action plan for implementation of accountability frameworks recommendations for advancing gender equality and empowerment of women and girls and promoting human rights; Baseline: No; Target Yes;	Action plans	Planning on accountability fireworks were ongoing at the time of evaluation.
<p><b>CP Output 10:</b> Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context.</p>		
Number of civil society organizations with the capacity to design and implement programmes engaging men and boys on gender-based violence), sexual and reproductive health and rights. Baseline:0; Target:5	Capacity building	Capacities of 20 organizations built.

<ul style="list-style-type: none"> <li>Number of sectors oriented on national multi-sectoral guidelines on GBV; Baseline: 0; Target: 4</li> </ul>	Orientation on National Multi-sectoral guidelines on GBV	One sector was oriented
<ul style="list-style-type: none"> <li>At least 40 percent of yearly gender-based violence reported cases reported in the justice system concluded; Baseline: No; Target: Yes</li> </ul>	GBV surveillance	<p>Even though this is tracked through the National GBV surveillance System, it was also not contained in the in the SIS as this is among the new indicators adopted after realignment. It will be reported on at the end of the CP.</p> <p>The target here though not meaningful in informing achievement based on results.</p>

This component initially aimed to attain advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. This however changed in 2018 during realignment of the CP to the UNFPA Strategic Plan 2018 – 2021; and the aim changed to ensuring gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings. Additionally, the component targeted for attainment through two output areas, unlike previously when it was only one. This also led to the component aiming at realization through three output areas. It was implemented in partnership with the Deputy Prime Minister’s Office; Ministry of Health; United Nations Children’s Fund; World Health Organization; United Nations Development Programme; Swaziland Action Group Against Abuse; Royal Swaziland Police; the media; academia; and Parliament. It is worth noting that this component involved high level advocacy to influence changes in the legal framework to address response in gender equality and women empowerment in the country. UNFPA facilitated implementation of this component through technical and financial support.

**4.3.3.1 National human rights protection and accountability systems Strengthened to advance gender equality and empowerment of women and girls.**

Collective advocacy by the Gender consortium and other development partners including UNFPA led to the enactment of the Sexual Offences and Domestic Violence Act (2018). This resulted from the renewed commitments by the government of Eswatini in the course of the advocacy efforts on the issues of gender equality and women empowerment and its commitment to international protocols and charters of which the country is a signatory. The advocacy efforts heightened by stakeholders, led by UNFPA saw the passing of the Bill into law<sup>56</sup>. UNFPA working together with the Department of Gender and Family Issues (DGFI) significantly created an enabling policy environment to respond to issues of GBV in the country<sup>57</sup>. This was through consultative process to develop a number of instruments that included the National Strategy to End Violence in Swaziland 2017-2022 and the Costed Action Plan for the National Strategy to End Violence in Swaziland. UNFPA have also collectively worked with other UN agencies (UNDP, UNCEF, WHO) to support the review of the Marriage Act, National Gender Strategy and

<sup>56</sup> KI interview

<sup>57</sup> KI interview, Document review

the Persons with Disability Act. In collaboration with government, civil society, the UN and development partners two advocacy campaigns on gender equality have been conducted. Government under the leadership of the DPM launched the High Level Task force on Violence and the National Strategy and Action Plan to End Violence in Eswatini.

Integration of gender equality and reproductive rights into the development of human rights standards and accountability frameworks. UNFPA collaboratively financed and technically supported the development of the National Guidelines for the Multi-Sectoral Response to Gender Based Violence in Eswatini and the Guidelines for Health Sector Response to Sexual Violence – Clinical Management. The guidelines are tools to enable stakeholders in the GBV sector to understand their roles and responsibilities and integration of gender equality<sup>58</sup>. UNFPA worked very closely with DGFI to ensure implementation and coordination. In addition, UNFPA supported capacity building initiatives for GBV referral Network Members/organizations and health care workers to understand issues of GBV: handling of GBV survivors and prosecution of GBV perpetrators and GBV in emergencies.

UNFPA provided leadership and resource mobilization to support the GBV indicator Study with SZL 30000 mobilized from CANGO and Gender Links supported with TA. However, the activity has not been implemented because the mobilized resources are still insufficient to fully cover the activity.

The CO is working with an indigenous NGO in the country, the Swaziland Action Group Against Abuse, (SWAGAA) to conduct the mapping of NGOs, CSOs and government institutions intervening on Gender Based Violence prevention and response in the four regions of Eswatini in order to facilitate capacity building on implementation of the Sexual Offences and Domestic Violence (SODV) Act and the National

Strategy to end Violence. A Training of Trainers (ToT) was conducted with the GBV referral network partners on the SODV Act 2018. This enhanced their capacity to respond to issues of GBV and the need by the community to be up-to-date since the communities they work are looking upon them as government officials and civil society to be knowledgeable on the act<sup>59</sup>. UNFPA has also been identified as a key partner by the government on the SODV Act (KI interview) as they were requested to orient the Parliamentarians on the Act. However, there are still myths and misconceptions around the SODV Act among stakeholders in the country, which threatens its effective implementation. Feedback from stakeholders interviewed cited inconsistency in messaging, inaccessibility of the act and lack of public education.

#### **4.3.3.2 Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context**

Building on experiences and lessons from implementation of the fifth Country programme activities, UNFPA documented the implementation of the GBV referral network as a concept for responding to GBV and providing GBV care and support services. GBV prevention and response partners in the four regions was mapped to create a database of all GBV prevention and response stakeholders. The rolling out of the GBV networks was implemented with the leadership of SWAGAA as the network moderator. The stakeholders were oriented on the concept and buy in was very high<sup>60</sup>. The GBV-RN conducted regular quarterly meetings where stakeholders shared information and deliberate on GBV cases that needed collaboration among partners. This platform was also used as an information sharing and dissemination for new developments in GBV

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<sup>58</sup> KI interview, Documents Review

<sup>59</sup> KI interview

<sup>60</sup> Ibid

response, with orientation on SODV act and the Guidelines for the Multi-sectoral Response to Gender Based Violence. The GRN helped the stakeholders to understand the roles and responsibilities and the comparative advantage each partner have in response to GBV cases as well as resources leveraging<sup>61</sup>.

The investment to strengthen and support GBV-RN is a tactical approach to changing models of responding to GBV drivers and assisting GBV survivors. The composition of multisectoral (average 25 institutions) enables a wide range of actors to inspire and lead the drive to influence positive responses to assist survivors of GBV in complementary and comprehensive ways. These networks provide a strong infrastructure to scale up advocacy and speak in one voice<sup>62</sup>.

However, there are gaps that included the lack of institutionalisation of the GBV-RN activities into various organisations, capacity challenges with the coordination institution- the DGFI due to resource challenges and lack of standardised referral tools, which makes it difficult to track cases.

The GBV-RN is an opportunity for strengthening the National GBV surveillance system as GBV stakeholders are clearly mapped and regularly meet. However, lack of clear and comprehensive monitoring tools to clearly showcase the level of response as currently the stakeholders report on case each member attended to which comes with very high incidences of double counting<sup>63</sup>.

**GBV essential services** – Using the Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines for the UN Joint Programme, UNFPA trained stakeholders in the GBV response sector. The training was aimed at ensuring that the

stakeholders provide comprehensive care to victims of sexual violence. After the capacity building 200 girls<sup>64</sup> accessed the essential service package. This does not reflect the actual number of girls reached after the capacity building as some of the organisation were not reporting.

UNFPA played a key role in integration of gender-based violence in humanitarian preparedness and response, and recognized as a key partner for coordination during the response to the 2016 drought that was experienced in the country. UNFPA as the chair of the social protection cluster they technically supported a study on the impact of drought on social protection systems at community level. During the drought, UNFPA distributed dignity kits to the tune of US\$ 8000 to selected vulnerable households, even though the supply could not reach all those in need. This brought to light the need to integrate SRHR and GBV in disaster response in the country. However, the collaboration of UNFPA with the National Disaster Management Agency (NDMA) was more limited, as it does not reflect fully the potential contribution of UNFPA as the country is moving towards disaster reduction and resilience building.

Document reviews and key informant interviews revealed that UNFPA worked with two partners in ensuring capacity building for organisations to design and implement programmes engaging men and boys in gender equality (including gender-based violence) sexual reproductive health and rights. Two assessment of the national capacity was conducted with the Men Engage Network<sup>65</sup> and capacity gaps were identified and a ToT (20 people) was conducted to address the gaps. The partnership with the Men Engage Network leveraged resources from Sonke Gender Justice who provided facilitation. However, inability of the concept to showcase the

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<sup>61</sup> Interviews

<sup>62</sup> Interviews and document review

<sup>63</sup> Interviews

<sup>64</sup> Document review

<sup>65</sup> Men Engage Network is a membership organisation working with a network of 37 organisations that engage men on issues of gender.



downward infiltration of services to community level was reported to have been a challenge.

Later in the CP period UNFPA partnered with Kwakha Indvodza (KI) to implement a community based comprehensive package of adolescent behaviour change sensitizations. The 15 session curriculum themed “Men of Tomorrow” covered the key areas: **Social responsibility:** (Gender Awareness and Masculinity, GBV, Consent Sex relationship, fatherhood and Community Based Social responsibility), **Financial Independence:** (Goal setting, Networking career guidance, entrepreneurship and business planning) and **Male Health:** (SRHR, HIV, FP and Sexually transmitted Infections (STIs). A combined total of 479 boys and men (25-25 years) went through the training and a total of 174 were linked to health care services (HIV testing, VMMC, STI screening)<sup>66</sup>. The programme participants completed a pre- and post-questionnaire that assessed HIV, GBV knowledge and attitudes with a 35 percent points increase from 55% at baseline.

On another hand UNFPA in collaboration with Peace Corps–Eswatini implemented a resilience building initiative at community level, an initiative targeting girls and boys. The Girls Leading Our World (GLOW) and Boys Reaching Out clubs were designed to mitigate and prevent gender inequality, harmful social norms and promoting gender equality. In 2018, 3926 girls and 1160 boys were active members of the GLOW and BRO clubs respectively<sup>67</sup>.

During the FDG, the boys alluded that their participation in the work collaboratively supported by UNFPA, have changed their way of viewing issues of gender and social responsibilities. Moreover, they have also shared their knowledge with their peers and family

members in the community. Substantial increase in gender-equitable norms and practices, including GBV awareness (38%) with 24% increase in GBV reporting at local police stations was noted<sup>68</sup>. The participants of these interventions confirmed that they have gained a good sense of awareness about their rights and how they should respond and prevent gender based violence in their communities. Many boys interviewed believed that participating in the training helped to shape their lives and also changed their mind-set on issues relating to SRHR, gender norms and values. They believed that their source of information especially on GBV and sexual reproductive health was as a result of their participation in the programme interventions. This has been very much helpful and now leading to a huge demand for services, and boys/men playing a role in supporting their partners on opting family planning services collaboratively<sup>69</sup>

Implementation of the component activities however had gaps that were observed during the CPE. Outdated data and lack of a robust monitoring system for GBV and gender equality in the country, which result in use of outdated data, which affect both programme response and advocacy<sup>70</sup>. Lack of institutionalisation of the GBV referral network into various organisation and lack of systems and tools that guide the tracking /transfer/linking of victims to various services among members, which also result in double counting. Although evaluation participants reported an increase in the number of GBV cases reported and prosecuted, in the absence of baseline it is difficult to measure progress. Moreover, based on the field visit findings the CPE team was informed about limited number of reported and prosecuted cases<sup>71</sup>. Lack of resources by the key IP, hindered

<sup>66</sup> Data sourced from quarterly reports

<sup>67</sup> GLOW & BRO Eswatini 1018 Stakeholder Report

<sup>68</sup> Tom Churchyard and Leonard Kamugisha (2018) Using an Engendered, Integrated Community-Based Approach to HIV Prevention among Adolescent Boys in Peri-Urban

Swaziland, An abstract presented at the International Aids Conference 2018.

<sup>69</sup> FGD, KI interview

<sup>70</sup> Document review and KI interviews

<sup>71</sup> KI interviews, Focus Group Discussions.

its ability to fully support the CP and fully implement its coordination responsibility.

#### 4.3.4 Population Dynamics

##### Summary of Findings

Through facilitating successful implementation of the Housing and Population Census, UNFPA made significant progress in capacity building capacities of national government institutions towards generation, analysis and dissemination of data on population, SRH, HIV/AIDS, gender and youth enabling mapping of inequalities and inform interventions in times of humanitarian crisis. Secondment of consultants on demography and ICT enabled the Kingdom to conduct an ICT-enabled census for the first time. Capacity building of the planners and statisticians on generation of thematic areas of the report, the focus on vulnerabilities will be enhanced through the availability of data, and technical capacities.

Financing production of the annual CRVS reports elicited interest, in addition to research with recommendations on how to improve civil registration.

UNFPA made significant contributions towards advocacy towards policy development through supporting conduct of various studies and reports in the period of CP focus. Demographic Dividend enabled rethinking towards focusing development investments in young people; ICPD@25 put Eswatini in the world profile on population; Status of the Youth report also contributed to providing necessary data to inform the Youth Strategic Plan; among others. During the designing of such documents, UNFPA's technical assistance was highly regarded as it brought in the experiences of other countries, which enhanced learning among the targeted institutions staff. Inadequate government commitment and accountability, in addition to resource constraints inhibit full realization of population into planning processes.

**Table 4.4: Summary Table with planned and achieved results of the CP in the Population Dynamics Outcome**

<b>Country Programme Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</b>		
Country Programme Outcome Indicators		
<ul style="list-style-type: none"> <li>▪ Country have (a) conducted at least one population and housing census in the last 10 years; and (b) achieved 100 per cent birth registration and 80 per cent death registration. Baseline: No; Target: Yes</li> <li>▪ Census data collected, processed and analysed, results published and disseminated; Baseline: No; Target: Yes</li> <li>▪ Number of key national development plans that address population dynamics by accounting for population trends and projections in setting development targets; Baseline:2; Target:6</li> </ul>		
<b>CP Output 13:</b> National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis		
Output Indicators (Baseline and Targets)	Target Interventions	Achievements against Output Indicator Targets
Number of researches on critical determinants contributing to protection or violation of rights of youth and adolescents in the areas of	Conducting research activities targeting the youth	32 (18 in 2018, and 7 each in 2016 and 2017) research studies conducted during the period of focus up to June 2019.

<p>sexual and reproductive health, HIV and gender-based violence; Baseline: 6 Target: 10</p>		<p>Population Policy review could not however be conducted, as the consultant to do it had not been cleared at the time of the report<sup>72</sup>.</p>
<p>Number of selected government institutions with skilled staff and modern technologies to collect, analyse and disseminate socioeconomic and demographic data; Baseline:0; Target:4</p>	<ul style="list-style-type: none"> <li>▪ Support to Census Processes: <ul style="list-style-type: none"> <li>○ Capacity for undertaking a digital census</li> <li>○ Advocacy for Census</li> <li>○ Strengthen for data analysis and utilization</li> <li>○ Support the analysis of Census data and write-up of monographs</li> <li>○ Strengthen capacity of the government planners and Civil Society organizations (CSOs) on data analysis</li> </ul> </li> <li>▪ Strengthening capacity to produce CRVS reports</li> </ul>	<ul style="list-style-type: none"> <li>▪ Census successfully conducted with CSO staff capacity built on mobile data collection technology, and had conducted more than three surveys on their own without external support, at the time of the CPE</li> <li>▪ Two CRVS annual reports for 2016 and 2017 produced and shared.</li> <li>▪ Capacities of the government planners and civil society organization on data collection continued to be enhanced through training, with four thematic Census reports being produced from the engagement</li> </ul>
<p>Number of functional participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes: Baseline:2; Target: 19</p>	<ul style="list-style-type: none"> <li>▪ Commemoration of World Population Day, and launch of State of the World Population Report</li> <li>▪ Dissemination of DD and AADPD Reports</li> </ul>	<p>The Country Office had interacted with 12 of the 19 target platforms as at the time of the CPE.</p>
<p>Availability of functional national system to collect and disseminate disaggregated data on the incidence and prevalence of gender based violence; Baseline: No; Target: Yes;</p>	<p>Incidences of GBV captured and necessary actions taken for management (clinical management, Legal redress, psychosocial support)</p>	<p>While it is not clear what functionality implies in this context, a system is currently being used, but with outdated data. At the time of the CPE, interviews and reviews indicated that the most current data available is for 2017.</p>
<p><b>CP Output 14:</b> Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes</p>		
<p><b>Output Indicators (Baseline and Targets)</b></p>	<p><b>Target Interventions</b></p>	<p><b>Achievements against Output Indicator Targets</b></p>

<sup>72</sup> See Q2 Monitoring Report 2019

<p>Number of national profiles on Demographic dividend (DD) generated; Baseline: 0; Target: 1</p>	<ul style="list-style-type: none"> <li>● Design, implementation and dissemination of Demographic Dividend for the Kingdom of Eswatini</li> <li>● Provide support for data during humanitarian crisis</li> <li>● Support in Mainstreaming demographic intelligence in national planning systems</li> <li>● Technical assistance on the revision on the National Population Policy</li> </ul>	<p>DD report disseminated and results used for advocacy on increased investment in the young population.</p> <p>The M&amp;E Framework is however not clear on what it means by ‘national profiles’.</p>
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The implementation of this component was with two key implementing partners, namely Central Statistics Office (CSO) and National Population Unit (NPU), both in the Ministry of Economic Planning and Development (MoEPD). At inception, the design of the PD component was to ensure that government, civil society, including academic institutions, have capacity for research and production of quality and timely disaggregated data on population and development issues and to disseminate it for use in programming and policy, including in humanitarian settings. Implementation of the component continued for about three years, up to 2018, before realignment of the CP to the UNFPA Strategic Plan 2018 – 2021. Realignment of the CP to the strategic plan led to the component’s focus along prongs, targeting strengthening capacity of the CSO and stakeholders on data systems, and strengthening population policy framework and development in the country. Even though the realignment did not lead to change in implementation approaches of the component, it however gave prominence to the policy development through clearly defining the targeted strategies for implementation. UNFPA facilitated implementation of this component through technical and financial support.

#### 4.3.4.1 Population Data Systems Capacitated

Under this area of focus, the programme aimed at ensuring that national population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis. Towards realization of this result, UNFPA worked closely with CSO department, and other

stakeholders in the country to address data needs. Analysis results of the programme documents, stakeholders and staff interviews reveal that UNFPA achieved a number of results. Successful facilitation and implementation of Information and Communication Technology (ICT)-enabled population census and survey data (Census) in 2017 was the major milestone in this component during the programme period of focus. In implementing this activity, UNFPA provided both external technical expertise and resource mobilization for capacity strengthening of the team to undertake the census, and generate reports.

With identified inadequate or no technical

‘UNFPA played a critical role in the success of the 2017 Census. Had it not been for them facilitating the borrowing of the tablets from South Africa, we would have used paper to conduct the Census, as we did not have enough budget to procure tablets to use. The technical and resource mobilization support received through UNFPA facilitation was a turning point for us. We are able to conduct surveys using mobile technology effectively.’ - *FGD Participant during CPE*

capacity to conduct ICT-supported census, and lack of funds to acquire the technical skills by the CSO, UNFPA facilitated an in-house capacity building of the staff through hiring of Census Technical Specialist in demography, and information technology (IT) specialist. These were both on secondment basis to the CSO to

build the capacity of the staff on the same<sup>73</sup>. This came in timely and ensured adequate planning and execution of the census.

The Census Technical Specialist supported through training the CSO staff, on various technical aspects of the Census, while at the same time ensuring that the tools required, guiding manuals, and questionnaires were in place, with systems well developed in readiness for the census operationalization. On the other hand, the IT specialist supported the CSO staff in configuring the computer-assisted personal interview (CAPI) system was in place and took into consideration the data needs from the Census, in collaboration with the Census Technical Specialist, and the CSO and other ministry statistics staff<sup>74</sup>. The IT Specialist also strengthened the capacities of the staff on programming skills using Android tablets using Census and Survey Processing System (CSPRO) and geographical information system (GIS).

To enhance the capacity of the CSO to undertake ICT-supported census, UNFPA further supported selected staff on a learning field visit to Senegal<sup>75</sup> to share their experience on implementing the same in their country. This visit provided the staff with an opportunity to learn and engage with their counterparts, gaining technical experience with lessons learnt on development of data processing document. CSO staff also attended mobile technology training in South Africa. They also attended expert group meeting in Addis Ababa on data collection using mobile technology. Learning for the staff was a continuous process, majorly on-the-job training, with the Census Technical and IT Specialists being present to support on a need basis.

To ensure further capacity building for more robust data generation methods, UNFPA established and continue to strengthen a strategic partnership with the University of Swaziland's

research unit to train CSO, civil society organizations (CSOs) and statistics staff from MoEPD on in-depth data analysis. This is also to ensure that they are equipped with the capacity to interrogate data beyond the thematic reports produced, in addition to taking research process further. UNFPA also mobilized 40,538 United States Dollars (USD) from UNICEF<sup>76</sup> towards the support of the IT technical expertise in the Census.

UNFPA also supported the Census process through facilitating logistics for acquisition of the tablets for data collection, storage space and internet service to ensure smooth streaming on data during fieldwork. Due to slow government procurement processes and inadequacy of funds by the CSO to procure the required tablets for the Census, UNFPA in collaboration with Young African Statisticians and Demographers through its regional office in South Africa initiated a discussion between the Kingdom of Eswatini CSO and Statistics South Africa to borrow the same for use during the country's Census. This was in two consignments, 200 tablets for testing, and 3000 for the actual census, with all the logistics facilitated by UNFPA. Since the consignment of tablets was large, in addition to requiring internet for configuration, UNFPA hired a space their storage, and procured internet service to facilitate the CAPI systems functionality<sup>77</sup>.

In addition to the direct support provided by UNFPA to the CSO during census, Interviews with IP, UNFPA and UN agencies staff, also revealed that it assisted in coordinating resource mobilization from the other UN agencies, in

<sup>73</sup> Interviews with UNFPA and CSO Staff.

<sup>74</sup> Document reviews and interviews

<sup>75</sup> Senegal one of the first countries in Africa to conduct ICT-supported population census

<sup>76</sup> Review of AWP and Interviews with UNFPA and UNICEF staff

<sup>77</sup> Interviews and FGD with UNFPA, CSO and Statistics staff from other ministries

addition to taking active roles during the Census<sup>78</sup>.

After implementation of the Census, the consultants continued to support for a further four months the CSO and other government departmental staff<sup>79</sup>, including statisticians and planners from the ministries of Education and Training (MoET), Health (MoH), Housing and Urban Development, and Labour and Social Security. The Technical Specialist supported in harnessing the data from the system, producing the report, guided by the objectives. CSO also benefited from this support in the generation of thematic reports from the Census data. UNFPA also contributed in writing a chapter in the Census report.

