

Country Programme (2010-2016) End of Cycle Evaluation



Summary Report



Botswana



Country Programme Evaluation Objectives

1. To assess progress towards achieving the Country Programme outputs and outcomes.
2. To assess the extent to which the implementation framework enabled or hindered achievement of the results chain, i.e. what worked well and what did not work well.
3. To assess country office positioning within the development community, national partners, and its ability to respond to national needs and to add value to country development results.
4. To identify success stories, if any, and document the lessons learnt in programme implementation, management and coordination.

Evaluation Criteria

CRITERIA	DEFINITION
Relevance	<p>Relevance measured the extent to which the objectives of the programme correspond to the needs of the population, how well the objectives of the programme are aligned with government priorities and with UNFPA strategies as identified below;</p> <p>Evaluation Questions:</p> <ul style="list-style-type: none"> a) The global UNFPA mandate and corporate strategic plans; b) The MDGs and ICPD; c) National needs and policies, including the changing national status to upper Middle Income Country and response to 4th CP evaluation and midterm review; d) The Botswana UNDAF, UN system coordination and delivering as one and the priorities of the programme/project stakeholders and beneficiaries
Effectiveness	<p>Effectiveness measured how well the programme has achieved its objectives. It is realised by comparing the programme's goals with the final results.</p> <p>Evaluation Questions:</p> <ul style="list-style-type: none"> a) To what extent were the CP outputs achieved, and how far did they contribute to the achievement of the outcomes including the intervention coverage geographically and by target group) b) Were there any unforeseen consequences of the CP?
Efficiency	<p>Efficiency measured the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources in relation to;</p> <p>Evaluation Questions:</p> <ul style="list-style-type: none"> a) Financial resource management; b) Focusing on a limited set of activities to produce significant results; c) Office structure, implementation arrangements and capacity building; d) Monitoring and evaluation and quality assurance; e) Partnership strategy.
Sustainability	<p>A programme is considered sustainable if it is resilient to risk and continues to benefit its intended recipients once UNFPA involvement is complete.</p> <p>Evaluation Questions:</p> <p>To what extent has UNFPA been able to support its partners in;</p> <ul style="list-style-type: none"> a) Developing capacities and establishing mechanisms to ensure ownership and the durability of effects? b) To what extent are stakeholders ready/likely to continue supporting or carrying out specific programme/project activities; to replicate the activities in other regions or sectors of the country; and to adapt programme/project results in other contexts?
Cross cutting Issues	<p>Evaluation Questions:</p> <p>To what extent the CP has:</p> <ul style="list-style-type: none"> a) Included a human rights focus across all programme areas; b) Mainstreamed gender into its programming.



Methodology

Method	What/Who
Document Review	Programme Policy Documents Programme Reports Study Reports Evaluation Reports
Key Informants	UN (UNICEF, UNDP, UNAIDS, WHO) Senior Government Officials (MoH, MLHA, MFDP, OP) Civil Society Organisations (SSI, KSWs, M&BGE, BCC, BOFWA) UNFPA Country Office Staff
Site Visits	Mochudi Clinic 1 BOFWA Clinic (Mochudi)
Focus Groups	2 FGDs with young People (aged 15-24 years) Males and Females 1 FGD with Men (enrolled in Mincare programme)

