

**END OF PROJECT EVALUATION: SURVIVORS SPEAK UP (SSU)
PROJECT (EIDHR/2017/393-942)**



Grant Management & Consulting Services CC

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACHPR	African Charter on Human and People's Rights
ACRW	African Charter on Rights of Women
AMICAALL	Alliance of Mayors Initiative for Community Action on AIDS at the Local Level
CBO	Community Based Organization
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DGEWE	Directorate of Gender Equality and Women's Empowerment
ESPPMLP	Education Sector Policy for the Prevention and Management of Learner Program
ERDF	European Regional Development Fund
EU	European Union
FAWENA	Forum for African Women Educationalists Namibia
FBO	Faith Based Organization
FES	Friedrich Ebert Stiftung
FGD	Focus Group Discussion
GBSVPU	Gender Based and Sexual Violence Protection Unit
GBV	Gender-based Violence

GBVIU	Gender-based Violence Investigation Unit
GBVPU	Gender based Violence Police Unit
GRN	Government of the Republic of Namibia
HTS	HIV Testing Services
HPP	Harambee Prosperity Plan
ICGLRISV	International Conference on the Great Lakes Region Instruments on Sexual Violence
KII	Key Informant Interview
LAC	Legal Assistance Centre
LLCL	Life line Child Line
LP	Learner Pregnancy
LPP	Learner Pregnancy Policy
M&E	Monitoring and Evaluation
MGECW	Ministry of Gender Equality and Child Welfare
MGEPESW	Ministry of Gender Equality Poverty Eradication and Social Welfare
MoEAC	Ministry of Education Arts and Culture
MP	Member of Parliament
MSS	Ministry of State Security
NAMPOL	Namibian Police
NANGOF	Namibia Non-Governmental Organizations Forum
NAPPA	Namibia Planned Parenthood Association
NDHS	Namibia Demographic Health Survey
NDP	National Development Plan
NGMEP	National Gender Monitoring and Evaluation Plan
NGOs	Non-governmental Organization
NPA	National Plan of Action
NPAGBV	National Plan of Action on Gender Based Violence
OMAs	Other Ministries and Agencies
OVC	Orphans and Vulnerable Children
PDM	Political Decision Maker
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV and AIDS
PLWD	People Living with Disabilities
PreP	Pre-Exposure Prophylaxis
PU	Protective Unit
RSNDP	Revised Sixth National Development Plan
RT	Regain Trust
SADC	Southern Africa Development Cooperation
SBCC	Social behaviour Change Communication
SDG	Sustainable Development Goals
SES	Secondary Schools
SFH	Society for Family Health
TA/TL	Traditional Authority/Traditional Leaders
TG	Target Group
ToC	Theory of Change

TOR	Terms of Reference
ToT	Trainer of Trainers
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
YWCA	Young Women Christian Association

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This End of Project External Evaluation was produced with the financial support of the European Union. Its contents are the sole responsibility of the Friedrich Ebert Stiftung and Regain Trust, and do not necessarily reflect the views of the European Union. The members of the evaluation team are independent of the Regain Trust, the Friedrich Ebert Stiftung and the European Union. None of the consultants and researchers had any direct programmatic or managerial responsibility for the Survivors Speak Up (SSU) Program. The end of term evaluation report benefited from wide input, including staff of the Regain Trust and the Friedrich Ebert Stiftung. A team of consultants – GMS cc consultant firm - which has specialization in monitoring and evaluation was selected from many bidders. Ultimate approval of the study protocol rested necessarily with the Friedrich Ebert Stiftung, Regain Trust and the principal funder, the European Union. However, the consultant's knowledge of the national gender based violence and child pregnancy health system and key information sources greatly benefited the study. The Regain Trust along with the Friedrich Ebert Stiftung as well as government ministries and departments, Civil society Organizations (CSOs), Political Decision Makers (PDMs), opinion leaders, community groups; school principals, learners and parents offered suggestions for clarification of the text of the report.

The limitations to the end of evaluation report identifies some of the hindrances and bottlenecks that were encountered in the study including the fact that personal and direct contact was minimized due to Covid-19 social distancing regulations, the tracing of learners who had participated in the program proved to be a daunting task and that a mid-term evaluation had not been conducted.

Regain Trust thanks the Friedrich Ebert Stiftung, European Union and the consultant team, comprising: Patrick Nkandu, Peer Reviewer and Principal Evaluator (Zambia), Antony Masarakufa, Research Team Leader (Namibia). Special thanks must go to the many individuals in Namibia who gave generously of their time to the consultant team. We trust the insights of the end of term evaluation, especially into areas needing more technical and financial assistance, will prove useful to Regain Trust, its partners as well as the Government of the Republic of Namibia and other organizations and community groups.

Executive Summary

The independent final evaluation of the SSU project was conducted by a team of two consultants (one international and one national) between October and January, 2022. The evaluation covered the 3 regions, namely Khomas, Erongo and Omusati where the SSU project was implemented by RT. The *Main Purpose of the Evaluation* was to assess the impact of the project and the level of achievement of the Project's objectives and expected results. The evaluation further sought to identify any emerging good practices or approaches, challenges encountered and lessons learnt in implementing the SSU project that can be documented and showcased for possible replication and up-scaling.

The Survivors Speak Up! No more Gender-Based Violence Project *adopted a holistic approach towards prevention of Gender-Based Violence and Learner Pregnancy* and protection of those affected, and it was a European Union funded project that was implemented over a three-year period from 01 May 2018 -June 2020. The project was implemented by Regain Trust (RT) with support from Friedrich-Ebert-Stiftung (FES). It was implemented in three regions of Namibia namely Khomas, Omusati and Erongo with a total budget of 100,000 euros (one hundred thousand Euros).

The *Key Findings of the Evaluation* were as follows: the (i) Project's Relevance and Strategic Fit was well aligned to the international and national development conventions, priorities, aspirations and needs of all the stakeholders that participated in the evaluation including the ultimate beneficiaries (Gender Based Violence [GBV survivors]); (ii) Validity of the Project Design: The Theory of Change (ToC) for the project, reconstructed from the logical framework of the project, was noted to be generally valid as the change process towards the goal of contributing to the reduction of GBV and Learner Pregnancy (LP) in Namibia was anchored around strengthening of service delivery systems, capacity building of service providers for effective and quality GBV service delivery, implementation of innovative preventive and protection services interventions such as strengthening the knowledge and capacity of key stakeholders including the Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political Decision-Makers (PDMs) in order to address GBV and LP as well as increasing access to quality psycho-social support and services to survivors of GBV and LP; (iii) *Project Performance*: Overall, the SSU project performed well across all its strategic objectives and planned outputs as almost all the output targets were achieved or surpassed and achievements were between 50 to 90%; (iv) Project Effectiveness: In terms of project design and approach, the multi-sectoral approach was found to be largely effective as evidenced by the achievement of results at both output and outcome levels; (v) Project Impact: The SSU project catalyzed processes of change of knowledge, attitudes, practices and behaviors that will slowly gather momentum over time but immediate changes may not be easily detectable in the short run; (vi) In terms of Socio-economic Impact, reliable data to measure the impact of the SSU in terms of increase number of counselled survivors who continue schooling or education after training and/or therapy is meant to be obtained from the Educational Management Information Systems (EMIS) and although reliable and accurate EMIS data was not available, the project managed to create huge demand for GBV and LP services. (vii) The Policy Impact has been attained by the SSU project by galvanizing political support among PDMs for new holistic preventive approaches and enhanced support services for victims.

HIV and AIDS and human rights issues were well mainstreamed in the project through the sexual and reproductive health awareness activities that were provided targeting learners as well as victims of GBV/LP. Youth and adolescents were also well involved in the project as there were specific activities for their age group mainly through in-schools initiatives. However, women as well as victims and survivors were not targeted with economic empowerment and livelihood initiatives, and this was a significant gap.

Project Sustainability was assessed using a combination of the UNEG, OECD/DFAC and IFAD (2009) Project sustainability framework categorizes sustainability into political, social, ownership, institutional economic and financial, and technical sustainability. Sustainability of the Project was entrenched mainly through (1) broad based consultation in the design of the project, (2) working with and through existing government and community structures, (3) and capacity strengthening of stakeholders that included MSS (Ministry of State Security), MGECW (Ministry of Gender Equality and Child Welfare), NAMPOL/GBVIU (Namibian Police/Gender Based Violence Investigation Unit) and Non-Governmental Organizations (NGOs). The evaluation concluded that the project has potential for *Political Sustainability* because it has political support from the highest levels in government, and the project has received widespread support from stakeholders at all levels but this needs to be translated into more financial resources being released particularly by the GRN for future programming. *Institutional sustainability* is inextricably linked to financial sustainability. Although a lot of institutional capacity building activities have targeted institutions at different levels, newly established structures like the self-help groups still need financial and technical support before they can reach high sustainability levels. *Financial Sustainability* is one of the key challenges that the project will face in the post donor funding era in view of the funding challenges that government ministries are facing in general and in particular the line Ministry of Gender.

The *Main Conclusions* are as follows: Scaling up should be phased in a manner commensurate with the resources available. Selection of programme areas should be based on assessed need to ensure that essential services are available where they are needed the most. There was strong dissatisfaction with the intermittent breaks in programming. Stakeholders feel that this affects momentum and visibility of the program. The project needs to look at the possibility of increasing focus on GBV related to People Living With Disabilities (PIWD) and out of school youths. There is also need to focus on rehabilitation of GBV offenders as a prevention strategy as this aspect has not been prioritized by the current project.

Using the main evaluation criteria, the project was found to be largely *relevant* to the GBV and LP context in Namibia; the *project performance and effectiveness* largely surpassed planned outputs and targets and at outcome level, there is evidence of improved access to health, justice and social protection services by GBV and LP survivors; the project implementation was found to be generally *efficient* which resulted in the achievement of majority of outputs and outcomes; and *sustainability* was entrenched mainly through (i) broad based consultation in the design of the project, (ii) working with existing government and community structures, (iii) and capacity strengthening of stakeholders. The project has achieved political, social and technical sustainability as well as a sense of ownership by the stakeholders and beneficiaries.

In line with the reconstructed theory of change, the project contributed to the potential of reaping immensely from investments in policies and programmes that enhance responses to gender based violence and learner pregnancy and advocate for the strengthened legislation, investigative services and protection services for GBV and LP potential victims and survivors. However, the project did not include livelihood and poverty alleviation strategies.

The Regain Trust's Survivors Speak Up: No More Gender Violence Project contributed to the priorities of the Government of the Republic of Namibia and responded to the various government policies and plans of action. The project was also aligned to international and regional conventions that Namibia has ratified and domesticated. At national, regional, district and community levels, the implementation of the SSU project has created learnings, innovations and practices that will be used to support and facilitated policy coherence, multi-sectoral coordination and strategic partnerships. The contributions of SSU project towards gender based violence and learner pregnancy have been highly relevant and responsive to the needs of the GRN at the levels of policy, strategy and guideline development, knowledge management, capacity development and strengthened support for service

provision, awareness and demand creation for responses to gender based violence and learner pregnancy.

A major conclusion of the evaluation is that the SSU program achieved to a great extent the expected outputs and outcomes of the interventions. However, the program needed longevity and up-scaling to achieve the ultimate goal, which is to contribute to the reduction of GBV/LP in Namibia. The SSU project was designed with two main components namely capacity strengthening of services providers and stakeholders and increasing the quality and quantity of GBV/LP services targeting prevention and protection of victims. The evaluation concludes that the two-pronged approach was largely effective and relevant as evidenced by the achievement of results at output, outcome and to a great extent at impact levels.

The Main Recommendations are that as a new project, the SSU project scored significant successes. Good practices such as the innovative use of the popular public dialogues, on-site counselling support, group counselling sessions, men and community engagement sessions have been found to be effective in delivering both preventive and responsive GBV and LP services to survivors and should therefore be scaled up to other areas to broaden the impact. To strengthen sustainability and efficiency, the project, needs to consider investigating the potential of multi-skilling of key services providers. Multi-skilling of the key service providers is essential so that each employee can offer a number of services e.g. a nurse or a police officer can also offer counselling and provide para-legal services.

It is recommended that Regain Trust and its partners should remain focused on the role of providing support for gender-based violence and learner pregnancy legislative, policy and research frameworks and briefs and should expand its advocacy work with policy makers, parliamentarians, traditional leaders and other opinion leaders in addressing GBV and LP and include out of school youths and not just in-school youth as these groups tend to mix within their family and community settings.

The evaluation also recommends that at national, regional and community levels, Regain Trust needs to continue supporting and facilitating policy coherence, multi-sectoral coordination and strategic partnerships through projects such as the Survivors Speak Up project; invest in the reproductive health needs of both married and unmarried youth and especially in-school youth and invest programs and policies to reduce unintended pregnancies, delay and space births, and prevent the occurrence of gender based violence in homes and other social places; the 'safe space' concept, which focuses on training and leadership opportunities for young people should include already married girls that may be missing in the current focus on preventing child marriage; and identified the need for targeted support to men who suffer gender based violence; and married girls so they can continue or return to school, access appropriate gender based violence and learner pregnancy services, and obtain assistance to engage in income-generation and livelihood programs.

1.0 Introduction

1.1 Background Context and Rationale

1.1.1 Gender-based Violence And learner Pregnancy in Namibia

Namibia's Constitution contains several articles clarifying its mission toward gender equality. One is specifically dedicated to recognizing the unique oppression and exclusion of women and vowing equity through legislation stating that, women should be "encouraged and enabled to play a full, equal and effective role in the political, social, economic and cultural life of the nation." These priorities are included within the National Development Plan (2007-2012) as well as the National Gender Policy (2010-2020). Yet GBV and Learner pregnancy, remain a concern in Namibia. Namibia places second out of 55 states on the continent in its efforts to reduce gender inequality. However, while it has made considerable progress, there are still lengths to go in reducing sexual and gender-based violence in Namibia. Gender-Based Violence (GBV) cases in Namibia are on the increase and widespread, occurring across all socio-economic, cultural backgrounds, and regions of the country. Even with these steps in place, it was noted by the United Nations Educational, Scientific and Cultural Organization (UNESCO) Gender Equality Objective Outputs in 2013 that the implementation of legislation concerning gender-based violence in Namibia needed critical improvement. A 2013 Namibia Demographic Health Survey (NDHS) showed that 33% of Namibian women aged 15-49 had experienced some form of gender-based violence. In 2019, Namibia recorded 200 cases of domestic violence per month according to Hendrick Olivier, the commander of Namibia's Gender-Based Violence Protection Unit. A total of 5,266 GBV cases involving domestic violence was reported in the 2020/2021 financial year alone.¹

Gender-based violence is defined as any act that results in or is likely to result in, physical, sexual, or psychological harm or suffering among women, men, girls, and boys, including threats of such acts and coercion or arbitrary deprivations of liberty, whether occurring in public or private life (United Nations, 1993; United Nations, 1995). Forms of GBV include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early marriage or forced marriage, gender discrimination, denial (such as education, food, freedom) and female genital mutilation². Violence against women and girls has devastating short and long-term consequences on their health and well being. These include physical injuries, depression, anxiety disorders, and even death. It is linked to negative outcomes in sexual and reproductive health, including unintended pregnancies, increase risks of miscarriage, unsafe abortions, stillbirth, and increased vulnerability to HIV and other sexually transmitted infections.³ The main victims of GBV in Namibia include Children and youth, people living with disabilities (PLWD), and women in general. The vulnerabilities of children and youth are thought to emanate from several interrelated factors. Young people between the ages of 10 and 14 years usually enter puberty and begin their transition out of childhood. This time brings greater responsibility within the home and exposes girls in particular to societal pressures to enter marriage, sexual relations, and childbearing⁴. The National Demographic and Health Survey 2006-07 found that 15.4% of teenagers aged 15-19 years in Namibia had already begun bearing children. The graph below presents detailed annual statistics on pregnancy-related school dropouts between 2008–2020 in Namibia:

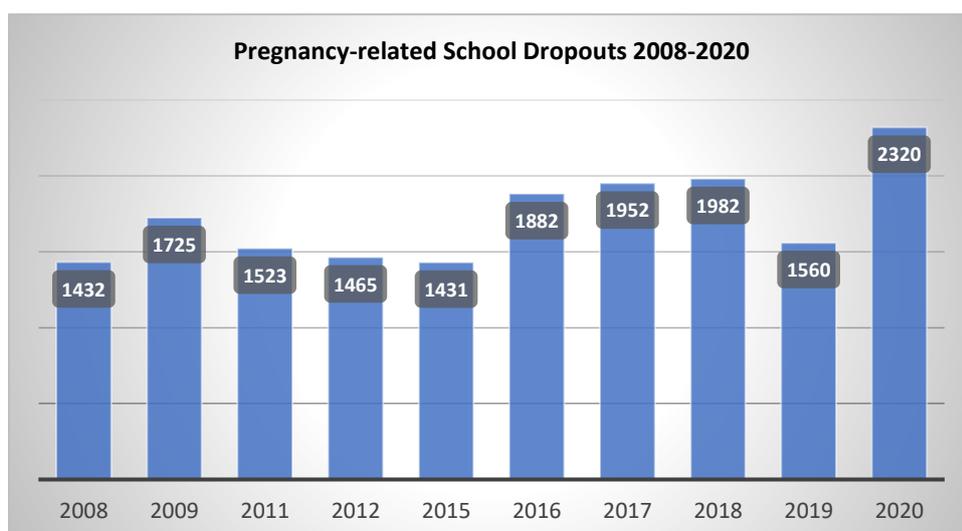
¹ NAMPOL GBV data 2021

² https://namibia.unfpa.org/sites/default/files/pub-pdf/gbv-fact_sheet_november_2020.pdf

³ https://namibia.unfpa.org/sites/default/files/pub-pdf/gbv-fact_sheet_november_2020.pdf

⁴ Ministry of Health and Social Services (MoHSS), Namibia Demographic and Health Survey 2006-07, Windhoek: MoHSS, 2008, pages 50-51.

Figure 1: Pregnancy Related School Dropout 2008-2020 in Namibia



Source: EMIS data

Between 2008 and 2020, an average of 1,600 girls drops out of school annually, and a cumulative total of 20,000 left schools.⁵ The Ministry of Education reported a total of 3 323 schoolgirls fell pregnant during the March-July 2020 Covid-19 lockdown period. Several factors are known to fuel learner pregnancy and these include early sexual debut, poverty, transactional relationships, and intergenerational relationships. Official statistics indicate that 36% of Namibian Learners aged 13 – 15 have had sexual encounters. Child and youth alcohol use and abuse is another factor of concern. A 2006 study found that about one out of ten 10- to 14-year-olds in the survey had already started using alcohol, as well as about three out of ten 15- to 24-year-olds. In both age groups, 6% of those who had tried alcohol were already drinking daily. In addition to affecting children’s health, alcohol abuse tends to increase vulnerability to violence and earlier and riskier sexual activity. The table below presents key highlights on both GBV and learner pregnancy in Namibia.

Table 1: Key Highlights of both GBV and Learner Pregnancy in Namibia

Indicator	Estimated Value
# Of people raped each year	1000 (90% women)
Women who report experiencing violence during pregnancy	6%
GBV Survivors who never seek support services	15%
women who do not access health services due to not getting permission	6%
Adolescents who justify beating as acceptable	Girls 28%: boys 29.5%
Girls Married by Age of 18 years	18.40%
Teenage pregnancies	National 19% Kunene 38.9%
HIV Prevalence 15-49 years	16.90%
HIV Incidence 15-49 years	43%
Secondary School Completion	42%

Source: UNFPA Namibia GBV Country Factsheet 2020

⁵ MoEAC, EMIS data 2020

1.1.2 National Response to Gender-based Violence and Learner Pregnancy

In response to the problems of Gender-based Violence (GBV) and Learner pregnancy (LP) The Government of the Republic of Namibia (GRN), has adopted several legal, policy, and administrative measures, and these are discussed in the section below.