At the time of the CPE, the official release of the Census report, in addition to the thematic reports, was planned for a later date in the year. It should however be noted that the results had been disseminated. It is hoped that the results will be used for development planning and management, promoting good governance, as well as ensuring equity in resource distribution for the wellbeing of all population subgroups. Notable achievements were that new variables like people living with albinism and epilepsy, that had never been included before were included and captured in the Census, on the recommendations of the technical specialist. Additionally, religion, improved disability data capture and engendered the population data, looking into gender issues in the population groups e.g. women, youth, men and among others. This detail envisions increased mapping of inequalities for response targeting the various groups. The CSO and other government departmental staff gained skills in data processing, data analysis and demographic research, and successfully conducted Violence

Against Children (VAC) survey and research on tuberculosis (TB) using mobile technology through tablets procured by UNFPA, in addition to taking lead in generating the thematic reports of the census<sup>80</sup>.

Even though, there were great successes registered during the census process, there were concerns that the Census Technical Specialist arrived late to allow for pre-testing of the census methodology, development of the questionnaires, data collection methods, the training programme for field staff, instruction manuals, data editing and coding, data processing and data tabulation<sup>81</sup>. Some other delays were also reported during the period, especially on government procurement and decision-making processes and inadequate human resources limited the length of engagement of staff at the CSO to allow focus on other office priorities. There was however, no significant influence of the delays on the results of the Census as the specialist was able to catch up and successfully implemented the process. The teams managed the delays on procurement through the CSO transferring funds directly to UNFPA to procure services or items on their behalf, and limiting meetings with CSO staff for a maximum of one week, arrangements that effectively worked. There were also reports of some key government ministry departmental planner and statisticians not attending trainings on production of the thematic statistics reports due to the absence of incentives<sup>82</sup>, with their replacements not in positions to influence policies, especially on implementation; a potential of limited implementation of training results.

**On civil registration and vital statistics (CRVS)**, UNFPA supported in the production of annual reports, a key document used to advocate

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<sup>78</sup> UNICEF supported on the innovation activity and contributed to the IT technical expert fees, in addition to technical assistance during consultative meetings; UNDP also contributed the IT technical expert fees; UNAIDS and WFP supported on publicity of the census

<sup>79</sup> Interviews and FGD with UNFPA, CSO and Statistics staff from other ministries

<sup>80</sup> FGD with CSO and statistics staff from other ministries

<sup>81</sup> Interviews and FGD with CSO and statistics staff from other ministries

<sup>82</sup> Interviews

for strengthening civil registration in the Kingdom of Eswatini. This was in response to the gaps that exist on capturing the data in the country,<sup>83</sup> with data from Ministry of Home Affairs (MoHA) indicating that civil registration is at 19%<sup>84</sup>. With the production of annual reports on CRVS and recommendations on the reports, partners continue bring in strategies on how to improve registration. UNICEF, for example, conducted a survey to establish the bottlenecks in making civil registration operational in MoH and MoHA. This has also increased the push to strengthen civil registration and vital statistics through ensuring that children born in the country are registered. The report currently serves as an advocacy tool to improve the CRVS system with a view to fast track reporting on the SDGs.

#### 4.3.4.2 Population Policy Strengthened

UNFPA contributed significantly in the implementation of population related policies through conducting the Demographic Dividend study. This included establishment of a technical working group and steering committee for the preparation of the report, in addition to workshops conducted to facilitate understanding of the study process. The study included four policy pillars of health, education, economic reforms and job creation and governance. The period of focus also saw production of the State of the Youth Report which helped in the development of the National Youth Strategic Plan.

The Demographic Dividend report has had far-reaching benefits to the country's development process and decision-making among stakeholders, aimed at ensuring mainstreamed demographic intelligence to improve the responsiveness and impact of ICPD related policies and programmes. Based on the findings,

it has been used to advocate for increased investment in young people for a greater economic development. The health sector has already included the results of the study to increase focus on the health of the young people in its national strategy. Internally, UNFPA deliberately used the results to have a greater focus on adolescents and youth through life skills education, and the interactive adolescent and youth online platform, *TuneMe*, has been used for dissemination on the same to empower them. The availability of the study report continues to provide a platform for policy dialogue and engagement on development planning.

UNFPA also supported the National Population Unit (NPU) in the review of the **Population Policy**, for the first time since development in 2003. This was to make it responsive to the current population dynamics in the country benefiting from the census results, and to make realistic planning, especially in targeting. The policy document shared and approved by the cabinet<sup>85</sup>. With support from UNFPA, the NPU coordinated the development of the National Development Plan<sup>86</sup> integrating sexual reproductive health, gender, data and youth interventions.

Towards the support on ICPD advocacy, UNFPA hired a consultant to review five-year achievements and document Kingdom of Eswatini's status report on ICPD PoA, based on Addis Ababa Declaration on Population and Development (AADP) framework for the African position population and development. This further contributed to the African position, endorsed<sup>87</sup> by Ministers and senior government officials-in-charge of population in Africa, and supported political leaders' involvement in the Commission on Population and Development<sup>88</sup>.

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<sup>83</sup> Document review and interviews

<sup>84</sup> Attainment of civil registration status is regarded when it is done within two months of birth.

<sup>85</sup> Interviews with Ministry staff

<sup>86</sup> This is yet to be published. However, the integration of population variables was not prioritized in the 2019 planning, but already planned for implementation in 2020.

<sup>87</sup> <https://www.uneca.org/stories/ministers-endorse-continental-report-population-and-development-issues-africa> accessed on 20/08/2019

<sup>88</sup> Interviews with ministry Staff

UNFPA also supported and facilitated the launch of the State of the World Population Report and commemoration of the annual World Population Days for the period of the CP, with the 2019 used to sensitize stakeholders and advocate on implementation of recommendations of the Demographic Dividend study.

Even though UNFPA and the country in general made strides in availing the data for development planning, and policy documents for increased focus on addressing emerging population and development dynamics, the government is currently facing economic downturn<sup>89</sup> and this has far-reaching effect on the implementation of the results of the CPD achievements. Classification of the country into a lower middle-income country (MIC), informing UNFPA approach and engagement intervention also limits the support to capacity development, and not focusing on service delivery<sup>90</sup>. Inadequacy of technical and financial capacities, especially on resource mobilization within the government, the gains made in the country may also get affected.

### 4.3 Answer to Evaluation Question on Efficiency

*EQ5: To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the country programme? To what extent are results effectively and efficiently measured and contributing to accountability in programming?*

### Summary of findings

It is evident from the evaluation feedback that the progress at the level of programme outputs, planning, implementation and monitoring processes, partnership and financial management has largely been efficient. UNFPA took the right approach in selection of CSOs and government partners targeting wider coverage and sustainability aspects, and facilitating efficient delivery. Collaboration, TA and employing South-South collaboration facilitated efficiency in learning and access to services efficiently.

UNFPA ensured strengthened internal controls that ensured efficiency in the delivery of the CP. From the financial performance of the CP, the implementation rates of the budgets were above 97% across the three years from 2016 to 2018, showing efficient management of resources. The few staff in the various units comparable to the results delivered manifests efficiency in planning and effectiveness in implementation processes.

UNFPA CP had a robust Monitoring and Evaluation Framework (MEF), guiding its M&E activities, with evidence of involvement of a range of stakeholders providing a greater scope and participatory perspective to quality assurance. Its implementation also exhibits alignment with the UNDAF Priority areas and UNFPA Strategic Plan outcomes, through the SIS, but not in the document itself and the financial reporting. The CO implemented all the planned M&E activities during the period. The oversight role by the government was limited to attending stakeholder planning and review meetings due to limited human resource, technical and financial capacities to undertake the same. The monitoring of results by IPs, especially at the field level was limited, in terms of capturing the processes. There were also

<sup>89</sup> The Kingdom of Eswatini economy faces ongoing fiscal challenges, exacerbated by a weak external position, leading to suspension of capital projects in excess of 500 Million Malanganeni and freeze on hiring in the civil service. Accessed from <http://www.gov.sz/index.php/component/content/category/141-test?Itemid=799> and

[www.afdb.org/en/countries/southern-africa/eswatini/eswatini-economic-outlook](http://www.afdb.org/en/countries/southern-africa/eswatini/eswatini-economic-outlook) on 20/08/2019

<sup>90</sup> See UNFPA strategic plan, 2018-2021, Annex 4 on Business Model



weaknesses in defining results measurements with vague statements.

#### 4.4.1 Partnership and Technical Support

UNFPA in the sixth CP simultaneously engaged with a range of development partners, international and local NGOs and government in the implementation of its programme, thus working both with duty-bearers in government and rights-holders in civil society. The selection of partners was informed by various consultative process and was found to be strategic and suitable for efficient implementation of the programme, evident by the high programme implementation rates<sup>91</sup>. Key partners include the Ministry of Economic Planning, Central Statistics, Eswatini National Youth Council, Deputy Prime Minister's Office, Ministry of Health, Ministry of Sports, Culture and Youth Affairs, Family life Association, SWAGAA, Men Engage, Network. Aside from implementing programmes with these agencies, UNFPA also helped build their capacity e.g. training on designing and implementing programmes engaging men a boys and also supporting South-South Cooperation, which also included the Central Statistics office visiting Senegal to learn on how to use mobile technology in collecting census data. UNFPA in the 6<sup>th</sup> CP engineered intergovernmental collaboration between the government of South Africa and Eswatini which saw Statistic South Africa supporting the Central Statistics Office with hardware and TA for the 2017 national census, spearheaded by the Young African Statisticians and Demographers<sup>92</sup>, facilitating borrowing of 3000 tablets, estimated to cost \$750,000 at no cost,<sup>93</sup> by the government of Eswatini

The partnership approach between UNFPA and government was reported to have led to the

achievement of key milestones, as it enabled frequent and collaborative consultations, in addition to joint planning, coupled with supportive staff<sup>94</sup>. UNFPA also played an important role in fostering coordination among government departments facilitating consolidation of resources and coordinated responses. In a good practice example, UNFPA convened a multi-sectoral group on gender and civic registration MOJ, MOET, MOH, MoHA. Each agency brought specialist expertise. Implementing partners from all outcome areas widely reported strong and effective technical assistance form the CO team (KI interviews), with evaluation participants reporting that CO programme staff placed high priority on ensuring

The partnership between UNFPA and government ministries has been key in contributing to enhanced service delivery in the country. The staff are supportive and responsive to government requests, facilitating effectiveness – *KI from Government IP.*

rapid feedback to request. They were also flexible to respond to changing requirements<sup>95</sup> and viewed as having an open door policy, which created easy communication and

enhanced the partnership. Relationship between the players in the 6<sup>th</sup> CP (IPs & CO) were noted to be effective, proficient, flexible and cooperative. IPs acknowledge the high technical competences of their respective programme officers. Thus, the CO appeared to have an established competent staff to address the needs of the CP.

UNFPA also make available local and international TA through consultants to support various outcome areas. IPs viewed the support as relevant and used the right approach to enhance their skills. For example, an IT consultant was placed with the CSO for a period of 8 months working together with the officers to build their capacity widening the reach and enhancing on-job-training. In addition, UNFPA led the development and inclusion of HIV prevention component in the Global Fund grant, where

<sup>91</sup> IP assessment reports

<sup>92</sup> Young African Statisticians and Demographers is a UNFPA brain-child

<sup>93</sup> See 2017 Annual Report, page 40

<sup>94</sup> KI interviews

<sup>95</sup> KI interviews, Document Reviews

CANGO, Bantwana Initiative, UNFPA, UNICEF collaborate in supporting the MoET to roll out LSE for in-school youth.

#### 4.4.2 Operations and Resources Management

The UNFPA Business Operations Model guides implementation of activities under the department of Operations. The department encompasses Finance, Human resources, Procurement, ICT, Facilities and Administration and Fleet Management. The CO, supported by the operations department, continued to maintain standards of good corporate governance by ensuring efficient use of available resources, transparent selection of IPs and effective monitoring of CPD implementation. This was evident from the National Execution (NEX) Audits conducted annually by an independent external auditor. The audited IPs have received unmodified opinion.

The department oversees the planning processes which normally begin with the UNDAF process leading to development of the CPD that is subsequently translated to individual Agency CPDs.

The department supports the delivery of the CPD programme through performing an advisory role on compliance e.g. procurement guidelines, financial control systems. In terms of financial management, the department ensures timely reporting on a quarterly basis by the IPs, conducts on-site spot checks, and verifies activity reports. Funding to IPs is released on a quarterly basis and thresholds are set on advances, ensuring compliance by the IPs since funding is performance-based.

Vetting of IPs by the CO before engagement facilitated understanding of the capacity of an IP to deliver, in addition to identifying areas of cooperation and capacity building. A micro-assessment for each partner was independently carried out by an external company through collaboration between UN agencies, leading to

reduced cost and time invested in the process and uncompromised decision. The assessment is risk-based and it focuses on internal controls, procurement, audits and financial systems. Low risk IPs receive one spot check whilst high risk IPs receive four spot checks minimising possibilities of risks in delivery processes.

There was evidence of capacity building process to the IPs in their areas of weakness, ensuring that they complied with the CP delivery processes, in addition to ensuring quality and efficient management processes. Guidelines were also provided to the IPs for compliance and guidance purposes.

On the other hand, the CO staff demonstrated a high level of teamwork, commitment and healthy inter-relations. Discussions with local partners including other UN agencies revealed that there is a good working relationship with the CO and individual staff members, ensuring collective delivery processes for the CP. All IPs recognized the technical and operational support they receive from the CO on a regular basis, in addition to capacity building, quick turnaround times regarding authorisation of activities and reprogramming of activities and approval of budgets, enhancing efficiency in management processes. Inadequacy in the UNFPA CO, especially programme, staff capacity limited their levels of engagement, with the IPs, as they had to handle most administrative aspects of their respective components. It was however not clear on the effect of this on the quality of deliverables.

Moreover, the identification of modes of engagements is based on the level of human resource skills needed from the UNFPA and the country's own ability to efficiently achieve the desired results. Eswatini is classified as 'orange quadrant' which shift the focus to address the upstream needs for a lower middle income country<sup>96</sup>. This means that advocacy and lobbying for political and financial commitment, knowledge management, oversight and quality

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<sup>96</sup> See Strategic Plan 2018 - 2021

assurance increasingly replaced service provision as the core work of the CO, and the balance of skills in the office must be fully aligned to these shifting needs. The shift in the CP to focus on the upstream level of implementation, lack of knowledge management and communication in the CO, acted to reduce the level of efficiency of programme implementation. The office could also benefit from having a Communications Specialist to focus on knowledge management, documenting of best practices and dissemination of information, as well as an experienced clinician to focus on MMR reduction strategies.

#### 4.4.3 Monitoring and Evaluation

The Monitoring and Evaluation Framework (MEF) document developed at inception, guided implementation of monitoring and evaluation (M&E) activities of the CP, aligned to the UNFPA Strategic Plan 2014 - 2017. The MEF is an integrated system and includes both operation and programmatic activities<sup>97</sup>. Overall, the M&E mechanisms were functional with clear data expected for capturing in the performance framework and planning matrix updated each year. The MEF appears robust, with evidence of involvement of a range of stakeholders from UNFPA headquarter, CSOs, UN agencies, MoEPD which provides oversight on the CP implementation in the country<sup>98</sup>. Its implementation exhibits alignment with the UNDAF Priority areas and UNFPA Strategic Plan outcomes. A Programme Analyst in M&E leads the functions of the unit, using an integrated programme budget. There were however, gaps in the capturing of process results in the chain, in addition to the use of unclear and subjective indicator and milestone descriptive terminologies beyond their statement, such as ‘functional’, ‘quickly’, ‘able’, ‘active’, among others, limiting the extent of contribution or performance. There is also an indicator on ‘*national profiles generated from Demographic Dividend*’ and stating the target to be one, without clarifying what this is. The other weakness in the M&E

system is that the reporting mechanism is more inclined to the global framework, and no clarity in how the achievements are cascaded within the national systems.

The CP planning and monitoring activities and frequencies of implementation varied from level of activities to stakeholders. Work planning with IPs took place on an annual basis, while monitoring was both on a quarterly and annual basis through narrative and financial reporting. On the other hand, funds disbursement to IPs was on a quarterly basis, and based on reporting, enhancing compliance. The planning systems for the CO integrates CP outputs, and organisational effectiveness and efficiency (OEE)<sup>99</sup> and reviewed on an annual basis. The Operations team conducted spot-checks with IPs on a quarterly basis, ascertaining compliance with informal capacity building sessions conducted to IPs in areas of weakness. The M&E Analyst, and POs, also conduct spot-checks with IPs on a quarterly basis to ensure quality assurance. Internally, the CO conducts programme performance meetings, reviewing performance on the dashboard on a monthly basis, attended by the NPU, on behalf of MoEPD, in its oversight capacity.

UNFPA has an online results-based Strategic Information System (SIS) for annual reporting. SIS enables the CO to plan, monitor and report; and is integrated with the regional, and headquarter offices for real-time status of the CP by outcome area<sup>100</sup>. Annual review and planning with all the IPs and stakeholders takes place at the end of each year to review progress towards achieving annual results and to develop AWP and budgets for the next year. This was an effective way of ensuring adequate time for implementation and planning for resources. The M&E Analyst, together with the respective Programme Officers reviews the indicator targets and milestones before being concluded in the SIS and approval<sup>101</sup>. This exhibits ownership and control measures to ensure effective and

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<sup>97</sup> Document review and interviews

<sup>98</sup> Ibid

<sup>99</sup> Ibid

<sup>100</sup> Document review

<sup>101</sup> Document review and Interviews with POs and M&E Analyst

collective planning. Documentation of key results achieved in each outcome area conducted, with challenges also captured to enable tracking of the extent of performance on a programme year basis.

The CO conducted planned M&E activities during the period of focus; however, this was limited to the scope that the staff could cover. Recommendations from the 5<sup>th</sup> CPE were used to inform the development of the 6<sup>th</sup> CPD. The CO produced annual reports, based on annual plans, since the start of the programme. In place of a Mid-Term Review (MTR) of the programme, the CO conducted an internal assessment of the programme performance<sup>102</sup> to inform on the status of the programme at mid-term. It was though not clear how the CO had used the report as it took place after planning for 2019 had taken place. The final CPE was conducted according to plan in readiness for contribution to planning for the seventh Country Programme, scheduled to begin early 2021. Interviews revealed that the oversight role by the government was limited to attending stakeholder planning and review meetings due to limited human resources, technical and financial capacities to undertake the same.

Analysis of programme documents and interviews revealed that the M&E system was adequately addressing the programme needs, with timely deliveries between the IPs and the CO. There were also over and under-achievements in the target areas based on the annual plans. Even though the SIS provided space for explanation of underachievement, none of the reports indicated the reasons, exemplifying incompleteness in explaining performance for decision-making. Even though the Country Programme was realigned with the UNFPA Strategic Plan with outcomes and outputs aligned, there was no revision of the M&E framework to reflect the changes. The SIS however reflected the realignment.

<sup>102</sup> CP Performance Assessment Report, 2018.

#### 4.5 Answer to Evaluation Questions on Sustainability

*EQ6: Are programme results sustainable in short and long-term perspectives? How has UNFPA Eswatini ensured sustainability of its programme interventions?*

*EQ7: Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?*

#### Summary of findings

UNFPA Eswatini made considerable efforts in ensuring that the results are sustainable, both in the short and long-term perspectives. Instituting partnership with the government ministries, learning institutions and established CSOs with similar core mandates as those of UNFPA and other sources of funding, assures sustainability of the results of the CP. The relevance of the programme interventions in responding to national priorities and populations needs elicits active participation of the stakeholders. Supporting policy, SOPs, guidelines, influencing enactment of sectoral bills<sup>103</sup>, and curricula development processes, among other research documentation assures sustainability.

UNFPA also made considerable investments in skills development, including providing technical assistance through consultancies, South-South collaborations and on-the-job training, enhancing the capacities of those targeted. Influencing inclusion of LSE into the pre-service teacher-training curriculum by the MoET, utilization of recommendations of Demographic Dividend study into the development of Health Sector Strategic Plan, and the National Youth Strategic Plan benefiting from the State of the Youth Report to inform its development, were also some

<sup>103</sup> The support to the enactment of the SODV Act, the development of the National Strategy to End Violence in Swaziland and related guidelines.

of the great milestones made towards ensuring sustainability. Ineffective implementation framework and weak monitoring processes, inadequate data, frequent transfers of staff within the ministries, inadequate commitment of the government and inadequate funds for the interventions at the government level inhibits sustainability.

UNFPA through the sixth CP made and continue to make efforts to foster long-term results in the country. There are key activities that are indicative of sustainable results. The programme components are relevant to the national priorities and population needs in Eswatini, creating an environment of national ownership of the CP results. Key informants and in-depth interviewees agreed that the programme might be sustained largely because the Government implements it. Others believed that the programme is sustainable since, in addition to addressing issues of national importance, its design was participatory and that most programmes are incorporated in the National Gender Policy and the National Development Plan (Vision 2022). UNFPA strategically collaborates with key government ministries, positioning itself in the long-term development policy direction of government of Eswatini. Programme approach of participatory needs assessment, intensive consultations with stakeholders and joint programme planning with implementing partners helped develop a sense of ownership of programme interventions and goals.

UNFPA played significant role in development and production of important reports, policy documents that would hasten sustainable development, if utilized, implemented and referenced appropriately. The programme supported in development of the National Strategy to end Violence in Swaziland (2017-22), National Guidelines for Multi-Sectoral Response to Gender based Violence Eswatini, Guidelines for Health Sector Response to Sexual Violence - Clinical Management and capacity building of GBV response. Further, the CO spearheaded conduct and production of the Demographic Dividend using National Transfer

Accounts (NTA) methodology, elicited refocusing on investment on the young populations in the country. Taken into consideration by the various sectors, the core elements of the report will spur sustainable development in the end. Production of annual CRVS reports prompted influence on the importance of CRVS in population data and directly contributes to the achievement of the SDGs, including the objective to support good governance and to promote inclusion. The Status of the Youth Report prompted development of Strategic Plan and Costed Action Plan, for the Youth Department in the Ministry of Sports, Culture and Youth Affairs. Reviewed Population Policy provides opportunities for advocacy on sustainable response to population issues. Availability of Census data disaggregated by gender and diversity portends increased targeted focus in programming and further enhances inclusion for clear-targeted results.

Furthermore, this ownership and a direct implementation of UNFPA supported interventions has built IPs capacities and enhanced likelihood of sustainability, provided IPs are able to maintain acquired results technically, institutionally and raise needed financial resources. While conducting census, UNFPA facilitated high-level capacity building process for staff on the use of mobile technology in data management. CSO staff confirmed during interviews that they had conducted surveys on VAC and TB, among others, using mobile technology. UNFPA promoted on-job-training to encourage hands-on learning for practical experience. Embedding continuous training of CSO, CSOs and statisticians from other ministries on data processing to produce relevant data systems for sectoral planning and inform interventions will enhance sustainability.

