



# EVALUATION BRIEFS

Independent Project Evaluation of of the Support Project for the SADC-UNODC Regional Programme on Making the SADC Region Safer from Drugs and Crime, with the specific focus on Violence against Women and Children (XASV23)

## Summative Independent Project Evaluation

**Region:** UNODC Regional Office for Southern Africa (ROSAF)

**Duration:** 2012-2019

**Donors:** Austrian Development Agency (ADA)

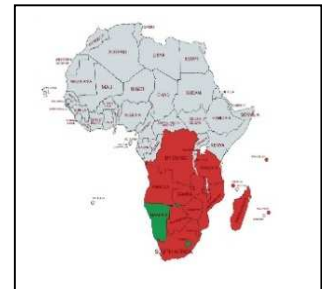
**Evaluation team:** Dr Marie Claire Van Hout (lead evaluator) and Dr Rosemary Mhlanga-Gunda (team member/expert)



Full report:

## BACKGROUND AND CONTEXT

The term “gender-based violence” (GBV) refers to violence that targets individuals or groups on the basis of their gender. GBV is a critical societal concern in the South African Development Community (SADC) region. UNODC-ROSAF is mandated to promote crime prevention and justice responses to tackling violence against women. The objective of XASV23 was to contribute to the implementation of the joint SADC-UNODC Regional Programme and the establishment and integration of programmes for the support, protection and empowerment of victims, crime and violence with a special focus on women and children. Namibia and Lesotho were prioritised in Phase 1 based on 2014 situational assessment, UNODC-ROSAF, ADA and SADC Secretariat consultations, and available donor funding. See Map SADC region (red) with XASV23 countries (green) (Namibia and Lesotho).



## EVALUATION METHODOLOGY

The evaluation methodology was participatory, age and gender-inclusive and gender-sensitive. It sought the views and assessments of all parties identified as main XASV23 project staff and users, CLP, and within and outside UNODC. A mixed-method approach where qualitative and quantitative methods were mixed and utilised simultaneously to obtain, analyse and interpret data was used. Information stemming from secondary data sources was cross-checked and triangulated through data retrieved from primary research methods. Primary data sources were collected using interview, focus group discussion, and observation during site visits on the country mission. The geographical coverage of the evaluation entailed activities in Namibia and Lesotho, with travel to South Africa and Namibia. The evaluation comprised 71 participants ( 22 males 31% ; 49 females 69%) with face-to-face interviews of 7 males and 22 females, focus groups with 15 males and 27 females and site observations at Lifeline/One Stop centre in Namibia.

## MAIN FINDINGS



professionals).

The **design** was appropriate to respond to GBV in the SADC region. Technical assistance differed between Lesotho (drafting of the Domestic Violence Bill) and Namibia (advocacy and outreach campaigns, Lifeline/Childline toll-free hotline for victims of GBV, standard operating procedures (SOPs) for inter-agency referral, the One Stop centre and GBV training for multi-disciplinary

**Relevance** was substantiated by the strong SADC commitment to address GBV, the project’s strong alignment to UN strategies and to SADC/UNODC thematic programmes. Training delivered by Namibian trainers was very relevant and well received. XASV23 was further generally time and cost **efficient** but affected by lack of funding, political instability, delayed responses from national counterparts, and staff turnover at SADC and UNODC-ROSAF. It was extended three times, with outcomes expedited in 2017-2019.

Implementation was strongly based on **partnerships and cooperation** between SADC, UN Agencies (UNICEF, UNFPA and UN Country Team in general), national authorities, NAMPOL-Namibia and Lifeline/Childline-Namibia.



**Effectiveness** in the regional approach was compromised by lack of sufficient funding and staff turnover. At country levels, XASV23 was very effective in Namibia, but with sub-optimal training cascade. XASV23 was less effective in Lesotho due to political instability and lack of parliamentary prioritisation.

XASV23 **impacted** positively on the Namibian criminal justice system (i.e. increase in GBV case reporting and convictions after GBV trainings, establishment of One Stop centre, and operationalisation of the Lifeline/Childline toll-free hotline). Lessons learnt and best practices i.e. (SOPs), draft Domestic Violence Bill and innovations (mock trial video) contributed to awareness raising, increasing trust in the judicial system and future SADC replication.

Identified threats to **sustainability** are: potential decline in economic resources; court cases and convictions causing decreased human and financial resource capacity to deal with GBV; requirement for investment in specialisation on GBV (i.e. GBV specialised magistrates and courts); forensic equipment and forensic staff capacity; specialised, on-the-job and college-level trainings and national One Stop Centres with toll-free lines in major cities.

XASV23 was built on the basis of **human rights, gender mainstreaming and leaving no-one behind**, but with training strongly slanted toward female participation, neglecting important male perpetrators; psychiatric risk assessments and rehabilitation content. Target professionals omitted are medical doctors, magistrates, charge officers and healthcare workers, with training content on special populations affected by GBV not included.

## LESSONS LEARNED AND GOOD PRACTICE

**Lessons learnt** centred on the regional cooperation in tackling GBV across SADC Member States. **Best practices** are aspects of the regional GBV strategy, situation assessments with Action Plans, draft Domestic Violence Bill in alignment to international legal frameworks; SOPs for multi-agency referrals, advocacy and outreach campaigns; the toll-free hotline system for victims of GBV; One Stop Centre and training toolkits.



**UNODC**

United Nations Office on Drugs and Crime

Independent Evaluation Section

[unodc-ies@un.org](mailto:unodc-ies@un.org)

<http://www.unodc.org/unodc/en/evaluation/index.html>



## RECOMMENDATIONS for UNODC-ROSAF

1. **Staffing:** Ensure staffing capacity to support all aspects of pre-assessment, design, planning, regional and country-level stakeholder relationship-building, communications and implementation of future similar projects.
2. **Partnerships and Cooperation:** Strengthen relationships with relevant stakeholders (SADC, national authorities, UN sister agencies and NGOs working to address GBV at the ground levels) and develop existing collaborations with Ministries of Health and of Education in future projects.
3. **Training activities I:** Provide professional trainings specific to each discipline, using existing gold standard UNODC tools and templates adapted to the country legal and GBV context.
4. **Training activities II:** In addition, Institutionalise GBV trainings within training colleges to widen reach and counter staff turnover, ensure ownership at traineeship-level, on-the-job and in specialised education to support GBV knowledge.
5. **Training activities III:** Subject to additional funding, address specific gaps in trainings on sensitisation in victim statement, cross examination, psychiatric risk assessment and forensics.
6. **Sustainability:** Support the development of specialisation and forensic equipment to support speedy processing of forensic evidence, forensic staff capacity and national One Stop Centres with dedicated toll-free lines in all major cities. Future UNODC interventions should continue a phased approach to focus on achievable results within specific timeframes.
7. **Impact:** Consider a dedicated budget for communications, for broader outreach and higher visibility of UNODC-ROSAF's operations and regional profile in addressing GBV and future impacts
8. **Human Rights, Gender Mainstreaming and Leaving No-one Behind I:** Ensure future trainings focus on increased attendance by male trainees and professionals as champions on the job and in their communities, as well as broaden target audiences to medical doctors, nurses, magistrates and charge officers, and include specialised training on populations affected by GBV
9. **Human Rights, Gender Mainstreaming and Leaving No-one Behind II:** Develop future prevention, life skills, psychiatric GBV risk assessments and rehabilitation programming with other UN agencies to better understand the root causes and engage with the boy child and adult male perpetrator (or potential perpetrator).