1.1.2.1 National Legal and Policy Frameworks

The starting principles for addressing gender-based violence (GBV) are contained in the Namibian Constitution. Article 8(1) states that “The dignity of all persons shall be inviolable.” In addition, Article 8(2)(b) states that “No person shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.” Article 10 stipulates that “All persons shall be equal before the law,” and that “No persons may be discriminated against on the grounds of sex, race, color, ethnic origin, religion, creed or social or economic status.” These provisions have been reinforced by specific legislation, including the Combating of Rape Act 8 of 2000 and the Combating of Domestic Violence Act 4 of 2003 – creating a robust national framework to tackle GBV. The GRN has committed itself to the eradication of all forms of GBV.

In 2012, the GRN approved the National Plan of Action on Gender-Based Violence 2012-2016. The Plan was consultatively developed with inputs from several stakeholders that included representatives of offices/ministries/agencies (O/M/As), traditional authorities, civil society organizations, churches, faith-based organizations, development partners, and communities. This Plan of Action on Gender-Based Violence complemented the more general Gender Plan of Action that was designed to guide the implementation of the National Gender Policy 2010-2020. These initiatives are purposed to contribute to the achievement of Vision 2030 through the provisions of the different iterations of the National Development Plans (NDPs). Various iterations of the NDPs all address gender equality. The current NDP 5 covering the period 2017/8 – 2021/22 addresses Gender Equality under Chapter 3 “Social Transformation”. This goal supports the achievement of the NDP5 Key Result Area of “Social Transformation” which is aimed at accomplishing Vision 2030 Objective 1: “Ensure that Namibia is fair, gender-responsive, caring and committed nation, in which all citizens can realize their full potential, in a safe and decent living environment.” The two key goals of this Plan of Action on GBV are to: ` reduce the incidence of GBV; and ` improve responses to GBV. The four pillars of the Plan are 1) prevention; 2) responses to GBV; 3) data collection and research; and 4) coordination and monitoring. The envisaged outcomes of the Plan of Action are 1) reduced GBV as a result of prevention initiatives; 2) improved services for survivors of GBV; 3) increased understanding of GBV in Namibia, and 4) more efficient interventions as a result of improved coordination and monitoring. Other key policies relevant to GBV are outlined in the text box below.

Figure 2: Namibian Policies and Laws Relevant to GBV

Namibian policies and laws relevant to GBV

- Vision 2030 (2004)
- National Policy on Orphans and Vulnerable Children (2004)
- Third National Development Plan (2008)
- Education Sector Policy for the Prevention and Management of Learner Pregnancy (2009)
- National Gender Policy (2010-2020) and accompanying Plan of Action (2011)
- Namibia's National Agenda for Children (2012-2016)
- Children's Act 33 of 1960 (child protection)
- Marriage Act 25 of 1961 ` Combating of Rape Act 8 of 2000
- Combating of Domestic Violence Act 4 of 2003
- Criminal Procedure Amendment Act 24 of 2003 (vulnerable witnesses)
- Labour Act 11 of 2007 (sexual harassment)

Initiatives targeting LP are mainly coordinated through the line Ministry of Education Arts and Culture (MoEAC). The Learner Pregnancy Policy (LPP) is a key policy directly addressing the challenge of learner pregnancy and this compliments other national policies governing the education sector that seek to protect learners and provide for a conducive learning environment. Additionally, the GRN enacted statutes aimed at addressing different forms of GBV and learner pregnancy. In 2010, the GRN adopted the National Gender Policy 2010-2020 to promote gender equality and the advancement of women.

1.1.2.2 Institutional and Administrative Measures

In addition to the legal and policy measures, Namibia has in place several institutional and administrative measures. These include the line Ministry of Gender Equality Poverty Eradication and Social welfare (MGEPEWSW) headed by a cabinet minister. The Directorate of Gender Equality and Women's Empowerment is specifically mandated to coordinate, monitor, evaluate and report on all national gender-related legislation, policies, and programs provided for under the National Gender policy.

The Judiciary of Namibia is an independent arm of Government that was established in the constitution. Article 78(1)(2) and (3) of the Constitution provide for the establishment of the judiciary and its independence. The judicial system comprises the Supreme Court, presided over by a chief justice, the High Court, presided over by a judge president, and the lower and magistrates' courts. The Supreme Court serves as a constitutional court and a final court of appeal. Its core function is to administer justice through resolving disputes between individuals and between state and individuals; interpret the constitution and the laws of Namibia; promote the rule of law and contribute to the maintenance of order in society; safeguard the constitution and uphold democratic principles, and protect human rights of individuals and groups.

The MGEPEWSW has a mandate to establish shelters for victims of GBV. Currently, Namibia has a total of eight operational shelters for domestically-abused women, namely in the Khomas, //Kharas, Omusati, Zambezi, Kavango East, Kunene, Oshikoto, and Ohangwena regions. To access this shelter, victims of GBV must report cases of abuse with the Namibian Police (NAMPOL) Gender-based violence investigative Units (GBVIU). The cases are then channeled to MGEPEWSW social workers who will then place the victims into shelters as needed. Currently, there are inadequate shelters to provide

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temporal protective shelters for women and children fleeing from abusive environments. As a result, survivors are forced to remain in abusive environments and are in most cases forced to withdraw cases because of interference from the perpetrators.

The first Woman and Child Protection Unit (WCPU) was established in 1991 with a directive from the Cabinet. It was mandated to provide a sensitive and integrated response to victims of GBV-related cases (rape, attempted rape, incest, indecent assault, abduction, and physical abuse of especially women and children). Currently, there are 15 Units across the country (2 of the 13 regions have two Units each). They are run by the police force who protects the victims. They are also comprised of professionals such as medical doctors, nurses, social workers who provide medical services and counseling support to victims of GBV. These units are equipped to administer post-exposure prophylaxis for rape victims to prevent HIV infections. They are situated in health institutions (Hospitals/Clinics) and three ministries (Safety and Security, Justice; Gender Equality and Child Welfare; and Health and Social Services).

Availability and services delivered are publicly raised to the community through the national radio, national television, local newspapers, posters, and community meetings. The victims who require medical support/assistance may be referred to the nearest Unit. All gender-based violence victims are served in these centers. In 2015, the WCPU was renamed the Gender-based Violence Investigation Unit (GBVIU). It inherited the mandates of the WCPU. These included ensuring effective prevention, investigation, and victim-friendly service delivery when dealing with cases of different forms of gender-based violence including sexual abuse of girl children.

1.1.2.3 Other Stakeholders

Civil Society Organizations (CSOs) play a complementary role to GRN in improving the socio-economic status of women, girls (and men) in Namibia. Some of the NGOs who are partners of the GBV program include: Lifeline Child Line Namibia, Regain Trust, Sister Namibia, and UN agencies. These organizations primarily work to improve the lives of women, children, and girls in communities throughout Namibia.

1.1.2.3.1 International Legal and Policy Context

Namibia ratified and domesticated several international and regional conventions that directly address empowerment, protection of women and children's rights. These have influenced GRN policy design and development on women, child rights protection, and empowerment. The following are selected key examples:

- ✓ The prohibitions on sex discrimination in the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) encompass GBV. GBV has been identified by the UN CEDAW Review Committee as “a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men”⁶. Namibia ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1985 and since then government with support from NGOs have and civil society has documented progress and challenges encountered in the implementation of the convention.
- ✓ The UN Convention on the Rights of the Child requires States Parties to protect children from all forms of violence, maltreatment, or exploitation, including sexual abuse⁷.

⁶ Committee on the Elimination of Discrimination against Women, General Recommendation No 19 (eleventh session, 1992): Violence against women, UN General Assembly Official Records, 1992, Doc No A/47/38, paragraph 1.

⁷ Convention on the Rights of the Child, CRC/C/OPAC/BEL/Q/1/Add.1, 3 April 2006.

- ✓ The UN Declaration on the Elimination of Violence against Women affirms that violence against women constitutes a violation of the rights and fundamental freedoms of women⁸.
- ✓ The Beijing Declaration and Platform for Action calls on governments to enact or reinforce legislation to punish and redress violence against women and girls in homes, the workplace, the community, and society.⁹
- ✓ The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa devotes Article 4 entirely to the topic of violence against women, calling for a range of state measures to address violence which takes place "in private or public", including the punishment of perpetrators, the identification of causes of violence against women and the provision of services for survivors¹⁰.
- ✓ The SADC Protocol on Gender and Development requires Members States to enact and enforce legislation prohibiting all forms of GBV, to ensure that perpetrators are brought to justice, and to implement educational policies and programmes addressing GBV.¹¹
- ✓ Namibia is also a signatory to the Sustainable Development Goals (SDGs) which aim to: End all forms of discrimination against all women and girls everywhere; Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; and eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

1.2 Project Background and Theory of Change

1.2.1 Background

The Survivors Speak Up! No more Gender-Based Violence Project: A holistic approach towards prevention of gender-based violence and learner pregnancy and protection of those affected, was a European Union-funded project that was implemented over three years from 01 May 2018 to June 2020. The project was implemented by Regain Trust (RT) with support from Friedrich-Ebert-Stiftung (FES). Friedrich-Ebert-Stiftung (a German political foundation) with 25 years of experience in development cooperation and political cooperation with policymakers in Namibia was the lead applicant. REGAIN, a local and currently the only CSO in Namibia in the field of GBV that offers individual counseling and trauma therapy to survivors was the implementer. The project sought to complement EU interventions aiming *"To contribute to the promotion and protection of women's and girls' rights, targeting gender-based violence and/or teenage pregnancy"*. The project was designed to strengthen national efforts to prevent, mitigate and address Gender-based Violence (GBV) and Learner Pregnancy (LP) in Namibia. It was implemented in three regions of Namibia namely Khomas, Omusati, and Erongo. A total budget of 100,000 euros was set aside for the project.

1.2.2 Theory of Change (ToC)

Although there was no explicit Theory of Change (ToC) which was developed for the project, a ToC was reconstructed from the logical framework that was developed for the project. The overall goal of the project was to establish new multi-faceted approaches to curb GBV and LP through holistic preventative measures and protection of Survivors. The project was designed with two key objectives as follows:

- *To strengthen the knowledge and capacity* of key stakeholders such as (Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political

⁸ UN Declaration on the Elimination of Violence against Women, General Assembly Resolution 48/104, dated 20 December 1993.

⁹ Fourth World Conference on Women. Beijing Declaration and Platform for Action, Beijing, China: 4-15 September 1995, DPI/1766/Wom.

¹⁰ Assembly of the African Union, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Maputo, 11 July 2003, Article 4.

¹¹ Southern African Development Community, SADC Protocol on Gender and Development, Johannesburg, 17 August 2008, Part Six, Articles 20-25.

Decision-makers to increase the quantity and quality of prevention and protection services to address GBV and LP and

- To *increase access to quality psychosocial support and services* to survivors of GBV and LP.

At the heart of the project design was the vision that increased and enhanced prevention as well as protection services will enable Namibia to move towards a reduction in the prevalence of both GBV and LP. The diagram below attempts to illustrate the logical framework of the SSU project.

Table 2: Reconstructed Theory of Change

<p>Overall Objective/IMP ACT</p>	<p>To establish new, multi-faceted approaches to curb GBV/LP through holistic preventative measures and enhanced protection of survivors</p>						
<p>Specific Objectives</p>	<p>SO 01: relevant institutions, citizens, Civil Society Organisations (CSOs), Political Decision Makers (PDMs), multipliers and schools are better informed and trained so that consequently GBV/LP prevention and protective activities rise in quality and quantity</p>				<p>SO 02: counselling and therapies offered to GBV/LP survivors are qualitatively and quantitatively enhanced through training of CSOs and survivors on key counselling techniques in specific Target Regions (TR)s where GBV/LP rates are among the highest (i.e. Khomas, Erongo and the Northern portion of the country, the so called “Ovamboland”)</p>		
<p>Outputs</p>	<p>Output (Op) 1.1 (SO1): Citizens in all TRs have enhanced awareness on GBV/LP.</p>	<p>Op. 1.2 (SO1): Relevant CSOs and representatives from Ministry of Safety and Security (MoSS) and Ministries of Gender, Equality and Child Welfare (MoGECW), especially the Gender Based Violence Investigation Unit (GBVIUs) and Namibian Police Force (NAMPOL) officers, are sensitised on the importance of GBV/LP prevention and are aware of protection tools.</p>	<p>Op1.3 (SO1): Secondary Schools (SeSs) and their respective staff and parents (~200 teachers, 30 principals, 800 learners, 500 parents) are aware of preventive and protective measures against LP and LP’s linkages to GBV.</p>	<p>Op.1.4 (SO1): PDM/ Traditional Authorities (TA)/Traditional Leaders (TL) are made aware of the issues on GBV/LP and introduced to necessary initiatives through exchange platforms. This includes efforts to implement legislation to ensure GBV/LP protection and prevention</p>	<p>Op2.1 (SO2) Installation of counselling offices (~3) in the TRs.</p>	<p>Op2.2 (SO2) Citizens affected by GBV/LP receive counselling and protection (~1000 citizens)</p>	<p>Op2.3 (SO2) CSOs and survivors are trained in the newly established counselling facilities to become peer-to-peer counsellors within their Communities (~50 survivors).</p>

1.2.3 Project Design and Implementation Strategy

The project's strategic approach was aimed at addressing both GBV and LP through a holistic approach targeting prevention and protection services. The action targeted several institutional-level stakeholders that included GRN ministries and departments, and agencies; CSOs/NGOs, and secondary schools. The targeted beneficiaries included Political Decision Makers (PDMs), learners from secondary schools, parents, teachers, and principals, victims of LP and GBV, and NAMPOL officers. Working through national systems to build institutional capacities to scale up best practices and improve old systems or developing new ones whenever necessary, the SSU project sought to ensure an effective coordination mechanism and engage communities and stakeholders to provide the necessary conditions for the sustainability of the project. To achieve a holistic, systematic, and multi-sectoral approach to curb factors that drive GBV, the project worked to promote strong partnerships between Government and national partners. The project took on both preventive and responsive approaches to GBV. Through skills building, learning, and training of professionals that provide services to GBV and LP survivors, the project sought to improve linkages between sectors to provide a comprehensive and effective response to GBV. The project also sought to promote mindset changes among beneficiary groupings particularly women and girls to make them realize that empowerment comes from within themselves. These groups are more vulnerable to GBV and experience very particular forms of violence and abuse. In the project's interventions, increasing girls' and women's access to information and GBV-related services was a key priority.

The key target groups were as follows:

TG 1: Countrywide women and men mainly aged 15-44 (~6000 citizens countrywide, at least 40% males). Technical management capacity: Trained citizens could use new information gained through participation in the educational workshops to inform, advocate and protect their siblings or community members holistically. Through their enhanced knowledge, trained citizens were capacitated to utilize the respective counseling facilities or ministerial services, as NAMPOL or the obvious. Parents who went through the educational training within the Secondary Schools (SeS) setting were enabled to counsel and educate their families on LP, introducing measures within the school and ministerial services that served to benefit their children. Through information exchange platforms with the legislature, they would be empowered to advocate for their rights and respective needs.

TG 2: TG 2.1 CSOs (–consists of informal groupings of selected individuals and grassroots communities, NGOs, and umbrella organizations such as members of the former Namibian Non-Governmental Organizations Forum (NANGOF) working in gender-related fields (~200). A minimum of 30% of the selected individuals were men. Technical management capacity: The TG would benefit through seminars from an enhanced capacity in the fields of prevention, counseling, and awareness-raising. Open-source teaching material was provided for use in educational workshops that further enhanced the quality of teaching units and, thereby, multiplied the effect the project.

TG 3: 30 Secondary Schools (SES), staff and parents (~200 teachers, 30 principals, 800 learners, 500 parents, with an intended male/female ratio of 50% in each of the aforementioned categories). Technical management capacity: Workshops to educate and sensitize the TG on LP, preventative and supportive measures, and their links to GBV were meant to enable the TG to support learners/children beyond the project period.

TG 4: Citizens affected by GBV/LP ~1000 citizens within the TRs, 20% male, 80% female Technical management capacity: Survivors who have been rehabilitated and/or who continue as peer-to-peer counselors were trained on protection tools together at the same time as the CSOs. Survivors who have just finished therapy were integrated into self-help courses so that they would be supported

after counseling and shared their knowledge and experience with other survivors and community members, including those outside of the project.

TG 5: TG 5.1 PDMs, including the Standing Committee on Gender Equality, Social Development and Family Affairs of the Parliament (CoGESDFA), with an envisaged female/male ratio of 50% Technical management capacity: From 2014 onwards the CoGESDFA had not introduced much tangible content. With tight integration into the event series and dialogue platforms, it was envisaged that the TG would take on ownership even beyond the project period. These platforms provided opportunities for networking with other relevant stakeholders, illuminated pressing problems at the grassroots level, and built the capacity to address the issues.

1.2.4 Project Management and Coordination

The RT had the overall responsibility for coordination of the implementation of the project. This role was supported by FES as the lead agency for the project. A number of institutions that included GRN ministries (MGECW, MSS through NAMPOL/GBVIU and MoEAC) were targeted as beneficiaries for institutional capacity strengthening. Selected NGOs were also identified for collaborative partnerships to strengthen bilateral referral to support services. These included Namibia Planned Parenthood Association (NAPPA), HISA, Friendly Haven and Society for Family Health (SFH). The cooperation with MoEAC was important as girls in school form the largest number of victims of LP. The coordinative approach strengthens and harmonizes relations and information-sharing among the key project implementing agencies and stakeholders. The SSU project was implemented in three regions namely Khomas, Erongo and Omusati.

1.2.5 Reporting and Monitoring

The Results Framework developed for the project identifies the lead agency and responsible entities and the implementing partners for each outcome area. The framework also presents activities linked to the outputs indicating the cost per year for each activity. In addition to the Results Framework, there is a project-level monitoring and evaluation framework with indicators for each outcome area, corresponding to the outputs. There are in total two specific objectives and seven outcomes presented in the project monitoring framework; this is then followed by several corresponding indicators. RT reports their results annually in the Project Monitoring Framework (PMF), using the identified indicators. Monitoring is based on planned activities and resources allocated in annual work plans, as well as on the results and their corresponding indicators as outlined in the project monitoring framework.

1.2.6 Project Timelines

The project was designed to be implemented between May 2018 and April 2021.

2.0 Evaluation of the Project

2.1 Purpose of the Evaluation

The purpose of the evaluation, as articulated in the terms of reference, was to assess how the SSU project on Gender-Based Violence and Learner pregnancy has attained stated results, identify success factors and challenges encountered and document lessons learned to inform future project design and implementation. The evaluation also aimed at highlighting constraints and challenges affecting the implementation of planned activities and documenting lessons learned and best practices. The evaluation results provided a basis for informed and improved project delivery for future programming.

2.2 Objectives of the Evaluation

The Terms of Reference (ToRs) specific objectives of the end-term evaluation targeted the following project elements for evaluation:

- Assessment of the following components of the project:
 - (a) design
 - (b) scope
 - (c) implementation status and
 - (d) achievement of the expected outcomes
- Collate, analyze, and document:
 - (a) key lessons learned
 - (b) challenges experienced and
 - (c) highlight the best practices during implementation
- Assess:
 - (a) stakeholder's coordination,
 - (b) collaborative arrangements with external partners
 - (c) institutional capacity strengthening
 - (d) beneficiary participation,
 - (e) replication and
 - (f) sustainability

The overall purpose of the evaluation was to support FES and RT to further improve their work in future.

2.3 Evaluation Scope

The evaluation covered the project's two strategic objective outcome areas, which were as follows:

- ✓ *To strengthen the knowledge and capacity* of key stakeholders such as (Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political Decision-makers to increase the quantity and quality of prevention and protection services to address GBV and LP and
- ✓ *To increase access to quality psychosocial support and services* to survivors of GBV and LP.

The evaluation sought to answer key questions on Relevance, Efficiency, Effectiveness, Impact, Sustainability, and Inclusiveness. In addition to assessing the outcome areas and related components, the evaluation also covered the aspect of collaboration and coordination, given the range and number of partnerships included in the design of the project.

2.4 Evaluation Stakeholders

The evaluation employed a participatory approach that involved stakeholders at all levels of the project. Different stakeholders were engaged at national, regional and community levels to provide input into the evaluation process. The following were key stakeholders of the project engaged or consulted during evaluation:

- ✓ Funding partners/donors: FES
- ✓ Implementing agency: Regain trust
- ✓ Other national partners: NAMPOL/GBVIU, MGEPEWS,
- ✓ Civil society organizations:
- ✓ Target groups, beneficiaries, and others affected by the project.