While providing technical and financial support to the IPs, and the various government departmental statistics and CSOs staff in generation of high quality data for programming, UNFPA upheld partnership with existing institutions, which enables shared learning, with

strengthened institutional ownership of results based on their mandates, and possibility of sustainability enhanced. The partnership between UNFPA and the University of Swaziland to undertake in-depth analysis training for CSOs, and selected government statistics staff, conducted by the post-graduate employees creates a pool of researchers who will contribute to further availability of technical skills in data management for decision-making in the country. Interviews also revealed that focus of the CP on issues of national interest and participatory nature of planning among stakeholders propagates incorporating the plans into action and implementation is assured beyond the CP. All the IPs and other stakeholders interviewed reported accessing resources from different sources other than UNFPA<sup>104</sup>, exhibiting resource mobilization capacity, promising response beyond UNFPA support. Commitment of UNFPA implementing partners in planning and implementing UNFPA-supported interventions, especially at various levels, has effectively contributed to scaling up the capacity of those partners. Existence of networks<sup>105</sup> that are self-driving to deliver on programme focus areas and view the referral network as a platform that enhance and drive their individual organizational mandates. Establishment of technical working groups enhances coordination, and this provides the possibility of collective learning and shared resources for effective delivery of services.

Stakeholders suggested that the CO should build capacity of the IPs in resource mobilization to enable them source for funding and reduce their overdependence on UNFPA<sup>106</sup>. Low institutional capacities, ranging from technical, financial and

operation, pose a challenge to the sustainability of the CP results. For example, NPU, the policy-implementation arm of the MoEPD, has only two staff in the unit and highly depends on UNFPA for their operations. From interviews, high staff turnover in civil service<sup>107</sup>, in addition to frequent reshuffle within the government departments, exacerbated by government fiscal challenges, and CSOs is a precept for loss of technical capacity supported during the CP. Inadequate human and financial resources within UNFPA also limits the extent to which support could be provided to enhance sustainability<sup>108</sup>. Inadequate implementation processes within the government institutions, especially on implementation of advocacy on policies or lessons learnt in the course of the CP, due to laxity or competing priorities<sup>109</sup> is potential to limit sustainability. Weak M&E processes within the implementation framework, especially by the various IPs hampers effectiveness in achievement of results, and hence affects sustainability.

#### 4.6 Answer to Evaluation Questions on UNCT Coordination

**EQ8:** *To what extent has the UNFPA Eswatini country office contributed to the functioning and consolidation of UNCT coordination mechanisms?*

**EQ9:** *To what extent is the UNFPA Country Office coordinating with other UN agencies in the country, particularly in the event of potential overlaps?*

**EQ10:** *To what extent does the UNDAF/CPD fully reflect the interests, priorities and mandate*

<sup>104</sup> Interviews with IPs and UNFPA staff

<sup>105</sup> GBV referral Networks at regional level

<sup>106</sup> KI Interviews

<sup>107</sup> Feedback from interviews at the Central Statistics Office revealed that those in the office serving in technical roles were new, as staff involved in implementing the 2007 household and population census had moved out of employment by the office. This prompted initiation of fresh processes in planning and conduct of the census, regardless of the new mobile technology approach.

<sup>108</sup> Interviews with UNFPA and IP staff, and analysis of financial records revealed that financial allocation to the programme was on a reducing trend since 2016. Limited number of programme staff per outcome challenged the delivery levels as the staff time to provide technical support was also used to perform administration tasks.

<sup>109</sup> Interviews revealed that the National Strategy for the Development of Statistics has never been launched officially due to competing priorities within the CSO, hampering utilization.

of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

### Summary of findings

The sixth CP is aligned to the overarching UNDAF priority areas in the Kingdom of Eswatini, but loosely connected to the results areas. UNFPA participated in its development. UNFPA made great contributions within the UN through joint programmes and coordination mechanisms. UNFPA CO effectively utilized its comparative advantage in the programme thematic areas within the UNCT and took lead in those areas within the UNDAF. Coordination with other UN agencies was reportedly effective, with areas of improvement in communication, shared resources and planning, especially in similar areas of focus like UNDAF. In addition, UNFPA, UNICEF and UNESCO worked closely to support government to scale up LSE for the in-school youth. On the other hand, UNFPA, UNICEF and UNAIDS continue to jointly support the institutionalization of AYFHS and HIV prevention. Inadequate access to funding resources limited the extent of achievement of some key results within the UNCT, particularly H6, where UNFPA should be the lead.

Interviews and review of documents revealed active coordination mechanisms within the United Nations Country Team (UNCT), with UNFPA mentioned as a key contributor to the functioning of the coordination mechanisms. This contribution ranged from participation on joint activities with UN agencies, coordination of resource mobilization in areas of comparative

advantage within the UNCT, coordination, support and participation in technical working groups in areas of thematic focus<sup>110</sup>. UNFPA is recognized by IPs as the “main agency” in Gender, Adolescents/Youth and SRHR and Population and Development issues. It has the technical expertise and comparative advantage over other donors and UN agencies in having a clearly defined Gender, youth-centred SRHR mandate that needs to be strengthened.

The United Nations Development Assistance Framework (UNDAF) guided coordination of programme within the UNCT. Composed of three Pillars defining result priority areas, UNFPA directly contributed to Pillar 2 and 3 aimed at ensuring equitable and efficient delivery and access to social services, and Good Governance and Accountability respectively<sup>111</sup>. There is evidence of active contribution of UNFPA in the planning, implementation and oversight of UNDAF, with UNFPA as the Co-Chair of implementation of results Priority Area 2; and an alternate Chair for Outcome 2.1<sup>112</sup>. Interviews also showed that UNFPA has shown capacity to work with all within the UNCT, and is delivering on its mandate, especially on census, gender and youth programme areas<sup>113</sup>. There were however, feedback on disjointed manner in the development of the UNDAF work plans where they were individually done at UN agency levels, then compile by a consultant. This appeared to limit engagement on implementation of the UNDAF.

There are no health-related activities that UNFPA implements without involving WHO. We call one another when going to implement activities, and currently, our Country representatives have tasked us to come up with a common work plan. – *Key Informant during CPE*

There is evidence of UNFPA conducting joint programmes with other UN agencies in the country, eliminating potential overlap in programming. Interviews and documents review revealed that UN

agencies worked together in the areas of evidence creation (resource contribution during census),

<sup>110</sup> Interviews and documents review

<sup>111</sup> Documents review

<sup>112</sup> Document Review and Interviews with UN Staff.

<sup>113</sup> Interviews

policy development, clusters and technical working groups, standard operating procedures (SOPs) and advocacy issues on areas of focus. On LSE curriculum where UNFPA, UNESCO and UNICEF cooperate on, focusing on children in school (up to age 18 years), and those out of school (adolescents and youth up to age 24 years) respectively for UNICEF and UNFPA, while UNESCO focused on the policy aspects. UNFPA supported evaluation of its effective implementation, including M&E for social services in UNDAF<sup>114</sup>. UNFPA also worked together with UNAIDS on expanding SRHR service provision strategy and policy development, where UNAIDS contributed in reviews and strategy development, while UNFPA contributed funds for meetings to spearhead this. These included development of RMNCH strategy, Youth Policy Review, health standards, teen clubs, youth standards, and guidelines on youth friendly services for various youth groups. UNAIDS also mobilized resources for integration of HIV into MNCH. Both the agencies also developed Prevention Care Package and then UNFPA printed copies for the country, and were also in the process of reviewing communication materials, at the time of the CPE. WHO and UNFPA also implemented joint activities on development of ANC guidelines, Gender guidelines, and Continuum of Medical education for midwives and doctors, with UNFPA providing financial and technical support, while WHO provided technical support. Currently, UNFPA, WHO and WFP are developing a community tool targeting women living with HIV, integrating cervical cancer. Other joint activities included; the joint advocacy on the enactment of the SODV, with UNFPA taking the lead; development of the Multi-sectoral Guidelines on GBV (UNFPA, UNICEF and WHO); and Review of the Marriage Act (UNFPA and UNDP).

Interviews also revealed that there was enhanced coordination of support to the government agencies among the UN agencies during drought

emergency caused by El Nino of 2016-2017<sup>115</sup>. UNFPA was part of the delivery in the social protection cluster and mobilized funds to procure dignity kits for the girls, and the distributions of the same done during WFP food distribution as package. In addition to this showing responsiveness to the arising needs, it also exhibited coordination among the UN agencies, with assignment along comparative advantage in service delivery taken into action. Pooling of resources was also evident between UNICEF and UNFPA in implementation key interventions in MNCH and adolescents. UNFPA, among other agencies, reported to be clear on the focus on its mandate within the UN.

While there was evidence of the UN agencies implementing joint activities, pooling resources and collaborating in various Pillars of the UNDAF, aimed at Delivering as One (DaO), there were areas identified during the CPE that hampered effective delivery processes. Policies, for example were developed, but implementation was an issue due to inadequate resources and commitment by the government, exacerbated by lack of performance and accountability measures by the government. There was also a challenge in coordination of activities and stakeholders by and/or with the government, as there was a perception that UN agencies are donors, and not partners, as the design of response is supposed to be. Inadequate resources for implementation and inadequate consultation on development of UNDAF was also cited as an issue, in addition to being too ambitious and disjointed outcomes, limiting the opportunity of learning and to be strategic. Frequency of meeting among the UN agencies was also cited as inadequate to enhance coordination. For example, at the time of CPE, the heads of agencies had not met since 2018. with the incoming of unaffiliated RC, it is hoped that coordination will improve within the UNCT.

From analysis of the programme document and UNDAF result areas exhibited loose connection beyond the overarching priority areas, with the exception of adolescents and youth component. It

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<sup>114</sup> Documents Review and Interviews

<sup>115</sup> Ibid



was difficult to reconstruct clear links with the framework on SRHR, PD, gender equality and women empowerment components.

Staff in the agencies were also too spread, limiting their focus areas, hence affecting delivery. Interviews revealed that H6 Partnership<sup>116</sup> implementation is not as active and effective since there is no pool of funds to support joint activities.

#### 4.7 Lessons Learnt

During the period of implementation of the programme, there are few lessons that could be derived for incorporation into implementation process. These were:

1. *Evidence-based programming increases results' focus and targeting of vulnerable populations, and creates more opportunities for solutions to emerging or existing situations.* Feedback from the CPE interviews indicated that there is increased investments on interventions targeting the youth due to the Demographic Dividend and State of the Youth reports' findings and recommendations. It was also evident during the interviews and document reviews that the census results elicited interest in targeting people living with disabilities, especially on access to health services. For the two years (2016 and 2017) that UNFPA supported production of annual reports on CRVS for the country, more stakeholders continued to express interest to improve registrations, with UNICEF sponsoring a study, making recommendations on how to operationalize CRVS in the country.
2. *Integrated services increases access to services by the target populations.* Even though, there is no proper data of effectiveness in access to SRHR services by the adolescents and youth, interviews and review of programme documents indicated

that mobile clinics were preferred, and adolescents and the youth could access more services.

3. *Participatory planning approaches enhance learning, capacity of IPs, programme ownership and responsiveness to the arising needs in the country.* Feedback from IPs and UNFPA staff interviews and document reviews indicated that the concerted participatory planning sessions organized by UNFPA promoted learning among partners, in addition to promoting transparency and ownership of the programme processes by the stakeholders. It was also evidenced that the partners would discuss in such platforms, existing gaps including emerging lessons for incorporation in the subsequent programme activities, prompting responsiveness to the local needs.
4. *Effective leadership and consistency of the UNFPA CO greatly contributed to the success of the CP interventions and achievements in the sectors, and within the UNCT.* Respondents and reports also indicated that UNFPA used this strength to influence a number of key decisions within the government circles, including policy development.
5. *Collaboration and coordination between the UNFPA, government and other cooperating partners was very critical for delivery of the UNFPA programme in the country.* Some of the activities such as the FP/HIV/GBV integration, GBV prevention, response and management, LSE for in and out of school, AYPHS and Population and Housing Censuses etc. required large amounts of resources that UNFPA alone could not manage, but strong and effective partnership efforts bore fruitful results in mobilizing the required support and resources.

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<sup>116</sup> H6 was reported to be weak, and therefore could not realize its intended goal.

## CHAPTER 5: CONCLUSIONS

### 5.1 Introduction

The generation of conclusion complies with the UNFPA CPE Handbook, presented with both strategic and programmatic focus. These follow the findings in the report guided by the evaluation questions along the evaluation criteria. The strategic conclusions refer to the overall Country Programme performance, while programmatic conclusions focus on UNFPA's programmatic areas.

### 5.2 Strategic Level

**Conclusion 1 (C1):** The UNFPA 6<sup>th</sup> Country Programme is strategically aligned to the Strategic Plan 2018 – 2021, ICPD and the UNDAF as well as the NDS (2020 & beyond). It is also consistent and tailored to the national priorities, as contained in the National Development Strategy 2019 – 2022. The CP is responsive to the emerging needs. However, inadequate resource and monitoring systems at the service delivery level limits quality and clarity on the extent of contribution.

Results from the CPE revealed that the 6<sup>th</sup> Country Programme is aligned to the global strategy, with evidence of implementation of interventions and reporting on a periodic basis, exhibiting direct contribution through the components. The programme also directly contributed to strengthening implementation of ICPD Plan of Action, SDG 2030 Agenda and other international development frameworks such as CEDAW and Agenda 2063.

UNFPA maintained strong presence in policy and key decision related functions within its mandate and has been well recognized and acknowledged by government and other UN members for its contribution to improving the UNCT coordination mechanism. The CP directly contributed to the UNDAF in Priority Areas 2 and 3, where UNFPA led in areas of strength through

joint implementation processes, coordination of resource mobilization, and delivery of strategies. The development of the CP was consultative and involved an in-depth understanding of the context of implementation, leading to focused targeting of the areas of need, and vulnerable populations in the national strategic response framework. Implementation of the CP involved participatory processes leading to being responsive, including mobilizing resources for the drought experienced during the 2016 – 2017. Inadequate resource capacities and weak monitoring processes of the implementation the CP make it a challenge to adequately implement its results and understand the extent of its effect on its framework of delivery respectively.

Origin: EQ1, EQ3, EQ4, EQ6, EQ9

*Associated recommendation: SR1, SR2*

**Conclusion 2 (C2):** UNFPA in the Kingdom of Eswatini exhibited comparative advantage in UNFPA areas of corporate mandate, especially in policy influence and development; and availing data for evidence-based programming in SRHR, Adolescents and Youth Affairs, GBV and, Population and Development. Capacity issues and lack of accountability on commitment of the government hinders effective implementation.

CPE feedback from the various interviews and review of documents elicited great achievement of the CP in development of policy documents, guidelines and strengthening capacities of respective line ministries along the programme components to guide service delivery. UNFPA exhibited strength in taking the lead in the areas of SRHR, GBV, and adolescent and youth affairs and population dynamics. It was evident that CP's investment in the production of population data used to inform programme deliveries in the country. Implementation of the same by the government was found to be wanting since their performances and accountability were not bound to the implementation of the policy frameworks, in addition to lack of resources (human and

financial). There is therefore need to enhance advocacy in policy implementation.

**Origin:** EQ 1, EQ3, EQ 4

*Associated recommendations:* SR2

**Conclusion 3 (C3):** UNFPA was strategic in the choice of partners for effective coverage and delivery of results

The selection of the implementing partners was strategic in nature, considering various factors including level of coverage, resource capacity, mandate and thematic focus. Apart from targeting the government line ministries in a number of issues of programme focus, other implementing partners had strength in their operations. FLAS, for example, is the only International Planned Parenthood Federation (IPPF)-affiliated with national coverage, and this brought technical capacity compatible with the mandate of UNFPA in promoting sexual and reproductive health, and advocating the right of individuals to make their own choices in family planning. SWAGAA on the other hand had national coverage on addressing GBV. On the other hand, there were partners strategically selected based on best practices and ensured focused achievement of results. Even though the partners selected contributed immensely to the results of the CP, concerns were raised on the approaches used in targeting some of the beneficiary IPs since their contributions were perceived to be minimal or lack the capacity to deliver to the extent. UNFPA should further conduct an analysis of the existing partnerships, with their individual contributions.

Origin EQ 3

*Associated recommendation:* SR3

**Conclusion 4 (C4):** The Monitoring and Evaluation systems of the programme is delivering on the mandate, however it needs to be strengthened at individual sector levels, and those of the partners, especially the government.

CPE finding shows that UNFPA has a robust M&E system, especially on performances by the IPs and the internal staff. It was evident that the M&E system promoted efficiency in programme deliverables through enhanced timely deliverables defined by time. There was however, inadequate definition of results, and respective indicators appeared more subjective and could not tell to what extent the results were being realized. Further, inadequacy of performance data, for example, data on condom distribution versus utilization, data on demand creation through capacity building and availability of guidelines or policies guiding implementation. UNFPA needs to be clear on the process results that inform performance, and continue advocacy on implementation of policies.

**Origin:** EQ3, EQ4, EQ5,

*Associated recommendation:* SR4

**Conclusion 5 (C5):** The programme design and implementation approach enhances sustainability through capacity building, partnerships, development of guidelines, among others.

The strategy of promoting participatory approaches of identification of response gaps and embedding implementation of the CP on the national development strategies are likely to elicit interests and promote ownership among the target groups. Capacity building strengthens skills available for performance of the areas of focus by the CP. Partnering with national organizations and conducting capacity building among IPs, assure continuation of service delivery beyond the CP period. In addition, UNFPA collaborated with University of Swaziland to offer training of planners and statisticians from CSOs, CSO and other partners, on processing of population data aimed at establishing a knowledge hub for ease of access in the country instead of engaging external consultants. Development of policies, guidelines, laws and strategies in different components will also guarantee sustainability. UNFPA further needs to emphasize commitment from the government and other IPs to put in place strategies that strengthen accountability

Sustainability can also be affected by overdependence on UNFPA as a donor instead of being a partner.

Origin: EQ 6

*Associated Recommendation: SR 2*

**Conclusion 6 (C6):** Office typology and human resources were aligned to the shift to upstream implementation

At Country Office, there is efficient use of human, financial, logistics and technical resources. The CO has skilled staff in all the programme areas. The structure of human resources is aligned to Strategic outcomes and outputs. However, there is a lack of alignment of the CO human resources to the shift to the upstream needs for lower middle-income country, characterized by advocacy, knowledge management and communication, which are key skills for the CO to realize the desired results. For example, With the efforts of the CO, communication is a key function that is lacking to improve on documentation as well as the high MMR requires an expert in the field to help government identify and implement MH evidence-based promotive MH strategies.

Origin EQ 4, EQ5,

*Associated recommendation SR 5*

### 5.3 Programmatic Level

At the programmatic level, the evaluation concludes that the CP made great continuations in the various components and ensured improvements on the gaps that existed and access to thematic services. Capacity strengthening; policy, SOPs and guidelines development; and partnerships and collaboration among targeted stakeholders yielded synergy in finding solutions to the existing situations at the time of programme design. Implementation of the programme through government structures assured ownership and support in the implementation framework.

### 5.3.1 Sexual and Reproductive Health and Rights

**Conclusion 1 (CRH1):** UNFPA created and enabling policy environment and enhanced coordination of service delivery among stakeholders involved in SRHR, FP, HIV & AIDS and MNCH, thereby strengthening capacities and reducing possibility overlaps.

The CO facilitated the establishment of mechanisms to coordinate the work of stakeholders in order to ensure harmonization, efficient resource use, leveraging and alignment with national plans and strategies. The existence of several programme specific TWGs and Committees has significantly improved the delivery of services as partners plan, implement and monitor activities in unison.

*Origin: EQ 3*

*Associated Recommendation: SRHR 1*

**Conclusion 2 (CRH2):** Strengthening capacities of IPs, health workers and CSOs towards improving quality and integrated health service provision in turn yielded better results and focused implementation

The quality of care in service provision was enhanced through the development of guidelines, standards and SOPs which are being utilized at health facility level to guide service provision. The support towards integrating FP into other programme areas yielded good results and efforts should continue to integrate FP into remaining programme areas. However, inadequate funding affected the full dissemination, orientation and use of some guidelines.

Several capacity building efforts in the areas of SRHR, FP and MNCH improved skills and knowledge amongst health workers to deliver high quality services. The capacity building programmes require continuity and institutionalization to keep skills and knowledge refreshed amongst health workers.

The AYPHS initiative has been re-engineered to ensure full integration within services provided in health facility settings. This would improve accessibility to comprehensive services by the youth and in the long term, reduce teenage pregnancies, STIs and HIV/AIDs, which currently the key health challenges being faced by the youth.

Even though many efforts were made in enhancing the capacity of SRHR stakeholders in the country, MMR, teenage pregnancies, HIV incidence remain a public health challenge. In addition, it is only FP that is fully integrated as there are still some stock outs on some life-saving maternal drugs that leads to the high maternal deaths in the country. Capacity building the government and partners to do their work more effectively would also be a consideration to make in the programme. It is evidence that there is a lot of generation of knowledge, but management is an issue. Replication and use of lessons learnt would be key in enhancing benefits of the programme.

**Origin:** EQ 3

*Associated Recommendation: SRHR 2*

**Conclusion 3 (CRH3):** UNFPA CP contributed to improvements of key SRHR, FP and MNCH indicators in the country

The CO contributed to improvement of key SRHR, FP and MNCH indicators including unmet need for FP, CPR, Utilization of condoms amongst the youth, and stock out of modern contraceptives. The introduction of more varieties of LARC has expanded choice for clients and is expected to contribute to the reduction of unmet need as well as significantly improve CPR over the medium to long term. The absence of a national brand for condoms or presence of different brands of condoms is thought affect uptake in as far as preferences by clients is concerned.

The support towards strengthening the capacity of the CMS, LMIS, quantification and forecasting has, in a long time, resulted in tremendous

improvement of the indicator monitoring stock outs of modern contraceptives. This result has ensured that the MOH also takes charge and assumes full responsibility for FP commodities. However, the role of UNFPA is still required especially in sourcing some items that are difficult to procure using the normal public procurement systems. Hence, reviving the RHCS funding would be a step in the right direction. Further, the implementation of the Compact of Commitment on Maternal Health – 2018-2020 would comprehensively improve MNCH indicators. Since MMR and unmet need among young people remains unacceptably high, despite all the interventions. There is urgent need for innovative strategies.

**Origin:** EQ 3

*Associated Recommendation: SRHR 3*

**Conclusion 4 (CRH4):** High MMR, teenage pregnancy and HIV incidence as well unmet need among young people and women living with HIV.