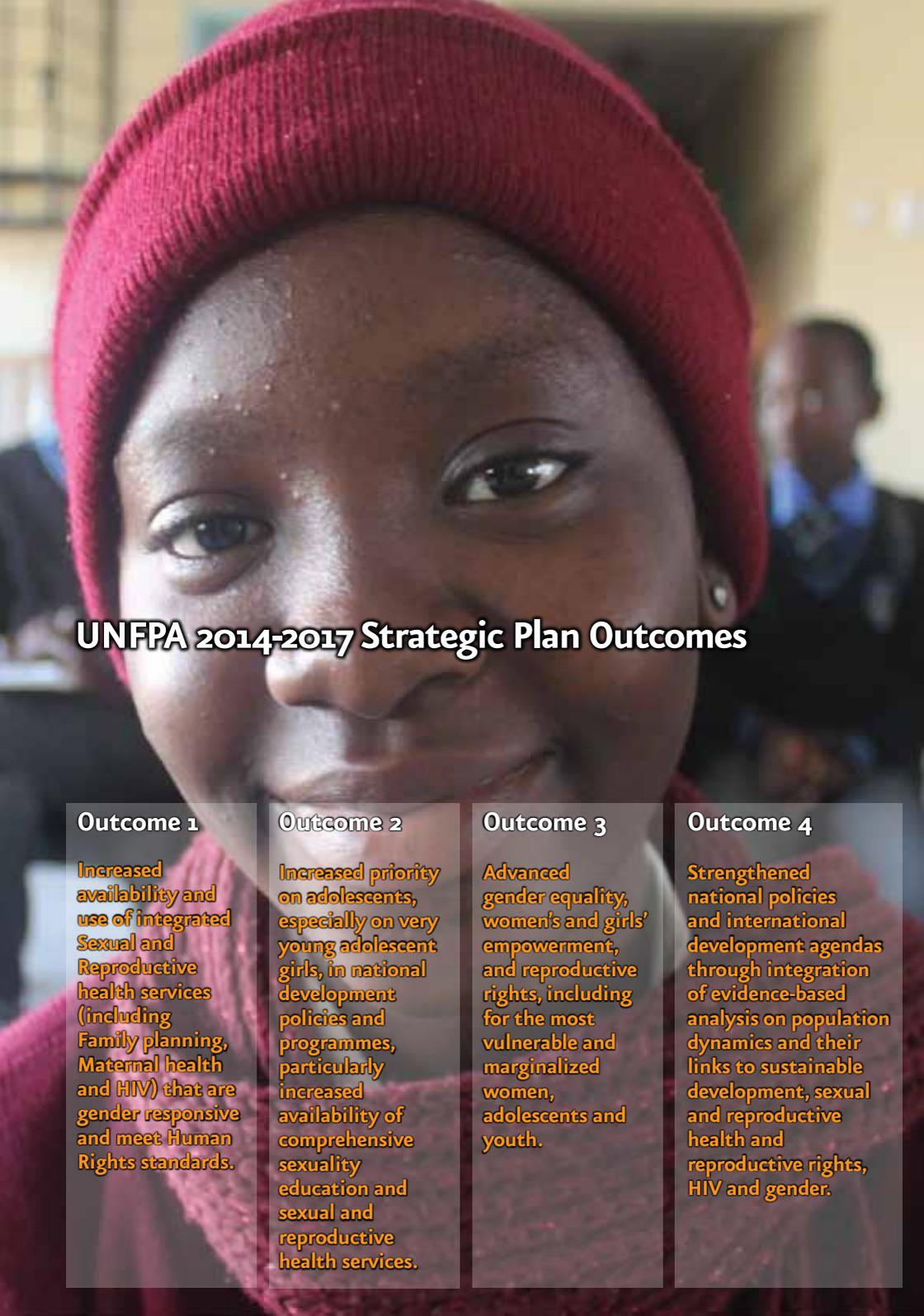
Findings

Relevance

- a) CP is directly aligned to MDG 3, MDG 5 and MDG 6 and indirectly to MDG 4.
- b) It is aligned with the ICPD Programme of Action; principle 4, on gender equality and equity and reducing gender based violence; and Principle 8 on health and sexual and reproductive health.
- c) CP has strong overall alignment with NDP 10 & Vision 2017.

Effectiveness

- a) The overall achievement of results against indicators is high
- b) Not sufficient indicators for output results
- c) There was no M&E plan for the CPD and instead used UNPOP plan as part of DaO structures



UNFPA 2014-2017 Strategic Plan Outcomes

Outcome 1

Increased availability and use of integrated Sexual and Reproductive health services (including Family planning, Maternal health and HIV) that are gender responsive and meet Human Rights standards.

Outcome 2

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

Outcome 3

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender.

