

COMBAT GENDER BASED VIOLENCE (GBV) AND REDUCE THE HIGH INCIDENCE OF SCHOOL DROPOUTSDUE TO TEENAGE PREGNANCY (TP)



2022

END OF PROJECT EVALUATION REPORT

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Acknowledgements

This evaluation of the NATICC GBV and TP project involved several individuals and institutions we would like to wholeheartedly acknowledge. While we cannot mention all of the persons who contributed in different ways to the positive execution of the evaluation, we do endeavour to mention a few who deserve special recognition.

Special thanks goes to the leadership and staff of NATICC for the support and great efforts they have committed to ensuring the successful completion of this assignment. Particularly, we would like to thank Mr. Sisekelo Nzima and Mr. Kenneth Makhanya for their time committed to this exercise and constant guidance and support given.

We are also grateful to the Field Officers who made this work possible. We would also want to thank those who availed themselves to be interviewed for this evaluation, their views and wealthy of information enabled the evaluation team to come up with guided conclusions and recommendations. Finally, we are appreciative to anyone who participated in one way or another to make this evaluation a success.

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Abbreviations

1. CBO – Community Based Organization
2. CDC – Centres for Disease Control
3. DCS – Domestic Violence, Child Protection and Sexual Offences Unit
4. DPM – Deputy Prime Minister’s Office
5. FG – Focus Group
6. FP – Focal Person
7. GBV – Gender-Based Violence
8. HIV/AIDS – Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
9. JA – Junior Achievement
10. LATICC – Lavumisa AIDS Training Information and Counselling Centre
11. NATICC – Nhlngano AIDS Training Information and Counselling Centre
12. NERCHA – National Emergency Response Council on HIV/AIDS
13. NGO – Non-Governmental Organization
14. PDA – Personal Digital Assistant
15. PS – Pasture Valley
16. REPS – Royal Eswatini Police Service
17. SGBV – Sexual and Gender Based Violence
18. SODV – Sexual Offenses and Domestic Violence
19. SPSS – Statistical Package for the Social Science
20. SWAGAA – Swaziland Action Group Against Abuse
21. SOS – Save Our Souls
22. TB – Tuberculosis
23. TP – Teenage Pregnancy
24. UNFPA – United Nations Population Fund
25. UNICEF – United Nations International Children Emergency Fund
26. USAID – United States Agency for International Development
27. WV – World Vision
28. VAC – Violence Against Children
29. VCT – Voluntary Counselling and Testing
30. STREEC – Solar Training Renewable Energy and Entrepreneurship Centre

Background

After almost six years of financial support provided to NATICC by SAHEE and DIGNI, it was considered relevant to assess the results achieved and extract lessons learned for the future of the Programme. The purpose of the evaluation is to assess the GBV and TP Programme, Teenage pregnancies and produce recommendations in terms of these five evaluation criteria: (1) relevance; (2) effectiveness; (3) efficiency; (4) impact orientation; (5) sustainability.

The programme addresses gender based violence prevention, care and support for survivors of gender based violence and to positively assist perpetrators of violence to change their behaviour in the region at both community level and at their office based in Nhlngano. The goal is to reduce gender based violence as a cause and consequence of HIV. The project aims to increase the information of and change the attitude towards gender based equities, to improve gender based violence prevention, and to improve survivors' access to comprehensive services to meet their social, medical, psychological, and legal needs. NATICC's intervention is through the provision of gender based violence prevention education and psychological support service to survivors of gender based violence and the perpetrators as well as providing support services. NATICC also works with government sectors, churches and communities through dialogues in order to strengthen existing community structure with an aim of re-socialization.

The evaluation was conducted by a two-person team of external consultants. The Lead consultant with extensive experience in research and evaluations. It was carried out between May and June 2022, and covers the implementation of the Programme since its beginning in 2017.

Objectives of the evaluation

The evaluation was to further assess the project strategies and activities, and the grade of achievement of the project results, purpose and goal and the impacts generated by the project (expected and/or unexpected) in the project's target beneficiaries. The evaluation is also expected to generate clearly defined lessons learnt from the project and recommendations for possible future actions on the prevention of violence against women in the Shiselweni region.

Evaluation Methodology

A mixed methodology was applied, allowing for appropriate triangulation of information. The following methods were used: (1) Desk reviews of NATICC's and external documents such as policies, reports, etc.; (2) Semi-structured interviews with key stakeholders (conducted both physically and telephonically). In total, 131 persons participated in the evaluation interviews.

Main Findings

Relevance

This was effectively addressed by the project from the review of choice of activities initiated and the implementation approach adopted. During the project inception phase, detailed and participatory problem analysis was done by stakeholders including community members which ensured real needs were prioritized and used to prepare the proposal and results framework. The approach and methodology adopted during implementation involved awareness creation and sensitisation on GBV

and TP at community level and in selected schools followed by capacity building on the same issues for selected members of the community.

Effectiveness

- The project implemented most of the activities that were planned and according to plan. The project was implemented in 6 communities, and were mainly done at community level.
- One aspect where the achieved results are impressive, is the awareness towards parents on the need to support their children's school performance, as powerfully demonstrated by the significance of those community members who participated in the parent's dialogues (family conferencing).
- The awareness and capacity building carried out with the youth was effective in changing their behaviour towards others and also their parents. A majority of those targeted youth continued with school.

Efficiency

- As a suitable implementation strategy, the staff agreed with community members that meetings be organised at their convenient time. Though this was taking their free time, it was followed throughout the implementation period and contributed to the success of the project.
- In respect to finances, all allocated funds were used for implementation of planned activities. It was noted that ISF funds are very restricted and therefore there was no room for manoeuvre of using the funds for other projects or activities.

Impact

- Overall, the perceived occurrence of GBV and TP has decreased in the villages targeted by the project.
- Socially, most of the human rights violations and GBV were considered private and not a responsibility of the society.
- The GBV and TP project has positively contributed to building of confidence among the participants, especially for women and girls to talk and share issues of GBV. The project focal points have over the project period developed a cordial relationship with other community members shown by the willingness to report GBV and TP cases without coercion. It was reported they have gained trust from the people and personal information is freely shared with them.

Sustainability

- The project has been implemented with minimal costs at community level. This gives it a high probability of continuation.
- NATICC supported the community members in jointly developing implementation plans that are supposed to be followed after the project comes to an end as continuation of activities.

Conclusion

A). Relevance

The implementation of the SGBV project has evidenced the added value for NATICC of a specialized and dedicated team to support and enhance its GBV and TP and engagement within the six communities in the Shiselweni region. A wide variety of activities are involved in GBV and TP issues, including conflict-related physical violence and teenage pregnancy for youth in and out of school. NATICC's mandate and activities complement these initiatives by integrating a human rights-based approach. Over the last five years and a half, the NATICC Team has carried out many activities relevant for the project's purpose but not necessarily based on a consistent and well-organized result pathway.

B). Effectiveness

The evaluation team received information indicating that most of the project activities were reasonably effective. Clear achievements can be pointed to under each of the expected results. In particular, the NATICC Team have produced or actively participated in the drafting of useful tools on GBV monitoring and reporting. The project has been credited for its advocacy efforts to include GBV and TP in the mandate of the Eswatini legislative framework. Interviews with female key informants and others also provided clear indication of the importance of the GBV and TP project's support to report writing in the field presences. The design and facilitation of GBV trainings and briefings has been one of the projects most appreciated components. An impressive significant number of trainings and briefings have been implemented. The NATICC Team effectively influenced and shaped both social norms and cultural beliefs and its educational materials on preventing and responding to GBV and TP in a very positive and (eventually) appreciated way.

C). Efficiency

NATICC project staff have carried out their responsibilities efficiently. They have communicated, coordinated and efficiently worked together with relevant colleagues within external stakeholder and in other NGO's and CBO's. However, the ambitious scope of the project in relation to available human resources, and a propensity to often "seize opportunities", seem to have spread efforts very thinly. This has helped by the need to respond to a wide variety of ad hoc GBV and TP support requests from other Stakeholder sections and field presences.

D). Impact

It is maybe premature to assess the impact of the GBV/ TP project, since it will take more than three years to see GBV and TP project's potentially transformative effects. The major setback in the previous three years was due to the COVID-19 pandemic. However, some of its concrete interventions are geared towards long-term contribution to prevention and responses to GBV and TP. In terms of normative changes, the GBV and TP project's substantive contributed on prevention and response to conflict-related violence by community members is a key advancement towards a more systematic approach of NATICC in that matter. The NATICC Team has obtained concrete results with mandated investigative approaches. It developed an integrated strategy that has encompassed steps from the drafting of the mandates to the production of the reports. Other programme activities were per se appreciated by interviewees but cannot be described as seeking broad and long-term impact.

E). Sustainability

Some of the project methods are geared towards sustainability of the results (training manuals and staff training) but have not yet been able to ensure that durability. Several of the most important outputs of the project are likely to have a continued impact over the years, including the SODV act and Marriage on GBV as well as lessons-learned products and other tools produced by the project. Internally, among NATICC staff and management, the GBV and TP project has developed increased awareness (as well as knowledge and skills) and a stronger guarantee to a dedicated and permanent NATICC capacity to address GBV and TP. Ownership of the project at field level seems to be a challenge due to several factors.

Lessons Learnt

Survivor and perpetrator integration is key: Placing both the survivor and perpetrator at the centre of all activities would have affixed the NATICC GBV and TP program. Both survivor and perpetrator needs support from the community to be welcomed back to society for them to have a level ground on actualizing again into the systems of the community.

Practical inclusion of males against GBV and TP: There is evidence that “males as role models” groups are well integrated in some communities but less involved in others. These groups played an integral role. It would be useful for programme development to know how these men’s groups interacted with women, how teacher and youth groups have changed attitudes towards violence in schools, and whether the activities of these groups benefitted or detracted from the NATICC GBV programme’s overall goals.

Recommendations

- The GBV and TP project is unique and has opened up the region to issues previously considered a taboo to talk about. The project staff have gained valuable experience in dealing with GBV and TP. It is recommended that NATICC be further supported to continue with GBV activities in the region to make use of the experience gained and to consolidate what has been done at community level.
- To strengthen the impact of future GBV projects, a design that combines awareness creation, capacity building and a component of livelihoods or economic activities are recommended. This will support the communities involved in reducing their vulnerability that directly contributes to GBV and TP. The economic activities should also target the youth.
- The project under assessment should consider creating activities such as school debates for in school youth and out of school youth, this will bring about stimulation of issues around GBV and TP.
- The project needs to embark on social marketing strategies which includes creating billboards with messages regarding GBV and TP in local language and the billboards can be placed in strategic positions.
- Given the years NATICC has worked in the Shiselweni region, there’s need for her to explore other social marketing strategies which may include operating a radio station which will be aired only in the region.
- Strengthen the GBV and TP pre- and in-service training to teachers, students, police and nurses.

Introduction

This is the second draft final evaluation report of the DIGNI and SAHEE Funded project “To combat Gender Based Violence (GBV), and reduce dropout rates from school specifically because of teenage pregnancies, through awareness raising activities, education and mitigation.” The project was implemented from 2017 to May 2022 and the end of project evaluation is being carried out as one of the activities planned at the start of the project.

Description of project being evaluated

From 2002 until January 2006, NATICC was offering HIV counselling and testing, HIV prevention education in the communities through peer educators and in schools through school health clubs. Funding was from DIGNI through DFEF in Norway. In 2006, NATICC sourced funding from USAID through PACT and added palliative care and TB and HIV/AIDS as new programs. These programs were piloted in the Nhlanguano Peri-urban areas. In 2007, NATICC opened another VCT branch at Lavumisa border town under Somntongo Inkhundla. This branch called Lavumisa Aids Training Information and Counselling Centre (LATICC). This site was funded by the European Union (EU) for one year.

In January 2012, NATICC added the Gender Based Violence (GBV) and Teenage Pregnancy (TP) prevention project. This project was motivated by the observed lack of adequate policies and laws to protect women and children from violence and abuse. Women and children are subjected to various forms of abuse such as physical, sexual, emotional, economical abuse, intimidation, harassment, unlawful stalking and other violations. This injustice is further exacerbated by the lack of consistent enforcement of the laws that are available in the country. A case in point is the recently promulgated Sexual Offences and Domestic Violence Act (SODVA) of 2018. There has been widespread outcry about the glaring inconsistency in the application of the legislation.

In Eswatini, a number of women and children who are subjected to violence and various forms of abuse find it difficult to report such cases as entrenched toxic gender stereotypes make it difficult for them to be treated justly by the law enforcement agencies. There is also a glaring lack of knowledge and access to key services for abuse survivors. Moreover, In Eswatini, especially in the Shiselweni region there are few NGOs that are working directly on matters related to GBV and Violence against Children (VAC).

In Eswatini, youth (under age 25) make up 58.25% (836,318) of the population, whereas youth under age 15 years make up 35.99%. Eswatini also has one of the highest youth dependency ratios at 63.2%, which is a key indicator that more funds and programs need to be invested in youth services, personal growth and education for primary and secondary students. Such investments can move the country into highly favourable conditions for poverty reduction and sustainable development. (CIA, 2015).

Anecdotal evidence' place high numbers of girls as victims of sexual and physical abuse. Information gathered from a national study on the drivers of violence against children (2016) indicate that an overwhelming number of female children experience various forms of incest that include; father to child incest, stepfather to child incest, sibling incest, and extended family member's incest. Other forms of sexual abuse that female children experience include unwanted touching and sexual harassment, child sexual exploitation, indecent assault, sexual grooming and abduction.

Sexual Violence against female children: The following information provides the situation of sexual violence against female children.

- Sexual Violence against female children is rife in Eswatini where 3 in 10 experience sexual abuse and a place where this violence frequently occurs is in a home setting, either the home of the respondent or the home of a friend, relative and/or neighbour.
- The effects of violence against children include the erosion of the strong foundation that children need for leading healthy and productive lives. Literature states that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders and depression to cardiovascular disease and diabetes. Also, it can damage the emotional, cognitive and physical development of children.