Despite the high investment on SRHR, there are still high MMR (452/100000 live births), teenage pregnancies and FP unmet need among young people and women living with HIV. There is need for analysis and evaluation of the interventions being implemented, to identify evidence-informed interventions for combat these public health challenges. An engagement of an expert in this field could be potentially valuable.

**Origin:** EQ 3 & EQ 4

*Associated Recommendation: SRHR 4*

### 5.3.2 Youth and Adolescents

**Conclusion 1 (CAY1):** Effectiveness of educational programmes targeting the youth and adolescents

The implementation of the CSE and LSE has shown very good progress as more youth have

responded positively to the lessons imparted. The approach taken to introduce the programmes has ensured that both learners and teachers/trainers derive the necessary skills and knowledge to keep the programmes running and relevant. There is increased demand for these programmes amongst in school and out of school youth.

**Origin:** EQ 3 & EQ 4

*Associated Recommendation:* AY1

**Conclusion 2 (CAY2):** Enhanced participation of the youth in various platforms

The programme implemented in the Shiselweni region demonstrated how the youth could be actively involved in addressing their own issues. The Youth Centre provides a platform for discussion without fear or prejudice and was regarded by the youth as a ‘safe haven’. This model needs to be replicated in other regions and the youth encouraged to take leadership in issues involving them. The teen clubs are also an important initiative through which SRH and life skills messages are communicated and so far are working well. They provide a platform for disseminating information about of health and related issues and thus need to be scaled up to cover the whole country. Further, the Tune Me app and mobisite resonates well with the youth and is an intervention that requires further support and scale up.

**Origin:** EQ 3 & EQ 4

*Associated Recommendation:* AY2

### 5.3.3 Gender Equity and Women Empowerment

**Conclusion 1 (CGW1):** The CO has achieved its targets despite some data gaps to inform evidence-based approaches to GBV.

The gender component delivered on most planned interventions, specifically around advocacy, coordination and capacity building on GBV response and management, thus establishing an enabling environment for gender equality and women’s empowerment. Inadequate, outdated and disjointed data hinders effective advocacy and programme design for effective response to GBV. Efforts have started to mobilize resources for GBV indicator study and government have been calling for studies to understand the dynamics of GBV in the country.

*Origin:* EQ3

*Associated Recommendation:* GEWE R1, R2

**Conclusion 2 (CGW2):** The CO has established structures and tools to respond to GBV.

UNFPA was able to establish regional and national structures to respond to GBV through the GBV Referral Networks, provided guidance tools<sup>117</sup> and advocacy initiatives that resulted in a gender responsive legal and policy framework. Through capacity strengthening of duty bearers and non-state actors, capacity of key agencies has improved in the execution of their mandates for GBV. This has established a system that respond comprehensively to GBV cases.

**Origin:** EQ4

*Associated Recommendation:* GEWE R3 R4

**Conclusion 3 (CGW3):** Weak institutionalisation and coordination of GBV response at national level.

With the GBV Referral Network established and effectively responding to GBV case, there is still a gap in institutionalisation of the network in the various organisations. Moreover, the DGFI that is

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<sup>117</sup> National Guidelines for the Multi-Sectoral Response to Gender Based Violence

responsible for coordination and monitoring of the response is faced with capacity challenges.

**Origin:** EQ5

*Associated Recommendation: GEWE R5*

### 5.3.4 Population Dynamics

**Conclusion 1 (CPD1):** The Programme made progress in strengthening population data systems for programming and policy dialogue, with weak integration of PD into development planning.

UNFPA made huge contribution in availing data for development planning in the country through supporting the ICT-enabled population census, demographic dividends, CRVS annual report, and supporting thematic surveys producing reports for decision-making. Disaggregated data by age, sex and other demographic and socio-economic characteristic being produced and made available in thematic interventions areas. The data were also used to enhance advocacy on use of population data for development planning. Even though data was available through the CP activities, institutionalising evidence-generation and integration of population dynamics into development planning to inform programme effectiveness remains weak. There is also very little being done to target various segments of the population, especially those living with disabilities and other vulnerabilities.

**Origin:** EQ 3

*Associated Recommendation: PD1*

**Conclusion 2 (CPD2):** There is low integration of population dynamics into planning and sectoral strategies and plans. Policy influence on evidence-based programming is also limited due to inadequate institutional capacities.

Policy influence on the use of population dynamics in programming is still low in the country due to inadequate capacity at institutional levels and unavailability of products for different audiences. The stakeholders should be encouraged to advocate more for use and mining of data from the existing datasets. Different data products should also be availed to various development audiences.

**Origin:** EQ4

*Associated Recommendation: PD2*

**Conclusion 3 (CPD3):** Inadequate accountability and commitment on evidence-based programming at institution level

Staff turnover and frequent reshuffles were reportedly common in the government departments affecting consistency or continuity of support any time a new appointment is made. A part from this disrupting sustainability, it also affects the timely delivery of interventions, as most are time-bound.

**Origin:** EQ 3, EQ4, EQ5, EQ7

*Associated Recommendation: PD3*

## CHAPTER 6: RECOMMENDATIONS

### 6.1 Introduction

This chapter presents the recommendations of the Country Programme Evaluation (CPE) along strategic and programmatic considerations based on the findings, conclusions and feedback from the CP stakeholders.

The recommendations are classified into high and medium priority. High priority refers to implementation within a 1-2-year period whilst medium priority refers to implementation within a 3-4-year period. Implementation of the recommendations would also require increased resource allocation to strengthen the role of the CO to provide technical support, as well as avail additional funding to IPs.

### 6.2 Strategic Recommendations

**Recommendation 1 (SR1):** Strengthen national capacity development based on identified gaps to enhance the delivery of services by the national stakeholders.

It is evident from the results of this evaluation that UNFPA is achieving most of its programme objectives, with a wide range of strategic approaches, with inadequate capacities among the national stakeholders affecting level of delivery. UNFPA should therefore continue to focus on institutional capacity development through a well thought out plan, informed by capacity needs assessment. A clear and broad-based capacity building strategy covering the programme cycle for the government and Civil Society Organization partners will strengthen institutions stemming influence of systemic challenges. This should include strengthening institution's policies and resources capacities.

**Origin:** Q1 and Q2

*Related Conclusion:* C1

Priority: High

**Recommendation 2 (SR2):** UNFPA to enhance high-level advocacy to influence strategy and policy implementation.

The evaluation identified inadequate accountability and commitment from the government institutions, especially on implementation of policies and guidelines, and strengthening their contributions in the development framework. UNFPA should advocate for policy implementation, including utilizing Parliament more, in their critical role of making laws, to advocate for establishment of policy implementation guiding frameworks to enable monitoring and review process. In this role, Parliament can push and demand implementation of developed policies.

**Origin:** EQ 1, EQ3, EQ5, EQ7

*Associated Conclusion:* C1

Priority: High

**Recommendation 3 (SR3):** Strengthen strategic partnerships with key government, civil society organizations and academic institutions for enhanced outcome achievement; while maintaining or strengthening coordination within the UNCT

With dwindling resources, UNFPA needs to strengthen the relevant strategic partnerships with key government and non-government and even private institutions to ensure strong presence in UNFPA's mandate. This can also include strengthening linkages and technical capacity for the required capacity area, to maintain high quality and reputation of UNFPA. Collaborating with academic institutions for the generation of technical expertise in the areas of CP focus and train in the areas of focus. These strategic partnerships worked well and should continue in the next Country Programme. UNFPA should also continue to work jointly within UN agencies responding on similar areas to increase efficiency and effectiveness of the interventions e.g. Gender equality, HIV&AIDS, maternal mortality,



adolescent and youth programmes could benefit from enhanced coordination among UN.

**Origin:** EQ1, EQ3, EQ 4, EQ6

*Associated Conclusion:* C3 and C5

Priority: High

**Recommendation 4 (SR4):** There is a need to invest in an effective and dynamic M&E System that is results-based and promotes objective tracking of performance throughout the programme cycle.

CPE established weakness in the M&E, with some outcome indicators whose results chain were not linked or clear within the defined theory of change. The definitions and measurement of the indicators were also not clear. There is need to invest in monitoring and evaluation system including providing technical capacity support to the IPs. Ownership of M&E processes by the UNFPA staff should also be included in this approach to enhance results focus and capture by the team.

**Origin:** EQ3, EQ 5

*Associated Conclusion:* C4

Priority: High

**Recommendation 5 (SR5):** There is a need to align the office typology to the country classification.

The next CP needs to align its office typology to bring in skills to strengthen upstream work in line with the lower middle income status of Eswatini. An appropriately restructured and streamlined office typology is required with a capacity development strategy for the 7<sup>th</sup> CP. The office could also benefit from having a Communications Specialist to focus on knowledge management, documenting of best practices and dissemination of information, to optimize impact.

*Origin:* EQ4, EQ5

*Associated Conclusion:* C5

Priority: High

## 6.3 Programmatic Recommendations

### 6.3.1 Sexual and Reproductive Health and Rights

**Recommendation 1 (SRHR 1):** Strengthen the functioning of coordinating bodies

The capacity of existing TWGs and Committees needs to be strengthened especially in the areas of planning and reporting. Also, the capacity of the MOH-SRH Unit needs to be strengthened in order to lead and facilitate the TWGs and Committees so that their plans complement one another and proper linkages and work scheduling are appropriately done.

*Origin:* EQ3

*Associated Conclusion:* CRH1

Priority: High

**Recommendation 2 (SRHR 2):** Strengthening mentoring and supportive supervision

The guidelines/SOPS/standards development and capacity building initiatives need to be strengthened through mentoring and supportive supervision at health facility level. So far, this is a weak area with a potential of affecting the quality of health services. Health workers need close supervision to ensure correct and consistent application of skills and knowledge. The CO may support the development of a supervision checklist for managers.

On the other hand, increased investments are required towards training of midwives. The CO needs to support Midwifery Training Schools by nurturing them to provide high quality trainings and further support at least one school to be a Centre of Excellence.

*Origin: EQ3*

*Associated Conclusion: CRH2*

*Priority: High*

**Recommendation 3 (SRHR 3): Advocate for the increasing of investments in MNH**

Despite the implementation of some capacity building and surveillance initiatives under the MNH component, it largely remains underfunded. The Compact of Commitment on Maternal Health needs to be fully implemented in order to significantly improve related indicators especially the maternal mortality rate. An LMIS for MNH supplies and commodities needs to be established to minimize or eliminate the stock-outs of some life-saving maternal drugs that leads to the high maternal deaths in the country. This will ensure full integration of MNH.

With regard to FP, innovative strategies to reduce the high unmet need for FP among young people and women living with HIV are to be identified and urgently implemented. In addition, FP is to be integrated in key service delivery points such as gynaecological wards, HIV standalone service delivery points and maternity departments. The CO should also expedite support towards the execution of the Condom Preference Study which is expected to determine whether a national condom brand could be effective or not, amongst other recommendations. Communities also have to be empowered with regard to condom access and use whilst homecare givers and RHMs need to be capacitated on condom distribution. There needs to be special focus on strengthening SRHR for persons living with disabilities, key populations and migrants. Access to FP services also has to be broadened for the aforementioned groups. The RHCS funding needs to be revived in order to strengthen the consistent supply of FP commodities.

*Origin: EQ3*

*Associated Conclusion: CRH3*

*Priority: High*

**Recommendation 4 (SRHR 4): Implement innovative and evidence-informed initiative to promote SRHR services usage by young Emaswati**

Regardless of the institutionalization of AYPHS, teenage pregnancies and HIV incidence among young Emaswati continue to be a challenge for the country. UNFPA has to implemented and evidence-based strategy in partnership with donors, partners and UN agencies to reverse these challenges. One approach is to taking advantage of the 4<sup>th</sup> Industrial revolution.

*Origin: EQ3 & EQ4*

*Associated Conclusion: CRH4*

*Priority: High*

**6.3.2 Youth and Adolescents**

**Recommendation 1 (AY1): Scale up and improve the LSE programmes**

The LSE programmes have performed well and need to be scaled up to cover all regions beyond Shiselweni. There is a need to introduce programmes that would complement the CSE (e.g. menstrual health management programme). On the other hand, the LSE Manual requires updating in light of the new developments such as the SODV Act and inclusion of modules on Leadership and Entrepreneurship.

More focus also needs to be directed at parental engagement, establishing livelihood programmes for the out of school youth, reaching out to young people within correctional settings, developing capacity for young people to be advocates and including aspects of leadership and entrepreneurship.

The programmes have to involve youth that are disadvantaged especially, adolescents living with disabilities who are at most times victims of GBV and other forms of abuse. Further, deliberate investments have to be made in support of out of

school youth e.g. TVET. In addition, LSE has to be fully integrated into the primary school curriculum. For sustainability, efforts have to be made to ensure that LSE is fully included into all teacher training institutions.

*Origin: EQ3*

*Associated Conclusion: CAY1*

Priority: High

**Recommendation 2 (AY2):** Increase focus on building capacity of adolescents and youth networks to meaningfully participate in international, regional and national decision making platforms.

The CO needs to invest more in capacity building programmes for the youth on leadership skills and ability to influence policy and strategy. The youth have to be supported to 'lead from the front' in national forums such as the National Youth Consortium. The CO could also support the creation of a platform for sharing best practices in youth and adolescent development with the youth being presenters and facilitators.

*Origin: EQ3*

*Associated Conclusion: CAY2*

Priority: High

### 6.3.3 Gender Equality and Women's Empowerment

**Recommendation 1 (GEWE1):** Conduct research on the GBV landscape in the country to inform both advocacy and programming

There is need to generate enough evidence to inform decision making, advocacy and programming in GBV in the country. This will also help to monitor progress on current interventions in the country. Studies like the GBV

indicator study<sup>118</sup>, this study will measure and monitor the extent, effect, cost of and efforts to end violence against women in the country and be a basis for designing responsive program strategies.

*Origin: EQ 3*

*Associated Conclusion: CGE1*

Priority: High

**Recommendation 2 (GEWE2):** Support the National GBV surveillance system

The National GBV Surveillance is one of the tools that can drive evidence based programming and advocacy. There is need to support the current system to be able to generate accurate, reliable and up-to-date data. This will also enable to monitor the effectiveness of the GBV referral network and development of tools to track the referral system.

*Origin: EQ3 and EQ4*

*Associated Conclusion: GE2*

Priority: High

**Recommendation 3 (GEWE3):** Strengthen the national GBV prevention, response and management at community, constituency, regional and national levels.

Barriers to full institutionalization of the GBV Referral Network should be explored and resolved so that the opportunities and effectiveness of the network can be fully utilized to respond to GBV cases comprehensively.

*Origin: EQ5*

*Associated Conclusion: GE3*

Priority: High

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<sup>118</sup> Discussions started spearheaded by UNFPA

**Recommendation 4 (GEWE4):** Conduct a well-informed public education on the SODV Act

To respond to misconceptions and myths around the SODV Act, there is a need to conduct a responsive public education on the Act. Also there is a need to increase accessibility of the act to the public in various formats that enable easy understanding of the act and development of regulation that operational the act. There is also need to update various youth manual to be in line with the SODV act. Furthermore, since UNFPA already have a platform to reach young people (TuneMe), this platform can also be used to reach out to young people with SODV education.

*Origin: EQ3 and EQ4*

*Associated Conclusion: GE3*

Priority: High

**Recommendation 5 (GEWE5):** Sustain and strengthen the coordination capacity of the DGFI through strategic advocacy.

The CO should continue advocacy with relevant government system and development partners to avail resources to build the capacity of the DGFI to fully excess its role of coordination.

*Origin: EQ3, EQ4 and EQ5*

*Associated Conclusion: GE3*

Priority: High

### 6.3.4 Population Dynamics

**Recommendation 1:** Establish a broader strategy to strengthen statistical systems capacity for data generation, analysis, and dissemination, as well as advocate for use of data to inform development planning to address data needs or gaps in the country.

UNFPA should strengthen its support on building capacities for data collection, analysis, and enhancing the use of data to inform evidence-based decisions. Advocacy at national level

would be invoked to elicit interest in establishment of frameworks aimed at improving the availability of timely and quality data. UNFPA has strong technical capacity in collaboration and building partnerships, and this should continue to move forward the ICPD agenda. Further, the census improved inclusion of people living with disabilities and key populations. Towards fulfilling the principle of leaving no one behind, there is need for deliberate efforts to pay special programming-attention to target those living with disabilities, among other vulnerabilities.

Origin: EQ4

*Associated Conclusion: CPD1*

Priority: High

**Recommendation 2 (PD2):** There is need to establish research framework to increase evidence-based programming and policy influence

Availability of population data for decision-making through research strategy, including understanding related behaviours. Establishing a framework to guide on implementation processes at institutional levels and unavailability of products for different audiences. The stakeholders should be encouraged to advocate more for use and mining of data from the existing datasets among stakeholders.

Origin: EQ4

*Associated Conclusion: CPD2*

Priority: High

**Recommendation 3 (PD3):** Strengthen accountability and commitment on evidence-based programming at institution level

Continue to support increased availability of disaggregated quality data for evidence-based policy development, planning, implementation, monitoring and evaluation. Establishment of

national strategy for the development of statistics at the CSO will guide generation of evidence and implementation of policies to address staff turnover and gaps caused by frequent reshuffles.

**Origin:** EQ4, EQ8

*Associated Conclusion: CPD3*

Priority: Medium

ANNEXES

**Annex 1: CPE Terms of Reference**

**Evaluation of the UNFPA Eswatini 6<sup>th</sup>  
Country Programme 2016-2020**

**Terms of Reference**

## Acronyms

<b>AWP:</b>	Annual Work Plan
<b>CO:</b>	Country Office
<b>CPD:</b>	Country Programme Document
<b>CPE:</b>	Country Programme Evaluation
<b>DAC:</b>	Development Assistance Committee (of OECD)
<b>DFID:</b>	Department for International Development (UK)
<b>EM:</b>	Evaluation Manager
<b>EQA:</b>	Evaluation Quality Assessment
<b>ERG:</b>	Evaluation Reference Group
<b>FGDs:</b>	Focus Group Discussions
<b>GoES:</b>	Government of the Kingdom of Eswatini
<b>HIV:</b>	Human Immunodeficiency Virus
<b>HR:</b>	Human Resources
<b>ICPD:</b>	International Conference on Population and Development
<b>IPs:</b>	Implementing Partners
<b>MIC:</b>	Middle Income Country
<b>MICS:</b>	Multi-Indicator Cluster Survey
<b>MMR:</b>	Maternal Mortality Ratio (Rate)
<b>MTR:</b>	Mid-Term Review
<b>OECD:</b>	Organization for Economic Cooperation and Development
<b>P&amp;D:</b>	Population and Development
<b>PHC:</b>	Population and Housing Census
<b>PRC:</b>	Peer Review Committee
<b>PRSP:</b>	Poverty Reduction Strategy Paper
<b>SDGs:</b>	Sustainable Development Goals.
<b>SRHR:</b>	Sexual Reproductive Health and Rights
<b>TOR:</b>	Terms of Reference
<b>UN:</b>	United Nations
<b>UNCT:</b>	United Nations Country Team
<b>UNDAF:</b>	United Nations Development Assistance Framework
<b>UNEG:</b>	United Nations Evaluation Group
<b>UNFPA:</b>	United Nations Population Fund
<b>WHO:</b>	World Health Organization

## 1.0 Introduction

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA's new strategic plan (2018-2021), focuses on three transformative results: to end preventable maternal deaths; end unmet need for family planning; and end gender-based violence and harmful practices.

UNFPA started operating in Eswatini in 1974 and is currently implementing the 6<sup>th</sup> cycle of the Government of Eswatini/ UNFPA Country Programme which for the period 2016-2020. The country programme addresses population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and Sustainable Development Goals (SDGs). The country office has planned to conduct the end of programme Country Programme Evaluation (CPE) to document the lessons from the interventions implemented during the 6<sup>th</sup> cycle of the Government of Eswatini/ UNFPA Country Programme for continued improvement, greater accountability and transparency.

The 2019 UNFPA Evaluation Policy requires Country Programmes to be evaluated at least once every two cycles and this policy will guide the evaluation process. In addition, the ten general UNEG principles as well as the four institutional norms will be upheld and reflected in the management and governance of the evaluation.

The purpose of this country program evaluation is to assess the programme performance. More specifically, the evaluation will look into determining factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation along with the UNDAF Mid-term evaluation that could inform the formulation of the next Country Programme of UNFPA and in support to the Government of the Kingdom of Eswatini.

The main audience and primary users of the evaluation is the UNFPA Eswatini CO, national partners and relevant government departments and agencies. They all will benefit from the findings, conclusions and recommendations of the evaluation. UNFPA Eastern and Southern Africa Regional Office (ESARO) and Independent Evaluation Office (IEO) will also benefit from the evaluation process and resulting report. In addition, the UN agencies represented in the country will use the findings of this evaluation during the development of the next UNDAF.

The evaluation will be conducted by independent evaluators in close cooperation with IEO of UNFPA, ESARO Regional M&E Adviser and UNFPA Eswatini CO. The evaluation will be managed by the UNFPA Eswatini CO. The evaluation is expected to be designed and implemented in accordance with the UNFPA methodological Handbook (<https://www.unfpa.org/EvaluationHandbook>).

## 2.0 Country context

The Kingdom of Eswatini officially changed its name from Swaziland to Eswatini in 2018. The Kingdom of Eswatini has made significant progress in health especially towards defeating malaria over the past decade as a result of shared efforts and global solidarity to rid the continent



of this preventable and treatable disease once and for all. The country has also reduced new HIV infections by 44% and is considered as one of the countries that is on the verge of ending AIDS. The country also has a stable monarchical democracy although with a sluggish economic growth. The Kingdom of Eswatini's HDI value for 2017 was 0.588— which put the country in the medium human development category— positioning it at 144 out of 189 countries and territories. The rank is shared with Zambia. Between 1990 and 2017, Kingdom of Eswatini's HDI value increased from 0.536 to 0.588, an increase of 9.8 percent. Moreover, the Kingdom of Eswatini has committed itself to achieving the Sustainable Development Goals (SDGs) will be presenting a voluntary SDGs progress performance report to the United Nations Economic and Social Council (ECOSOC) in 2019.

The Government of the Kingdom of Eswatini developed the Strategy for Sustainable Development and Inclusive Growth (SSDIG) as its national development strategy in line with Sustainable Development Goals (SDGs). However, the strategy is in line with the king's vision of 2022.

The Kingdom of Eswatini Country Programme is implemented under the auspices of Delivering as One UN (DaO) which was adopted in the country in 2013. The UN reforms have strengthened the DAO approach even further through the delinked Resident Coordinator system, in addition to the other elements such as One Budgetary Framework, One Leader and One Office.

A number of lessons learned from the 2011-2015 programme, fed into the formulation of the current country programme.