Population *and* Development



AFRIYAN Meeting, 2014 Botswana

Programme Outputs

Effective coordination of the collection, analysis and dissemination of high-quality disaggregated data.

Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels

Achievements

- a) High achievement of results in general
- b) Support for the development of several key products, notably the Revised National Population Policy and the Population census.
- c) National and district level capacity development, including development of strategies; for civil registration and vital statistics, for people with disabilities and the elderly.
- d) Promoted the use of data to inform district planning through the two pilot sites of Ghanzi and Kasane districts. Government took over the two districts upon the end of the pilot.

Sexual Reproductive Health *and* Rights



Condomize! Campaign 2015, Francistown

Programme Outputs

Enhanced capacity of the Ministry of Health, the Ministry of Local Government and civil society organizations to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities.

Strengthened evidence-based interventions to prevent HIV/AIDS and sexually transmitted infections, including their integration with sexual and reproductive health services, with a focus on young people and pregnant women.

Achievements

- a) Supported successful piloting of SRH/HIV linkages project and the plan for nationwide rollout.
- b) Contributed significantly to the improvement of SRH policy environment through development of guidelines, reference manuals and training manuals for Maternal Newborn and Child Health
- c) Contributed in improving reproductive health commodity monitoring.

Adolescent Sexual *and* Reproductive Rights



UN Open Day, 2015 Gaborone

Programme Outputs

Strengthened capacity of key national institutions and youth organizations to design, implement, monitor and evaluate effective HIV prevention programmes.

Increased capacity of Ministry of Education and Skills Development to design and implement school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality.

Achievements

- a) Created opportunities for young people to participate in national development planning processes
- b) Continued advocacy on comprehensive sexuality education (CSE) including curriculum assessment and training of teachers.
- c) Improved access to male and female condoms through the CONDOMIZE! Campaign.

Gender Equality



YAP Validation meeting, 2016 Mahalapye

Programme Outputs

Strengthened institutional and technical capacity of key gender institutions in the Government and civil society to accelerate gender mainstreaming and gender-responsive programming.

Strengthened institutional mechanisms to accelerate the prevention of and response to gender-based violence

Achievements

- a) Contributed to improvement of policy environment
- b) Led the development of joint UN programmes on gender mainstreaming and for GBV
- c) Supported the 2012 national GBV Indicators Study
- d) Supported KSWS as the first shelter for women survivors of GBV, in addition, established the GBV SMS-line
- e) Strengthened

Financial Resource Management

- a) Prudent financial resource management contributed to the achievement of results.
- b) No qualified audit of IP expenditures, indicating a high level of consistent and efficient tracking of resources to ensure accountability
- c) The implementation rate of regular and non-regular funds has consistently been high
- d) The HACT model of direct cash transfer to IPs has enhanced ownership of the programme by the IPs.

Monitoring and Evaluation

- a) Good M&E system and quality assurance of programmes
- b) Studies and evaluations carried out
- c) Field visits
- d) Spot checks
- e) Quarterly and annual reporting
- f) Challenges include reporting on activities not results

Partnership Strategy

- a) Commitment to Delivering As One (DaO)
- b) Leadership on the Joint Gender Programmes

Sustainability



YAP Validation meeting, 2016 Mahalapye

- a) Considerable effort went into capacity building of national institutions including civil society partners.
- b) Contributed to the development of national policies, guidelines, regulations, and strategies that contributed to a positive overall environment.
- c) Contributed to identifiable good practices and lessons learnt

Cross-Cutting Issues

- a) Human Rights is well mainstreamed in the Country Programme
- b) The human rights component is cross-cutting and, generally, national programmes are people-centred
- c) There is limited focus on marginalised and vulnerable groups
- d) The 5th CP prioritised gender mainstreaming as a key result area, one of the two outputs of the gender programme. The increasing emphasis on male involvement in sexual and reproductive health also indicates a strong gender focus.