According to the literature, in Eswatini, some risk factors for adolescent pregnancy are having an OVC status (orphan or vulnerable child), living in a child headed household, lack of access to education, and poverty. In 2008, it was estimated that approximately 30% of all children in Eswatini were considered to have an OVC status. Of this 30 percent, 23 percent had an orphan status. From this data collection, it was estimated that the population of OVCs would grow by 70,000 in two years. Unfortunately, very little has been done to monitor the growth of the OVC population as well as attending to their basic and educational needs.

The United Nations Population Fund (UNFPA) also provides insight into the extent of violence in the country. According to a UNFPA 6th country program evaluation report – 2016 to 2020 (August, 2019) Gender based violence (GBV) is currently a huge health and socio-economic problem in the country with 48% women in the country experience sexual violence within their lifetime. The report further states 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. Linked to GBV is violence against children (VAC) which is also prevalent in the country, with the most prevalent forms being violent discipline (88%).

According to a study that was done by the International Commission of Jurists in collaboration with the Swaziland Action Group Against Abuse (SWAGAA) titled ‘Access to justice challenges faced by victims and survivors of sexual and gender-based violence (SGBV) in Eswatini (2020), SGBV has been a persistent problem in Eswatini, affecting most women in the country, well before the passage of the SODV Act. In 2009, a group of researchers from the United States’ Centres for Disease Control and Prevention (CDC) conducted a cluster survey study on sexual violence and its health consequences for female children in Eswatini. The study revealed that “sexual violence against girls younger than 18 years of age affected one in three women aged 13-24 years” in Eswatini, and that is “about 5% of girls had forced intercourse and 9% had coerced intercourse before 18 years of age.” Furthermore, the study revealed that about three-quarters of the perpetrators of sexual violence against girls were the victims’ boyfriends or husbands, male relatives, or men or boys from the same community.

A recent report (November, 2020) by the Royal Eswatini Police Service (REPS) reveal some spine-chilling abuse statistics in the country. The report indicates that all forms of violence in Eswatini have increased two-fold between 2019 and 2020. A total of 4773 abuse cases were reported to the police in 2019 and a staggering 9399 cases were during the same period in 2020. An estimated 68% of the reported abuse was perpetuated against women and girls. A host of environments were perceived by the report as breeding grounds for all forms of violence.

According to some reports Gender-based violence (GBV) is a major problem in Eswatini due to patriarchal nature of social structures that grant men total dominance over their women counterparts. Traditional structures marginalize women and girls as well as orphans and vulnerable children, making them susceptible to HIV/AIDS and abuse.

Challenges in preventing violence against women and children: In Eswatini, like in any other countries, prevention of violence against children and women is complicated by the influence of poverty and social changes that increase the vulnerability of children and women e.g., high rates of HIV/AIDS, increasing number of orphans and dependency to name a few. Because of this dependency many abused women are unable to extricate themselves from relationships that are marred by violence. Literature reports that there are cases where a woman is aware that her daughter is being sexually abused but fail to deal with the problem because of dependency to men for survival and some women are forced to make a living through prostitution even if fully aware of the consequences of multiple partnership and violence associated with the practice (Covering Gender Violence in Eswatini - Workshop Report).

Also, some women return to physically abusive husbands, opening themselves to further abuse and violence as they depend on the husband or partner or because they have nowhere else to go.

Other factors that contribute to GBV and expose both women and children to such violence are harmful culturally-based ideas and practices, lack of economic power, alcohol abuse, and high level of unemployment of both men and women.

Some of the difficulties which rural women face when needing protection from a violent partner include

- i) lack of viable financial resources and place to stay,
- ii) high dependency on husband or husband's family for day-to-day support,
- iii) the lack of encouragement either from family members or friends to seek help from the police or local community courts,
- iv) A failure of law enforcement authorities to provide impartial services to abused women.

The purpose of the evaluation is to establish and document the impact and effectiveness of project interventions to render accountability to resource partners. The evaluation is expected to provide data on the performance, impact and sustainability of project interventions. The findings and recommendations will contribute to a learning process which enables NATICC to draw lessons from its experience in order to improve the quality of services to the people of Eswatini especially communities in the Shiselweni Region, assessing the extent to which the outcomes of the project have been achieved, determine relevance, efficiency, effectiveness and sustainability of the interventions and document new knowledge.

NATICC has planned for a final evaluation to be undertaken as part of a culture of learning and accountability. A team of independent, external consultants was contracted to assess the performance and results against the mandate that was set in the project design, and to determine the reasons for success or lack thereof, draw lessons and recommendations for improved performance in future similar interventions.

Approach and Methodology

The evaluator took an approach to Combat Gender Based Violence (GBV) and reduce the high incidence due to teenage pregnancy (TP) in youth who are in and out of school was centred on tailoring the methodology around the specific needs of NATICC as detailed in the TORs, and also taking into account the need to have the voice of the children and women as the key beneficiaries in issues of GBV issues. I took a flexible, interactive and participatory process to ensure that the evaluation is conducted to a high level of quality and is a useful document for shaping decision making. I involved my client (NATICC) throughout the process, and having deliverables at different phases ensures that the client can effectively and actively participate in the process and take accountability and ownership of the results. As a Consultant, I am capacity development oriented and value facilitating learning. Therefore, I will bring to your attention other issues not explicitly detailed in the TORs, but that I believe could add value to your programmes in the future. In conducting my work on behalf of my clients, I always take into account the Client's values and ethos and ensure that myself and my team represent both me and the Client in a positive manner.

Methodology

The consultant used a mixed approach which includes both quantitative and qualitative research/evaluation methodologies in the execution of the evaluation. It is often the richness of qualitative methods that provides the more detailed, in-depth, language, context and relationship between ideas that best informs programme process and interpreting impact in the view of the beneficiaries. The following list presents the strategies to be used to collect the required information:

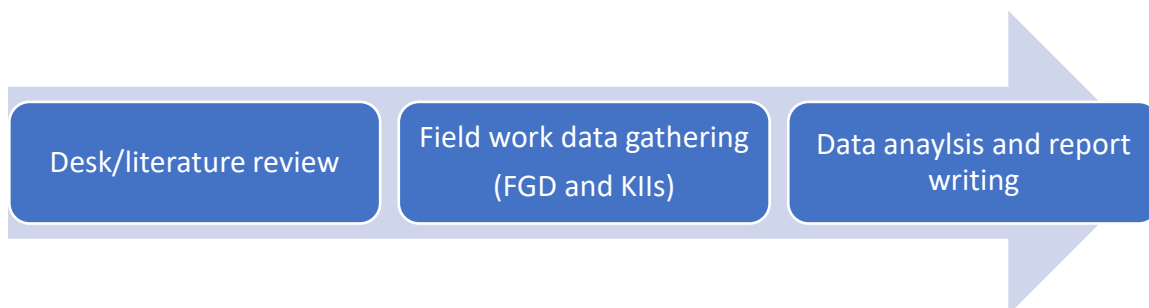


Figure 1: Methodology framework

Sample Calculation

The population for this evaluation will involve:

1. Community members (Parents and caregivers) in CAs
2. Head Teachers
3. Career guidance Teachers
4. Youth (In and out of school)
5. Pastors and Congregants
6. CBOs – Community police, Caregivers, Lihlombe lekukhalela, Rural Health Motivators, Royal kraals Inner Councils

7. Government Ministries – Deputy Prime Minister’s Office, Ministry of Education, Ministry of Health and Social Welfare, Ministry of Justice and Constitutional Affairs,
8. NGOs – World Vision Eswatini, Junior Achievement Eswatini

Which is purposefully selected by the client. Purposive sampling was used, as the consultant wants to ensure the sample draws on participants who are informed and involved with the routine implementation of project. The targeted audience was purposively sampled in order to ensure that the sample covers a full range of possible characteristics of interest. Tools for the focus group discussions and/or key informant interviews tool will be developed following the desk review. The tools of data collection will be reviewed and approved by NATICC prior to administration.

Literature review

This desk or literature review has been undertaken for purposes of identifying key issues in literature regarding policies around teenage pregnancies and gender based violence, as well as existing and potential interventions by NATICC.

The literature draws from government policies and previous reports by NATICC, civil society, government agencies. There is general consensus from the researches available that teenagers face a myriad of problems due to their current predicament that has been occasioned by a variety of factors, some voluntary and others involuntary.

The sociological interpretation, which guides this evaluation is however that the situations and experiences of teenage girls are reflective of the societal view, upbringing and treatment of these young person’s hence the solutions squarely lie with the same society and not simply a problem for the girls. The literature review begins to point out the issues causing young girls to practice unsafe sex leading to early pregnancies and the related consequences such as GBV and TP.

Desk review & inception report preparation

This phase commenced soon after signing of the contract and receiving the documents from NATICC. The project documents were reviewed and used for the preparation of the desk review. The inception report had details on study background, approach and methodology and detailed work plan. However, NATICC provided the consultant with a field itinerary. The inception report was reviewed by NATICC and was found satisfactory with a few comments to be addressed. Following submission of the inception report, tools for data collection were prepared.

Focus groups

Open ended question were used to gain the understanding of the situation from the voice of the beneficiaries. Group discussions were done with groups of women, youth and young children (in and out of school) specifically with younger children. The consultant used the Venyet Method to conduct the discussion with them. The Focus groups had at least 6 -10 people per group. Voice recorders and note takers were used to capture the views of the participants.

In-depth interviews (Key Informants Interviews)

The consultant conducted interviews with various opinion leaders in the target communities using; semi- structured and structured questions. The people targeted include: Community members (Parents and caregivers) in CAs, Head Teachers, Career guidance Teachers, Pastors and Congregants, local

health facility, Local school head teacher, Bucopho, other organisations working in the communities, representative, CBOs – Community police, Caregivers, Lihlombe lekukhalela, Rural Health Motivators, Royal kraals Inner Councils, Government Ministries – Deputy Prime Minister’s Office, Ministry of Education, Ministry of Health and Social Welfare, Ministry of Justice and Constitutional Affairs, and NGOs – World Vision Eswatini and Junior Achievement Eswatini.

Data collection and management

The consultant led the data collection process with logistical support from NATICC staff at project implementation level. NATICC assisted with mobilization and sensitization of key stakeholders including project beneficiaries. The Consultant used Personal Digital Assistants (PDAs), computers, to collect data from respondents. The evaluation used SurveytoGO tool box in the PDAs to display the questionnaire, receive responses, back-up the data, and download the latter into an SPSS on daily bases. One enumerator was used to collect the data in the field supervised by the consultant. The enumerators will receive training in both data collection tools and ethics.

Focus Group Discussions and semi-structured interviews were audio-recorded if consent is given and was transcribed verbatim and translated from SiSwati to English. Field editing of the survey data were done on a daily basis to ensure completeness and appropriateness.

Data Analysis, report writing and submission

The quantitative data collected through focus groups and key informant interviews were keyed in using excel spreadsheet. Qualitative data collected was analysed using content analysis. Report writing commenced immediately after field work using the qualitative data collected. Key findings from qualitative, quantitative, literature review have been used to write this report. Continuous improvements on the report will be done based on reviews and comments received from NATICC. After submitting the Draft Report, the consultant will receive input and comments from the Client. Comments that were received from NATICC were used to revise and finalise the evaluation Report. The final report was submitted as the last output.

Evaluation Findings

In order to comprehend the project processes and activities and determine how relevant they were, the consultant set out to establish the magnitude to which the project's objectives were reliable with the priorities and the needs of the beneficiaries in Shiselweni region and how suitable the implementation approaches were. The appositeness of the GBV and TP project activities was also measured in terms of how it took into contemplation the inter-generational (adults and youths) involvement in the violation of human rights including gender based violence and teenage pregnancy.

Table 1: Distribution of Sample Interviewed during the Evaluation from communities

Emcinisweni	18	Makhosini	13	Nhlangano	7
Community Police	1	Head Teacher	1	DCS Officer	2
Bandlancane	13	Career Guidance	1	Director	1
Out of School Youth	3	In School Youth	10	Pastor	1
Rural Health Motivator	1	Pastor	1	Prosecutor	1
KaDlovunga	1	Mantambe	17	Social Worker	1
Bucopho	1	Head Teacher	1	Program Manager	1
KaMzizi	10	Career Guidance	1	Nzongomane	18
Community Police	1	In School Youth	15	Head Teacher	1
Bandlancane	7	Mbabane	1	Career Guidance	1
Bucopho	1	Program Manager	1	Elder	2
Rural Health Motivator	1	Mbilaneni	2	In School Youth	10
Mahlalini	29	Bucopho	1	Out of School Youth	2
Community Police	1	Chief	1	Pastor	2
Elder	11	Mbukwane	3	Somtongo	1
Bandlancane	12	Career Guidance	1	Cluster Manager	1
Indvuna	1	Deputy Head	1	Streek	10
Out of School Youth	3	In School Youth	1	In School Youth	10
Rural Health Motivator	1	Ngwenyameni	1	Grand Total	131
		In School Youth	1		

Relevance in relation to the results, purpose and goal of the project

The project goal was to combat Gender Based Violence (GBV), and reduce dropout rates from school specifically because of teenage pregnancies, through awareness raising activities, education and mitigation. This was effectively addressed by the project from the review of choice of activities initiated and the implementation approach adopted. During the roll out of the project, detailed and participatory problem analysis was done by stakeholders including community members which ensured real needs were prioritized and used to prepare the proposal and results framework. The approach and methodology adopted during implementation involved awareness creation and sensitisation on GBV and TP at community and in selected schools followed by capacity building on the same issues for selected members of the community.

The purpose is aligned to the goal and was addressed through project activities that concentrated on GBV and TP. Acceptance of the community members to participate in project activities on voluntary basis attests to the fact that activities were appreciated as relevant by those targeted.