The total estimated budget of the 6<sup>th</sup> country programme was \$7.5 million consisting of \$3 million and \$4.5 million from regular and non-regular resources respectively. The 6<sup>th</sup> country programme is implemented by 8 implementing partners namely the National Population Unit; The Central Statistical Office who are both under the Ministry of Economic Planning and Development. Other implementing partners are the Department of Gender and Family Issues in

the Deputy Prime Minister's Office; the Ministry of Health Sexual and Reproductive Health Unit; the Family Life Association of Eswatini (FLAS); Swaziland Action Group Against Abuse (SWAGAA); the Church Forum and the Ministry of Sports Youth and Culture Affairs. The Programme has 4 outcomes and 9 outputs. The Programme's outputs were initially 5 between 2016 and 2018 and increased to 8 after alignment with the new UNFPA Global Strategic plan 2018-202.

Timely measurement of progress and performance of programme implementation has been conducted regularly by the country office (CO) and implementing partners through quarterly and annual reviews. The National Population Unit in addition to being an implementing partner of the country programme is also the coordinating unit of the country programme.

The estimated budget of the country programme also required a Resource Mobilization Strategy and a Partnership Strategy which were developed and serves as guiding tools in support of resource mobilization efforts. Key strategic considerations and specific actions are identified in order to target the most viable donors for resource mobilization opportunities in the context of the challenging and evolving development and donor landscape.

### 3.0 UNFPA Programmatic Support to Eswatini

The UNFPA Programme is aligned with the national priorities, the SDGs, the ICPD Programme of Action, UNFPA corporate Strategic Plans 2014- 2017 and 2018-2021 and, subsequently to the UNDAF 2016-2020. UNFPA Eswatini aligned the Country Programme Document (CPD) 2016 -2020 with the new 2018 -2021 Strategic Plan following the approval of the new UNFPA Strategic Plan by the Executive Board in 2017 and as well as the adoption of the 2030 Sustainable Development Agenda. Although the initial CPD was still relevant, it experienced major shifts since its inception in 2016 emanating from the following;

i) Organizational Strategic shift through the Strategic Plan 2018 -2021; ii) the Contextual shift informed from its implementation and iii) the SDGS.

The overall goal of the UNFPA Country Programme is to contribute to the development and establishment of equal opportunities for men and women in order to improve the quality of life in the Kingdom of Eswatini. Working with and for women and young people through partnerships with the Government, UN agencies, development partners, civil society and private sector partners and stakeholders, UNFPA Eswatini strives to attain universal health access and people centred transformative positive change through the following interventions;

(a) empower women and the youth, girls and boys, with skills to fulfil their potential, avoid risky behaviours, express themselves freely and contribute to development;

(b) promote access to quality integrated sexual and reproductive health information and services that are youth-friendly and gender-sensitive;

(c) uphold the rights of women and young people, specifically adolescent girls, to grow up healthy and safe;

(d) encourage women and young people to participate fully in design, planning, implementation, monitoring and evaluation of development and humanitarian programmes; and

(e) leave no one behind in national development plans, policies and programmes.

The four programme outcomes of the UNFPA Eswatini are:

**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

**Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

**Outcome 3:** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

**Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

The programme outputs are:

#### **A. Outcome 1: Sexual Reproductive Health**

**Output 1:** Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services. The strategies include: a) advocating for increased national resource allocation for RH commodities including condoms, to improve the reproductive health commodity supply chain management, and for equitable and high quality services; b) supporting implementation of national policies, guidelines, protocols and strategies on SRH and family planning, including dual protection; c) strengthening the capacity of health care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level; d) building a national accountability mechanism through the maternal death review system and the civil society organizations to ensure access to quality care according to human rights principles; and e) building capacity of civil society and youth to advocate for equitable youth-friendly services that integrate HIV and family planning in rural areas in particular. In addition, If UNFPA Eswatini:

- Increases capacity of health facilities for provision of structured & focused quality ANC services;
  - Strengthen capacity to provide quality pre-natal services;
  - Review and develop tools/guidelines and algorithms for ANC to enhance service delivery.
  - Strengthen supportive supervision and mentoring on the compliance of the guidelines and standards to improve quality of care;
  - Reviewing protocols and job aids on common maternal and neonatal conditions
  - Enhances capacity for provision of quality intrapartum care
  - Support procurement of lifesaving commodities and other essential supplies for labour and delivery.
  - Support and ensure an uninterrupted supply of commodities and availability of functional equipment and life-saving drugs.
  - Capacity building for midwives and doctors on normal and emergency obstetric and neonatal care including monitoring and documentation.
  - Strengthen supportive supervision and mentoring on the compliance of guidelines and standards to improve quality of care.
  - Improves client management during postpartum
  - Refresh HCWs skills on client monitoring during postpartum especially for caesarean section clients for early detection of postpartum hemorrhage.
  - Review and develop tools/guidelines and algorithms for ANC, intra-partum and post-partum to enhance service delivery.
  - Strengthen supportive supervision and mentoring on the compliance of guidelines and standards to improve quality of care.
  - Reviewing protocols and job aids on common maternal and neonatal conditions.
  - Provides updated service delivery guidelines, protocols and algorithms
  - Review and develop tools/guidelines and algorithms for ANC, intra-partum and post-partum to enhance service delivery.
  - Advocate for supportive environment to provide quality prenatal, intrapartum and postpartum care
  - Advocate for the deployment of adequate numbers of appropriately skilled personnel in all health centres and maternity units.
  - Support the medical and nursing Council to strengthen MNH clients' protection, integrity, and rights.
  - Advocate for the operationalization (equipping and staffing) of health centers that have been converted into CEmONC.
  - Improves monitoring and evaluation of MNH interventions
  - Supporting maternal and perinatal data collection and analysis to inform services at all levels of care
  - Supporting quality national and regional maternal and perinatal death reviews
  - Strengthen Maternal Death Surveillance Review (MDSR) at the facility and community level
- Then this will result in:
- Improved access to quality and comprehensive MNH services especially during Antenatal, intrapartum and postpartum.
  - Improved capacity for maternity and high volume health facilities to provide MNH services.
  - Enhanced skills of health care workers to provide MNH services.
  - Strengthened MNH data capturing, analysis and reporting for evidence based programming and decision making.
  - Reduced hospital based maternal deaths.
  - Strengthened supply chain management for maternal and newborn lifesaving medicines and commodities.

**Output 2: National capacities are strengthened including competent workforce to deliver high quality integrated SRH services and information, in particular for adolescents and in humanitarian setting.** This output will be achieved through: a) supporting the development of integrated essential service packages, protocols, guidelines and quality assurance tools for integrated sexual reproductive and HIV services targeting young people; b) building the capacity of health service providers on integrated non-discriminatory youth-friendly service provision; c) conducting evidence-based advocacy targeting policy makers and health service providers for provision of high quality, integrated and equitable sexual reproductive health services including maternal health; d) supporting implementation of the 10-step-comprehensive condom programming, in particular step nine and ten; and e) providing technical assistance to integrate sexual and reproductive health and HIV in the health sectors emergency preparedness plans to cater for the needs of affected populations.

**Output 3: Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings.** This output will be achieved through: a) Provide TA on supply chain management and partner with regional institutions on cross-border supply chain solutions; b) support quantification of commodities; c) provide TA on LMIS M&E; Commission research on supply chain management, policy and programming; d) conduct south – south cooperation.

## **B. Outcome 2: Adolescents and youth**

**Output 6:** Adolescents and young people are empowered with Skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being improved, including through comprehensive sexuality education. The strategies include: a) advocate for

scaling up and institutionalisation of comprehensive sexuality education both in and out of school; b) capacity building of Government and civil society to increase coverage of out of school comprehensive sexuality education programmes through the community engagement and mobilisation approaches; c) establishment of forums for youth participation in development processes; d) Strengthen technical capacity to improve comprehensive sexuality education coverage and quality with a focus on curricula, pedagogy, monitoring and evaluation; e) Strengthen capacity of teachers, traditional, religious and cultural leaders/initiators/ parents on comprehensive sexuality education and health providers on adolescent AYFHS by supporting the development, dissemination and implementation of guidelines and training materials; f) development and operationalization of leadership development programme for adolescent girls, particularly in rural areas, in collaboration with development partners and civil society; and g) support the development of comprehensive sexuality education curriculum for training of pre- and in-service teachers.

**Output 7:** Policies and programs in relevant sectors beyond health and functional youth network advocating for ASRHR. The strategies include: a) Continuous engagement to influence laws and policies and enhance adolescent and young people uptake of integrated SRH/HIV services and information; b) Evidence based advocacy to influence laws, and policies and strategies; c) Support research and evidence generation including documentation and dissemination of effective and innovative approaches including the demographic dividend; d) Support innovation, including the use of mobile technology (e.g TuneMe), and of social and other media (e.g music, Facebook, Twitter); e) ensure participation of young people in key international and regional platforms; f) engage in

strategic partnerships and collaborations; and g) advocacy for and monitoring of the implementation of sexual reproductive health, HIV prevention and education policies that protect the rights of adolescent girls.

### **C. Outcome 3: Gender equality and women's empowerment**

**Output 9:** Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls. The strategies are: a) Engagement of regional and international networks to influence laws and policies for gender equality; b) advocate for integration of gender equality and reproductive rights into the development of human rights standards and accountability frameworks; c) advocating for the implementation of the recently enacted Sexual Offences and Domestic Violence Act as well as the implementation of the national gender-based violence prevention strategy; d) Support government and civil society organizations to monitor implementation and track accountability for protection reproductive rights and gender equality; e) Support the development of comprehensive frameworks to address the most pervasive forms of violence against women and girls and other harmful practices affecting their SRH and reproductive rights, including child, early and forced marriage; and f) Support the implementation and monitoring of Essential Services Package on GBV prevention and response, with emphasis on the health sector response and SRH/FP services;

**Output 10:** Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context. The strategies are: a) Providing technical assistance to government entities and inter-agency working groups to integrate gender-based violence in humanitarian preparedness and response plans; b) Develop

skills and tools for the integration of gender-based violence prevention and response actions into country-level contingency, preparedness and response plans; c) Support implementation of Minimum Standards for GBV response in humanitarian contexts; d) Identify and upscale successful prevention interventions, including those engaging men and boys; e) Support the up scaling of innovations, including mobile technology for gender-based violence reporting; f) Support high level partnerships with various stakeholders (e.g AUC, RECs, Pan African Parliaments, Men and Boys Networks, religious leaders and community leaders including women's group at community level) to promote and coordinate positive social norm transformation;

### **D. Outcome 4: Population dynamics**

**Output 13:** National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis. (a) Produce and disseminate reliable ICT-enabled population census and survey data identify those left behind by conducting integrated analysis and using national and sub-national population, health and gender data. (b) Advocacy with National Statistical Offices and other data stakeholders for disaggregation of data and analysis of demographic disparities, social and economic inequalities affecting access to sexual and reproductive health; c) Strengthen collaboration with United Nations agencies, data partners and other key stakeholders including on census, civil registration and vital statistics and surveys; d) Establish and strengthen strategic partnership with academia, research institutions, think tanks and UN Agencies, including for more robust data generation methods during humanitarian;

**Output 14:** Demographic intelligence mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD

related policies and programmes. Strategies will include: a) Support the review of ICPD beyond 2014 Framework and SDGs for further action by African Union Commission organizations, such as STC-HPDC, REC, as well as other accountability stakeholders including parliamentarian, youth-led and civil society organizations; b) Use demographic dividend analysis to lobby for increased focus on empowerment of adolescents and youth, with special attention on young women and marginalized populations; c) Embed the analysis of population trends and needs within policies, programmes and advocacy; d) Conduct qualitative research to triangulate data and better identify causal factors and mechanisms explaining why some populations are left behind; e) Track donor and domestic financial resources flows for population activities; f) provide technical assistance to the Central Statistics Office on the use of modern technologies and innovative approaches in data collection, processing, analysis and dissemination in preparation of the 2017 population and housing census; g) generate evidence through surveys and researches on legal and socio-cultural determinants contributing to protection or violation of rights of youth and adolescents in the areas of sexual reproductive health, HIV and gender-based violence; h) build capacity of programme managers and planners for in-depth analysis of population surveys and service data; i) establish and popularize different information sharing forums to encourage knowledge and use of data, targeting civil society, government sectors, parliament, academia and youth; and j) support the revision of the population policy to promote integration of population variables in development plans.

The UNFPA Eswatini 2016-2020 Results and Resources Framework approved by the Executive Board in June 2015 was developed in line with the UNFPA Strategic Plan 2014-2017, and

afterwards, in 2018, it was aligned with the new UNFPA Strategic Plan 2018-2021. Currently the sixth UNFPA Country Programme contributes to SP outcomes 1,2,3,4 and outputs 1,2,3,6,7, 9,10,13, and14.

The programme is being implemented in close partnership with the Kingdom of Eswatini Government and its line ministries, as well as civil society organizations. The 6<sup>th</sup> CPD 2016-2020 approved by the Executive Board had a total of \$7,5 million for the 5-year programme, of which \$3,0 core funds and \$4,5 million to be raised from non-core resources.

### 3.0 Objectives and Scope of the Evaluation

*The overall objectives of the Country Programme Evaluation (CPE) are:*

- enhancing the accountability of UNFPA for the relevance and performance of the country programmes
- broadening the evidence base for the design of the next programming cycle; and
- generating a set of clear forward-looking and actionable recommendations logically linked to the findings and conclusions. These recommendations will include specific guidance on the development of the 7<sup>th</sup> country programme.

*The specific objectives will be:*

1. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress of the UNFPA Programme towards the expected outputs and outcomes set forth in the results framework of the country programme;

2. To provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results
3. To assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e. what worked well and what did not work well;
4. To draw key lessons from past and current cooperation and provide a set of clear and forward- looking options leading to strategic and actionable recommendations for the next programming cycle.

### Scope of the Evaluation

The evaluation will focus on assessing the outputs and outcomes achieved through the implementation of the programme. The evaluation will cover all the four geographic regions of Eswatini where UNFPA implemented interventions namely Hhohho, Manzini, Shiselweni and Lubombo. The evaluation will also cover the technical areas of the 6<sup>th</sup> CP namely; Sexual and Reproductive Health, Adolescents and Youths and Population Dynamics. The evaluation should consider UNFPA’s achievements since January 2016 against intended results and examine the unintended effects of UNFPA’s intervention and compliance with the UNFPA’s Strategic Plans 2014-2017 and 2018-2021, as well as its relevance to national priorities and those of the CPD. The evaluation will also cover all the four

technical areas of the 6<sup>th</sup> CP namely; Sexual and Reproductive Health, Adolescents and Youths, Gender and Population Dynamics. The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

### 4.0 Evaluation Criteria and preliminary Evaluation Questions

In accordance with the methodology for CPEs as outlined in the UNFPA Evaluation Office Handbook on How to Design and Conduct Country Programme Evaluations (2019), the evaluation will assess the relevance of the 6<sup>th</sup> CP including the capacity of the CO to respond to country needs and challenges. The evaluation will also assess progress in the achievement of outputs and outcomes against what was planned (effectiveness) in the country Programme Results and Resources Framework (RRF), efficiency of interventions in terms of human as well as financial resources and sustainability of results. Relevance, effectiveness, efficiency, sustainability as well as coordination with the UNCT will constitute core evaluation criteria for the subject assignment. The focus of the evaluation is summarized in the definitions table<sup>119</sup> below;

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were
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<sup>119</sup> See <https://www.unfpa.org/EvaluationHandbook> p. 53-54

	aligned throughout the programme period with government priorities and with strategies of UNFPA – The ability to <i>respond</i> to: (i) changes and/or additional requests from national counterparts, and (ii) shifts caused by external factors in an evolving country context.
Effectiveness	The extent to which intended country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the country programme outcomes. How funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results?
Sustainability	The extent to which continuation of benefits from a UNFPA-financed intervention are likely to continue, after it has been completed linked in particular continued resilience to risks.
<i>UNCT Coordination</i>	The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the United Nations Country Team; and the extent to which the UNFPA Country Office is coordinating with other UN agencies in the country, particularly in the event of potential overlaps.

The indicative guiding questions based on the above main components will be as follows:

**Relevance**

1. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners;
2. To what extent is the current programme reflective of UNFPA policies, strategies and transformative results agenda as well as global priorities including the goals of the ICPD Program of Action SDGs;

**Effectiveness**

3. Were the CP’s intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?
4. What were the constraining and facilitating factors and the influence of context on the achievement of results?

**Efficiency**



5. Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?

### **Sustainability**

6. Are programme results sustainable in short and long-term perspectives? How UNFPA Eswatini ensured sustainability of its programme interventions?
7. Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

### **UNCT Coordination**

8. To what extent has the UNFPA Eswatini country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
9. To what extent is the UNFPA Country Office coordinating with other UN agencies in the country, particularly in the event of potential overlaps?
10. To what extent does the UNDAF/CPD fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

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

## **5.0 Evaluation Methodology and Approach**

### **5.1 Approach**

The CPE evaluation methodology must be designed to meet the objectives spelt out in section 3 of the TORs by using contribution analysis as its central, theory based analytical approach. This is a theory-based evaluation aiming to build a credible case about the extent observed differences /results are a consequence of the 2016-2020 CP, as opposed to other factors. The sixth CP results framework will provide the basis in this regard, focusing on outputs and their contribution to respective outcomes. The CP Theory of Change (ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation including the most important implicit assumptions underlying the change pathways. The evaluation should be transparent, inclusive, participatory, and responsive to gender and human rights and will include a broad range of partners and stakeholders at different levels, including representatives particularly from the government line ministries, civil society organizations; the private-sector; UN agencies; other multilateral organizations, bilateral donors, and most importantly, the programme beneficiaries.

### **5.2 Methodology**

The evaluation team will use a mixed-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate. Quantitative methods will encompass compiling and analyzing quantitative secondary data through relevant reports, financial data, and indicator data. Quantitative data will be

used to assess trends in programming, investment and outcomes. This information will be complemented by qualitative methods for data collection consisting of document review, interviews, focus group discussions and observations through field visits. The evaluation will: a) review documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Programme Documents, Country Programme Action Plan, AWP, Country Office Annual Reports, UNDAF MTR report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the country programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan. The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

The evaluation team will develop the evaluation methodology in line with the approach presented in the UNFPA Handbook at <https://www.unfpa.org/EvaluationHandbook>.

The Handbook is designed as a practical guide to help the evaluation team apply methodological rigour to the design and implementation of the CPE. It is expected that the evaluation team is well acquainted with the Handbook at inception stage of the CPE.

### 5.3 Finalization of the Evaluation Questions and Assumptions

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative evaluations questions listed in the present terms of reference. They should also draw on the findings from the reconstruction of the intervention logic of the country programme. The evaluation questions will be included in the evaluation matrix (see Annex 5) and must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators also indicated in the matrix. 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 officers.

### 5.4 Sampling strategy

The CO will provide an initial overview of interventions, locations and stakeholders. Based on the discussions and informed by the desk review, the evaluation team will select a sample of sites and stakeholders for data collection clearly identifying the selection criteria applied. Stakeholders will be selected from national as well as sub-national levels.

The sampling strategy shall form part of the evaluation team's design report. The CO will provide necessary inputs such as information on the priority programmes, accessibility and logistical support to collect data. The sample of sites and stakeholders shall reflect the variety of the CP interventions in terms of themes and contexts across the country where the programme is being implemented.

## 5.5 Data Collection

Data collection methods will be linked to the evaluation criteria, evaluation questions and assumptions that are included within the scope of the evaluation. The evaluation matrix will be utilized to link these elements together. The evaluation will consider both secondary and primary sources for data collection. Secondary sources will inform the desk review that will focus primarily on programme reviews, progress reports, monitoring data gathered by the country office in each of the programme components, evaluations and research studies conducted and large scale and other relevant data systems in country. Primary data collection will include semi-structured interviews at national and subnational level with beneficiaries, government officials, representatives of implementing partners and civil society organizations and other key informants. Field visits will be conducted on a sample basis during which focus group discussions will be conducted with beneficiaries and observations will provide additional primary data. Data is to be disaggregated by sex, age and location, where possible. The evaluation team is expected to spend about two weeks in Eswatini meeting with stakeholders at national and sub-national levels. The proposed field visit sites, stakeholders to be engaged and interview protocols will be outlined in the inception report to be submitted by the evaluation team. When choosing sites to visit, the evaluation team should make explicit the reasons for selection. The choice of the locations to visit at sub-national level needs to take into consideration the implementation of UNFPA's program components in those areas and done in consultation with the evaluation manager and ERG.

## 5.6 Data Analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be undertaken at the level of programme outputs and their contribution to outcome level changes.

Evaluation questions set within the change pathway of the ToC will be tested to assess change as well as UNFPA's contribution to the changes observed over the years. The reconstructed ToC and the assumptions therein will be tested during the conduct of the evaluation. Determination of progress will be based on data responding to the indicators in the evaluation matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA's contribution to the change observed.

## 5.7 Validation Mechanisms

All findings of the evaluation need to be supported with evidence. 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 UNFPA Eswatini Country Office programme managers and other key program stakeholders. A validation workshop with members of the ERG and other key stakeholders will be conducted at the end of the field phase.

## 5.8 Limitations to the Methodology

The evaluation team will identify possible limitations and constraints during the data collection phase and present mitigating measures in the draft report.

### 5.9 Ethical Considerations

The evaluation process should conform to the relevant ethical standards in line with UNEG and UNFPA Ethical Guidelines for Evaluation, including but not limited to consideration of informed consent of participants, privacy, and confidentiality. Mechanisms and measures to ensure that standards are maintained during the evaluation process, should be provided in the design report. Details on the ethical standards are provided in Annex - 6.

### 6.0 Evaluation Process

The Evaluation process will follow the evaluation process described in the UNFPA Handbook at <https://www.unfpa.org/EvaluationHandbook><sup>120</sup>. The evaluation will unfold in five phases, each of them including several steps:

#### Preparation phase

During this phase UNFPA the Kingdom of Eswatini CO will: prepare ToR; receive approval of the ToR from the UNFPA Independent Evaluation Office (IEO); select potential evaluators; receive pre-qualification of potential evaluators from IEO; Recruit external evaluators; Assembly of Evaluation Reference Group (RG); Compile Initial list of documentation\Stakeholder mapping and list of Atlas Projects.

#### Design phase

During this phase evaluation team will conduct:

- Documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;

- 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;
- 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;
- Finalization of the list of evaluation questions; and preparation of evaluation matrix;
- 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 leader will develop and present a design report (including evaluation matrix, the CPE agenda with the support of CO, data collection and sampling strategy) based on the template provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA in line with the UNFPA Evaluation Policy.

#### Field phase

After the design phase, the evaluation team will undertake a two-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

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<sup>120</sup> UNFPA Handbook at <https://www.unfpa.org/EvaluationHandbook> p. 64-83

findings and testing tentative conclusions and/or recommendations.