2.5 Evaluability Assessment

An evaluability assessment of the project noted some gaps related to the lack of a Mid-Term Review (MTR). Consequently, some indicators lacked baseline values against which project performance could be assessed. Project records and data were easily accessible and project stakeholders were willing to share their views on the project with the evaluators.

2.6 Evaluation Process, Approach, and Methodology

The evaluation employs an exploratory and multi-pronged approach. The evaluation is also utilization-focused and conducted in a transparent, inclusive, and participatory manner. Key stakeholders of the project (including implementing partners, indirect, direct beneficiaries) are being engaged at the different stages of the evaluation process and are being provided with an opportunity to express their perspectives about the project. Specifically, the evaluating team is engaging all the project target groups as follows:

- **TG 01: Gen Pop 15-44 years** - covered through both Focus Group Discussions (FGDs) and semi-structured survey,
- **TG02: CSOs, NGOs, Umbrellas, MGECW/NAMPOL/GBVIU/MoEAC** – covered through Key Informant Interviews (KIIs) as well as semi-structured survey,
- **TG03: Teachers & Principals 6 SES** (4 SES in Khomas + 1 Erongo region + 1 Omusati region) - these are covered using the KII and the semi-structured survey,
- **TG 03: Learners from 6 SES** (4 Khomas + 1 Erongo region + 1 Omusati region) - these are covered with the FGD and the semi-structured survey tool
- **TG 03: Parents of learners from 6 SES** (4 Khomas + 1 Erongo region + 1 Omusati region) - these are covered with the FGD and the semi-structured survey tool
- **TG 04: Citizens affected by/survivors of GBV/LP** in the three regions covered by the project – these are covered using FGDs as well as the semi-structured survey. The victims will be separated into two groups namely LP victims as well as general GBV survivors
- **TG 05: COGEFASD (parliamentary standing committee engaged through exchange platforms)** these will be covered through KIIs

The last target group comprises staff and representatives of both FES and RT. This was identified as a target group for evaluation purposes only and was not necessarily a target group in the design of the SSU project per se. Targeted for in-depth interviews are the Program Manager, Program Coordinator, Finance Manager, Head Social Worker as well as the Regional Programme Coordinators.

The evaluation approach was participatory and data collection methods included review of literature and project documents, key informant interviews with key stakeholders (15), focus group discussions (25) and semi structured survey (150). Field observations were also conducted during the evaluation.

2.6.1 Sources of Data and Collection Methods

The evaluation utilizes a mixed-methods or a pluralist approach to integrate data from different data gathering methods. The team utilizes standard qualitative and quantitative evaluation methodologies where qualitative data is derived from key informant interviews and FGDs. The quantitative data emerged from both project documents and progress reports summarizing expenditure, project activities, and project quantitative results as well as a short semi-structured survey. The use of mixed methods not only offers diverse perspectives to the evaluation but also promotes participation of different groups of stakeholders, allows multiple voices to be heard, provides a more holistic picture of the project and allows for triangulation of data for reliability and validity as data from different sources can be compared and any inconsistencies followed upon. Data from multiple sources provides means to develop defensible conclusions about the evaluation. The following methods are being used to collect information and data for the evaluation.

2.6.1.2 Desk/Literature Review Other Stakeholders

A repository of project documents was developed. The evaluation team reviewed all project documents to have an in-depth understanding of project background and context, goal and objectives, implementation framework and approach, expected outcomes and milestones that the project has achieved vis-a-vis what was planned, as well as challenges encountered. The national level and project documents that were reviewed included the following: Namibian Constitution; Vision 2030; National Development Plans 5; Harambee Prosperity Plan 1 and 2; Learner Pregnancy Policy; Combating of Domestic Violence ACT; National Gender Policy; Combating of Rape Act; National Gender Policy; Namibia Action Plan On GBV; Re-entry Policy; Donor Reports; and Project Progress Reports. Other project documents included the Approved Program Proposal, Annual Narrative Reports, MER Reporting Tool, and Voices of Survivors (the publication from which some of the baselines and project approach was adopted from).

2.6.1.3 In-Depth Key Informant/Stakeholder Interviews

In-depth interviews with key stakeholders and key informants are being conducted to solicit their views on key focus areas of the evaluation relating to relevance, efficiency, effectiveness, impacts, inclusiveness, and sustainability of the project. Interviews with key informants from key institutions including FES, RT, Namibian Planned Parenthood Association (NAPPA), MGEPEWSW, Namibian Police/Gender Based Violence Investigative Unit (NAMPOL/GBVIU), Secondary School (SES) teachers, and Principals, are also assisting in institutional assessments to determine the extent to which the capacity of the relevant institutions to implement GBV interventions has been enhanced by the project. In-depth interviews further provide an opportunity for the stakeholders to propose recommendations for future interventions aimed at tackling the menace of GBV/LP. The purpose of engaging key stakeholders during the evaluation is to enable stakeholders to be part of the evaluation process as participants for ownership of results, validation, and accountability. Key informants were selected based on their strategic positions, participation, and knowledge of the project and are being interviewed using an in-depth KII guide as well as a semi-structured question guide.

2.6.1.4 Focus Group Discussions (FGDs)

FGDs were conducted with direct beneficiaries of the program from all Target Groups of the program which included Learners from 6 SES, parents of children in schools selected for the program, general community members (15-44 years) and victims of GBV/LP. The purpose of the FGDs was to listen to and capture the voices and perspectives of the beneficiaries of the program in terms of implementation processes, main achievements, weaknesses, challenges, and the impacts it has had

on the communities in general and the GBV landscape in particular. Participants are asked to reflect on the questions asked by the interviewers, provide their comments, listen to what the rest of the group had to say, and engage in a conversation. The strategy aims at soliciting ideas, insights, and experiences in a social context where people stimulate each other and consider their views along with the views of others. For instance, a total of 15 FGDs were held in Khomas and these targeted small groups of between 8-10 program participants from different gender groups (refer to Annex 01 for details). In some cases, however, larger groups of up to 15 people participated in the FGDs in situations where there was a higher turnout than anticipated and also because of the sensitivity surrounding GBV issues, women-only FGDs are being conducted.

2.6.1.5 Semi-Structured Survey

The semi-structured survey tool captured mainly quantitative data using survey type of questions with certain coded response options provided. The main targets for the survey tool were the different project beneficiaries that included learners, survivors of GBV/LP, parents, and general community members that were part of the project. The tool had coded responses that were meant to facilitate data capturing and analysis using a statistical package for social scientists (SPSS). A total of 140 participants are targeted with the survey tool.

2.6.2 Sampling

The study population consists of key stakeholders of the project across all the target groups. That includes direct and indirect beneficiaries. The participants included the following:

- **TG 01:** - Gen Pop 15-44 years
- **TG02:** - CSOs, NGOs, Umbrellas, MGECW/NAMPOL/GBVIU
- **TG03:** - Teachers and Principals from 6 selected SES; Learners from 6 SES; (Parents -of learners from TG 03)
- **TG04:** - Citizens affected by/survivors of GBV/LP
- **TG05:** - COGEFASD members

For the evaluation, an extra target group was identified and this consisted of staff from Regain Trust that were closely involved in the design and implementation of the project. These were targeted for in-depth interviews as key informants. From a total of 10 SES in the three regions where the project was implemented, 6 SES were selected as follows:

- **Khomas Region:** 4 SES (Jakob Marengo, Khomas High School, Khomas Tura and Ella Du Plessis)
- **Erongo Region:** 2 SES (Tutalen High School and Duinesieg High School)
- **Omusati Region:** 2 SES (Ashipala Secondary School and Abraham Iiyambo Secondary)

Sampling for the evaluation as well as the identification and selection of beneficiaries was conducted in consultation with RT project staff that participated in the project. Beneficiaries were identified from the project records.

The evaluation used sampling as a technique of selecting individual members or as subsets of the different target groups to make statistical inferences from them and estimate characteristics of the different target groups. Sampling was also time-convenient and a cost-effective method and hence formed the basis of the research design. The information obtained from the semi-structured questionnaire which was mainly aimed at government officials, representatives of PDMs, civil society organizations, principals, teachers and parents were analyzed using the research survey software for optimum derivation and produced the bulk of the quantitative information. Samples were obtained from the five target groups of the SSU project and these groups did not overlap but represented the entire populations. While sampling, these groups were organized as target groups and then samples were drawn from each group separately. Budget, time and Covid-19 constraints allowed for the use of non-probability sampling and it was easier to pick respondents at random and this made

this type of sampling convenient. However, it must be noted that the different target groups also acted as quotas as each target group had specific attributes and in many cases have a sense of homogeneity (for instance teachers and principals, survivors of GBV and LP, and COGEFASD members) and therefore the created samples had the similar qualities found in the total sub populations of each target group.

Selection of Key Informants: The evaluation targeted key stakeholders of the project based on key roles played in the design and implementation of the project. The key informants were represented at all levels: national and regional. The informants were identified in consultation with RT project staff.

Selection of Study Sites for Field Work: The selection of study sites was done in collaboration with RT staff. It was agreed that stakeholders from the three pilot regions Khomas, Erongo, and Omusati were to be included in the evaluation. This is enabling a fair and balanced reflection as well as an attempt to capture any unique findings peculiar to the three regions. The evaluation team had extensive consultations and preparatory meetings with the Head social worker to seek guidance and clarity on the project implementation as well as the targeting of the evaluation participants. The study sites were selected based on their exposure to project interventions and the need to capture the whole range of project interventions. Sites were selected to also illustrate where the project has performed well and areas where the project has not performed according to expectations. The selected sites illustrated the geographical spread of the project, cultural diversity as well as coverage.

Identification and Selection of Beneficiaries: Beneficiaries were selected based on their participation and exposure to the SSU intervention and ability to provide the requisite information. Beneficiaries were clustered according to the outcome area that they participated in. Given the sensitivity of the GBV/LP subject matter, separate FGDs were held for men and women but in some situations, both men and women were included in the same groups.

2.7 Data Analysis

The independent evaluation gathered mostly qualitative data from desk review, key informant interviews, and FGDs. Quantitative data mainly emerged from project records summarizing expenditure, the geographical distribution of project activities, and project quantitative results. The semi-structured survey also provides quantitative data from the beneficiaries across the different target groups. Data analysis was continuously done throughout the data collection process, taking a sequential data analysis approach, as the consultants familiarized themselves with emerging research themes. A thematic framework was developed to identify key issues, concepts, and emerging themes from the data. The framework is being used to categorize the data according to the emerging thematic areas and analyzed through content analysis. Quantitative data from the semi-structured survey was captured in SPSS and was analyzed using the same software. An assessment of the various aspects of the evaluation was based on a triangulation of the primary data (including cases on best and worst performers at the level of activities and outcomes), document and literature review as well as expert judgment.

2.8 Validation, Presentation, and Dissemination

A validation meeting will be held with selected stakeholders soon after the draft report is approved. The consultants will prepare a power point presentation highlighting the main components of the end of term evaluation and this will be presented at the meeting. A final report which will incorporate comments from the validation meeting will be prepared as the final deliverable of the assignment. Regain Trust and its partners will then decide on the process of dissemination of the final report.

2.9 Limitations of the Evaluation

The limitations of the evaluation were as follows::

2.9.1 Lack of Mid Term Evaluation Report

The fact that a mid-term evaluation was not conducted deprived the end of term evaluation of critical independent benchmarks and limited the capacity of the evaluation to assess the responsiveness of the project and to analyse the lessons learned in the first half of project implementation. However, the project's logical framework which was developed prior to project implementation, the end of project narrative report and the national MER tool Survivors Speak Up provided critical, useful and valuable data and information.

2.9.2 Tracing of Learners

Many of the learners who had participated on the project have left their "home areas" and have opted to go elsewhere either for their tertiary education, to seek employment opportunities or for other reasons and this brought about the challenge of trying to trace them. This mostly proved expensive and futile; and

2.9.3 Covid-19

The advent of Covid-19 meant that the initial plan of administering the study tools directly through interactions with respondents could not be used in its entirety and modifications had to be made so that interviews and discussions could be conducted remotely as well.

2.10 Evaluation Ethics

During the evaluation, the evaluation team observed the following ethical guidelines: a) Independence and Impartiality, b) Credibility, c) Honesty and Integrity, d) Accountability, e) Confidentiality, f) Respect for Dignity and Diversity, g) Informed Consent and Assent, h) Avoidance of Harm, i) Accuracy, Completeness and Reliability and j) Transparency.

2.11 Organization and Management of the Evaluation

The evaluation team comprised two independent individual consultants: an International Consultant and a national consultant. Both consultants were involved throughout the entire duration of the evaluation. The international consultant was responsible for assessing coordination of the end of term evaluation, as well as consolidation of data, overall quality of the report, and management of the national consultant. The national consultant was responsible for the technical assessments on GBV/LP-related activities of the SSU project and other responsibilities assigned by the team leader based on the agreed evaluation plan with the quality assurance team. The national consultant was supported by 4 research facilitators that assisted with data collection through administration of the FGDs and semi-structured survey tool. The national consultant was responsible for the day-to-day management of the evaluation in collaboration with the Head Social Worker from the RT SSU Project. Overall, the evaluation was under the supervision of the Director RT. The above joint team was responsible for putting in place all the logistics for the evaluation. These included setting up meetings and interviews with stakeholders as well as logistics.

3.0 Evaluation Findings

This section presents the main findings of the evaluation mission in terms of key thematic areas of the evaluation as outlined in the Terms of Reference. The evaluation assessed the SSU project in terms of Relevance, Performance, Effectiveness, Efficiency, and Sustainability.

3.1 Relevance and Strategic Fit

The project relevance and strategic fit with the development aspirations and needs of the GRN, development partners, civic society, and targeted beneficiaries was essential for project sustainability, ownership, and support for development initiatives. The overall goal of the SSU project was to “*Establish New Multi-Faceted Approaches to Curb GBV and LP through Holistic Preventative Measures and Protection of Survivors*”. In this independent evaluation, relevance was assessed in terms of (1) stakeholder consensus around the problem, (2) the extent to which the SSU project goal and objectives were consistent with the needs and priorities of the targeted groups, (3) alignment of project objectives with national, regional and international priorities, policies and frameworks on GBV/LP, and (4) alignment to mandates of Implementing institutions and structures.

3.1.1 Gender-Based Violence and Learner Pregnancy as Problems

The review of literature and resources on GBV/LP and the SSU project documents as well as interviews with stakeholders at different levels, including both the primary and secondary beneficiaries, revealed unanimous agreement that GBV/LP is a socio-economic, health, and human rights problem in Namibia. Researches and reports such as the Demographic Health Survey Report (2013), the Global Gender Gap Index report (2015), and statistics from the GBVIU of the Namibian Police provided evidence of the widespread nature of GBV within the country. The combating of domestic violence Act, (2003) and the National Gender Policy, and the accompanying Plan of Action (2010-2020) all identify GBV as a social problem that needs urgent and coordinated attention. The Education Sector Policy for the Prevention and Management of Learner Pregnancy (2009) identifies the problem of teenage pregnancy among school girls as a major concern in Namibia. Teenage pregnancy has been cited as a constraint in the elimination of gender disparities in education, and the achievement of the Sustainable Development Goals (SDGs) of universal primary education and gender equality in education. The social benefits of educating women that include improved agricultural productivity, improved health, reductions in infertility, and reductions in infant and child mortality rates are often lost to girls who drop out of school due to teen pregnancy.

Almost all the stakeholders interviewed concurred that GBV/LP are problems that need to be addressed through a holistic and multi-sectoral approach. While the SSU project was mainly responding to the objectives of a development initiative that fits the mandate of EU, this assessment observed that the SSU project was equally a targeted response to the challenges that had been observed by various stakeholders including the GRN, Civil Society Organizations, and the citizenry at large. NAMPOL/GBVIU and MoEAC statistics showed that incidences of both GBV/LP were rising and the media had covered some of them extensively. Civil Society Organizations working on human rights and gender programs such as the Namibian Planned Parenthood Association (NAPPA), Forum for African Women Educationalists Namibia (FAWENA), Life line Child Line (LLCL), AFRICAN, Young Women Christian Association (YWCA), and the Legal Assistance Center (LAC) were overwhelmed with the number of cases yet had no adequate tools nor resources to address the problems of GBV and LP.

Concerns of the broad Namibian national stakeholders regarding GBV/LP were shared through various consultative meetings and workshops that were convened by the Ministry of Gender before the development of the National Policy and the Plan of action on GBV. These consultative meetings facilitated the bench marking of stakeholders’ views against the CEDAW recommendations and GBV prevention policies. This level of engagement facilitated the identification of relevant partners and key

priority areas or pillars that the SSU project would implement. It further created an environment for ownership of the SSU project, which resonated throughout the study sites. This assessment revealed that there was general enthusiasm about the SSU project among key stakeholders such as the Judiciary, the police, community members, parents, and NGOs; including the structures and networks that the RT created. Several FGD participants in the three regions of Khomas, Erongo, and Omusati indicated that because of the SSU program, more and more cases of GBV are being reported as people are starting to disclose the problem. This includes even cases of men that are victims but have traditionally been silent.

The widespread identification of GBV/LP as serious problems in Namibia by all stakeholders provides a solid basis for galvanizing support and cooperation in fighting GBV/LP as there is a common understanding and appreciation of the serious and negative impacts of the problems.

3.1.2 Relevance to the Needs of the Targeted Beneficiaries

The independent evaluation assessed the goal, objectives, and anticipated outcomes of the SSU project with regard to the needs of the institutional, secondary and ultimate beneficiaries of the project and concluded that the SSU program is fundamentally relevant to responding to GBV/LP service delivery. Through a review of literature and project documents, the evaluation established that the SSU project sought to address GBV/LP through a holistic approach targeting *prevention and protection* services gaps. Regarding LP, the SSU program sought to address LP through raising awareness of the sexual and reproductive health prevention services as well as facilitating referral to the services that are freely available. This objective perfectly complements the National Gender Policy 2010-2020 objectives 4.2 and 4.3. Objective 4.2 Gender, Education and Training aims to “*Reduce gender inequalities in education, improve school completion rates for girls and increase women’s access to vocational training, science, and technology*”. Objective 4.3 Gender, Health, Reproductive Health and HIV and AIDS of the Gender policy addresses the “*improvement of women and men’s health, including reproductive health, and prevention/management of HIV and AIDS.*” As a consequence of its relevance in addressing the needs of GBV/LP survivors, the SSU project has earned political will and commitment from the line ministries of the GRN namely MGEPEW and NAMPOL/GBVIU as evidenced by the collaborative implementation of project activities as well as capacity strengthening of the ministries staff by RT under the SSU project.

3.1.3 Alignment to International, Regional and National Instruments

GBV is a problem that has received attention and priority at high-level platforms and international dialogues. This has made GBV programs relevant at the international, regional, national and community levels. As part of the global community, the GRN has ratified and domesticated various international instruments aimed at protecting human dignity irrespective of gender. Some of the international instruments that Namibia has ratified and has domesticated include the pioneering UN Declaration on Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). At the regional level, Namibia has signed the African Charter on Human and Peoples Rights (ACHPR), African Charter on the Rights of Women (ACRW), the SADC Protocol on Gender and Development, and the International Conference on the Great Lakes Region Instruments on Sexual Violence (ICGLRISV).

A review of the SSU project revealed that its priorities were perfectly aligned to laws, policies, plans, and programs addressing both GBV and LP in Namibia. Among them are the following policies: Education Sector Policy for the Prevention and Management of Learner Pregnancy 2009 (ESPMLP), National Gender Policy 2010-2020 (NGP) and accompanying Plan of Action (2011), Namibia’s National Agenda for Children 2012-2016 (NNAC), Children’s Act 33 of 1960 (child protection), Marriage Act 25 of 1961, Combating of Rape Act 8 of 2000, Combating of Domestic Violence Act 4 of 2003, provisions in the Revised Sixth National Development Plan (RSND), and the National Gender Monitoring and Evaluation Plan 2010–2020 (NGMEP).

An assessment of the SSU project document and discussions with interlocutors within the implementation network showed that stakeholders set out to respond to both GBV and LP through implementation of both prevention and support measures that are central to the national policies on GBV and LP.