Success Stories



Good Practice: SRH/HIV Linkages Project

The SRH/HIV Linkages project is supported by UNFPA through European Union funding. MoH has committed to expanding the approach when the pilot ends in December 2015. The project includes:

The core focus of systematic integration of HIV and SRH so that clients receive all related services at one site in a coordinated manner, thus providing multiple opportunities to provide more holistic counselling, prevention and care services. UNFPA has placed a coordinator in the Ministry of Health who work closely with ministry counterparts to build knowledge and experience. The staff at the pilot sites are highly motivated and have job satisfaction, working together in an efficient manner, and seeing the strengthened results for the beneficiaries.

There is a well-established advisory and monitoring system through the Technical Advisory Committee and the Reference Committee that meets regularly, and includes wider development partners. This is a regional project that needs to be documented to facilitate South-South learning as well as learning within Botswana. However, an area for further strengthening in the project is concerns mainstreaming of gender and GBV.



Mencare

Traditionally in Botswana male involvement with both their pregnant partners and their newborn offspring has been strongly discouraged, with a taboo that is still pervasive in some rural areas Mencare aims to challenge this by contacting fathers through mobile numbers obtained from their partners at antenatal clinics and offering them a course of sessions on fatherhood. To date, five fathers who graduated from the course have been trained as trainers of trainers, and are expanding the programme within the first four pilot areas of the programme (Gaborone, Mochudi, Mahalapye and Letlhakeng).

A focus group discussion with these fathers/trainers found that their perceptions of fatherhood and of their relationships with their partners had fundamentally changed. Two had been present at childbirth, and all five indicated that their communication and relationships with their partners had greatly improved; their bonding with their children was reported as very good and included a full range of infant care. One commented. In addition to learning about pregnancy and the needs of and risks for expectant mothers, and about supportive fatherhood, the sessions focus on SRH, GBV, masculinity and gender equality, communication and relationships, and other related areas.

The intention is to expand the programme geographically and into the changing needs of children as they grow. The programme is low cost and would appear to be a strategic and cost-effective use of UNFPA resources towards achieving a fundamental change in male involvement in SRH, improving maternal health, reducing GBV and promoting gender equality.

Summary of Conclusions

- 1) UNFPA has achieved a considerable amount at different levels in the 5th CP including, across all programme components: extensive support to develop policies, strategies and guidelines; capacity development in government structures and among civil society partners; extensive contributions to strategic information to inform the way forward; and, in various ways contributing to sustained results to address national priority needs across all areas of the UNFPA mandate. This is a strong basis from which to build the next country programme.
- 2) The 5th CP is fully aligned to the MDGs, ICPD Programme of Action, UNDAF, UNFPA strategic plans and the national development and stakeholder priorities of Botswana. UNFPA has recognised the need for transition from direct service support to high level advocacy, brokering strategic partnerships, strategic knowledge management and utilising resources in the most efficient way to achieve catalytic results
- 3) UNFPA has added value to what would not have been achieved in its absence with respect to its core mandate and also in relation to the UN system. Notably the CO led on developing the UN Botswana MIC Strategy Document that guides the UN system in responding to the requirements of an upper MIC and on delivering as one - a highly significant contribution. UNFPA also adds value to UN system capacity in having the only gender specialist, one of only three M&E specialists and the only population and development specialist.
- 4) In respect to **Population and Development**, the CP supported the development of several key products, notably the 2010 Revised National Population Policy and the highest quality census for Botswana to date. It also supported a range of national and district level capacity development including for civil registration and vital statistics, Disability study that informed revision of the Disability Act.
- 5) **Reproductive Health and Rights:** The programme has strengthened the focus on young people, in particular for adolescent sexual and reproductive health (ASRH). The SRH/HIV Linkages Project is demonstrating good results. The pilot project is an example of good practice from which many lessons can be learned for the planned roll out nationwide.
- 6) **In Gender Equality**, the CP contributed to policies and strategies that include National strategy towards ending GBV by 2010 and, led the development of joint UN programmes on gender mainstreaming and for GBV.