### Reporting 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 the 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 be disseminated among key programme stakeholders (including key national counterparts) for the comments. The **final report**

will be drafted shortly taking into account the comments made by the programme stakeholders.

### Quality Assurance

The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team leader prior to submitting the deliverables to the review of the CO.

The CO recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

Evaluation quality assessment checklist:

1. Structure and Clarity of the Report
<b>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</b>
2. Executive Summary
To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology
<b>To provide a clear explanation of the methods and tools used, including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)</b>
4. Reliability of Data
<b>To ensure sources of data are clearly stated for both primary and secondary data. To provide an explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.</b>
5. Findings and Analysis

**To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.**

6. Validity of conclusions

**To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.**

7. Usefulness and clarity of recommendations

**To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.**

8. SWAP - Gender

**To ensure the evaluation approach is aligned with SWAP.**

The second level of quality assurance of the evaluation deliverables will be conducted by the **CO evaluation manager**.

Finally, the evaluation report will be subjected to assessment by an independent evaluation quality assessment. The Reporting Phase closes with the three-stage evaluation quality assessment (EQA) of the final evaluation report. The EQA process involves: (a) a quality assessment of the final evaluation report by the CO evaluation manager; (b) a quality assessment by the regional monitoring and evaluation adviser; (c) a final independent quality assessment by the Evaluation Office. The evaluation quality assessment will be published along with the evaluation deliverables on the Evaluation Office website at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

### **Management Response, Dissemination and Follow-up phase**

The evaluation report will be shared by the country office with regional offices as well as the Evaluation Office and other relevant divisions at UNFPA headquarters. The evaluation report, accompanied by a document listing all recommendations will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document will become the management response to the evaluation. The evaluation report, along with the management response, will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization. Sharing of the final evaluation reports will be guided by a Communication Plan for Sharing Evaluation Results<sup>121</sup> completed by the CO in consultation with UNFPA ESARO. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document

<sup>121</sup> UNFPA Evaluation Handbook (2019): Template 16, pg. 279

in 2020. The report and the management response will be published on the UNFPA website.

## 7.0 Evaluation Expected Outputs/Deliverables

The evaluation team will produce the following deliverables:

- **Design report**<sup>122</sup> 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; (the design report should be maximum 30 pages excluding annexes)
- **Debriefing presentation document**<sup>123</sup> (not more than 45 MS Power Point slides) synthesizing the main preliminary findings, conclusions and actionable recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;
- A **Draft Evaluation Report**<sup>124</sup> (followed by a second draft, taking into account potential comments from the ERG)

- A **Microsoft PowerPoint presentation slides**<sup>125</sup> of the results of the evaluation for the dissemination workshop (not more than 45)
- A **Final Evaluation Report**<sup>126</sup>, prepared taking into account all the comments made (the report should be maximum 70 pages excluding annexes) and expressed during the dissemination workshop, and all collected data.
- An **Evaluation Brief**, a two-page summary of key evaluation findings/ conclusions/ suggested recommendations of the final CPE report
- **Electronic Copies** of data collected and analysed as well as all transcribed deliverables including synthesis notes per the CP components<sup>127</sup>

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA. The final report will be written in English.

## 8.0 Evaluation Work plan and indicative schedule of deliverables

### Work Plan Indicative Timeframe/ GANTT CHART

CPE Phases and Task	March				April				May				June				July				August				Sept			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<b>Preparatory phase</b>																												
Drafting of the Terms of Reference																												
Review and approval of Terms of Reference by ESARO and EO																												
Assembly of Evaluation Reference Group (ERG).																												

<sup>122</sup> Format of the Design Report is provided in Annex – 3

<sup>123</sup> UNFPA Evaluation Handbook (2019): Template 4, pg. 256

<sup>124</sup> Report format is provided in Annex - 7

<sup>125</sup> Sample: [https://www.unfpa.org/sites/default/files/admin-resource/Presentation\\_FP\\_key\\_results.pdf](https://www.unfpa.org/sites/default/files/admin-resource/Presentation_FP_key_results.pdf)

<sup>126</sup> Format of the Final Report is provided in Annex - 7

<sup>127</sup> Further discussion with the evaluation team will be held on the format and expected content





- Familiarity with the UNFPA work will be an added advantage.

**Roles and responsibilities of the Team Leader:**

- Provide overall technical guidance and leadership to the evaluation team;
- Responsible for the assessment of one thematic programme area;
- Provide the inputs for quality aspects of the overall process;
- Compile the design report with the inputs from national consultants
- Compile draft and final reports including his/her inputs on his/her assigned thematic area and deliver them on time, considering the quality assurance aspects. The team leader will have primary responsibility for the timely completion of a high-quality evaluation that addresses all the items required in this TOR.
- Responsible for debriefing the findings when required
- Liaise with Evaluation Manager particularly on issues related to the evaluation design, field work and reporting;

**Evaluation team leader** will be responsible for the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the national evaluation consultant and will also be responsible for the quality assurance of all evaluation deliverables. The Evaluation team leader will be an international expert in monitoring and evaluation of development programmes with the following necessary competencies:

- Extensive previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset.
- Familiarity with UNFPA’s work and mandate

- Familiarity and experience of working in the Eastern and Southern Africa Region (ESARO).
- Excellent analytical, communication and writing skills
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Fluency in English is required

**Qualifications and experience of National Consultant:**

Thematic programme area will be assigned following recruitment on the basis of their qualifications and experience. As stated earlier, a consultant will be assigned each to:

- Gender equality and Sexual Reproductive Health and Right (SRH/R) for both women and youths
- Population and Development and data issues.
- The National consultant should have a minimum of five (5) years of experience in conducting/managing programme/project evaluations, including in humanitarian and fragile situation.
- The National consultant should have experience in conducting evaluations in the relevant thematic area.

**Roles and responsibilities of the National Consultant**

- Contribute to the development of the design report in accordance with the UNFPA standards
- Collects and compiles primary and secondary data; verifies and analyzed towards the evaluation of UNFPA’s contribution to the relevant thematic areas of the country programme
- Participate in debriefing meetings
- Deliver quality reports on time

**Competencies for the national consultant:**

- Excellent analytical, writing and communication skills

- Ability to work with a multi-disciplinary team of experts
- Excellent problem identification and solving skills
- Excellent written and spoken English Language skills.

**National Evaluation Consultant** will have in-depth knowledge and experience of UNFPA programmatic areas and excellent knowledge of the national development context, issues and challenges in the country. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation National Consultant will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation National Consultant in the entire CPE process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary competencies of Evaluation National consultant will include:

- Extensive previous experience in Health, SRH, Population and Development,

researcher, data collection and analysis or other related field.

- Familiarity with UNFPA’s work and mandate
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication and writing skills
- Fluency in Siswati and English is required.

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.

**9.2 Remuneration and duration of Contract<sup>128</sup>**

The breakdown of the of workdays among the team of experts will be the following:

- 34 workdays for the International Consultant /Evaluation Team Leader;
- 20 workdays each for the 2 Evaluation National Consultants;

Evaluation phases	Number of work days		
	International consultant/Team leader and thematic expert in one of the 4 programme thematic areas	Local consultantTeam member 1	Local consultantTeam member 2
<b>Design report</b>	5	4	4

<sup>128</sup> The content of this section already changed and will be reviewed with the ERG.

<b>Data collection (fieldwork)</b>	15	15	15
<b>Debriefing meeting</b>	1	1	1
<b>Analyses and first/second draft report writing</b>	10	8	8
<b>Stakeholders' workshop</b>	1	1	1
<b>Final Report</b>	2	1	1
<b>Total</b>	<b>34</b>	<b>30</b>	<b>30</b>

The International Consultant has more days as team leader with oversight responsibilities for the entire assignment. The additional days are spread over the duration of the evaluation to ensure effective coordination, quality, finalization and submission of deliverables. The consultants will be paid an agreed daily rate within the UN consultants scale based on qualification and experience.

It should also be noted that the number of days presented in the table above represents a provisional estimate and that consultants will be able to review the distribution of days between components and phases according to the methodological approach they will recommend. However, the evaluation must respect the adopted roadmap.

The breakdown of workdays per expert and per evaluation phase is the following:

<b>PHASES/DELIVERABLES</b>		<b>RESPONSIBLE</b>	<b>PLACE</b>	<b>TIME-FRAME</b>	<b>Time allocated</b>
<b>Design phase</b>	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home - based	5 <sup>th</sup> – 12 <sup>th</sup> June	5 days
<b>Field phase</b>	Conducting data collection	All evaluation team	Eswatini selected sites	21-28 June	7 days
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Eswatini	28 <sup>th</sup> June	½ day
<b>Synthesis phase</b>	Data analysis	Evaluation team	Home - based	2 <sup>nd</sup> - 15 <sup>th</sup> July	6 days
	Production of the first draft final report	All evaluation team	Home - based	16 July	1 days

Comments by the evaluation reference group	ERG	Home based	-	17-23 July	0 day
Production of the second draft final report	All evaluation team	Home based	-	24-30 July	1 days
EQA of the second draft final report	EM	Home based	-	1-7 August	0 day
Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home based	-	8-15 August	3 days

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

The remuneration of the consultants will be made according to the breakdown provided below and will be based on the various deliverables. Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – Upon UNFPA’s approval of design report
2. Second payment (30 percent of total) – Upon the submission of the first draft evaluation report; and
3. Third payment (50 percent of total) – Upon UNFPA’s acceptance of the final evaluation report.

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

**9.3 Evaluation ethics**

The work of the evaluation team will be guided by the norms and standards established by the United Nations Evaluation Group (UNEG) available at

[www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines). 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 (See Annex 7 for sample template).

**10.0 Management and Conduct of the Evaluation**

The Country Programme Evaluation will be conducted according to the above Work Plan/ Indicative Timeframe. The CPE management will be overseen by an evaluation manager; an evaluation reference group and the evaluation team. Overall guidance to the CPE will be provided by the UNFPA Officer in Charge for the Kingdom of Eswatini with support of Evaluation Reference Group. The Evaluation will be managed and coordinated by the Evaluation Manager. The specific roles and responsibilities of the evaluation management team are:

**10.1 Evaluation Manager**

Under the overall guidance of the UNFPA Assistant Representative, the Monitoring and Evaluation Analyst will act as the Evaluation Manager to oversee the entire process of the CPE. He will receive technical operational and administrative support from the programme

officers and operations teams and guidance from the Regional M&E Adviser to:

- Prepare the Terms of Reference (ToR) for the evaluation;
- Identify potential evaluators and submit them to the Evaluation Office for prequalification;
- Compile a preliminary list of background information and documentation on both the country context and the UNFPA country programme;
- Constitute an Evaluation Reference Group (ERG);
- Prepare a first stakeholders mapping of the main partners relevant for the CPE and the Atlas project list.
- Sends final Evaluation report and EQA to regional M&E advisor at the ESARO and the Evaluation Office.

### 10.2 Evaluation Reference Group (ERG)

As per the UNFPA's Evaluation Handbook, an ERG will be put in place and tasked to provide guidance and constructive feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of the exercise throughout the process of the evaluation. This group comprises of external group of stakeholders (national government, civil society, multilateral and bilateral donors, sister UN agencies and UNFPA ESARO) and will consist of members from the following organizations and entities, subject to confirmation and availability:

1. Ministry of Finance (MoF)
2. Ministry of Economic Planning and Development (MEPD)
3. Ministry of Health (MOH)
4. Ministry of Sports Youth and Culture Affairs (MoSYCA)
5. Central Statistical Office (CSO)
6. National Population Unit (NPU)
7. Civil Society Organizations (CSOs)

8. Academia
9. UNICEF
10. UNDP
11. WHO
12. UNDAF Results Groups
13. UNDAF Monitoring and Evaluation Working Group (UNMEG)
14. Regional M&E Advisor, ESARO UNFPA

The ERG is expected to convene at least three times during the evaluation to discuss and comment on notes and reports produced by the evaluation team.

Members of the ERG are also expected to facilitate the evaluation team's access to information sources and documentation on the activities under evaluation. They will have the following specific responsibilities:

- Provide inputs to the ToRs and assure quality;
- Contribute to the selection of the evaluation questions;
- Provide comments on the design report;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection;
- Facilitate implementation of the evaluation, particularly during field work (enabling access to key informants, documents, mapping stakeholders, etc.);
- Provide comments on the main deliverables of the evaluation including the draft and final report;
- Advise on the quality of the work done by the evaluation team;
- Ensure that quality standards are reflected in the final evaluation draft;
- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

### 10.3 Evaluation Team

The Evaluation Team will consist of 3 technical experts inclusive of the team leader, who will be an International Consultant who also has to perform as a thematic expert in one of the areas. Considering that the CPE will cover 4 outcomes with additional focus on both development and humanitarian programmes components, the team leader will also act as a technical expert evaluator for a programme component. The other 2 team members will be selected in a way that they can cover other program components. The task distribution will be made in a way to ensure that the 4 outcomes and the development and humanitarian component is adequately covered during the evaluation:

**(a) Team Leader:** The evaluation Team Leader (International consultant), should have extensive experience in the conduct of evaluations (methodology; conduct of field work; analysis and report writing). He/she will cover a thematic component of the CPE, as well as provide overall leadership and guidance in drafting the inception report, field data collection, analysis and evaluation report writing; preparation of the final report as well as brief summary (Powerpoint slides) for presentation during the dissemination workshop.

**(b) Other evaluation team members:**

The 2 other evaluation team members (National Consultants) will cover specific programme component areas assigned to them on the basis of their qualifications and thematic expertise. They will be responsible for collection, compilation, analysis of data from both primary and secondary sources, and reporting on UNFPA's support to their areas of assignment under the country programme evaluation— They 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 their programme areas. Our thematic areas of intervention are centred around Sexual Reproductive Health and Right (SRH/R) for both

women and youths, gender equality and on Population and Development issues.

The UNFPA CO Evaluation Reference Group composed of representatives from the UNFPA country office in (country), the national counterparts, and 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.

The UNFPA CO Assistant Representative (AR) will support the Evaluation Manager as the CO most senior member in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA CO AR endorses the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E adviser and approves deliverables of the evaluation. The UNFPA CO Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

UNFPA CO will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The CO will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

### 11.0 Bibliography and Resources

1. UNDAF 2016-2020
2. Common Country Analysis document for the Kingdom of Eswatini 2016-2020
3. Country Programme Document 2016-2020
4. Aligned Country Programme Document 2016-2020
5. Compact of Commitment Document
6. UNFPA SP 2014-2017
7. UNFPA SP 2018-2021
8. Demographic Dividend Study Report
9. Relevant national policy documents for each programmatic area
10. Resource Allocation memos 2016, 2017, 2018 and 2019.
11. Programme Performance Assessment Review Report 2016-2018
12. Implementing Partner Annual Work Plans and progress reports (2016-2019)
13. Field Monitoring Visit Reports
14. Yearly SIS Annual Reports
15. UNDAF MTR Report 2018
16. Handbook to “How to Design and Conduct a Country Programme Evaluation at UNFPA” Revised and updated edition, February 2019 accessible at at <https://www.unfpa.org/EvaluationHandbook>
17. Country Programme Evaluation Report 2015

18. A Google drive that has all documents listed in the bibliography will be opened to the evaluation team upon recruitment.
19. UNFPA Independent Evaluation Office webpage: <https://www.unfpa.org/public/home/about/Evaluation>
20. UNEG Code of Conduct
21. UNEG Ethical guidelines
22. UNEG Guidance document – Integrating Human Rights and Gender Equality in Evaluations
23. UNEG Norms and Standards

**ToR Annexes**

Annex 1: List of documentation for review by the Evaluation Team

Annex 2: List of ATLAS Projects for the 6th Country Programme (2016-2019)

Annex 3: Outline of Design Report

Annex 4: Outline of Final Evaluation Report

Annex 5: The Evaluation Matrix

Annex 6: Ethical Code of Conduct for UNEG/UNFPA Evaluation

Annex 7: Code of Conduct for Evaluation- Staff Agreement Form

Annex 9: Implementing Partners (IPs) and other key stakeholders by areas of intervention

Annex 10: Evaluation Quality Assessment (EQA) Grid



## Annex 2: List of persons/institutions met

Name of Respondent	Organization / Agency	Role
UN Agencies		
<b>Ms Nathalie Ndongo-Seh.</b>	UN	Resident Coordinator
<b>Dr Cornelia Atsyor</b>	WHO	Representative
<b>Thembisile Dlamini</b>	UNAIDS	Community Mobilisation and Networking Advisor
<b>Tanya Radosavljevic</b>	UNICEF	Deputy Representative
UNFPA Country Staff		
<b>Margaret Thwala-Tembe</b>		Assistant Representative – UNFPA Eswatini
<b>Antoinette Manana</b>		Programme Analyst- Gender
<b>Sipho Dlamini</b>		Operations Manager
<b>Lucas Jele</b>		Programme Analyst- Monitoring and Evaluation
<b>Dr. Bongani Dlamini</b>		Programme Specialist- SRHR, HIV & Youth
<b>Thamary Silindza</b>		Programme Officer – Maternal Health/FP
<b>Rachel Masuku</b>		Population & Development Analyst
<b>Winile Gamedze</b>		Finance Officer
Government Ministry or Department		
<b>Jane Mkhonta-Simelane</b>	Department of Gender and Family Issues	Director
<b>Mpendulo Masuku</b>	Department of Gender and Family Issues	Monitoring and Evaluation Officer
<b>Mr Hlophe</b>	National Curriculum Centre	
<b>Ms Nomfundo Sukati</b>	National Curriculum Centre	
<b>Fanyana Dlamini</b>	Royal Eswatini Police	Domestic Unit Focal

<b>Rejoice Nkambule</b>	MOH	Deputy Director of Health Services ( Public Health)
<b>Bonisile Nhlabatsi</b>	MOH	SRH Programme Manager
<b>Bertram Stewart</b>	MOEPD	Principal Secretary
<b>Nomusa Tibane</b>	MOEPD	Chief Economist
<b>Amos Zwane</b>	Central Statistical Office	Director
<b>Victor Mhlongo</b>	National Population Unit	Director
<b>Peter Dlamini</b>	National Population Unit	Snr. Economist / Planning Officer
<b>Lindiwe Dlamini</b>	MOET	Director- Education and Guidance
<b>Bheki Thwala</b>	MOSYC	Director – Youth Affairs
<b>Dumisani Simelane</b>	MOSYC-SNYC	Programme Officer
Strategic Partners, Donors		
<b>Silke Felton</b>	PEPFAR	Deputy Country Director
<b>Russell Dlamini</b>	NDMA	Chief Executive Officer
<b>Sihle Mzileni</b>	NDMA	Operations Manager
<b>Senator Leckinah Magagula</b>	Parliament	Chair –Parliamentary Committee on Gender
<b>Thembi Gama</b>	NERCHA	Head of Programmes
<b>Siphiwe Nkombule</b>	Super Buddies	Director
<b>Samkelisiwe Simelane</b>	Super Buddies	Programme Manager
<b>Nosisa Ngwenyama</b>	Super Buddies	M&E Manager
Civil Society Organization and Implementing Partners		
<b>Nonhlanhla Dlamini</b>	SWAGAA	Director
<b>Lindiwe</b>	SWAGAA	Programme Manager
<b>Mncedisi Dlamini</b>	PSI -Eswatini	Condom Focal Person
<b>Tom Churchyard</b>	Kwakha Indvodza	Executive Director
<b>Mr Colani Magongo</b>	Church Forum	Director

<b>Ameliter Monroe</b>	Peace Corps	Youth Development
<b>Pamela Mhlanga</b>	Peace Corps	Programme Manager
<b>Virginia Doucet</b>	Peace Corps	Volunteer PM
<b>Beneficiaries</b>		
<b>Kwakha Indvodza Siphocosini group</b>	Kwakha Indvodza	
<b>Mpendulo Sibandze</b>	SNYC	Youth Group Member
<b>Mbongiseni Mazibuko</b>	SNYC	Youth Group Member
<b>Bonginkhosi Mkhonta</b>	SNYC	Youth Group Member
<b>Lindiwe Dlamini</b>	SNYC	Youth Group Member
<b>Temnotfo Dlamini</b>	SNYC	Youth Group Member
<b>Thabo Mbingo</b>	SNYC	Youth Group Member
<b>Linda Siziba</b>	SNYC	Youth Group Member
<b>Innocentia Dlamini</b>	Ministry of Health	Nurse
<b>Nontobeko Dlamini</b>	Ministry of Health	Nurse
<b>Samkelisiwe Dlamini</b>	Ministry of Health	Nurse
<b>Nambulelo Dlamini</b>	Central Statistics Office	Statistician
<b>Hanson Dlamini</b>	Central Statistics Office	Statistician
<b>Sabelo Simelane</b>	Central Statistics Office	Senior Statistician
<b>Robert Fakudze</b>	Central Statistics Office	Senior Statistician
<b>Phumlile Dlamini</b>	Central Statistics Office	Statistician
<b>Thabo Motsa</b>	Ministry of Health	M&E Officer

### **Annex 3: List of documents consulted**

#### **General**

- 6<sup>th</sup> Cycle Country Programme Document 2016-2020
- UNFPA Strategic Plan 2018 – 2021
- UNFPA Strategic Plan 2014-2017
- Eswatini CPD Alignment Document
- UNDAF (2016 – 2020) Report and Mid-Term Review Report 2018
- Performance Monitoring Plan
- Annual Work Plans (AWPs) 2017
- Annual Work Plans (AWPs) 2018
- Annual Work Plans (AWPs) 2019
- Annual report 2016
- Annual report 2017
- Annual report 2018
- Quarter 2 report 2019
- M&E and Resource Framework
- CP Alignment document
- List of Atlas Projects
- Finance document:
  - Budget and Expenditure by Programme Cycle Output 2016 – 2019
  - Combined Delivery Report for Partners – AFIDEP, SWAGGA, FLAS, NPU and CF
  - Project budgets and Expenditures 2016 – 2019
  - Budgets and Expenditure by Strategic Plan Outcomes and Outputs 2016 - 2019
- Implementing Partner Annual Work Plans and progress reports (2016-2019)
- Handbook to “How to Design and Conduct a Country Programme Evaluation at UNFPA” Revised and updated edition, February 2019
- Country Programme Evaluation Report 2015

#### **SRHR, and Adolescent and Youth**

- Annual National Sexual and Reproductive Health Program Report, 2015
- Reproductive Intentions and Family Planning needs among women living with HIV in the Kingdom of Eswatini (2018)
- Assessment on the extent of family planning in hospitals, health centres and ART sites in Eswatini, 2018
- National SRHR Strategic Plan, 2014-2018
- Sexual and Reproductive Health Report, 2017
- Swaziland Total Market Approach for Family Planning, 2017
- Extent and Drivers of Teenage Pregnancy in Swaziland, 2016
- The National Condom Strategy, 2018-2022
- Confidential enquiry on Maternal Deaths, Triennial report, 2014-2016

- Swaziland State of the Youth Report, 2015

## **GEWE**

- Mid-Term Review of United Nations Development Assistance Framework (UNDAF) 2016-2020 for Eswatini.
- Monitoring and Evaluation Framework for the Government of Kingdom of Swaziland/United Nations Population Fund Country Programme Document 2016-2020.
- United Nations Population Fund UNFPA strategic plan, 2018-2021
- Alignment of the UNFPA Eswatini Country Program to the new Strategic Plan 2018 -2021
- United Nations Population Fund Country programme document for Swaziland CPD 2016
- END-Term Evaluation of GoS/UNFPA 5th Country Programme [2011-2015]
- National GBV Surveillance System Report, 2016
- Swaziland Multiple Indicator Cluster Survey 2014
- The National Strategy to end Violence in Swaziland 2017-2022
- GLOW & BRO Eswatini Stakeholder Report 2018
- Guidelines for Health Sector Response to Sexual Violence- Clinical Management 2018
- MenEngage Eswatini Annual Report 2018/19
- National Guidelines for Multi-Sectoral Response to gender Based Violence Eswatini 2018
- National Study on the Drivers of Violence against children in Swaziland 2016
- The Sexual Offences and Domestic Violence Act, 2018
- UNFPA –Gender Quarterly Reports 2016- 2019
- Tom Churchyard and Leonard Kamugisha (2018) Using an Engendered, Integrated Community-Based Approach to HIV Prevention among Adolescent Boys in Peri-Urban Swaziland, An abstract presented at the International Aids Conference 2018.