The project had five objectives that targeted adults, youth (in and out of school) and community leaders as undertaken below: see annex: 2

1. Increase individual access to information, education and life skills on GBV (sexual violence).

2. Improve quality and access to sexual and reproductive health services.
3. To reduce incidence rate of teen pregnancy among school going adolescents and mitigate the impact on those who are already affected through the provision of comprehensive services.
4. To create a conducive social environment to sustain responsible sexual and reproductive health practices among adolescents in the beneficiary communities.
5. Conduct evidence based programing and decision making.

The project was conceptualized on the premise that gender based violence and teenage pregnancy are prevalent, because community members have not effectively taken up their responsibilities such as, educating their peers and that has a bearing on the negative behaviour and character of the youth. On the other hand, ignorance or lack of knowledge on legislative framework such as SODV, where one of the key negatives considered as a contributing factor to the violations reported. In response, the project continuously highlighted that all human beings are equal regardless of their gender. The results address further indicates that all members of the society in one way or another play a role in perpetrating or contributing to teenage pregnancy and gender based violence in a community. This was addressed by objective three and four as these were broad in their coverage and targeted community members.

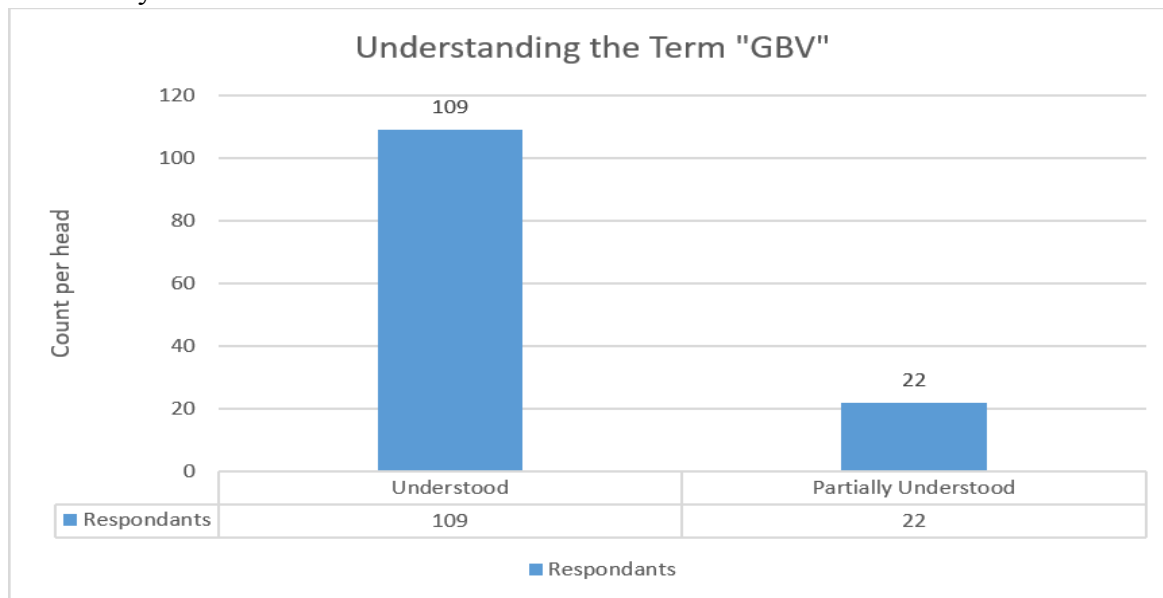


Figure 2: Understanding the Term 'GBV'.

The NATICC project was implemented, accepted and appreciated among all beneficiaries in the community and harmonized among all partners (e.g. World vision and Pasture valley etc.), and this approach is fully aligned with the strategy.

- The stated objectives of the response phase were significantly achieved, and the outputs and desired impact of the response operation was in-line.
- A reflection on the overall GBV / TP revealed that, for the most part, the intervention matched the priorities of the beneficiaries.
- The validity of the design for the response phase was intact despite several adjustments to the operation.
- The beneficiaries indicated that they were satisfied with the training session received from NATICC.

- The GBV and TP awareness sessions were especially highlighted by the recipients who attested that the engagement was well-executed, as the beneficiaries expressed overwhelming appreciation.
- The GBV and TP project made a big positive impact on the lives of beneficiaries by providing access to the much needed support in issues imbedded in GBV.

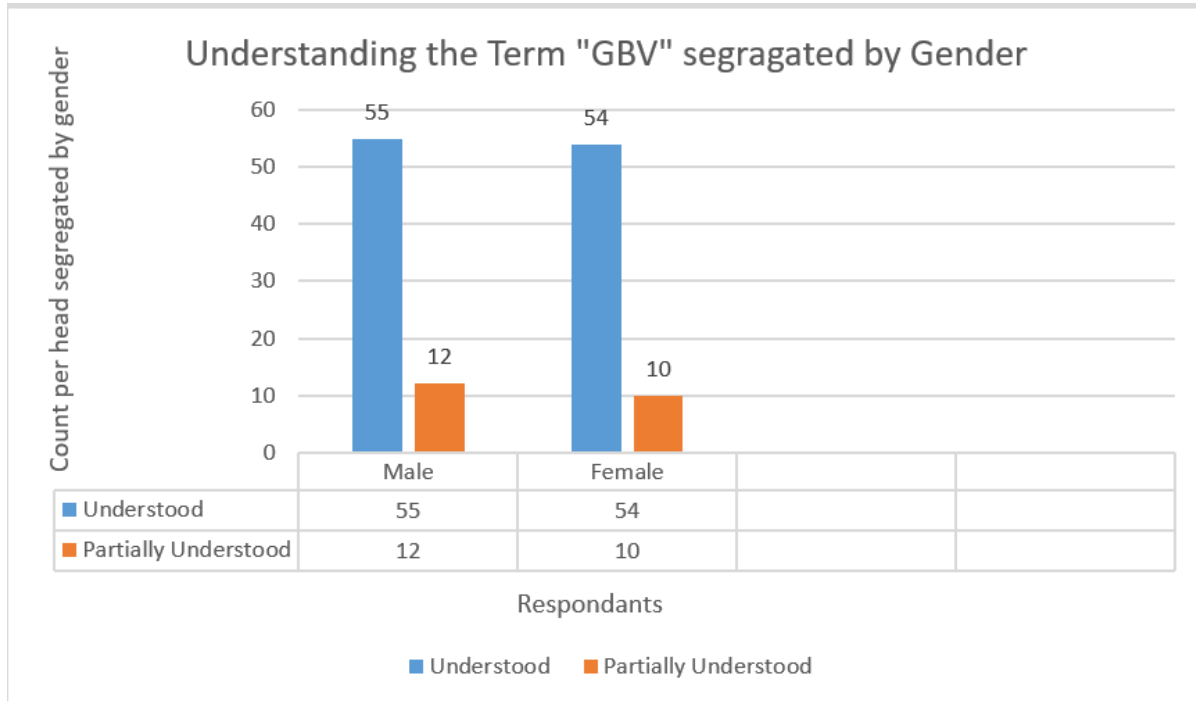


Figure 3: Understanding the Term “GBV” segregated by gender

Effectiveness

The objectives of NATICC, as programmatic approach with standard materials and tools, were met raising the awareness of men, women, boys and girls within the host communities about GBV and TP and how to prevent them, the importance of observing different symptoms, awareness sessions and campaigns.

While they have appreciated that NATICC employees were knowledgeable and skilled, respondents reported that the programme also taught them how to deal with reporting issues on GBV and teenage pregnancy within their community setting. It is clear, that the GBV and TP approach presented an opportunity to shift from reactive to preventive care model. At community level, they have changed from being passive receivers to active agents within their families and communities.



The targeted communities themselves had an increased and clear understanding on GBV and TP. The intervention has successfully targeted all categories at community level, reducing the gender gap and reaching out to all age groups. The decision made to have men committees selected through an effective process showed a positive working model of coexistence.

What clear indication of positive results obtained by the project can be found? To what extent were planned results under the five objectives of the project's strategy actually achieved?

The indicators relate to the activities and outputs, more than to the results, and have been continuously modified from one work plan to another. The project regularly reports to the funder on the results of the activities, but falls short in its analysis of progress towards the outcomes. This “flexibility” of the project, its activities and indicators, can of course be seen as an operational strength, but it makes it difficult to categorically respond to the evaluation question above. Rather, the evaluation team can conclude that it has received clear indications that significant activities have been successfully implemented under each of the five objectives.

Where positive (expected or unexpected) results of the project were found, what were the enabling factors and processes? What lessons have been learnt?

The many positive results identified by the evaluation team can often be linked to a qualitative approach rather than a quantitative one. The scope of the project activities is not always extensive, but the thematic expertise offered seems to be a factor commonly highlighted by stakeholders as a key to success.

This applies, for example, to the contributions by WV on GBV, the handbook and other publications, the GBV trainings and the input to draft reports. Secondly, the evidence collected testify to the GBV and TP Team's professionalism in its interaction with beneficiaries of the project.

This took different expressions, including a general openness and listening capacity that allowed for tailoring of the activities to different contexts, but also an appreciated availability to promptly respond to requests, despite the limited staff capacity. From this we can learn that thematic expertise and professionalism in the interaction with counterparts go a long way towards successful implementation of activities.

In case some planned results haven't been accomplished, what prevented the project from achieving them? What lessons can be drawn?

A very small number of activities do not seem to have been fully proficient for different reasons. Project staff and other interviewees have explained the sometimes complex reasons that prevented them from achieving planned results. As observed in the periodic project reports, the planned activities on GBV victims in Shiselweni region and the project on contextualization of early-warning indicators

in region were not completed. It is likely that several factors influenced the lack of complete results, but based on detailed interviews with the stakeholders, the evaluation team has received clear indication that insufficient ownership of these activities on behalf of key field colleagues is at least partially to blame.

Lessons can be learned from that experience, including the need to anchor the activities repeatedly and systematically with all field colleagues involved (or to become involved). Additionally, activities and expected results should also be fully supported by heads of field presences, who can then be expected to follow up and move things forward when there is a turn-over of staff or lack of interest from new staff.

Factors that have facilitated/hindered the achievement of project results

The main positive factor that facilitated achievement of results was that the project worked with community leaders and members from the time of inception. The following are the reported key positive factors that contributed to the achievement of the set objectives.

- The community committees had membership of all key people and respected people from each community.
- Enhanced relationship between parents and children as well as teachers and students contributed to the take up of messages shared during awareness and capacity building sessions.
- There was good cooperation between NATICC and stakeholders. It was expressed that as implementation progressed, recommendations made by NATICC for improvement were approved and funds provided in time, and required changes made at community level.
- The technical staff involved in the implementation of the project were well skilled to undertake all planned activities.
- The encouragement given to the community members kept them motivated throughout the project period. The participation of community members in each village created continuity and coherence in the flow of activities and achievements.
- The community members have become more involved and more open to share GBV challenges that were previously considered private and personal.

The following were challenges that were observed;

- The region like other parts of the world was affected by COVID-19 in the two last years. As a result, activities were not implemented as planned.
- All community leaders and members involved in the project were participating on voluntary basis. Though this is recommended to enhance ownership and strengthen sustainability, the project team faced challenges when other projects had activities in the communities and preference was given to the others.
- The project also experienced significant staff turnover that in one way or another affected the implementation as it was hard for all activities to be carried out as planned. However, NATICC had to employ other staff and also trained the staff to effectively participate in the GBV and TP project. Internally, NATICC had to come up with ways to sustain the other staff to work “normal working hours” when the project meetings were held.

Achievements

The maintenance of project output records was the responsibility of the NATICC team which it has performed in an entirely adequate manner. Analysis of the project documents and interviews with the project team, beneficiaries and community members demonstrates that the projected results were very realistic, in line with the project's goals and most of them were achieved by the end of the Project. The direct project beneficiaries and stakeholders have acknowledged their satisfaction with the Project outcomes in terms of the knowledge accumulated and project products. As well as, the impact made through the cooperation and coordination between NATICC, communities, and external stakeholder organizations, the improved access to services for victims of GBV and the raised awareness of the society in general.

Efficiency

Based on feedback from counterparts and beneficiaries, the evaluation team has the impression that project staff have carried out their responsibilities efficiently. They have communicated, coordinated and efficiently worked together with relevant colleagues within NATICC and in stakeholders. However, the ambitious scope of the project in relation to available human resources, and a tendency to often "seize opportunities", seem to have spread efforts very thinly. This was not helped by the need to respond to a wide variety of ad hoc GBV and TP support requests from other sections and field presences.

Have the organizational and management arrangements used for the project efficiently serviced the achievement of planned results and activities?

Thanks to the Norwegians funded GBV and TP project, the dedicated capacity of NATICC to work on GBV and TP is significant, which substantially raised the ambition level for this area of work. However, many informants, including the GBV Team, describe how there was a need to increase, the staff capacity to match the ambitious project. It has been suggested that a better balance was needed between seizing opportunities to make a difference and strategically prioritizing activities within available staff resources.

What have been the roles of stakeholders, partners in the achievement of results? What has been the strategy and methodology used to work together, communicate and disseminate results among them?

Several of the projects activities were carried out jointly with other agencies, particularly the drafting of the SOP handbook on GBV. NATICC was the lead organization of the processes but external stakeholders contributed substantially, particularly by ensuring that the handbook are based on a human rights and victim-centered approach. The GBV Team also co-facilitated training on GBV and TP with various stakeholders in the region. Other joint activities with the mentioned counterparts include thematic discussions with communities and schools on how to best mainstream GBV across strategic operations of the communities. NATICC also played an important role by summarizing and disseminating GBV reports produced and field presences through media statements on its website and National radio.

While community visits may be looked at as a resource-consuming approach, it is undoubtedly crucial for reaching the objective of the project, considered as a systematic approach, by meeting its main goal in identifying the most efficient means to generate consistent and optimum results in behavioural changes. Overall, this localised approach was found to be efficient; on one hand as the community

members were selected from the targeted communities, with low to no cost associated to the headcount, ensuring that no further cost will incur e.g. salary, transportation allowance.