Recommendations

Overall

1. The 6th CP needs to remain closely aligned and responsive to changing international and national commitments, with strengthened capacity for and realisation of the MIC requirements and for delivering as one.
2. To remain fit for purpose in the MIC, there is need for stronger focus on upstream, policy advocacy, providing good practices and convening partners around key issues of interest.
3. UNFPA's partnership base should include strong and strategic implementers who can catalyse community action with smaller community based organisations and smaller NGOs, rather than UNFPA having a large number of direct civil society partners.
4. Reporting mechanisms need to be better streamlined to reduce the administrative burden on both the CO and partners, with harmonised accounting and reports as part of DaO.
5. The 6th CP should strengthen the quality of monitoring and evaluation of IPs, and the capacity of its own staff for M&E, including the emphasis on achieving sustainable results.
6. Human rights should remain at the heart of the 6th CP, with greatly strengthened gender mainstreaming across the whole reproductive health and rights programme and with consistent sex disaggregation of data.

Population and development:

1. Further technical capacity building will be needed among all the key government and parastatal partners, including for the census of 2021.
2. Advocacy is needed for the establishment of district population offices,
3. Advocacy for symbiotic relations between academic institutions and Statistics Botswana to develop training programmes is needed.
4. There is need to strengthen the National Council on Population and Development and revive the Population Association of Botswana so they can play a facilitatory and contributory role in evidence-based analysis on population dynamics and their links to sustainable development.

Sexual Reproductive Health and Rights:

1. The 6th CP should continue to lead on and strengthening ASRH, and explore how the other four prongs of the UNFPA youth strategy can be optimised with and through UN system support.
2. The 6th CP should continue to provide support to government for the scale up of the SRH/HIV Linkages pilot sites to achieve national coverage, and the CO should continue to advocate and intensify technical assistance effectively to incorporate GBV.

Gender equality:

1. UNFPA should engage with other UN agencies to address the current low status and capacity of the GeAD through the highest level advocacy campaign.
2. The 6th CP should plan on expanding the current two-year joint UN programmes for gender mainstreaming and GBV over time for sustainable results.
3. Strengthened strategic support is needed for CSOs and government to build capacity for GM and around GBV, building on current programming and achieving greater synergies, strategic partnerships and monitoring and evaluation of results
4. UNFPA should support the GeAD to set up a strong, systematic, efficient and, above all, supportive mechanism for coordinating stakeholders with regards to gender mainstreaming and GBV

Lessons Learned

1. Although Botswana has upper MIC status, many development issues remain. Support for strategic information and knowledge management, high quality technical assistance, brokering relationships, resource mobilisation, and capacity is needed.
2. The importance of working smarter not harder, with effective and efficient use of both staff time and the limited resources to address the core mandate priorities and avoid excessive time commitments to routine office processes.
3. Not to spread too thin but focus on a smaller number of upstream catalytic inputs for results, working through a small number of strategic partnerships and ensuring high level technical support
4. Capacity development and other efforts need to be effectively tracked to assess long term sustainability of results
5. With strong policies and strategies in place, the emphasis now should be on advocating for and supporting their effective implementation.

Evaluation Quality Assessment

To improve and enhance the quality and credibility of UNFPA evaluations, UNFPA Evaluation Office in Headquarters carries out Evaluation Quality Assessment (EQA) of all evaluations undertaken by the organization.

The EQA is designed to assess the extent to which UNFPA evaluation reports are based upon appropriate evaluation methods, present a sound analysis and credible findings, and provide valid conclusions and useful recommendations. Quality is assessed against eight criteria listed below. The rating scale is four levels ranging from “unsatisfactory” to “very good.” Each criterion is associated with a score reflecting its relative importance with regard to the production of a good report. Overall, the UNFPA Botswana CPE report has been rated “good”.

Quality assessment criteria	Assessment Levels
1. Structure and clarity of reporting	Very Good
2. Executive summary	Very Good
3. Design and methodology	Very Good
4. Reliability of data	Very Good
5. Findings and analysis	Very Good
6. Conclusions	Poor
7. Recommendations	Poor
8. Meeting needs	Very Good
9. Overall	Very Good

 Unsatisfactory	 Good
 Poor	 Very Good



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