## **Population Dynamics**

- National Demographic Dividend study
- ICPD at 2014 and Beyond Swaziland Country Report
- The 2017 Population and Housing Census: Preliminary Results

## **Websites Consulted**

- <https://www.uneca.org/stories/ministers-endorse-continental-report-population-and-development-issues-africa> accessed on 20/08/2019
- <http://www.gov.sz/index.php/component/content/category/141-test?Itemid=799> and [www.afdb.org/en/countries/southern-africa/eswatini/eswatini-economic-outlook](http://www.afdb.org/en/countries/southern-africa/eswatini/eswatini-economic-outlook) on 20/08/2019

## Annex 4: The Evaluation Matrix

Relevance			
<p><b>EQ1</b></p> <p>a. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners;</p> <p>b. To what extent did the country office has correctly analysed and interpreted the ongoing needs in the country and respond in light of changes and/or additional requests from national counterparts, and shifts caused by external factors.</p> <p><b>EQ2</b></p> <p>a. To what extent is the current programme reflective of UNFPA policies, strategies and transformative results agenda as well as global priorities including the goals of the ICPD Programme of Action SDGs; Was the programme aligned with the Government Priorities and Strategies throughout the programme period?</p>			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>Assumption 1: The evolving needs of the population, in particular those of vulnerable and special groups, such as women and youth, and those from remote areas, were well taken into account during the planning and implementation processes.</b></p>	<ul style="list-style-type: none"> <li>The existence and evidence of consultation of needs assessments, studies, evaluations, and qualitative and quantitative data analyses, that identify needs and lessons learned prior to programming and during the CP, updated periodically to guide the programme.</li> <li>Separate components are integrated in planning with cross cutting aspects such as human right, gender and equity.</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA CO M&amp;E Framework</li> <li>Strategic Information System (SIS) annual reports.</li> <li>National policy/strategy documents.</li> <li>Needs assessment studies.</li> <li>Evaluations – Evaluation of the 5<sup>th</sup> Country Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KI interviews</li> <li>Focus groups with beneficiaries and communities in targeted sites</li> <li>Site Observation - Visits to targeted areas and people</li> </ul>

	<ul style="list-style-type: none"> <li>● The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs.</li> <li>● Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalized and excluded population groups, and retargeted as needed.</li> <li>● Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme implementation.</li> </ul>	<ul style="list-style-type: none"> <li>● Key Informants from Government, CSOs and UNFPA CO</li> <li>● Beneficiaries.</li> </ul>	
<p><b>Assumption 2 : The CP is aligned with ICPD and SDGs and the core strategy of UNFPA; and the needs of the country and its population, particularly vulnerable groups, were taken into account in the 6<sup>th</sup> CP.</b></p>	<ul style="list-style-type: none"> <li>● CP and SIS reflect ICPD programme of Action, SDG goals and the core strategy of UNFPA.</li> <li>● Evidence of systematic identification of the country’s needs prior to the programming of each thematic component of the CP.</li> <li>● The extent to which UNFPA CO has appropriately taken into account the priorities of the Government of Eswatini and key stakeholders.</li> <li>● Choice of beneficiaries for UNFPA- supported interventions are consistent with identified needs as well as national priorities in the AWP, including women, youth and other vulnerable groups.</li> <li>● The CP contributes to building national capacities.</li> </ul>	<ul style="list-style-type: none"> <li>● ICPD, SDG reports, UNFPA Strategic Plan 2018-2020 and Strategic Plan 2014-2017, 6th CPD Alignment Document, CPD SIS, UNDAF and review</li> <li>● GOE/UNFPA 6<sup>th</sup> CPE, Needs Assessment Report</li> <li>● National policies/ strategy documents (e.g. National Population Policy, National Gender Policy, National Adolescent Sexual and Reproductive Health Policy), Eswatini Constitution, National Gender Policy, National Youth Policy)</li> <li>● CSO and government staff</li> <li>● UNFPA CO staff</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> </ul>

<p><b>Assumption 3: The CP was aligned with the Government Priorities and Strategies throughout the programme period</b></p>	<ul style="list-style-type: none"> <li>• The existence and evidence of wide consultations during needs assessments, studies, evaluations that identified needs and lessons learned prior to programming and during the CP, updated periodically to guide the programme, including design</li> <li>• Separate components are integrated in planning with cross-cutting aspects such as youth, adolescents, gender and equity</li> <li>• The choice of target groups for UNFPA-supported SRHR interventions is consistent with identified and evolving needs as well as national priorities</li> <li>• Extent to which the SRHR interventions supported by UNFPA targeted most vulnerable as needed (Youth, Women of Reproductive age and Lactating mothers)</li> <li>• Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme</li> </ul>	<ul style="list-style-type: none"> <li>• CPD, M&amp;E Framework, SIS</li> <li>• Needs assessment reports and Evaluations</li> <li>• Specific Government strategies (for identified priorities)</li> <li>• Key Informants from Government and Partners</li> <li>• Beneficiaries</li> <li>• UNDAF</li> </ul>	<ul style="list-style-type: none"> <li>• Interview with UNFPA staff</li> <li>• Literature review</li> <li>• Interview with relevant ministry staff</li> <li>• FGDs with beneficiaries</li> <li>• Site visits to the programme areas</li> </ul>
<p><b>Effectiveness</b></p>			
<p><b>EQ 3: Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?</b></p>			
<p><b>Assumptions to be assessed</b></p>	<p><b>Indicators</b></p>	<p><b>Sources of information</b></p>	<p><b>Methods and tools for the data collection</b></p>



<p><b>Assumption 1: The UNFPA CP planned outputs were successfully or are likely to be achieved, and contributed to the outcome results across all thematic areas.</b></p>	<ul style="list-style-type: none"> <li>● Extent to which M&amp;E of programme achievements indicate timely meeting of outputs.</li> <li>● The extent to which outputs in the CP and RRF are likely to have contributed to outcome results</li> <li>● Extent to which the response was adapted to emerging needs, demands and national priorities</li> </ul>	<ul style="list-style-type: none"> <li>● M&amp;E documentation.</li> <li>● AWP and APRs.</li> <li>● UNCT reports</li> <li>● Relevant programme, project and institutional reports of stakeholders.</li> <li>● CO staff</li> <li>● Government, IPs and beneficiaries</li> <li>● Site visits</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> <li>● Focus group discussions with beneficiaries</li> <li>● Observation at facilities</li> </ul>
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**Effectiveness**

**EQ 4: What were the constraining and facilitating factors and the influence of context on the achievement of results? To what extent has the programme integrated the cross-cutting issues of gender and human rights based approaches?**

<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for the data collection</b>
<p><b>Assumption 1: The CO has been able to adequately respond to changes in needs and build programme implementation on both negative and positive factors on the ground.</b></p>	<ul style="list-style-type: none"> <li>● The speed and timeliness of response (response capacity)</li> <li>● Adequacy of the response (quality of the response)</li> <li>● Evidence of changes in programme design or interventions reflecting context and influencing factors i.e. change in population needs and government priorities.</li> </ul>	<ul style="list-style-type: none"> <li>● AWP</li> <li>● APR</li> <li>● CO staff</li> <li>● Government and key partners</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> </ul>

<p><b>Assumption 2: Any unforeseen consequences of the CP have been documented and, where necessary, amendments to the CP are implemented or planned</b></p>	<ul style="list-style-type: none"> <li>● Evidence of unforeseen consequences in programme and project reports and assessments</li> <li>● Evidence of unforeseen consequences provided by KIs and/or beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>● AWP and APRs</li> <li>● CO staff</li> <li>● Government and key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> <li>● FGDs with beneficiaries</li> </ul>
<p><b>Assumption 3: The cross-cutting issues of gender and a rights-based approach are clearly apparent in the implementation of the CP</b></p>	<ul style="list-style-type: none"> <li>● Evidence of the integration of gender and a rights based approach within the planning, programme and project documents of UNFPA</li> <li>● Evidence of the integration of gender and a rights based approach provided by KIs and beneficiaries</li> <li>● Evidence of increased incorporation during the 6<sup>th</sup> CP of gender and a human rights approach in national policies, strategies and plans at national and county levels developed during this period, and in IP programmes and projects(outcome 1, 2 and 4)</li> </ul>	<ul style="list-style-type: none"> <li>● AWP and APRs</li> <li>● CO staff</li> <li>● Government and key partners</li> <li>● Key government policies, strategies and plans at national and county levels</li> <li>● IP progress reports</li> <li>● Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> <li>● FGDs with beneficiaries</li> </ul>
<p><b>Efficiency</b></p>			
<p><b>EQ 5: To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the country programme? To what extent are results effectively and efficiently measured and contributing to accountability in programming?</b></p>			
<p><b>Assumptions to be assessed</b></p>	<p><b>Indicators</b></p>	<p><b>Sources of information</b></p>	<p><b>Methods and tools for the data collection</b></p>
<p><b>Assumption 1. Implementing partners received UNFPA financial and technical support</b></p>	<ul style="list-style-type: none"> <li>● The planned inputs and resources were received as set out in the AWP and agreements with partners.</li> </ul>	<ul style="list-style-type: none"> <li>● AWP and APRs and IP, government reports</li> <li>● CO financial reports</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> </ul>

<p><b>as planned and in a timely manner</b></p>	<ul style="list-style-type: none"> <li>• The resources were received in a timely manner according to project time lines and plans</li> <li>• Budgeted funds were disbursed in a timely manner</li> <li>• Quality technical assistance to build capacity was available to the level planned</li> <li>• Evidence that technical assistance increased capacity among recipient stakeholders</li> <li>• Inefficiencies were corrected as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>• CO, government and IP staff</li> </ul>	
<p><b>Assumption 2: Administrative, procurement and financial procedures as well as the mix of implementation modalities led to efficient execution of programme activities.</b></p>	<ul style="list-style-type: none"> <li>• Appropriateness of UNFPA administrative, procurement and financial procedures</li> <li>• Appropriateness of IP selection criteria</li> <li>• Evidence of successful capacity building initiatives with partners</li> </ul>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• APRs</li> <li>• CO staff</li> <li>• Government and key partners</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• KI interviews</li> </ul>
<p><b>Assumption 3: The CO M&amp;E system was efficient and effective in documenting progress on the CP and guiding future implementation</b></p>	<ul style="list-style-type: none"> <li>• M&amp;E system in place</li> <li>• M&amp;E reports</li> <li>• Data quality management systems and flow</li> </ul>	<ul style="list-style-type: none"> <li>• M&amp;E reports</li> <li>• CO Interviews</li> <li>• IPs</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• KI interviews</li> </ul>
<p><b>Sustainability</b></p>			
<p><b>EQ 6: Are programme results sustainable in short and long-term perspectives? How has UNFPA Eswatini ensured sustainability of its programme interventions?</b></p>			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>Assumption 1: The benefits are likely to continue beyond programme termination</b></p> <p><b>Activities and outputs were designed taking into account a handover to local partners</b></p> <p><b>Interventions in the focus area incorporate exit strategies and UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes</b></p>	<ul style="list-style-type: none"> <li>● Evidence of the existence of an exit strategy</li> <li>● Evidence of a hand-over process from UNFPA to the related projects</li> <li>● Extent of ownership of each project by implementing partners</li> <li>● Extent to which the government and implementing partners have the financial means for continued support in maintenance of project outputs and outcomes.</li> <li>● Extent to which UNFPA has taken any mitigating steps if there are problems in this regard.</li> </ul>	<ul style="list-style-type: none"> <li>● Beneficiary groups</li> <li>● Government Ministries/Departments</li> <li>● Implementing partners</li> <li>● UNFPA Country Office staff</li> <li>● CPAP Annual Work Plans</li> <li>● Previous evaluations</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> <li>● Focus groups with beneficiaries</li> </ul>
<p><b>Assumption 2: UNFPA has been able to support its partners and beneficiaries in developing their capacities and establishing mechanisms to ensure ownership and the durability of CP effects.</b></p>	<ul style="list-style-type: none"> <li>● Indicators of ownership include dedication of budget lines in national budgets as well as leadership in planning and implementation of projects</li> <li>● Replication of CP activities; adaption of programme/project results in other contexts</li> <li>● Advocacy to promote CP objectives</li> </ul>	<ul style="list-style-type: none"> <li>● UNFPA staff</li> <li>● Implementing Partners</li> <li>● Government Ministries</li> </ul>	<ul style="list-style-type: none"> <li>● Document review</li> <li>● KI interviews</li> </ul>
<b>UNCT Coordination</b>			
<b>EQ7: To what extent has the UNFPA Eswatini Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?</b>			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection

<p><b>Assumption 1: The UNFPA country office has actively contributed to UNCT working groups and joint initiatives. (response from each outcome)</b></p>	<ul style="list-style-type: none"> <li>● Evidence of active participation in UN working groups</li> <li>● Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas</li> <li>● Evidence of exchanges of information between UN agencies</li> <li>● Evidence of joint programming initiatives (planning)</li> <li>● Evidence of joint implementation of programmes</li> </ul>	<ul style="list-style-type: none"> <li>● Minutes of UNCT working groups</li> <li>● Programming documents regarding UNCT joint initiatives</li> <li>● Monitoring/evaluation reports of joint programmes and projects</li> <li>● UN Staff and UNFPA CO staff</li> </ul>	<ul style="list-style-type: none"> <li>● Documentary review</li> <li>● KI Interviews</li> </ul>
<p><b>UNCT Coordination</b></p>			
<p><b>EQ 8: To what extent is the UNFPA Country Office coordinating with other UN agencies in the country, particularly in the event of potential overlaps?</b></p>			
<p><b>Assumptions to be assessed</b></p>	<p><b>Indicators</b></p>	<p><b>Sources of information</b></p>	<p><b>Methods and tools for the data collection</b></p>
<p><b>Asummption1: The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT. (response from each outcome area)</b></p>	<ul style="list-style-type: none"> <li>● Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members</li> <li>● Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members</li> </ul>	<ul style="list-style-type: none"> <li>● CPAP</li> <li>● UNCT</li> <li>● UNFPA Country Office</li> <li>● Monitoring/Evaluation reports of joint programmes and projects</li> <li>● UN Staff and UNFPA CO staff</li> </ul>	<ul style="list-style-type: none"> <li>● Documentary review</li> <li>● KI Interviews</li> </ul>
<p><b>UNCT Coordination</b></p>			

**EQ 9: To what extent does the UNDAF/CPD fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>Assumption 1: UNFPA has comparative strengths in the country – particularly in comparison to other UN agencies and UNFPA corporate features or are explained by the specific features of the CO.</b></p>	<ul style="list-style-type: none"> <li>● Extent of contribution to added value by UNFPA comparative strengths in the country – particularly in comparison to other United Nations organizations.</li> <li>● Uniqueness of UNFPA corporate features explained by specific aptitudes of the country office</li> </ul>	<ul style="list-style-type: none"> <li>● UNDAF/CPD reports</li> <li>● Senior management in line departments and national government counterparts</li> <li>● Implementing partners</li> <li>● Donors Other</li> <li>● United Nations organisations</li> </ul>	<ul style="list-style-type: none"> <li>● Documentary review</li> <li>● KI Interviews</li> </ul>
<p><b>Assumption 2: UNFPA has had no intended substitution or displacement effects at national or local level and that if there is any the magnitude of such effect and what are their repercussions and are minimal</b></p>	<ul style="list-style-type: none"> <li>● Evidence of possible substitution or displacements effects on the private sector, civil society organisations, academia, specific government bodies and other development partners in the country, including other United Nations organisations</li> </ul>	<ul style="list-style-type: none"> <li>● UNDAF/CPD reports</li> <li>● Senior management in line departments and national government counterparts</li> <li>● Implementing partners</li> <li>● Donors Other</li> <li>● United Nations organisations</li> </ul>	<ul style="list-style-type: none"> <li>● Documentary review</li> <li>● KI Interviews</li> </ul>

## Annex 5: Data Collection Instruments

### Programme Component 1: Sexual Reproductive Health

#### Informants: UNFPA SRHR and IPs Staff

##### Introduction:

a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.

b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

#### 1. **Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

- How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- Who was consulted regarding the design? To what extent were they consulted?
- What other actors have been involved, how does this activity contribute to that of others?

#### 2. **Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation**

- How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?
- How well is the work designed to achieve the outcomes/results in the M&E Framework? (to increase physician assisted deliveries, to increase demand by women for SRHR services, to reduce disparities in fertility and maternal mortality/morbidity, to improve SRHR knowledge of youth)
- Has UNFPA adapted the programme and activities to respond to changes in the institutional environment (e.g. dynamism in the government, restructuring of the Ministry of Health; and other IPs, including CSOs)?
- Were there any SRHR needs or priorities of the implementing partners that the country program did not address adequately or at all? If Yes, what were these needs and Priorities
- To what extent has UNFPA responded to SRHR emerging issues in the IDP Settlements or calamities? What were the factors that facilitated UNFPA response to such SRHR emerging issues? What were the factors that hindered the UNFPA response to such SRHR emerging issues?

#### 3. **Effectiveness of the approaches/activities/projects used to improve access to high quality SRHR services and for the most vulnerable.**

- What are the indications that the approach is working or making progress toward goals established to be achieved in 2015 - end of CP - (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) ; (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, increasing networks, etc.)
- Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
- What else should be done to make the programmes more effective?
- How effective was the training on adolescent and youth sexual and SRHR in addressing the adolescent and youth health?

- What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?

#### **4. Sustainability**

- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?
- Are financial resources available?
- Will the results of the project last after the CP is completed?
- (for UNFPA) is there an exit strategy?

#### **5. Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

- Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

#### **6. Functioning Coordination mechanisms**

- Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
- Are there gaps in the population needs, which would not have been identified by the UN system, collectively?
- How big of a difference is UNFPA making in SRHR in Eswatini, what contributes to its effect, what detracts?
- Can UNFPA input be improved or strengthened?

#### **7. Interviewee Recommendations**

- a. Programmatic
- b. Strategic



## **Key Informant Interviews; SRHR**

### **Policy-Makers & Ministry Directors**

#### **Introduction:**

- a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

#### **1. Which activities in your institution (department/ministry) were supported by the 6th Country Programme?**

#### **2. Relevance (Usefulness and value to stakeholders)**

- Do the objectives for programme interventions supported by the 6th Country Programme; address the needs of your organization, the needs of the institutions and users you serve?
- How has the programme supported the organization (ministry) to address the needs of your clients (users of population and other data)? If not, what issues still need to be addressed? Are the data used in planning? Examples
- To what extent are the results and benefits from the sixth Country Programme 2011-2015 useful to users of population data?
- How are UNFPA interventions integrated/ into related government programmes?
- Is UNFPA responsive to government needs in the context of Eswatini as a developing country?

#### **3. Efficiency (Organisational and programmatic efficiency)**

- How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
- To what extent were the activities managed in a manner to ensure the delivery of high quality outputs and best value for money?
- Were agreed outputs delivered?
- Was the programme approach, partner and stakeholder engagement appropriate for results delivery?
- Which partnerships were more strategic in bringing about results and value-for money?
- Were institutions adequately equipped to deliver on results-based management/ M&E for the CP?

#### **4. Effectiveness (Degree of achievements of outputs and outcomes)**

- To what extent did the UNFPA CP contribute to the stated outcome?
- Are the outcomes a result of/attribution to CP interventions?
- Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
- To what extent did the programme address the needs of the beneficiaries?
- Were strategic information outputs such as Census Reports and other research reports used to inform policy/planning?
- Are relevant population reports and demographic data used for planning?
- What else should be done to make the programmes more effective?

#### **5. Sustainability (Continuity of benefits after 6th Country Programme)**

- Were UNFPA interventions integrated into departmental plans?
- What are plans for sustainability within your organisation?

- Does your institution have capacity to continue programme interventions without UNFPA or any donor support? If not, what kind of assistance will be required?
- To what extent have the capacities been strengthened?

**Interviewee Recommendations**

- Any recommendations on improving data use?

**Interview Guide for Adolescent and Youth (ASRH) stakeholders**

- a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.
- c. Write the names of all the Participants

**1. Rationale for the project and activities undertaken**

**Possible questions:**

- Please describe the groups you are trying to reach through your participation in the activities and why you think it is important for SRHR?

**2. Relevance of the project/activities to the UN priorities, government policies and local structures**

**Questions:**

- How well does the activity/work fit in with the youth and adolescent activities across Eswatini?
- What effect do you think the work should have, with which groups?

**3. Effectiveness of the approaches/activities/projects used to improve access to high quality ASRH and FP services and for the most vulnerable.**

**Questions:**

- Can you provide examples of success of the approach/activities used during the programmes both long term and short term?
- How useful are these activities to communicate the ASRH messages?
- Can the youth network carry on the work without UNFPA? What will help the youth network to carry on the ASRH work on its own?

**4. Efficiency in the use of UNFPA resources (partners, staff, money, global experience)**

**Questions:**

- Did your work receive the needed support from UNFPA?
- Did the youth network receive any other support in connection with the UNFPA work and who provided this support?

**5. Functioning of coordination mechanisms**

**Questions:**

- Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?
- How big of a difference is UNFPA making in ASRH in Eswatini, what contributes to its effect, what detracts?
- How can UNFPA input be improved or strengthened?