- The use of community members at the local level ensured that the GBV and TP was complete with the least human resource cost possible,
- Better internal and external communication during the operation enhanced its overall efficiency,
- At the time of this evaluation, most of the target beneficiaries received services.

How has been the communication and coordination among the NATICC team and other external units within the region in terms of programmatic?

In interviews with evaluation informants, the NATICC Team has been systematically praised for its communication and coordination efforts with other external units. The members of the team, despite their limited capacity, have been pro-actively reaching out to colleagues and counterparts and have been very responsive to requests, according to interviewees. At an early point, the NATICC team reviewed field presences' annual work plans for GBV and TP relevant activities and contacted offices where project activities could be required and/or suggested.

Communication methods and strategies used by project

There were several communication interphases that were necessary for efficient implementation. These were communication with beneficiaries or community members, communication with other stakeholders, and communication with the donor. Most of the communication about the project to beneficiaries was done using the mobile communication device as these are owned by almost every one. Strategies used in the project were;

- School dialogues: The program was able to conduct 11 SRHR dialogues across all 6 schools in our CAs where a total of 2901 students were reached in both primary and high school.
- Parents' dialogues: During the dialogues we were able to engage nine hundred and eighty-one (981) parents and caregivers out of the targeted 1350 in productive GBV and TP prevention discussions. This number translates to 73% of the annual target.
- Family dialogues: A significant number were family dialogues conducted during the project.
- Church dialogues: Despite the Covid-19 challenges, the program successfully reached a total of 532 church members through eleven (11) church dialogues conducted in five (5) out of the six (6) selected CAs.
- Radio programs and other online forums: The radio programs have significantly expanded the scope of the program as we are now reaching diverse populations across the country. A total of forty (40) radio programs were conducted successfully in 2021.
- Post abuse care service: A total of 456 PACS were provided to clients.
- Counselling of survivors: The program has enrolled 125 new clients which translates to an average of 21 received new cases per month.

Impact

Although, the project time frame was five years, almost half of the duration of the project was compromised negatively by COVID-19. Therefore, to see a clear impact on behavioural change, it was encouraging to observe some positive impact among the affected six communities. It was reassuring to see that the community members believed in the project in the first place and started implementing

the learning on themselves. They showed outstanding commitment to reach out to the most vulnerable, people whom they know from their community. However, at the attitude level, the analysis based on the qualitative data collection conducted during this evaluation exercise showed significant positive attitude among the affected communities as well as the youth. As it revealed misconceptions or misunderstandings that may represent obstacles to the activities to implement and potential barriers to behaviour change. In short this program changed behaviour in the following ways;

- GBV and TP behaviour is enhanced.
- GBV cases were reported.
- Demand for reducing GBV and TP measures were generated now people know and are aware of service provision, they also know about importance of GBV.

To what extent is the project making a significant contribution to broader and long-term prevention and responses to GBV and TP? Or, how likely is it that it will eventually make this contribution? Is the project's strategy and management steering towards impact?

In terms of normative changes, the GBV and TP project substantive contributed to the advancement towards a more systematic approach of the matter. It will clearly have a long-term impact on the NATICC efforts to address the GBV for many years to come. In this regard, the project has contributed to broader and long-term prevention and responses to GBV. The extent of NATICC's participation in its implementation and monitoring will determine the impact of its intervention. However, it is noteworthy that the work on the policy was not part of the early planning, but was included thanks to what the NATICC staff refers to as the flexibility of the project.

The analysis of the overall impact orientation of the project therefore renders a mixed result: some important activities clearly aim towards long-term impact while others might be less ambitiously designed. It is fundamental that, if the GBV project wants to achieve long-term results, it focuses its strategy differently, and envisions activities that could guarantee transformative effects. For example, training exercises are definitely useful and required. However, a three-person team (program leads) cannot obtain long-term results conducting a few training sessions per year. Other methods should be explored with a longer-term result spectrum.

Changes in attitude of women and men towards GBV

The GBV project has positively contributed to building of confidence among the community members, especially for women and girls to talk and share issues of GBV. The project focal points have over the project period developed a cordial relationship with other community members shown by the willingness to report GBV cases without coercion. It was reported they have gained trust from the people and personal information is freely shared with them. There has been change of attitude among the youth after the awareness sessions. The male youth FGD participants said that after the awareness sessions.



As young boys we are taught on how to engage with females and furthermore NATICC has kept us informed on issues around GBV and TP. But there's need for continued support from NATICC, I will make an example, not all teachers should focus on girls, we as young boys get sexual assaulted and we don't know where to report such cases.

In school youth (FGD)

Other positive changes reported were:

- Less rape cases.
- Reduction of domestic violence, leading to more cohesive families.
- Cases of mistreating children like tying them to reduce movement has reduced.
- Harassment and abuse on women and girls has reduced.
- The project has opened opportunities for young girls to be taken to school because of advocating for human rights.

Socially, GBV has contributed to change in the attitude and behaviour. After the awareness sessions, the women are now confident and can speak out for their rights when need arises. The project has also contributed to cultural impacts. Economically, reduced GBV directly contributes to joint and harmonious decision making that is conducive to raising children with character and who are better behaved. Reduction of GBV and TP leaves room and space for women to conduct their trade at the market in a more relaxed atmosphere and for longer. This will consequently contribute to increased productivity and hence more income for the family.



For us who have finished school, less strategies are designed towards supporting us in terms of TP and GBV. We find ourselves falling into situations whereby we are abused and we cannot report such matters because in most cases the perpetrator is the provider of my basic needs. I want to suggest that practical solutions should be tailored towards us.

Out of school youth (FGD)

Testimonial

As one of the beneficiaries of the program for intervention on GBV and TP issues by NATICC. The beneficiary was able to receive NATICC's VAC services through their Child Protection Unit. The beneficiary went through an ordeal of being abused by his aunt as his parents passed away from a tender age. He was tortured physically and mentally as he was not one of his aunt's children, she believed he was already old enough to take care of himself and find a job to self-sustain himself. It got to a point whereby he wasn't attending school, fortunately, his grandmother stepped in after his second episode of abuse and took him under her care. All these episodes led to the victim trying to commit suicide on some occasions in life. Not only did he go through the above mentioned tragedies, he had a relative that hoped to engage in sexual activities with the minor as he had nowhere to go. At first, he tried to escape the ordeal but the relative made means to get the victim back to her home and she continued to engage in sexual activities with the minor. Recently, in the year 2020, another female tried to force herself onto him and luckily for him, he woke up in time to stop the perpetrator from committing acts of abuse on him. NATICC's intervention on the matter at hand has helped the victim get back to school, live a life destined for a minor in an ever-changing society. Furthermore, he undergoes post-traumatic stress disorder and trauma counselling which helps him forget about the episodes of the several acts of abuse and live with it as a memory.

Sustainability

The Capacity of NATICC, the nature of this approach and its continuity highly depends on further funding. However, the NATICC project greatly contributed to the capacity building of its staff and communities on GBV and TP. Documentation of the field visits demonstrated the engagement and understanding of the staff in the project implementation and their commitment to its continuation and improvement in the future.

The increase in knowledge was noticeable and admitted by all stakeholders. That will lead eventually to building community resilience. The information that the beneficiaries and NATICC staff have gained as a result of their participation in this project, made them more aware of how to deal with their own communities. The targeted beneficiaries feel more confident in passing over the message to their family and friends currently within their communities and in the future, upon their return. NATICC structures (staff, communities, etc.) were utilised.

Are the results, achievements and benefits of the project likely to be durable?

Organisational sustainability was enhanced by successful operations but remains challenged by high turnover of staff and challenges especially replacing staff and training them. NATICC visibility was reported as high as they consistently displayed their logos and information material in connection with

distributions and other activities. The great idea of using community members in the project activities contributed to the long lasting impacts of the intervention and it will ensure community participation, community ownership and sustainability of program. The sustainability of the achievements will vary from one activity to another.

Are the stakeholders willing and committed to continue working on the GBV and TP issues addressed by the project? How effectively has the project built ownership?

Ownership of the Programme at the field level seems to be a challenge due to several factors. While several of the SWPAs contacted by the evaluation team were very appreciative of the Programme activities and will continue to pursue similar activities in the framework of their own work plans, they did not necessarily commit to continue the activities. Sustainability might therefore depend on the availability of continued funding from DIGNI and SAHEE.

As mentioned in the project progress reports, some activities were discontinued because of reduced ownership in a given field location. This might happen because of a change of staff, particularly turn-over of staff members. One NATICC's staff strongly argued that the projects needs to be more present in the communities, have frequent visits. The need for, and also the intention of the project, was to spend more time in the communities, which would likely have had several positive effects, including stronger field ownership of the project. Such increased community presence, and should probably have been initiated already during the assessment and planning phase of future projects.

Social and Cultural Sustainability

The prospects for the social sustainability of the project's achievements appear very well. The project succeeded in integrating a human rights approach to the state's policy response on violence against women in the family (SODV) and ensured a targeted focus on female victims of violence. The knowledge and practical skills gained during the work with perpetrators of violence against women has contributed to the development of a more coherent and complex understanding and approach to solving GBV problems.

Factors that might affect sustainability of the impact and/or results

There are three main external factors that may affect sustainability of impacts and the results. These are:

- Insecurity may disrupt the lives of the people, creating of fear and decline in trust among community members. In such a situation, everyone minds their own business and development is hard to pursue.
- Poverty and its consequences to the vulnerable is a factor that may affect sustainability. During poverty period, households' main concern is where they can get the basic needs that support life like food, water and health services.
- Movement and displacement of the targeted community members. The movement may be caused by insecurity or poverty. This will lead to a collapse of organizational structures put in place to support continuation of activities (in this case the community committees established) and consequently make monitoring of perceived impacts impossible.

DIGNI'S EMPOWERMENT ASSESSMENT TOOL (EAT)

DEGREE AND LEVEL OF RESULT

**THEMATIC
AREAS OF
RESULT**

	Output level 1: Output Individual or community	Output level 2: Output Individual or community	Output level 3: Outcome Individual or community	Output level 4: Outcome Community and/or Society	Output level 5: Impact Community / Society / Structural	<i>Explanation / justification</i>
Strengthening Civil Society (mandatory)					X	<i>Signifant strategies are outlined to achieve this thematic area. There are reports that reflect the strengtheing of civil society in the region.</i>
Peaceful coexistence				X		<i>The years of service in the region has been at the advantage of the program. However growth interms of coverage and visibility is not strengthen. Social marketing strategies need to be considered.</i>
Good health			X			<i>There is to clear develop health activities and strategies that would be handled within the organization.</i>
Gender Equality (mandatory)					X	<i>Gender equity has been achieved across majority of the program activites. However there's need to develop sustainable strategies in order to maintain consistence.</i>
Total assessment of project				X		

Causes of teenage pregnancy and heightened vulnerabilities due to COVID-19

In times of crisis, harmful gender norms and sexual violence are often exacerbated. School closures in response to crises, such as those experienced during the 2020-2021 COVID-19, further increase the chances that adolescent girls were exposed to different forms of gender-based violence and the risk of teenage pregnancy where incidence of sexual violence has been heightened.

Many of the gains that have been made by the program over the years in combating Gender Based Violence (GBV), and reducing schools dropout rates specifically because of teenage pregnancies (TP) appear to have been wiped out by the outbreak of the COVID-19 pandemic in the country in 2020. Recent statistics that were released by the Royal Eswatini Police Service (REPS) in November, 2020 indicate that since the outbreak of COVID-19 there has been an alarming upsurge in cases of GBV and TP. Since March, 2020 a staggering 9,399 GBV cases were reported to the police as compared to a total of 4, 774 cases that were reported during the same period in 2019. These shocking statistics reveal that GBV cases have doubled in the country during the pandemic. The report further states that 69% of the cases occurred within the home setting where abusers and victims are currently locked due to the National Lockdown.

Many teenage pregnancies relate to lack of education on sexual and reproductive health. In the home, children may receive little or no guidance on sexuality, or it may be based on stereotypical gender roles and social expectations. Meanwhile in schools, in Eswatini governments have failed to implement comprehensive, scientifically accurate, age-appropriate sexual and reproductive health education.

Many children and adolescents lack understanding of relationships, consent, sexually transmitted infections, healthy timing and spacing of pregnancies or family planning. Thus, resulting in the lack of basic reproduction knowledge, can prevent girls from knowing that they can become pregnant in their first intercourse or how to identify signs of pregnancy. Lack of adequate access to health services and contraception can leave girls without information about their options, increases the likelihood of engaging in risky behaviour and increases the likelihood of seeking an abortion.

Many women and girls already had insufficient access to sexual and reproductive health education and services before COVID-19. As highlighted by a previous World Vision report, the pandemic has further disrupted essential sexual and reproductive health services.

In the Shiselweni region, a mini-study that was conducted by the Ministry of Education in July 2020 shows a drastic increase in cases of TP amongst pupils. Out of 400 surveyed schools, 280 schools were found to have cases of teenage pregnancy. A staggering 261 girls were found to have failed to resume classes after schools were reopened due to TP. These chilling statistics appear to be a tip of an iceberg as only a few grades had resumed classes at the time of the survey.

GBV and TP remain two of the most pervasive socio-economic and health problems that are engulfing the country today. The two have recently been referred to by experts as shadow pandemics since both social ills have doubled and even tripled in the country since the outbreak of the COVID-19 pandemic. To compound the problem many of the victims of violence and unwanted TPs do not have access to help and support because of the prevailing lockdown conditions which have restricted movement and banned social gatherings. For many abused women and girls, the situation has been made much more difficult by the continued confinement with the perpetrators. Often at times perpetrators of abuse

isolate their victims and this isolation is exacerbated in lockdown conditions. Victims end up stuck with abusers, and so many have fewer opportunities of escaping.