3.1.4 Alignment to Mandates of Stakeholders

3.1.4.1 Relevance to Government Mandate

Several GRN ministries and agencies were involved in the SSU GBV/LP program. These included the MGECW and MSS through NAMPOL/GBVIU. The main focus on their involvement was on capacity strengthening on the relevant laws and legislation about both GBV/LP. Consideration was placed on their competencies and comparative advantages on the SSU program goal, outcomes, objectives, and activities. While it was a given that the Ministry of Gender would lead the coordination of the program since GBV matters fall under its mandate, the other ministries, including the Ministry of Safety and Security as well as the Ministry of Justice were co-opted based on their core functions which were in line with the SSU program focus.

It is worth mentioning that initiative like the SSU program and the general involvement of non-state actors like RT is provided for by the National Gender Policy 2010-2020 under *Chapter 5 Institutional Framework Section 5.2.7 Civil Society*. This section firstly recognizes all non-state actors including Faith Based Organizations (FBOs), Civil Society Organizations (CSOs), Community Based Organizations (CBOs) play a vital role in developing grassroots gender programs and addressing unique needs of various populations. The envisaged role of these non-state actors in the implementation of the national plan of action on GBV is mentioned as including the following;

- translate the National Gender Policy into organizational activities and programs;
- collaborate with MGEPESW on matters of gender mainstreaming;
- develop programs and activities in line with the National Gender Policy;
- and monitoring and evaluation of sector programs for their impact on gender equality.”¹²

However, as a cross-cutting matter, the GBV/LP programs were relevant to many other ministries and government departments, and agencies whose involvement in the program was limited. For instance, the MoEAC should have been more involved and engaged strategically for firstly funding purposes which is ultimately linked to the sustainability of government programs as well as its access to learners in the various schools.

The involvement of the MGECW was strategic for several reasons not least because GBV falls directly under its mandate as earlier indicated but also because the ministry has the mandate to address poverty in general. The link between LP as well as GBV and the “economic vulnerability” or “economic dependency” of victims on the perpetrators is a well-known factor fueling cases. Having the same ministry addressing the two related challenges of “poverty” and “gender equality” is understandably expected to facilitate victims’ access to the different initiatives. However, under the SSU program, it was not clear how the program beneficiaries particularly victims of GBV/LP can benefit from the economic strengthening initiatives of the ministry under the poverty eradication goal.

3.1.4.2 Relevance to the Mandate of NAMPOL

NAMPOL’s specific responsibilities regarding combating GBV¹³. NAMPOL is:

- in charge for all complaints;

¹² National Gender policy 2010-2020 pg. 41

¹³ (Legal Assistance Centre, 2005, p.47).

- the arranger for medical examinations and reporting;
- the submitter of medical evidences to the National Forensic Laboratory;
- the filler of case dockets to the Criminal Investigation Department;
- the reference point of survivors to supporting agencies, likewise the GBVIU or the Friendly Haven Shelter in Windhoek;
- the employer of NAMPOL police officers in the GBVIU;
- the protector of survivors, who have a protection order by court;
- the tracer of perpetrators; and
- the enforcer of court orders.

The SSU program decision to target and engage NAMPOL/GBVIU officers for capacity strengthening was very important because the GBVIU has a clear and central mandate in the fight against GBV in terms of protection of victims, ordering criminal investigations, executing investigations and arresting perpetrators and facilitating access to the justice system. The mandate of NAMPOL is in perfect alignment with the objectives of the RT SSU program.

3.1.4.3 Relevance to the Mandate of GBVIU

The GBVIU was established in 1993 through a steering committee of different Ministries, in collaboration with a variety of (NGOs) and the University of Namibia (UNAM). Currently there are 17 Units in 13 different regions of Namibia.

The GBVIU's four main responsibilities¹⁴ are:

- To recognize, investigate and prevent abuse and intimate partner violence related crimes regardless of the victims' gender;
- To offer inexpensive and confidential service to survivors;
- To promote GBV prevention approaches like the conduction of public awareness campaigns, education of Namibian citizens or the sensitization and education of staff members of other state service providers; and
- To offer a safe survivor friendly environment, likewise the promotion and referral to shelters.

The mandate of these specialized units is in alignment with the objectives of the SSU program.

3.1.4.4 Relevance to the Mandate of Implementing Civil Society Organizations

Implementation of the SSU program was the responsibility of the RT, a local Namibian NGO. Regain Trust is a registered non-profit trust that implements activities to promote gender equality, empower women and girls and address key development challenges such as GBV and Sexual and Reproductive Health Issues. The SSU program goal, objectives and activities perfectly overlap with the mandate of RT as an organization. The RT flagship services and activities are aligned with the key services that were offered under the SSU program as follows:

Psycho-social support was offered through face-to-face, group, and individual counselling on GBV and teen pregnancy. These were offered to beneficiaries in all three regions through the selected schools and communities.

¹⁴ Ministry of Gender Equality and Child Welfare (MGECW), 2009

Public events that were offered in collaboration with FES. Regain Trust in collaboration with the Friedrich Ebert Foundation facilitated public events such as public dialogues, public debates, and consultative meetings on topics related to Gender-based Violence and Teenage Pregnancy. It is important to note that RT in collaboration with FES was responsible for preparing the program proposal that attracted funding support from European Union for the SSU program. RT was the leading implementing agency for the SSU program from inception.

Capacity Strengthening - the third cardinal mandate of RT was the training of state and non-state actors in areas including GBV/LP etc. under the SSU program, RT offered training and sessions designed to increase awareness, knowledge, and skills on Gender-based Violence, Sexual Reproductive Health Issues, Gender, HIV and AIDS and many other topics. The targeted beneficiaries were communities and service providers.

The SSU program used new and unique approaches to combat GBV/LP. The approach mainly targeted institutional capacity strengthening of CSOs and selected line ministries as well as the provision of counseling therapies and other forms of support to victims of GBV/LP. Not many CSOs, NGOs, and CBOs are offering this unique approach in the three regions where the SSU program was implemented namely Khomas, Erongo, and Omusati.

3.1.4.5 Relevance to the Development Priorities of Development Partners (FES and EU)

The objectives of the program were assessed in terms of alignment with the development priorities of the two main development partners namely FES and EU.

The Friedrich-Ebert-Stiftung (FES) is the oldest of Germany's 'political foundations' and is committed to the basic values of social democracy and the labor movement. It is a private, non-profit educational institution, 'think tank', and platform for political dialogue, whose mission is to promote democracy, development, social justice, and peace through capacity-building, policy research, public dialogue, and international exchange. The mandate of FES is broad and includes different areas of development; however, it is important to note that the SSU program that targets GBV/LP has been acknowledged as a social justice problem, an area that FES prioritizes. Under the SSU program, not only were the priority challenges GBV/LP in alignment with the FES mandate but the use of public dialogue and debates as a means to address social problems was also adopted.

The European Union which was the funding partner that availed funding to RT through the European Regional Development Fund (ERDF) or the Cohesion Fund aims *"to strengthen economic, social and territorial cohesion in the European Union by correcting imbalances between its regions,"* according to its website¹⁵. Its policy objectives are as follows:

- **More competitive and smarter**, through innovation and support to small and medium-sized businesses, as well as digitization and digital connectivity;
- **Greener**, low-carbon, and resilient;
- **More connected** by enhancing mobility;
- **More social**, supporting effective and inclusive employment, education, skills, social inclusion, and equal access to healthcare, as well as enhancing the role of culture and sustainable tourism; and
- **Closer to citizens**, supporting locally-led development and sustainable urban development across the EU.

The SSU program design and purpose are perfectly in alignment with the fourth ERDF policy objective 04 that targets "Social Justice".

¹⁵ https://ec.europa.eu/regional_policy/en/funding/erdf/

3.1.5 Relevance of the SSU Program Strategic Objectives

While the priority areas of the RT SSU program were understood to have been informed by various considerations, the end of term evaluation concluded that at the broad level, the strategic objectives were teased out of the definitions of both GBV and LP as stated in the National Gender Policy 2010-2020 (2010) as well as the Learner Pregnancy Policy (2009). In the National Gender Policy, GBV is defined as Gender-Based Violence refers to all forms of violence that happen to women, girls, men, and boys because of the unequal power relations between them¹⁶. The policy further identifies the leading causes of GBV to include customs, traditions, and beliefs, illiteracy and limited education, unequal power relations, and the low status of women. This definition subtly indicates that prioritizing health, social, economic, and legal interventions is important in addressing this challenge. On the other hand, the Education Sector Policy for the Prevention and Management of Learner Pregnancy (ESPPMLP) describes LP as a situation whereby learners become pregnant. Its goal as per the policy is *“to improve the prevention and management of learner pregnancy in Namibia, with the ultimate aim of decreasing the number of learner pregnancies and increasing the number of learner-parents who complete their education.”*¹⁷ The policy provides for a broad range of interventions that include pregnancy prevention initiatives, support for victims and survivors of LP.

The two main strategic objectives of the SSU program were as follows;

- **SO 01:** To strengthen knowledge and capacity of key stakeholders such as (Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political Decision makers to increase the quantity and quality of prevention and protection services to address GBV and LP and
- **SO 02:** To increase access to quality psycho-social support and services to survivors of GBV and LP.

The SSU strategic objective 01 is in alignment with the National Gender Policy objective 4.10 *Gender, Legal Affairs and Human Rights whose objective is to “Promote the human rights of women and ensure legal protection of women’s rights through an enhanced legal framework, effective implementation of laws and policies, and meaningful access to the justice system”*. Under the SSU program, the aim was to raise awareness of the legal provisions on GBV/LP among the various stakeholders regarding the prevention and protection services provided by the law. This activity speaks directly to the provision of the policy.

Strategic Objective 02 targeted increasing access to quality psychosocial support and services to survivors of both GBV and LP. Several services were provided through the SSU program that included counseling support, public dialogues, information, and awareness-raising as well as social behavior change communication. These interventions were aimed at either prevention of GBV/LP or support for victims as provided for by both the National Gender Policy and the LP policy.

3.2 Validity of the SSU Project Design

The key question in assessing the validity of the SSU project design was: Is the design and implementation strategy appropriate for achieving its objectives? The evaluation assessed the logic and coherence of the SSU project in terms of (a) Project’s Theory of Change or Logic Model (b) Design framework and implementation strategy; (c) Relevance and adequacy of the foundational information base upon which the project was conceptualized and designed and processes followed; (d) the extent of consultations with constituents and other stakeholders during project design and implementation;

¹⁶ National Gender Policy - 2010/20

¹⁷ https://www.moe.gov.na/files/downloads/99b_Learner%20Pregnancy%20policy%20final%202010-10-18.pdf

(e) Adequacy of intervention mix (g) definition and clarity of performance indicators; and (h) Realism of the Project timeline.

3.2.1 Project's Theory of Change/Logic Model

Although there was no explicit theory of change framework for the SSU project, a comprehensive logical framework which was developed prior to the implementation of the project envisaged the change process towards the overall goal of the project was to, *“Establish New Multi-Faceted Approaches to Curb GBV and LP through Holistic Preventative Measures and Protection of Survivors”*. The project was designed with two key objectives as follows:

- To strengthen the knowledge and capacity of key stakeholders such as (Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political Decision-makers to increase the quantity and quality of prevention and protection services to address GBV and LP; and
- To increase access to quality psychosocial support and services to survivors of GBV and LP.

These strategic objectives were in alignment with the identified needs of GBV/LP survivors and national actions prioritized to combat the scourge of GBV/LP. The change process was to be catalyzed by: capacity strengthening of existing institutions and stakeholders for them to effectively prevent and respond to GBV; training of service providers for effective and friendly service provision; systems strengthening; awareness creation through campaigns and establishment of community networks and dialogues; introduction and adoption of innovative strategies such as awareness-raising and information provision among parents, teachers, and principals among the selected Secondary Schools (SES), facilitating access to quality services for GBV/LP victims through the provision of counseling, the establishment of regional counseling offices in the target regions as well as training of victims and CSO representatives to become peer counselors. The project also sought to strengthen partnerships, collaboration, and coordination with existing stakeholders.

The two strategic objectives of the SSU project were found to be relevant to the GBV/LP context in Namibia and activities implemented under each pillar would ultimately in the long term contribute to both the prevention and response to GBV/LP. The prevention component, underlined by activities such as awareness creation and an effective and efficient prosecution and justice delivery system, would eventually lead to the reduction of GBV cases. Response to GBV/LP was through the provision of both prevention and protection services for survivors of GBV/LP. and response towards GBV. The prevention component needed to broaden to include addressing socio-economic factors addressing vulnerability particularly through economic empowerment initiatives.

Interlocutors that were engaged during the evaluation indicated that the 3-year life span of the project was deemed too short for the project to consolidate its gains and maximize impact on the beneficiaries. It was also felt that the time period was too short for the project to engage and service the need among the targeted beneficiaries. As the project gained momentum, it tended to generate more demand.

3.2.2 Relevance and Adequacy of Foundational Information

A project that lacks a sound evidence base that justifies those particular interventions lacks validity, which in turn threatens ownership, sustainability and relevance of the project. The evaluation concluded that the SSU project was anchored on a very strong foundational evidence base which provided solid justification for the GBV/LP interventions. The project design was informed by DHS survey data, NAMPOL/GBVIU statistics on GBV, the National Gender Policy and its accompanying Plan of Action of 2010-2022, and the MoEAC EMIS data on LP among other studies and evidence bases. Forward-looking, the SSU project needs to properly profile offenders of GBV/LP and target them with appropriate messaging and counseling services.

3.2.3 Extent of Consultations with Constituents and other Stakeholders

Extensive consultations with stakeholders preceded the design of the SSU project. A comprehensive formative assessment (The Voice of Survivors)¹⁸ was conducted by RT and published. This assessment included the active engagement of key beneficiaries and services providers, and it was supported by FES. The official publication with findings was released in 2015. The following strategic stakeholders were engaged in the formative assessment: Victims and survivors of GBV/LP, NAMPOL/GBVIU, Parliamentarians, MoEAC, MGECW, MoHSS (Ministry of Health and Social Services), Lifeline Child Line, Friendly Haven Shelter (FHS) and Legal Assistance Centre (LAC). The central research question was *“Are clients satisfied with the service given by the respective institutions and service providers that were strengthened by government to tackle gender-based violence - specifically with the workforce, processes and problem handling in these specific institutions and service providers?”* Among other things, the investigation established the following:

- The three state institutions namely the Namibian Police (NAMPOL), the Gender-Based Violence Investigation Unit (GBVIU) and the Katutura state hospital were offering by far the most unsatisfying support to abused women. It further established that survivors were not only getting inadequate support, but in some cases contacting those services providers further endangered victims' life.
- Within schools, not only Social Life Skills teachers, but also other school staff proved to be active and engaged in supporting GBV/LP survivors.

The evaluation concludes that the SSU project was designed with active input from a study that was done with a broad number of strategic stakeholders in GBV/LP that included victims and survivors of GBV/LP, policy-makers, GRN ministries and agencies that provide services for victims of GBV/LP, and CSOs that included FBOs, NGOs and CBOs. The evidence base that was used to determine the services gap and deficiencies in the provision of GBV/LP was comprehensive. The decision by RT to deliberately target capacity strengthening of GBV/LP services providers as well as broadening the availability of psychosocial support services is backed by credible evidence. Stakeholders interviewed during the evaluation were unanimously agreed that there were adequate consultations on the design of the project which cultivated a sense of ownership and support for the project.

3.2.4 Efficacy of the Development Model Applied

The SSU project adopted a multi-sectoral approach where different stakeholders with different competencies and roles came together in a coordinated manner led by RT. Given the multi-dimensionality of GBV/LP in terms of causes and effects, no one stakeholder can adequately address the multiple facets of these challenges. The multi-sectoral approach leverages the comparative advantages and competencies of different partners and stakeholders, which facilitates the holistic delivery of GBV/LP services. The development model applied was thus valid, given the highly complex challenges associated with GBV.

3.2.5 Adequacy of Intervention Mix

The SSU project intervention mix comprising capacity strengthening of services providers as well as facilitating access to prevention and protection services for survivors of GBV/LP were found to be highly relevant to the multidimensional needs of GBV/LP survivors and capacity needs of key institutions and stakeholders. Going forward, there is a need for the project to focus more on prevention by introducing activities targeting the socio-economic vulnerabilities of victims of GBV/LP. It is also important for the SSU project to profile perpetrators of GBV/LP to be able to properly identify them and target them with relevant information and services including rehabilitation and counseling. The SSU project also needs to strengthen the referral of victims of GBV/LP to existing initiatives that

¹⁸ <https://www.regain-trust.org/wp-content/uploads/2020/04/The-Voice-of-the-Survivors.pdf>
REGAIN TRUST END OF PROJECT EVALUATION REPORT: SURVIVORS SPEAK UP

address socio-economic vulnerabilities through economic empowerment and other state-funded social safety nets.

The project planned that a number of PDMs/TAs/TLs would be engaged, involved, and actively participate in regular exchange platforms on GBV/LP prevention and activities. The final project narrative established that during the 3rd year of the project, 3 exchange platforms were facilitated with PDMs. The overall goal of the PDMs was to increase the awareness of PDMs concerning GBV and LP challenges experienced by the project and its stakeholders with the aim of influencing policy decisions to be made by PDMs¹⁹. The exchange platforms saw PDMs actively engaging in discussions and there was a growing consensus that such engagements had to be increased and made more consistent. Using the project beneficiaries network, the project successfully reached 94 PDMs while experiencing constant interest in further engagement with civil society leaders. The indicator was to have 40 PDMs/TAs/TLs participate in the exchange platforms but the actual result was that 94 PDMs/TAs/TLs were reached which was a significant achievement.

3.2.6 Definition and Clarity of Results Framework and Indicators

The Goal of the SSU project was centered on contribution to the reduction of GBV/LP. The goal statement is not clear regarding the level at which this statement is pitched, whether this is at the regional level in the 3 regions or if this is a national level. This goal reflects the commitment of partners and government to effectively address the causes of GBV/LP through prevention efforts, as well as mitigating the impact of both GBV/LP on victims and survivors through protection. The phrasing of the goal statements gives the impression that the SSU project “holistically” addresses both “prevention” and “protection;” however a review of the menu of services provided under the project reveals that the options are limited possibilities to what RT can be able to provide given the available resources. For example, under the “prevention” component that seeks to address the causes of both LP/GBV, it is well-known that poverty and economic dependency are strong contributing factors for both GBV/LP. However, the SSU project has no initiatives directly addressing the economic empowerment of the victims. On the “protection” component stated in the goal statement, whilst the SSU project contributes to the “protection” of survivors through awareness-raising and information provision and referral to state-funded services including access to the justice systems and prosecution services, the project does not directly offer protection services itself but rather mainly impact mitigation through psycho-social support and counseling therapies. The goal statement gives an impression of a project that was much broader than what the SSU project was offering though it has to be mentioned that the project made notable contributions as evidenced by the beneficiaries’ positive reviews.

It is important to mention that the goal level statement reflected the fact that under the SSU project, the RT did not seek to provide all the prevention and protection services that the national policy provides for but contributed to creating demand for some existing services through awareness-raising, advocacy, and lobbying as well as promoting uptake and use of such services through referral and linkages to existing services providers.

Training was an integral component of the SSU project. In general, the purpose of the training was to impart knowledge to beneficiaries. To measure the increase in knowledge, normally, pre and post training assessments are done. These provide an immediate reflection on the changes (ideal increase) in knowledge levels. Under the SSU project, these pre- and post-training assessments are not evident.

3.2.7 Realism of Project Timeline

The SSU project was designed with a lifespan of 3 years. For a new initiative, the timeline is realistic, however, participants bemoan the limited period for the activity’s implementation as well as the disruptions in between the activities that affected the project momentum. Participants often expressed the opinion that some of the popular and well-received activities like public dialogues and

¹⁹ SSU Final Narrative Report Contract EIDHR/2017/393-942

on-site individual and group counseling sessions as well as school-based sessions, need to be rolled out to other regions of the country, but this requires time and increased resources.