**6. Interviewee recommendations**

## Programme Component 3: Gender Equality and Women Empowerment

### Key Informant Interview Guide for UNFPA Country Office Staff

#### Introduction:

- Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

Describe the UNFPA 6<sup>th</sup> Country Programme and your involvement in it.

#### 1. Relevance

- What are the national needs and priorities in Eswatini in terms of the development agenda? Does the 6<sup>th</sup> Country Programme (CP) address these needs and priorities of the Eswatini population in relation to gender equity?
- What aspects of the national and sectoral policies are covered in the sixth CP?
- Were the objectives and strategies of the Country Programme M&E Framework discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Gender Equality (GE) including GE/GBV/HR components?
- Who was consulted regarding the design? What other actors have been involved, how does this activity contribute to that of others?
- In your view, does UNFPA have the right strategic partnerships? Mutual benefit, critical to achieving shared vision
- Are there any changes in national needs and global priorities during the implementation period? How did UNFPA Country Office (CO) respond to these?

#### Effectiveness

- To what extent has UNFPA support in your Programme area reached the intended beneficiaries?
- Are outputs specified in the area achieved? Explain
- Overall, how effective is the 6<sup>th</sup> CP in Eswatini in terms of achieving the stated objectives?
- What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- What are the indications that the approach is working or making progress toward goals established for the CP (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, increasing networks, etc.)?
- Are there factors affecting successful implementation of the 6<sup>th</sup> CP?
- What factors have facilitated effective implementation of the 6<sup>th</sup> CP?
- Overall, what are the achievements of the 6<sup>th</sup> CP in respect of the Gender equity and GE/GBV/HR component area? [evidence]
  - Legal framework
  - Services (public/private) for whom
  - Capacity for implementation
  - Thought leadership
  - Social and cultural change
- What challenges were encountered during implementation of the 6<sup>th</sup> CP as far as your programme area is concerned?
- What do you consider to be the best practices from the 6<sup>th</sup> CP?
- To what extent do you see UNFPA's approach being catalytic to build wider support and action to address GE/GBV/HR?
- To what extent do you see UNFPA as having helped foster inclusion of gender based violence in national level dialogue and processes? - Within national programmes and policy

Note: Remember to ask for documents if not already shared

### **Efficiency**

- Explain the resources management process of your programme area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 6<sup>th</sup> CP implementation and achievement of results?
- How many consultants have worked on the 6<sup>th</sup> CP since inception? International consultants? National consultants?
- What was/is their output? How useful is the output in the implementation of the 6<sup>th</sup> CP?
- Describe UNFPA CO administrative and financial procedures in the 6<sup>th</sup> CP?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6<sup>th</sup> CP implementation? Explain
- How timely were resources for interventions disbursed for implementation?
- 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?
- Have the programme finances been audited?
- Any additional funding from the Government of Eswatini and other partners?
- What lessons has your Unit learnt in implementing the 7<sup>th</sup> CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

### **Sustainability**

- What are the benefits of the programme 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?
- What are the plans for sustainability of the programmes?
- Do you believe that there is political will and national ownership behind GE/GBV/HR interventions, and is this changing? Have programmes been integrated in institutional government plans?

### **UNCT Coordination**

- Is there any Inter-Agency Technical Working Group on this 6<sup>th</sup> CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in Eswatini? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- Can you say how well the activities are coordinated, overlapping and how is this handled?
- How could these challenges be overcome?
- What role has UNFPA played in the UNCT joint programs? Any specific contributions? Any lessons learned? Any challenges?
- Is UNFPA playing an active coordination or leadership role around GE/GBV/HR/HPs in the UN system?
- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How do implementing and national partners perceive UNFPA?

## **Key Informant Interview Guide for Implementing Partners**

**National Stakeholders:** Government Departments, CSO and NGOs

### **Introduction:**

- Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

Describe the UNFPA Country Programme and your involvement in it?

#### 1. Relevance

- What are the national needs and priorities in Eswatini in terms of the development agenda? Does the 6<sup>th</sup> Country Programme (CP) address these needs and priorities of the Swazi population at chiefdom, inkhundla and national levels? What aspects of the national and sectoral policies are covered in the 6<sup>th</sup> CP?
- Were the objectives and strategies of the Country Programme Monitoring and Evaluation Framework discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Gender Equality (GE) including GE/GBV/HR components?
- Do you see the work of UNFPA and its implementing partners as supporting the right things to address GE/GBV/HR, harmful practices and discrimination against women and girls?
- Are these the most relevant issues for UNFPA to focus on given national priorities and what other agencies are doing?
- Has UNFPA support to GE/GBV/HR been sufficiently sustained over time?
- In your experience, what factors most help or hinder achieving reductions in GE/GBV/HR?
- Have you seen evidence of expected or unexpected results from work on GE/GBV/HR that has been supported by UNFPA?
  - Legal framework
  - Services (public/private) for whom
  - Capacity for implementation
  - Thought leadership
  - Social and cultural change

#### Effectiveness

- Looking at the implementation so far, to what extent has 6<sup>th</sup> CP reached the intended beneficiaries?
- Are outputs/targets achieved?
- To what extent is there support to relevant groups including survivors of GE/GBV/HR, adolescents and youth, boys and men?
- Are there factors affecting successful implementation of the 6<sup>th</sup> CP?
- What factors have facilitated effective implementation of the 6<sup>th</sup> CP?
- Is UNFPA's work coordinated with other organisations, and has it led to more groups supporting action to address violence against women and girls?
- Has UNFPA support to GE/GBV/HR been sufficiently sustained over time?
- Do you believe that there is political will and official ownership behind GE/GBV/HR interventions, and is this changing?

#### Efficiency

- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6<sup>th</sup> CP implementation?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- 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 Government of Eswatini and other partners?
- Do you think that the UNFPA project targeted all civil society organizations in your state and elsewhere that can play an active role in the promotion of gender sensitive policies, services as well as education of subject communities?

### **Sustainability**

- What are the benefits of the programme 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?
- What are the plans for sustainability of the programmes?
- Have programmes been integrated in institutional government plans?
- Does your institution have the capacity to continue the programme interventions without any donor support?

### **UNCT Coordination**

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

## **Key Informant Interview Guide for UN Agencies**

### **Introduction:**

- Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.
  - Please could you explain a little bit about your role in relation to UNFPA's work on GE/GBV/HR?
  - What is your view of UNFPA's strategic positioning regarding GE/GBV/HR and how should it position itself in the future?
  - What are the comparative strengths of UNFPA in the UN system and does it add value to the work of other entities?
  - In your view, does UNFPA have the right strategic partnerships at the national and community levels – who else should UNFPA be working with?
  - Have you seen evidence of UNFPA's influence, including through the use of data on national decision-making or allocation of resources to address GE/GBV/HR?
  - Do you see UNFPA playing an active leadership role around GE/GBV/HR?
  - Do you see the work of UNFPA and its implementing partners as supporting the right things to address GE/GBV/HR, harmful practices and discrimination against women and girls?
  - Are these the most relevant issues for UNFPA to focus on given national priorities and what other agencies are doing?
  - In your experience, what factors most help or hinder achieving reductions in GE/GBV/HR?
  - In your view, do UNFPA's systems and structures support effective working?
  - Do you believe that there is political will and national ownership behind GE/GBV/HR/HP interventions, and is this changing?
  - To what extent do you see UNFPA's approach being catalytic to build wider support and action to address GE/GBV/HR?

## **Key Informant/ Focus group Interview Guide for Beneficiaries**

### **Introduction:**

- Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

I would like to know the type of support did you receive from (UNFPA implementing partner)

### **Relevance**

- What are the national needs and priorities in Eswatini/in your community in terms of the development agenda? How important is the work supported by (UNFPA implementing partner) to these needs and priorities at district, provincial and national levels?
- Does the (UNFPA implementing partner)'s work address the needs in: Sexual and Reproductive Health and Rights (SRHR), Population and Development (P&D), and Gender Equality (GE) including GBV?

### **Effectiveness**

- To what extent has UNFPA (Implementing Partner) support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example,
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?

### **Sustainability**

- What are the benefits of the programme 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?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO/ (Implementing partner) ensure ownership and durability of its programmes?

## **Programme Component: Population Dynamics**

**Informants:** UNFPA PD Staff

### **Introduction:**

- a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

#### **1. Rationale for the project and activities undertaken**

- How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- Have you conducted a problem analysis, needs assessment? Who was consulted regarding the design?
- What other actors have been involved, how does this activity contribute to that of others?

#### **2. Relevance of the project/activities to the UN priorities, government policies, local structures**

- How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it mobilise and work with NGOs, universities and private structures?
- How well is the work designed to achieve the outcomes/results in the M&E Framework?



- How well were UNFPA supported activities responding the contextual changes in the implementing environment? (such as ICPD)

3. **Effectiveness of the approaches/activities/projects used** to make available data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and such data are used at national and sub-national levels to develop and monitor policies and programme implementation.

- What are the indications that the approach is working or making progress toward goals established for 2030?
- What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- What are the strengths and weaknesses of the approaches to achieve the desired results?

4. **Sustainability:** Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA? How sustainable are the outcomes of this work, who will carry it on with or without UNFPA? What will improve or inhibit sustainability?

#### 5. **Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

- Have adequate resources of UNFPA been mobilized to implement the programmes - staff inputs, money or technical assistance, etc. what were the strengths and weaknesses?
- Has UNFPA mobilized the resources of other partners and stakeholders?
- What are the contributions of other partners or stakeholders – donors, in kind-contribution, etc in connection with the UNFPA work? (such as the universities, NGOs and the government institutions).
- Have the activities been implemented in accordance with the AWP?
- Have the activities been monitored and followed up within the AWP?

#### 6. **Functioning of coordination mechanisms**

Do you work with other UNFPA component staff on issues that would relate to PD as well? What are the cooperation areas and means of cooperation? How well the activities are coordinated particularly if there are overlapping fields? Have synergies been created?

#### **Key Informant Interviews; PD**

#### **Policy-Makers & Ministry Directors (Central Statistics Officer, National Population Unit and Ministry of Economic Planning and Development**

##### **Introduction:**

- Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
- Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.

1. Which activities in your institution (department/ministry) were supported by the 6<sup>th</sup> Country Programme?

- *PROBE:* Statistics Unit: data & report production
- *PROBE:* At Ministry: Population policy, integrating population and development

#### 2. **Relevance (Usefulness and value to stakeholders)**

- Do the objectives for programme interventions supported by the 6<sup>th</sup> Country Programme; address the needs of your organization, the needs of the institutions and users you serve?
- How has the programme supported the organization (ministry) to address the needs of your clients (users of population and other data)? If not, what issues still need to be addressed? Are the data used in planning? Examples

- To what extent are the results and benefits from the sixth Country Programme 2011-2015 useful to users of population data?
  - How are UNFPA interventions integrated/ into related government programmes?
  - Is UNFPA responsive to government needs in the context of Eswatini as a developing country?
3. **Efficiency (Organisational and programmatic efficiency)**
- How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
  - To what extent were the activities managed in a manner to ensure the delivery of high quality outputs and best value for money?
  - Were agreed outputs delivered?
  - Was the programme approach, partner and stakeholder engagement appropriate for results delivery?
  - Which partnerships were more strategic in bringing about results and value-for money?
  - Were institutions adequately equipped to deliver on results-based management/ M&E for the CP?
4. **Effectiveness (Degree of achievements of outputs and outcomes)**
- To what extent did the UNFPA CP contribute to the stated outcomes?
  - Are the outcomes a result of/attribution to CP interventions?
  - Were UNFPA interventions implemented at adequate scale to reach intended outcomes?
  - To what extent did the programme address the needs of the beneficiaries?
  - Were strategic information outputs such as Census Reports and other research reports used to inform policy/planning?
  - Are relevant population reports and demographic data used for planning?
  - What else should be done to make the programmes more effective?
5. **Sustainability (Continuity of benefits after 6<sup>th</sup> Country Programme)**
- Were UNFPA interventions integrated into departmental plans?
  - What are plans for sustainability within your organisation?
  - Does your institution have capacity to continue programme interventions without UNFPA or any donor support? If not, what kind of assistance will be required?
  - To what extent have the capacities been strengthened?

#### **Interviewee Recommendations**

- Any recommendations on improving data use?

#### **Key Informant Guide**

#### **UN, Donors, and Organizations that are not implementing the programme but are key players in the sector**

1. **Rationale for the project and activities undertaken**
  - How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities?
  - How well does the activity/work support the national structures that are in place? How well does it work within private structures?
2. **Relevance of the project/activities to the UN priorities, local structures**
  - How well is the work designed to achieve the outcomes/results in the UNDAF?
  - Has UNFPA adapted the programme and activities to respond to changes in the institutional environment and assistance environment

### **3. Effectiveness of the approaches/activities/projects used to improve access to high quality SRHR services and for the most vulnerable.**

- What are the indications that the approach is working or making progress toward goals established for 2030 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence)?
- What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA and other external actors?
- Are financial resources available?
- Will the results of the external assistance last after it is over?
- Does your organization have an exit strategy?

### **4. Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

- Can you comment on the quality of UNFPA's contribution in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- Can you comment on whether UNFPA's efforts have helped to bring in any other support from the government, other stakeholders, such as universities and donors?

### **5. Functioning of coordination mechanisms**

- Do you work with other UN agencies and/or can you say how well the UN agency activities are coordinated, overlapping?
- Are there gaps in the population needs which would not have been identified by the UN system, collectively?
- Can the UNFPA inputs be improved or strengthened?

### **6. Interviewee recommendations**

## Annex 6: Country Programme Results and Resources Framework

County Programme Results and Indicators		Partners	Indicative Resource
<p><b>Outcome 1:</b> Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p>Outcome 1 Indicators:</p> <ul style="list-style-type: none"> <li>● Skilled birth attendance rate; Baseline: 88.3% (MICS 2014); Target 92% (2020)</li> <li>● Contraceptive Prevalence Rate; Baseline: 66.1% (MICS 2014); Target 70% (2020)</li> <li>● % of health care facilities integrated sexual and reproductive health services; Baseline: 9% (SAM 2013); Target 50% (2020)</li> <li>● FP Unmet need; Baseline: 15,2%(MICS 2014); Target 10% (2020)</li> <li>● % of young people aged 15 -24 reporting usage of condom during first sex; Baseline:49% (male) and 43% (female); Target 70% (2020)</li> <li>● % of service delivery points at national level with no stock outs of contraceptives in the last six months; Baseline:71%; Target 95%</li> <li>● Adolescent birth rate; Baseline:87/1000; Target 70/1000 (2020)</li> <li>● Comprehensive HIV/ SRH Package in place; Baseline: No; Target: Yes</li> <li>● Percentage of health care facilities providing HIV services that are providing FP services. Baseline:74%; Target: 90%</li> <li>● Percentage of facilities conducting Continued Medical Education (CME) at least twice a quarter on MNCAH issues; Baseline: 3/11; Target: 11/11</li> <li>● Percentage of health facilities reporting no stock out of three modern contraceptives in the last three months; Baseline:71%; Target: 95%</li> </ul>		<p>Ministries of Health; and Economic Planning and Development; AIDS Health Care Foundation; Population Services International; The Family Life Association of Swaziland; Elizabeth Glaser Paediatric AIDS Foundation; National Emergency Response Council on HIV/AIDS; President's Emergency Plan for AIDS Relief; UNICEF; Joint United Nations Programme on HIV/AIDS; World Health Organization; The media; and Academia</p>	<p>\$3.1 million (\$1.7 million from regular resources and \$1.4 million from other resources)</p>
Output	Indicator		
<p>Output 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and</p>	<ul style="list-style-type: none"> <li>● Number of Maternity Care facilities with at least one SOPs derived from the national guidelines; Baseline: No (2/11); Target; Yes (11/11)</li> <li>● Number of up-to-date guidelines, protocols and standards for health-care workers for the delivery of high-quality integrated sexual and reproductive</li> </ul>		

<p>services including resources through;</p> <p>i) Availability of equipment and supplies</p> <p>ii) Improved leadership and participation of all partners</p> <p>iii) Strengthened community mobilisation</p>	<p>health/HIV and gender-based violence management services for adolescents and youth;</p> <p>seline: 2; Target: 6</p> <ul style="list-style-type: none"> <li>● Percentage of health facilities providing youth-friendly integrated family planning services;</li> </ul> <p>seline: 59%; Target:80%</p>		
<p><b>Output 2:</b> National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian settings</p>	<ul style="list-style-type: none"> <li>● Comprehensive HIV/ SRH Package in place;</li> </ul> <p>seline: No; Target: Yes</p>		
<p><b>Output 3:</b> National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>● Percentage of generic contraceptives and RH medicines procured;</li> </ul> <p>seline:60%; Target;90%</p> <ul style="list-style-type: none"> <li>● Country adopted total market approach for RH commodities;</li> </ul> <p>seline: No; Target: Yes</p>		
<p><b>Outcome 2:</b> Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p>			

<p><b>Outcome 2 Indicators:</b></p> <ul style="list-style-type: none"> <li>● Percentage of young people aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission; Baseline: 50.9% (male) and 49.1% (female); Target 70% (male and female)</li> <li>● Proportion of women (aged 15-24 years) who are involved in decision making for contraceptive use. ; Baseline:65%; Target: 75%</li> </ul>	<p>Deputy Prime Minister Office; Ministries of Health; Sports, Youth and Culture Affairs; and Education; National Emergency Response Council on HIV/AIDS; Swaziland National Youth Council; UNICEF; United Nations Educational, Scientific and Cultural Organization; The media, Khulisa Umntfwana</p>	<p>\$1.8 million (\$0.2 million from regular resources and \$1.6 million from other resources)</p>
<p><b>Output</b></p>	<p><b>Output Indicators</b></p>	
<p><b>Output 6:</b> Adolescents and young people are empowered with Skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being improved, including through comprehensive sexuality education.</p>	<ul style="list-style-type: none"> <li>● Comprehensive Sexuality Education Youth resource package in place; Baseline: No; Target: Yes</li> <li>● # of adolescents and young people reached through Tune Me mobisite; Baseline: 35,414 (2018); Target: 60,000</li> <li>● Existence of a comprehensive sexuality education curriculum for teacher training schools; Baseline: No; Target: Yes</li> <li>● Number of government institutions and civil society organizations with capacity to implement comprehensive sexuality education programmes for out of school adolescents and youth; Baseline:1; Target: 4</li> </ul>	
<p><b>Output 7:</b> Functional systems are in place to improve</p>	<ul style="list-style-type: none"> <li>● Number of youth serving organizations and associations trained on</li> </ul>	

<p>adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts.</p>	<p>SRHR for participation on youth development programming; Baseline: 14; Target: 20</p>		
<p><b>Outcome 3:</b> Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</p>		<p>Deputy Prime Minister's Office; Ministry of Health; UNICEF;</p>	<p>\$0.9 million (\$0.3 million from regular resources and</p>
<p><b>Outcome 3 Indicators:</b></p> <ul style="list-style-type: none"> <li>● Functional and compliant tracking and reporting mechanisms on sexual and reproductive rights and gender equality; Baseline: No; Target: Yes</li> <li>● Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months; Baseline: 4831 /10504 (National surveillance system, 2016); Target:4500;</li> <li>● Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the last 12 months; Baseline: 5673/10504; Target: 2400/5250</li> <li>● Gender inequality index; Baseline: (64%) (source: Gender &amp; Development Index 2016, DPMO); Target:80%</li> <li>● Percentage of women aged 15 -49 years who think that a husband /partner is justified in hitting or beating his wife/partner under certain circumstances. Baseline 19.9%; Target :15%</li> <li>● Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care; Baseline:66.1% CPR only (MICS,2014); Target; no target set</li> </ul>		<p>World Health Organization; United Nations Development Programme; Swaziland Action Group Against Abuse; Royal Swaziland Police; The Media; Academia; Parliament, Church Forum; and Kwakha Indvodza</p>	<p>\$0.6 million from other resources)</p>
<p><b>Output</b></p>	<p><b>Output Indicators</b></p>		
<p><b>Output 9:</b> Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.</p>	<ul style="list-style-type: none"> <li>● Number of stakeholders capacitated on the objects and contents of the SODV Act; Baseline:0; Target 4</li> <li>● Availability of action plan for implementation of accountability frameworks recommendations for advancing gender equality and empowerment of women and girls and promoting</li> </ul>		

	human rights; Baseline:0; Target 5;		
<b>Output 10:</b> Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context.	<ul style="list-style-type: none"> <li>• Number of civil society organizations with the capacity to design and implement programmes engaging men and boys on gender-based violence), sexual and reproductive health and rights. Baseline:0; Target:5</li> <li>• Number of sectors oriented national multi-sectoral guidelines on GBV; Baseline: 0; Target: 4</li> <li>• At least 40 percent of yearly gender-based violence reported cases reported in the justice system concluded; Baseline: No; Target: Yes;</li> </ul>		
<b>Outcome 4:</b> Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.		Ministries of Economic Planning and Development; Home Affairs; Health; and Education; Parliament; Central Statistics Office; National Population Unit; UNICEF; United Nations Development Programme; University of Swaziland; The Media	\$1.3 million (\$0.4 million from regular resources and \$0.9 million from other resources)
<b>Outcome 4 Indicators</b>			
<ul style="list-style-type: none"> <li>• Country have (a) conducted at least one population and housing census in the last 10 years; and (b) achieved 100 per cent birth registration and 80 per cent death registration. Baseline: No; Target: Yes</li> <li>• Census data collected, processed and analysed, results published and disseminated; Baseline: No; Target: Yes</li> <li>• Number of key national development plans that address population dynamics by accounting for population trends and projections in setting development targets; Baseline:2; Target:6</li> <li>• Number of national strategies and programmes that incorporate the findings of the national demographic dividend study; Baseline: 0; Target;3</li> </ul>			Total for programme coordination and assistance: \$0.4 million from regular resources
<b>Output</b>	<b>Output Indicators</b>		
Output 13: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis	<ul style="list-style-type: none"> <li>• Number of researches on critical determinants contributing to protection or violation of rights of youth and adolescents in the areas of sexual and reproductive health, HIV and gender-based violence; Baseline:6; Target 10</li> </ul>		



	<ul style="list-style-type: none"> <li>● Number of selected government institutions with skilled staff and modern technologies to collect, analyse and disseminate socioeconomic and demographic data; Baseline:0; Target:4</li> <li>● Number of functional participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes; Baseline:2; Target: 19</li> <li>● Availability of functional national system to collect and disseminate disaggregated data on the incidence and prevalence of gender based violence; Baseline: No; Target: Yes;</li> </ul>		
<p>Output 14: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes</p>	<ul style="list-style-type: none"> <li>● Number of national profiles on Demographic dividend generated; Baseline: 0; Target: 1</li> </ul>		