Conclusions and recommendations

Relevance

Overall, the GBV project is relevant as it addressed the needs of the communities in the Shiselweni region. The project goal, purpose, results and implemented activities present a logical flow and are aligned to the project aim and intentions. Furthermore, given the level of GBV and TP, its implementation has demonstrated that there is hope for those affected and also for mitigation of GBV and TP violence.

The approach and methodology chosen, given the context where the project was implemented was appropriate. The use of locally acted and native language for awareness creation at community level was practical and addressed real and common family problems in the community. In addition, use of religious verses during the awareness sessions, connected the activities implemented to the religious beliefs of those targeted, making the project acceptable as they could identify with what is taught in the churches.

Effectiveness

The project was effective in creating awareness on and carrying out capacity building trainings on GBV and TP. This could be the logical argument because by 2016, the awareness meetings had been ongoing for over a year. The key results framework indicators reflect the project was appreciated and information shared during awareness meetings was being put into use. This is well reflected by:

- The increase in the number of parents supporting their children's school performance,
- Increase in the number of parents providing emotional support to their children,
- Decline in the number of youth indicating no strong relationship with their parents.

The commitment and involvement of project staff contributed to the effectiveness observed. Even when the beneficiaries requested for a change in time of meetings, the project staff agreed to request.

Efficiency

The methodology adopted for implementing most of the activities at community level was efficient and considerate of the time of community members especially the women who have to carry out many activities in the course of a single day at household level. The project experienced COVID-19 restrictions during the implementation period, made some adjustments in respective to human resources and did not manage to carry out most of the activities as planned during the implementation phase. The close interaction with community members in the participating communities through use of community committees and church leaders provided an atmosphere where members voluntarily shared information about GBV and TP. For example, in one situation, an individual was confronted by community members and reported to NATICC for being involved in domestic violence as he was beating his partner. Appropriate action was taken and this became a lesson for others.

Impact

While assessment of impact is important, it is early to establish the tangible effect of the programme on the beneficiaries' lives and the community. While the cases reported may not have declined though

most respondents indicated it had reduced, the project has changed the understanding of parents and community members on their roles and responsibility in the upbringing of their children. While some inroads have been made towards reduction of GBV and TP, a lot is yet to be done. The effects of COVID-19 impacted negatively across along planned activities of the project. The concept requires longer term mobilization and sensitization on a continuous basis. The project has in a way addressed the causes of GBV and TP it is worth noting that it also deals with how to help the victims. In addition, it has not actively put support systems to keep youth perpetrators occupied with productive and recreational activities.

Sustainability

The project has put in place systems for sustainability like the community committees that are already trained. In addition, the committees have been supported to develop work plans for use after the project comes to an end.

Recommendations

- The GBV and TP project is unique and has opened up the region to issues previously considered a taboo to talk about. The project staff have gained valuable experienced in dealing with GBV and TP. It is recommended that NATICC be further supported to continue with GBV activities in the region to make use of the experienced gained and to consolidate what has been done at community level.
- To strengthen the impact of future GBV projects, a design that combines awareness creation, capacity building and a component of livelihoods or economic activities is recommended. This will support the communities involved in reducing their vulnerability that directly contributes to GBV and TP. The economic activities should also target the youth.
- The project under assessment should consider creating activities such as school debates for in school youth and out of school youth, this will bring about stimulation of issues around GBV and TP.
- The project needs to embark on social marketing strategies which includes creating billboards with messages regarding GBV and TP in local language and the billboards can be placed in strategic positions.
- Given the years NATICC has worked in the Shiselweni region, there's need for her to explore other social marketing strategies which may include operating a radio station which will be aired only in the region.
- Strengthen the GBV and TP pre- and in-service training to teachers, students, police and nurses.

Annex 1: Terms of reference

End of project Evaluation Terms of Reference

‘Combat Gender Based Violence (GBV) and reduce the high incidence of school dropouts due to Teenage Pregnancy (TP)’

March 2022

NATICC

Executive Summary

Program/Project	Combat Gender Based Violence and reduce the high incidence of school drop outs due to teenage pregnancy.
Program phase	01 January 2017 – 31 December 2021
Evaluation type	End of project evaluation
Evaluation purpose	<ol style="list-style-type: none">1. Assess the progress made towards achieving project goal and impacts based on the project design and strategy (Relevance, Effectiveness, Impact, Sustainability and Efficiency) in order to better inform future NATICC programming and identify potential gaps and area-specific opportunities for program planning and improvement.2. To come out with recommendations to guide future programming.3. To render accountability to resource partners
Primary methodologies	<ol style="list-style-type: none">1. Quantitative Methods2. Qualitative methods (through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).3. Desk/Literature Review4. Observation.
Evaluation Start and End Date	21 st March 2022 – 15 th April 2022
Anticipated Evaluation Report Release Date	22 nd April 2022

Description of project being evaluated

From 2002 until January 2006, NATICC was offering HIV counselling and testing, HIV prevention education in the communities through peer educators and in schools through school health clubs. Funding was from DIGNI through DFEF in Norway. In 2006, NATICC sourced funding from USAID through PACT and added palliative care and TB and HIV/AIDS as new programs. These programs were piloted in the Nhlngano Peri-urban areas. In 2007, NATICC opened another VCT branch at Lavumisa border town under Somntongo Inkhundla. This branch called Lavumisa Aids Training Information and Counselling Centre (LATICC). This site was funded by the European Union (EU) for one year.

In January 2012, NATICC added the Gender Based Violence (GBV) and Teenage Pregnancy (TP) prevention project. This project was motivated by the observed lack of adequate policies and laws to protect women and children from violence and abuse. Women and children are subjected to various forms of abuse such as physical, sexual, emotional, economical abuse, intimidation, harassment, unlawful stalking and other violations. This injustice is further exacerbated by the lack of consistent enforcement of the laws that are available in the country. A case in point is the recently promulgated Sexual Offences and Domestic Violence Act (SODVA) of 2018. There has been widespread outcry about the glaring inconsistency in the application of the legislation.

In Eswatini, a number of women and children who are subjected to violence and various forms of abuse find it difficult to report such cases as entrenched toxic gender stereotypes make it difficult for them to be treated justly by the law enforcement agencies. There is also a glaring lack of knowledge and access to key services for abuse survivors. Moreover, In Eswatini, especially in the Shiselweni region there are few NGOs that are working directly on matters related to GBV and Violence against Children (VAC).

The United Nations Children's Fund (UNICEF) reported that "Every third woman in Eswatini was sexually abused as a child, one in three had experienced a degree of sexual abuse as a child and an additional 25% had experienced sexual violence" (UNICEF 2007). Anecdotal evidence' place high numbers of girls as victims of sexual and physical abuse. Information gathered from a national study on the drivers of violence against children (2016) indicate that an overwhelming number of female children experience various forms of incest that include; father to child incest, stepfather to child incest, sibling incest, and extended family members incest. Other forms of sexual abuse that female children experience include unwanted touching and sexual harassment, child sexual exploitation, indecent assault, sexual grooming and abduction.

Sexual Violence against female children: The following information provides the situation of sexual violence against female children.

- Sexual Violence against female children is rife in Eswatini where 3 in 10 experience sexual abuse and a place where this violence frequently occurs is in a home setting, either the home of the respondent or the home of a friend, relative and/or neighbour.
- Over half of all incidents of child sexual violence were not reported to anyone according to the 2007 UNICEF report. Less than 1 in 7 incidents resulted in female seeking help from available services. Some females indicated that they did not report because they were not aware that they had experienced sexual abuse and many did not report because they feared that they will be abandoned by the abuser.

The report suggested that most female lack the understanding of what sexual violence is. (UNICEF 2007).

- The effects of violence against children include the erosion of the strong foundation that children need for leading healthy and productive lives. Literature states that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders and depression to cardiovascular disease and diabetes. Also, it can damage the emotional, cognitive and physical development of children.
- Perpetrators of sexual violence: In Eswatini, UNICEF reports that three quarters of the perpetrators of sexual violence against female children and youth are husbands and boyfriends, men and boys from the neighbourhood or male relatives. Looking at GBV in general, about 78% of survivors of violence are females while 22% are males and more than 80% of these cases are happening at home. (National Surveillance on GBV 2011-12) It is also reported that parents were more commonly involved in physical violence against female children.

According to the UNICEF report (2007) the country's growing number of orphans and vulnerable children are ripe for sexual exploitation, a fear which could soon turn to a reality and show even more girls are abused than the current survey has reported. One factor for the large-scale number of orphans in the country is the HIV/AIDS epidemic, which UNICEF estimates will leave some 200,000 Swazi children orphans by 2009, this is more than one-fifth of the country's current population (UNICEF 2007).

The United Nations Population Fund (UNFPA) also provides insight into the extent of violence in the country. According to a UNFPA 6th country program evaluation report – 2016 to 2020 (August, 2019) Gender based violence (GBV) is currently a huge health and socio-economic problem in the country with 48% women in the country experience sexual violence within their lifetime. The report further states 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. Linked to GBV is violence against children (VAC) which is also prevalent in the country, with the most prevalent forms being violent discipline (88%).

According to a study that was done by the International Commission of Jurists in collaboration with the Swaziland Action Group Against Abuse (SWAGAA) titled 'Access to justice challenges faced by victims and survivors of sexual and gender-based violence (SGBV) in Eswatini (2020), SGBV has been a persistent problem in Eswatini, affecting most women in the country, well before the passage of the SODV Act. In 2009, a group of researchers from the United States' Centres for Disease Control and Prevention (CDC) conducted a cluster survey study on sexual violence and its health consequences for female children in Eswatini. The study revealed that "sexual violence against girls younger than 18 years of age affected one in three women aged 13-24 years" in Eswatini, and that is "about 5% of girls had forced intercourse and 9% had coerced intercourse before 18 years of age." Furthermore, the study revealed that about three-quarters of the perpetrators of sexual violence against girls were the victims' boyfriends or husbands, male relatives, or men or boys from the same community.

Figures of abuse have risen quite significantly in the past few years, a recent report (November, 2020) by the Royal Eswatini Police Service (REPS) reveal some spine-chilling abuse statistics in the country. The report indicates that all forms of violence in Eswatini have increased two-fold between 2019 and 2020. A total of 4773 abuse cases were reported to the police in 2019 and a staggering 9399 cases were during the same period in 2020. An estimated 68% of the reported abuse was perpetuated against

women and girls. A host of environments were perceived by the report as breeding grounds for all forms of violence. The home remains the most abusive environment.....

According to some commentators Gender-based violence (GBV) is a major problem in Eswatini due to patriarchal nature of social structures that grant men total dominance over their women counterparts. Traditional structures marginalize women and girls as well as orphans and vulnerable children, making them susceptible to HIV/AIDS and abuse.

Challenges in preventing violence against women and children: In Eswatini, like in other countries, prevention of violence against children (VAC) and women is complicated by the influence of poverty and social changes that increase the vulnerability of children and women e.g., high rates of HIV/AIDS, increasing number of orphans and dependency to name a few. Because of this dependency many abused women are unable to extricate themselves from relationships that are marred by violence. Literature reports that there are cases where a woman is aware that her daughter is being sexually abused but fail to deal with the problem because of dependency to men for survival and some women are forced to make a living through prostitution even if fully aware of the consequences of multiple partnerships and violence associated with the practice (Covering Gender Violence in Eswatini - Workshop Report).

Also, some women return to physically abusive husbands, opening themselves to further abuse and violence as they depend on the husband or partner or because they have nowhere else to go.

Other factors that contribute to GBV and expose both women and children to such violence are harmful culturally-based ideas and practices, lack of economic power, alcohol abuse, and high level of unemployment of both men and women.

Some of the difficulties which rural women face when needing protection from a violent partner include

- v) lack of viable financial resources and place to stay,
- vi) high dependency on husband or husband's family for day-to-day support,
- vii) the lack of encouragement either from family members or friends to seek help from the police or local community courts,
- viii) A failure of law enforcement authorities to provide impartial services to abused women.

The Program Objectives/Results are outlined below;

Long term goal:

- To combat gender-based violence and reduce the incidence of school drop outs due to teenage pregnancy.

The Project objectives are:

Project /objectives:

1. Increase individual access to information, education and life skills on GBV (Sexual Violence).
2. Improve quality and access to sexual and reproductive health services.
3. Reduce incidence rate of teen pregnancy among school going adolescents and mitigate the impact on those who are already affected through the provision of comprehensive services.

4. Create a conducive environment to sustain responsible sexual and reproductive health practices among adolescents in the beneficiary communities and churches.

Evaluation target audiences

The targeted audience for the evaluation will include the following:

9. Community members (Parents and caregivers) in CAs
10. Head Teachers
11. Career guidance Teachers
12. Youth (In and out of school)
13. Pastors and Congregants
14. CBOs – Community police, Caregivers, Lihlombe lekukhalela, Rural Health Motivators, Royal kraals Inner Councils
15. Government Ministries – Deputy Prime Minister’s Office, Ministry of Education, Ministry of Health and Social Welfare, Ministry of Justice and Constitutional Affairs,
16. NGOs – World Vision Eswatini, Junior Achievement Eswatini.

Evaluation type

End of project evaluation that intends to give feedback on achievement of project objectives, effectiveness of project implementation and lessons for future programming.

Evaluation purpose and objectives

The purpose of the evaluation is to establish and document the impact and effectiveness of project interventions to render accountability to resource partners. The evaluation is expected to provide data on the performance, impact and sustainability of project interventions. The findings and recommendations will contribute to a learning process which enables NATICC to draw lessons from its experience in order to improve the quality of services to the people of Eswatini especially communities in the Shiselweni Region, assessing the extent to which the outcomes of the project have been achieved, determine relevance, efficiency, effectiveness and sustainability of the interventions and document new knowledge.

NATICC has planned for a final evaluation to be undertaken as part of a culture of learning and accountability. A team of independent, external consultants will be contracted to assess the performance and results against the mandate that was set in the project design, and to determine the reasons for success or lack thereof, draw lessons and recommendations for improved performance in future similar interventions.