A review of the program indicators reveals that the SSU program LOGFRAME has mainly input, activity level, and output level indicators. Generally, the indicators used in the program are simple and easy to understand and measure. The evaluation team also noted the following indicator: AC 5.3 Indicator – “No. of self-help groups established”. This is a very important indicator to have in the results framework, and considering the long-term planned impact of the SSU program, it was critical that the end of project narrative provided information on the continued existence of the GBV self-help groups once they were established. This provides a good indication of the sustainability and impact of the program initiatives. The end of project narrative project indicates that a total of 47 GBV survivors were capacitated as peer counsellors to lead GBV Self Help groups²⁰.

3.3 SSU Project Performance

As mentioned earlier in this report, the cardinal objective of the SSU project was to, “Establish New Multi-Faceted Approaches to Curb GBV and LP through Holistic Preventative Measures and Protection of Survivors”. This objective was pursued through two strategic objectives namely:

- ✓ To strengthen the knowledge and capacity of key stakeholders such as (Government of the Republic of Namibia (GRN) line ministries, Civil Society Organizations (CSOs), and Political Decision-makers to increase the quantity and quality of prevention and protection services to address GBV and LP and
- ✓ To increase access to quality psychosocial support and services to survivors of GBV and LP.

The following sub-sections provide an assessment of the SSU project performance under each of the expected outcomes (pillars) of the program. The assessment focused on the achievement of targets and outputs vis-a-vis what was planned in the results framework under each of the pillars through which the program was pursuing its key objective.

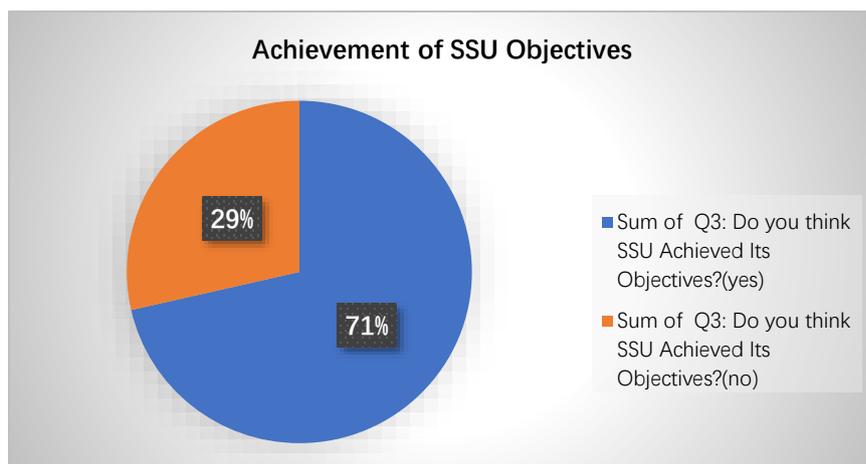
3.3.1 Assessment of Overall Achievement

Overall, the SSU project performed well across all its strategic objectives and planned outputs. Across all the measurable targets, almost all the output targets were achieved or surpassed and achievements were in most cases surpassed set targets and indicators All the regional program offices were successfully established and were functional. The project scope managed to cover all the three regions namely Khomas, Erongo, and Omusati. A total of 10 secondary schools were covered in the project. This included the principals, learners, and teachers that were planned to be in the project.

The semi-structured questionnaire showed that 71 percent of the respondents were of the opinion that SSU project achieved its overall objectives of reduction in GBV/LP cases as shown below.

Figure 3: Achievement of SSU Objectives

²⁰ SSU Final Narrative Report Contract EIDHR/2017/393-942



3.3.2 Achievement by Output indicators

TG 1: Countrywide women and men mainly aged 15-44 are trained to use new information gained through participation in the educational workshops to inform, advocate and protect their siblings or community members holistically (~the target was 6000 citizens countrywide, with at least 40% males).

Public Dialogues were convened across all 3 target regions and beyond on various topics related to GBV and LP. Huge numbers of targeted beneficiaries were reached and informed through discussions on specific topics in public dialogues. The table below summarizes the project performance on selected key indicators.

Table 3: Selected Key Project Performance on Training of Men and Women Countrywide

Key Indicator	Target	Actual Achieved	Progress Towards Target
Total # of people reached	6,000	4,119	68%
No. of males reached the events	1,991	1,309	66%
No. of females reached the events	4,009	2,810	70%
No. of dialogues (series of events) held	20	21	105%
Males reached as a proportion of the total beneficiaries Vs target	40%	32%	
Females reached as a proportion of the total beneficiaries Vs Target	60%	68%	

Source: SSU project data

The project targeted 6,000 beneficiaries and managed to reach 4,119 (68% of the target). Of the targeted 6,000 beneficiaries at least 40% (1,991) were planned to be males and the rest 4009 (60%) were females. The program managed to reach 1309 (66%) males. The breakdown of the actual total number of the beneficiaries reached indicates that only 32% were males. The engagement of males to reach the target was a challenge. It is noteworthy that the program managed to organize more (21) public dialogue events and that was more than was originally planned (20). Huge amounts of IEC materials, as well as advertisements in print and electronic media, were prepared, produced, and

distributed to raise awareness on the issues of GBV/LP. The production, printing, and distribution of IEC materials exceeded project targets.

TG 2: TG 2.1 CSOs (consists of informal groupings of selected individuals and grassroots communities, NGOs, and umbrella organizations such as members of the former Namibian Non-Governmental Organizations Forum (NANGOF) working in gender-related fields (~200). A minimum of 30% of the selected individuals is men.

During the life of the project, several planned workshops on GBV/LP were conducted with staff from CSOs, MGECW, MoHSS, and other key service providers. These were held with a view to sensitize and raise awareness on GBV/LP as well as informing beneficiaries of the protection and prevention services available. The table below summarizes the project achievements.

Table 4: Project Achievement: Training Workshops for CSOs and NGOs

Key Indicator	Target	Actual Achieved	Progress Towards Target
# of the workshop on GBV/LP conducted with staff from CSOs, MGECW, MoHSS, and other key service providers	6	6	100%
# of participants reached with workshops	162	149	92%
# of males reached with GBV workshop	47	40	85%
# of females reached with GBV workshop	115	109	95%
# of CSOs reached with GBV workshops	19	23	121%
# of CSO staff members reached	48	42	88%
# of MGECW Social Workers reached with GBV Workshops	43	27	63%
# of Police Officers from GBVPU and other units reached with GBV Workshops	40	55	138%
# of other key service providers reached with GBV Workshops	21	25	119%

Source: SSU project data

Firstly, as the table above illustrates, critical stakeholders in the provision of GBV/LP protection and prevention services were covered in the project as planned. These included staff from MGECW, MoHSS, and Nampol/GBVPU. The project either exceed or achieved the planned training targeted stakeholders. Coverage of the MGECW social workers was the only sub-activity that scored lowest with 27 out of a targeted 43 (63%) having attended RT SSU training. The coverage of male participants in the training is impressive at 85% and the inclusion of all critical stakeholders as well as other GBV/LP services providers was equally impressive.

TG 3: 30 Secondary Schools (SES), staff and parents (~200 teachers, 30 principals, 800 learners, 500 parents, with an intended male/female ratio of 50% in each of the aforementioned categories). The workshops were intended to educate and sensitize the TG on LP, preventative and supportive measures and their links to GBV to enable the TG to support learners/children beyond the project period. The table below summarizes the project achievements during implementation.

Table 5: Project Achievement: Training Workshops for Secondary Schools - Teachers, Parents, Principals and Learners

Key Indicator	Target	Actual Achieved	Progress Towards Target
# of Seminars for teachers and principals on Gender Sensitive Materials	6	6	100%
# of male teachers and principals reached with the seminars	26	24	92%
# of female teachers and principals reached with the seminars	93	105	113%
# of educational workshops for Learners	19	19	100%
# of female learners reached with educational workshops	451	451	100%
# of male learners reached with educational workshops	272	272	100%
# of educational workshops for Parents of learners	25	14	56%
# of female parents/guardians reached with educational workshops	238	372	156%
# of male parents/guardians reached with educational workshops	40	187	468%

Source: SSU project data

Except for educational workshops for parents of learners which was achieved only halfway (56%), the RT team managed to implement all the planned sub-activities and either reached the planned targets or surpassed them. Remarkably, the program team managed to reach more than four times (468%) the planned number of male parents/guardians of learners educational workshops. This achievement contrasts with the general trend indicating challenges in engaging males to be involved in the program's other key activities. Six seminars (100%) targeting teachers and principals were organized and implemented. 19 (100%) educational workshops for learners were organized and conducted. The program managed to reach 24 male participants out of the planned 26 (92%) and a total of 105 out of the targeted 93 female beneficiaries (113%). The program exceeded its target for female participants and narrowly missed its target for males.

TG 4: Citizens affected by GBV/LP ~1000 citizens within the TRs, 20% male, 80% female technical management capacity: This program component targeted survivors who had been rehabilitated and/or who continued as peer-to-peer counselors training on protection tools together as well as CSOs. Survivors who had just finished therapy were planned to be integrated into self-help courses so that they could be supported after counseling and share their knowledge and experience with other survivors and community members, including those outside the program.

The program managed to exceed the targeted individual counseling cases. A total of 483 cases were attended to as compared to 477. This translates to 101%. A gender breakdown of the numbers indicates that males contributed 127 cases or 149% of the planned target (86). Females contributed 355 cases and this was lower than the 392 targeted cases (or 91%). The program had a demonstrated capacity to attract and serve individuals in need of counseling.

The program also sought to offer group counseling support to victims of GBV/LP. It was planned to organize and conduct 30 such group counseling sessions. The target was to conduct 30 group counseling sessions and the program managed to deliver 26 sessions or (87%).

Table 6: Program Achievements: Outreach to GBV and LP Survivors

Key Indicator	Target	Actual Achieved	Progress Towards Target
No. of individual counseling cases	477	483	101%
No. of male clients reached with individual counseling services	86	127	149%
No. of female clients reached with individual counseling services	391.5	355	91%
No. of group counseling services provided	30	26	87%
No. of clients reached through group counseling services	225	157	70%
No of clients referred to essential services (legal aid, health services, additional GBV services)	95	115	121%
No. of clients trained to establish self-help groups	50	47	94%
No. of self-help groups established	6	10	167%
No. of females in self-help groups	27	49	181%
No. of males in self-help groups	3	2	67%

Source: SSU program data

Referral to medical, prosecution, and criminal justice systems was an integral activity built into the program design. This was to ensure the delivery of a comprehensive services package for victims. A total of 95 cases were planned for such referrals and 115 (121%) cases were successfully referred. With this intervention, the program sought to act as a catalyst for accessing critical prevention and protection services as needed. Beneficiaries were targeted with firstly capacity strengthening to establish self-help groups. Secondly, they were to benefit from program-initiated beneficiary support groups. As mentioned earlier, the end of project narrative report indicated that a total of 47 GBV survivors were capacitated as peer counsellors to lead GBV Self Help groups.

The SSU program prioritized the establishment of self-help groups for victims and survivors of LP/GBV as a strategy to ensure the long-term sustainability of the action. In the implementation period, the SSU program managed to establish 10 self-help groups though the target was to establish 6. They exceeded the target by 167%. An overwhelming (181%) of the targeted beneficiaries of self-help groups were females (49). This was more than the planned number (27) of female beneficiaries.

TG 5: TG 5.1 PDMs, including the Standing Committee on Gender Equality, Social Development, and Family Affairs of the Parliament (CoGESDFA), with an envisaged female/male ratio of 50%. In this key result area, was the establishment of exchange platforms for PDMs. The key objective was that PDMs/TAs/TLs are made aware of the issues on GBV/LP and introduce necessary initiatives, e.g., control of the implementation of the legislative framework to ensure GBV/LP protection and prevention. All of the exchange platforms were established as was planned. Male as well as female PDMs were planned to be part of the exchange platforms and the program managed to attract and engage more than the planned number of PDMs. A total of 59 female PDMs participated as compared to the program target of 40 (148%). More than double the targeted number of male PDMs were part of the platforms. The table below attempts to summarize the program achievements.

Table 7: Program Achievement: Coordination Meetings and Exchange Platforms for Standing Committee and PDMs

Key Indicator	Target	Actual Achieved	Progress Towards Target
No of exchange platforms with PDMs	3	3	100%
No. of Female PDMs	40	59	148%
No. of Male PDMs	15	35	233%

Source: SSU project records

The project end of term narrative states that through Exchange Platforms Political Decision Makers were engaged in public as well as in closed discussions designed to draw their attention to possible policy gaps related to GBV and LP²¹. Capacity of GBV and LP service providers to offer adequate services, which was regularly flagged as a concern by partners, was addressed by the project through the implementation of capacity building workshops with key service providers to strengthen capacity of service providers to offer quality and adequate services²². The Survivors Speak Up Project managed to garner visibility with various media partners through its activities such as the public events, publishing of I-Stories, and active presence on social media platforms.

The end of term narrative reports states that the overall goal of the PDMs were to increase the awareness of PDMs concerning GBV and LP challenges experienced by the project and its stakeholders with the aim of influencing policy decisions to be made by PDMs²³. The exchange platforms saw PDMs actively engaging in discussions and there was a growing consensus that such engagements had to be increased and made more consistent. The indicator was to reach 40 PDMs/ TAs/ TLs as having participated in the exchange platforms. The actual number of PDMs/TAs/TLs participating in exchange platforms was 94 PDMs (59 females and 35 males) which was 54 exchange platforms in excess of the targeted figure. The source of verification were the participant’s lists from exchange platforms.

The exchange platforms were designed to increase awareness and knowledge of PDMs on GBV and LP. The goal was to strengthen PDMs’ knowledge as well as to identify possible policy gaps for them to address. Due to the COVID-19 pandemic, the project could not facilitate physical sessions with PDMs. Sessions were instead facilitated virtually via Zoom.

The exchange platform were geared towards ensuring that PDMs would identify GBV and the provision of psychosocial support services as essential towards the country’s efforts to address the COVID-19 pandemic. During this exchange platform key speakers were representative of GRN and CSOs. The importance towards the provision of GBV services during this exchange platform was stressed. RT placed a strong emphasis on the resourcing of GBV services as a key priority that needs to be addressed.

During the exchange platform, women’s empowerment was discussed with PDMs. Despite the recent gains of Namibia through the National, Regional and Local elections which increased women’s participation, the issue of women’s meaningful participation in decision making bodies was highlighted during this exchange platform. Notwithstanding, the increase in women occupying leadership positions, their engagements in many instances were limited to stereotypical roles and their participation seemed passive. The composition of the Parliamentary Standing Committees for instance was discussed and highlighted.

Beyond the exchange platforms, the project also actively engaged with National Coordinating bodies such as the National GBV and Human Rights Cluster, National School Health Cluster and Childcare and

²¹ SSU Final Narrative Report Contract EIDHR/2017/393-942

²² ibid

²³ ibid

Protection Forum. Through these bodies, the project was afforded opportunities to give inputs into the amendments and creation of policies such as the Combating of Rape and Combating of Domestic Violence Acts. The project also participated in the revision of a comprehensive HIV and AIDS policy for the MoEAC. The project strongly advocated for the budgeting and financing of the prioritized National Plan of Action on Gender Based Violence (NPAGBV).

The main challenges which significantly hampered the projects’ ability to more effectively engage with PDMs especially during the first two years of the project were related to the National and Regional Authority elections which took place in 2019 and 2020, respectively. The focus of the PDM was set highly to these elections and campaigning. The Global COVID-19 pandemic also played a significant role which hampered the projects engagements with PDMs.

3.3.3 Factors That Influenced Program Performance

The factors that influenced the program performance are shown below.

Table 8: Factors that Influenced Project Performance

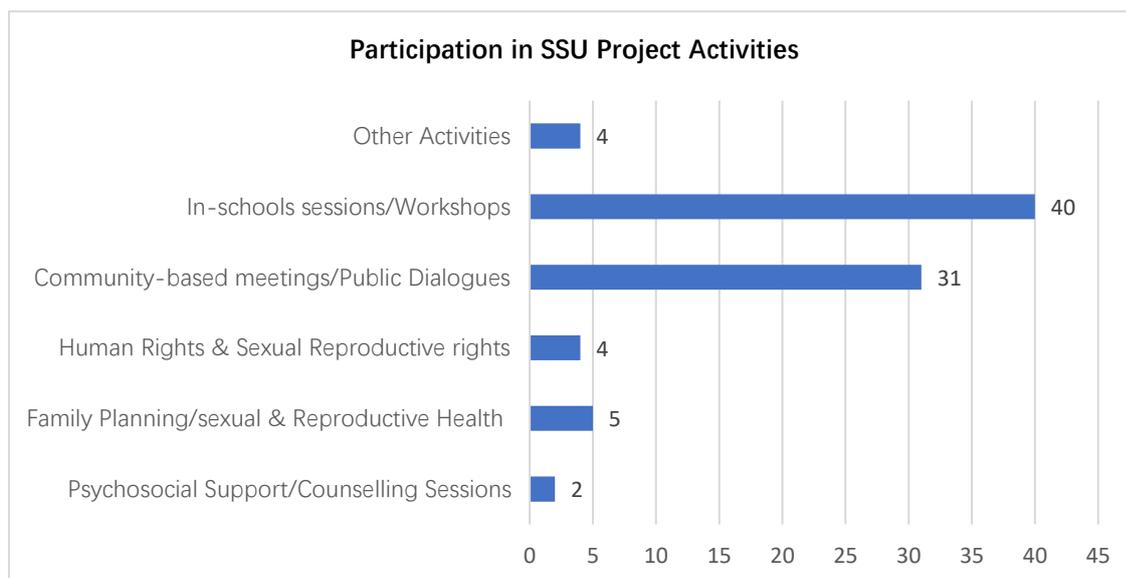
Positive	Negative
<ul style="list-style-type: none"> -Motivation of stakeholders as there was a consensus on the problematization of GBV/LP -Strong political will, support, and project buy-in by all stakeholders including government, CSOs, and development partners -Community buy-in from among stakeholders was strong -RT willingness to collaborate with all stakeholders providing services to victims of GBV/LP -SSU compliments existing national efforts to fight GBV/LP as provided for by the national policy 	<ul style="list-style-type: none"> -The SSU project had limited resources (human and financial resources) relative to the need that they intended to service -irregular implementation of some key activities like coordinating meetings such as the Regional GBV and Human Rights Cluster negatively affected the project momentum and coordination -The three-year period for the project implementation was inadequate for the project to consolidate its gains -Limited participation by men

3.4 Project Effectiveness

The independent evaluation assessed the extent to which the SSU project was effective in reaching the desired outputs and outcomes. The assessment focused on the effectiveness of project design and the extent to which the two strategic objectives of the project were achieved in terms of improved knowledge and capacity among the services providers as well as increased access to quality GBV/LP prevention and protection services. The conclusion of the evaluation is that the SSU project achieved to a great extent the expected outputs and outcomes of the interventions. However, the project needed longevity and up-scaling to achieve the ultimate goal, which is to contribute to the reduction of GBV/LP in Namibia.

The participation in specific project activities by respondents was found to be higher in in-school sessions and workshops followed by community-based meetings and public dialogues as shown below. A new project design would have to ensure that more participation takes place in such key areas as human rights and sexual reproductive rights, family planning and psycho-social support and that participants deliberately include people living with disabilities, out of school youths and that strategies and interventions are age specific to learners.

Figure4: Participation in SSU Project Activities



In terms of the type of violence experience by respondents, it was found that 65 percent experience GBV while 35 percent experienced LP which is understandable given that GBV occurs more often, even on a daily basis, compared to LP.

3.4.1 Effectiveness of Project Design and Approach

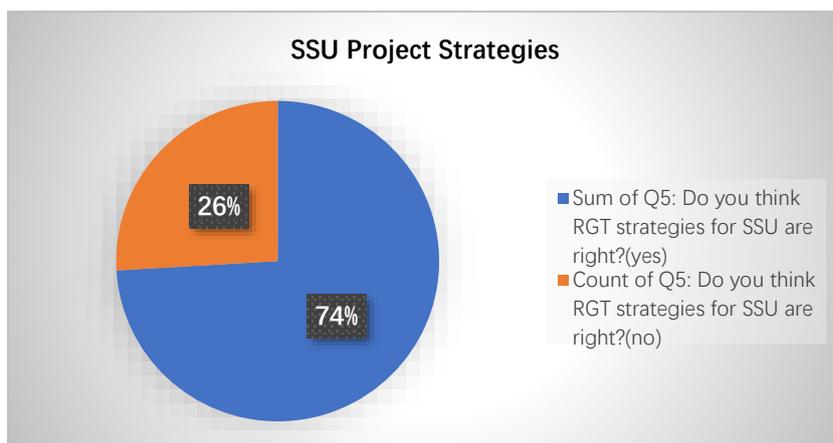
In assessing the effectiveness of the SSU project design, the evaluation analyzed the extent to which the design of the project enhanced the achievement of project strategic objectives.

3.4.1.1 Multi-Pronged Approach

The SSU project was designed with two main components namely capacity strengthening of services providers and stakeholders and increasing the quality and quantity of GBV/LP services targeting prevention and protection of victims. The evaluation concludes that the two-pronged approach was largely effective and relevant as evidenced by the achievement of results at both output and outcome levels. The multi-sectoral approach enabled GBV survivors to access holistic services to meet their needs in terms of health, social protection, and rights awareness. Stakeholders interviewed were generally agreed that the approach had been effective. The project beneficiaries singled out the public dialogues for special mention. Participants in the FGDs with general community members as well the school learners, teachers, and principals expressed the opinion that dialogue and discussion on the problems of GBV/LP promote disclosure and facilitate reporting of cases. Additionally, the awareness of the two problems empowers even men to understand that GBV victims are not only women but can also be men. This awareness empowers beneficiaries to appreciate the nature of challenges. However, some key informants bemoan the fact that the SSU project did not have any direct funding support from the GRN. It was felt that since GBV/LP are national problems affecting a huge number of people, it was important for the SSU project to cover all schools and communities in the country with unique approaches. This correct observation would have meant huge investments in terms of human and financial resources for the project.

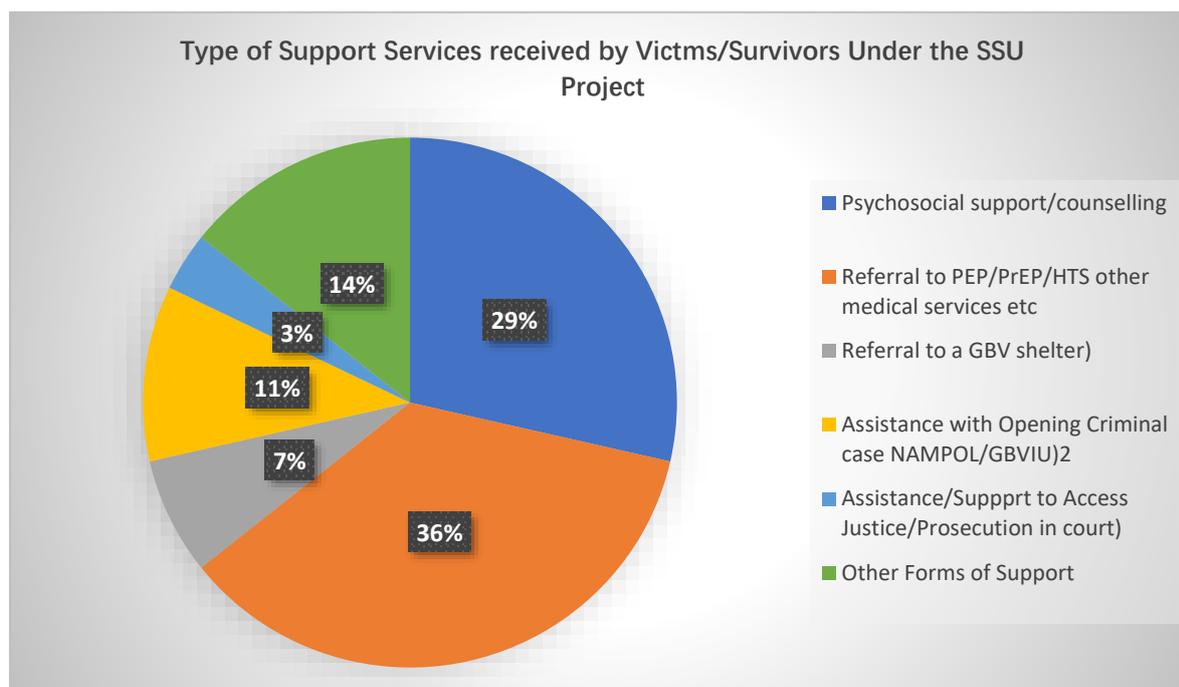
In the quantitative analysis, when respondents were asked whether the project strategies and approaches that were used by the SSU project towards GBV and LP were the rights ones, 74 percent stated that they were the rights ones as shown below.

Figure 5: Whether the SSU Project Activities were Right



In terms of type of services accessed by victims and survivors of GBV and LP, varied responses were obtained with referrals to PEP/PrEP/HTS (Post Exposure Prophylaxis/Pre-Exposure Prophylaxis/HIV Testing Services) and other medical services being the most common (36 percent) followed by psychosocial support/ counselling at 29 percent.

Figure 6: Type of Support Services Received by Victims/Survivors of GBV/LP under the SSU Project



3.5 Program Efficiency

The evaluation assessed the extent to which the project’s outputs were efficiently delivered during implementation. The statistical details and indicators used to assess efficiency is detailed under project achievement by output indicators section 3.3.2

The project made commendable progress towards the achievement of its output targets. Below is a summary of findings across the project Target Groups (TGs):

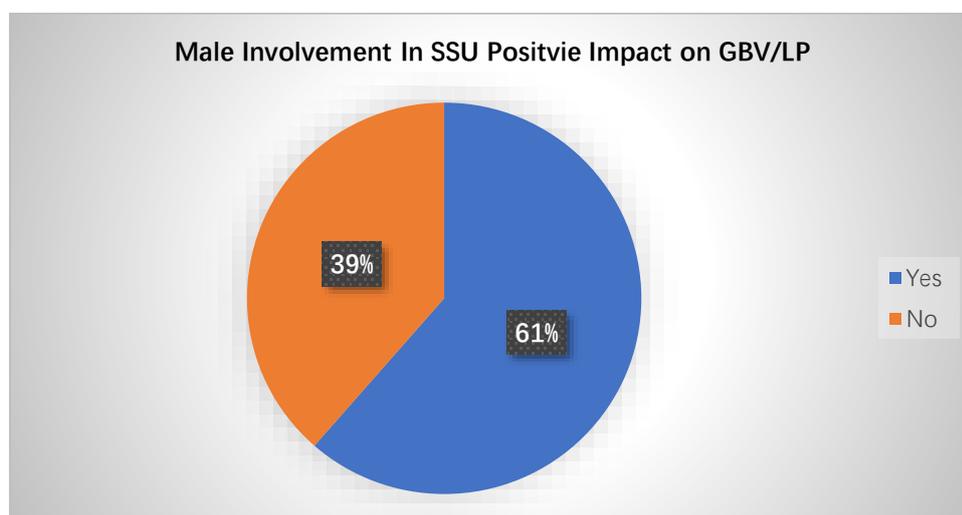
- ✓ **TG 1: Countrywide women and men mainly aged 15-44 are trained to use new information (~the target was 6000 citizens countrywide, with at least 40% males).** The project managed to reach 4,119 or 68% of its target.
- ✓ **TG 2: CSOs (consists of informal groupings of selected individuals and grassroots communities, NGOs, and umbrella organization such as members of the former Namibian**

Non-Governmental Organizations Forum (NANGOF) working in gender-related fields (~200). For this target group the main activity was to reach them with capacity strengthening workshops. All the planned workshop (6) were conducted which means 100% achievement: 92% of the targeted participants were reached as well as 85% of the males' target was reached. The project exceeded its targets on a number of indicators as follows: for CSO reached with GBV/LP workshops (121%); number of Police Officers from GBVPU and other units reached with GBV Workshops: number of other key service providers reached with GBV Workshops 138%.

- ✓ **TG 3: 30 Secondary Schools (SES), staff and parents (~200 teachers, 30 principals, 800 learners, 500 parents, with an intended male/female ratio of 50% in each of the aforementioned categories).** Across the nine indicators for the different activities, the average achievement score was 144.78%; therefore the project managed to deliver more than was actually planned.
- ✓ **TG 4: Citizens affected by GBV/LP ~1000 citizens within the TRs, 20% male, 80% female technical management capacity.** For this TG, key activities planned were individual counselling, referral to other services, establishment of self-help groups. The average achievement across the different activities indicators was 112.8%.
- ✓ **TG 5: TG 5.1 PDMs, including the Standing Committee on Gender Equality, Social Development, and Family Affairs of the Parliament (CoGESDFA), with an envisaged female/male ratio of 50%.** As earlier mentioned in the report, two critical activities were planned namely coordination meetings for PDMs, TAs/TLs as well as exchange platforms for PDMs. Regarding the coordination meetings and the exchange platforms as well as the participants targeted, the project managed to exceed all the targets.

As part of project efficiency, the semi-structured questionnaire found out that male involvement was perceived to have made a positive impact on the activities of the SSU project as shown below.

Figure 7: Responses to whether Male Involvement had Positive Impact



3.6 Sustainability

In assessing sustainability, the evaluation looked at the likelihood of the SSU project benefits continuing after EU donor funding has ceased. The evaluation also analyzed the major factors that influenced the achievement or non-achievement of sustainability potential of the SSU project.

A combination of the UNEG, OECD/DAC and the IFAD (2009) sustainability frameworks were used to assess the sustainability potential of the SSU GBV/LP project. The framework identifies the following factors as key pillars upon which the sustainability potential of a programme or programme hinges:

- **Political sustainability** – this includes GRN commitment, through creation of an enabling policy environment, stakeholder interests, support for vibrant and strong advocacy and lobbying groups and political influence and pressure
- **Social sustainability** – this targeted social support and acceptability and community commitment and support
- **Ownership** – whether or not communities, local and grassroots actors and families accept and own the outcomes of the SSU project in ways that are sustainable
- **Institutional sustainability** – institutional support, policy implementation, staffing, financial resources to support implementation
- **Economic and financial sustainability** – resilience to economic shocks and development funding partners changing priorities, financial viability of the project implementation, and increased capacity to cope with risk/shocks
- **Technical sustainability** – technical soundness, appropriate solutions, technical training for operations and maintenance
- **Environmental sustainability** – programmes’ positive/negative contributions to society and management, resilience to external environmental shocks.

Based on the above criteria, the evaluation assessed the sustainability potential of the different components of the SSU project.

Political Sustainability: The evaluation concluded that political sustainability of the project will be achieved. GRN has shown strong commitment to the anti GBV agenda by putting in place a supportive legal and policy environment, including the Education Sector Policy for the Prevention and Management of Learner Pregnancy (2009); the National Gender Policy (2010-2020) and accompanying Plan of Action (2011); Namibia’s National Agenda for Children (2012-2016); Children’s Act 33 of 1960 (child protection); the Marriage Act 25 of 1961; the Combating of Rape Act 8 of 2000; the Combating of Domestic Violence Act 4 of 2003; the Criminal Procedure Amendment Act 24 of 2003 (vulnerable witnesses); the Labour Act 11 of 2007 (sexual harassment). Provision of social protection for GBV survivors is provided for in the National Gender Policy (2010-2020) that comprises a holistic set of strategies and programmes aimed at enhancing social protection for victims and survivors.

According to ILO (2014), the National Social Protection Policy (NSPP) proposals for Namibia envisages the combination of measures to protect the income and basic needs of the most poor and disadvantaged (social assistance), promoting economic development and self-reliance (livelihood and empowerment), providing effective insurance mechanism for workers with contributory capacity (social Insurance) and removing structural barriers leading to social exclusion (prevention and disability pillars). The policy informed the design of various iterations of the NDPs including the latest HPP. Within these instruments, social protection covers vulnerable groups such as those living in poverty, women, children and the aged, people with disabilities, vulnerable migrants, refugees, internally displaced persons and minorities. Women and children affected by violence are explicitly acknowledged.

This assessment has proved that there is strong stakeholder commitment for the continuation of the anti GBV/LP agenda. High-level government officials, community and church leaders, NGOs, CBOs, school authorities, media entities and government departments such as the Namibian Police (GBVIU) are committed to eliminating GBV/LP. Key non-state actors such as FAWENA, SISTER Namibia, LAC, LLCL, UNFPA, UNCEF, EU, FES all have had programmes aimed at advocating and responding to GBV/LP in communities. Interlocutors in these organizations stated that their engagement on GBV will continue as it is part of their core mandates. GBV and Social Protection is equally prioritized in the plans of bilateral and multilateral partners working in the country. For instance, the EU, UNFPA,

UNICEF all have different programmes that among other things target improving livelihoods for vulnerable groups.

Technical Sustainability: The training of different stakeholders trained through the SSU on GBV/LP policies as well as support and prevention and related services has enhanced the capacities of these institutions to offer improved and appropriate GBV/LP services to survivors. The trained personnel will continue to apply these technical skills beyond the lifespan of the project. There is however need for continuous training because particularly in NGOs and CSOs that are donor-dependant, there is high staff turnover. Continuous training also expands the skills base of the GBV/LP project stakeholders. The project needs to target grooming of Trainer of Trainers (ToT) to be embedded in the GRN through the line ministry as this is a sustainable strategy as the trainers will continue offering services beyond the project.

Economic and Financial Sustainability: At the time when the evaluation took place, no government funds had been secured or provided for project activities and their continuation. The support of multiple development partner funding support including De beers, FES and EU is noted as an important achievement. However with limited funding it will be difficult to sustain some parts of the project that require substantial funds going into the future. The evaluators also noted the absence of a sustainability plan and exit strategy for the donors that supported the project. When designing the program a sustainability and exit strategy should have been prepared clearly showing the options and responsibilities that needs to be in place when the project comes to an end. This plan should take both financial and human recourse aspects into account.

3.7 Achievement of Expected Program Outcomes and Impact

It is important to mention that, generally, true impact of development interventions take long to be fully realized. Within the 3 years that the SSU project was implemented, it has catalyzed processes of change of knowledge, attitudes, practices and behaviors that will slowly gather momentum over time but immediate changes may not be easily detectable in the short run. The SSU project targeted GBV/LP issues and these problems have a well-known link to culture and sexual behaviors and practices linked to it. Demonstrating the impact that the SSU project has had in a period of 3 years is also further challenged by the fact there are a number of initiatives and organizations that implement GBV/LP prevention initiatives in Namibia. The same beneficiaries that were exposed to the SSU initiative through Regain Trust would have been exposed to other initiatives. This simultaneous exposure to different programs and their interventions cumulatively affects the achievement of the program impact in a manner that makes it challenging to isolate the specific impact of the SSU project on the targeted beneficiaries. Generally, impact level analyses of broad developmental initiatives are normally left to national exercises like population-based surveys and censuses.

This section attempts to analyze and summarize the impact of the SSU project across the three key result areas namely introduction of new approached to curb GBV/LP, availability of Holistic Preventative Enhanced protection for GBV/LP as well as Enhanced protection for GBV/LP survivors. The impact analyses will focus on four components as follows:

- a) *Strengthened **technical** institutional capacity strengthening of the implementing and coordinating entities and stakeholders of the project;*
- b) ***Economic impact** focusing on among other things changes in economic well-being as well and reduced economic costs of GBV/LP among survivors;*
- c) ***Social impact** targeting availability of improved prevention and protection services within communities where the program was implemented. This also covers improved uptake and use of existing prevention and protection services as a result of increased knowledge and awareness of GBV/LP issues; and*
- d) *And **policy level impact** analyses that focuses on among other things CSOs and political SGs active involvement in the development, advocacy and lobbying for holistic, preventive*

measures and for improved protection for survivors; adoption and implementation of new approaches to curb GBV/LP by PDMs as well as introduction of new government programmes to tackle GBV/LP and the availability of high-quality counselling support services through the newly established regional offices.

3.7.1 Technical Impact

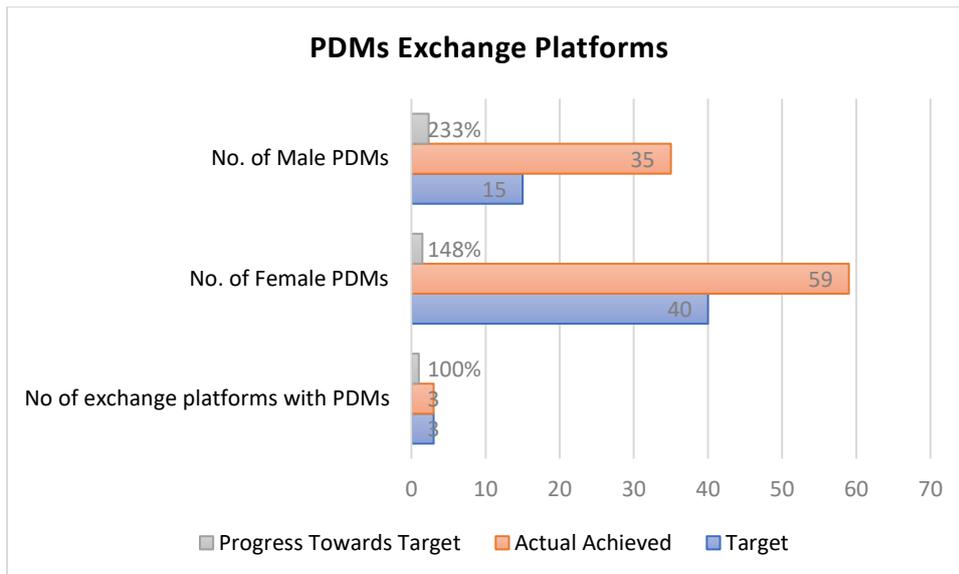
Key Result Area 01: Establishment of regular exchange platforms guided by the CoGESDFA and assemble all relevant Ministries, CSOs and PDMs to discuss policies

In the design of the SSU project, exchange platforms on GBV/LP for PDMs were meant to serve a number of purposes not least as forums for strengthening leadership advocacy and lobbying and galvanize political support for prioritizing national responses on GBV/LP issues at policy level. According to project data, the convening of the exchange platforms on GBV/LP during the SSU project was a success. During the life of the project, all the 3 targeted exchange platforms for PDMs were convened and that represents a 100% achievement. The three exchange platforms series were as follows: **Exchange Platform-Series 1: Gender based Violence during the lockdown and mechanisms to provide support in the future. This was attended by 25 PDMs. Exchange Platform-Series 2: The role of policy makers towards women's empowerment and the reduction of Gender based Violence in Namibia. This was attended by 52 PDMs. Exchange Platform-Series 3: Violence and Harassment in the world of work which was attended by 17 PDMs.**

During the last exchange platform, the recently revised ILO Convention C190 on Violence and Harassment in the world of work was stressed. This presented an important platform for raising awareness among PDMs on the convention. Among other things, Namibia's commitment to the convention was discussed and recommendations were proposed on how Namibia should domesticate the ILO Convention 190. Targets for both male and female PDMs involvement and attendance of the exchange platforms for PDMs were exceeded. The achievement for females was 148% and for males was 233%. The project reports that were reviewed also indicate that, beyond the exchange platforms, the project also actively engaged with other national coordinating bodies such as the national GBV and human rights cluster, national school health cluster and childcare and protection forum. Presence on these crucial forums afforded the project platforms to influence the development and amendments of policies such as the Combating of Rape Act and Combating of Domestic Violence Act. The project also participated in the revision of a comprehensive HIV and AIDS policy for the MoEAC. The project strongly advocated for the budgeting and financing of the prioritized NPAGBV. The huge numbers of PDMs that actively attended the exchange platforms provide an indication of the commitment, interest and support for GBV/LP issues. Through the SSU project, political support and prioritization of GBV/LP has been enhanced among policy makers.

The graphs below attempt to summarize the project achievements regarding the establishment of exchange platforms to engage PDMs.

Figure 8: PDMs Exchange Platforms



Source: SSU project records

Based on the project data as summarized in the graph above, the SSU project managed to successfully advocate and lobby for PDM support for the new approaches to GBV/LP. The huge numbers of PDMs that were engaged through the three exchange platforms is testimony to the buy-in generated as a result of the platforms established under the project. Support of policy makers and decision makers is crucial as they have access to policy-making platforms where national policies are made and changed. They are important advocates for the project that will ensure that GBV/LP issues remain a priority in policy making dialogues.