Evaluation questions

For the purposes of this evaluation the questions will be organized in line with several main evaluation criteria: relevance, effectiveness, efficiency, sustainability and impact. Furthermore, the evaluation will assess capacity development, partnerships, visibility, and monitoring as cross-cutting themes.

Key objectives	Key questions to be asked
1. Relevance / Appropriateness	<ul style="list-style-type: none"> • Does the program logic allow for the achievement of the project’s objectives?

<p>(a) To identify if the program was properly designed to meet targeted needs through evaluating and assessing program theory, logic, conceptual components and assumptions;</p>	<ul style="list-style-type: none"> • Were the targets set realistically? • Do the project’s objectives reflect the needs of the target groups? • Did the planning and implementation of interventions take the local context into account, which means <ul style="list-style-type: none"> a) were based upon an adequate needs-assessment and b) Show understanding of and support for the livelihoods and capacities of the affected population? • Does the project team as well as partners have the institutional capacity in terms of staffing, local knowledge and experience to implement the project’s activities? • To what extent did the community and stakeholders participate in planning and implementation of projects interventions? • Did the project respond to the needs and priorities of the target groups? • To what extent are the objectives of the project still valid? • Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives? • Are the activities and outputs of the project consistent with the intended impacts and effects?
<p>1. Effectiveness To assess the progress made towards achieving the project’s goal and objectives based on the log-frame, design and monitoring data.</p>	<ul style="list-style-type: none"> • To what extent did the programme achieve its outputs, outcomes and goals? • What were the major factors influencing the achievement or non-achievement of the objectives? • Did the project follow technical standards and/or project models from World Vision? • Have critical components for reducing GBV and TP been implemented and show intended results? • It is expected that the evaluator will verify the planned impact matrix against the actual project implementation and if necessary, establish an adjusted impact chain.
<p>2. Coverage</p>	<ul style="list-style-type: none"> • Which are the groups and individuals that benefitted the most from the NATICC activities?

<p>Evaluation of coverage involves determining who benefited from the NATICC interventions.</p>	<ul style="list-style-type: none"> • The beneficiaries should be broken down by social categories such as socio-economic status, gender, age etc.
<p>3. Efficiency To investigate whether the resources (financial, human, and materials) have been used efficiently and effectively for the well-being of the target community.</p>	<ul style="list-style-type: none"> • To what extent were the project inputs managed effectively? • Were the available resources sufficient to deliver the planned activities and outputs? • What effect did the available resources have on the quality and quantity of produced outputs? • Has NATICC's organizational structure and coordination mechanisms effectively supported the delivery of the program outcomes?
<p>4. Impact To assess the potential impact of the program on the CAs.</p>	<ul style="list-style-type: none"> • Were the positive and negative, intended and unintended changes produced by the project? • Have these changes contributed to any identified changes in the reduction of GBV and TP? • Analyse the contribution of the project to any observed impact (intended, unintended, positive, negative) and analyse what other actors and factors contributed to the impact. • What real difference has the intervention made to the beneficiaries? • How many people have been impacted? • Are the local communities and stakeholders more resilient to GBV and TP than before? • How likely is it that any positive changes may be sustained in the short- and medium-term? • How would the community, school and church landscape have been like without the project interventions?
<p>5. Sustainability</p>	<ul style="list-style-type: none"> • Did the project plan and implement an adequate transition and exit strategy that ensures longer-term positive effects and reduces risk of dependency? • How likely will critical services and effects be sustained beyond the duration of the project?

	<ul style="list-style-type: none"> • What were the major factors which influenced the achievement or non-achievement of sustainability of the project? • To what extent will the activities of the project continue in the communities, churches and schools after resource partners funding cease?
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Evaluation deliverables

Working and report language: English, data collection needs to be in SiSwati.

Inception Report:

Shall be submitted two weeks before the data collection starts. The inception report needs to be approved by NATICC Technical Board, Resource Partners and Management.

The consultant will prepare and submit an inception report in English detailing how the evaluation will be carried out from his/her point of view. The report will outline the evaluation design, sampling methods to be used and questions to be answered and detailed work plan for the entire exercise. Draft questionnaires, interview guides and other data collection tools will be submitted to NATICC for review and approval before data collection starts. As part of the inception report, the consultant must provide a data analysis plan showing the questions and analysis for each of the project indicators to be investigated.

Research methodology and respective tools:

Should be developed by the consultant and it will be reviewed and approved by the NATICC Technical Board, NATICC resource partners, and NATICC management.

Preliminary Evaluation Report;

On the 25th March 2022 the consultant will submit a draft evaluation report in English to NATICC. The draft report will be reviewed, and comments provided on the report within a week of submission.

Final evaluation Report;

The consultant will submit a detailed final report in English outlining the evaluation methodology, findings, lessons learnt and recommendations. The report shall incorporate specific, simple and achievable recommendations, including the most appropriate strategies that can be undertaken and/or incorporated by NATICC and partners to attempt to address the issues identified. The final report should address the issues and questions raised in this ToR and correspond to the evaluation objectives set out above.

The report should contain (but not limited to) the following;

- Executive Summary presenting the major findings and recommendations
- Evaluation aims, objectives, and scope
- Assessment of the project’s underlying impact logic
- Description of the methodology used
- Limitations

- Description of the assessment context and process including its constraints and challenges
- Detailed findings (related to the project objectives)
- Analysis of the findings (following the key questions outlined in the ToR)
- Conclusions
- Recommendations for the project approach
- Lessons learnt
- Reports on the capitalization of good practices.

The annexes of the report should contain (but not limited to):

- The evaluation Terms of Reference
- Inception report
- Maps
- List of interviewed people, with affiliation, contact details and bibliography
- Raw collected data and the data base on SPSS, STATA, Excel as an attached file
- Research Tools

Criteria to ensure the quality of the evaluation report

- The evaluation report should represent a thoughtful, well researched and well-organized effort to objectively evaluate what worked in the project, what did not and why.
- The evaluation report shall address all questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by NATICC!
- The evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex in the final report. Evaluation findings will assess outcomes and impact on parents and caregivers (both male and female), women and men, and youth (both in and out of school).
- Limitations to the evaluation shall be disclosed in the report, with attention to the limitations associated with the evaluation methodology (selection bias etc.).
- Evaluation findings should be presented as analysed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions. Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action oriented, practical and specific, with defined responsibility for the action.

Budget

The consultant will develop a detailed budget and work plan based on the details in the ToR.

Documents

The consultant will be furnished with all relevant documentation to support the desk review of secondary information. The consultant will be encouraged to identify any other sources for appropriate additional information that may be required to supplement what is provided by the project.

Lessons learnt

The lessons learnt by the entire evaluation team shall be documented and shared with the Project team to be taken into consideration for future programming. The documentation of these lessons will be vital for reflection, growth and continued improvement.

Consultant's qualifications

- The consultant must have undertaken similar works in Eswatini the last three years and should have the following competencies:
- Consultant must be a well-grounded social scientist or any other related field with excellent skills in research, monitoring and evaluation of GBV and TP projects.
- A good understanding of both Eswatini as a country and its pressing GBV and TP challenges.
- Experience in multi-methodological and interdisciplinary approaches and data collection and analysis techniques in evaluation of development programmes.
- Demonstrable experience (at least 5 years) in research/evaluation of projects related to the GBV and TP sectors.
- Ability to conduct high quality research, meet deadlines and respond to requests and feedback provided timely and appropriately.
- Excellent track record in designing and conducting quantitative and qualitative research, analysis and evaluation.
- Strong analytical and conceptual skills to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner.
- Excellent facilitation skills, co-ordination, negotiation skills and oral and written communication skills in English (particularly report writing).
- Demonstrated excellent written and spoken communications skills in English and SiSwati.
- Experience in assessing organizational capacity and gaps and ability to recommend the corrective measures.
- Demonstrated capacity to work both independently and as a team.
- Fluent in both English and SiSwati.

Duration of evaluation;

It is anticipated that the evaluation will last 25 – 30 working days.

Payment Methods;

The payment will be made through cheque or electronic transfer to the consultant according to the following schedule;

Submission of acceptable Inception Report 50%

Submission of acceptable draft report 20%

Submission of acceptable Final Report 30%

Request for Bids

The consultant shall submit a technical proposal detailing the proposed methodology, experience and expertise to undertake the exercise and financial proposal detailing the proposed budget indicating the consulting fees and other associated costs for undertaking the evaluation.

The evaluation team is responsible for its own travel itinerary. NATICC will support and facilitate the data collection and help in coordination with the different stakeholders.

Annex 2: Inception report

INCEPTION REPORT

Capability Statement

Experience in a variety of sectors and fields, ranging from Water and Sanitation, rural development, public health and social protection, from gender-based violence and protection of vulnerable groups (HIV+ population, child, etc.) to livelihood and community development. Substantial experience in the deployment of qualitative, quantitative and participatory approaches (including on sensitive issues). Demonstrated ability to support the management and coordinate the tasks of multiple research studies and understanding various mobile data collection platforms that include CSPro, Kobo tool box, SurveytoGO Solution. The niche I bring is my expertise and competency in data management systems that will enhance delivery of quality deliverables. My experience coupled with my qualification of a PhD in Public Health, Master's in Public Health, MSc Leadership and Change Management. Fully knowledgeable and experienced in working with designing participatory impact reviews and effective evaluations and participatory methods of data collection and evaluation. I value quality of my products and ensure that I deliver to my client satisfaction. Dr. Maseko excels in oral, written and visual communications. I value quality of my products and ensure that I deliver to my client's satisfaction. Some of my relevant work experience includes the following consultancy assignments:

Understanding of the Terms of Reference

From 2002 until January 2006, NATICC was offering HIV counselling and testing, HIV prevention education in the communities through peer educators and in schools through school health clubs. Funding was from DIGNI through DFEF in Norway. In 2006, NATICC sourced funding from USAID through PACT and added palliative care and TB and HIV/AIDS as new programs. These programs were piloted in the Nhlngano Peri-urban areas. In 2007, NATICC opened another VCT branch at Lavumisa border town under Somntongo Inkhundla. This branch called Lavumisa Aids Training Information and Counselling Centre (LATICC). This site was funded by the European Union (EU) for one year.

In January 2012, NATICC added the Gender Based Violence (GBV) and Teenage Pregnancy (TP) prevention project. This project was motivated by the observed lack of adequate policies and laws to protect women and children from violence and abuse. Women and children are subjected to various forms of abuse such as physical, sexual, emotional, economical abuse, intimidation, harassment, unlawful stalking and other violations. This injustice is further exacerbated by the lack of consistent enforcement of the laws that are available in the country. A case in point is the recently promulgated Sexual Offences and Domestic Violence Act (SODVA) of 2018. There has been widespread outcry about the glaring inconsistency in the application of the legislation.

In Eswatini, a number of women and children who are subjected to violence and various forms of abuse find it difficult to report such cases as entrenched toxic gender stereotypes make it difficult for them to be treated justly by the law enforcement agencies. There is also a glaring lack of knowledge and access to key services for abuse survivors. Moreover, In Eswatini, especially in the Shiselweni

region, there are few NGOs that are working directly on matters related to GBV and Violence against Children (VAC).

The United Nations Children's Fund (UNICEF) reported that "Every third woman in Eswatini was sexually abused as a child, one in three had experienced a degree of sexual abuse as a child and an additional 25% had experienced sexual violence" (UNICEF 2007). Anecdotal evidence' place high numbers of girls as victims of sexual and physical abuse. Information gathered from a national study on the drivers of violence against children (2016) indicate that an overwhelming number of female children experience various forms of incest that include; father to child incest, stepfather to child incest, sibling incest, and extended family member's incest. Other forms of sexual abuse that female children experience include unwanted touching and sexual harassment, child sexual exploitation, indecent assault, sexual grooming and abduction.

Sexual Violence against female children: The following information provides the situation of sexual violence against female children.

- Sexual Violence against female children is rife in Eswatini where 3 in 10 experience sexual abuse and a place where this violence frequently occurs is in a home setting, either the home of the respondent or the home of a friend, relative and/or neighbour.
- Over half of all incidents of child sexual violence were not reported to anyone according to the 2007 UNICEF report. Less than 1 in 7 incidents resulted in female seeking help from available services. Some females indicated that they did not report because they were not aware that they had experienced sexual abuse and many did not report because they feared that they will be abandoned by the abuser. The report suggested that most female lack the understanding of what sexual violence is. (UNICEF 2007).
- The effects of violence against children include the erosion of the strong foundation that children need for leading healthy and productive lives. Literature states that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders and depression to cardiovascular disease and diabetes. Also, it can damage the emotional, cognitive and physical development of children.
- Perpetrators of sexual violence: In Eswatini, UNICEF reports that three quarters of the perpetrators of sexual violence against female children and youth are husbands and boyfriends, men and boys from the neighbourhood or male relatives. Looking at GBV in general, about 78% of survivors of violence are females while 22% are males and more than 80% of these cases are happening at home. (National Surveillance on GBV 2011-12) It is also reported that parents were more commonly involved in physical violence against female children.

According to the UNICEF report (2007) the country's growing number of orphans and vulnerable children are ripe for sexual exploitation, a fear which could soon turn to a reality and show even more girls are abused than the current survey has reported. One factor for the large-scale number of orphans in the country is the HIV/AIDS epidemic, which UNICEF estimates will leave some 200,000 Swazi children orphans by 2009, this is more than one-fifth of the country's current population (UNICEF 2007).

The United Nations Population Fund (UNFPA) also provides insight into the extent of violence in the country. According to a UNFPA 6th country program evaluation report – 2016 to 2020 (August, 2019) Gender based violence (GBV) is currently a huge health and socio-economic problem in the country

with 48% women in the country experience sexual violence within their lifetime. The report further states 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. Linked to GBV is violence against children (VAC) which is also prevalent in the country, with the most prevalent forms being violent discipline (88%).