Key Result Area 02: Enhanced technical skills of CSOs, MoHSS and MGECW to support GBV/LP survivors in terms of protection and prevention

For development interventions and initiatives to be implemented successfully it requires that a number of crucial capacities be developed and enhanced. This includes, among other things the human and institutional capacity to deliver services as well as coordination capacity to facilitate multiple stakeholders’ engagement. Under the SSU project, stakeholders that include RT correctly prioritized human capacity strengthening of certain targeted stakeholders including GRN ministries and NGOs/CSOs. According to the details as provided on the results framework, the SSU project managed to reach a total of 23 CSOs/NGOs with trainings with GBV/LP workshops. The planned target was to reach 19 and this constitutes an achievement of 121%. More CSOs/NGOs were reached with capacity strengthening initiatives than was originally planned. In total 149 individual participants out of a targeted 162 were reached with GBV/LP workshops. 85% (40) of the targeted (47) Male beneficiaries from NGOs/CSOs were reached in the training workshops. This evaluation concludes that the capacity to implement new holistic preventative enhanced protection measures for GBV/LP among key stakeholders including CSOs, MoHSS and MGECW as Nampol/GBVIU was indeed enhanced. The graphs below provide details of firstly the number of capacity strengthening interventions that were conducted with CSOs as well as the number of CSOs/NGOs that were reached with training interventions.

Figure 9: Capacity Strengthening Workshops for GBV/LP Services and Number of CSO Reached with GBV Workshops

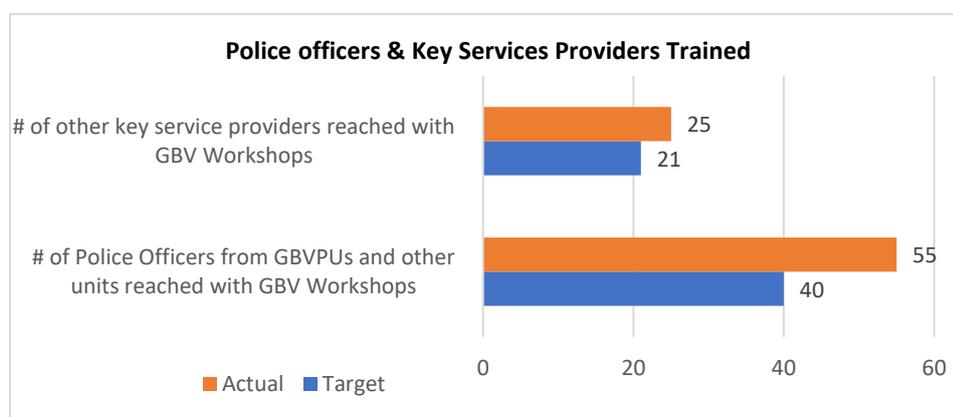


Source: SSU Project Records

As illustrated, a total of 6 training workshops that had been planned and targeted under the project were conducted. In the 6 workshops, 23 out of a targeted 19 CSOs received training under the SSU project.

Under the same capacity strengthening initiative, RT through the SSU project also targeted selected key government services providers. These included staff from both Nampol/GBVIU and staff from the line ministry MGECW. The graph below illustrates the achievements of project.

Figure 10: Police Officers and Key Service Providers Trained



Source: SSU Project Records

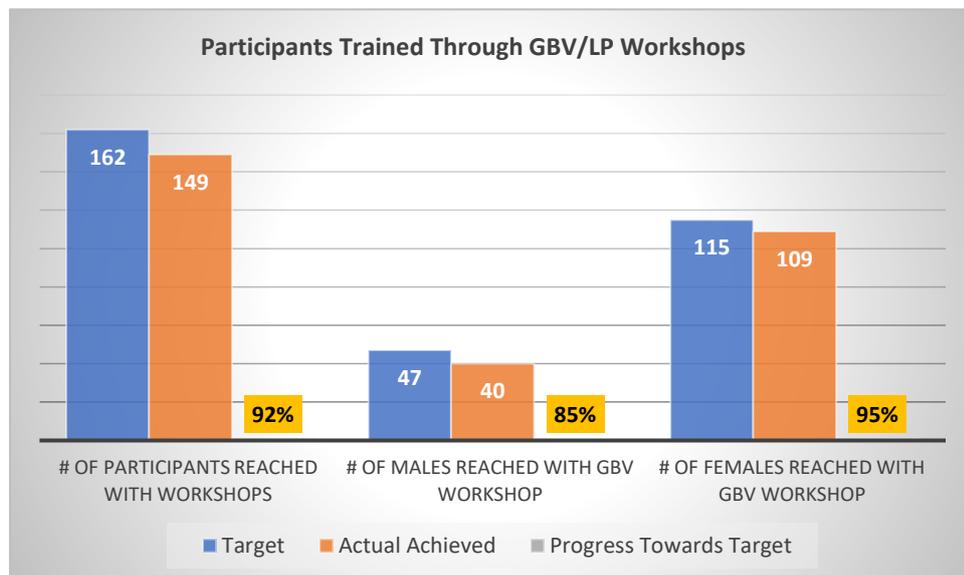
In targeting, NAMPOL/GBVIU officers as well as social workers and other staff from the MGECW, the project targeted strategic stakeholders that are in the frontline in the fight against GBV/LP. As representatives of the government services providers, the capacity developed will be crucial in ensuring both improved quantity and quality services for GBV/LP victims. The capacity will stay in the government way after the SSU project has closed shop and that is important for sustainability.

Key Result Area 03: Trained survivors, social workers and CSOs' capacity enhanced to offer high quality peer-to-peer counselling in their communities.

Throughout the duration of the project, Regional Social Workers and Program staff were trained. The trainings also benefited participants from other CSOs and NGOs as well a selected survivor of both GBV/LP. For the program team the training was part of their induction process and it covered are given

a thorough orientation of the number of important subjects including counselling methodologies, approaches and practices.

Figure 11: Participants Trained through GBV/LP Workshops



Source: SSU Project Records

Based on the project data, the SSU program has managed to enhance the capacities of crucial services providers that include staff of government line ministries as well as its own internal staff capacity. The enhanced capacity will enable the program to not only provide quality services but to increase access to counselling services. This prepares the program for expanding services provision to other areas not yet covered. The evaluation also takes note of the reported 47 survivors of GBV/LP that were trained as peer counselors. The importance of peer counselor cannot be over emphasized as it is integral to ensuring sustainability into the future. Peer counselling is important as it facilitates access to services between victims.

3.7.3 Economic Impact

Key Result Area 04: Counselling survivors are able to continue or re-start education (school, university, vocational, training) or employment After Counselling sessions and thereby contribute to the economic well being of country

Reliable data to measure the impact of the SSU in terms of increase number of counselled survivors who continue schooling or education after training and/or therapy is meant to be obtained from the Educational Management Information Systems (EMIS). This is a national data source that is made available irregularly. At the time of this evaluation report compilation, no reliable and accurate EMIS data was available.

Key Result Area 05: Three established support facilities are equipped, staff are trained and services are ready to be integrated into Government structures, giving the Namibian Government an economically efficient starting point

For RT as an organization and SSU to be able to contribute to the increased quality and quantity of GBV/LP services on the ground, establishment of facilities from which the organization could work was important. In the design of the program, it was planned for the organization to have a regional presence in the Khomas, Erongo and Omusati regions. The program target was to establish three regional offices purposed to be used among other things to facilitate the provision of counselling services to victims. Three regional program sites were established in Khomas, Erongo and Omusati regions. This represents an achievement of 100%. Though the three regional facilities may not be

enough they have already managed to make a huge difference increasing availability of services and information to the general community as well as serving victims of GBV/LP. However, the planned handover of the facilities to the GRN for long term sustainability has not yet happened. As earlier on mentioned elsewhere, the capacity that SSU program is building among services providers particularly OMAs of the GRN as well as among NGOs will stay long after the program.

It is also important that as evidenced by the reports of clients served, the three regional offices have been fully functional throughout the program life despite some staff leaving. All three regional offices had qualified staff in charge.

Key Result Area 06: RT Organization Governance and Implementation Capacity Strengthening

For organizations to be functional and relevant in national development, it is important that they have formal, legal and recognized existence and structures. In Namibia, NGOs, CBOs and CSOs like RT are eligible for registration as non-profit making legal entities. It is also important that such organizations have clear governance structures as well as competent, qualified and experienced staff to run their operations and provide targeted services. This evaluation established that RT has managed to get registered and has an effective governance structure in place.

At governance level, RT is controlled by a Board of Trustees. This provides oversight on the secretariat that is headed by a director. The program team is divided into three tiers. The first tier being the Program Management Team which is comprised of the National Director, Programs Coordinator and Admin/Accountant. The program management team provides overall oversight over the proposed action, manages national level external stakeholders’ relationships as well as guides national level advocacy efforts in collaboration of CSOs. The second tier Program Coordination Team comprises the Programs Coordinator, Head Social Worker and Regional Social Workers. This team coordinates activities of proposed actions with the exception of national level activities. The third tier is the Program Implementation Team, which is comprises the Head Social Worker, Regional Social Workers (2) and Community Liaison Officers (5) who are the main implementors of regional activities for the proposed action. RT works with volunteers and interns who support the implementation of the proposed activities.

Key Result Area 07: Increased Quality and Quality of GBV/LP Preventive and Support Services

Under the SSU program, a huge number of targeted beneficiaries were reached with a number of support services as well as information through public dialogues, counselling sessions as well a capacity strengthening initiatives. The graph below illustrates the achievements of the SSU program

Figure 12: Clients Reached with GBV/LP Support Services



As indicated in the graph, a combined total of 640 beneficiaries were reached with counselling support in the three years of the program. That translates to about 200 individual cases per year. The program managed to generate huge momentum within a relative short period of time. As awareness of the program services increases, the cases served can only increase. A total of 115 cases were referred to different essential services that included legal, health and other GBV/LP support services. A total of 19 self-help support groups were successfully established and 47 beneficiaries trained and supported to establish self-help groups. Firstly, the program managed to make a visible impact in terms of increasing quality and quantity of GBV/LP support services as is evidenced by the volume of clients it served. Secondly the program managed to increase uptake and use of existing government services like health and prosecution services through referral to the services providers. By raising awareness of government services as well as collaborating with other services providers, the program managed to create huge demand for such services.

3.7.4 Social Impact

Key Result Area 08: Teaching material and the gender-sensitive training manuals are published in open sources, and used to teach the communities, schools, learners and parents about GBV/LP prevention and protection.

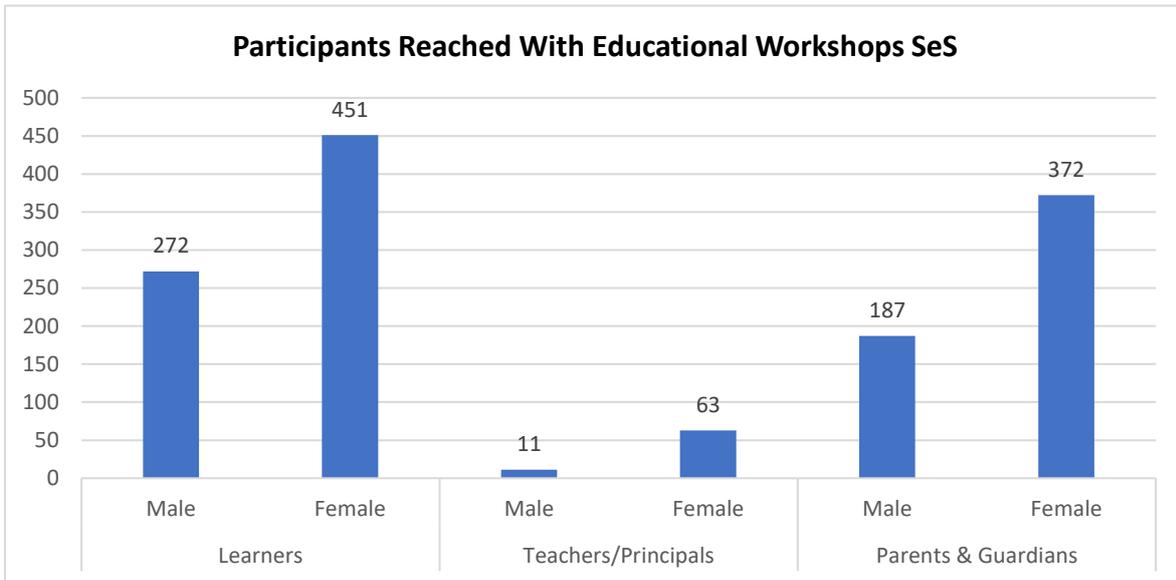
The use of mass media (both print and electronic) and recently social media is very important in spreading messaging to broad audiences. Over 4500 copies of flyers and posters were printed and distributed. These were mainly used to promote the public events. Comics were also produced to supplement IEC material that included pamphlets and flyers. These were significantly translated into vernacular, a decision that was very crucial to ensuring that target audiences understood their messaging.

Additionally, in conveying messaging on sexual and reproductive health, age-appropriate messaging is crucial in order to maximize the impact among target audiences. The SSU program sought to develop gender-sensitive training material purposed to be used during seminars and sessions with the following program TGs including *Principals, Teachers, Learners and Parents*. The training materials were adapted from the existing national resources that included the *National GBV Training Resource Kit developed by MGEPEWSW, National Male Engagement Training Manual on GBV, SRH and HIV*. Session guides were developed for learners, parents and caregivers. The training material content addressed a number of key and relevant topics that included the dynamics of Harmful Gender Norms and how they perpetuate GBV/LP, the role of existing unequal gendered power dynamics and the existing patriarchal systems in increasing the risks and vulnerabilities of women and girls towards GBV/LP.

Throughout the duration of the program, Teacher's seminars were convened with over 40 schools from the 3 target regions. A total of 723 learners (272males: 451 females) were reached through these sessions. The topics that were covered included 1) *Gender Socialization* 2) *Sexual Reproductive Health and Rights* 3) *Am I ready for Sex* 4) *Healthy and Unhealthy Relationships* 5) *Which Actions I can take to prevent and mitigate the risks towards GBV, SRH harmful outcomes and HIV*.

Sessions with parents and guardians were facilitated and a total of 559 parents/guardians (372 females: 187 males) were reached. The parental sessions were designed to increase the level of awareness among parents/guardians on how to be more supportive of adolescents and young people concerning issues related to GBV and LP. The parenting session guide developed during the first year of the program, covered; 1) *Gender Socialization* 2) *SRH and Human Sexual Development* 3) *Fears I have talking to my children about sex and sexuality*.

Figure 13: Participants Reached with Educational Workshops at Secondary Schools



Source: SSU program records

On this program component, and based on these findings, the evaluation concludes that firstly, the targeting of parents, teachers, principals to addresses both LP/GBV provides a robust and comprehensive approach by bringing into focus all stakeholders with critical roles to play in GBV/LP prevention at the school and community level. This maximizes the outcomes and impact. Secondly development of gender sensitive and age-appropriate material guided by nationally approved training guidelines is important as it ensures compliance with approved standards and it ensures government buy-in and support for the program going into the future. Government support is important for program sustainability and acceptance. Thirdly, the capacity built in the education sector will allow the teachers and principals to continue supporting learners into the future even if the program stops.

Key Result Area 09: The sensitized public contributes to the evidence-based development of new approaches to curb GBV/LP and shares its opinion on improved prevention and protection for GBV/LP survivors.

During the evaluation, different stakeholders that include teachers, principals, parents, learners and survivors of GBV/LP were asked different questions to try and gauge the perceived impact of the SSU program. Some of the questions were asked in the survey and some were open-ended questions in FGDs and KIIs. The different graphs below provide an insight on the perceived impact of the SSU program. The evaluation also presents selected interesting quotes from KII and FGDs by different participants.

3.7.4.1 Reduction in GBV/LP Cases

In the survey, participants were asked a question *Do you think the SSU program achieved its objectives?* Two response options were provided “yes” and “no”. the second related question asked *Has SSU program led to reductions in GBV/LP?* This question sought to gather perceptions specifically on the impact of the SSU program on reducing GBV/LP. The graphs below summarize the responses on these two specific questions.

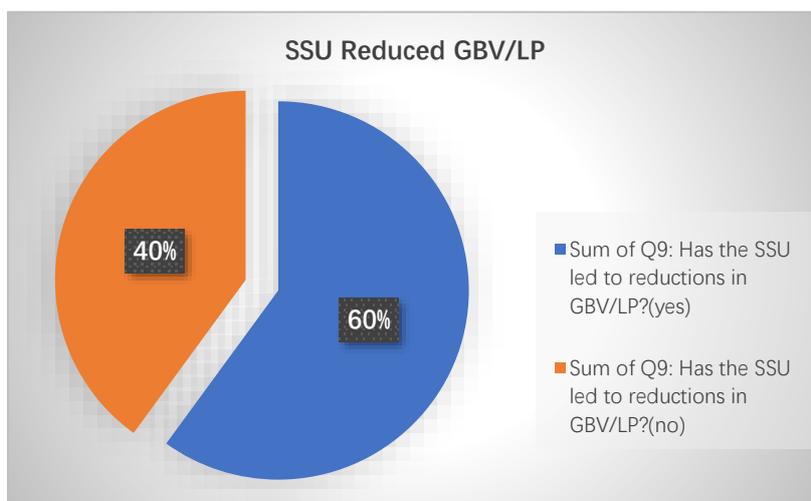
Figure 14: Achievement of SSU Objectives



As illustrated in the graph above, 71% of the respondents indicated that they think the SSU program achieved its objectives. Only 29% felt it did not.

Regarding the impact of the SSU program in terms of actually reducing GBV/LP, the majority (60%) felt that the SSU program managed to reduce both GBV/LP. To get further insight into the views that participants expressed regarding the perceived impact of the SSU program, the following selected quotations by some key informants as well as FGD participants are important. During the FGDs, participants were asked an open question Has the SSU project helped to reduce GBV/LP? The following chart provides the responses that were given.

Figure 15: Whether the SSU Project led to Reductions in GBV and LP Cases



The above selected quotes reinforce the generally held perception that the SSU program indeed had an impact on GBV/LP. They provide an insight into the reasoning that beneficiaries had. The arguments

as understood from the quotes differ but they are all relevant. Some quotes indicate increased knowledge and awareness of the law as that prohibits GBV as a prohibiting factor. Some quotations indicate that improved knowledge of sexual health and prevention services as the main reason the SSU program contributed to reductions in LP. The reasons and arguments given by the participants are consistent with their generally held view that the program made an impact. It is also important to mention that different stakeholders echo similar views.

Figure 16: Responses to whether SSU Project Helped to Reduce GBV/LP

"I feel that it (SSU program) has made an impact because otherwise people such as me would not have known what i now know" FGD participant 7-delaan Khomas (parent)

"This program is helpful because everyone now knows that abuse is a crime, you can be arrested, it's not a joke" FGD participant Outapi

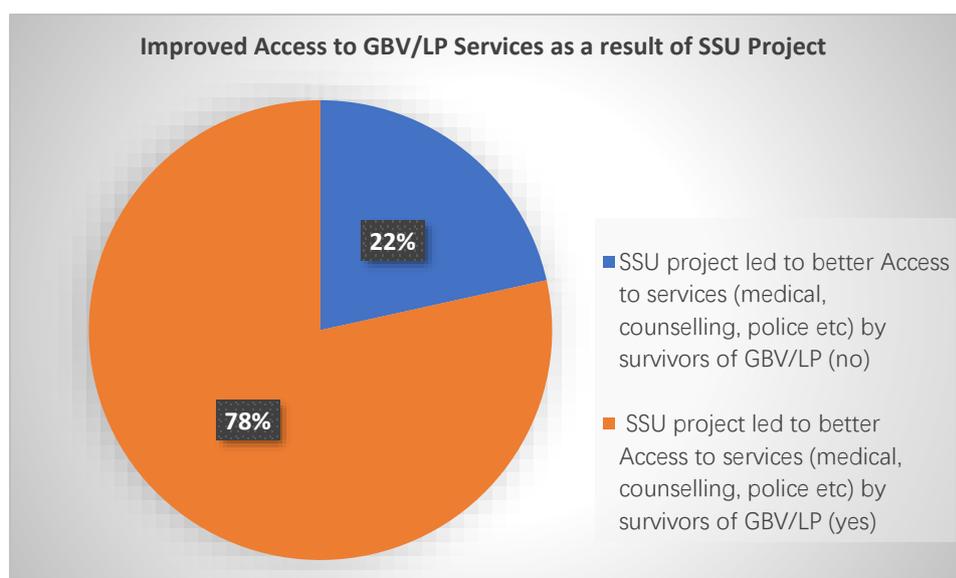
"to a certain extent it did because the learners who fell regnant then are just mothers and did not fall pregnant again" Principal SeS Khomas

"That program was important because they give information on how to prevent STIs, HIV and falling pregnant, they also teach young girls to speak up for themselves" FGD participant Learner Erongo

Improved Access to Quality and Quantity GBV/LP Services

To get a comprehensive view of the difference that the SSU program has made among beneficiaries, the evaluation also asked questions aimed at establishing whether beneficiaries thought the program actually managed to increase the quantity and quality of GBV/LP preventive services. Participants were asked a question, *Has the SSU led to improved access to better GBV/LP services?* The services that were referred to were spelled out as medical services, prosecution and justice services as well as counselling support and information in general. The graph below presents a summary of the responses. Seventy eight percent (78%) of the respondents indicated that they thought that the program indeed facilitated improved access to GBV/LP services. Only 22% were of the opinion that it did not.

Figure 17: Improved Access to GBV/LP Services as a Result of the SSU Project



Through FGDs and KIIs that targeted different stakeholders, participants were asked questions that attracted very interesting responses regarding the kind of services that beneficiaries had access to. The following quotes provide interesting insight into the services that participants could correctly recall as being linked to the SSU program.

Figure 18: Responses to Services Beneficiaries Accessed

"...if you are in a relationship where your husband is always treating you bad, do not keep quiet report to the police as soon as possible, don't try to solve the problem on your own" **FGD Participant Parent, Outapi, Omusati**

"They gave us a lot of information on how to prevent unwanted pregnancies and to avoid sexual relations" **FGD Participant Learner Tutaleni SeS**

"i recall of the mental therapy through workshops held there (at school)" **Victim of LP Ella Du Plessis SES**

"one of the support measures are to go for counselling and even in worse cases lay criminal charges against those who do this things" **Learner Jakob Marengo Secondary Khomas**

"this information is important because abusing of men is also reported to the Ministry of gender and the police" **FGD participant (general population Khomas)**

The different selected quotes are clear testimony of the awareness of the different services by beneficiaries. All the mentioned services were either directly provided by the SSU program or provided by partner organizations. These services include counselling support, sexual reproductive health information, and prosecution services.

3.7.4.2 Increased Awareness of GBV/LP Issues

The evaluation also sought to gauge beneficiaries' understanding of the problems of GBV/LP in general as well as gather opinions on what the possible causes are. The questions used to assess this knowledge were mainly qualitative open-ended in FGDs and KIIs. Regarding GBV and LP, participants generally provided very detailed descriptions of what GBV and LP is. Almost all the opinions that were expressed were correct leading the evaluators to believe that the twin problems of GBV/LP are now well known and well understood. The following are some interesting quotes from some KIIs and FGD participants trying to define GBV/LP.

Figure 19: Responses to Definition of GBV/LP

"Children getting children is our problem here in Outapi, it's the taxi drivers and other young men that are causing this" **Elderly FGD participant Outapi**

" That is when young and underage girls fall pregnant" **FGD participant Outapi**

"School kids making each other pregnant, that is how I understand it, but I don't understand why teachers chase only the girl and leave the boy in school, it's unfair" **FGD Participant Erongo (Parent)**

"It is mostly men who beat women and kill them" **FGD participant Khomas**

Generally, the definitions and descriptions of both GBV/LP as provided by participants are correct and consistent with national definition. It did not come out clear that this very high knowledge and awareness is specifically because of the SSU program, however the evaluation still concludes that project beneficiaries' knowledge level of GBV/LP is very high. GBV/LP have been receiving huge publicity of late in Namibia.

Regarding the causes of GBV/LP, a number of very interesting opinions were expressed and generally the picture clearly indicates a complex interplay of factors causing both GBV/LP.

Figure 20: Responses to Causes of GBV/LP

“The problem is when you don’t even have taxi money to go to school every day and your family cannot support you then you just end up taking a boyfriend to support you” **Victim of LP Jakob Marengo SES**

“Sometimes as a lady you also want to get nice things that other girls get from their own boyfriends, then you also get a boyfriend so he can give you” **Learner Tutaleni SES Erongo**

“Some of the men have a problem when they are drunk, that is when they start to beat women, our culture does not allow that. You don’t solve problems when you are drunk” **FGD Participant Outapi, Omusati**

“Yes, Its true in the past it was allowed that as a men you must discipline your wife. As a men you are the head of the house, but these days it’s not allowed, you will be arrested” **FGD participant Outapi, Omusati**

4.0 Key Lessons Learnt

A number of key lessons emerged from this evaluation based on review of project documents, interviews and discussions with key stakeholders, focus group discussions with communities and field observations.

Program Design: The design of the Project was informed by solid evidence on GBV from various sources that included reports by UN agencies, police data and statistics on GBV, EMIS data on LP and a comprehensive formative study that was supported by FES entitled, "The Voice of the Survivors: Arguments for a new Approach against Gender Based Violence".

Ample evidence exists to indicate broad stakeholders' consultation that included government services providers as well as targeted beneficiaries including victims of both GBV/LP. However, for increased validity, the Project goal needed to be redefined to reflect the fact that certain elements of GBV/LP that are provided for by the National Policy like economic strengthening are not provided for under the SSU. This limitation is significant as it denies the project the complete menu of services that would allow it to be truly holistic. To achieve its ultimate goal of contributing to the decline in GBV cases in Namibia, the project needed a longer timeline to allow the good, innovative and effective practices need to be scaled up further for increased and far-reaching impact and because changing attitudes takes time and the process needs repeated messaging and actions over a longer period.

Men's Involvement: Men's networks if structured in a sustainable manner are key to changing attitudes as well as ensuring that real action is taken against GBV perpetrators and support given to survivors in communities.

The evaluation results provides a basis for informed and improved project delivery for future programming.

The evaluation's methodology should have included government officials from the regional offices as respondents particularly those from the government ministries responsible for law and order, gender, and education.

5.0 Conclusions

The following are the key conclusions of the evaluation using the main criteria:

Relevance: The project was found to be largely relevant to the GBV and LP context in Namibia. This conclusion is based on the following observations: (1) there was consensus among all key stakeholders interviewed on the problematisation of the phenomenon of GBV in Namibia and the need to take action to address this challenge ; (2) the project addresses the health, legal, social protection needs of GBV survivors; (3) the project is in strong alignment with national, regional and international frameworks and provisions on GBV such as CEDAW, SDGs, Southern African Development Community (SADC) Protocol on Gender and Development, the National Gender Policy (NGP), and the design was based on a strong evidence base.

Program Performance and Effectiveness: The project performed well in terms of meeting its planned outputs and targets. At outcome level, there is evidence of improved access to health, justice and social protection services by GBV survivors.

Efficiency: The project implementation was found to be generally efficient which resulted in the achievement of most of the outputs and outcomes. Coordination was also generally efficient although there were some coordination challenges experienced at lower levels.

Sustainability: this was entrenched mainly through (1) broad based consultation in the design of the project, (2) working with existing government and community structures, (3) and capacity strengthening of stakeholders. The project has political sustainability, social sustainability and ownership as well as technical sustainability.

In line with the reconstructed theory of change, the Regain Trust, FES and the European Union can contribute to the potential of reaping immensely from investments in policies and programmes that enhance responses to gender based violence and learner pregnancy and advocate for the strengthened legislation, investigative services and protection services for GBV and LP potential victims and survivors and provide entrepreneurial skills and poverty alleviation strategies.

Regain Trust and its partners, the FES and the EU provided platforms for life-skills and social assets building (interaction with peers, building trusting relationships, mentoring and capacity building) but these are not enough to transform the lives of survivors of gender-based violence and learner pregnancy. Safe spaces, safe houses and one stop centers are important and critical interventions for the girls and women who suffer domestic and partner violence or girls who drop out of schools due to pregnancy or enter early marriages or are victims of gender based violence - the victims are normally the most vulnerable and among the poorest in their communities. The evaluation noted the insufficient number of safe places for victims of gender-based violence and also the lack of support for financial and economic independence. Asset building for women and girls has been difficult in terms of life skills building and therefore the provision and inclusion of tangible assets in the menu of interventions will ensure that livelihood strategies reduce vulnerability due to poverty and lack of economic resources among survivors of GBV and LP.

The Regain Trust's Survivors Speak Up: No More Gender Violence Project contributed to the priorities of the Government of the Republic of Namibia and responded to the various government policies and plans of action. The project was also aligned to international and regional conventions that Namibia has ratified and domesticated such as the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. The conventions and protocol directly address empowerment, protection of women and children's rights.

At national, regional, district and community levels, the implementation of the SSU project has created learnings, innovations and practices that will be used to support and facilitated policy coherence, multi-sectoral coordination and strategic partnerships. The contributions of SSU project towards gender based violence and learner pregnancy have been highly relevant and responsive to the needs of the GRN at the levels of policy, strategy and guideline development, knowledge management, capacity development for government, secondary schools, civil society, and community groups to

strengthen support for service provision, awareness and demand creation for responses to gender based violence and learner pregnancy.

A major conclusion of the evaluation is that the SSU program achieved to a great extent the expected outputs and outcomes of the interventions. However, the program needed longevity and up-scaling to achieve the ultimate goal, which is to contribute to the reduction of GBV/LP in Namibia. However, in terms of the national impact, the project's attribution to the achievement of national level indicators for GBV and LP can be said to be very high.

The independent evaluation assessed the goal, objectives, and anticipated outcomes of the SSU project about the needs of the institutional, secondary and ultimate beneficiaries of the project and concluded that the SSU project was fundamentally relevant to responding to GBV/LP service delivery.

While the priority areas of the RT SSU project were understood to have been informed by various considerations, this assessment concludes that at the broad level, the strategic objectives were teased out of the definitions of both GBV and LP as stated in the National Gender policy 2010-2020 (2010) as well as the learner Pregnancy Policy (2009). A program that lacks a sound evidence base that justifies those particular interventions lacks validity, which in turn threatens ownership, sustainability, and relevance of the program. The evaluation concluded that the SSU project was anchored on a very strong foundational evidence base which provided solid justification for the GBV/LP interventions.

This evaluation concludes that the SSU project was designed with active input from a study that was done with a broad number of strategic stakeholders in GBV/LP that included victims and survivors of GBV/LP, policy-makers, GRN ministries and agencies that provide services for victims of GBV/LP, and CSOs that included FBOs, NGOs and CBOs. The evidence base that was used to determine the services gap and deficiencies in the provision of GBV/LP was comprehensive. The decision by RT to deliberately target capacity strengthening of GBV/LP services providers as well a broadening the availability of psychosocial support services is backed by credible evidence. Stakeholders interviewed during the evaluation were unanimously agreed that there were adequate consultations on the design of the project which cultivated a sense of ownership and support for the project.

The participation in specific project activities by respondents was found to be higher in in-school sessions and workshops followed by community-based meetings and public dialogues.

The SSU project was designed with two main components namely capacity strengthening of services providers and stakeholders and increasing the quality and quantity of GBV/LP services targeting prevention and protection of victims. The evaluation concludes that the two-pronged approach was largely effective and relevant as evidenced by the achievement of results at output , outcome and to a great extent at impact levels.

The evaluation concluded that political sustainability of the project will be achieved. The GRN has shown strong commitment to the anti-GBV agenda by putting in place a supportive legal and policy environment, including the Education Sector Policy for the Prevention and Management of Learner Pregnancy (2009).

The project impact resulted in the implementation of new government programmes and established support facilities that offered high quality counselling to survivors of GBV/LP and trained them and other CSOs to become peer-to-peer counsellors in their local communities. The three established RT regional offices made a huge impact in terms of firstly, capacity strengthening and support for services providers on the new holistic preventive measures as well as improved protection of victims. Secondly, the presence on the ground helped to broaden the footprint of GBV/LP services available to the communities. This enhanced service provision by increasing the quantity of services as well as adding new innovative quality services.

Staff of selected GRN ministries and agencies including the MGECW, MSS (NAMPOL/GBVIU), MoEAC all benefited from the training that targeted new innovative approaches and methods on GBV/LP that was provided by SSU project. The capacity built enhanced individual abilities and in the long run it has also enhanced institutional competencies of the services providers. A total of 47 victims of GBV/LP were trained to become peer-to-peer counsellors. While the total of 47 may seem as a small number, the presence of this group of peer counsellors is important as they continued providing information, knowledge and counselling support to other victims in the long run. This was important for sustainability and efficiency.

In terms of best practice, the whole project is a study in how to design, implement and create the necessary outcomes and impact for projects of a similar nature. Another example of best practice was the project's creative and innovative implementation measures to circumvent Covid 19 and government elections by rearranging and restructuring strategies and activities.

6.0 Recommendations

Regain Trust achieved tremendous results through the provision of training and capacity building for all the target groups but in order to enhance sustainability, the program design and implementation should have included entrepreneurial ship skills training and the provision of start-up capital to groups of young girls and young women who opt to return to school and or who are withdrawn from early child marriages. This is because extreme vulnerability and poverty are the twin causes of gender-based violence, sexual violence and learner pregnancy.

Regain Trust should also focus on its role of advocacy and awareness raising by providing support for potential victims and survivors of gender-based violence and learner pregnancy and this should include policy makers, parliamentarians, traditional leaders and other opinion leaders. The programmatic challenges mentioned in the evaluation such as the lack of livelihood and economic sustainability strategies particularly for women and youths point to a key omission in the design of the project.

Future projects should encourage young people's participation and enlist youth, particularly learners and out of school youths, in designing and implementing policies, programs, and services that are directed at them. Youth involvement helps ensure that policy actions are relevant, and helps develop youth as partners and leaders in development. It is important that youth are viewed as assets and active agents of change, who can contribute their energy, idealism, and insights to a nation's growth and progress.

In similar future projects, the design and implementation of entrepreneurial ship skills training and provision of start-up capital to groups of adolescent girls and young women who opt to return to school and or who are withdrawn from early child marriages.

Regain Trust and its partners should remain focused on the role of providing support for gender-based violence and learner pregnancy legislative, policy and research frameworks and briefs and should expand its advocacy work with policy makers, parliamentarians, traditional leaders and other opinion leaders in addressing GBV and LP and include out of school youths and not just in school youth as these groups tend to mix within their family and community settings.

The Regain Trust has provided a basis for operationalizing the policies and plans of actions and for reforms in the legislative, policy reform and research, and in producing briefs and engaging opinion leaders such as parliamentarians, traditional leaders, religious leaders, community leaders and civic leaders on GBV and LP as well as addressing in school and out of school knowledge and services.

The evaluation also noted the following interventions areas which need to be sustained, addressed and followed up in future projects:

- At national, regional and community levels, Regain Trust needs to continue supporting and facilitating policy coherence, multi-sectoral coordination and strategic partnerships through projects such as the Survivors Speak Up project;
- Invest in the reproductive health needs of both married and unmarried youth and especially in-school youth and scale up programs and policies to reduce unintended pregnancies, delay and space births, and prevent the occurrence of gender based violence in homes and other social places.
- Remove barriers to GBV and LP information, counseling, and services, and scale up gender based violence and LP friendly services that include methods for prevention and mitigation.
- Focus on empowering girls and women so that they are able to make effective choices about their lives.

- Directly strengthen critical education, health and social protection systems and structures to expand access, utilization and improve the quality of services for survivors of GBV and LP.
- The 'safe space' concept, which focuses on training and leadership opportunities for young people should include already married girls that may be missing in the current focus on preventing child marriage.
- The evaluation identified the need for targeted support to men who suffer gender based violence and married girls so they can continue or return to school, access appropriate gender based violence and learner pregnancy services, engage in income-generation and livelihood programs, or get help to dissolve the marriages or relationships in which gender based violence is perpetuated.

The evaluation revealed the need for finding innovative and creative means ways of increasing male involvement and PLWD in GBV and LP programming from the design stage up to evaluation and post implementation stages. For the SSU Project, this was critical in some of the areas which male involvement was more difficult to negotiate leading to challenges in achieving set objectives such as was the case in Omusati.

The evaluation also found that comprehensive programming for economic strengthening and livelihood support strategies and activities for Survivors of GBV and LP is critical with particular reference to the following: (i) Stigma and discrimination for survivors of LP including boy learners particularly if they are responsible for the pregnancy; (ii) In school performance of survivors of LP compared to their performance prior to the pregnancy and birth of their children and also generally in comparison to the other learners especially girl children who have not experienced LP; (iii) Perceptions of girl learners who remain free from pregnancy and therefore are not included in the "package of incentives" available to survivors of LP and who may not understand the full implications of motherhood and who may inadvertently envy the support advanced survivors of the LP which does not cover all the needs and does not include the care support need f the baby as well as the emotional an other needs of the young mother, and which may hinder the capacity of the young mother to progress in various facets of her life; (iv) Counselling and the provision of safe spaces for victims of LP; and (v) Skills, livelihood and entrepreneurial training and initial injection of basic start up capital and whether this should be made available to as many economically deprived GBV and girl learners as possible irrespective of whether they are survivors f LP or not, should enough resources be available and the same process should apply to survivors of GBV.

A new project design would have to ensure that participation deliberately include people living with disabilities, out of school youths and that strategies and interventions are age specific to learners.

Various respondents were unanimous that time lags in implementation whether caused by unseen delays or programme schedules or resource constraints should be as minimal as possible so that gains are made in a progressive and continuous manner.

The project demonstrated tremendous political support and goodwill. However, some key informants bemoaned the fact that the SSU project did not have any direct funding support from the GRN. It was felt that since GBV/LP are national problems affecting a huge number of people, it was important for the SSU project to cover all schools and communities in the country with unique approaches. This would have meant huge investments in terms of human and financial resources for the project.

Additionally, in conveying messaging on sexual and reproductive health, age-appropriate messaging is crucial in order to maximize the impact among target audiences. Forward-looking, the SSU project needs to properly profile offenders of GBV/LP and target them with appropriate messaging and counseling services.

Annexes

Annex 01: Sample Breakdown

Target Tool/Evaluation Tool			Region			Participants
Target Group	Target Group Details	Evaluation Tool Coverage	Khomas	Erongo	Omusati	Total Participants
TG01:	Gen Pop 15-44 yrs. (6000 with 40% males)	FGD	4 FGDs = 2 Males + 2 females	1 FGDs (1 male/female)	1 FGDs (1 male/female)	26
TG02:	CSOs, NGOs, Umbrellas, MGECCW/NAMPOL/GBVIU	KIIs	4 KIIs	n/a	n/a	4
TG03:	Teachers & Principals 6 SES (at least a teacher & principal from each SES)	KIIs	3 KIIs (3 principals + 4 Life skills Teachers)	2 KIIs (2 Life skills Teachers)	1 KII (1 Life skills Teachers)	10
TG04:	Learners from 8 SES (4 Khomas + 1 Erongo + 1 Omusati)	FGDs	8 FGDs (4 FGDs Girls + 4 FGDs Boys)	1 FGD (1 male/female combined)	1 FGD (1 male/female combined)	60
	(Parents -from TG03)	FDGs	4 FGDs Females + 1 FGD Males	1 FGD (1 male/female combined)	1 FGD (1 male/female combined)	28
	Citizens affected by/survivors of GBV/LP (700)	FGDs	1 FGD survivors GBV	n/a	n/a	6
			2 FGDs Survivors of LP	n/a	n/a	10
TG05:	COGEFASD (parliamentary standing committee engaged thru exchange platforms. Engagements with about 94 MPs)	KIIs	2	n/a	0n/a	2
RGT/FES	Prog Director, HSW & PC	KIIs	2 KIIs (director & HSW)	0	0	2
Total Survey Questionnaires (semi-structured Tool) Completed						150