According to a study that was done by the International Commission of Jurists in collaboration with the Swaziland Action Group Against Abuse (SWAGAA) titled 'Access to justice challenges faced by victims and survivors of sexual and gender-based violence (SGBV) in Eswatini (2020), SGBV has been a persistent problem in Eswatini, affecting most women in the country, well before the passage of the SODV Act. In 2009, a group of researchers from the United States' Centres for Disease Control and Prevention (CDC) conducted a cluster survey study on sexual violence and its health consequences for female children in Eswatini. The study revealed that "sexual violence against girls younger than 18 years of age affected one in three women aged 13-24 years" in Eswatini, and that is "about 5% of girls had forced intercourse and 9% had coerced intercourse before 18 years of age." Furthermore, the study revealed that about three-quarters of the perpetrators of sexual violence against girls were the victims' boyfriends or husbands, male relatives, or men or boys from the same community.

Figures of abuse have risen quite significantly in the past few years, a recent report (November, 2020) by the Royal Eswatini Police Service (REPS) reveal some spine-chilling abuse statistics in the country. The report indicates that all forms of violence in Eswatini have increased two-fold between 2019 and 2020. A total of 4773 abuse cases were reported to the police in 2019 and a staggering 9399 cases were during the same period in 2020. An estimated 68% of the reported abuse was perpetuated against women and girls. A host of environments were perceived by the report as breeding grounds for all forms of violence. The home remains the most abusive environment.....

According to some commentators Gender-based violence (GBV) is a major problem in Eswatini due to patriarchal nature of social structures that grant men total dominance over their women counterparts. Traditional structures marginalize women and girls as well as orphans and vulnerable children, making them susceptible to HIV/AIDS and abuse.

Challenges in Preventing violence against women and children: In Eswatini, like in any other countries, prevention of violence against children and women is complicated by the influence of poverty and social changes that increase the vulnerability of children and women e.g., high rates of HIV/AIDS, increasing number of orphans and dependency to name a few. Because of this dependency many abused women are unable to extricate themselves from relationships that are marred by violence. Literature reports that there are cases where a woman is aware that her daughter is being sexually abused but fail to deal with the problem because of dependency to men for survival and some women are forced to make a living through prostitution even if fully aware of the consequences of multiple partnership and violence associated with the practice (Covering Gender Violence in Eswatini - Workshop Report).

Also, some women return to physically abusive husbands, opening themselves to further abuse and violence as they depend on the husband or partner or because they have nowhere else to go.

Other factors that contribute to GBV and expose both women and children to such violence are harmful culturally-based ideas and practices, lack of economic power, alcohol abuse, high level of unemployment of both men and women.

Some of the difficulties which rural women face when needing protection from a violent partner include

- ix) lack of viable financial resources and place to stay,
- x) high dependency on husband or husband's family for day-to-day support,
- xi) the lack of encouragement either from family members or friends to seek help from the police or local community courts,
- xii) A failure of law enforcement authorities to provide impartial services to abused women.

The consultant for the baseline study for Gender Based Violence (GBV) and reduce the high incidence of school dropouts due to Teenage Pregnancy (TP) will design and collect data against criteria will ascertain the relevance and effectiveness of project implementation on the livelihoods especially GBV and TP of the target population. This outcome level evaluation specifically will measure the change that has occurred as a result of participation in the project. It will also provide insights and recommendations on what NATICC programmes should prioritize in future to establish projects that are effective and sustainable building from experiences form this project.

Guided by what have been set by the project in the ToR. In addition, the consultants will also look at support system in the targeted communities. Using the Terms of Reference, the consultant went through a rigorous thought process to align his design with the following key questions stated in the ToR:

Key objectives	Key questions to be asked
<p>1. Relevance / Appropriateness (a) To identify if the program was properly designed to meet targeted needs through evaluating and assessing program theory, logic, conceptual components and assumptions;</p>	<ul style="list-style-type: none"> • Does the program logic allow for the achievement of the project's objectives? • Were the targets set realistically? • Do the project's objectives reflect the needs of the target groups? • Did the planning and implementation of interventions take the local context into account, which means: <ul style="list-style-type: none"> a) were based upon an adequate needs-assessment and, b) Show understanding of and support for the livelihoods and capacities of the affected population? • Does the project team as well as partners have the institutional capacity in terms of staffing, local knowledge and experience to implement the project's activities? • To what extent did the community and stakeholders participate in planning and implementation of projects interventions? • Did the project respond to the needs and priorities of the target groups?

	<ul style="list-style-type: none"> • To what extent are the objectives of the project still valid? • Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives? • Are the activities and outputs of the project consistent with the intended impacts and effects?
<p>6. Effectiveness To assess the progress made towards achieving the project’s goal and objectives based on the log-frame, design and monitoring data.</p>	<ul style="list-style-type: none"> • To what extent did the programme achieve its outputs, outcomes and goals? • What were the major factors influencing the achievement or non-achievement of the objectives? • Did the project follow technical standards and/or project models from NATICC? • Have critical components for reducing GBV and TP been implemented and show intended results? • It is expected that the evaluator will verify the planned impact matrix against the actual project implementation and if necessary, establish an adjusted impact chain
<p>7. Coverage Evaluation of coverage involves determining who benefited from the NATICC interventions.</p>	<ul style="list-style-type: none"> • Which are the groups and individuals that benefitted the most from the NATICC activities? • The beneficiaries should be broken down by social categories such as socio-economic status, gender, age etc.
<p>8. Efficiency To investigate whether the resources (financial, human, and materials) have been used efficiently and effectively for the well-being of the target community.</p>	<ul style="list-style-type: none"> • To what extent were the project inputs managed effectively? • Were the available resources sufficient to deliver the planned activities and outputs? • What effect did the available resources have on the quality and quantity of produced outputs? • Has NATICC’s organizational structure and coordination mechanisms effectively supported the delivery of the program outcomes?
<p>9. Impact To assess the potential impact of the program on the CAs.</p>	<ul style="list-style-type: none"> • Were the positive and negative, intended and unintended changes produced by the project?

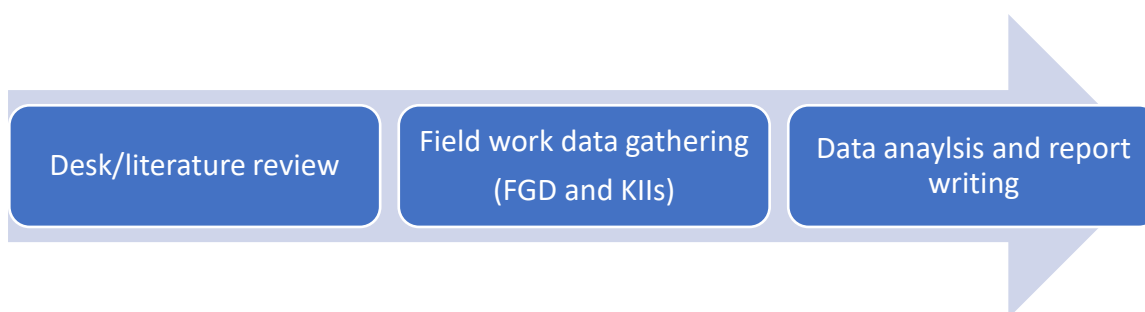
	<ul style="list-style-type: none"> • Have these changes contributed to any identified changes in the reduction of GBV and TP? • Analyse the contribution of the project to any observed impact (intended, unintended, positive, negative) and analyse what other actors and factors contributed to the impact. • What real difference has the intervention made to the beneficiaries? • How many people have been impacted? • Are the local communities and stakeholders that more resilient to GBV and TP than before? • How likely is it that any positive changes may be sustained in the short- and medium-term? • How would the community, school and church landscape have been like without the project interventions?
<p>10. Sustainability</p>	<ul style="list-style-type: none"> • Did the project plan and implement an adequate transition and exit strategy that ensures longer-term positive effects and reduces risk of dependency? • How likely will critical services and effects be sustained beyond the duration of the project? • What were the major factors which influenced the achievement or non-achievement of sustainability of the project? • To what extent will the activities of the project continue in the communities, churches and schools after resource partners funding cease?

Approach to Services

My approach to Combat Gender Based Violence (GBV) and reduce the high incidence of school dropouts due to Teenage Pregnancy (TP) is centred on tailoring my methodology around the specific needs of the client as detailed in the TORs, and also taking into account the need to have the voice of the children and women as the key beneficiaries in issues of household and GBV issues. I, thus propose a flexible, interactive and participatory process to ensure that the evaluation is conducted to a high level of quality and is a useful document for shaping decision making. I will involve my client (NATICC) throughout the process, and having deliverables at different phases ensures that the client can effectively and actively participate in the process and take accountability and ownership of the results. As a Consultant, I am capacity development oriented and value facilitating learning. Therefore, I will bring to your attention other issues not explicitly detailed in the TORs, but that I believe could add value to your programmes in the future. In conducting my work on behalf of my Clients, I always take into account the Client's values and ethos and ensure that myself and my team represent both me and the Client in a positive manner.

Proposed Methodology

The consultant will use a mixed approach which includes both quantitative and qualitative research/evaluation methodologies in the execution of the evaluation. It is often the richness of qualitative methods that provides the more detailed, in-depth, language, context and relationship between ideas that best informs programme process and interpreting impact in the view of the beneficiaries. The following list presents the strategies to be used to collect the required information:



Sample Calculation

The population for this evaluation will involve:

17. Community members (Parents and caregivers) in CAs
18. Head Teachers
19. Career guidance Teachers
20. In and out of school youth
21. Pastors and Congregants
22. CBOs – Community police, Caregivers, Lihlombe lekukhalela, Rural Health Motivators, Royal kraals Inner Councils
23. Government Ministries – Deputy Prime Minister's Office, Ministry of Education, Ministry of Health and Social Welfare, Ministry of Justice and Constitutional Affairs,
24. NGOs – World Vision Eswatini, Junior Achievement Eswatini

Which is purposefully selected by the client. Purposive sampling will be used, as the consultant wants to ensure the sample draws on participants who are informed and involved with the routine implementation of project. The targeted audience is purposively sampled in order to ensure that the

sample covers a full range of possible characteristics of interest. Tools for the focus group discussions and/or key informant interviews tool will be developed following the desk review.

Focus groups

This will use open ended question to gain the understanding of the situation from the voice of the beneficiaries. Group discussions will be done with significant players (beneficiaries and stakeholders) specifically with younger children the consultant will use the Venyet Method to conduct the discussion with them. The Focus groups will have at least 6 -10 people per group. Voice recorders and note takers will be used to capture the views of the participants. The Consultant proposes 6 focus groups across all the targeted communities:

In-depth interviews (Key Informants Interviews):

I also propose to conduct interviews with various opinion leaders in the target communities using; semi- structured and structured questions. The people targeted include: Community members (Parents and caregivers) in CAs, Head Teachers, Career guidance Teachers, Pastors and Congregants, local health facility, Local school head teacher, Bucopho, other organisations working in the communities, representative, CBOs – Community police, Caregivers, Lihlombe lekukhalela, Rural Health Motivators, Royal kraals Inner Councils, Government Ministries – Deputy Prime Minister’s Office, Ministry of Education, Ministry of Health and Social Welfare, Ministry of Justice and Constitutional Affairs, and NGOs – World Vision Eswatini, and Junior Achievement Eswatini.

Data Collection and Management

The consultant will lead the data collection process with logistical support from NATICC staff at project implementation level. NATICC will assist with mobilization and sensitization of key stakeholders including project beneficiaries. The Consultant will use Personal Digital Assistants (PDAs), or handheld computers, to collect data from respondents. The study will use SurveytoGO tool box in the PDAs to display the questionnaire, receive responses, back-up the data, and download the latter into an SPSS on daily bases. A team of 2 enumerators will be used to collect the data in the field supervised by the data collection team leader. The enumerators will receive training in both data collection tools and ethics.

Focus Group Discussions and semi-structured interviews will be audio-recorded if consent is given and will be transcribed verbatim and translated from SiSwati to English. Field editing of the survey data will be done on a daily basis to ensure completeness and appropriateness. Specifically, to Focus Group Discussion with children using the risk and resource mapping, spender diagram and the picture story excise the evaluation team will take notes no recording will be done because of ethical reasons and to avoid distracting the process.

Data Quality Assurance

The Consultant will ensure that overall quality and standard of the deliverables are achieved in all key respects. This will be enhanced through comprehensive training of data collectors and also the use of mobile application (SurveytoGO) will inbuilt validation rules for accuracy and completeness of data. The Consultant will obtain available data and other strategic information from NATICC and other partners at regional level. Corroboration of information and data from desk review will be sought through key informant interviews, focus group discussions during field work. After field visits and data collection an exit debriefing will be done to validate information and receive additional input in areas with some gaps. Validation of information collected and findings observed will be ensured

through presentations to and consultations with and feedback from NATICC and other partners who have the technical oversight role of the assignment.

Data analysis:

Qualitative Data

Qualitative data will be analyzed using a technique known as Thematic Content Analysis (TCA). Transcripts from in-depth interviews will be analyzed in order to identify key themes and sub-themes that relate to the key study questions, guided by the overall purpose of the study. The themes and sub-themes may be grouped and frequency of occurrence determined. Software packages such as Atlas and NVIVO may be used during analysis of qualitative data when deemed appropriate. Only senior members of the research team will be involved in this process as it requires a thorough knowledge and understanding of the techniques, especially in terms of linking nodes.

Quantitative Data

Survey data will be captured in SurveytoGO mobile application at the point of data collection. Data will be exported from KoBo into SPSS for statistical analysis. The analysis will involve computing both descriptive and inferential statistics. Before performing any comparisons, Cronbach's Alpha Coefficient will be computed on subscales to determine reliability of data. Composite scores may also be computed to obtain measures that can be used to perform more robust analysis such as factor analysis, chi-squares, and discriminant function analysis.

Report Writing

The Consultant will be responsible for the writing of the reporting guided by the report structure that will have agreed at inception and also putting into consideration the evaluation requirements as guided by the NATICC evaluation of development work policies.

Stakeholder feedback and report finalization

Feedback will come through two channels. The first will be an internal review of the draft report that relevant NATICC staff will do on receiving the draft report. The second will be in the form of a validation workshop virtually at which the consultant will make a verbal PowerPoint presentation of the evaluation findings and recommendations to an audience of NATICC officials, partners and stakeholders. These will ask questions and suggest ideas for improving the report, equipping the consultant with ideas for refining the report into a final draft the submission of which will conclude the contract.

Work Plan

Phase	Activity	Deliverables	WEEKS								
			1	2	3	4					
Inception Phase	Inception Meeting	Inception Report & Quality Assurance Plan	■								
	Literature Review			■							
	Development of ethics plan			■							
	Development of Report		■	■							
Sub Total											
Data Collection	Planning for Data Collection	Data Collection Tools Setting of Appointments			■						
	Data Collection Quantitative				■						
	Data Collection Qualitative				■						
Sub Total											
Data Analysis and Drafting	Data Collation and Analysis	Write-ups				■					
	Write-ups					■					
	Review of drafts by Team Leader	Draft Report				■					
	Consolidated Draft Report					■	■				
	Presentation of Draft								■	■	
Sub Total											
Finalization of Report	Comments	Final Report								■	
	Finalization of Report									■	■

Annex 3: Recommendations of 2016 and status of implementation

Recommendation 2016 end of project evaluation	Status 2022
<p>Sharing the findings with Government (Gender Consortium): NATICC should share the overall findings of the evaluation with Government and donors as an advocacy highlighting the remaining gap. By recognising the gap that NATICC would have left and by making specific suggestions how these gaps could be filled in the short and medium term. The aim is to ensure that GBV stays as the Governments' agenda.</p>	
<p>Developing community advocacy: NATICC or any other organisation who will take over should work towards establishing, community based structures, where there is an availability for capacity building should be done; this would lead in GBV prevention and linkage to government structures. This is important for sustainability and community ownership.</p>	
<p>Introduce GBV survivor referral cards: To enhance coordination and feedback mechanism NATICC and its partners should introduce a referral card to help ensure confidentiality, safety and security, avoid duplication and improve the accuracy of data collection nationwide. The card should also include basic information on the referral pathway. Introduction of the referral card will also help to improve case management coordination for survivors.</p>	
<p>Incorporate children and youth: Conduct dialogues in capacity building on GBV and child rights among youth and children to ensure that they have enough knowledge and life skills as they transition into adulthood.</p>	
<p>Introduce GBV pre- and in-service training to teachers, police and nurses. - Capacity among actors such as police, teachers and nurses on issues of GBV need to be addressed by working with relevant institutions to develop a pre and in-service training on GBV.</p>	
<p>Breaking down the GBV classification : The categories currently used by NATICC and its partners are too broad for helping them to understand and influence programme planning. Therefore, it is recommended that they break down the classifications to include the following types of GBV among others: spouse battering; rape; attempted rape; incest; early marriage; property grabbing; spouse and family neglect; child neglect; exploitation; verbal abuse; economic violence; assault, child abuse, child support child molestation, threatening violence, physical torture, bestiality, deprivation, psychological abuse, etc.</p>	
<p>Case conferencing: Develop structures and systems that will ensure that the GBV actors come together to share resources, information and providing feedback to each other regarding processes and progress on various cases.</p>	
<p>Working with the National Court(Ndabazabantfu) -Conduct an analysis of how case are allocated in the courts to ensure that the project work with relevant officers in the ministry as the National court tend to be left out on capacity building and they are the most who handle GBV cases.</p>	

Green = done and Yellow = partial done work in progress.

Annex 4: Objective matrix as per performance during the project implementation

<p>Goal</p>	<p>With the goal to “combat GBV and reduce the high incidence of school dropouts due to TP” in mind, the project planned and implemented a large number of diverse activities that would enable significant actors to take on new tasks in the protection and prevention of GBV and TP.</p> <p>Reports and interviews with the project team and beneficiaries suggest that the project’s focus was based on both its qualitative long term impact (such as a cycle of trainings, the accumulation of knowledge through community visits) and quantitative results (for example, media campaigns that involve society at large). The development of strategic working collaboration enhanced the ease of handling GBV and TP cases (SODV act, Marriage act) complemented the project objectives and strengthened institutional mechanisms and capacities in order to sustain effective project outcomes. Overall, the project strategy and design was helpful in meeting its goal.</p> <p>Furthermore, Interviews with the project team and beneficiaries revealed that the project outputs, tools and approaches, and particularly the results of the project’s activities, were considered very important contributions to NATICC’s commitments to “combat GBV and reduce the high incidence of school dropouts due to TP” and to endorse a human rights and non-discrimination approach.</p>
<p>Objectives</p>	<p>The project took a significant step in terms of introducing systematic change in the regions approach to GBV and TP. Prior to the project, the institutions in the Shiselweni region perceived GBV and TP as a private issue or as the socio-pathological behaviour of socially at-risk families. The Project succeeded in mainstreaming a GBV approach within different institutions and ensuring a targeted focus on the female victims of violence and perpetrators.</p> <p>During the implementation there was significant cooperation with line ministries and a number of relevant institutions whose response is necessary in order to provide adequate prevention, protection and support to the victims of GBV and TP. These institutions include: the Ministry of Justice, the Ministry of Education, the Ministry of Health, as well as numerous institutions at the local level and NGOs such as JA, World Vision and Pasture Valley. Overall, the project strongly supported the efforts to create coherent responses to ensure that they combat GBV and reduce the high incidence of school dropouts due to TP.</p>

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Objectives	Achievements	Development areas	Recommendations
<p>Increase individual access to information, education and life skills on GBV (sexual violence).</p>	<p>The program was able to implement most of its activities during the duration of the project. Parents and caregivers were engaged in productive community dialogues where they are demonstrating improved knowledge on issues around GBV and TP. The initial community dialogues during this quarter were aimed at conducting a pre-test for the participants. This exercise is aimed at testing the level of knowledge amongst the target groups. The parents and caregivers in all 6 catchment areas (CAs) were beginning to demonstrate above 50% understanding of the dynamics of GBV and TP. A majority of the participants were able to clearly define GBV and TP.</p>	<p>However, appeared to be development areas in their knowledge and understanding of the key human rights legislations in the region which criminalize GBV and TP.</p>	<p>Strengthen and develop friendly usable teaching approaches to hence the knowledge and understanding of human rights legislations.</p>
<p>Improve quality and access to sexual and reproductive health services.</p>	<p>In the years 2017, 2018 and 2019 sexual reproductive services were significantly improved and most youth were able to access them in nearest health facilities. However, such gains were watered down by the COVID-19 pandemic in 2020.</p>	<p>The incidence rate of TP appears to have increased quite significantly in 2020. High numbers of teenagers who are accessing Anti Natal Care (ANC) services in health facilities as well as a high number of schools drop outs due to TP.</p>	<p>Provision of mobile youth friendly sexual and reproductive health services needs to be explored.</p>
<p>To reduce incidence rate of teen pregnancy among school going</p>	<p>The project was able to implement its activities at a positive progressive outcome in achieving the reduction of pregnancy among adolescents and mitigate the impact</p>	<p>The program did not have proactive strategies to implement during the pandemic thus</p>	<p>Develop strategies that are manageable at community level rather than at programmatic level. Provide</p>

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<p>adolescents and mitigate the impact on those who are already affected through the provision of comprehensive services.</p>	<p>of pregnancy. This is evident in that the program successfully negotiated with school head teachers to allow three of the students to seat for their form 3 external examinations. However, in 2020 incident rate of school drop outs due to TP appear to have increased quite significantly.</p>	<p>seeing a significant increase in the pregnancy incidence.</p>	<p>communities with suitable tool kits which are responsive to their needs .</p>
<p>To create a conducive social environment to sustain responsible sexual and reproductive health practices among adolescents in the beneficiary communities.</p>	<p>A majority of activities were facilitated and these include:</p>	<p>The activities do not clearly articulate on how to achieve a conducive social environment.</p>	<p>Develop activities that would enable the program to achieve its objective. The activities should be directly benefiting the beneficiaries holistically not through recognition of certain dates.</p>
<p>Conduct evidence based programming and decision making.</p>	<p>Community data is used for descriptive analysis which provides a snapshot of the evidence compared to analysis reflection which would provide an in-depth understanding of the different communities.</p>	<p>No in-depth analysis of the communities against program activities.</p>	<p>Needs to utilize data from the M&E department to effectively plan for activities in the different community needs. Different communities have different needs in terms of programmatic implementation of activities.</p>

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Annex 5: Evaluation Matrix

Criteria/Sub criteria	Questions to be addressed by evaluator	What to look for	Data sources	Data collection methods
Relevance	How the project contributed to the objectives?	Real project objectives	Annual reports, progress reports	Desk research of documents produced by the project
	What GBV and TP problems the project addressed? How project outputs enhanced the solutions of GBV and TP?	Relevance of planned activities to the raised objectives Estimated project outputs	Project team Stakeholders and beneficiaries' opinions	Interviews
	How implementation of the planned project activities was ensured, monitored and adjusted to the existing context?	Management and operational strategies Communication strategies	Project management team Interviews Reports	Desk research and interviews
	What impact the project activities and outputs brought to combat GBV and TP?	Data showing the increase of reported cases Visibility in the public this project brought (institutional visibility, political commitments and general perception change towards the issue of GBV and TP)	Interviews of project management team, stakeholders and beneficiaries, annual reports and progress reports.	Interviews, desk research

		Ownership of the project outputs increased (reduced resistance of law enforcement, etc.)		
Effectiveness	What strategies by the project team were developed to involve project stakeholders and ensure their ownership of the project process and outputs?	<p>Were Project outputs institutionalized and integrated into the procedures and their responsible areas?</p> <p>What is the added value of the project (did it involve voluntarily media reports, more activities under the same resources, project innovations, good practices?)</p> <p>Limits of project process and outputs (workshops as formats for the exchange of ideas and knowledge, operational shortcomings, clear role distribution in the consultation process on the drafting of documents)</p>	<p>Progress reports, interviews with project team, stakeholder and beneficiaries</p>	<p>Desk research</p> <p>Interviews</p>
	How cooperation and coordination of various actors/voices were elaborated and ensured?	Benefits that the project brought from this cooperation	Progress reports, interviews with project team, stakeholder and beneficiaries	<p>Interviews</p> <p>Desk research</p>

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		<p>How were community capacities enhanced?</p> <p>What were challenges faced by the project implementer to maintain this complex and huge number of activities?</p> <p>How did they arrive at a solution? What operational obstacles between project implementers and beneficiaries occurred? How did project team respond to solve operational obstacles with the beneficiaries of the project?</p> <p>What tools did project implementers succeed in creating to support project outcomes?</p>		
Efficiency	How did the staff of the project team change during the project?	Are there frequent drop outs or staff changes?	Interview with project manager	Interviews, Desk research
	How were good practices of other communities adjusted to the concrete context? How did the	What research methodologies were used?	Interviews with project team, beneficiaries and stakeholders	Interviews

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	project benefit from the social learning process?	How can the organizational experience enhance the project outputs?		
	What operational challenges were faced by project implementers? How effectively were they solved to maintain quality of the content of the project outputs?	Planning annual quarterly activities Analysis of changing contextual factors Identification of risk factors and measures to solve them	Annual reports, reports in progress	Desk research
Sustainability	Institutional/political sustainability	How was the work of communities empowered? What new targets and ways of community coordination were set?	Interviews with stakeholder	Interviews
	Social/cultural sustainability	How much did the awareness raising campaign contribute to the change of GBV and TP? What shifts in the public opinion did occur? Were public attitudes towards community	Project team, beneficiaries	Interviews

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		capacities transformed so that more trust in it occurred? How were perpetrators adjusted?		
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Annex 6: In-school youth and Out of school youth

- 1 What activities are carried out by GBV and TP in the community?
- 2 How were you involved in the process of implementation of these activities?
- 3 Have these activities made any difference in the people's lives? How?
- 4 What do you understand by the term "Gender-Based Violence"?
- 5 How would you rate the occurrence of GBV in the last five year? Please explain
- 6 Have you or a person you know suffered from GBV?
- 7 If yes, how did it happen? How has it affected your life?
- 8 Was it from a member of your family?
- 9 What emotional assistance did you receive to deal with the trauma?
- 10 Could you please share your experiences (for those willing)- record the testimony

Impact

- 1 Besides what GBV is doing, how else can GBV and TP be reduced in this community?
- 2 Give some of the changes that you can associate with NATICC GBV project

Relevance

- 3 In brief what did you like or not like about the project?
- 4 Do you have any suggestions for improvement?
- 5 Are you involved in another GBV project? Is it similar or the same as the one GBV is implementing? Please explain the similarities and differences

Annex 7: Stakeholders

- 1 What activities are you involved in under the GBV and TP project at community/village?
- 2 How were you involved in the process of implementation of these activities?
- 3 What do you understand by the term “Gender-Based Violence”?
- 4 Have these activities made any difference in the people’s lives? Please explain how (Impact area)
- 5 How is the trend of occurrence of GBV and TP in the five years? Is it increasing or decreasing and why?
- 6 Which other organizations/NGOs are addressing the problem of GBV and TP in this community?
- 7 Are they implementing activities in the same way (approaches) as NATICC? If different please explain?
- 8 Among the approaches, which one do you think works best and why?
- 9 In your opinion, are all GBV cases reported? If no, why?
- 10 How can gender-based violence be reduced in this community?
- 11 What kind of project will best address GBV and TP?
- 12 Are you satisfied with how the project was implemented? Please explain
- 13 In brief what did you like about the project?
- 14 What did you not like about the project?
- 15 Do you have any suggestions for improvement?